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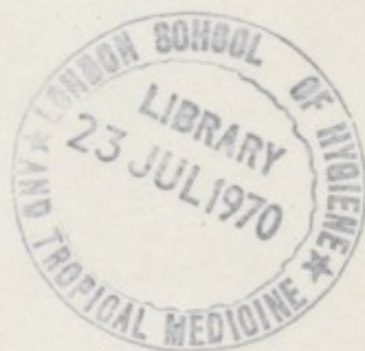
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PUBLIC HEALTH IN CROYDON 1969



PUBLIC HEALTH IN CROYDON

1969

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969

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

PUBLIC HEALTH DEPARTMENT,
TABERNER HOUSE,
PARK LANE,
CROYDON.
CR9 3BT

Telephone:— 01-686 4433

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LONDON BOROUGH OF CROYDON

1969

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LONDON BOROUGH OF CROYDON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1969

To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN,

In accordance with statutory requirements I present this Report for 1969 on the health of the residents of the London Borough of Croydon, and comment on a few of the matters covered later in greater detail.

Statistics

The birth rate was very slightly lower than in 1968, and the general and infant mortality rates much reduced. There was no death of a mother in childbirth but 1 death from abortion. This was self-induced and there had been no application for a therapeutic termination. The percentage of illegitimate births rose from 9.8 last year to a record high figure of 11. Deaths from cancer of the lungs and bronchus rose for both men and women, and were the most prevalent form amongst all deaths from cancer. A less sombre observation is that marriages of persons under 21 registered in 1969 reversed the trend of previous years and fell from 24% in 1968 to 20%. Whether this was merely deferment pending a change in the law will be shown next year.

Health Centres

The adaptations at the Parkway Clinic, New Addington, were deferred, despite the receipt of acceptable tenders, because agreement on charges had not been concluded. Reports by other Authorities show that this is not

a difficulty peculiar to Croydon, but arose here before building had begun. The purchase of a site for the South Norwood Centre made some progress and this project was still up to schedule.

The Domiciliary Nursing Team

The trend to attachment of Health Visitors, District Nurses and Midwives to groups of Family Doctors was continued, hampered by staff shortages. So far these have met only requests from general practitioners, and no effort has been made to initiate such arrangements. Difficulties of staff crossing Borough boundaries were met by proposals for mutual cover by adjoining Authorities, but these arrangements were not functioning in the year under review. It does seem that the combined team results in great benefits to the patients, and is a pattern for application throughout the Borough.

Home Helps

The development of this service as an essential part of domiciliary care was pursued with emphasis on in-service training, stressing the responsibilities involved. Recruitment of Home Helps has been difficult in Croydon due to the many other opportunities for employment. This new image of essential help through domestic skills is now attracting recruits, who understand the real importance of the work.

Care of Pre-School Children

The continued demand for more Nursery Groups and Child Minding facilities entailed much more work for the supervisory staff involved. A new Corporation Day Nursery was approved under the Urban Aid scheme and should be functioning by 1971.

Mental Health

There was an official opening of the new Coldharbour School which replaced the former Junior Training Centre on the adjoining site. In anticipation of transfer to the Education Committee the Education Department was involved in the setting up of a Parent/Teachers Association, which emphasized to parents the pending changes which they have sought for so many years. The temporary sheltered workshop was replaced by a purpose-built factory unit, which provides also accommodation for the industrial rehabilitation services, and this too was formerly opened in 1969. Made possible by a generous grant from the Department of Employment and Productivity, it was an important contribution to the mental health services of the Borough. As with all these facilities physically disabled persons were also accepted. Another combined hospital and local authority day hospital and day mental health centre was opened in a specially adapted part of the former Council offices in Purley. Although not purpose built to the standard of Rees House, these are most satisfactory premises and the unit provides excellent facilities for the former Coulsdon and Purley area. The premises of the similar Centre in Thornton Heath were maintained temporarily by the Corporation alone as a mental health day centre accepting persons not in need of medical or nursing

care. Although a temporary expedient in anticipation of its re-opening in 1970 with day hospital facilities, the help and support given to former patients and their relatives demonstrated a need which should be continued as a permanent aspect of a comprehensive mental health service. Despite much work it was not possible during the year under review to obtain suitable premises for additional Group homes, either by building or adaptation. This important part of the mental health programme posed questions of adverse public reactions, and doubts of the type of accommodation which should be built. The Boarding-Out scheme continued to expand, and the extra places obtained equalled in numbers several group homes. However, for some former patients this is not suitable accommodation.

Health Education

Although the Health Education Officer mentions matters of particular interest, it is the routine and perhaps humdrum work which is probably of the most importance. Thus education about the dangers of venereal disease or drug addiction is included in general health education programmes to school children and teenagers. In this way knowledge and warnings can be imparted without implying that these are exceptional hazards and thus stimulating morbid curiosity.

Communicable Diseases

Limited supplies of vaccine curtailed protection against measles. Nevertheless the anticipated outbreak due in 1969 produced less than half the cases noted in previous years. Cautious optimism is justifiable. There were cases of typhoid fever contracted by holiday makers visiting Tunisia, and one young woman died suddenly from a sequel to this infection. Intending travellers were advised to have vaccination against the enteric diseases. Attendances for treatment of all forms of venereal disease at the Special Clinic at the Croydon General Hospital rose by 42% over 1968.

Clean Air

The programme was not affected by lack of smokeless solid fuel, but there were warnings of difficulties ahead. The benefits of clean air have become too obvious for this to be more than a passing interruption in the programme to make the whole Borough subject to Smoke Control Orders.

Health Services Co-ordination

Collaboration at Member and at Officer level, which has achieved unification of many services since 1948, continued. Joint decisions on the effectiveness of schemes rested on their value to the residents of Croydon rather than the source of supporting finance. Thus efficiency was combined with economy to a degree which supports the delegation of powers to local authorities having common boundaries and united civic interests. We hope that any new legislation will not disrupt these efforts.

Acknowledgements

Members of the Health Committee and the Council were generous but rightly prudent in their support of constantly expanding programmes for additional services. Their wise advice in translating desirable theories into practical policies was as always most helpful.

I give my thanks to officers of other departments of the Corporation and to many statutory bodies for much assistance and support.

Individual volunteers and organised Societies gave valuable help by services or donations, and I welcome this chance to express my thanks.

Finally I am very pleased to commend once again the continuing efficiency and resource of the staff of the department in maintaining routine and in meeting many new and challenging responsibilities.

I am,

Yours faithfully,

S.L. WRIGHT,

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

SUMMARY OF STATISTICS FOR 1969

Area, 21,395

Population (Census 1961), 327,239 Total population (estimate of Registrar General), 327,130 (Midsummer, 1969)

Number of Domestic Dwellings, 105,800

Rateable Value of Borough 1969 as from 1.4.69 £20,643,540

Product of a Penny Rate, for London Borough of Croydon purposes, £27,360

Rate in the £. 11. 10d. (for the year 1.4.69 to 1.4.70)

Live Births	Males	Females	Total
Legitimate	2,476	2,387	4,862
Illegitimate	291	293	584
			<u>5,446</u>

Illegitimate Live Births per cent. of total births 11.0

Live Birth Rate (as adjusted by comparability factor 1.02) 18.9

(England and Wales) 18.3

Stillbirths 67

Stillbirth rate per 1,000 total (live and still) births 12

(England and Wales) 13

Total Births (Live and Still) 5,513

Infant Deaths 83

Infant Mortality rate per 1,000 live births 15.0

(England and Wales) 18.0

Infant Mortality rate per 1,000 legitimate births 14.0

Infant Mortality rate per 1,000 illegitimate births 24.0

Neo-natal Mortality rate (First four weeks)

per 1,000 total live births 10.0

(England and Wales) 12.0

Early neo-natal Mortality rate (First week)

per 1,000 total live births 9.0

(England and Wales) 10.0

Perinatal Mortality rate (stillbirths + deaths during the first

week) per 1,000 total live and still births 21

(England and Wales) 23

Maternal Deaths (excluding abortion)

Maternal Mortality rate (including abortion)

per 1,000 total live and still births 0.18

(England and Wales) 0.19

Deaths, 3,860 Death-rate per 1,000 of the estimated population 11.8

(England and Wales) 11.9

Death rate (as adjusted by comparability factor 0.85) 10.1

STATISTICS

SUMMARY OF STATISTICS FOR 1969

Area, 21,395

Population (Census 1961), 327,239 Total population (estimate of Registrar General), 327,130 (Midsummer, 1969)

Number of Domestic Dwellings; 105,800

Rateable Value of Borough 1969 as from 1.4.69 £20,643,640

Product of a Penny Rate, for London Borough of Croydon purposes, £87,350

Rate in the £. 11. 10d. (for the year 1.4.69 to 1.4.70)

Live Births	Males	Females	Total
Legitimate	2,475	2,387	4,862
Illegitimate	291	293	584
			<u>5,446</u>
Illegitimate Live Births per cent. of total births			11.0
Live Birth Rate (as adjusted by comparability factor 1.02)			16.9
(England and Wales)			16.3
Stillbirths			67
Stillbirth rate per 1,000 total (live and still) births			12
(England and Wales)			13
Total Births (Live and Still)			5,513
Infant Deaths			83
Infant Mortality rate per 1,000 live births			15.0
(England and Wales)			18.0
Infant Mortality rate per 1,000 legitimate births			14.0
Infant Mortality rate per 1,000 illegitimate births			24.0
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births			10.0
(England and Wales)			12.0
Early neo-natal Mortality rate (First week)			
per 1,000 total live births			9.0
(England and Wales)			10.0
Perinatal Mortality rate (stillbirths + deaths during the first			
week) per 1,000 total live and still births			21
(England and Wales)			23
Maternal Deaths (excluding abortion)			-
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births			0.18
(England and Wales)			0.19
Deaths, 3,860 Death-rate per 1,000 of the estimated population			11.8
(England and Wales)			11.9
Death rate (as adjusted by comparability factor 0.86)			10.1

Marriages

The number of marriages solemnised in 1969 in the Croydon Registration District are as follows:—

Church of England	...	...	...	...	...	1,074
Nonconformist Places of Worship	...	...	...	...	...	680
Register Office	...	...	...	...	...	1,196

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 1969, 19.8% were under the age of 21 years, compared with 23.72% in 1968 and 22.96% in 1967".

Notification of Births

Notifications were received in respect of confinements conducted by:—

				Live Births	Still Births	Total
Midwives	...	...	...	3,788	40	3,828
Doctors	...	...	...	966	19	985
				<u>4,754</u>	<u>59</u>	<u>4,813</u>

Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the whole of 1969. 668 residents had babies outside Croydon and 121 non-residents were confined in Croydon.

					Number	Percentage
In Private Houses	...	...	...	...	1,033	21.5
In Public Institutions	...	...	...	...	3,723	77.3
In registered Maternity Homes	...	...	...	...	57	1.2
Total	...	...	...	...	<u>4,813</u>	

THE PREVENTION AND CONTROL OF TUBERCULOSIS

Dr. R.H.J. Featherstone, M.D., F.R.C.P.

Chest Physician

Measures for the prevention and treatment of Tuberculosis are directed from the Chest Clinic and the results during 1969 may be regarded as satisfactory.

Incidence

45 cases of Respiratory Tuberculosis and 15 cases of Non-Respiratory Tuberculosis were notified on Form A during 1969 (Table 1 - Formal Notifications). Of these 43 males and 13 females were Respiratory cases and 5 males and 10 females were Non-Respiratory. In addition 34 Respiratory cases and 3 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 1969 by notification or otherwise was 108.

90 of these were cases of Respiratory Tuberculosis; 54 in males and 26 in females.

COMMUNICABLE DISEASES

The incidence rate of Tuberculosis, all forms, was 0.33 per 1,000 of the population, for Respiratory Tuberculosis 0.28 and for Non-Respiratory Tuberculosis 0.05 per 1,000 population. The notification rate was 0.22 per 1,000.

Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1969:

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
762	519	1,281	88	88	166	1,447

In 1969 the death-rate from all forms of Tuberculosis was 0.03 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.03 and the rate for Non-Respiratory 0.00.

In 1969 the total number of deaths was 10. All of the deaths occurred in the age groups 45 years and over. There was no death in children of school age.

For Notifications: See Appendix page 135.

THE PREVENTION AND CONTROL OF TUBERCULOSIS

Dr. R.H.J. Fanthorpe, M.D., F.R.C.P.

Chest Physician

Measures for the prevention and treatment of Tuberculosis are directed from the Chest Clinic and the results during 1969 may be regarded as satisfactory.

Incidence

56 cases of Respiratory Tuberculosis and 15 cases of Non-Respiratory Tuberculosis were notified on Form A during 1969 (Table 1 - Formal Notifications). Of these 43 males and 13 females were Respiratory cases and 5 males and 10 females were Non-Respiratory. In addition 34 Respiratory cases and 3 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 1969 by notification or otherwise was 108.

90 of these were cases of Respiratory Tuberculosis; 64 in males and 26 in females.

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

The incidence rate of Tuberculosis, all forms, was 0.33 per 1,000 of the population, for Respiratory Tuberculosis 0.28 and for Non-Respiratory Tuberculosis 0.05 per 1,000 population. The notification rate was 0.22 per 1,000.

Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1969:

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
702	510	1,212	56	88	144	1,356

In 1969 the death-rate from all forms of Tuberculosis was 0.03 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.03 and the rate for Non-Respiratory 0.00

In 1969 the total number of deaths was 10. All of the deaths occurred in the age groups 45 years and over. There was no death in children of school age.

For Notifications: See Appendix page 135.

Deaths from Non-Respiratory Tuberculosis

During 1969 no deaths were certified to be due to Non-Respiratory Tuberculosis.

Co-ordination with the Health Department

During the year 15 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 38 selected cases for varying periods during the year and 30 cases were in receipt of extra nourishment at the end of the year.

The Chest Clinic and Home Visiting

1,719 new cases were examined during the year. 55 were found to be definitely tuberculous.

The total number of attendances for examination at the Chest Clinic was 15,511.

The Clinic doctors paid 250 home visits and the Tuberculosis Visitors 2,567 visits for Clinic purposes. In addition the Tuberculosis Visitors made 114 primary visits for the purposes of the Notification Register. There were also 781 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	...	...	...	...	...	3,904
Number of patients recalled for examination and large film	...	...	...	...	...	443
Number of active cases of Pulmonary Tuberculosis found	...	...	...	...	...	16
Number of cases of lung cancer found	...	...	...	...	...	22

Contact Examination

During 1969, 392 persons were examined for the first time as contacts of notified cases of Tuberculosis.

Of these contacts, 7 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 18 compared with 0.33 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 1969 and regular sessions were held at the Clinic for this purpose. 395 contacts were successfully vaccinated during the year. In addition 7 nurses and domestics were successfully vaccinated, and 30 babies of tuberculous parents were vaccinated in hospital during the neonatal period.

B.C.G. Vaccination for School Leavers.

Total number of children skin tested 3,870

Number found to be negative 3,018

Number vaccinated with B.C.G. 3,002

For detailed figures see Appendix page 135.

AFTER-CARE OF THE TUBERCULOUS PATIENT

The tuberculous patient may need encouragement, reassurance and practical help. Fears can be alleviated by a home visit or a financial query solved by advice regarding statutory benefits.

Over the past year heating costs have again been a major problem for the person living on a low income and the help given by the Croydon Care Committee has been much appreciated. This Committee has made grants for fuel, helped with the settlement of electricity and gas accounts and has given assistance with special needs. At Christmas they issued £120 grocery vouchers which were distributed amongst needy patients attending Croydon and Purley Chest Clinics. An allowance of £525 from the Public Health Department for milk has been used to provide certain patients with one pint of free milk daily. These patients are mainly elderly who find it a struggle to afford nourishing foods.

There has been little change in the employment position for the tuberculous patient. Light jobs for the more elderly and unskilled workers remain scarce, but for others the position is much easier. Patients seeking work are referred to the Disablement Resettlement Officer who gives all guidance possible. Certain patients needing sheltered employment attend the Industrial Unit and others who are unfit for work can have occupational therapy at home or they may be referred to the Occupation Centre.

Sometimes the patient has to rest as much as possible, but for the mother of a family or a person living alone, this recommendation can be difficult to carry out. However, once again the Home Help Service has given valuable assistance in such cases. Helpful contacts with the Children's Department, District Nursing Association and Housing Department have also been made, and with the co-operation of all concerned the after-care work of the tuberculous patient has continued throughout the year.

OCCUPATIONAL THERAPY

The Chest Clinic Occupational Therapy Department has been kept busy in 1969 with an increasing demand for patients to be found occupation in their own homes.

Rather more of these patients have been elderly or too poorly to be able to attend Waylands this year and they find useful occupation satisfying and reassuring. The chronic shortness of breath from which most of our patients suffer restricts the variety of craft work to some extent but this year we have made a big effort to introduce new items to sustain the interest and enthusiasm of the long term patients.

We have been very successful with our sales again and most of the articles sold quite quickly from the show case at the Chest Clinic and others went at a small sale held at Purley Hospital just before Christmas.

This year the demand has been for more canework and hand woven stools.

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 131.

ANTE AND POST NATAL CLINICS

Existing arrangements for a unified service at Lodge Road and at New Addington Clinics continued. Although there was a slight fall in attendances at Lodge Road, expectant mothers have in recent years tended to bring with them several members of the family. Older relatives to act as interpreters, and children because they could not be left alone.

Authority was obtained to build an additional Waiting Room to be equipped as a play centre, to accommodate the children, its possible use as premises for a nursery group outside the times of Clinic sessions was also considered, as this would add much needed facilities in an area of the Borough where the demand is great. It was anticipated that a pre-fabricated unit would be provided under the Urban Aid scheme early in 1970.

The numbers attending the Relaxation and Mothercraft Classes were considerably greater than in 1968. Furthermore, attention was given to co-ordinating the contributions of the midwives, health visitors, and physiotherapists, who combine to provide this service.

At the ante-natal clinics a total of 5,795 mothers attended during the year.

PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

Care of Premature Babies

Arrangements for the supervision of premature babies after discharge from hospital extend to the whole borough within the catchment area of Heyday 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 102

Phenylketonuria

During 1969 all babies born in the Borough or normally resident there had a Guthrie test. The programme is co-ordinated by the Supervisor of Midwives, and she ensures that results are notified to interested professional personnel. Likewise the Domiciliary Midwives obtain any repeat specimens. Although there were several requests for repeat tests, no new cases were discovered during the year.

ANTE AND POST NATAL CLINICS

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The numbers attending the Relaxation and Mothercraft Classes were considerably greater than in 1968. Furthermore, attention was given to co-ordinating the contributions of the midwives, health visitors, and physiotherapists, who combine to provide this service.

At the ante-natal clinics a total of 5,795 mothers attended during the year.

1. No. of patients seen for first blood test	3,299
2. No. of patients found to have antibodies	67
3. No. of patients sent to Special Clinic	30

Care of Premature Babies

Arrangements for the supervision of premature babies after discharge from hospital extend 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 102

Phenylketonuria

During 1969 all babies born in the Borough or normally resident there had a Guthrie test. The programme is co-ordinated by the Supervisor of Midwives, and she ensures that results are notified to interested professional personnel. Likewise the Domiciliary Midwives obtain any repeat specimens. Although there were several requests for repeat tests, no new cases were discovered during the year.

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:—

304 cases were dealt with by the social workers.

29 girls were admitted to mother and baby homes.

56 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 "	"	...	...	...	13 "	"	...	...	...
14 "	"	...	...	...	14 "	"	...	...	...
15 "	"	...	...	...	15 "	"	...	...	...
16 "	"	...	...	...	16 "	"	...	...	...
17 "	"	...	...	...	17 "	"	...	...	...
18 "	"	...	...	...	18 "	"	...	...	...
					19 "	"	...	...	...
<i>Total</i>				<u>93</u>	<i>Total</i>				<u>93</u>

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 114. 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 91 babies with congenital conditions was notified in 1969.

For details see Appendix, page 103.

Child Health Centres

The demand for these services which comprise the education of parents, developmental assessment and immunisation of children has fallen slightly this year. No doubt this is due in part to the fall in the birth rate. One new Child Health Centre was opened to meet the needs of the developing Forestdale Estate and this has proved very successful.

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 and 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 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.

For detailed figures see Appendix page 103.

THE WORK OF THE PUBLIC HEALTH NURSING SERVICES

Miss A. Hayward, A.R.R.C., T.D., S.R.N., S.C.M., H.V.Cert.,

Although staffing shortages seem to have dominated 1969 and all the nursing services have carried vacancies at some time during the year, In-service Training has continued. To help the S.E.N./District Nurse training become truly integrated, Clinical Instructors from Croydon General Hospital were invited to a five day course for Group Leaders and Practical Work Instructors in the District Nursing Service. This course, held early in the year, was followed nine months later by a study day.

Colleagues in the Hospital Maternity Services were welcomed by Health Visitors, Physiotherapists and Domiciliary Midwives to a study day held in an endeavour to sort out the role of each worker and so avoid confusion in the mind of the expectant mother.

A series of two day courses have been held for Health Visitors to prepare them to carry out hearing tests on babies. So far 75% of the staff have received this training. Lunch time seminars with a consultant psychiatrist, and outside speakers at staff meetings have all played a part in In-service Training, and the nursing services are deeply indebted to Miss Elliott, Croydon's Health Education Officer, and her staff for their enthusiasm and help.

District Nursing Service

This branch of the service experienced a good deal of change during the year. The Superintendent moved away from the area, and one of the Assistant Nursing Officers retired after many years in home nursing. It was gratifying to be able to fill these vacancies from within the Service.

The use of Nursing Auxiliaries has proceeded with great success. Six have been recruited during the year bringing the total to 8. All are car drivers and all have had previous hospital experience. Although they have initial introductory training and attend staff meetings, further in-service training may well be necessary to maintain interest, and provide a stimulating atmosphere. They have fully justified their inclusion in the domiciliary team.

For detailed figures see Appendix page 111

Domiciliary Midwifery Service

The number of home confinements has again shown a downward trend, but the midwives have been fully employed caring for planned and unplanned early discharges, and ensuring that every baby born or residing in the borough has a Guthrie test.

For details see Appendix, page 103.

One interesting development in this service was the choice of a midwife in March, 1969 to start a pilot scheme for domiciliary family planning. All the families are referred to her by other workers and they are invariably families under a good deal of stress. The midwife who works closely with the Local Family Planning Association, has had some success, but the scheme, at present, is only operating on a small scale.

For detailed figures see Appendix page 95.

Health Visiting Service

The staff situation decreased during the last trimester of the year, due mainly to retirement and promotion. Miss M. Warman, Deputy Superintendent Health Visitor, retired in December after more than 30 years devoted service to health visiting in Croydon. Sponsored students continue to be the main source of recruitment. Five successfully completed their training at Croydon Technical College, and a further six students are currently training.

The London Borough of Croydon enjoys the services of over 200 Voluntary Workers helping in the Child Health Clinics. Their co-operation has enabled the health visitors to start appointments systems for medical officers in twelve Child Health Centres. It is hoped that by reducing the waiting time in the Centres, the quality of the service to the public will improve.

The full effect of the amended legislation relating to child minders has been felt this year in the greatly increased volume of requests for Registration. This has placed a considerable burden of work on this section. Following the retirement of the Specialist Health Visitor, a Deputy Superintendent Health Visitor was appointed to undertake the responsible work of all initial assessments for registration. She continues to inspect and advise the playgroups, whilst the health visitors pay follow up visits to daily minders; but the Deputy Superintendent is always available to help and advise, and even 'wield the big stick' should this be necessary.

The Working Party Report on Management Structure in the Local Authority Nursing Services was published in October, 1969, and the recommendations in Chapter Nine, relating to management training have been noted. The necessity to anticipate administrative changes and prepare staff be second-mant to appropriate courses is very much in mind.

For detailed figures see Appendix page 106.

On the following the successful completion of their training courses. Press photographs taken there now form part of a collection of a permanent record of achievement within the service.

The second event was the filming of some of the Croydon Home Helps in their training flat and in the Health Education lecture room. This excerpt is included in a national colour film which has been produced by the Institute of Home Help Organisers. The film will be available during 1970 on standard 8 mm. The Institute hopes to sell copies to Local Authorities throughout the

IMMUNISATION

Towards the end of 1968 new recommendations were issued by the Department of Health regarding the timing of the various procedures. The suggested age to commence became 6 months, which agreed with the schedule in use in Croydon Child Health Centres. However, the interval between the 2nd and 3rd doses of polio and triple vaccine was increased to 6 months. Thus many children who received two doses in 1969 will not complete their immunisation until 1970, and the percentage who have been fully protected has necessarily fallen. Every effort will be made to ensure their return for this completion of primary protection, but this scheme is less easily operated than the former schedule of attendances for three consecutive months. As regards vaccination against smallpox, authorities were advised that because of the possibility of accidental infection of an eczematous member of the family, it would be preferable for all routine smallpox vaccinations to be carried out by, or with the knowledge of the family doctor. Efforts to obtain prior agreement of the family doctor or his performance of vaccination were most unsuccessful. The percentage vaccinated between one and two years of age fell to less than half the number in 1968. All family doctors were informed and asked to indicate definitely if they would undertake routine smallpox vaccination, or allow the doctor at the Child Health Centre to proceed after careful questioning of the mother. A list of the doctors specifically requesting reference of all children to them has been compiled, and the figure for 1970 will be examined with this in mind. Measles immunisation was partially suspended because cases of illness followed the use of a certain type of vaccine. There was some alarm by mothers in Croydon whose children had received this suspect virus, but no harmful effects resulted.

For Tables see Appendix page 132

The number of home confinements has again shown a downward trend, but the midwives have been fully employed caring for planned and unplanned discharges, and ensuring that every baby born or residing in the borough has a Guthrie test.

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 42 cases were so dealt with, 33 women and 9 men. There were in addition, 15 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 is often said "that women's work is never done", certainly this comment applies to the Home Help Service.

The work of a Home Help is not glamorous, exciting or exceptional, but it is rewarding. The reward comes from seeing other people enjoying the privacy and comfort of their own homes even when supportive help is required to manage the home. The provision of physical help is the obvious part of the story, it is viable and can be assessed in hours worked and performance achieved.

The friendship and comfort a Home Help brings cannot be calculated. Mechanical aids have taken much of the drudgery from household chores, but nothing has been invented to replace a cheerful greeting and friendly conversation.

There were two highlights in the Croydon H.H.S. during 1969, both of which gave further recognition to the training scheme for Home Helps. In June the Chairman of the Health, Maternity and Welfare Sub-Committee was the guest at a meeting at which the Medical Officer of Health took the chair. On this occasion 40 Home Helps were presented with their certificates following the successful completion of their training courses. Press photographs taken there now form part of a collection of a permanent record of achievement within the service.

The second event was the filming of some of the Croydon Home Helps in their training flat and in the Health Education lecture room. This excerpt is included in a national colour film which has been produced by the Institute of Home Help Organisers. The film will be available during 1970 on standard 8 mm. The institute hopes to sell copies to Local Authorities throughout the country.

Students from overseas, other parts of the United Kingdom and local sources have visited the Croydon Home Help Service and the training flat. They have discussed the value of the Home Help's work in the community and commented on the possible future of the service in the light of the Seebohm Report and the Green Paper on The Future Structure of the National Health Service.

For detailed figures see Appendix page 116.

HEALTH EDUCATION AND HOME SAFETY

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

Throughout the world today health education is accepted as an integral part, a vital component of all public health programmes. As a major approach to gain the participation of people in bringing about immediate action or enduring changes in personal and community health behaviour, it is now often woven completely into the fabric of a programme.

A small incident illustrated this thesis during the year. Improved laboratory facilities made it possible for more women to receive a cervical cytology test. Various methods of publicising the extended service were adopted, including in Taberner House, the displaying of posters and application forms in all the ladies' rooms. A satisfying number of forms were returned, but on inspection it was noticed that they came from groups of women in more senior or responsible positions. None came from groups normally 'hard-to-reach' and possibly at greater risk such as the domestic staff, some of whom have large families. To find out more about their reluctance, arrangements were made with their Supervisor for an informal discussion in the Health Education Section one evening. Their reasons for inaction proved to be:—

- (a) Ignorance
- (b) Previous operation for hysterectomy
- (c) Fear of being 'cut'
- (d) Their husbands did not want them to have it
- (e) Family planning - those taking the 'pill' being tested regularly at the family planning clinic
- (f) and basically - shyness.

Answers to questions and reassurance that the test would be carried out by a married midwife resulted in eight of the group being tested. An important factor with groups of this kind is that the means for action must follow persuasion within a few days - before the conviction and impetus is lost.

Discussion Groups with Mothers

Another venture during the year was a series of six talks given by a health education officer and designed especially for mothers assisting in playgroups. They were given in co-operation with a pre-school playgroup and included such topics as heredity, growth and development, play, home safety and sex education.

A valuable part of each session was a demonstration with children in the group of different forms of play. The course provided opportunities to study some of the beliefs, attitudes, motives, values and knowledge of the mothers; it demonstrated the potential for involving them and attempted to foster their participation in solving their own problems.

Discussion groups in toddlers' clinics continued to flourish in spite of disruption in some areas due to staff changes. It was encouraging to see how well and enthusiastically some of the newly qualified health visitors approached this work. Imagination and energy however, are still required in all groups if mothers are to be persuaded to take an active part and gain the maximum benefit from educational opportunities.

Mental Health

The Croydon Association for Mental Health organised an exhibition in the Sun Lounge of the Fairfield Hall during Mental Health Week, with the assistance of the Health Education and Mental Health Sections and were satisfied that this was a good public relations exercise.

In an attempt to stimulate and interest patients, Mr. Muller - Organiser of the Volunteer Aid Project asked for Health Education staff to hold sessions in Rees House, the Oaks and Salcot Crescent Day Centres. Topics included:— Housework with ease, diet and weight control, and accident prevention. The demonstrations evoked some amusement and response.

Health Education in Commerce and Industry

Staff from the Food Information Centre in Park Lane visited the Health Education Section several times and members of the health and welfare departments reviewed a pamphlet on nutrition for elderly people living alone.

Sessions on personal hygiene were given during a training course for new staff at Grants Bros.; on food hygiene to the whole staff at Marks and Spencers and on smoking and health at I.P.S. Business Press.

In-service Training Sessions held in the Health Education Section

1. Health visitors held monthly meetings, to which guest speakers were invited.
2. Doctors and health visitors continued to benefit from fortnightly lunch-time meetings with Dr. Crosse, Child Psychiatrist, on early diagnosis and treatment of behaviour problems in young children.
3. Mr. Palmer, Chief Dental Officer, discussed with the doctors the incidence and types of dental disease in children.
4. Regular sessions on the prevention of food poisoning were given throughout the year with school cooks and kitchen staffs.
5. Dr. Rosemary Graham, Paediatrician, spoke on modern methods of infant feeding at a special evening meeting for doctors, health visitors and midwives.

6. Sessions on the supporting services for the family, accident prevention and childbirth were given by health education staff to the Home Help courses.
7. A week's course was held for district nurse group leaders learning to manage a small group of nurses and to train pupil nurses.
8. Health visitors, midwives and physiotherapists took part in a one-day course on preparation for childbirth, which resulted in a better understanding of the role of each discipline and a new syllabus.

The Health Education Section was also visited regularly by pre-nursing and nursery nurse students from Croydon Technical College and by teachers, health visitor students, health visitor fieldwork instructors, health visitor and nurse tutors for discussion and demonstrations of health education in practice. They came one or more times from fourteen different colleges in London and the South East.

Regular sessions on the social aspects of disease continued at Mayday and Croydon General Hospitals.

Time was also given to World Health Organisation Fellows and other visitors from overseas studying public health and health education services in Great Britain. They came from:—

Finland	Greece	Ireland
Sweden	Yugoslavia	Israel
Denmark	Australia	Pakistan and Ceylon

Home Safety

A completely new set of home safety and health education topics were demonstrated at the Ashburton Flower Show and each stand was designed to encourage the participation of the public and also so that it could be used in other educational activities afterwards. Education in accident prevention becomes more difficult as more dangerous drugs and substances and more complicated domestic appliances appear on the market. There will be an increased need soon for the in-service training of staff on the technical aspects of accident prevention.

In spite of staff changes within the Health Education Section the volume of work increased greatly during the year. The additional help given by health visitors, public health inspectors and doctors was very much appreciated.

For details see Appendix page 114.

DENTAL SERVICE (MATERNITY AND CHILD WELFARE)

J.D. Palmer, B.D.S.(Lond.) L.D.S., R.C.S.(Eng.) Chief Dental Officer

Some general comments on the Local Authority Dental Service are contained in the Annual Report of the School Dental Service.

A free dental service is provided for expectant and nursing mothers and pre-school children in the Local Authority's clinics. Taking the figures from last year's report that there approximately 11,400 three and four year old children in Croydon, only 911 (8%) were examined at the dental clinics during the year. In a recent article a professor of children's dentistry pointed out the inadequacy of dental care for pre-school children; less than 25% of this priority group receive any dental treatment at all, and at a national level only 3% under the local authority services.

There is an obvious need to improve the services for these children, particularly if it is hoped to limit the onset of dental disease or control its severity. In many cases parents just do not know that children should be seen regularly from about the age of three onwards, and few realise that a comprehensive service is available in the dental clinics as well as under the National Health Service for these patients.

Educating the parents in the establishment of favourable dietary and oral hygiene patterns, as well as the need for routine dental care from an early age, is very important. Throughout the year talks have been given to groups of mothers at Toddlers' Clubs on these matters, and with the arrival of the Dental Auxiliary in October, who is trained in dental health education, this important contact with mothers of the very young is being extended and expanded at the ante- and post-natal clinics in the Borough by enlisting the active support and co-operation of the Health Visitors and others in the promotion of good dental health from the beginning of life.

The three year old birthday card scheme continues successfully at Sanderstead, with 245 cards being sent out in 1969, and in response to this 77 children (31%) attended for routine examination. However, it is impossible to assess how many parents were made aware of the need for dental care by the receipt of this card. When finances permit it is hoped to enlarge this scheme to cover the rest of the Borough.

For details of treatment see Appendix, page 117.

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.

Special mention must be made of The Croydon and District Society for Mentally Handicapped Children, The Mental After-Care Association, The Guardianship Society and The Croydon Association for Mental Health all of whom have been very closely associated with the Mental Health Service and with direct help to patients, but reference is also due to The Croydon Guild of Social Service and to many other voluntary organisations and individuals who give so willingly of time and resources to help Croydon patients.

The Croydon Volunteer Aid Project has continued, successfully during the year, and it is hoped when this experiment is concluded to continue the work as an established part of the Mental Health Service.

Through its residential homes the Mental After Care Association continues to help many Croydon patients 27 of whom were resident in the Association's Homes at the end of the year.

Admissions under the Mental Health Act 1959

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Admitted informally	40	52	92
Under Section 25 (For observation)	35	67	102
Under Section 26 (For treatment)	24	35	59
Under Section 29 (for observation in emergency)	63	142	205

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under Section 60 (Hospital Order through Court)	3	-	3
Under Section 136 (Police Action)	1	2	3
Investigated but not admitted	48	92	140
	214	390	604

In Netherne and Cane Hill Hospitals Mental Welfare Officers were concerned with 28 Section 25 procedures, 23 Section 26 procedures, and 3 Section 29 procedures.

	1968	1969	
Informal Admissions	95	92	i.e. fall of 3.1%
Emergency admissions S.29	191	205	i.e. rise of 7.3%
Investigated but not admitted	73	140	i.e. rise of 91.8%
Total admissions under Sections	353	372	i.e. rise of 5.4%
Total cases dealt with	521	604	i.e. rise of 15.9%

Guardianship

During 1969 the Guardianship of one patient under the Local Health Authority lapsed, and the total number under Guardianship was thus reduced to 15.

Training Centre

Coldharbour School, the new purpose built centre in Purley Way, was officially opened by His Worship the Mayor in March 1969. This school provides 108 places for mentally handicapped children including 24 special care places for severely handicapped children and 24 nursery places. In addition 15 places are still provided in the Surrey County Council's centre at Caterham. There are plans for a second purpose-built school in the north of the Borough.

During the year a parent-teacher association was started at the new Coldharbour School. Parents have also shown their keen interest through the Croydon and District Society for Mentally Handicapped Children. The society has been keen to help in any way and special thanks are due for the gifts of a television set and a teaching machine.

Day Hospital/Day Centre

Adaptation of part of the former Council Offices in Purley provided very good accommodation for a 50 place Unit representing a further joint scheme of the hospital and local authority. It was opened in October. If the former day hospital in Thornton Heath can be re-opened in 1970, the plan to provide one of these centres for each 100,000 of the population will be fulfilled.

Day Centre

For some time the need has been felt for a day centre where elderly or more chronically disabled patients could attend by the day for care and occupation. An opportunity was taken in 1969 to run such a centre experimentally at "The Oaks", Thornton Heath. This experiment confirmed the need and proved so successful that it is planned to develop this facility further in the future. During the year between 30 and 40 patients were able to attend with consequent benefit to themselves and help to their relatives.

Residential Care

(i) Temporary Care

In 39 instances short term care for mentally handicapped patients was made through the hospital service, and convalescent holidays were arranged for 20 patients, and 31 on two group holidays 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 1969 41 patients were found lodgings through the scheme, 9 more than the previous year. Of these 25 were still in lodgings at the end of the year, 12 had moved on to other accommodation and 4 had been re-admitted to hospital. A total of 83 patients were living in such lodgings at the end of the year.

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 5 small group homes already established continue to run smoothly and provide accommodation for 31 residents.

Social Work

At the end of 1968 the number of active cases carried by the social worker was over 1300 and represented new high level in the history of the service. During 1969 the pressure of work has increased still further and despite a number of staff changes the total work load ran at over 1400 action cases throughout the year. The number of requests for social work assistance was also substantially greater than in any previous year and the social workers were concerned in helping about 2,500 people during the year.

In addition to social work assistance to individual patients and relatives group work has also been developed whereby a number of persons can be helped together. The social workers are concerned in five such groups catering for about 50 persons and representing different categories of need.

Students

The Training Officer continues to supervise the practical work of student social workers in the service. In 1969 some 20 students attended for practical training and contributed to the life and work of the service.

Visitors

Again this year visitors have come from many countries and from other local authorities and Hospitals in this country, to be shown the mental health services provided by this Borough.

The Unified Industrial Therapy Service

The progress of this service was steady and unspectacular in a year dominated by the transfer of the headquarters of the service (the Crosfield Industrial Unit) to a new purpose built factory.

Diagrams showing the structure of the service and the functions of the centres in it can be found on pages 125 - 127.

Other relevant statistics appear on pages 122 - 124.

The principles of the service - the rationalisation and centralisation of contract seeking - have now been applied for over four years and are firmly established. During 1969 a Psychiatric Day Centre and a Day Hospital (new additions to the mental health service) were incorporated into the organisation.

The total value of completed contracts amounted to £72,000.

I again record with appreciation the support, guidance and advice given by the local industrialists who make up the Crosfield Industrial Advisory Panel, and the Croydon & District Society for Mentally Handicapped Children.

Mention must be made of the Department of Employment & Productivity, not only for its generous grant towards the cost of building the new Crosfield factory, but for the co-operation which has been extended at all levels by officers of that Department.

The three principal Health Department units in the service are:—

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

1. *Crosfield Industrial Unit*

This unit for severely disabled persons of all categories is a sheltered workshop, approved as such under the Disabled Persons (Employment) Acts 1944/58. It is the headquarters and principal co-ordinating agency of the industrial therapy service.

All but four 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 4/- daily and free midday meals are provided. Two weeks paid holiday is given each year and trade union membership is open to every employee.

An interesting opportunity arose during the year to place a supervised group of disabled persons with an outside firm to meet a short term labour need.

See Appendix, page 122.

2. *Bensham Assessment & 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 & 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 123.

3. *Waylands Craftwork, Training & Social Centre*

This centre has three aims - to provide social activities and entertainment for disabled persons of all categories in leisure hours, i.e. evenings and weekends; to supply a wide range of occupational pastimes for 80 physically handicapped persons during weekdays and to function - in a separate wing - as an adult training centre for 120 mentally handicapped persons.

The information given in Appendix, page 123, refers only to the latter section - the remainder being the responsibility of the Chief Welfare Officer.

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. 8. 0d. as from 1st December 1969.

	Whitehorse Road	Hazleglen Sanderstead Road
Details of attendances -		
Capacity	50	30
Number on books at the end of year	50	30
Attendances: Under 2	3,674	1,210
Over 2	5,907	4,008
<i>Total</i>	<u>9,581</u>	<u>5,218</u>
Number of days opened ...	255	255
Average daily attendance	37.6	20.5

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 105.

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. For the past three years in New Addington, the complete absence of any private chiropodist's surgery within the scheme has 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 1969, 26 chiropodists were operating this scheme. During the period January 1st to December 31st 1969, they gave 21,837 treatments at their surgeries and 6,162 by domiciliary visits. 459 treatments were given at Parkway Clinic, New Addington and 289 at "Waylands".

CERVICAL CYTOLOGY

Early in 1969 the Regional Hospital Board Laboratory increased their facilities and offered to take one hundred new cases per week. In spite of increased publicity this target was not reached. The approach to industrial and commercial firms offering sessions in their premises was disappointing, nevertheless fifteen sessions were held as a result of this publicity, and there was an overall increase of 1,000 slides during the year. Requests for this service from younger women increased and late in 1969 the age was reduced from thirty-five years and over, to twenty-five years, priority being given to the older age groups. This reduction in age produced two class three results.

For detailed figures see Appendix, page 119.

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 1869.

In the early part of the year a re-appraisal of the duties and establishment of the Public Health Inspectorate took place and as a result three District Inspectors were promoted to Senior Inspector one of whom will concentrate in future on the inspection of food premises and catering establishments in the centre of the town.

Two Technical Assistants have been appointed to assist with general District work and it is hoped to fill the two remaining vacancies for Inspectors with students who should qualify in 1870. The new arrangement appears to be working reasonably well.

As always, housing duties continued to provide a lot of work, and during the year the coming into force of the Housing Act, 1959, involved the Department, in liaison with the Housing Department, in a completely new sphere of activities.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

For an Improvement Grant and/or a Qualification Certificate, (the latter to enable a rent increase to be obtained), necessitates a very close working arrangement with the Borough Valuer who administers the Improvement Grant provisions of the Act. This has now been put into operation and early experience suggests a satisfactory outcome.

It is hoped that the provisions in the Act, which has the object of improving the general condition of the housing stock in the country, will prove successful.

The new Act also amends certain provisions dealing with houses in multiple occupation, and this sphere of activity in the Department is only limited by the staff available.

Another chapter in the long history of the department, came to an end with the closing down of the West Croydon Men's Hostel, Pitlake in November; consequent upon the road improvement scheme in the Pitlake area.

All the remaining residents were accommodated elsewhere and the building has since been demolished.

The building was officially opened in July 1894 as the Municipal Lodging House and it provided accommodation at the time for sixty-six men and thirty-four women. In 1897 control of the building was taken over by the Croydon Sanitary Committee and two years later in 1899 rising costs made it necessary to increase charges from 5d to 8d a night or 3s weekly. Apparently inflation was something of a problem even in those days.

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Another chapter in the long history of the department, came to an end with the closing down of the West Croydon Men's Hostel, Pitlake in November, consequent upon the road improvement scheme in the Pitlake area.

All the remaining residents were accommodated elsewhere and the building has since been demolished.

The building was officially opened in July 1894 as the Municipal Lodging House and it provided accommodation at the time for sixty-six men and thirty-four women. In 1897 control of the building was taken over by the Croydon Sanitary Committee and two years later in 1899 rising costs made it necessary to increase charges from 5d to 6d a night or 3s weekly. Apparently inflation was something of a problem even in those days.

The Borough's Smoke Control Policy has continued and Smoke Control Order No. 12 was made in December, 1969 and awaits confirmation. It is regrettable that in spite of Government pressure to implement a Clean Air Policy in the "black areas" the coal industry has not kept pace with the demands for solid smokeless fuel. It is hoped and believed that this is only a temporary phase aggravated by the gas industry's rapid change-over from coal carbonisation to oil reforming in the production of town gas.

If anyone has any doubts as to the benefits obtained from smoke control he should study the recent report produced by the Greater London Council Research and Intelligence Unit for the London Boroughs Association, on the "Progress and Effects of Smoke Control in London."

This report is a complete vindication of a policy sometimes criticised on the grounds of expense.

The administration of the Offices, Shops and Railway Premises Act, 1963 has continued at a reasonable pace, again limited by the availability of staff and in many cases the complex nature of the work. More detailed comment is made on page 67 of this report and the Inspectors concerned are to be complimented on the results achieved.

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.

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

- (i) Total number of houses inspected for housing defects (under Public Health or Housing Acts) - 4,209
- (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 - 11

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 900

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 - 231
- (ii) Number of dwelling houses which were rendered fit after service of formal notices -

- (a) By owners 252
- (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 - 925
- (ii) Number of dwelling houses in which defects were remedied after service of formal notices -

- (a) By owners - 648
- (b) By Local Authority in default of owners - 72

(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 - 7
- (ii) Number of dwelling houses demolished in pursuance of Demolition Orders - 13
- (iii) Number of dwelling houses in respect of which Closing Orders were made - 4

(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	9
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	7
4. Houses in Multiple Occupation -	
(i) Number of Houses in multiple occupation inspected during the year	165
(ii) Number of houses in which defects were remedied following service of formal or informal notice under Section 9, Housing Act	90
(iii) Number of houses in which additional amenities were provided following service of formal or informal notices under Section 15 of the Housing Act.	103
(iv) Number of houses in which fire prevention works were completed following service of formal or informal notices under Section 16, Housing Act	118
5. Rent Act, 1957 - Certificate of Disrepair -	
(i) Number of applications for certificates	6
(ii) Number of certificates issued	5
(iii) Number of applications by landlords for cancellation of certificates	6
(iv) Certificates cancelled	6

HOUSING ACT, 1969

Since the introduction of this Act in August, 1969 some 344 houses have been inspected and reported upon to enable the Borough Valuer to determine applications for Improvement Grants and/or Qualification Certificates.

TABLE C - A FACTORIES ACT, 1961

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

Part 1 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		
		Inspection (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	65	17	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	1,137	193	11	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	77	85	-	-
	1,279	295	12	-

Cases in which DEFECTS were found:—

PARTICULARS (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	2	2	-	-	-
Overcrowding (S.2) ...	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
(S.4)	2	2	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary-conveniences (S.7) :—					
(a) Insufficient	5	5	-	-	-
(b) Unsuitable or defective ...	23	23	-	2	-
(c) Not separate for sexes ...	3	3	-	-	-
Other offences against the Act (not including offences relating to Outwork)	29	29	-	-	-
TOTAL	64	64	-	2	-

PART VIII OF THE ACT

Outwork

Nature of Work (1)	Section 110			Section 111		
	No. of out workers in August list required by Sect. 10 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Lampshades	19	-	-	-	-	-
Embroidery and Tapestry Printing	13	-	-	-	-	-
Paper bags and Cardboard boxes	10	-	-	-	-	-
Christmas cards, Christmas crackers and stockings	37	-	-	-	-	-
Tool assembly	13	-	-	-	-	-
Wearing apparel	112	-	-	-	-	-
Perfumery, Toiletries, etc.	8	-	-	-	-	-
Carding of buttons etc.	149	-	-	-	-	-
Artificial flowers	1	-	-	-	-	-
Curtain and furniture hangings	16	-	-	-	-	-
TOTAL	378	-	-	-	-	-

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE A - Registrations and General Inspections

Class of Premises (1)	Number of Premises Registered during the year (2)	Total Number of Registered Premises at end of year (3)	Number of Registered Premises receiving a general inspection during the year (4)
Offices	108	1,263	110
Retail Shops	133	1,943	350
Wholesale Shops, Warehouses	7	111	24
Catering Establishments open to the public, Canteens	62	229	46
Fuel Storage Depot	-	2	-
TOTALS	310	3,548	530

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

3,124

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

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
<i>(1)</i>	<i>(2)</i>
Offices	30,305
Retail Shops	12,707
Wholesale Departments, Warehouses	2,231
Catering Establishments open to the public	3,019
Canteens	583
Fuel storage depots	23
TOTAL	48,868
Total Males	23,487
Total Females	25,381

TABLE D - Exemptions

No exemptions were granted under the Act during the year

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 - 21) carry out inspections at food premises to avoid duplication of visits.

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

REMEDIAL WORKS ETC. CARRIED OUT

Accident Prevention Measures	...	...	...	...	...	...	...	36
Abstract of Act Provided	...	...	...	...	...	...	...	190
Clothing Accommodation Provided	...	...	...	...	...	...	...	29
Drainage Defects Repaired	...	...	...	...	...	...	...	-
Lack of Cleanliness Remedied	...	...	...	...	...	...	...	10
Drinking Water/Vessels Provided	...	...	...	...	...	...	...	6
Eating Facilities Provided	...	...	...	...	...	...	...	-
First Aid Equipment Provided	...	...	...	...	...	...	...	191
Floors, Stairs, Passages Repaired etc.	...	...	...	...	...	...	...	163
Heating Provided	...	...	...	...	...	...	...	26
Lighting Provided	...	...	...	...	...	...	...	73
Machines Guarded	...	...	...	...	...	...	...	44
Overcrowding abated	...	...	...	...	...	...	...	13
Premises registered	...	...	...	...	...	...	...	310
Sanitary Accommodation Provided	...	...	...	...	...	...	...	3
Intervening Ventilated Space Provided	...	...	...	...	...	...	...	9
Defective Sanitary Accommodation Repaired	...	...	...	...	...	...	...	46
Labelling of Sanitary Accommodation	...	...	...	...	...	...	...	26
Staff seating facilities Provided	...	...	...	...	...	...	...	7
Thermometers Provided	...	...	...	...	...	...	...	142
Ventilation Provided	...	...	...	...	...	...	...	96
Walls, Ceilings etc. Repaired	...	...	...	...	...	...	...	244
Washing Facilities - Wash Basins Renewed/Provided	...	...	...	...	...	...	...	28
" " - Hot Water Provided	...	...	...	...	...	...	...	61
" " - Nail Brushes, Soap and Towels Provided	...	...	...	...	...	...	...	14
Provision of Disposal for Sanitary Dressings	...	...	...	...	...	...	...	3
Defective Electrical Wiring Remedied	...	...	...	...	...	...	...	32
Accumulations of Rubbish Removed	...	...	...	...	...	...	...	23
TOTALS	310	3,543	3,543	3,543	3,543	3,543	3,543	

TABLE 8 - Number of Visits of all kinds by Inspectors to Registered Premises

EMPLOYMENT AGENCIES

These Agencies, which include "au-pair" agencies are licenced annually and inspection of the records kept by these firms is carried out to ensure that the provisions of the Act are complied. In most cases the premises concerned are also subject to the provisions of the Offices, Shops and Railway Premises Act, 1963.

There are 91 agencies registered and regularly inspected in the Borough.

SHOPS ACTS, 1950 - 65

The Shops Acts regulate the closing hours of shops and the working hours of shop assistants. Failure to observe "closing hours" has given little cause for complaint during the year. 520 inspections were made under the Shops Acts; infringements remedied were as follows:—

Hours of Closing	...	...	...	...	...	...	...	...	1
Notices to be exhibited or amended	...	...	...	...	...	...	...	...	213
Meal Intervals not granted to Staff	...	...	...	...	...	...	...	...	1
Opening Hours of Launderettes	...	...	...	...	...	...	...	...	4

The following complaints were received during the year and investigated,

1. Selling motor cars on seven days per week and after the general closing hours. ... 2
2. Selling goods from a "general" shop on a Sunday not permitted by the Fifth Schedule of the Shops Act, 1950. ... 1
3. Insufficient meal intervals for a shop assistant in a restaurant. ... 1
4. Excessive hours of work of a young person in a hairdresser's establishment. ... 1
5. Loss of Assistants' Weekly Half Holiday ... 3
6. Failure to exhibit statutory notices respecting Assistants' Weekly Half Holiday and statutory records of young persons employment not kept. ... 1

PROSECUTIONS UNDER SHOPS ACT, 1950

There were no prosecutions under the Act during the year.

SCHOOLS

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

During the year 77 such inspections were made.

HAIRDRESSING ESTABLISHMENTS

Legislation calls for the registration of hairdressers' and barbers' premises. During the year 156 inspections were made of registered premises to check that the Byelaws in force were being observed. Generally little cause for complaint was found, 13 new Registration Certificates were issued.

DRAINAGE

2,968 visits of inspection were made to underground drains in course of repair.

The transfer of Hooley and Farleigh to Banstead and Godstone respectively had the effect of reducing the number of cesspools within the Borough and there are now 40 cesspools serving premises without main drainage.

POLLUTION OF RIVERS AND STREAMS

During the year 5 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 Protections 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 materials used.

Regulations also govern the use of certain materials in the manufacture of toys and, during the year, two toys were submitted for chemical examination and found satisfactory.

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 five 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 5 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.

One site licence was in force during the year as follows:—

<i>Address</i>	<i>No. of Caravans</i>	<i>Period of Licence</i>
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
No. 12	6,007	5,865	439	15.12.69	1. 7.71

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 39 plans showing the construction and heights of new chimneys were examined and in 33 cases additional height was requested and agreed. 57 notices of the installation of new furnaces were received, 36 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	...	...	...	...	...	...	...	...	9,316 articles.
By Formalin Gas	...	...	...	...	...	...	...	...	453 articles
<i>Total</i>									<u>9,769 articles</u>

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:—

46 rooms, hospital wards, clinics etc.

39 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 £36. 15s. 6d was paid for such services.

1,472 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 5 adults and 8 children were cleansed of verminous conditions and 15 adults and 21 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 151, either by spraying or fumigation.

NOISE ABATEMENT

During the year 116 complaints were made regarding noise alleged to be a nuisance. In 80 cases no action was warranted.

In 29 instances the noise complained of was abated, or reduced so as not to be a nuisance and 7 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 15. In addition, 165 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.

Three 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 20 licences were renewed and 3 new licences issued. During the year 55 inspections were made and little cause for complaint relating to conditions specified in the licences 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.

The recent cases of rabies among animals imported from abroad has given rise to amended legislation and increased vigilance against this disease and appropriate action was taken when a local veterinary surgeon reported a suspected case of rabies in a young dog. Subsequent laboratory examinations fortunately revealed that the animal had suffered from a less serious and non-infectious illness.

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 3,673 premises were inspected following complaint and in 3,222 instances infestation was confirmed and dealt with by the rodent operatives. In addition, 30 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, 202 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, 1,339 are registered under Section 16 of the Food and Drugs Act, as follows:—

Retail sale of ice-cream	1,048
Manufactures of ice-cream	Nil
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food	291

During the year 4,403 inspections and re-inspections were made of food businesses.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

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

<i>Description</i>	<i>No. of premises</i>	<i>Wash hand basins provided during 1969</i>	<i>No. to which Sec. 19 applies</i>	<i>No. of sinks fitted to comply with Sec. 19 during 1969</i>
Bakehouses and Bakers Shops	116	1	116	1
Sugar Confectioners	418	2	376	3
Cafes, Restaurants, Snack Bars, etc.	257	9	257	8
Works & Club Canteens	426	12	426	18
Licensed Premises	166	10	166	8
Off Licences	116	4	24	-
Grocers	405	3	372	3
Butchers	185	5	185	4
Wholesale Meat Markets	11	-	-	-
Chemists	85	-	85	-
Greengrocers	205	-	205	1
Fishmongers	46	3	46	3
Fried Fish Shops	44	2	44	4
Milk Distributors and Dairies	287	2	256	2
Premises from which Roundsmen & Mobile Shops operate	101	-	101	-
Food Manufacturers	17	-	17	-
Supermarkets and General Shops	180	3	94	7

<i>Articles</i>	<i>Weight in lbs.</i>
Carcase Meat	24,591
Offal	2,815
Sundry Foodstuffs	13,681
Canned, Bottled and Packet Foods ...	29,612
<i>Total</i>	<u>70,699</u>

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 11 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 62 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 35

Licences to use the designation "Sterilised" —

(a) Dealer's (Pre-packed Milk) Licences 10

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 7

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

Bacteriological Examinations of Milk

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

Pasteurised Milk	...	...	...	...	...	...	123
Sterilised Milk	...	...	...	...	...	...	17
Untreated Milk	...	...	...	...	...	...	12
Ultra Heat Treated	...	...	...	...	...	...	6

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

<i>Untreated Milk</i>	<i>Methylene Blue Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
12	-	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.

<i>Pasteurised Milk</i>		
<i>Methylene Blue Test</i>		
No. Samples Taken	Not Satisfied	Satisfied
123	-	123

<i>Sterilised Milk</i>		
<i>Turbidity Test</i>		
No. Samples Taken	Not Satisfied	Satisfied
17	-	17

<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 -	23
	Unsatisfactory -	2

BACTERIOLOGICAL EXAMINATION OF CREAM

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

BACTERIOLOGICAL EXAMINATION OF ICE CREAM

105 samples were taken, the results being:—

Grade	No. of Samples
1	74
2	15
3	10
4	6

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. 16 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, 158 samples of milk and cream, and 298 other samples were taken, of which number, 20 were found to be "Not Genuine", details of which are set out below:—

Article	Nature of Adulteration or Deficiency	Remarks
Pasteurised Milk Pasteurised/Homogenised Milk Sterilised Milk	These samples contained a small amount of added water	Precautions taken by Firms concerned to avoid any recurrence, and subsequent samples taken have proved satisfactory.
Sterilised Milk	This sample was deficient in milk solids other than milk fat	" "
Pork Sausage (Preserved) Beef and Onion Pattie	These samples were deficient in meat	Matter taken up with the Firms concerned and subsequent samples proved satisfactory.
Irish Stew	Sample was deficient in meat	Appropriate action is being taken with the Company concerned.
Smoked Salmon	Sample was in a blown container	The rest of the stock was condemned.

Article	Nature of Adulteration	Remarks
Orange Juice (Canned)	Sample contained 270 parts per million of tin derived from the interior lacquer of the can. In the Public Analyst's opinion any excess of 100 parts per million is liable to produce a metallic taint	It was ascertained this can was from old stock. Remaining stock on Vendor's premises destroyed.
Cough Syrup	The sample was deficient of chloroform to the extent of 40% of the declared amount. In the Public Analyst's opinion the deficiency was due to the article being old.	Stocks checked No other old stock on Sale.
Minced Beef with Onion & Gravy	In the Public Analyst's opinion this sample is deficient in meat to the extent of 24%	Necessary action has been taken to comply with the Regulations.

The Public Analyst reported that nine 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.

Result of Analysis of Milk Samples

The samples of milk were obtained as follows:—

Taken on Milk Rounds	...	...	...	...	20
Taken at Dairies	...	...	...	...	122
Taken at Institutions	...	...	...	...	9
Total	...	...	...	...	151

Average composition of samples:—

Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat 8.62

(Legal standard is 8.5%)

Milk Fat 3.68

(Legal standard is 3%)

South Devon and Channel Island Milk

Solids not Fat 9.1

(Legal standard is 4%)

Milk Fat 4.25

(Legal standard is 4%)

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

OFFENCE	RESULT
Packet of Mixed fruit containing insects	Fined £20
Loaf of Bread containing a fly	Fined £10
Bread Roll containing metal bolt	Fined £10
Liver & Bacon Croquettes containing mould growth	Fined £50
Bread Roll containing fragments of an insect	Fined £5
Meat filled Roll containing piece of glass	Fined £20
Two Fruit Pies not of the substance demanded	Fines totalling £50 were imposed
Pork Sausages unfit for human consumption	Fined £20
Chocolate Roll unfit for human consumption	Fined £20
Fruit bun containing piece of metal	Fined £20
Bottled Milk (2 Cases) containing fragment of glass	Fines totalling £100 were imposed
Pie containing mould growth	Fined £25
Cream Puff not of the quality demanded	Fined £15
Two cases of selling apples not of the quality demanded in that they were bruised	Case dismissed
Bakewell Tart containing mouse dropping	Fined £10
Loaf of Bread containing a cigarette end	Fined £20
Sausages not of the quality of food demanded	Fined £25
Seven cases of smoking whilst handling open Food	Fines totalling £35 were imposed
Loaf of sliced Bread containing pieces of a paper handkerchief	Fined £10
Food carrying vehicle not suitably covered and inadequate washing facilities etc.	Fines totalling £12 were imposed
Packet of Cheese Popples unfit for human consumption	Fined £20
Floor & Equipment of Food Premises insanitary	Fines totalling £40 were imposed
Loaf of Bread containing miscellaneous dirt	Fined £10

OFFENCE	RESULT
Milk Bottle not in a state of thorough cleanliness	Fined £15
Pork Pie not of quality demanded	Fined £20
Packet of Baby Food not of the quality demanded	Fined £25
Meat containing a mouse dropping	Case dismissed
Failing to clear an accumulation of rubbish	Fined £5
Insanitary Food Premises & Equipment	Fines totalling £100 were imposed.

FOOD COMPLAINTS

During the year 271 food complaints of various types were received, fully investigated and appropriate action taken where necessary. Twenty-seven 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	4,209
Houses inspected following applications for certificates of disrepair	20
Inspection of underground rooms	77
Special inspections in connection with the Housing Survey	544
Houses inspected for overcrowding conditions	52
Re-inspections of work outstanding on housing notices	10,532
Number of visits regarding infectious diseases	872
Number of visits regarding food poisoning	73
Inspections of drainage work during repair	2,382
Drainage systems inspected, surveyed or traced	2,870
Drains tested	486
Inspections of cesspools and earth closets	28
do schools and school sanitary conveniences	11
do public conveniences	125
do verminous premises	91
do Ponds and ditches	13
do premises in course of demolition	893
do theatres, cinemas, halls, etc.	10
do tents, vans and similar structures	88
do premises in connection with improvement grants	525
Inspection and re-inspection of houses in multiple occupation	5,402
Inspection and re-inspection in connection with Smoke Control Orders	14,869
Smoke observations	131
Visits regarding exhumation	5
Visits to premises for food condemnation	834
Inspections of wells and gathering grounds of water supply	17
do scrap metal dealer's premises	21
do rivers and streams for pollutions	5
do hairdressers	154

Visits regarding rats and mice infestation by rodent operators	21,879
Visits regarding rats and mice infestation by district inspectors	894
Informal Notices outstanding 31.12.68	1,206
Informal Notices served	1,595
Informal Notices complied with	1,893
Informal Notices outstanding at 31.12.69	908
Statutory Notices outstanding 31.12.68	1,108
Statutory Notices served	1,650
Statutory Notices complied with	1,826
Statutory Notices outstanding 31.12.69	932
Total number of callers and complaints received at the office	2,538
Total number of letters received at the office	14,529

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 2,945 plans submitted for approval.

During the year 10,093 Local Land Charge enquiries have been referred to the Department by the Town Clerk and, in each case, a detailed investigation is carried out to ensure that the prospective purchaser of any property is made aware of whatever legal requirements may have been imposed by this Department currently, or which may apply to the property at some future date.

Nuisances, Infringements of Acts, Byelaws, Regulations or Orders ascertained by the Public Health Inspectors during the year 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	423
---	-----

Conditions causing dampness:

Defective roofs	364
Defective window frames	109
Defective walls, etc.	125
Want of efficient damp-proof course	15
Defective gutters and downspouts	243

Other structural defects:

Defective plaster	512
Cleansing and redecorating required	1
Defective floors, stairs and woodwork	253
Insufficient ventilation under floor	20
Defective brickwork, sills, lintels, chimneys	346
Defective stoves and fireplaces and flues	21

Laundry receiving offices, without hot water facilities as mentioned in a previous report, are still being found, in one such office, during 1969, the daily needs of washing and supply of drinking water was a standpipe tap in

During the year 30 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 valuable contribution to both public relations and health education.

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OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The inspection of premises has proceeded throughout the year although not with the speed desired, as a result of staff shortages and additional legislation. Nevertheless much has been accomplished, and by the increased number of complaints and requests for advice on the various requirements of the Act from architects, builders, employers and members of the public, it is apparent that there is a growing awareness of the existence of an Act of Parliament containing wide provisions for the welfare of office and shop workers.

Properties in the Borough are continually undergoing change, and it is a common experience to inspect individual offices and shops consecutively in a road and, within a year or so of completion, demolition of large areas for redevelopment has taken place. The town centre particularly, has been affected, but this is inevitable in a rapidly developing shopping area such as Croydon.

A new estate, the Whitgift Centre, including over 200 offices and shops, together with a tower block of offices, is rapidly undergoing development, and frequent visits have to be made to the site to meet architects, ventilating and heating engineers and intending shopkeepers in addition to examining and reporting on the plans prior to submission to the appropriate Committee of the Council.

The practice of inspecting all plans relating to offices, shops, warehouses and factories continues. During the year no fewer than 930 plans have been inspected and reported upon. Particular vigilance, in inspecting plans, has to be given to those parts of the properties to which the public are not admitted, and strict observation is kept on the proposed means of access to lift motor rooms, lift towers, boiler rooms etc. to which mechanics and maintenance staff must have access, not overlooking the fact that the Council's Inspectors must also inspect such parts of the building in the course of their duties. Adequacy and safety of access to loading docks also receives attention.

In connection with general inspections, accumulations and deposits are frequently found. Some employees, particularly those of a lethargic nature, look for some place to deposit unwanted articles rather than deposit them in the refuse collection area. In the course of time (and apparently unnoticed by senior officers) passages and rooms become packed with unwanted stock and rubbish. In some cases it has been found necessary to request the fire Authority to co-operate in order to require occupiers to clear premises of inflammable refuse.

Laundry receiving offices, without hot water facilities as mentioned in a previous report, are still being found. In one such office, during 1969, the only means of washing and supply of drinking water was a standpipe tap in

the yard. This type of business often lacks sufficient heating apparatus to maintain a reasonable temperature, and spot checks, from time to time, are found necessary.

Success has been achieved, in a large degree particularly in offices, in obtaining the provision of sinks, with hot and cold water supplies, as a tea making facility.

Worn linoleum and floor coverings in offices and shops are still found and likely to give rise to accidents. In one office a hole in the carpet was found covered over with cellotape and adhesive plaster. After much persuasion, with a threat of prosecution, the carpet was renewed.

Frayed wire connections to electric fires and duplicating and printing machines receive inspection, as do defective light switches, and the occupiers' attention is directed to the remedying of these defective and dangerous conditions. Rickety chairs, tea chests and boxes used to gain access to high shelves, have been removed on the instruction of the Inspectors. Steps and ladders not regularly overhauled and in a condition likely to cause accidents, lack of handrails, defective stair treads, broken sashcords, sagging and dangerous ceiling plaster are types of defect quite frequently found during inspection.

30 complaints were received during the year, made up as follows:-

Inadequate ventilation of shop premises	2
Low temperatures of offices and shops	9
Overheating of offices and workplaces	3
Alleged overcrowding	3
Insufficient lighting of work area	1
Defective and dangerous construction of office floors	1
Lack of adequate ventilation of sanitary accommodation	5
Alleged insufficient sanitary accommodation	1
Sanitary accommodation out of use due to defective appliances	1
Dropping of lift below floor level due to over-running	1

Three complaints received concerned excessive hours of employment in offices and did not come within the provisions of the Act.

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, came into force on 28th May, 1969. Although the total number of lifts and hoists in offices, warehouses and shops in the Borough cannot be estimated at the present time, this must be very large, and checking reports of competent inspectors of their inspections of electric goods and passenger lifts (which inspections must be carried out twice a year) and of manually operated hoists (which must be inspected at least once a year) will be an ever growing and time consuming duty.

Up to the end of 1969, 10 adverse reports were received on manually operated hoists.

11 adverse reports were received on electric passenger lifts or hoists.

In connection with these adverse reports visits were made to the premises concerned and notices subsequently served upon the owners of the properties. On reinspection 5 notices have been complied with and in the remaining cases works were in progress and the most urgent defects had received attention to enable the lifts to operate in a safe condition.

An adverse report was received in respect of an electric overhead travelling crane. The crane is in a warehouse not under the jurisdiction of H.M. District Inspector of Factories, and the Hoists and Lifts Regulations, 1968, are not applicable to this type of apparatus. However a communication was addressed to the owners of the apparatus and attention is being given as recommended by the Insurance Company's Engineering Surveyor.

In all 40 visits have been paid during 1969 to premises containing 48 lifts and hoists, and, in the case of four such electric appliances defects were found by the Council's Inspectors and notices served. One manually operated hoist was found to be in such a dangerous condition that, on the instruction of the Inspector, it was removed from the premises. In two cases of inspections of doors to manually operated food hoists, the sash cords were wedged open by spoons.

The number of accidents reported during the year was 132, and in each case, the cause was investigated. Interviewing injured persons in their homes has been time consuming but rewarding in that, to a large degree, the injured person's version of the accident, has differed from that reported by the employing Company.

An accident occurred on a manually operated goods lift in a warehouse, whereby an employee, entering the hoist on the ground floor to load boxes of goods, was struck on the head by a cardboard box containing a large toy, and he sustained superficial head injuries. The box had fallen from the third floor. The accident took place before the Hoists and Lifts Regulations, 1968, became operative, but the requirements of the Regulations were enforced, including the provision of a roof to the hoist cab to prevent a recurrence of this type of accident. There had been overstacking of goods near the lift opening on the third floor, and the sliding door to the liftway opening had not been closed.

Another employee in a store stood on a low shelf to reach an article on a shelf above his head. He overreached and dislocated his shoulder. An ample supply of steps of varying heights was already provided by the employer to reach a shelf of any height in the store.

In another case an empty fork lift truck was being driven through a door opening with the forks raised. As the driver was unable to stop the vehicle in time, the truck collided with the door lintel and supporting brickwork of the warehouse door opening, not only causing structural damage, but injuring

the driver by fracturing an elbow. "Horseplay" was suspected in this case and the management forthwith forbade the injured person to drive a fork lift truck in the future.

A male employee was leaving an office block and tripped over the inner door base plate, which was not level with the floor. In falling he struck and fell through the outer glass entrance door and received head and hand injuries. On investigation, all four base plates were found not to be flush with the surrounding floor and the Company's attention was drawn to the contravention of Section 16. As a result, all brass plates were countersunk flush with the floor surface.

The last card through a burster machine (record card dissector) failed to be carried through the rollers. A female employee, in endeavouring to flick the card through the rollers, sustained chipping and bruising of a finger bone by the in-running nips of the rollers. The machine was considered to be fully guarded, but, through the co-operation of the firm, and with the advice of the Inspector appointed under Section 57 of the Act (H.M. Deputy Superintending Inspector of Factories) the protection of the machine was so amended as to prevent staff obtaining access to the rollers when the machine was in motion.

An employee opening tea chests received deep laceration of a finger caused when detaching metal lining. Protective gloves which were provided by the Company for use when opening boxes of this nature were not worn.

A resharpened guillotine blade, 3 feet long and 3 inches wide, and weighing 20 lbs. was received back from the grinders, unwrapped, and put on a shelf about 5 feet high, on top of some folded cardboard boxes in a shop store. In course of time, papers and other documents were put on top of the guillotine blade, and no more thought was given to the location of the blade. A youth went some time later, to get the cardboard covers apparently unaware of the presence of the blade. In pulling the box covers sharply the guillotine blade fell, first striking the floor and then falling across the instep of the employee causing laceration of the foot. The culprit could not be identified because of changes in personnel, including shop managers, and investigation was rendered so much more difficult.

Following upon the investigation, an old fashioned guillotine was found on the premises, used only by the manager for price ticket cutting. The company were instructed forthwith to guard the machine in accordance with the requirements of Section 17 of the Act, or to remove the guillotine from the premises. The guillotine was removed.

In a large retail shop a female employee opened a boiler house door and fell down three steps into the boiler house injuring her back and head. She had mistaken the adjoining boiler house door for the door to the ladies' toilet. The premises had been inspected some time previously when the sanitary accommodation was found to be properly marked. As a result of the accident the Company was instructed to paint on the respective doors words indicating the sanitary accommodation and the boiler house respectively; the boiler house door to be kept locked and the key to be held only by authorised persons.

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

(1) The occupiers of a dyer's and cleaner's receiving office were reported for failure:—

- (a) To maintain the walls and ceiling of a corridor in a clean condition, contrary to Section 4(1).
- (b) To maintain artificial lighting in the corridor, contrary to Section 3(1).
- (c) To provide effective artificial lighting to the water closet compartment, contrary to Section 9(2).
- (d) To provide a supply of clean, running hot water for ablution purposes, contrary to Section 10(1).
- (e) To provide soap and clean towels or other available means of cleaning or drying, contrary to Section 10(1).
- (f) To provide in the first aid box first aid requisities and appliances of such description and in such quantities as may be prescribed, contrary to Section 24(2).

A letter was sent to the Company by the Town Clerk as a result of which all the contraventions were remedied.

(2) The owners of a public house were reported for failing securely to fence the opening in the bar floor giving access to the cellar. A summons was served but was withdrawn on an undertaking being given securely to fence the opening when the cellar flap is raised, in compliance with Section 16(4).

* * * * *

WATER SUPPLY

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

<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, Selodon, Kenley, Purley and Coulsdon East)	15.5	58,400
Sutton District Water Company (Woodcote and Coulsdon West)	1.9	13,800
	37.2	328,300

The waters in supply are of good organic quality and moderately hard in character. They have no plumbo-solvent characteristics and the fluoride content averaged 0.65 p.p.m. in the last six months. The water is derived from mains and there are no stockpiles for this purpose. In the Croydon Undertaking's area, 574 samples of raw water and 1,279 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 131.

PUBLIC HEALTH SERVICES

SEWAGE DISPOSAL

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

Beddington Sewage Treatment Works

The new sewage treatment works at Beddington was formally commissioned by the Mayor on the 8th December, 1962 and the old works was finally closed down on the 17th December. This has now brought to an end the practice of irrigating partially treated sewage on land which has been carried on at Beddington since 1860 but which has more recently, as a result of overloading, been the cause of complaint.

The new works has been built over a period of five years at a cost of £3,500,000 and serves a drainage area of 53 sq. miles, including Caterham and Warlingham, parts of the London Borough of Sutton and part of Banstead in addition to the major part of Croydon. The daily sewage flow is 18,150,000 gallons in dry weather from a population of 365,000.

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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
	37.2	328,300

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, 674 samples of raw water and 1,279 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 131.

SEWAGE DISPOSAL

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

Beddington Sewage Treatment Works

The new sewage treatment works at Beddington was formally commissioned by the Mayor on the 6th December, 1969 and the old works was finally closed down on the 17th December. This has now brought to an end the practice of irrigating partially treated sewage on land which has been carried on at Beddington since 1860 but which has more recently, as a result of overloading, been the cause of complaint.

The new works has been built over a period of five years at a cost of £3,500,000 and serves a drainage area of 53 sq. miles, including Caterham and Warlingham, parts of the London Borough of Sutton and part of Banstead in addition to the major part of Croydon. The daily sewage flow is 18,150,000 gallons in dry weather from a population of 365,000.

On arrival at the works the sewage first passes through automatic screens where rags are removed and thence to special tanks where the mineral grit is removed. Flow in excess of three times the dry weather flow rate is diverted to storm water tanks where it is stored until it can be returned for full treatment. Flows up to 50,000,000 gallons daily pass forward for primary settlement in eight circular tanks, 105 ft. dia., where the suspended solid matter is removed as a thick sludge.

The liquid from the primary settlement tanks is passed into twelve aeration channels, each 25ft. wide and 420 ft. long into which compressed air is introduced, together with biologically active sludge. The subsequent biological action results in a highly purified liquor. The final effluent is separated from the activated sludge in sixteen conical bottomed tanks 67ft. dia., and discharged through a culvert to the River Wandle some two miles away.

The sludge removed from the primary settlement tanks is pumped to the existing heated sludge digestion plant. Here it is rendered innocuous in a fermentation process which yields approximately 300,000. cu. ft. of methane gas daily. After digestion, the sludge is pumped onto land, allowed to dry and then ploughed into the top-soil.

The gas collected from the digestion process is used as fuel in six engine-generator sets, totally 4,500 b.h.p. which supply all the power required for the treatment works.

Further stages of treatment are to be introduced, so as to improve the effluent quality above the normal requirements, due to the poor dilution ratio of effluent to river water. Construction of these units will commence during 1970/71 and these are expected to cost a further £600,000.

The new works will become vested in the Greater London Council in April, 1970.

OTHER SERVICES

FAMILY PLANNING

For over 20 years the Corporation have made grants to the Croydon Family Planning Association, have appointed a representative to their Committee, and co-opted a representative to the Health, Maternity & Welfare Sub-Committee. With the advent of the Family Planning Act the Association were asked if the grant, and the use without charge of Corporation clinics and equipment would cover free advice and supplies for all women for whom pregnancy was a danger to health. It was agreed that this statutory responsibility of the Corporation could be met fully.

The permissive powers to extend the free service to cases of social need was being considered in the year under review.

A domiciliary service was introduced for special cases, and was provided by a part-time midwife. During 1969 she made a total of 162 visits to 29 women, of whom 19 were successfully helped, 4 were already pregnant, and the remainder were in the process of being advised.

MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 295 children were medically examined prior to admission to a children's home or private foster home.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

As amended by the Health Services and Public Health Act, 1968

Full time Registered Child Minders are 356 in number.

Providing places for 689 children

Part time Child Minders (Playgroups) 31 in minders' own homes

Providing places for 371 children

Playgroups on premises other than

private homes 72 premises

Providing places for 2,262 children

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

Number of homes passed as suitable

at 31st December, 1967 19

Children placed 23

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 1232

Considered not fit for inclusion in

sickness pay scheme 16

Deferred for review 51

Unfit for employment 4

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.

874 examinations were made during the year by the medical staff of the department including 141 vision tests for drivers. Of these 201 were in respect of manual workers, who were classified as follows:—

Fit for employment and sick pay scheme	...	...	123
Deferred for review	...	...	58
Unfit for sick pay scheme	...	...	15
Fit for light employment only			
(Not fit for sick pay scheme)	...	...	1
Unfit for employment	...	...	4
			<u>201</u>

BLINDNESS

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

These show that of the 98 cases registered:—

16 were due to glaucoma and

30 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:—

9 patients had died

EPILEPTICS

Reference is made in the school health section of this report regarding the number of cases known to the department. In addition the Chief Welfare Officer informs me that 125 adult cases are registered with his department, 9 of whom are in special homes.

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

During 1969 one order for compulsory removal was required:—

One elderly lady, over 80 years of age, seriously ill 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 1969, see Appendix page 120.

REHOUSING ON MEDICAL GROUNDS

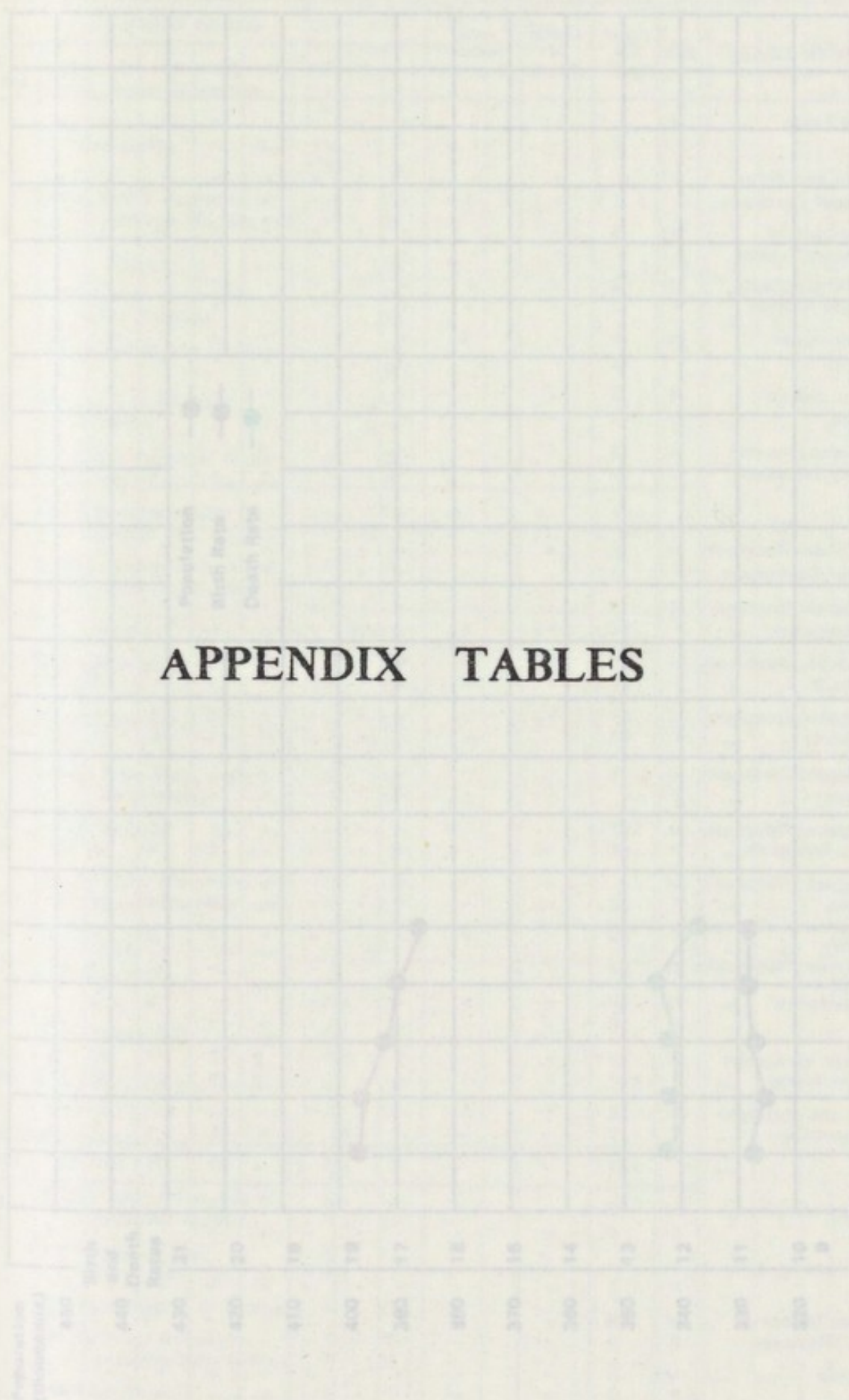
Dr. C.G. Nicol, Principal Medical Officer inquired into 804 applications for rehousing on medical grounds in 1969, making 37 personal visits, usually jointly with a public health inspector, health visitor, or welfare officer. A further 20 applicants were interviewed at this office.

Sub-division of applications recommended to the Housing and Lettings Sub-Committee showed the following approximate frequencies:—

Mental disorders	27%
Crippling conditions	19%
Heart Disease	15%
Lung Diseases	13%
Illnesses of children	9%
Cancers	5%
Strokes	3%
Tuberculosis	2%
Other conditions	7%

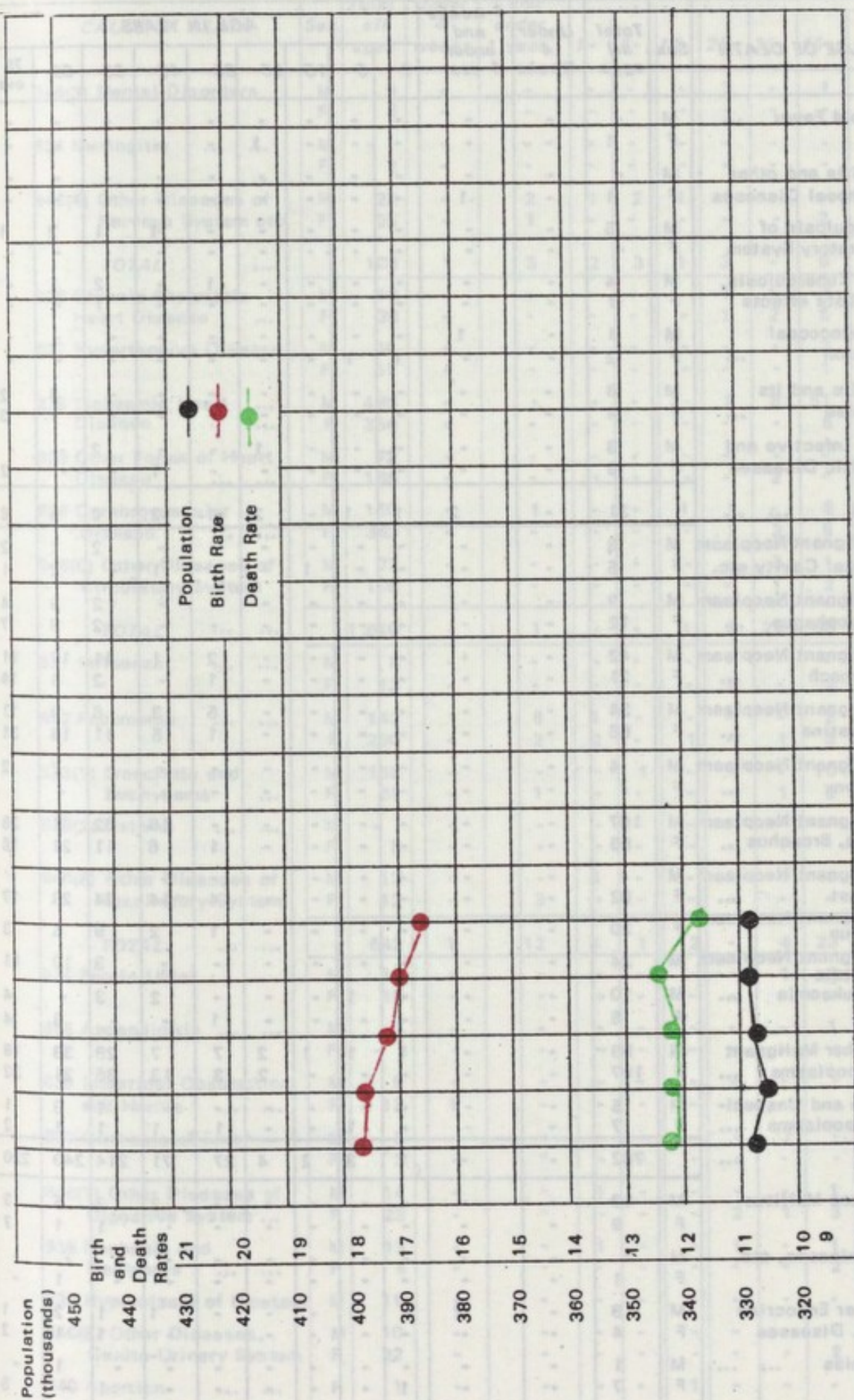
All the cases involved severe illnesses in circumstances which showed clearly that ill health was due to housing conditions or that effective treatment could not be attempted without prior rehousing

VITAL STATISTICS 1965 - 1969



APPENDIX TABLES

VITAL STATISTICS 1965 - 1969



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
B46(3) Mental Disorders	M	9	-	-	-	-	-	2	-	1	2	1	3
	F	6	-	-	-	-	-	-	-	-	-	1	5
B24 Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	2	-
B46(4) Other Diseases of Nervous System etc.	M	22	-	2	1	2	1	1	-	-	3	6	6
	F	25	-	1	-	-	-	-	-	2	6	6	10
TOTAL		108	1	5	2	3	1	3	-	6	18	27	42
B26 Chronic Rheumatic Heart Disease	M	19	-	-	-	-	-	1	1	2	5	6	4
	F	38	-	-	-	-	-	1	2	5	4	7	19
B27 Hypertensive Disease	M	24	-	-	-	-	-	-	-	3	6	9	6
	F	51	-	-	-	-	-	-	-	1	4	9	37
B28 Ischaemic Heart ... Disease	M	486	-	-	-	-	-	1	8	51	134	148	144
	F	354	-	-	-	-	-	-	-	6	22	94	232
B29 Other Forms of Heart Disease	M	72	-	-	-	-	-	-	-	-	3	20	49
	F	165	-	-	-	-	-	-	2	-	1	15	147
B30 Cerebrovascular Disease	M	160	-	1	-	-	1	1	-	6	24	41	86
	F	363	-	-	-	-	-	2	3	8	21	67	262
B46(5) Other Diseases of Circulatory System	M	73	-	-	-	-	-	-	3	1	6	25	38
	F	105	-	-	-	-	-	-	1	2	5	12	85
TOTAL		1,910	-	1	-	-	1	6	20	85	235	453	1,109
B31 Influenza	M	8	-	-	-	-	-	-	-	-	2	5	1
	F	13	-	-	-	-	-	1	-	2	1	-	9
B32 Pneumonia	M	142	1	6	1	-	-	-	-	3	14	30	87
	F	230	-	2	2	-	1	-	1	5	4	31	184
B33(1) Bronchitis and Emphysema	M	158	-	-	-	1	-	-	-	10	28	54	65
	F	61	-	1	-	-	-	-	1	2	8	14	35
B33(2) Asthma	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	1	-	1	2	1
B46(6) Other Diseases of Respiratory System	M	13	-	-	1	-	-	-	1	1	3	4	3
	F	12	-	3	-	-	-	-	-	-	-	1	8
TOTAL		642	1	12	4	1	2	-	4	23	61	141	393
B34 Peptic Ulcer	M	12	-	-	-	-	-	-	1	2	2	3	4
	F	15	-	-	-	-	-	-	-	-	1	6	8
B35 Appendicitis	M	3	-	-	-	-	-	-	-	1	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B36 Intestinal Obstruction and Hernia	M	6	-	-	-	-	-	-	-	-	1	-	5
	F	13	1	-	-	-	-	-	-	-	2	3	7
B37 Cirrhosis of Liver	M	3	-	-	-	-	-	-	2	-	1	-	-
	F	3	-	-	-	-	-	-	-	-	1	1	1
B46(7) Other Diseases of Digestive System ...	M	14	-	-	1	-	-	-	-	1	4	3	5
	F	29	-	-	-	-	-	2	1	3	1	4	18
B38 Nephritis and Nephrosis	M	13	-	-	1	-	-	1	-	1	3	4	3
	F	4	-	-	-	-	-	-	-	2	-	1	1
B39 Hyperplasia of Prostate	M	11	-	-	-	-	-	-	-	-	1	1	9
B46(8) Other Diseases, Genito-Urinary System	M	10	-	-	-	-	-	-	-	-	-	3	7
	F	22	-	-	-	-	-	-	-	2	4	6	10
B40 Abortion	F	1	-	-	-	-	1	-	-	-	-	-	-
B46(9) Diseases of Skin, Subcutaneous Tissue	M	2	-	-	-	-	-	-	-	-	2	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-

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
B46(10) Diseases of Musculo-Skeletal System	M	4	-	-	-	-	-	-	-	-	2	1	1
	F	15	-	-	-	-	-	-	-	1	1	1	12
B42 Congenital Anomalies	M	14	3	5	2	-	-	1	-	-	1	1	1
	F	18	7	4	2	-	3	-	-	1	1	-	-
B43 Birth Injury, Difficult Labour, etc. ...	M	11	11	-	-	-	-	-	-	-	-	-	-
	F	14	13	1	-	-	-	-	-	-	-	-	-
B44 Other Causes of Perinatal Mortality	M	12	12	-	-	-	-	-	-	-	-	-	-
	F	4	4	-	-	-	-	-	-	-	-	-	-
B45 Symptoms and Ill Defined Conditions	M	5	-	-	-	-	-	-	-	-	-	-	5
	F	11	-	-	-	-	-	-	-	-	-	-	11
TOTAL ...		270	51	10	6	-	4	4	4	14	29	39	109
BE47 Motor Vehicle Accidents ...	M	20	-	-	-	2	5	1	3	3	2	1	3
	F	10	-	-	-	-	-	-	-	1	3	1	5
BE48 All Other Accidents	M	18	-	-	1	2	2	1	2	1	2	1	6
	F	27	-	-	-	-	-	-	-	5	1	3	18
BE49 Suicide and Self- Inflicted Injuries	M	17	-	-	-	-	3	-	3	5	3	2	1
	F	17	-	-	-	-	1	3	3	5	4	1	-
BE50 All Other External Causes ...	M	5	-	-	1	-	1	1	1	-	1	-	-
	F	3	-	-	-	-	1	-	-	-	1	1	-
TOTAL ...		117	-	-	2	4	13	6	12	20	17	10	33
TOTAL ALL CAUSES	M	1,806	27	17	10	10	14	14	40	125	383	524	642
	F	2,054	26	13	6	2	9	11	28	96	197	394	1,272
		3,860	53	30	16	12	23	25	68	221	580	918	1,914

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	4	2	6
25 and under 35 years	2	2	4
35 and under 45 years	14	13	27
45 and under 55 years	29	42	71
55 and under 65 years	118	96	214
65 and under 75 years	139	101	240
75 and over	93	127	220
<i>Total</i>	399	383	782

<i>Site</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage of Total</i>
Bowel and Rectum ...	34	66	100	12.8
Brain	11	8	19	2.4
Breast	-	82	82	21.4
Buccal Cavity	5	5	10	1.3
Cervix	-	8	8	2.1
Gallbladder & Duct ...	5	4	9	1.2
Hodgkins	5	4	9	1.2
Larynx & Pharynx	4	-	4	0.5
Leukaemia	10	8	18	2.3
Lungs and Bronchus ...	167	55	222	28.4
Oesophagus	9	12	21	2.7
Ovary	-	21	21	5.5
Pancreas	20	21	41	5.3
Prostate	24	-	24	6.0
Stomach	42	21	63	8.1
Uterus	-	12	12	3.1
Other Malignant Neoplasms	63	56	119	15.4
<i>Total</i>	399	383	782	

WARD STATISTICS

	Estimated Population	Births (Live)	Birth Rate	Deaths	*Death Rate	Deaths under 1 year	Deaths under 1 year per 1,000 births	Deaths from Diarrhoea (under 2 years)	*Death Rate from Diarrhoea (under 2 years)	Deaths from Bronchitis and Pneumonia	*Death Rate from Bronchitis and Pneumonia	Deaths from Pulmonary Tuberculosis	*Death Rate from Pulmonary Tuberculosis	Deaths from Non-Pulmonary Tuberculosis	*Death Rate from Non-Pulmonary Tuberculosis	Deaths from Heart and Circulatory Diseases	*Death Rate from Heart and Circulatory Diseases	Deaths from Cancer	*Death Rate from Cancer	Natural Increase of Births over Deaths
Addiscombe	15,230	309	20.3	185	12.2	5	16	•	•	30	2.0	•	•	•	•	74	4.9	38	2.5	+124
Bensham Manor	15,120	253	16.7	210	13.9	2	8	•	•	33	2.2	•	•	1	0.07	118	7.8	28	1.9	+43
Broad Green	13,510	248	18.4	163	12.1	2	8	•	•	27	2.0	1	0.07	•	•	77	5.7	34	2.5	+85
Central	15,070	225	14.9	231	15.3	5	22	•	•	34	2.3	1	0.07	1	0.07	130	8.8	35	2.3	+6
Coulsdon East	14,080	190	13.5	134	9.5	•	•	•	•	27	1.9	•	•	•	•	60	4.3	28	2.0	+56
East	16,830	184	11.0	164	9.8	4	22	•	•	22	1.3	•	•	•	•	81	4.8	35	2.1	+20
New Addington	27,230	663	24.3	116	4.2	12	18	•	•	16	0.6	•	•	•	•	50	1.8	22	0.8	+547
Norbury	15,930	221	13.9	205	12.9	6	27	•	•	35	2.2	•	•	•	•	108	6.8	40	2.5	+16
Purley	16,530	164	9.9	175	10.6	3	18	•	•	28	1.7	•	•	•	•	80	4.8	45	2.7	+11
Sanderstead North ...	17,040	224	13.1	172	10.1	4	18	1	0.06	21	1.2	•	•	•	•	83	4.9	41	2.4	+52
Sanderstead & Selsdon	16,490	188	11.4	142	8.6	1	5	•	•	12	0.7	1	0.06	•	•	87	5.3	32	1.9	+46
Shirley	20,720	404	19.5	177	8.6	4	10	•	•	20	1.0	•	•	•	•	91	4.4	42	2.0	+227
South Norwood	16,770	366	21.8	196	11.7	10	27	•	•	27	1.6	•	•	1	0.06	97	5.8	42	2.5	+170
Thornton Heath	14,840	287	19.4	164	10.4	3	10	•	•	14	0.9	•	•	•	•	66	4.4	44	3.0	+133
Upper Norwood	16,120	224	13.9	166	9.7	3	13	•	•	16	1.0	•	•	•	•	80	5.0	35	2.2	+68
Waddon	16,480	222	13.5	246	14.9	3	13	•	•	43	2.6	1	0.06	•	•	118	7.2	51	3.1	+24
West Thornton	14,570	286	19.6	169	11.6	3	10	•	•	23	1.6	1	0.07	•	•	85	5.8	41	2.8	+117
Whitehorse Manor ...	14,200	327	23.0	195	13.7	6	18	•	•	28	2.0	•	•	•	•	82	5.8	30	2.1	+132
Woodcote & Coulsdon West	15,580	171	11.0	315	20.2	1	6	•	•	60	3.9	•	•	•	•	138	8.9	64	4.1	+114
Woodside	14,790	290	19.6	176	11.9	6	21	•	•	23	1.6	•	•	1	0.07	81	5.5	51	3.5	+114
The Borough	327,130	5,446	16.7	3,860	11.8	83	15.2	1	0.003	591	1.8	5	0.02	4	0.01	1,910	5.8	782	2.4	+1,586

*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 of Labour Nil

(2) Foetal States -

Congenital Malformations 10

Atelectasis 2

Haemorrhagic Diseases of Newborn ... 2

(3) Prematurity 35

(4) Post-Natal Causes 4

Total ... 53

	Percentage Deaths under 1 year per Total Infantile Deaths		Deaths under 1 year per 1,000 Births	
	1968	1969	1968	1969
Injury at Birth and Congenital ...	26.8	12.0	4.66	1.84
Premature Births	38.2	42.2	6.63	6.41
Respiratory Diseases	8.2	2.4	1.43	0.37
Atelectasis, Debility and Marasmus	7.2	2.4	1.25	0.37
Diseases of Digestion*	1.0	-	0.18	-
Other causes	18.6	41.0	3.22	6.25

*These from Gastro Enteritis

Perinatal Deaths

Stillbirths = 67

Deaths in first week = 49

Perinatal Rate - 21 per 1,000

Total (live and still) births

Causes of Death in first week

Prematurity = 34

Congenital conditions = 9

Atelectasis = 2

Birth Trauma = -

Pneumonia = -

Haemorrhagic disease = 3

Other causes = 1

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

CAUSES OF DEATH	1st Day	2nd day	3rd day	4th day	5th day	6th day	7th day	8th - 14th day	15th - 21st day	22nd - 28th day	Total Under 1 month	1 + months	2 + months	3 + months	4 + months	5 + months	6 + months	7 + months	8 + months	9 + months	10 + months	11 + months	TOTAL
All Causes	40	2	3	1	2	1	-	3	-	1	53	8	7	4	2	-	1	1	2	1	-	4	83
Meningo-Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria and Croup	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Convulsions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bronchitis	-	-	-	-	-	-	-	1	-	-	1	1	1	-	-	-	-	-	1	-	-	-	4
Pneumonia (all forms)	-	-	-	-	-	-	-	-	-	1	1	1	2	2	2	-	-	-	-	-	-	1	9
Diarrhoea and enteritis	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-	1
Gastritis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Malformations	5	-	1	-	2	1	-	1	-	-	10	2	3	1	-	-	1	1	1	-	-	-	19
Premature Births	33	-	-	1	-	-	-	1	-	-	35	-	-	-	-	-	-	-	-	-	-	-	35
Atrophy, Atelectasis, Debility and Marasmus	-	1	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2
Injury at Birth	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Haemorrhagic disease of newborn	2	-	1	-	-	-	-	-	-	-	3	4	-	-	-	-	-	-	-	-	-	-	3
Other Causes	-	1	-	-	-	-	-	-	-	-	1	3	1	1	-	-	-	-	-	-	-	3	9
TOTALS	40	2	3	1	2	1	-	3	-	1	53	8	7	4	2	-	1	1	2	1	-	4	83

MIDWIFERY SERVICE

Municipal midwives attended:—

1. Home confinements	...	...	...	...	...	...	...	1,434
2. Planned early discharges booked	...	...	...	...	...	...	...	427
3. Patients delivered at home	...	...	...	...	...	...	...	1,042
						Midwifery cases		Nil
						Maternity cases		1,042
4. Primigravida	...	...	...	...	...	...	...	59
Multigravida	...	...	...	...	...	...	...	983
5. Live Births	...	...	...	...	...	...	...	1,041
6. Still Births	...	...	...	...	...	(Asphyxia)	...	1
7. Neo-natal deaths	...	...	...	...	...	(Atelectasis)	...	1
8. Premature Births (including 3 sets of twins)	...	...	...	...	...	...	...	32
(1) Term - 5lbs. 4ozs.						(17) Term + 1 5lbs. 6ozs.		
(2) 36 weeks 6 lbs.						(18) 736 weeks 4lbs. 8ozs. Buccal Pitocin		
(3) Term - 5lbs. 3ozs (undiag. twins						and arm Breech - admitted		
admitted)						(19) 38 weeks 5lbs.		
(4) Term - 5lbs. 4ozs.						(20) ? 34 weeks 5lbs.		
(5) Term - 5lbs. 4ozs.						(21) ? 36 weeks 5lbs.		
(6) Term - 5lbs. 6ozs - admitted						(22) Term - 5lbs. 8ozs - admitted		
Cyanosis						Hypertensive mother		
(7) 36 weeks - 6lbs. 8ozs.						(23) Term - 5lbs. 8ozs.		
(8) Term 5lbs. 4ozs.						(24) 38½ weeks - 5lbs. 8ozs.		
(9) 35 weeks - 5lbs. 4ozs.						(25) Term - 5lbs. 8ozs.		
(10) 36 weeks - 6lbs. 4ozs						(26) 39 weeks 5lbs. 8ozs.		
(11) Term - 5lbs. 4ozs.						(27) Term + 1 - 5lbs.		
(12) 38 weeks 5lbs. 4ozs.						(28) 37 weeks - 5lbs. 4ozs. - Hypertensive		
(13) 36 weeks - 4lbs., 3lbs. 15ozs.						mother		
undiagnosed twins - admitted						(29) ? - B.B.A. 2lbs. 1oz. - admitted		
(14) 38 weeks 5lbs. 4ozs						emergency		
(15) 36 weeks - 7lbs						(30) 36½ weeks - 5lbs. 12ozs.		
(16) 37 weeks - 5lbs. 8ozs. admitted						(31) ? 36 weeks 5lbs. 6ozs.		
twitching.								
9. Trilene Analgesia given	...	...	...	...	...	...	...	88
10. Gas and Air Analgesia given	...	...	...	...	...	...	...	8
11. "Entonox" Analgesia given	...	...	...	...	...	...	...	792
12. Patients given Pethidine or Pethilorfan	...	...	...	...	...	...	...	602
13. Post Partum Haemorrhages	...	...	...	...	...	...	...	13
						Treated at home		11
						Admitted to hospital		2
14. Retained Placentae	...	...	...	...	...	...	...	15
						Treated at home		4
						Admitted to hospital		11
15. "Flying Squad" calls	...	...	...	...	...	...	...	7
16. Manual removal of Placenta at home	...	...	...	...	...	...	...	Nil
17. Blood Transfusions at home	...	...	...	...	...	...	...	Nil
18. Prolonged labours (over 24 hours) delivered at home	...	...	...	...	...	...	...	6
19. Forceps deliveries at home	...	...	...	...	...	...	...	1

20. Breech deliveries at home	...	...	...	...	...	...	...	2
21. Sets of twins delivered at home	...	...	...	...	...	...	...	1½
22. Anaemia of pregnancy treated at home	...	...	...	...	...	...	...	110
23. Toxaemia of pregnancy treated at home	...	...	...	...	...	...	...	17
24. Puerperal Pyrexias	...	...	...	...	...	...	...	30
						Genital	6	
						Extra Genital	24	
25. Congenital abnormalities delivered at home	...	...	...	...	...	...	...	22
Talipes	7					Haemangioma of neck	1	
Hirschsprungs disease	1					Cephalocele	1	
Hydrocele	1					Large Naevus? Meningocele	1	
Umbilical Hernia	1					Extra Digits	2	
Umbilical Hernia into cord	1					Heart Murmur	1	
Webbed toes	1					Oesophageal Atresia	1	
						Abnormal Penis	1	
26. Patients admitted to hospital	...	...	...	...	...	...	...	398
						Ante-natal	263	
						During labour	110	
						After delivery	25	
27. Patients received for Home Nursing	...	...	...	...	...	...	...	1,427
						Booked for home confinement	230	
						Booked for Hospital	1,197	
						(Including 335 booked for planned early discharge)		
28. Infants admitted to hospital	...	...	...	...	...	...	...	28
Undiagnosed twins - (prems.) 3 infants						Hypocalcaemia (prem.)	1	
Cyanosis - (inc. 1 prem.)	4					"Coffee-Ground" vomit	1	
Hirschsprung's disease	1					Cardiac Murmur	1	
White Asphyxia	1					Large umbilical hernia		
"Mucosy" & not passed	1					Into cord	1	
Meconium 3rd day						Jaundice	3	
Breech for observation	2					Respiratory distress	1	
(inc. 1 prem.)						Oesophageal Atresia	1	
Blood in stools	1					Large Naevus?		
Unbooked emergency B.B.A.	2					Meningocele	1	
(inc. 1 prem.)						Premature weight associated		
Cephalocele	1					with hypertension in		
						labour	2	
29. Guthrie Tests for Phenylketonuria sent to Laboratory	...	...	...	...	...	...	...	4,866
						Repeat tests sent to Lab.	97	
30. Pupil Midwives trained	...	...	...	...	...	...	...	40
31. District visits of obstetric course students	...	...	...	...	...	...	...	62
32. RH. Negative patients delivered at home	...	...	...	...	...	...	...	105
33. Anti-D Immunoglobulin	...	...	...	...	...	...	...	2
34. Visits made by Specialist Midwife for family planning advice	...	...	...	...	...	...	...	106
35. The following conditions required medical attention:—								
FOR THE MOTHER						ANTE-NATAL & IN LABOUR		
Threatened Abortion						Pre-Eclamptic Toxaemia		
Multiple Pregnancies						Breech presentation		
Unstable Lie						Small for dates		
Low Haemoglobin						Oedema and Headaches		
Raised Blood Pressure						Urinary Infection		

FOR THE MOTHER

ANTE-NATAL & IN LABOUR

Lumbar pain	Varicose veins
Depression	Intra-Uterine death
RH. Incompatibility	Anti-bodies in RH. Positive patients
Swelling at site of injection	Hydramnios
Premature rupture of Membranes	Premature onset of Labour
Ante Partum Haemorrhage	Unbooked emergency In labour
Post Maturity	Induction of labour by O.B.E.
Stillborn Infant	" " Arm
Prolonged labour	" " Arm & Buccal
Prolapsed cord in labour	Pitocin
Delay 1st stage in labour	Delay 2nd stage in labour
Foetal distress in labour	Meconium stained liquor in labour
Maternal distress in labour	Hypertension in labour
Brow Presentation	Face presentation
Posterior position	Breech presentation
Undiagnosed twins	Suturing of Perineal laceration
Episiotomies	Third degree tear
Post Partum haemorrhages	Retained Placentae

FOR THE MOTHER

POST-NATAL

Maternal Blood samples	Low Haemoglobin
Pyrexia & rapid pulse rates	Offensive lochia
Sub Involution	Secondary P.P.H.
Painful Micturition	Lumbar pain
Tender Uterus	Reaction to Ergometrine, Penicillin
Odoema of legs	Hypertension & Headaches
Depression	Phlebitis
Sore Nipples	Mastitis
Suppression of Lactation	Non-union of Perineum
Re-suturing of Perineum	Swollen Labia
Perineal Abscess	Diarrhoea
Emergency unbooked B.B.A.	Desertion by Husband
Vomiting	

FOR THE INFANT

Congenital Abnormalities	Offensive Stools
Prematurity	Retention Urine
Immaturity	Retention Meconium
Undiagnosed Twins	Pink Stained Urine
Asphyxia Pallida	Blood in stools
Asphyxia Livida	Loose Motions
Poor muscle tone	Cephal haematoma
Sore buttocks	Cough & Cold
Oral Thrush	Rapid Respirations
Mastitis	Twitching of limbs
Sticky eyes	Irritability
Septic spots	Tooth
Paronychia	Ritual Circumcision
Large Head ?Hydrocephalus	Excessive Mucus
Hernia, when crying	Cyanosis
Persistent vomiting (Fontanelle & sutures closed)	Jaundice
Vomiting	
Projectile vomiting	
Coffee-ground vomit	

MATERNAL AND INFANT MORTALITY FOR THE YEARS 1965 - 1969

<i>Year</i>	<i>Births (Live and Still)</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate (inc. abortion)</i>	<i>Infant Mortality Rate</i>
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
1969	5,513	-	0.18	14.0

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	Entonox	Trilene	Midwife	Pupil	Midwife	Pupil				
1.	1,135	14+1	•	•	14	•	•	6	•	154	•	171	•	26	28	12	
2. @	4,940	55+12	•	•	55	•	•	51	1	820	526	753	619	119	121	39	
3. @	5,653	82+ 8	•	•	78	4	•	78	•	985	•	745	•	72	78	27	
4. @	•	51+ 5	•	•	49	2	•	•	41	1,177	•	733	•	63	69	19	
5.	3,761	57+ 2	•	•	57	•	•	51	•	721	•	1,004	•	69	79	40	
6. @	897	9+41	•	•	8	1	•	9	•	134	•	185	•	29	18	8	
7. +	3,696	41+ 5	•	•	38	3	•	•	37	935	•	782	•	60	47	31	
8. @	3,074	66+16	•	•	59	7	1	60	•	1,687	1,080	1,008	763	125	126	35	
9. @	4,514	55+ 7	•	•	53	2	•	49	•	791	433	735	359	99	90	1	
10. +	780	10+ 1	•	•	10	•	•	•	8	106	•	174	•	5	9	1	
11. @	5,507	72+ 3	•	•	70	2	•	74	•	852	97	596	79	106	97	21	
12.	2,404	67+ 6	•	•	64	3	•	63	•	650	908	627	880	89	83	16	
13.	2,329	•	•	•	•	•	•	•	•	1	•	•	•	•	•	•	
14. +	6,591	84+14	•	•	83	1	•	63	•	1,453	1,242	713	548	89	86	13	
15.	196	•	•	•	•	•	•	•	•	•	•	28	•	•	•	•	
16. +	4,470	80+ 7	•	•	78	2	•	67	•	956	695	725	778	112	93	25	
17. P/T	605	8+ 0	•	•	8	•	•	6	•	45	•	118	•	3	11	17	
• F/T	1,730									91	•	255	•	6			

Midwife	Miles	Deliveries	Mid-wifery		Maternity		Analgesia			Ante-Natal Visits		Post-Natal Visits		Bookings	Office Bookings	Home Visits	Clinic Sessions	Family Planning
			Normal	Abnormal	Normal	Abnormal	Gas & Air	Entonox	Trilene	Midwife	Pupil	Midwife	Pupil					
18. @	4,791	63+ 7	-	-	63	-	-	49	-	945	642	731	535	45	66	71		
19. @	4,218	69+ 3	-	-	68	1	-	57	-	773	976	670	790	118	119	12		
20. @	3,341	68+ 6	-	-	65	3	-	50	-	1,650	-	952	-	59	61	19		
21. @	3,787	39+ 3	-	-	38	1	-	36	-	1,226	1,100	875	1,379	101	99	24		
22. @	2,976	38+ 2	-	-	37	1	-	36	-	415	-	742	-	16	13	17		
<i>Part-time Staff</i>																		
1. *	6,333	1+ 0	-	-	1	-	-	-	1	691	-	522	-	-	-	73	69	
2.	5,372	-	-	-	-	-	-	-	-	413	-	1,017	-	-	-	52	120	
3.	4,597	-	-	-	-	-	-	-	-	1,404	-	1,014	-	-	-	104	120	
4. *	2,042	1+ 0	-	-	1	-	-	-	1	340	-	579	-	-	-	28	128	
5. *	3,120	8+ 1	-	-	-	-	5	1	-	551	-	645	-	-	-	49	79	
6.	4,686	-	-	-	-	-	-	-	-	282	-	926	-	-	-	45	84	
7. *	3,230	4+ 0	-	-	4	-	2	-	-	377	-	478	-	-	-	56	70	106
<i>Totals</i>	100,973	1042+110	NII	NII	1,009	33	8	792	88	20,625	7,679	10,503	6,730	1,411	1,293	855	670	106

- * Part-time midwives No. 1 & 4 attended patients in labour in emergency
No. 5 & 7 undertake day-time deliveries if required
No. of Deliveries + = No. of deliveries + No. of patients admitted in labour.

General Practitioner Obstetricians

- + Denotes 4 midwives working in attachment schemes but who also undertake a percentage of normal duties.
● Denotes 12 midwives in liaison with General Practitioner Obstetricians.

The Midwifery staff in full have assisted 36 doctors at their Ante-natal sessions in the year.

Staff Changes - Full-time Midwives

- | | |
|--|-----------------------------|
| No. 1 commenced duty August 1969 | } To replace 1968 vacancies |
| No. 15 commenced duty December 1969 | |
| No. 17 commenced duty August 1969 Part-time and transferred to full-time Sept. 1969 to replace No. 10. | |
| No. 10 left service July 1969 | |
| No. 7 left service April 1969 | } Not yet replaced |
| No. 22 left service August 1969 | |

Staff Changes - Part-time Midwives

- No. 4 retired June 1969
No. 6 commenced duty March 1969

ISSUE OF WELFARE FOODS FOR 1968.

National Dried Milk	...	...	...	...	...	35,745
Cod Liver Oil	...	...	...	...	...	5,327
Vitamin A & D Tablets	...	...	...	...	...	6,941
Orange Juice	...	...	...	...	...	117,348

CARE OF PREMATURE INFANTS

(1) Number of live premature infants notified during 1969 who were born* -

(i) at home or in a nursing home 28

(ii) in hospital* 289

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

who were nursed entirely there 22

who were transferred to hospital on or before the
28th day 6

who died during the first 24 hours -

who died in 1 and under 7 days 1

who died in 7 and under 28 days -

who survived at the end of one month 27

(3) Number of those born in hospital -

who died during the first 24 hours 8

who died in 1 and under 7 days 30

who died in 7 and under 28 days 2

who survived at the end of one month 249

(4) Number of premature still births who were born

(i) at home or in a nursing home 2

(ii) in hospital 33

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

CONGENITAL ABNORMALITIES

No. registered in 1969 - 91 of these 61 were live-births

14 were still-births

16 died

	(1) Central Nervous System		(2) Eye, Ear		(3) Alimentary System		(4) Heart and Great Vessels		(5) Respiratory System		(6) Uro-genital System		(7) Limbs		(8) Other Skeletal		(9) Other Systems		(10) Other Malformations		TOTALS		OVERALL TOTALS
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
LIVE	2	4	1	-	4	5	1	-	-	-	4	-	18	16	-	1	1	2	1	1	32	29	61
STILL-BIRTHS	7	3	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	10	4	14
DEATHS	-	4	-	-	1	1	4	3	-	-	1	1	-	-	-	-	-	-	1	-	8	10	18
TOTALS	9	11	1	-	6	6	5	3	-	-	6	1	18	16	-	1	1	2	2	3	48	43	91

CAUSES OF DEATH OR STILL-BIRTH

Col. 1. Anencephalus	8	Col. 6. Hermaphroditism	1
Hydrocephalus	4	Malformations of uro-genital organs	1
Microcephalus	1	Indeterminate sex and multiple malformations of male and female external genitalia	1
Encephalocele	1		
Col. 3. Cleft Lip and Palate	2	Col. 10. Mongolism	2
Rectal and Anal atresia	1	Multiple congenital malformations	1
Col. 4. Specified malformations of heart and great vessels	4		
Unspecified malformations of heart and great vessels	3		

ISSUE OF WELFARE FOODS FOR 1969.

National Dried Milk	...	...	...	...	...	...	35,745
Cod Liver Oil	...	...	...	...	...	...	5,327
Vitamin A & D Tablets	...	...	...	...	...	...	6,941
Orange Juice	...	...	...	...	...	...	117,346

AT RISK REGISTER
YEAR ENDING 31st DECEMBER, 1969.

Number added to Register during 1969	...	...	...	...	...	728
Number on Register at 31.12.69	...	...	...	...	...	2,001
No. of 8 month checks carried out during 1969	...	...	...	...	...	546
No. of 2 year checks carried out during 1969	...	...	...	...	...	727

* * * * *

Referrals and Retests 1969

Born 1969.	No. to be seen again at Child Health Centre	5
Born 1968.	No. to be seen again at Child Health Centre	24
	No. referred to Stycar Hearing Clinic, Dr. Morgan	11
	No. referred to Hospital for Specialist opinion	2
Born 1967.	No. still to be kept under observation	79
	No. referred to Stycar Hearing Clinic, Dr. Morgan	8
	No. referred to Handicapped Register	2
	No. referred to Hospital for Specialist opinion	2
Born 1966 and 1965.	No. still to be kept under observation	39
	No. referred to Stycar Hearing Clinic, Dr. Morgan	2
	No. referred to Speech Clinic	1
	No. referred to Handicapped Register	5
	No. referred for I.Q. assessment	6

STYCAR HEARING TESTS

There were 2,001 children on the "AT RISK" Register at the end of 1969. From 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 1969 13

Number of appointments made during year 118

Non-attenders 31

SOURCE OF REFERRAL AND RESULT

SOURCE	HEARING SATISFACTORY					HEARING UNSATISFACTORY			UNCERTAIN	TOTAL
	<i>Referred E.N.T.</i>	<i>Referred Speech Clinic</i>	<i>For Observation</i>	<i>Referred I.Q.</i>	<i>Discharged</i>	<i>Referred Audio Training</i>	<i>Referred E.N.T.</i>	<i>Referred Speech Clinic</i>	<i>For Retest</i>	
Child Health Centres	6	6	3	1	37	1	-	-	3	57
L.A. Doctor	-	-	-	-	2	-	-	-	1	3
General Practitioner	-	1	-	1	6	-	2	-	4	14
Mr. Oakley, Peripatetic Teacher of the Deaf	-	1	-	-	-	-	-	1	1	3
School Health Service	-	-	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>General Practitioner</i>	<i>Mr. Oakley</i>	<i>School Health Service</i>	
1. Failed Stycar Test	27	-	7	-	-	34
2. Poor Speech	18	-	4	-	1	23
3. Suspected Hearing Loss	10 (inc. of 4)	3	2	3	-	18 (inc. of 4)
4. Parent's Request	3	-	-	-	-	3
5. Other Reasons	1	-	1	-	-	2

RETESTS

REASON FOR RETEST	HEARING SATISFACTORY			HEARING UNSATISFACTORY		TOTAL
	<i>Referred Speech Clinic</i>	<i>For Observation</i>	<i>Discharged</i>	<i>Referred E.N.T.</i>	<i>For Further Retest</i>	
Referred from previous Stycar Session	2	1	1	2	2	8
No Speech	-	-	-	-	1	1

HOME VISITS BY HEALTH VISITORS 1969

	1	2	3	Part-time 4	Comm. July 5	6	Left July 7	Comm. April 8	9	10	11	12	13	14	15	16	17	18	19
Children born 1969	141	107	73	77	73	111	111	67	74	126	129	182	79	81	144	124	140	154	156
Children born 1968	56	160	106	106	4	148	122	71	118	95	168	86	85	76	159	124	125	219	161
Children born 1964/67	225	499	189	149	2	170	214	244	244	163	440	91	240	237	340	246	266	544	525
Re-visits 0 - 5 years	512	429	143	410	190	435	509	605	428	595	561	347	902	528	990	570	487	431	448
Persons 65 or over	25	9	13	7	30	10	5	6	3	46	1	17	11	13	16	18	1	9	14
Mentally disordered persons	7	-	1	6	4	19	-	-	-	7	14	5	2	7	10	3	1	5	2
Persons discharged from Hospitals	1	-	1	-	-	2	1	2	1	3	-	-	-	1	1	2	-	2	1
Households visited re-infectious diseases (including T.B.)	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	1	-	2
Other home visits	42	24	21	21	35	16	54	31	133	71	183	9	154	77	210	607	174	285	159
TOTALS	1,009	1,228	547	776	338	912	1,016	1,026	1,002	1,108	1,494	737	1,473	1,020	1,870	1,694	1,195	1,649	1,466

(Continued on next page)

HOME VISITS BY HEALTH VISITORS (Continued)

	20	21	22	23	24	25	26	27	28	29	Part-time 30	31	32	33	Comm. July 34	Part-time 35	Transferred July 36	37	38
Children born 1969	104	187	116	162	199	179	134	83	166	82	99	133	195	138	42	60	88	200	161
Children born 1968	115	317	138	123	86	211	112	71	166	178	101	110	195	135	16	71	117	299	109
Children born 1964/67	474	307	198	90	247	294	413	81	382	159	87	177	427	181	41	271	352	448	280
Re-visits 0 - 5 years	956	920	862	824	715	750	808	428	1,025	231	248	495	421	249	558	476	302	235	466
Persons 65 or over	3	14	5	67	16	1	12	2	5	9	-	25	4	29	1	23	14	8	50
Mentally disordered persons	16	-	3	15	9	1	4	5	7	2	-	12	2	16	6	5	2	1	9
Persons discharged from Hospitals	10	-	2	14	1	-	-	2	1	4	-	6	-	2	3	1	2	1	2
Households visited re- infectious diseases (including T.B.)	81	3	-	1	1	-	-	-	-	-	-	-	1	2	3	7	1	-	-
Other home visits	253	274	210	401	118	251	13	63	200	77	-	42	148	82	24	111	18	151	253
TOTALS	2,012	2,022	1,334	1,697	1,392	1,687	1,496	735	1,952	742	535	1,000	1,393	834	695	1,025	896	1,343	1,330

(Continued on next page)

HOME VISITS BY HEALTH VISITORS (Continued)

		Left Oct.		Comm. July	Comm. July	Part-time	Part-time	Part-time	Comm. June			Comm. July	TOTALS FOR 1969
	39	40	41	42	43	44	45	46	47	48	49	50	
Children born 1969	135	132	156	32	116	155	77	117	60	94	182	42	5,975
Children born 1968	56	196	46	22	123	114	84	112	17	132	440	92	6,291
Children born 1964/67	70	404	102	79	199	174	179	160	33	249	134	62	11,782
Re-visits 0 - 5 years	539	418	364	229	151	403	263	305	454	650	441	498	25,003
Persons 65 or over	45	3	28	9	3	5	97	8	13	3	78	8	842
Mentally disordered persons	2	2	4	1	9	-	15	-	1	-	10	3	255
Persons discharged from Hospitals	-	-	2	1	-	-	23	-	-	-	-	1	96
Households visited re-infectious diseases (Including T.B.)	-	13	9	-	1	-	1	-	-	-	-	-	131
Other home visits	23	52	40	32	139	159	112	118	7	42	203	33	5,955
TOTALS	870	1,220	751	405	741	1,010	851	820	585	1,170	1,488	739	56,330

ATTENDANCES AT CHILD HEALTH CENTRES - 1969

	Addiscombe Grove Monday P.M.	All Saints Monday P.M.	Bensham Manor Monday A.M. & P.M.	Boston Road Thursday P.M.	Brighton Road, Coulsdon Thursday P.M.	Brighton Road, S. Croydon Wednesday P.M.	Cherry Tree Green Thursday A.M.	Coulsdon Youth Club Monday P.M.	East Croydon Thursday A.M. & P.M.	Falconwood/Forestdale Wednesday P.M.	Hazleglen Wednesday A.M.	Kenley Friday P.M.	Lodge Road (Alt.) Monday P.M.	Lodge Road Thursday A.M. & P.M.	Lodge Road Friday P.M.	Mitchley Avenue (Alt.) Tuesday P.M.	Monks Hill Thursday P.M.	Monks Orchard Monday P.M.	New Addington Wednesday A.M. & P.M.	New Addington Thursday P.M.	New Addington Friday A.M.	Norbury Wednesday A.M. & P.M.	Old Coulsdon Tuesday A.M. & P.M.	Parish Church Monday P.M.
Infants born 1969	61	91	169	125	103	93	30	85	248	98	29	69	26	224	85	26	40	83	286	133	100	204	94	98
No. of re-attendances	327	535	1092	914	616	769	251	672	1440	798	230	483	61	854	354	99	288	399	1679	699	489	1634	925	690
Children 1 - 5 years	148	180	210	217	204	198	118	276	397	153	85	295	69	452	91	103	107	276	783	379	206	292	183	142
No. of re-attendances	489	951	1227	860	634	632	787	944	2029	710	487	1047	187	1094	367	332	758	697	2301	1605	786	2129	2007	772
Total attendances	1025	1757	2688	2116	1557	1692	1186	1977	4114	1759	831	1894	343	2624	897	560	1283	1455	4948	2816	1581	4259	3209	1602
Consultations with doctors	389	707	867	634	587	508	*	568	1400	604	163	636	188	1229	424	161	422	675	1684	855	703	1493	627	507
No. of sessions	51	49	98	50	51	52	48	55	101	51	52	50	21	97	50	23	46	44	104	51	50	105	92	50
Average per session 1969	20.1	35.9	27.4	42.3	30.5	32.5	24.7	35.9	40.7	34.5	16.0	37.9	16.3	27.1	17.9	24.3	27.9	33.1	47.6	55.2	31.6	40.6	34.9	32.0
Average per session 1968	25.2	31.4	33.9	37.0	30.7	40.3	22.0	22.0	48.3	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

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ATTENDANCES AT CHILD HEALTH CENTRES - 1969 (continued)

	Purley Tuesday A.M.	Rectory Park Thursday P.M.	Reedham Park Avenue (Alt.) Friday P.M.	St. Alban's Wednesday P.M.	St. Jude's Tuesday A.M. & P.M.	St. Oswald's Thursday P.M.	St. Paul's Friday P.M.	Selhurst Monday P.M.	Seledon Monday A.M. & P.M.	Shirley Thursday P.M.	Shrublands Monday P.M.	Shrublands Friday P.M.	South Croydon Thursday A.M.	South Norwood Tuesday P.M.	South Norwood Friday P.M.	Upper Norwood Thursday A.M. & P.M.	Waddon Wednesday P.M.	Woodside Friday P.M.	TOTAL - 1969	TOTAL - 1968	Clinics held at General Practitioners' Surgeries in 1969
Infants born 1969	96	126	25	108	152	90	108	72	96	62	56	52	109	91	129	244	89	128	4422	4622	540
No. of re-attendances	500	855	103	694	1023	641	552	418	726	354	357	312	756	532	804	1523	540	449	27237	26595	2596
Children 1 to 5 years	223	349	72	189	329	150	151	162	304	215	180	278	220	68	186	407	232	373	9742	10572	883
No. of re-attendances	728	1194	277	1318	1354	979	891	697	1622	714	477	678	823	504	704	1959	600	811	40162	44073	2916
Total attendances	1547	2524	477	2309	2858	1880	1702	1349	2748	1345	1070	1320	1908	1195	1823	4133	1461	1761	81563	85862	6935
Consultations with doctors	593	787	224	645	877	818	595	508	645	575	610	763	575	542	842	1622	485	854	28591	32415	3411
No. of sessions	52	51	26	48	89	51	46	47	98	49	49	49	51	52	49	102	52	63	2465	2504	311
Average per session 1969	29.8	49.5	18.3	48.1	32.1	36.5	37.0	28.7	28.0	27.4	21.8	26.9	37.4	23.0	37.2	40.5	28.1	28.0	33.1	*	22.3
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

HOME NURSING

Staff at 31.12.69.

- 1 Assistant Superintendent Nursing Officer (District Nursing)
- 1 Deputy Assistant Superintendent Nursing Officer (District Nursing)
- 2 Assistant Superintendents
- 42 Queen's Nurses (including 3 males)
- 3 S.E.N. Nurses
- 4 Queen's Students
- 7 Nursing Auxiliaries.

Summary of Work carried out during the year 1969.

Patients remaining on books at 31st December 1968	1,530
New Patients	4,736
<i>Total</i>	<u>6,266</u>

New Patients.

Medical	2,277
Surgical	2,424
Gynaecological	22
Obstetric	4
Maternity	9
<i>Total</i>	<u>4,736</u>

Specially Classified

	Cases	Visits
Tuberculosis	54	1,878
Pneumonia	25	254
Maternal Complications	9	38
Infectious Diseases	18	41
Erysipelas	2	11
Children under five years	139	733
Children five to fifteen years	82	787
Over 65 years old	2,898	110,659

Termination of Cases.

Convalescent	2,977
Hospital	1,001
Died	406
Removed - other causes	348
Remaining on books - December 31st 1969.	1,514
<i>Total</i>	<u>6,246</u>

January	...	...	...	...	...	...	...	...	...	13,530
February	...	...	...	...	...	...	...	...	...	13,096
March	...	...	...	...	...	...	...	...	...	13,527
April	...	...	...	...	...	...	...	...	...	13,063
May	...	...	...	...	...	...	...	...	...	13,246
June	...	...	...	...	...	...	...	...	...	12,621
July	...	...	...	...	...	...	...	...	...	12,182
August	...	...	...	...	...	...	...	...	...	11,813
September	...	...	...	...	...	...	...	...	...	12,610
October	...	...	...	...	...	...	...	...	...	13,170
November	...	...	...	...	...	...	...	...	...	13,271
December	...	...	...	...	...	...	...	...	...	13,759
Total										155,888

REHABILITATION OF ELDERLY PERSONS

Female	...	...	...	...	...	...	...	...	...	95
Male	...	...	...	...	...	...	...	...	...	46
										141

[illegible]

(one of these completely rehabilitable at 90)

Maximum reached	...	...	...	...	...	...	...	32
Remaining on Books	...	...	...	...	...	...	...	34

$$141 + 34$$
R.O.B

Under 30 years	...	...	...	...	...	...	...	...	3
30 - 39 years	...	...	...	...	...	...	...	...	7
40 - 49 years	...	...	...	...	...	...	...	...	6
50 - 59 years	...	...	...	...	...	...	...	...	15
60 - 69 years	...	...	...	...	...	...	...	...	30
70 - 79 years	...	...	...	...	...	...	...	...	45
80 - 89 years	...	...	...	...	...	...	...	...	34
90 - 95 years	...	...	...	...	...	...	...	...	8
									141

Illnesses.

Cerebrovascular accident & Hemiplegic	...	...	...	73
Arthritis	...	...	...	16
Amputation	...	...	...	2
Fractures	...	...	...	12
Multiple Sclerosis - Parkinsons	...	...	...	13
Carcinoma, Cardiac Condition	...	...	...	8
Others not covered by above e.g. Mental Illness, Debility	}	...	...	17
Diseases of unknown origin				
				<u>141</u>

In the Age Group 30 to 59 years - 19 cases

Arthritis	...	...	...	...	1
Hemiplegia	...	...	...	...	9
Disseminated Sclerosis	...	...	...	...	3
Carcinoma	...	...	...	...	3
Paraplegia	...	...	...	...	1
Others	...	...	...	...	2
					<u>19</u>

These figures are those for the year ended 31.12.69.

DEATHS FROM ACCIDENTS IN THE HOME 1969

<i>Cause</i>	<i>No.</i>	<i>Details</i>
Falls	20	There were 15 women and 5 men between 57 and 94 years of age.
Suffocation	1	There was 1 woman - aged 52 years - Asphyxia, Carbon monoxide poisoning, Inhalation of smoke and fumes.
Scalds	Nil	
Burns	Nil	
Poisoning	5	1 man - Age 53 years - Seconal and ethyl alcohol 1 woman - Age 50 years - Discipal 1 man - Age 29 years - Carbon monoxide (oil stove) 1 woman - Age 74 years - Carbon monoxide 1 woman - Age 38 years - Carbon monoxide
TOTAL	26	

GENERAL PRACTITIONER ATTACHMENT 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	10
Domiciliary Midwife Attachments	4
Home Nurse Attachments	19

(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	5
Domiciliary Midwife Liaison	23
Home Nurse Liaison	7

These figures are those for the year ended 31.12.69.

LOAN OF NURSING EQUIPMENT

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

1969

	<i>Health Dept.</i>	<i>British Red Cross Society</i>	
		<i>Central (A)</i>	<i>Shirley (B)</i>
Air Rings	67	17	2
Bed Blocks	18	2	-
Bed Pans	114	46	6
Bed Rests	118	4	10
Bedsteads	12	-	-
Bed Tables	4	4	1
Commodore	243	95	9
Cradles	63	30	6
Crutches	15	13	1
Diapers	357	-	-
Dunlopillo Mattresses	6	-	-
Enureses Machines	106	-	-
Feeding cups	9	-	-
Foam Squares and rings	28	-	-
Foot suction pumps	4	-	-
Fracture boards (Sets)	13	-	-
Hydraulic Hoists	13	-	-
Incontinence pads	36926	-	-
Kidney bowls	1	-	-
Mackintosh sheets	63	12	4
North pads	30	-	-
Paddi pads	32	-	-
Paddi rolls	3440	-	-
Pick-up-stick	-	1	-
Plastic sheets	31	-	-
Protective Under-garments	137	-	-
Pulleys	19	-	-
Ripple beds	43	-	-
Urinals	67	16	4
Walking aids	150	24	-
Walking sticks	9	19	-
Wheelchairs	102	135	8

HOME HELP SERVICE

Staff at 31.12.1969

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
204 Part Time Home Helps

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

Patients remaining on books from 1968	1,694
New Applicants	1,275
Patients carried forward to 1970	1,814

New Applicants

(a) Maternity	235
(b) Sickness	1,040
(c) Night Service	Nil

Classification of Cases attended

(a) Maternity	197
(b) Mental Health	21
(c) Chronic Sick including Old Age and T.B.	2,275
(d) Other - including Acute Sick and problem Families	250

Number of Hours Service given 215,034

Average Duration of Service given

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

Amount Recovered for Service £12,384.5.11d

Rate of Remuneration of Home Helps at 31.12.1969

Home Helps	6/5 ⁷ ₈ d (dated from 29.9.69)	per hour
Washing Service	6/5 ⁷ ₈ d	do " "
Disinfestation	10/-	per week.

These figures are those for the year ended 31.12.69.

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

Part A. Attendances and Treatment

Number of visits for treatment during year

	<i>Children 0 - 4 (inc.)</i>	<i>Expectant and Nursing Mothers</i>
First visit	572	117
Subsequent visits	765	207
<i>Total visits</i>	<i>1,337</i>	<i>324</i>

Number of additional courses of treatment
other than the first course commenced
during the year

43 9

Treatment provided during the year -

Number of fillings	1,055	196
Teeth filled	948	184
Teeth extracted	301	86
General anaesthetics given	111	23
Emergency visits by patients	115	32
Patients X-rayed	10	25
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	48	40
Teeth otherwise conserved	137	-
Teeth root filled	-	3
Inlays	-	-
Crowns	-	-
Number of courses of treatment completed during the year	444	57

Part B. Prosthetics

Patients supplied with F.U. or F.L. (First time)	6
Patients supplied with other dentures	7
Number of dentures supplied	13

Part C. Anaesthetics

General anaesthetics administered by
dental officers

Nil

Part D. Inspections

	<i>Children 0 - 4 (inc.)</i>	<i>Expectant and Nursing Mothers</i>
Number of patients given first inspections during year	911	116
Number of patients in A and D above who required treatment	427	94
Number of patients in B and E who were offered treatment	427	94

Part E. Sessions

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

For treatment	330
For health education	12

CERVICAL CYTOLOGY

Number of Tests Taken

Month	No. of Clinics	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	13	124	78	69	66	2	-	-	-	-	-	195	144	339
February	12	111	95	54	37	1	-	-	-	-	-	166	132	298
March	14	84	88	46	65	-	2	-	-	-	-	130	155	285
April	11	102	87	50	43	3	1	1	-	-	-	156	131	287
May	12	136	84	61	45	-	-	1	-	-	-	198	129	327
June	13	132	128	40	49	2	1	-	-	-	-	174	178	352
July	14	144	106	49	49	1	1	-	-	-	-	194	156	350
August	12	87	68	55	55	2	-	-	-	1	-	145	123	268
September	13	72	97	44	62	3	-	-	-	-	-	119	159	278
October	13	101	98	57	67	1	-	-	-	-	-	159	165	324
November	12	112	91	60	60	1	3	-	-	1	-	174	154	328
December	13	93	51	56	45	2	-	1	-	-	-	152	96	248
TOTAL	152	1,298	1,071	641	643	18	8	3	-	2	-	1,962	1,722	3,684

Numbers referred to Family Doctors for Treatment

January	21	April	21	July	30	October	19
February	15	May	37	August	22	November	23
March	13	June	28	September	20	December	25

TOTAL REFERRALS = 274

AGE GROUPS

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Total
Class I	5	46	141	299	536	511	447	213	107	52	12	-	2,369
Class II	2	25	58	147	215	245	229	174	139	35	13	2	1,284
Class III	-	1	1	4	6	7	3	2	-	2	-	-	26
Class IV	-	-	-	-	1	1	-	1	-	-	-	-	3
Class V	-	-	-	-	-	-	-	2	-	-	-	-	2
TOTAL	7	72	200	450	758	764	679	392	246	89	25	2	3,684

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, Pili, 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			
Carribean	103	91	12
India	119	78	41
Pakistan	69	37	32
Other Asian	16	14	2
African	130	76	54
Others	84	75	9
Non-Commonwealth Countries			
European	54	54	-
Others	40	33	7
TOTAL	615	458	157

MALES 158

FEMALES 231

CHILDREN 226

(under 18 years)

	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	8	48	141	209	658	871	417	275	107	65	13	-	2,389
Class II	5	28	88	147	278	348	229	174	138	38	13	2	1,584
Class III	-	1	1	4	8	7	3	2	-	2	-	-	28
Class IV	-	-	-	-	1	1	-	1	-	-	-	-	3
Class V	-	-	-	-	-	-	-	2	-	-	-	-	2
TOTAL	13	77	230	480	938	1,284	672	382	245	88	26	2	3,684

Class I - NORMAL EPITHELIAL PATTERN - implies that nuclei of epithelial cells are normal 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 II - "INFLAMMATORY" PATTERN - may be due to erosion, bacterial or Mycoplasma infection, Trichomonas infection, P.H.N., U.D., etc. Malignant cells NOT seen. Treat if clinically advisable.

Class III - DYSPLASTIC 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.

Nursing Homes - Nursing Homes Act, 1964

	Number of Homes	Number of beds provided for		
		Maternity	Other	Total
Homes registered during the year	-	-	-	-
Homes on the Register at the end of the year ...	16	36	396	432

One Nursing Home was closed during the year under review.

NURSES AGENCIES ACT, 1957

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

CREMATION ACTS, 1902 and 1952

During the year 2,822 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 1969

Total number of Bodies received 1,064

One Adult no Post Mortem Examination.

One Stillborn no Post Mortem Examination.

Total number of Post Mortem Examinations for

H.M. Coroner 1,062

CROSFIELD INDUSTRIAL UNIT

The number of severely disabled persons employed on 31.12.69 was 94. The comparable figures for 1968 are shown in brackets.

<i>Type of disability</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
*Mental illness	24 (29)	18 (18)	42 (47)
Subnormality	16 (12)	6 (7)	22 (19)
Severe subnormality	8 (9)	7 (7)	15 (16)
Physical handicap	13 (13)	2 (4)	15 (17)
	<u>61 (63)</u>	<u>33 (36)</u>	<u>94 (99)</u>

*7 male (12) and 1 female (3) attend daily from Warlingham Park Hospital.

<i>Totals of employees admitted via:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Warlingham Park Hospital	3	2	5
Day Hospitals	1	2	3
Bensham Assessment & Rehabilitation Centre	11	2	13
Disabled Resettlement Officer	4	-	4
	<u>19</u>	<u>6</u>	<u>25</u>

Number of employees leaving unit:

Open employment	13 (1)
Waylands	1 (2)
Died	4 (2)
Other causes	12 (2)
	<u>30 (7)</u>

The number of non-sheltered workshop trainees as at 31.12.69 was 4 (5), there being three admissions during the year and 4 discharges.

<i>Remuneration</i>	<i>1969</i>			<i>1968</i>		
	<i>£</i>	<i>s.</i>	<i>d.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>
Total amount paid out as pocket money	473.	0.	6.	482.	8.	0.
Total amount paid out as wages	49,652	18.	7.	44,362.	13.	5.
	<u>50,125</u>	<u>19.</u>	<u>1.</u>	<u>44,845.</u>	<u>1.</u>	<u>5.</u>
<i>Income</i>	<i>£</i>	<i>s.</i>	<i>d.</i>	<i>£</i>	<i>s.</i>	<i>d.</i>

(a) Industrial contracts: Packing, assembly, electrical sub-assembly

39,505. 1. 9. 33,332. 10. 0.

(b) Mobile Work Group

3,521. 14. 5. 1,250. 18. 3.

(c) Furniture, repairs and renovations

315. 7. 3. 256. 13. 0.

(d) Manufactured breeze blocks sold

5,443. 3. 1. 9,061. 0. 0.

£48,785. 6. 6. £43,901. 1. 3.

Value of raw materials and breeze blocks in stock 31.12.69: £1,698. 16. 8d.

Average daily attendance: 94 (85)

(excluding paid and approved unpaid holidays)

BENSHAM ASSESSMENT AND REHABILITATION CENTRE

Number of rehabilitees attending on 31.12.69: 37

<i>Type of Disability</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental illness	16	6	22
Subnormality	7	6	13
Physical handicap	2	-	2
	25	12	37

Referral Source

Warlingham Park Hospital	10	2	12
Waylands - Health Wing	4	4	8
Day Hospitals	12	2	14
Department of Employment & Productivity	9	6	15
Social Workers	7	2	9
Others	6	-	6
	48	16	64

Totals of rehabilitees discharged during the year:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Open employment	16	6	22
Sheltered employment	12	2	14
Industrial Rehabilitation Unit	4	-	4
Day Hospital	3	-	3
Waylands	-	1	1
Terminated	16	4	20
	51	13	64

Average daily attendance during the year: 30 (28)

Total income from industrial work (approx.): £6,679. 14. 4.

WAYLANDS, CRAFTWORK, TRAINING AND SOCIAL CENTRE

Numbers of severely disabled persons attending the Health Wing at 31.12.69, were as follows:—

<i>Type of Disability</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Mental illness	5	1	6
Subnormality	11	20	31
Severe subnormality	48	30	78
Physical handicap	2	1	3
	66	52	118

<i>Totals of Trainees admitted from:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Coldharbour School	1	1	2
St. Christopher's E.S.N. School	2	1	3
Careers Officer	1	2	3
Social Workers	3	-	3
Bensham Assessment & Rehabilitation Centre	-	1	1
Other Sources	2	2	4
	<u>9</u>	<u>7</u>	<u>16</u>

<i>Totals of trainees discharged to:</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Bensham Assessment & Rehabilitation Centre	4	4	8
Spastics Centre	-	1	1
Voluntary Termination	1	3	4
Open employment	-	1	1
Left area	2	1	3
Died	1	-	1
	<u>8</u>	<u>10</u>	<u>18</u>

Remuneration

1969

1968

£. s. d. £. s. d.

Total merit payments, fares, craftwork
payments to whole centre

10,297. 2. 8 8,737. 8. 8.

Total earnings for whole centre

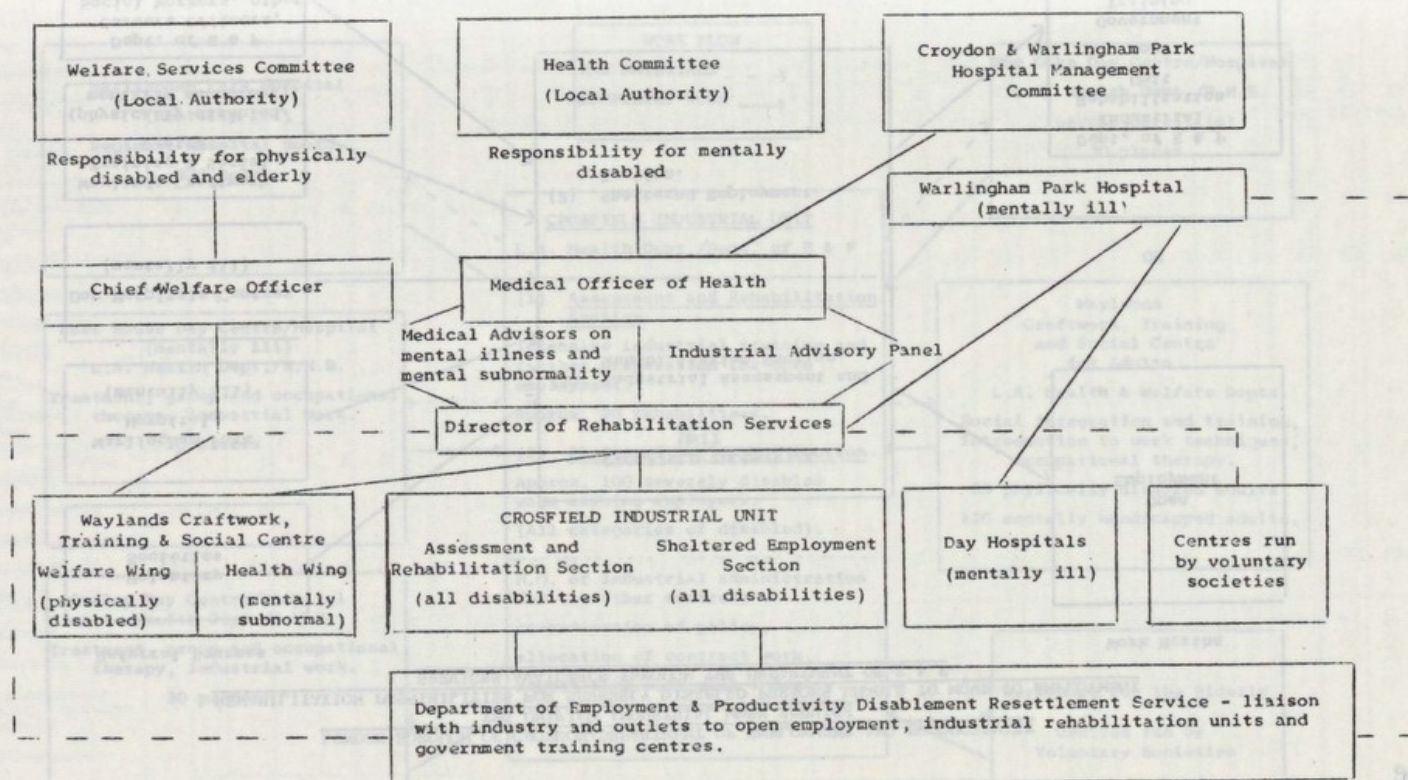
11,278. 16. 1 12,909. 17. 6.

Average daily attendance (Health Wing only) during the year: 105.

LONDON BOROUGH OF CROYDON/CROYDON & WARLINGHAM PARK HOSPITAL MANAGEMENT COMMITTEE

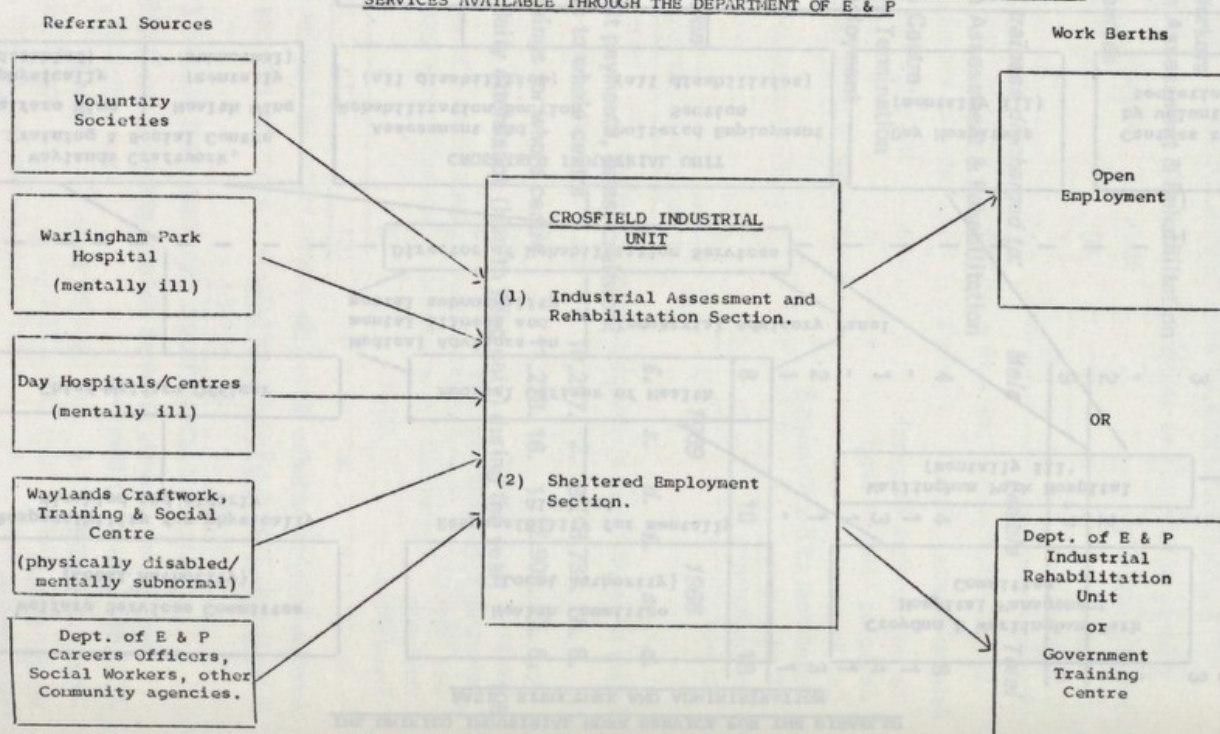
THE UNIFIED INDUSTRIAL WORK SERVICE FOR THE DISABLED

BASIC STRUCTURE AND ADMINISTRATION



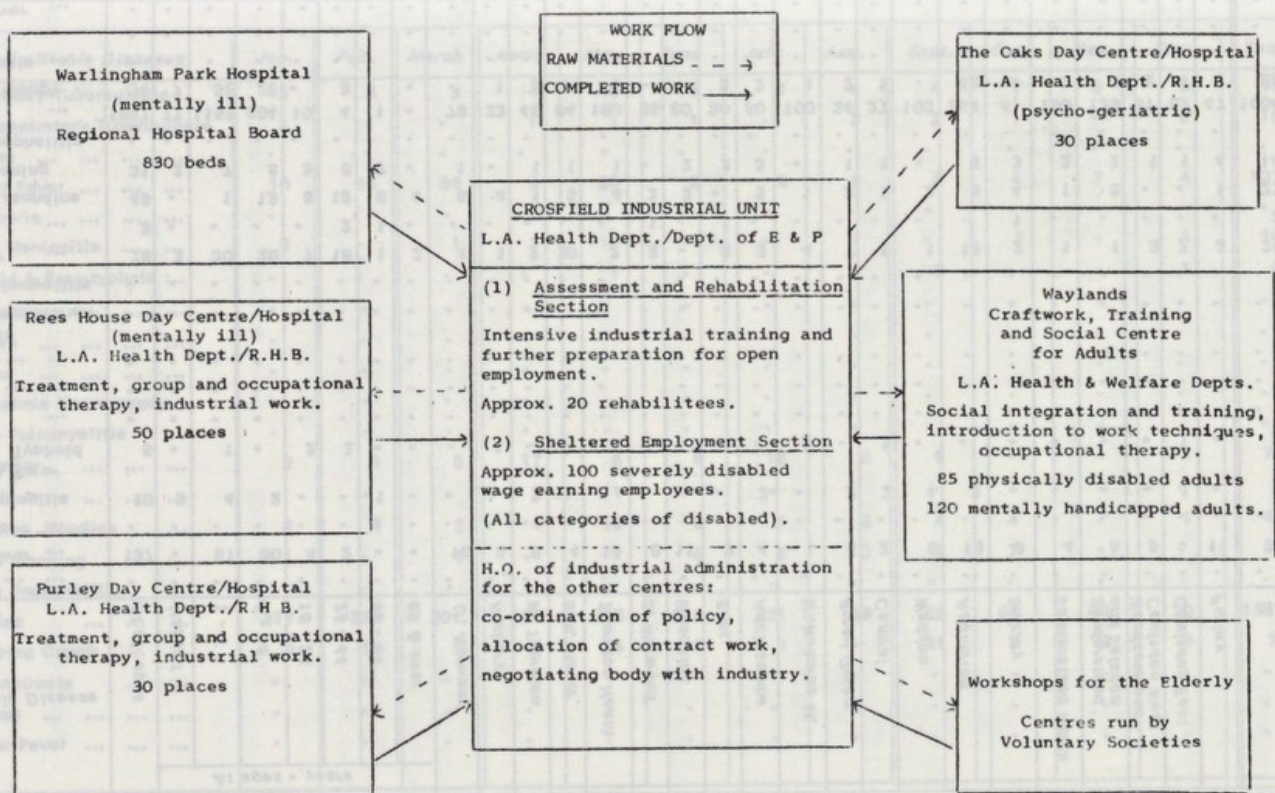
KEY — laid down channel of responsibility
 --- informal but essential co-ordination links

LONDON BOROUGH OF CROYDON/DEPARTMENT OF EMPLOYMENT AND PRODUCTIVITY
THE UNIFIED INDUSTRIAL WORK SERVICE
REHABILITATION POSSIBILITIES FOR SEVERELY DISABLED PERSONS UNABLE TO MOVE TO EMPLOYMENT
SERVICES AVAILABLE THROUGH THE DEPARTMENT OF E & P



N.B. In the above diagram progression is shown as on-going, but lateral movement for a disabled person is also possible, e.g. between Waylands and centres run by voluntary societies.

LONDON BOROUGH OF CROYDON
UNIFIED INDUSTRIAL WORK SERVICE FOR THE DISABLED
ORGANISATION OF INDUSTRIAL WORK



MONTHLY INCIDENCE OF COMMUNICABLE DISEASES 1969

<i>Notifiable Diseases</i>	<i>Jan.</i>	<i>Feb.</i>	<i>March</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	3	6	3	4	8	5	4	4	4	7	5	3	56
Non-Respiratory Tuberculosis	2	1	-	1	1	1	-	3	3	1	-	2	15
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	10	15	36	9	26	8	8	6	4	4	7	4	137
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	2	-	1	1	-	-	-	-	-	2	-	4	10
Typhoid & Para-typhoid ...	-	-	-	-	1	-	-	2	1	-	-	1	5
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum...	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	9	6	5	17	5	6	16	8	6	-	-	1	79
Malaria	-	-	-	2	1	-	-	-	-	-	-	-	3
Infective Jaundice ...	4	6	2	4	12	6	1	5	4	4	-	1	49
Food Poisoning	1	-	1	-	1	5	5	3	8	7	-	-	31
Acute Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	217	278	301	191	233	219	221	88	29	88	42	20	1927
Whooping Cough	8	11	3	4	4	3	4	-	21	8	2	6	74
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
													2386

FOOD POISONING

Corrected food poisoning notifications and cases ascertained in 1969 numbered:—

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2	14	21	8	45

Outbreaks due to identified agents:—

Total Outbreaks	Total Cases
9	26

Outbreaks due to:—

(a) Chemical poisons Nil	(d) botulinum Nil
(b) Salmonella organisms ... 7	(e) welchii 2
(c) Staphylococci (including toxin Nil	(f) other bacteria Nil

Outbreaks of undiscovered cause:—

Total Outbreaks	Total Cases
Nil	Nil

Single Cases:—

Agent identified	Unknown Cause	Total
18	1	19

Cases due to:—

<i>Salm. typhimurium</i>	<i>Salm. enteritidis</i>	<i>Salm. heidelberg</i>
6	1	1
<i>Salm. senftenberg</i>	<i>Salm. virchow</i>	<i>Salm. stanley</i>
1	1	2
<i>Salm. oranienburg</i>	<i>Salm. brandenburg</i>	<i>Salm. coley park</i>
1	2	1
<i>Cl. welchii</i>	<i>Salm. unidentified</i>	
1	1	

Salmonella infection not food-borne:— Nil

SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1969

Faeces outfits	...	...	...	...	...	...	...	...	2,700
Drinking Water samples	...	...	...	...	...	...	...	...	474
Public Swimming Bath Water samples	...	...	...	...	...	...	...	...	123
Private Swimming Bath Water samples	...	...	...	...	...	...	...	...	165
Private Wells	...	...	...	...	...	...	...	...	141
Milk samples	...	...	...	...	...	...	...	...	158
Cream samples	...	...	...	...	...	...	...	...	1
Ice Cream samples	...	...	...	...	...	...	...	...	105
Sundry Food specimens	...	...	...	...	...	...	...	...	38
Blood	...	...	...	...	...	...	...	...	39
Urine	...	...	...	...	...	...	...	...	803
Nose and Throat Swabs	...	...	...	...	...	...	...	...	54

Total 4,801

Samples of Drinking Water

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

Bacteriological	...	...	...	463
Chemical	...	...	...	11

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 3,806 children were immunised against whooping cough, comprising 3,624 under school age and 172 school children.

In addition 1,431 children were given reinforcing injections.

IMMUNISATION AGAINST TETANUS

A total of 4,784 children were immunised against Tetanus, comprising 3,768 under school age and 1,016 school children.

In addition 7,044 children were given reinforcing injections

VACCINATION AGAINST SMALLPOX

A total of 5,349 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	9	1,096	1,240	168	309	2,822
Successful Re-vaccinations	-	-	47	421	2,059	2,527
Insusceptible to Vaccination	-	-	-	-	-	-
						5,349

DIPHTHERIA

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1969 who completed a course of immunisation during the year.

<i>Age at 31.12.69 i.e. Born in year</i>	<i>Under 1 1969</i>	<i>1966-1968</i>	<i>1965-1962</i>	<i>1961-1953</i>	<i>Total</i>
Completed course of injections	439	3,325	383	169	4,316
Reinforcing injections	-	848	4,509	1,025	6,382
TOTAL	439	4,173	4,892	1,194	10,698

	<i>Under 1</i>	<i>1 - 4</i>	<i>Total under 5</i>	<i>5 - 14</i>	<i>Total under 15</i>
Estimated mid year Child population	5,520	22,280	27,800	50,600	78,400

VACCINATED AGAINST POLIOMYELITIS

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

VACCINATED	Children born 1969	Children born 1968	Children born 1967	Children born 1966	Young Persons born 1965-62	Persons over 1961-53	Persons over 16 years of age
With Salk Vaccine	-	5	2	-	-	-	-
With Oral Vaccine	341	2,521	319	150	347	280	97
With Quadruple Vaccine	-	-	-	-	-	-	-

Number of persons who received a reinforcing vaccination as at 31st December, 1969.

VACCINATED	Persons given a first reinforcing Vaccination during 1969
With Salk Vaccine	7
With Oral Vaccine	7,538
With Quadruple Vaccine	-
Annual Total	7,545
TOTAL since Vaccination began	138,124

INTERNATIONAL VACCINATION CERTIFICATES

During the year 6,508 certificates were authenticated, 5,322 Smallpox, 559 Cholera, 627 T.A.B.

IMMUNISATION OF CHILDREN BORN IN 1968

Polio

Diphtheria

1968
Live
Births

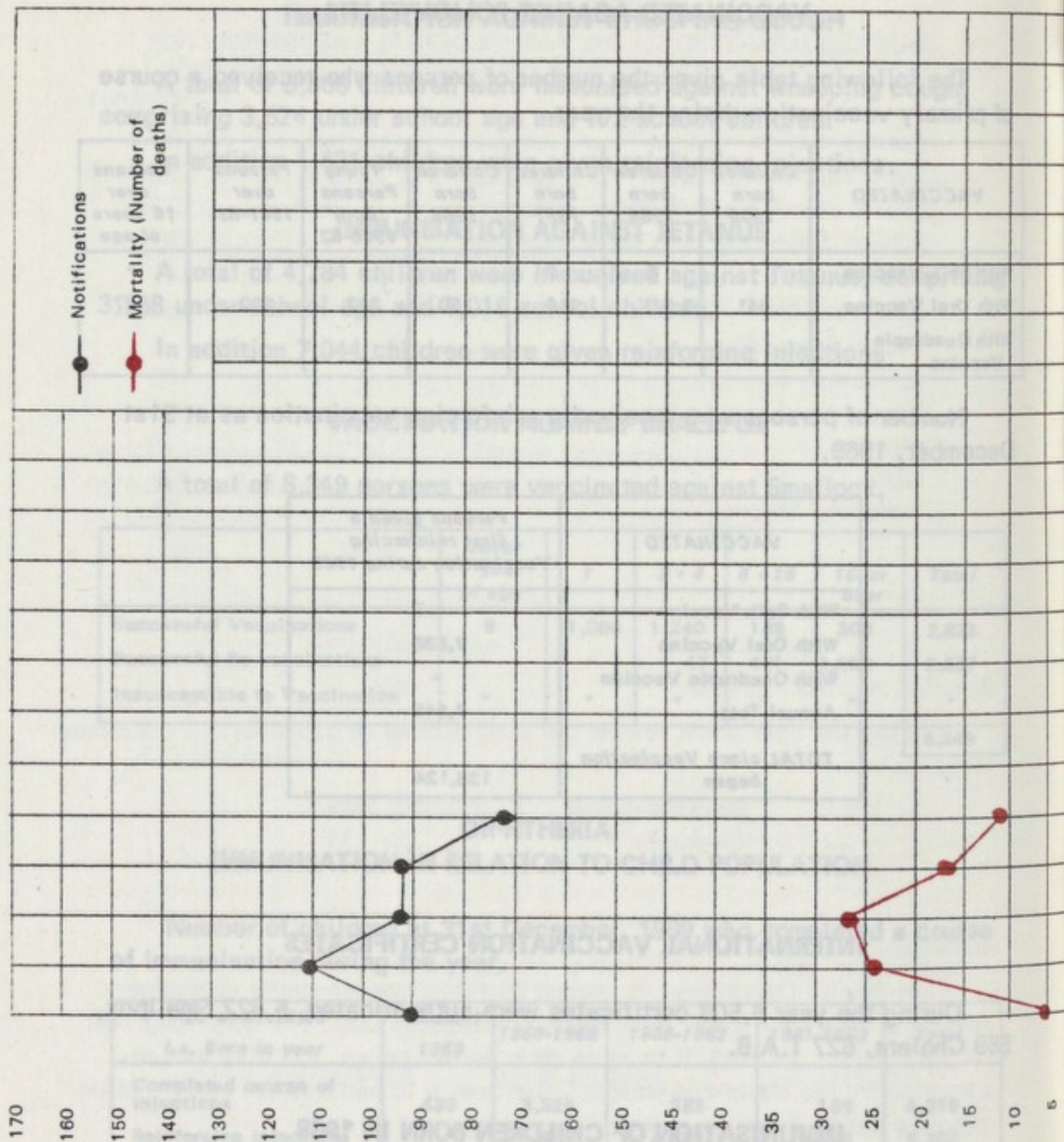
1,245 - (Immunised 1968) - 814

2,521 - (Immunised 1969) - 2,628

3,766 - 3,442 5,583

(67%) (62%)

TUBERCULOSIS (All Forms) PRIMARY NOTIFICATIONS AND MORTALITY - 1969



Completed course of notification	438	4,173	1,164	10,436
Live	Under 1	1 - 4	Total under 5	5 - 14
Deaths	1,030	22,290	37,500	60,000
Estimated mid-year population	814	(1968)	(1968)	(1968)
	558.5	-	(1968)	558.5
	3,445			3,788
	(82%)			(82%)

Formal Notification

lost sight of "and other results"

OF NEW PATIENTS

Respiratory Tuberculosis

During 1969, 55 new patients examined at the clinic were found to be in the undermentioned stages of the disease at the first examination.

A, or T.B. minus (Sputum negative or absent)	35	63.6
B, or T.B. plus, 1 (early cases, sputum positive)	4	7.3
B, or T.B. plus, 2 (intermediate cases, sputum positive)	16	29.1
B, or T.B. plus, 3 (advanced cases, sputum positive)	-	-
	<u>55</u>	<u>100.0%</u>

Non-Respiratory Tuberculosis

There were 8 cases examined at the Clinic and found to have Non-Respiratory Tuberculosis in the following forms:-

Bones and Joints	...	...	...	...	...	...	...	...	1
Abdominal	...	...	...	...	...	...	...	...	2
Other Organs	...	...	...	...	...	...	...	...	1
Peripheral Glands	...	...	...	...	...	...	...	...	4
									8

Ages at Death from Respiratory Tuberculosis

Year	0 - 5	5 - 15	15 - 25	25 - 45	45 - 65	over 65	TOTAL
1969	-	-	-	-	5	5	10

Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1969	1,264
Transfers in from other areas	22
New cases confirmed during the year	55
	1,341

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

Recovered	317
Died	29
Removed to other areas	21
"Lost sight of" and other reasons	35
	402

Remaining on Register as at 31st December 939

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	1,909
Number of visits paid by Clinic doctors to homes of patients	250
Number of visits paid to homes of patients by Tuberculosis Health Visitors	2,681
Attendances of patients at the Clinic -	
At ordinary sessions	*15,511
Number of X-Ray films taken	*17,959

*Includes 3,904 miniature film attendances

VENEREAL DISEASES 1969

New cases residing in Croydon and treated at:—

Croydon General Hospital

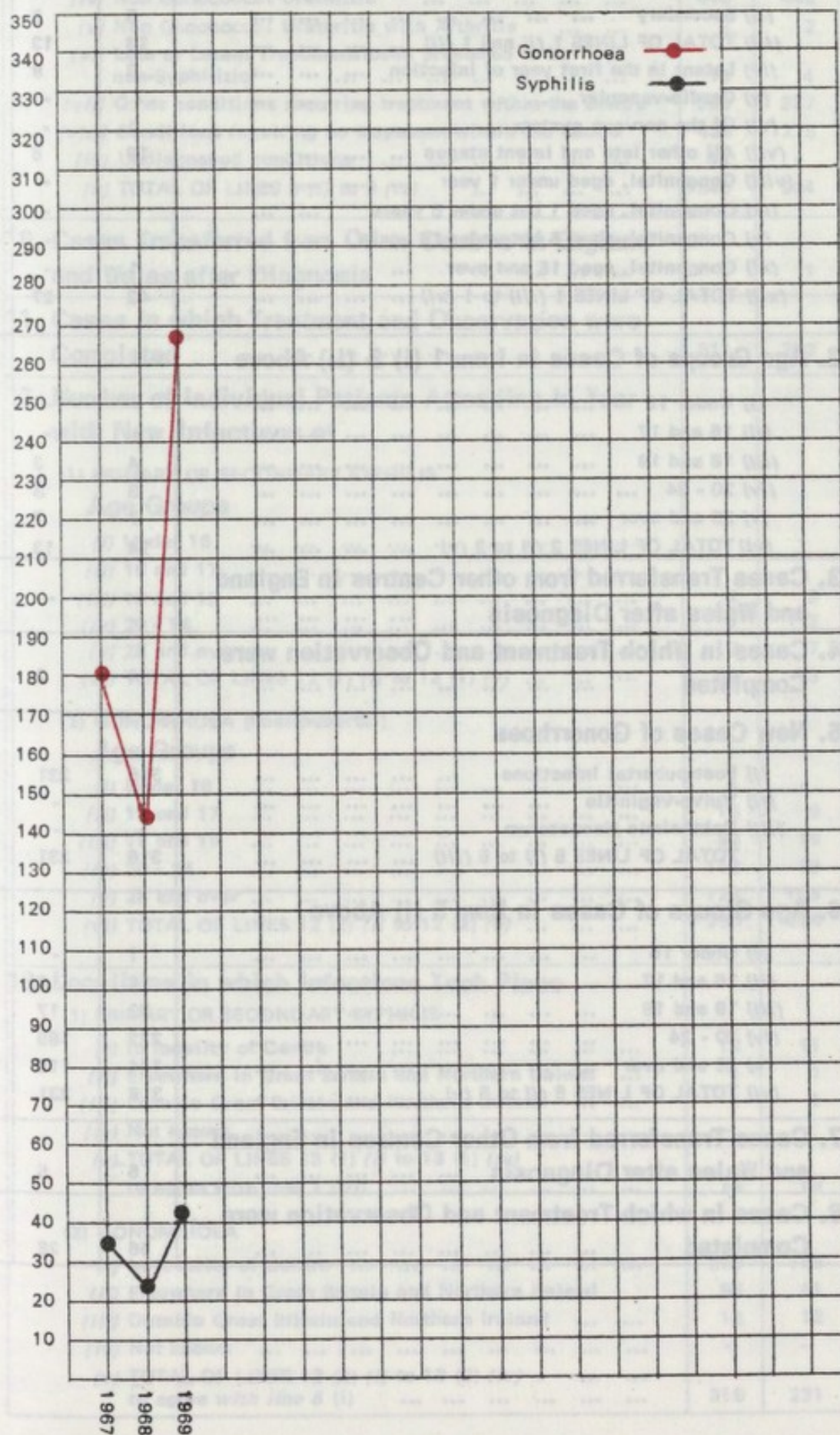
St. Bartholomew's Hospital

St. Helier County Hospital

St. Thomas's Hospital

Westminster Hospital

Whitechapel Clinic



VENEREAL DISEASES Croydon General Hospital Centre

SYPHILIS

1. New Cases of Syphilis								<i>Totals</i>	<i>Males</i>	<i>Females</i>
(i) Primary	...	...	...	...	...	...	...	9	8	1
(ii) Secondary	...	...	...	...	...	...	...	5	5	-
(iii) TOTAL OF LINES 1 (i) and 1 (ii)	...	...	...	...	...	...	...	13	13	-
(iv) Latent in the first year of infection	...	...	...	...	...	...	...	8	8	-
(v) Cardio-vascular	...	...	...	...	...	...	...	-	-	-
(vi) Of the nervous system	...	...	...	...	...	...	...	1	-	1
(vii) All other late and latent stages	...	...	...	...	...	...	...	19	6	13
(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)	...	...	...	...	...	...	...	43	27	16
2. Age Groups of Cases in Item 1 (i) & (ii) Above										
(i) Under 16	...	...	...	...	...	...	...	-	-	-
(ii) 16 and 17	...	...	...	...	...	...	...	-	-	-
(iii) 18 and 19	...	...	...	...	...	...	...	4	3	1
(iv) 20 - 24	...	...	...	...	...	...	...	3	3	-
(v) 25 and over	...	...	...	...	...	...	...	7	7	-
(vi) TOTAL OF LINES 2 (i) to 2 (v)	...	...	...	...	...	...	...	14	13	1
3. Cases Transferred from other Centres in England and Wales after Diagnosis								-	-	-
4. Cases in Which Treatment and Observation were Completed								4	2	2
5. New Cases of Gonorrhoea										
(i) Post-pubertal infections	...	...	...	...	...	...	...	316	231	85
(ii) Vulvo-vaginitis	...	...	...	...	...	...	...	-	-	-
(iii) Ophthalmia Neonatorum	...	...	...	...	...	...	...	-	-	-
TOTAL OF LINES 5 (i) to 5 (iii)	...	...	...	...	...	...	...	316	231	85
6. Age Groups of Cases in Item 5 (i) Above										
(i) Under 16	...	...	...	...	...	...	...	1	-	1
(ii) 16 and 17	...	...	...	...	...	...	...	16	6	10
(iii) 18 and 19	...	...	...	...	...	...	...	33	17	16
(iv) 20 - 24	...	...	...	...	...	...	...	222	189	33
(v) 25 and over	...	...	...	...	...	...	...	144	119	25
(vi) TOTAL OF LINES 6 (i) to 6 (v)	...	...	...	...	...	...	...	316	231	85
7. Cases Transferred from Other Centres in England and Wales after Diagnosis								6	5	1
8. Cases in which Treatment and Observation were Completed								56	28	28

GONORRHOEA

14. Attendances and Diagnoses of Contacts						Totals	Males	Females
(1) Contacts slips issued to patients with								
(i) Syphilis, primary and secondary						14	14	-
(ii) Gonorrhoea						247	214	33
(2) Contacts attending with								
(i) Syphilis, primary and secondary						4	3	1
(ii) Gonorrhoea						49	5	44
(iii) Other conditions						195	36	159
15. Total Attendances of All Patients								
(i) Syphilis						621	451	170
(ii) Gonorrhoea						927	567	360
(iii) Other conditions						4361	2703	1658
(iv) ALL CONDITIONS (TOTAL OF 15 (i) (ii) and (iii))						5909	3721	2188
16. Cultures for the Gonococcus						1058	21	1037

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 (1) (iii)	Other (1) (iv) to (1) (xi)	(5) (iv)		
CROYDON	10	27	214	997	1248
BROMLEY	-	-	21	65	86
LAMBETH	1	-	11	32	44
MERTON	-	-	9	32	41
SURREY	1	-	18	146	165
SUSSEX EAST	-	1	1	18	20
SUSSEX WEST	-	-	-	5	5
SUTTON	1	-	9	50	60
WANDSWORTH	1	1	5	11	18
OTHERS	-	-	28	142	170
TOTALS	14	29	314	1498 *	1857

* Excluding 42 undiagnosed cases.

PART III HANDICAPPED PUPILS

There are some 716 children in Croydon who are sufficiently handicapped to warrant admission to a special school. This number shows a slight increase (3.8%) compared with each of the two preceding years. This increase has occurred mainly in the number of children requiring admission to schools for the educationally subnormal, representing increased ascertainment in anticipation of additional special school provision in 1970. The category of educational subnormality accounts for exactly half the total number of children requiring special educational treatment who were known to the School Health Service. An analysis of handicapped children by year of birth shows a significant increase in the number of young children who are recognised to require special educational treatment, and this trend is most marked in the category of physical handicap. In addition to the increase in total numbers, reference is made (page 51) to the changing character of the handicap, so that much more severely disabled children are now being brought forward for admission to St. Giles' School.

This increase in the number of handicapped children suggests that some of the children with less disability must remain within ordinary schools. The decision by the Department of Education and Science to conduct an enquiry into the care of physically handicapped children in ordinary schools was timely, and should reveal much useful information. The Service does not keep clinical records about all such children at the present time, but Croydon Head Teachers were most helpful in notifying handicapped children who were attending their schools, enabling further enquiries to be made. Problems of definition inevitably arose, and it was clear that some children were regarded as handicapped when the medical justification for such a view was limited. In some cases children were being accommodated in an ordinary school in deference to the wishes of their parents, although the detrimental effect of some arrangements upon the child's educational progress was clearly recognised by the teaching staff. Of necessity such children are not able to receive the intensive support which would be available from medical and other professional staff at a special school. These initial investigations have again shown the extent to which teachers in Croydon are willing to vary normal arrangements in order to allow the majority of children with a handicap to attend ordinary schools.

In 1969 a total of 130 pupils were newly ascertained by the Education Committee as requiring special educational facilities in special schools or special units (Table 10). Unfortunately in many instances these new cases merely resulted in an extension of waiting lists, but the commencement of building operations at the sites of two new special schools during the year raised hopes of early improvement in this situation. In all cases the medical recommendations were straightforward, and the Consultant Panel did not meet during the year.

TABLE 10

Children requiring Special Education, 1969

CATEGORY	New Cases Ascertained by Committee	* New Admissions	Number of Children receiving Special Educational Treatment 23.1.1970							No. of children awaiting placement on 23.1.70	
			Special Schools		Independent Schools	Hospitals	Day Units	Home Tuition	Total	Day	Residential
			Day	Residential							
BLIND	1	2	0	8	1				9	-	-
PARTIALLY SIGHTED	4	4	21	2					23	-	-
DEAF	1	3	6	17					23	2	1
PARTIALLY HEARING	7	7	3	2			31		36	1	2
EDUCATIONALLY SUB-NORMAL	67	38	251	16	6				273	73	6
EPILEPTIC	2	5	12	5					17	-	-
MALADJUSTED	17	11	4	8	39		17	1	69	-	8
PHYSICALLY HANDICAPPED	26	23	97	14	2		4	-	117	5	-
SPEECH	2	2	3	0			12		15	1	-
DELICATE	3	9	35	7					42	3	1
TOTAL	130	104	432	79	48	0	64	1	624	85	18

*Including cases ascertained in previous years.

TABLE 11

PRE-SCHOOL HANDICAPPED CHILDREN

Category	Age on the 31st December, 1969				
	5 years	4 years	3 years	2 years	1 year or less
Vision Defect	-	1	3	-	1
Hearing Defect	-	2	1	6	2
Mental Disorder	3	14	36	9	14
Epileptic	-	1	4	3	-
Physically Handicapped or Delicate	-	18	26	17	32
Total	3	36	70	35	49

The importance of early detection of handicapped children so that adequate educational arrangements may be made in good time has been recognised within the Service for a number of years. It is encouraging to note that a total of 193 pre-school handicapped children are now known to the School Health Service (Table II). The number of children recorded has increased steadily since the system was introduced several years ago, but concern had been expressed that such children were generally recognised from specialist reports rather than from the observations of the pre-school child health services. During the year extensive reorganisation has taken place within the Department and the services for the pre-school child have been combined with those of the School Health Service, to create a single Child Health Service responsible for all health services involving children. An immediate practical result has been to link the existing systems for the detection of handicapped children into a single comprehensive service of progressive assessment. Any child who is considered to be at risk of a serious handicapping condition is included within this system either at birth or at any point thereafter. Such children receive particular attention from the pre-school services until the age of two years when, if no obvious defect has emerged, the child is discharged from the system. The remaining children, together with others who are recognised to be potentially handicapped, are reviewed each birthday to assess the extent of any handicap which may be present. Again, some children are found to be developing normally during these assessments, and are discharged from the system. There remains a group of children who may need special educational treatment, and arrangements are made to review each of these children about six months before a place in a special school is likely to be required. Formal ascertainment, or advice to the teacher of the ordinary school likely to admit the child, then follows. The objective is, of course, to concentrate effort upon the children who are likely to be most in need, whilst ensuring that those children who do not fall within the system continue to receive all the services necessary for the pre-school child. In future years it will be necessary to modify Table 11 to take account of this revised system of assessment so that a temporary reduction in numbers of children must be anticipated. Future Tables will not include children less than two years. It must also be recognised that the value of this Table lies not so much in the numbers recorded, as the general trend which it indicates. By including some children who may not require admission to a special school, there is a tendency to over-estimate demand in some categories. Nevertheless, the Table has already provided timely warning of the number of physically handicapped children who are likely to require admission to St. Giles' School.

BLIND AND PARTIALLY SIGHTED PUPILS

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	9	2
In Day Schools	-	21

Blind

One blind child was ascertained in 1969 and admitted to a residential special school.

Partially Sighted

During the year four children were found to require special educational treatment in this category, and all of them were admitted to St. Luke's School. Some of the older children were able to integrate for part of the school day with children in the adjacent Winterbourne Schools, and this experiment was so successful in one case that the boy was finally discharged to continue his education in an ordinary school. Traditionally, special educational treatment has been provided only when it has been shown that the child is failing in an ordinary school, and such a policy can have very damaging effects upon the attitude of the handicapped child towards education. For some years in Croydon the reverse policy has been followed providing an early start to education in a special school with later transfer to an ordinary school if progress is satisfactory. By this approach the child has success to encourage further effort rather than failure that skilled teachers must then do their best to overcome.

Two children with multiple handicaps in attendance at St. Luke's School were reviewed during the year in anticipation of the need for continued special educational treatment beyond the age of eleven years. In view of their multiple handicaps applications were made for both children to be admitted to residential special schools.

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

St. Luke's Special School for Partially Sighted Children

During 1969, as in previous years, every endeavour was made to help the children gain as many new experiences as possible in spite of a very limiting handicap. The children work along normal lines as far as they are able, though their rate of progress is slower than that of normally sighted children.

Various educational visits were made with the aim of widening the children's experiences and of increasing their mobility. Most of the visits were made by public transport so that the children had the opportunity of using buses and trains thus helping them towards self-reliance and independence later on. Among the places visited were The Commonwealth Institute, a farm, Outwood Mill, The London Zoo and Brighton.

More than 50% of the children in the unit regularly attended the Swimming Baths. Apart from the pleasure of going to the Baths and the satisfaction of learning to swim it is hoped to improve the children's posture. Visually handicapped children often become round-shouldered particularly as their progress through school involves more and more close work. Several children have gained Swimming Certificates.

One boy has been transferred to Winterbourne Junior Boys' School. His progress as a part-time pupil was so successful that he has now become fully integrated in the normal school system. Another boy continues to attend part-time. The help and interest of the Headmaster of Winterbourne Boys' School is much appreciated.

Two ophthalmologists have visited the school to carry out eye examinations. Dr. J.S. Horner carried out the yearly medical examinations and Mr. J.D. Palmer, the Principal School Dental Officer, examined the children's teeth. It is satisfactory to report that Mr. Palmer found the condition of the teeth to be generally good. I am extremely grateful to all these people for their interest in the children.

There have been opportunities each term for the parents to meet and visit the school. An Easter Service was well attended at the end of the Spring Term.

There were many visitors to the Open Day in July. Many parents and friends attended the Harvest Festival Service. Later in the term a Coffee Evening was held in aid of the School Fund. The year ended with a Nativity Play performed by the children and the usual Christmas Festivities including the Christmas Party at which each child received a Christmas present kindly provided by the Education Committee.

No. of children on Roll 31.12.69	15
Admissions	4
Returned to normal school	1
Transferred to St. Giles' School	1
Transferred to School for the Blind	1

DEAF AND PARTIALLY HEARING PUPILS

	<i>Deaf</i>	<i>Partially Hearing</i>
In Residential Schools	17	2
In Day Schools and Units	4	37

Deaf

One child was ascertained as deaf during the year, and because of social difficulties was admitted to a residential school. In addition, two children who had been attending the Partially Hearing Unit for infant pupils were found to require education in a school for the deaf, and appropriate recommendations were made. The parents of both children wish them to attend day schools for the deaf and, since the Committee does not provide such a school, an approach was made to adjacent Authorities. Unfortunately by the end of the year a vacancy had still not been obtained, and the children were attending the Partially Hearing Unit for Junior Pupils. This Unit was not designed to care for the severely deaf, and even the temporary placement of such children within it is a source of some concern. Moreover, the situation is likely to deteriorate still further, since there are indications that up

to seven more children currently attending the Infant Unit may require admission to schools for the deaf during 1970. It may be necessary to persuade some parents to allow their deaf children to attend residential rather than day special schools. This situation has arisen chiefly because an outbreak of German measles in 1962/1963 affected some pregnant women, so that their children were born severely deaf. A sharp increase in the demand for places in the Partially Hearing Units occurred in 1965, and these same children are now reaching the age of admission to Junior Schools. It will clearly be necessary to make exceptional arrangements to deal with this temporary situation, and urgent discussions are planned to formulate specific proposals.

Partially Hearing

Seven children were ascertained partially hearing during the year, and six of them were admitted to appropriate day units. The energetic efforts of recent years resulting in the creation of a complete system of special education for the partially hearing child using day units attached to ordinary schools have largely eliminated previous problems of long waiting lists. Difficulties, however, still remain. Attention must now be directed towards a clarification of objectives within the units. In the younger age groups the inclusion of both deaf and partially hearing pupils in the same unit avoids the need for young children to travel long distances, or for admission to residential schools. Nevertheless, it presents great problems for the teacher, since the needs of the two groups are not always the same. In the older age groups other difficulties emerge, not least of which is the age spread of the children within a single unit. An ingenious use of integration within the school can overcome many difficulties, but may be prejudiced by other factors. The need to accommodate the whole of the first year of Riddlesdown Secondary School in the buildings of the former Roke School has created some problems in the Partially Hearing Unit which is housed in the main school buildings, and which accepts children direct from the Junior Unit. During the year it was necessary to recommend that two partially hearing children of eleven years should be admitted to residential special schools, and in a third case the parents requested such a transfer, although the balance of professional advice indicated that the child was satisfactorily placed at the Riddlesdown Unit.

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

"At present there are some difficulties being experienced at these Units as a result of a high proportion of severely deaf children in the 5 - 7 year age group. There is also the problem of finding suitable schools for the future education of this deaf group.

The Senior Unit for partially hearing pupils, which opened at Riddlesdown County Secondary School in September 1968, provides education for older children (11 +). There have been anticipated difficulties in the integration of

the first year pupils attending the Unit, since the first year pupils of the School have been moved to Roke School. I understand that efforts are being made to resolve these difficulties.

Mr. Parsons (Consultant Otologist) has visited each of the Units once a year. At these visits the teacher concerned, Mr. Oakley, the parent (if present) and myself are present, when the progress, problems, and the future education of each child are discussed individually.

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.

The children attending all four Units are making satisfactory progress within the limitations (already referred to) of the Units."

I am grateful to the Chief Education Officer for the following reports on the work of the Units for the Partially Hearing:—

Partially Hearing Unit for Nursery Children, Kingsley Infants' School

This year the Unit roll has varied between 6 and 8 children with an age range of 2½ to 5 years. It is thought most of the children concerned are severely deaf but all use spontaneous vocalisation. Three children use intelligible words or phrases. Two of the latter children are partially hearing and constantly use spontaneous speech.

The integration with the hearing Nursery children has been successfully increased to include occasional whole days. One child remains in the hearing Nursery every afternoon. One child from the main school visits the Unit for speech and language work.

While continuing with the previous Nursery method of Education an increase of auditory training has been considered essential. This has been achieved very happily by all the children. Extra attention has been given to the maintenance of all aids to hearing since the recent survey in Inner London. Our thanks are given to Mr. Wootton of New Cross Hospital for his ready help with our Medresco aids.

It is certain that the children's experience of sound has to be increased (where possible). Minor technical improvements have been made and it is expected that a Peters Senior Speech Trainer (and further acoustic tiling) will help substantially. It is hoped to release the present Unit trainer for home use shortly.

Our children are very keen to attend school. Parents also have attended the Unit and with the Infant Unit have helped to make two very well attended and successful meetings in October and November. There is a general desire that these meetings continue and provide help and information concerning speech, language and basic (technical) knowledge.

Our thanks are due and given freely to our colleagues in the main school whose help is so valuable to us.

Partially Hearing Unit for Infant Children, Kingsley Infants' School

During the Summer Term of 1969, our number increased to eleven but in the September term three seven year old children were transferred to the Junior Partial Hearing Unit and one six year old to the residential school in Margate. With the entrance of three children from the Nursery Unit, there are now ten children in the Infants Unit. There will be a considerable upheaval in the next September term as seven children will have reached their seventh birthday and decisions will soon have to be taken as to the most suitable form of Junior education for each of them.

The children in the Unit vary in their abilities and degrees of deafness, most of them having a severe hearing loss. The class can be roughly divided into two groups;

- one group of six is given the basic auditory and visual training necessary for the acquisition of a rudimentary vocabulary; four are producing spontaneous and recognisable speech, albeit of a limited vocabulary range.
- the other, more advanced, group is progressing well; these children are using simple sentences and phrases, employing quite extensive vocabularies and using reading as a means of developing and extending their language. Reading lessons are built around the children's own experiences and activities; for example a recent project concerned food - how it is prepared, where it is found etc. Much help is given here by the parents using home note books, for work done in the school can be consolidated at home.

The Unit has been fortunate in having the services of Mrs. Bevis for certain times during the week. As she is a trained teacher of the deaf, the second group can work separately at their own level on the same project. Such work has proved very valuable. The loop induction system and group aid system are used for such lessons to achieve the maximum sound input. Individual speech lessons are also given as frequently as possible using the speech trainers provided.

All the children attempt some form of number work and their achievements vary from simple number recognition to a mastery of simple multiplication.

The children integrate with the hearing children during lunch times and play times, and presented their own play for the school Christmas Concert. The hearing children accept the deaf children very well and several friendships have been formed. Many thanks are given to the staff of the hearing school for their help and co-operation.

Partially Hearing Unit for Junior Children, Kingsley Junior School

There are six full-time pupils in the unit at present, three boys - 7-8 years, one boy and one girl 8 - 9 years and one girl 9 - 10 years.

One girl who used to attend for two mornings a week is now managing full-time at the Margaret Roper Junior School.

In most cases there are additional handicaps of varying severity, some of which are a direct result of deafness (e.g. backwardness, maladjustment, spasticity).

Group and individual work is carried out, children work at their own level because of their differing abilities and needs.

The children integrate in classes with the normally hearing children of their own age group for practical activities such as P.E., art, needlework. The amount of integration varies according to the individual child. All the children integrate at school assembly, playtimes, and dinner times.

Underlying all subjects is the basic need for speech and language (oral and written), and children are encouraged to make full use of all residual hearing. Hearing aids are worn all the time except for P.E. and some children leave aids off in the playground.

Partially Hearing Unit for Secondary Children, Riddlesdown Secondary School.

In September 1969, three girls aged 11+ came from Kingsley Junior P.H. Unit bringing the number at the Senior Unit to ten. At half term one girl aged 12+ left the district.

The opening of the annexe for all 1st year pupils has raised several problems for the Unit. The three 1st year girls miss opportunities to make friends within their own year group at break and lunchtimes. They integrate with first years only for Cookery, Needlework, Art and Games. Arrangements have been made for them to take three periods a week for P.E. with 2nd year girls. They are unable to join Music and Drama classes. Despite these drawbacks, they have settled down well and are working satisfactorily.

Three boys aged 12+ had to be placed in 2nd year classes, although it would have been more satisfactory had two of them been placed with 1st years. (These two will most likely stay in 2nd year classes for two years). The third boy is coping well in all subjects and now plays basketball in a school team. The other two boys are already doing very good work in practical subjects. One boy of 13+ is still placed in the 2nd year and, at his mother's request, spends six periods per week in the P.H.U. for English. A 13+ girl is in a 3rd year class and (also at parents' request) spends five periods a week in the Unit for English. A 14+ girl anticipated leaving school next year. She is now learning typing and commerce. She has no remedial lessons in the Unit now.

Integration in Hearing Classes

3 1st year girls	11/40 periods	= 27.5%	1 13+ girl	35/40 periods	= 87.5%
1 12+ boy	16/40	" = 40%	1 12+ boy	39/40	" = 97.5%
1 12+ boy	24/40	" = 60%	1 14+ girl	40/40	" = 100%
1 13+ boy	34/40	" = 85%			

The annual visit to New Cross Hospital was made on October 17th for renewal of ear-moulds. The three 1st year girls were fitted with post-aural aids. These aids are now worn by every pupil except one boy (with the severest hearing loss) who must still use a body-worn aid.

Visitors have included foreign students, student teachers, a hospital tutor, local Head Teachers, Mr. Oakley, Dr. Morgan and Mr. Parsons. The latter examined all pupils on November 18th and was satisfied with their progress and placement and suggested that the 4th year girl need no longer be attached to the Unit. A parents' meeting was arranged, for the first time, in the evening of October 22nd. Parents of only four pupils (all the boys) attended. Despite the most disappointing response many 'domestic' problems were fully discussed with the Headmaster and the Unit teacher. It is hoped that two meetings each year will be held in future.

One most satisfactory aspect of the growing independence and 'normality' of the pupils is that only four of them now use the taxi service. It is hoped to persuade all parents that their children can quickly learn the public transport route to school and that independent travel will do a great deal to help them to a maturity and self confidence equal to that of the rest of the school's pupils.

Use continues to be made of the audio and visual aids and the Unit is building up a useful selection of subject textbooks and library books. A most welcome gift from a local Townswomen's Guild last year increased the latter. Interest and help from over thirty members of the staff concerned with the children's education is much appreciated. It is hoped that the partially hearing children will make good progress and join in excursions and activities increasingly.

EDUCATIONALLY SUBNORMAL PUPILS

In Day Special Schools	- 251
In Residential Special Schools	- 22
Awaiting Placement	- 79

During the year 67 children were found to be educationally subnormal in Croydon, and although this number is considerably greater (34%) than in 1968, it is similar to those of earlier years. The inevitable result has been the lengthening of an already considerable waiting list. Progress at the site of the new St. Nicholas' School has not been as rapid as had been hoped, and the opening of the school will now be deferred late into 1970. The total number of children who have been formally ascertained as educationally subnormal in Croydon still falls short of the number expected on the basis of the distribution of this handicap within the general population. Evidence has been adduced in previous reports to support comments by Head Teachers that a large number of educationally subnormal pupils remain within the ordinary

schools. It has been pleasing to note that a larger number of children have been referred for assessment by the School Medical Officers during the year (page 28) although relatively few of these children were found to require formal ascertainment as handicapped pupils. It is anticipated that Head Teachers will review all retarded children within their schools to determine which of them might benefit from the type of facilities which only a special school can provide. The opening of the first purpose-built special school in Croydon for 36 years will offer exciting possibilities for special education within the Borough, and the School Health Service is anxious to give all possible assistance in this field.

The burden of the ever increasing waiting list for places in this category has fallen heavily upon St. Christopher's School, which now accommodates many more children than originally seemed possible. The opening of the new school will allow the pressure upon St. Christopher's School to be reduced with consequent increased educational opportunities.

I am grateful to Mr. R.G. Grice for the following report on the work of the School during 1969.

St. Christopher's Special School for Educationally Subnormal Children

1. *Statistics*

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Roll 31st December 1968.	150	91	241
Admitted during 1969.	29	15	44
Left to work at 16 years.	15	9	24
Transferred to other areas.	3	2	5
Transferred to P.H. School	1	-	1
Deceased.	1	-	1
Transferred to Residential Schools.	6	3	9
Transferred as unsuitable for Education in School.	2	4	6
Roll 31st December 1969.	151	88	239

2. *Lower-Hall Gymnasium*

The repairs to the floor were completed and the room handed over on Monday, October 6th, exactly one year after the flood damage. It is a relief to have the use of it again for having no hall during the past year has been extremely trying and our activities have been curtailed.

3. *Sport*

(a) Swimming

During the year the following certificates have been obtained:—

<i>Distance</i>	<i>No. obtained</i>	<i>Boys</i>	<i>Girls</i>
25 yards	27	13	14
50 yards	33	18	15
100 yards	34	18	16
$\frac{1}{4}$ mile	9	5	4
$\frac{1}{2}$ mile	8	4	4
1 mile	2	1	1

Two boys and one girl out of 4 entries were successful in obtaining All Round Proficiency Certificates issued by the All England Schools Swimming Association. As 30% of the entrants failed this year we were very pleased with our results.

The School Swimming Team competed in the Surrey Special Schools Championships at Epsom Baths on July 9th. The Girl's Victor Ludorum Trophy was won by one of the girls, Mandy Otten.

(b) Athletics

The School Athletic Team competed in the Surrey County Special Schools Sports at Imber Court on July 6th. This School won both the Boys' and Girls' Championship Trophies and one of our girls Barbara Dyer won the Lady George Cup for the outstanding girl athlete.

(c) Football and Netball

A full programme of football and netball fixtures have commenced in the Surrey Special Schools' Leagues.

(d) Boxing

Frank Lucas won the Surrey 10 st. 9 lbs. Championship and Clinton McKenzie was runner-up in the final of the 7st. 3lbs. Junior Class.

4. *Visit to Cardiff*

Following a visit to Canterbury last year a party of pupils and Staff visited Cardiff for a week-end in January. They took part in a Youth Festival and contributed musical items to the programmes. The children were billeted in private homes and spent a memorable week-end. As a result a link has been established between this School and Craig-y-Parc School for Spastics, Cardiff.

The same party has also given many concerts for Old People's Associations in the Croydon Area.

5. The Parents Association has continued to meet and a full programme of talks and discussions has been carried out.

On Wednesday, July 16th, the meeting discussed music for the handicapped at School and in the home, and the children illustrated the talk and later entertained the parents to a concert.

6. *Events*

(a) The School's Annual Sports were held at the Barclay's Bank Sports Ground on Tuesday, June 25th.

(b) *Harvest Festival*

This was held in the School on October 9th. Many parents and friends attended. The Rev. Donald Reeves M.A. of Carshalton gave the address and afterwards the Senior Scholars distributed many parcels of produce to the old people in the area.

(c) The School was open for Parents and friends on Wednesday, July 16th.

7. The Old Scholars' Club has continued to flourish. It is now run by a Committee of Parents with the School Staff acting in an advisory capacity.

8. *Thank You*

(a) To the members of the Staff of Telephone House, Croydon, who again visited the School during the Christmas period and brought a present for each child.

On July 5th they took forty of our children by coach to Arundel and Littlehampton. A very enjoyable time was had, and we are grateful to the Supervisor and Staff for their kindness.

(b) To the School's Parents Association and to the Local Branch of the National Association for Mentally Handicapped Children, who provided us with another Television Set for use by the Junior Classes in the School.

(c) To the Editor and Readers of Stamp Weekly who collected stamps and albums for our School Philatelic Club.

EPILEPTIC PUPILS

In Day Special Schools - 12

In Residential Special Schools - 5

During the year two epileptic children were recommended for placement in a special school. Although every effort is made to retain an epileptic child in an ordinary school, many factors may make this ideal impossible to attain, and when special difficulties arise the epileptic pupil is usually recommended for admission to St. Giles' School. One factor which will certainly affect the placement of the epileptic child is the degree of behaviour disturbance which accompanies the condition. In both of the children recognised during 1969, the degree of disturbance was sufficient to question the wisdom of placement at St. Giles' School. Indeed, one child was found to be so disturbed in spite of the specialised facilities available to deal with the

condition, that it was necessary to exclude him from St. Giles' School and transfer him to a residential school for epileptic children.

The behaviour of one older boy caused such concern that the residential school which he was attending decided to discharge him. It was possible to make alternative arrangements for his day care in Croydon.

MALADJUSTED PUPILS

In Day Unit	17
In Day Special Schools	4
In Residential Special Schools	47
Awaiting Placement	8

Seventeen children were ascertained as maladjusted in 1969 and recommended for admission to appropriate special schools. Reference was made in last year's report (page 47) to the wide variations in the incidence of maladjustment throughout the country. There has been a sharp increase in the number of maladjusted children in the Borough who have been admitted to special schools, but the proportion of such children in Croydon is still much lower than that in most adjacent London Boroughs. There have been a number of classifications of maladjustment in school children, but the one devised by the Report of the Committee on Maladjusted Children in 1955 (The Underwood Report) is a useful one. Classification of 71 maladjusted children in Croydon thought to require special educational treatment showed the following distribution:—

Nervous Disorders	-	21
Habit Disorders	-	8
Behaviour Disorders	-	21
Organic Disorders	-	6
Psychotic Behaviour	-	10
Educational Difficulties	-	5

Although there is some overlap between the groups, these figures indicate the tendency to select for special educational treatment those maladjusted children who show behaviour disturbances in school. It should be remembered that symptoms of maladjustment may be manifest outside school, although there is little evidence of disturbed behaviour in the classroom. Moreover, in some cases the quiet withdrawn child whose school progress is poor may be even more disturbed than a child whose behaviour presents obvious problems to the teacher in the classroom situation. All of these different groups of maladjusted children should have an equal claim upon special educational treatment and the tendency to identify the maladjusted child with the naughty child must be firmly resisted.

It will be seen from the number of children currently awaiting admission to special schools that the placement of a maladjusted child often presents as many problems as his early detection. The commencement of building works at the site of the Sir Cyril Burt School for maladjusted children in Croydon was therefore most welcome.

PHYSICALLY HANDICAPPED PUPILS

In Day Special Schools	- 103
In Residential Special Schools	- 14
Awaiting Placement	- 5

During the year 26 children were ascertained physically handicapped and recommended for admission to a special school. The majority of the children had been placed in special schools by the end of the year. The Committee again included in its building programme provision for a Nursery Unit at St. Giles' School, and a decision from the Department of Education and Science was anxiously awaited. It is unfortunate that, at a time when all are agreed on the benefits to be obtained from nursery school education for the handicapped child, the Committee's wish to proceed with such provision has not yet been approved by the Department.

Reference has been made in previous Reports (1967 p. 43; 1968 p. 49) to the impact upon St. Giles' School of the increasing number of severely handicapped children, particularly those suffering from spina bifida. Whilst it is clear that St. Giles' School will be able to accommodate the actual number of children involved, providing admissions from other Authorities are restricted, the character of the school must change in some important respects. A reorganised physiotherapy service at the school is already showing that dramatic improvements in mobility are possible with modern techniques, but it remains true that the total amount of severe physical handicap in the school must increase. During 1969 the Deputy Principal School Medical Officer (Dr. J.S. Horner) visited St. Giles' School to talk to all the professional staff about the condition known as spina bifida. On the basis of the study currently being undertaken by the Research and Intelligence Unit of the Greater London Council, Dr. Horner estimated that there would be between 35 and 40 children suffering from spina bifida at the school by 1979, with an additional 10 children in the proposed nursery unit. All of these children will be too severely physically handicapped to cope in an ordinary school, at least in the early stages of their education, and a significant proportion may also be educationally subnormal. These figures do not suggest - as some specialists have alleged - that schools for the physically handicapped will be unable to cope with the numbers involved, but they do indicate the extent of structural alterations and changes in teaching techniques which will be necessary during the next five years.

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 marked by a considerable change in the school population. Seventeen pupils left to employment or further education; twenty pupils transferred to other schools and three pupils died. There were thirty-one admissions during the year, the majority being heavily handicapped children of infant age

The following are the main handicaps in the school at present:—

	Boys	Girls	Total
Cerebral Palsy	22	10	32
Asthma	17	8	25
Spina Bifida	8	11	19
Epilepsy	3	8	11
Congenital Heart Disease	4	4	8
Muscular Dystrophy	6	-	6
Fibrocystic Disease	2	3	5

The rising incidence of Spina Bifida cases, now the second largest group of physically handicapped in the school, is changing the character of the school. Already alterations have been made to existing lavatory arrangements to cater for the increased number of wheelchairs, and the medical staff and infant teachers are hard pressed to deal with the heavy demands made by these children.

The estimate of approx. 40 spina bifida cases in the school by the mid seventies poses many problems. There is already congestion in the corridors and lavatories with the present number of wheelchairs. The possibility of double the number of chairs calls for considerable modifications within the school. Furniture and fittings throughout the school will need adapting to suit wheelchair cases. Additional auxiliary staff will be necessary to deal with the problem of movement of children and adequate transport arrangements will have to be made. It is urgent that plans be made now to deal with these problems in order that further obstacles are not placed in the already difficult lives of these children.

During the year routine medical examinations were held by Dr. Thelma Wield and 338 children were seen, 139 parents being present. Specialist medical examinations were held by Mr. MacQueen who saw 20 children, 18 parents being present; Dr. Fanthorpe, who saw 33 children, 17 parents being present and Dr. Robson who saw 20 children, 19 parents being present. The arrangements for the medical examinations and the keeping of detailed records were made by Sister and her staff in addition to dealing with routine medical matters and 46 major epileptic fits.

The Physiotherapy Department augmented to three full time members has done first class work during the year. 37 chest cases, 26 cerebral palsy, 15 spina bifida, 5 muscular dystrophy and 14 miscellaneous cases were treated. A total of 10,904 treatments being given.

Speech Therapy has continued to be given and 1,325 treatments were given, 31 initial assessments made and 25 cases under review.

PUPILS SUFFERING FROM A SPEECH DEFECT

In Day Special Schools or Units - 15

Two children were ascertained in this category during 1969, and both of them were admitted to the Special Unit at West Thornton Primary School. A critical review of the progress of this Unit was made by senior members of the two Departments to determine what lessons had been learned from this experimental approach since its inception in 1966. It was clear that the character and purpose of the Unit had shown a distinct change; the exclusion of severe articulatory disorders could no longer be justified, and admission should depend in future upon the child's need for - and the ability to profit from - the intensive speech therapy programme, often involving twice daily treatment. On the teaching side, the wide age range, together with the varying type and severity of the speech problem presented an unreasonable task for a single teacher, and additional teaching assistance was sought during the year. The review again demonstrated the considerable financial advantage of a day unit, and the steady stream of visitors from other Authorities indicates the extent of the interest which the unit has attracted.

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

Unit for Speech Disordered Children, West Thornton Primary School

During the year three children have left the Unit to return to normal Primary Schools, and one has gone to a Secondary School. Four new children have been admitted, so the full compliment of twelve children has been maintained.

At present there are three children in the Unit whose spoken language is limited to a few isolated words. These three have severe difficulty in understanding spoken language. Two others have some speech but are often difficult to understand, four have a fair amount of speech and two have practically normal speech. These two are working happily in Junior Classes, only returning to the Unit for speech therapy. Three others spend limited periods in Junior Classes, and all the children join with other classes for P.E. and dancing.

The kindness of the Staff and children at West Thornton is a great factor in the growing confidence and ability of the children in the Unit.

The group of children now in the Unit range from 5 - 10 years old, and present a very wide range of ability as well as a variety of learning difficulties. This disparity presents a very real problem if each child is to be fully extended and not merely contained in the Unit. The speech therapists and teacher are increasingly aware of the necessity of working together on a structured language programme designed to meet the needs of each child. Programmed learning techniques are beginning to be used as a means to more effective learning and better use of available teaching time.

Miss Fenn left to continue her studies at Cambridge. The staff and children at West Thornton enjoyed her stay. Miss Evans has returned after a twelve month absence on a Course and Staff and children welcome her and are glad that she has decided to return here.

DELICATE PUPILS

In Day Special Schools - 35

In Residential Special Schools - 7

During the year three children were found to be delicate and admitted to a suitable special school, and both this number and the total number of children thought to require special educational treatment in this category are the lowest yet recorded in Croydon. It is clear that from a purely medical point of view this category is no longer necessary.

Children who are now brought forward as "delicate" present a variety of medico-social and medico-educational problems. Two factors consistently emerge; firstly frequent absence from school usually for real or assumed medical reasons, and secondly considerable educational retardation often associated with below average ability bordering on educational subnormality. Clearly most of these children cannot cope in an ordinary school, so that special educational treatment is indicated. The real problem is the type of special education which should be provided. Even when medical factors are prominent the children rarely require regular medical treatment. Some might benefit from the regime of the former open air schools but as Dr. Thelma Wield has pointed out, there is no open air school in Croydon. The considerable building alterations at St. Giles' School, and the influx of large numbers of heavily handicapped children have resulted in a school better suited to the needs of the latter than to the non-handicapped child who is not making the anticipated progress in an ordinary school. Moreover, whilst remedial teaching facilities at St. Giles' School have been developed to a high level to meet the multiplicity of handicaps from which the children increasingly suffer, it would clearly be wrong to regard the school as a remedial teaching unit for the education of any slow learning child whose height or weight happened to fall below the mean. Children are sometimes put forward for consideration in this category when the level of intelligence falls within the range associated with educational subnormality, and it is difficult to understand why a school for the delicate rather than a school for the educationally subnormal is suggested in such cases.

Nevertheless the very presence of children who are put forward for consideration as delicate indicates that they represent a group of children who do not seem able to benefit from the facilities available in an ordinary school. The number of such children is almost certainly greater than the number currently categorised as delicate. Whether such children will become more or less common as larger units of secondary education are developed is a question which the School Health Service must continue to observe. Equally, the question whether such children should be transferred to a new type of special school along with other groups of apparently normal children with learning difficulties, or whether they should be encouraged to attend more regularly an ordinary school where increased teaching and social work support are available, raises much wider policy issues.

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 14 children were recommended for home tuition, and a further one child was already receiving such tuition.

UNSUITABLE FOR EDUCATION IN SCHOOL

Twenty-three children were ascertained as unsuitable for education in school under Section 57 of the Education Act, 1944 (as amended by the Mental Health Act, 1959). Of these children 13 had never previously attended a maintained school, and 9 had failed to make progress despite a prolonged trial at a special 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.

Three children who had been ascertained previously as unsuitable for education in school were reviewed under Section 57A of the Education Act, 1944 (as amended). In one case it was found that the child was still unsuitable for education in school, but the other two children had made some improvement and were recommended for a trial at an E.S.N. School. The Committee therefore concluded that the children were now suitable for education in school, and varied the previous decisions accordingly.

1954	1,168	1,168	1,168	1,168	1,168
1955	1,211	1,211	1,211	1,211	1,211
1956 and earlier	1,819	1,819	1,819	1,819	1,819
TOTAL	4,198	4,198	4,198	4,198	4,198

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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 1970, as in Forms 7, 7M, and 11 Schools

52,618

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

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.	(5)	(6)	(7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	295	291	4	4	33	36
1964	3,542	3,536	6	133	473	565
1963	1,705	1,705	-	91	284	347
1962	267	266	1	9	50	55
1961	2,224	2,221	3	174	365	479
1960	2,218	2,218	-	190	363	517
1959	721	721	-	84	124	184
1958	411	411	-	39	73	102
1957	2,497	2,497	-	272	482	695
1956	1,168	1,168	-	136	236	346
1955	1,511	1,511	-	175	264	394
1954 and earlier	1,819	1,819	-	299	370	599
TOTAL	18,378	18,364	14	1,606	3,117	4,319

Column (3) total as a percentage of Column (2)
total99.92%

Column (4) total as a percentage of Column (2)
total 0.08%

TABLE B - OTHER MEDICAL INSPECTIONS

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

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

Number of Special Inspections	...	...	...	...	...	995
Number of Re-inspections	...	...	...	...	...	3,674
					<i>Total</i>	<u>4,669</u>

TABLE C - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	39,509
(b) Total number of individual pupils found to be infested	...	...	...	...	...	334
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)						2
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)						Nil

PART 2

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR 1969**

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN	T	108	393	684	1185	18
	O	83	52	117	252	6
EYES - (a) Vision	T	228	474	904	1606	66
	O	498	129	719	1346	48
(b) Squint	T	117	12	119	248	13
	O	17	3	10	30	2
(c) Other	T	25	3	27	55	4
	O	22	8	13	43	3
EARS - (a) Hearing	T	68	25	119	212	20
	O	232	10	129	371	10
(b) Otitis Media	T	46	7	37	90	6
	O	168	13	78	259	4
(c) Other	T	7	-	13	20	-
	O	24	5	26	55	1
NOSE AND THROAT	T	133	34	184	351	13
	O	465	44	402	911	39
SPEECH	T	78	8	46	132	21
	O	102	4	54	160	13
LYMPHATIC GLANDS	T	9	1	9	19	1
	O	55	2	49	106	4
HEART	T	23	24	44	91	1
	O	88	30	103	221	9
LUNGS	T	56	36	119	211	6
	O	115	9	68	192	9
DEVELOPMENTAL - (a) Hernia	T	9	4	17	30	1
	O	25	2	16	43	4
(b) Other	T	37	59	149	245	15
	O	123	65	364	552	23
ORTHOPAEDIC - (a) Posture	T	10	10	18	38	3
	O	17	21	59	97	1
(b) Feet	T	23	17	45	85	8
	O	58	43	108	209	8
(c) Other	T	35	17	76	128	7
	O	96	26	123	245	9
NERVOUS SYSTEM - (a) Epilepsy	T	9	7	16	32	6
	O	11	2	15	28	1
(b) Other	T	38	5	36	79	11
	O	44	7	44	95	13
PSYCHO-LOGICAL - (a) Development	T	14	1	26	41	13
	O	66	5	48	119	24
(b) Stability	T	19	9	58	86	23
	O	142	16	169	327	31
ABDOMEN	T	22	7	25	54	6
	O	32	5	43	80	5
OTHER	T	16	6	31	53	5
	O	55	18	105	178	5

PART 3

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	7
Errors of refraction (including squint)	1058
Total	1065
Number of pupils for whom spectacles were prescribed	603

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	102
(b) for adenoids and chronic tonsillitis	420
(c) for other nose and throat conditions	-
Received other forms of treatment	111
Total	633
Total number of pupils still on the register of schools at 31st December 1969, known to have been provided with hearing aids:-	
(a) during the calendar year 1969	4
(b) in previous years	87

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients depts.	445
(b) Pupils treated at school for postural defects	50
Total	495

TABLE D - DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	17
Impetigo	4
Other skin diseases	90
Total	111

TABLE E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	268

TABLE F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	1067

TABLE G - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	1464
(b) Pupils who received convalescent treatment under School Health Service arrangements	12
(c) Pupils who received B.C.G. vaccination	3002
(d) Other than (a), (b) and (c) above, Please specify	
(1) Audiology	39
(2) Enuresis	289
(3) Overweight Clinics	212
(4) Consultant for Speech Disorders	40
Total (a) - (d) ...	5058

APPENDIX B - TREATMENT CLINICS

Summary of Attendances

	1969	1968	Increase or Decrease
Audiology Clinic	197	221	- 24
Dental Clinics	25,000	24,679	+ 321
Enuresis Clinics	1,068	1,060	+ 8
Eye Clinics	1,179	1,096	+ 83
Inspection Clinics	1,007	728	+ 279
Minor Ailments and Verruca Clinics	9,714	9,808	- 94
Physiotherapy Clinics	3,434	3,162	+ 272
Weight Control Clinics	920	783	+ 132
	42,519	41,542	+ 977

AUDIOLOGY CLINIC

Numbers attending Croydon Day Schools and Pre-School Children

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

Pre School Pupils	...	...	...	...	...	...	...	...	14
Primary School Pupils	...	...	...	...	...	...	...	...	27
Secondary School Pupils	...	...	...	...	...	...	...	...	Nil
<i>Total</i>	...	...	...	...	...	...	...	...	<u>41</u>

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

(a) Tested for the first time	...	...	...	...	...	...	...	...	342
(b) Tested as a review case	...	...	...	...	...	...	...	...	309
<i>Total</i>	...	...	...	...	...	...	...	...	<u>651</u>

Auditory Training

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

(a) At the Audiology Clinic	...	...	...	...	...	...	...	...	197
(b) At home	...	...	...	...	...	...	...	...	135
<i>Total</i>	...	...	...	...	...	...	...	...	<u>332</u>

Sweep Testing of Five Year Old School Entrants

Number of schools visited	...	...	...	...	...	...	...	...	65
Number of children tested	...	...	...	...	...	...	...	...	7,096
Number of children passed	...	...	...	...	...	...	...	...	5,702
Number of children failed	...	...	...	...	...	...	...	...	632
Number of children to be re-tested	...	...	...	...	...	...	...	...	762
Number of children not tested (absent or unco-operative).	...	...	...	...	...	...	...	...	512

The failures were re-assessed as follows:

No hearing loss	...	...	...	...	...	...	...	...	126
Slight hearing loss	...	...	...	...	...	...	...	...	244
Moderate hearing loss	...	...	...	...	...	...	...	...	141
Moderately severe hearing loss	...	...	...	...	...	...	...	...	54
Severe hearing loss	...	...	...	...	...	...	...	...	4
Failed to keep appointments	...	...	...	...	...	...	...	...	31
Left district	...	...	...	...	...	...	...	...	20
Waiting to be tested	...	...	...	...	...	...	...	...	12
<i>Total</i>	...	...	...	...	...	...	...	...	<u>632</u>

Issue of Hearing Aids

(a) National Health Service 'Medresco' Aids	...	...	...	...	...	...	...	...	9
(b) Commercial aids bought by Croydon L.E.A.	...	...	...	...	...	...	...	...	1
<i>Total</i>	...	...	...	...	...	...	...	...	<u>10</u>

12 children under school age are using hearing aids.

DENTAL SERVICE

Items of Treatment

	1969	1968
(1) Number of children first inspected at school	36,569	36,561
(2) Number of children first inspected at clinic	5,463	4,897
(3) Number of (1) and (2) found to require treatment	21,808	21,149
(4) Number of (1) and (2) offered treatment	21,808	21,149
(5) Number re-inspected at school or clinic	5,902	5,314
(6) Number of (5) requiring treatment	3,315	2,738
(7) Visits - First	8,328	7,936
Subsequent	<u>16,672</u>	<u>16,743</u>
	25,000	24,679
(8) Additional courses commenced	894	1,195
(9) Fillings - Permanent	12,592	11,719
Deciduous	<u>8,016</u>	<u>6,706</u>
	20,608	18,425
(10) Teeth Filled - Permanent	11,322	10,515
Deciduous	<u>7,182</u>	<u>6,105</u>
	18,504	16,620
(11) Extractions - Permanent	1,646	1,776
Deciduous	<u>3,467</u>	<u>3,203</u>
	5,113	4,979
(12) General Anaesthetics	1,702	1,772
(13) Emergencies	1,172	1,167
(14) X-Rays (Number of patients)	1,209	1,101
(15) Prophylaxis	951	1,075
(16) Teeth otherwise conserved	1,065	1,265
(17) Teeth root filled	110	82
(18) Inlays	8	42
(19) Crowns	58	63
(20) Other operations	4,529	3,698
(21) Advice	1,373	1,489
(22) Appointments not kept	7,982	7,187
(23) Courses of treatment completed	7,473	7,551

(24) Orthodontics -	1969	1968
Cases remaining from previous year	241	514
New cases commenced during year	240	214
Cases completed during year	157	208
Appliances - Removable	462	488
Fixed	31	63
(25) Number of dentures supplied	37	31
(26) Number of sessions - Treatment	3,262	3,195
Inspection	358	339
Dental Health Education	8	6

EYE CLINICS

PURLEY, SANDERSTEAD AND ADDINGTON

No. of New cases examined	813
No. of Re-examinations	366
Total number of examinations	1,179
No. of children for whom spectacles were prescribed	496

On 31st December 1969 the number of:-

(1) New Cases referred but not yet examined was	28
(2) Children due for review in 1969 and still awaiting re-examination was	50

MINOR AILMENTS CLINICS

Clinic	Defects	Attendances
Ashburton School	323	1,610
Lodge Road	202	1,886
New Addington	308	1,929
Norbury Manor School	46	295
Purley	88	615
Rectory Park	145	1,007
Rockmount School	83	931
Waddon	269	1,441

MINOR AILMENTS CLINICS (continued)

Defects	1969			1968		
	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	1	1	1.0
Impetigo	4	6	1.5	5	10	2.0
Other Skin Diseases	90	240	2.7	47	136	2.9
Otorrhoea and other Ear defects	2	3	1.5	6	12	2.0
External Eye defects	7	19	2.7	6	23	3.8
Verrucae	821	6,774	8.3	883	6,962	7.9
Miscellaneous	539	2,671	5.0	421	2,661	6.3
TOTALS	1,464	9,714	6.6	1,371	9,809	7.2

PHYSIOTHERAPY CLINICS

Total number of pupils treated	589
Total number of new cases	224
Total number of Orthopaedic conditions	377
Total number of Respiratory conditions	212
Individual treatments	467
Number of classes	187

SPEECH CLINICS

Total number of cases treated during 1969	1,067
Number of new cases	90
Number of cases discharged	343
Number of reviews	716
Treatment sessions	8,946

APPENDIX C

RETURN OF MEDICAL INSPECTIONS - NON-MAINTAINED SCHOOLS

A. Routine Medical Inspections

	Year 1969	Year 1968
Aged 11 and under	4	-
12	129	60
13	55	37
14	74	54
15 and over	169	181
<i>Total Children</i>	<u>431</u>	<u>332</u>
Visits to non-maintained schools	29	23

B. The following defects were found

	Requiring Treatment	Observation
Skin	41	6
Vision	97	36
Squint	2	-
Hearing	4	2
Otitis Media	1	1
Nose and Throat	12	8
Speech	1	-
Cervical Glands	-	1
Heart and Circulation	-	5
Lungs	-	2
Development (Other)	20	16
Posture	4	6
Flat Foot	20	4
Other	12	12
Nervous System	1	2
Psychological	2	5
Other Defects	16	11

C. Other Inspections

There were 5 Special Medical Inspections and 66 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 1969

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
All Saints (C. of E.) J.M. ...	250	52	27	79
All Saints County I. ...	222	28	43	71
Applegarth J.M. ...	471	60	55	115
Applegarth I. ...	339	68	73	141
Ashburton J.M. ...	541	75	68	143
Ashburton I. ...	346	71	55	126
Atwood J.M. & I. ...	340	50	63	113
Beaumont J.M. & I. ...	183	28	27	55
Benson J.M. & I. ...	567	94	94	188
Beulah J.M. ...	481	67	71	138
Beulah I. ...	400	106	85	191
Byron J.M. & I. ...	316	52	45	97
Castle Hill J.M. ...	565	61	73	134
Castle Hill I. ...	442	123	114	237
Chipstead Valley J.M. & I. ...	528	81	92	173
Christ Church (C. of E.) J.M. & I. ...	255	42	56	98
Coulsdon (C. of E.) J.M. & I. ...	141	26	27	53
Courtwood J.M. & I. ...	153	32	22	54
Cypress J.M. ...	263	52	15	67
Cypress I. ...	249	44	48	92
David Livingstone J.M. & I. ...	258	43	36	79
Davidson I. ...	154	30	25	55
Duppas J.M. ...	320	42	51	93
Ecclesbourne I. ...	193	31	27	58
Elmwood J. Boys ...	286	80	-	80
Elmwood J. Girls ...	333	-	133	133
Elmwood I. ...	401	53	72	125
Fairchildes J.M. ...	456	56	56	112
Fairchildes I. ...	319	63	67	130
Field Way J.M. & I. ...	276	39	49	88
Gilbert Scott J.M. ...	657	80	72	152
Gilbert Scott I. ...	413	49	62	111
Gonville J.M. & I. ...	506	64	93	157
Good Shepherd (R.C.) J.M. & I. ...	399	83	75	158
Gresham J.M. & I. ...	344	68	57	125
Hayes J.M. & I. ...	384	74	69	143
Howard J.M. & I. ...	269	52	40	92
Kenley J.M. & I. ...	299	52	39	91
Kensington Avenue J.M. ...	510	69	54	123
Kensington Avenue I. ...	300	58	60	118
Keston J.M. ...	369	46	36	82
Keston I. ...	253	85	78	163
Kingsley J.M. ...	520	95	53	148
Kingsley I. ...	354	95	69	164
Margaret Roper (R.C.) J.M. & I. ...	259	38	55	93
Monks Orchard J.M. & I. ...	391	57	63	120
Norbury Manor J.M. ...	427	67	46	113
Norbury Manor I. ...	304	51	61	112
Orchard Way J.M. & I. ...	130	7	1	8
Oval J.M. ...	336	44	68	112
Oval I. ...	193	47	35	82
Parish Church (C. of E.) J.M. ...	291	43	29	72
Parish Church (C. of E.) I. ...	220	47	80	127
Park Hill J.M. ...	256	43	43	86
Portland I. ...	128	20	29	49

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Purley Oaks J.M.	347	48	45	93
Purley Oaks I.	241	58	59	117
Regina Coeli (R.C.) J.M. & I.	368	39	67	106
Ridgeway J.M.	351	35	40	75
Ridgeway I.	216	55	43	98
Rockmount J.M.	316	30	43	73
Rockmount I.	251	68	76	144
Roke J.M. & I.	381	66	47	113
Rowdown J.M.	388	46	51	97
Rowdown I.	394	69	65	134
St. John's (C. of E.) J.M. & I.	307	39	34	73
St. Joseph's (R.C.) J.M. & I.	506	67	44	111
St. Mark's (C. of E.) J.M. & I.	244	34	44	78
St. Mary's (R.C.) J.M.	302	59	68	127
St. Mary's (R.C.) I.	228	33	36	69
St. Michael's (C. of E.) I.	95	29	12	41
St. Peter's J.M. & I.	252	35	32	67
Selsdon J.M. & I.	590	115	96	211
Smitham J.M. & I.	442	67	55	122
South Norwood J.M.	485	54	64	118
South Norwood I.	352	90	107	197
Spring Park J.M.	485	120	103	223
Spring Park I.	311	61	55	116
Sydenham J.M.	271	42	57	99
Sydenham I.	222	51	45	96
Thomas Becket (R.C.) J.M. & I.	288	47	63	110
Toldene J.M. & I.	250	41	32	73
Waddon I.	238	55	44	99
Wattenden J.M. & I.	156	23	25	48
West Thornton J.M. & I.	412	64	70	134
Whitehorse Manor J.M.	499	38	63	101
Whitehorse Manor I.	360	59	57	116
Winterbourne J. Boys	440	184	-	184
Winterbourne J. Girls	442	-	103	103
Winterbourne I.	420	77	83	160
Wolsey J.M.	548	73	59	132
Wolsey I.	400	87	46	133
Woodcote J.M.	343	101	49	150
Woodcote I.	278	51	75	126
Woodside J.M.	524	119	123	242
Woodside I.	284	56	65	121
TOTAL	32,787	5,572	5,377	10,949
SPECIAL SCHOOLS				
St. Christopher's (E.S.N.) Mixed	241	32	28	60
St. Giles' (Del. & P.H.) Mixed	156	87	69	156
St. Luke's (Partially Sighted) Mixed	16	10	5	15
TOTAL	413	129	102	231
NURSERY SCHOOLS				
Coulsdon	50	12	9	21
Crosfield	56	28	28	56
Purley	42	25	17	42
TOTAL	148	65	54	119

Secondary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Archbishop Tenison (C. of E.) Mixed	376	62	59	121
Ashburton Boys	652	256	-	256
Ashburton Girls	602	-	279	279
Coloma (R.C.) Girls	627	-	184	184
Croydon Sec. Technical Boys	353	108	-	108
Davidson Mixed	434	91	75	166
Ecclesbourne Girls	395	-	192	192
Fairchildes Boys	631	268	-	268
Fairchildes Girls	570	-	232	232
Heath Clark Mixed	782	114	127	241
Ingram Boys	587	248	-	248
John Newnham Mixed	529	114	106	220
John Ruskin Boys	628	178	-	178
Lady Edridge Girls	509	-	163	163
Lanfranc Boys	567	269	-	269
Lanfranc Girls	447	-	96	96
Norbury Manor Boys	418	162	-	162
Norbury Manor Girls	478	-	193	193
Our Lady's (R.C.) Girls	160	-	68	68
Overbury Mixed	737	144	136	280
Portland Mixed	433	97	79	176
Purley Boys	612	176	-	176
Purley Girls	603	-	161	161
Riddlesdown Mixed	839	203	137	340
St. Andrew's (C. of E.) Mixed	261	60	59	119
St. Mary's (R.C.) Mixed	443	86	75	161
Selhurst Boys	591	175	-	175
Selhurst Girls	540	-	161	161
Shirley Mixed	670	125	146	271
South Croydon Mixed	570	131	97	228
Stanley Technical Boys	340	120	-	120
Tavistock Boys	371	161	-	161
Tavistock Girls	289	-	148	148
Taunton Manor Mixed	497	112	112	224
Thomas More (R.C.) Mixed	561	132	109	241
Westwood Girls	483	-	174	174
Woodcote Mixed	685	133	123	256
TOTAL	19,270	3,725	3,491	7,216

CASES OF INFECTIOUS DISEASES AS NOTIFIED BY HEAD TEACHERS

<i>Disease</i>	<i>1969</i>	<i>1968</i>	<i>1967</i>
Chicken Pox	721	841	1,320
Conjunctivitis	14	3	16
Diphtheria	-	-	-
Gastro-Enteritis	9	12	4
German Measles	485	477	863
Impetigo	46	10	12
Jaundice	22	37	2
Measles	506	75	1,201
Mumps	1,295	135	806
Non-Specific Diarrhoea including Dysentery	551	615	573
Non-Specific Vomiting	43	98	115
Other Diseases	553	246	47
Poliomyelitis	-	-	-
Ringworm or Vermin	Body	3	-
	Scalp	2	1
Scabies	13	2	1
Scarlet Fever	87	96	167
Sore Throat including Tonsillitis	112	72	11
Whooping Cough	19	21	175
TOTALS	4,477	2,749	5,314

WORK OF THE SCHOOL HEALTH VISITORS AND NURSES

Home Visits re pupils	2,723 visits
Social/Welfare visits to Schools	354 "
Minor Ailments	1,108 sessions
Hygiene	551 "
Pre-Medicals	1,067 "
Routine Medical Inspections	1,322 "
Follow-up	8 "
Contagious and Infectious Diseases	5 "
Immunisation	68 "
Health Survey	30 "
Health Education	423 "
Enuresis Clinics	71 "
Eye Clinics	86 "
Inspection Clinics	69 "

APPENDIX E

LIFE

YOUR LIFE IN YOUR HANDS
COMMUNITY HEALTHScheme of Work for Secondary School Children (Age 14+ years)

- AIMS**
1. To give the children a greater understanding of their own development.
 2. To enlarge their understanding of external influence on growth and behaviour.
 3. To emphasise the individual's responsibility for his own behaviour and its possible effects on other people.

One unit can be a double period or can be expanded - depending on the demands of the timetable and the ability of the pupils. At the end of each unit themes which could be developed as project work and the type of normal subject with which they link are suggested.

Visits to clinics, training centres for the mentally handicapped, Old People's Homes, Housing Estates, Sewage Works, etc., are all interesting practical background for the course.

Information about reference books, leaflets, films, slides and posters is available from the Health Education Section, Health Department, 3rd Floor Room 18, Taberner House, Park Lane, Croydon, CR9 3BT. Telephone 686-4433 Ext. 2128.

UNIT 1 *Growth and Development (1)*
From Conception to One Year

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

Some Suggested Visual Aids

Flannelgraph or plastigraph of somatotypes.

Flannelgraph or plastigraph of heredity.

Growth Charts.

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

Themes for Follow-up Discussion

(a) The role of parents.

The unmarried mother, How does she cope alone?

What services are available to help her?

(Religious instruction, English literature)

(b) The relationship between children and their parents.

Consider (1) The unwanted child.

(2) Children in homes.

(3) Adoption.

(4) Foster children.

(Social history, Religious instruction,
English literature)

UNIT 2 *Growth and Development (2)*

The Basis of Adulthood - The First Eleven Years

(a) Physical growth and development.

(b) The formation of personality and growth of social awareness.

(c) The influence of environment and nutrition.

Some Suggested Visual Aids

Growth Charts.

Selection of slides from filmstrips:—

"Nutritional Values") from: Camera Talks Ltd.,

"The food We Eat") 31, North Row (Park Lane,)

"The Story of Vitamins") London, W.1.

"Nutrition for Athletes" from: Diana Wyllie Ltd.,
3, Park Road, London, N.W.1.

Films:

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

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

OR "The Sociable Sixes to Noisy Nines" Sound, Colour, Runs 21
minutes.

from: The Central Film Library, Government Building, Bromyard
Avenue, London, W.3.

OR "The Way to Independence" Silent, Black and White, Runs 5
minutes.

from: The Health Education Council, 10-12, Russell Square, London,
W.C.1.

Themes for Follow-up Discussion

(a) Physical development - different parts of the body grow at
different rates.

(Mathematics, Biology, Chemistry)

(b) Nutritional needs.

(Domestic Science. Geography)

(c) Home accidents. Vulnerability at different ages.

(Needlework. Making baby and toddler clothes using flare-free materials)

(d) The importance of the family unit, security, love and encouragement of independence.

(Religious instruction. English literature)

(e) The effect of housing on personality. Does living in city, town, village or country have an effect?

(English literature. Geography. Art. History. Religious instruction.)

(f) Compare and contrast family units in other cultures with those in this country.

(g) *Practical work:* Helping with children in play groups, day nurseries and Local Authority toddler clinics.

UNIT 3 *Growth and Development (3)*

Puberty

(a) Brief outline of physical growth and development.

(b) The development of emotional maturity leading to expanding independence and increasing personal responsibility for decisions on such health habits as:—

Overeating, Smoking, Dental Care, Care of the Feet.

Some Suggested Visual Aids

Growth charts

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

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

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

Themes for Follow-up Discussion

(a) What was the effect of the industrial revolution on the age of puberty.

(History. English literature)

(b) Compare individual growth rates.

(Mathematics)

(c) Should young people vote at 18 years?

(English literature. History)

(d) Is 16 too young for marriage? Compare periods and societies.

(English, History)

(e) Invite a young boy and girl at work to discuss some problems of entering adult society.

UNIT 4 *Growth and Development (4)*

The Process of Ageing

(a) The age of social responsibility

(b) The peak of achievement

(c) Slowing down

(d) The influence of the environment on the process of ageing.

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

Some Suggested Visual Aids

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

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

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

Filmstrips: "Care of the Aged" series from Camera Talks Ltd.,

31, North Row (Park Lane), London W.1.

Themes for Follow-up Discussion

(a) Changes in the parental role as children grow up and the changing role of children.

(Religious instruction, History, English literature)

(b) The working wife.

(Religious instruction, History, English literature)

(c) Should people prepare for retirement?

(Religious instruction, Domestic science, English literature)

(d) The problems of the elderly in their society.

Investigation of local services for the elderly.

(Social studies)

UNIT 5 *Health Hazards of Today*

Infectious Diseases (1)

(a) Natural and acquired immunity.

(b) Prevention, by vaccination or immunisation of:—

Poliomyelitis, Diphtheria, Whooping Cough, Tetanus, Measles, Smallpox and Tuberculosis.

(c) Discussion on attitudes to vaccination and immunisation procedures and reasons for co-operating with national campaigns.

Some Suggested Visual Aids

Flannelgraph illustrating the principles of immunity.

Selected slides from the filmstrips:

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

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

OR "Smallpox" Sound, Black and White, Runs 8 minutes
from: British Film Institute, 43, Lower Marsh, S.E.1.

Themes for Follow-up Discussion

- (a) Ancient beliefs about the causes of epidemics.
(History. Religious instruction.
English literature)
- (b) Old wives' tales which exist today about health.
(Biology. English literature.
Religious instruction.)
- (c) What health controls are there for travellers?
(Geography. English literature.
Social studies)

UNIT 6 Health Hazards of Today

Infectious Diseases (2)

Venereal Diseases:

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

Some Suggested Visual Aids

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

Filmstrip: "Venereal Diseases" (New strip in production) from
Health Education Council, 10-12, Russell Square, W.C.1.

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

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

Themes for Follow-up Discussion

- (a) Does knowledge affect personal behaviour?
(Biology. English literature.
Religious instruction)
- (b) Has moral behaviour really changed?
(English literature. History.
Religious instruction)

UNIT 7 *Health Hazards of Today*

Food Poisoning

- (a) Nature of the illness; effects on various age groups.
- (b) Methods of spread.
- (c) Smoking and food hygiene.
- (d) Individual responsibility in prevention.

Some Suggested Visual Aids

Flannelgraphs: Vicious Circle } from: Health Education
 Fighting Germs by degrees } Council, 10-12 Russell
 Chains of Infection } Square, W.C.1.

Selection of Slides from Filmstrips:

Food Hygiene } from: Camera Talks Ltd.,
 Meat Handling } 31, North Row, Park Lane,
 London, W.1.

Films: "Room for Hygiene" Sound, Colour, Runs 16 minutes.

from Unilever Film Library, Unilever House, Blackfriars, London,
 E.C.4. Culture Dishes.

Themes for Follow-up Discussion

- (a) The Physical and social effects of careless food handling, e.g. in home and school.
 (Domestic science. Biology. Mathematics)
- (b) How does the law safeguard people buying food in restaurants and shops.
 (Domestic science. Social studies)
- (c) Ways of preserving food.
 (Domestic science. Biology. Chemistry)
- (d) Design a school toilet block or kitchen unit in a private home.
 (Art. Domestic science. Woodwork. Mathematics)

UNIT 8 *Health Hazards of Today*

The Common Cold. Bronchitis.

- (a) The effects of absenteeism on work, society, economy.
- (b) The direct causes.
- (c) Predisposing factors e.g.
 Effects of irritants such as Dust, Atmospheric fumes (smog),
 Smoking, overcrowding.
- (d) The Clean Air Acts.
- (e) The individual's responsibility in controlling his own environment.

Some Suggested Visual Aids

Selection of slides from filmstrips:

"Bronchitis" } from Camera Talks Ltd., 31, North Row, Park Lane,
 "Clean Air" } W.1.
 "Cures and Colds" from Pfizer Ltd., Sandgate Road, Folkestone,
 Kent.

Themes for Follow-Up Discussion

- (a) How does industry protect its workers?
 - (b) Study the design of a new town. What have planners tried to do?
Compare with a 19th Century town.
(Geography. History)
 - (c) Why do young people smoke?
(English literature. Religious instruction)
-

UNIT 9 *Health Hazards of Today*

What is Cancer?

- (a) The nature of the disease.
- (b) Warning signs, early detection and treatment.
- (c) Predisposing factors.
- (d) Smoking and health.

Some Suggested Visual Aids

Selection of slides from filmstrips:

- | | |
|--|--|
| "Cancer"; "The Problem of Lung Cancer";
"How to give up Smoking";
"Cigarettes and You" | } from: Camera Talks Ltd.,
31, North Row, Park Lane,
W.1.
Central Office of
Information. |
|--|--|

Films:

- "Smoking and You" Sound, Colour Runs 11 minutes
- "The Smoking Machine" Sound, Colour, Runs 16 minutes (for
Younger children)
- "Dying for a Smoke" (Cartoon) Sound, Colour, Runs 10 minutes
from: Central Film Library, Government Building, Bromyard
Avenue, W.3.

Themes for Follow-up Discussion

- (a) Construct a simple cigarette smoking machine.
Collect and measure the amount of tar from a set number of
cigarettes.
(Biology. Chemistry. Mathematics)
 - (b) Trace the history and conquest of a former chronic illness such as
tuberculosis.
(Biology)
-

UNIT 10 *Health Hazards of Today*

Addiction

Alcohol and Drugs

- (a) The effects on the body.
- (b) The social aspects at home and abroad.
- (c) The effects of addiction in the family group.

Some Suggested Visual Aids

Films: "To Your Health" Sound, Colour, Runs 10 minutes from:
Central Film Library, Government Building, Bromyard Avenue,
W.3.

OR "Alcohol and the Human Body" Sound, Black and White, Runs
15 minutes, from: Rank Film Library, 1, Aintree Road, Perivale,
Greenford, Middlesex.

OR "Drugs and the Nervous System" Sound, Colour, Runs 18
minutes, from: Boulton-Hawker Films Ltd., Hadleigh, Ipswich,
Suffolk.

Themes for Follow-up Discussion

(a) Discuss different types of dependence throughout history.
(History, English literature)

(b) What is black market?
(History, Social studies)

(c) Investiage the effect of caffeine (by drinking strong coffee) on
such things as pulse rate and mental alertness e.g. as measured by
the time taken to add up a column of figures.
(Mathematics, Biology, Science)

(d) Are patent medicines really necessary? Collect advertisements of
patent medicines and drugs and try to find out which part of the
body they will affect.
Which are in common use by the pupils themselves or their families?
(Biology, Science)

(e) How do mature people cope with their problems?
Are drugs and alcohol really necessary?
(Religious instruction, English
literature, History)

UNIT 11 The Health Services

(a) General Structure.

(b) The prevention of disease and health education.

(c) How the individual can use the services properly.

N.B. It is suggested that schools invite a member of the Public Health
Department to give this talk.

Some Suggested Visual Aids

Films: "Your Very Good Health" Sound, Colour (Cartoon) Runs 9 minutes.
from: Central Film Library, Government Buildings, Bromyard Avenue, W.3.
"Health Services in Britain" Sound, Black and White, Runs 14
minutes from: Central Film Library, Government Buildings,
Bromyard Avenue, W.3.

Slides: From local Health Department.

Themes for Follow-up Discussion

- (a) Trace the claim for service involved if a young mother with young children is admitted to hospital for a planned operation.

(Social studies. History)

- (b) Collect information about the blood transfusion service and find out the cost of a pint of blood.

Visit a blood donation centre • try to discover blood group.

Volunteer to help with making and distributing tea to donors.

(Social studies. Biology. Science)

- (c) How can the health and welfare services enable a handicapped person to live an independent, useful and happy life? Design and make a useful aid for a handicapped person.

(Social studies. Geography. Art.
Woodwork)

- (d) Study the local environment. On a large-scale map plot the child health centres, day nurseries, family planning clinics, hospitals, old people's homes, open spaces or parks, doctors' surgeries and other services

(Geography, Social studies. History.)

UNIT 12 *What is a Family?*

Discussion on:—

- (a) The status and role of individual members of a family group.
- (b) Human relationships within the family
- (c) The importance of family attitudes and prejudices on the individual.
- (d) Influences from groups outside the family on the attitudes and prejudices on the individual.
- (e) Outside influence and attitudes acquired by the individual and their effect on the family.

Some Suggested Visual Aids

Film: "Chain Reaction" Silent, Black and White, Runs 15 minutes from:
Health Education Council, 10-12 Russell Square, London, W.C.1.

UNIT 13 *The Family and the World*

- (a) World Health and Population
- (b) The economy of health

Some Suggested Visual Aids

Photographs

Maps

Charts and Statistics

Themes for Follow-up Discussion

(a) Family customs • as related to race, religion and nationality.

(b) Invite a foreign student to talk about his country.

(c) Arrange a school debate on the problems of

(i) World Aid

(ii) Integration of races

(d) Contact Oxfam (or similar organisation) and help with a project.

(e) Compare the problems of families in underdeveloped countries with families in this country.

(Geography, History, English

literature, Religious instruction)

(f) How can food production be increased?

(Biology, Geography, Chemistry)

APPENDIX F

St. James' House

Hilary R.G. Lennox, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.

St. James' House was opened in September 1968 as a special reception and education centre for immigrant children.

The centre caters for the following children -

- (a) those of school age, newly arrived in the U.K. who have not previously attended school;
- (b) those of school age who have come to Croydon, having recently arrived in the U.K., having attended a British school for less than one term.
- (c) those of 5 years of age who arrived in the U.K. after their first birthday.

The children registered at St. James' House are interviewed with a parent by the Advisor to the Centre, so that their educational attainments can be assessed and the children placed, as soon as possible, in a suitable local school. Most children stay at the Centre for only a short time. Pupils of secondary age are interviewed by Inspectors to determine the type of secondary school to which they should be admitted. The aim of St. James' House is to give, where necessary, immigrant children the simple rudiments of the English language before they are admitted to school.

Children who have been registered at the Centre are called back there for a routine medical examination at the earliest opportunity. It is usual for a parent to be present at the medical so that any problems arising can be discussed with the Medical Officer, and appropriate advice given, e.g. Specialist and/or General Practitioner referral, immunisations needed, etc. Ten children are sent for each session, this being fewer than at routine medical inspections at local schools. The presence of the parent gives the child confidence, and the longer time given for each appointment enables the Medical Officer to obtain as full a medical history as possible, as well as time to explain how the necessary referrals will be undertaken.

Between October 1968 and December 1969, 377 children between the age of 5 and 16 were medically examined. The numbers are given in the table below, together with a summary of findings (see Table 4, page for comparison). The immigrant children have been divided into four groups on the basis of place of origin, as follows:-

European - includes those from Europe, North America, New Zealand, Australia, Canada.

Asian - includes those from Pakistan, India and Asian from African Continent.
British West Indies.

Others - includes Singapore, Burma, Africa, Middle East, Japan.

The summary of defects found at the Reception Centre 1968/69 does not include all those types of defects given in Table 4 because total numbers are small and only those defects showing numerical significance are given.

Summary of Findings - St. James' House 1968/69
(Percentage of Children Examined)

DEFECTS	ALL AGE GROUPS							
	EUROPEAN		ASIAN <i>India - Pakistan</i>		BRITISH <i>WEST INDIES</i>		OTHERS	
	48 Boys	50 Girls	69 Boys	60 Girls	60 Boys	45 Girls	25 Boys	20 Girls
Skin	6.3	6.0	2.9	5.0	8.3	-	4.0	-
Vision	8.3	30.0	18.9	26.6	20.0	24.4	12.0	25.0
Hearing	-	-	1.5	1.7	1.7	-	8.0	5.0
Nose and Throat	2.1	6.0	4.4	6.7	1.7	4.4	8.0	10.0
Heart and Circulation	-	2.0	5.8	-	3.3	-	4.0	-
Lungs	2.1	2.0	1.5	-	-	-	4.0	-
Stability	2.1	4.0	-	1.7	-	2.2	-	-

By comparison with 1969 local figures the following conclusions seem justified -

(i) Vision defects in all groups of female immigrants vary between 50% and 100% above the rates for locally born. West Indian and Asian boys also have a raised incidence of vision defects, but the proportion is lower.

(ii) Nose and throat defects in the "others" group is higher, whereas the West Indian is lower.

(iii) Heart defects in Asian boys show a marked excess, with slight rise in boys of West Indian and "other" groups.

(iv) Stability - with the exception of the European group, the proportion of defects is lower.

It must be noted that although these figures are of interest, in a survey of this number of children, no definite significance can be argued. A medical examination will reveal overt defects, e.g. vision and heart, but may not reveal others, e.g. chest defect, nervous system and psychological defects for which a history of symptoms is required. Many immigrant parents have limited English and therefore are not always able to give a history of symptoms; while others have only recently been re-united with their children, after several years of separation, and have a limited knowledge of their child's medical history, with the result that some problems may be overlooked at the medical inspection. This is probably the case with psychological development and stability, where difficulties become manifest later on.

At the medical examination the heights and weights of all the children are measured.

Bearing in mind that the number for each age in each group is small, it does appear that Asian children are smaller and less heavy than other groups, and that European children are taller and heavier.

Boys and Girls	European		Asian		B.W.I.		Others	
Ages in Years	Height	Weight	Height	Weight	Height	Weight	Height	Weight
5 & 6 years	44.4 in.	42.7 lb.	43.3 in.	39.4 lb.	43.5 in.	39.4 lb.	43.4 in.	41.9 lb.
7 & 8 years	49.6 in.	59.2 lb.	48.5 in.	49.4 lb.	49.4 in.	53 lb.	48.7 in.	51.7 lb.
9 & 10 years	53.5 in.	68.8 lb.	52.3 in.	60.8 lb.	51.7 in.	61.8 lb.	52.8 in.	67.6 lb.
11 & 12 years	57.7 in.	83.2 lb.	55.4 in.	70.7 lb.	56.5 in.	75.9 lb.	57.4 in.	75.5 lb.
13 & 14 years	61.5 in.	106.7 lb.	59.5 in.	86.7 lb.	61.4 in.	98.6 lb.	62.1 in.	105 lb.
15 & 16 years	65 in.	118.5 lb.	62.7 in.	102.3 lb.	63 in.	111.4 lb.	- - -	- - -

Since October 1969 the parents of all children from areas with endemic hookworm have been asked to co-operate by collecting a specimen for pathological examination.

66 requests were made for specimens and 44 were returned and examined with 7 positive results. Those with a positive result were notified and treatment arranged with their own general practitioner.

Of the stool specimens examined 29 were from children from British West Indies of which 5 were positive; 14 were from Asian children of which 2 were positive; 1 from Sierre Leone was negative; i.e. 16.3% were positive with parasitic infection.

The following results from the positive specimens are given below:—

(1) *Entamoeba coli* cysts found in 5 specimens.

(2) Hookworm ova found in 2 specimens.

(3) *Trichuris trichura* ova found in 1 specimen.

(4) *Giardia lamblia* cysts found in 1 specimen.

(5) *Hymenolepis nana* ova found in 1 specimen.

2 specimens had mixed infection - one contained (1) (2) (3) from B.W.I.

- one contained (1) (4) from Africa.

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Bearing in mind that the number for each age in each group is small, it does appear that Asian children are less heavy than other groups, and that European children are taller and heavier.

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LONDON BOROUGH OF CROYDON

ANNUAL REPORT

OF THE PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1969

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

This is the fifth Annual Report of the work of the School Health Service in the London Borough of Croydon, and I draw attention to some items of particular interest, which are covered in more detail in the Report itself.

Routine School Medical Inspections

It was possible to begin the centralization of Medical Record Cards for the former County Borough area. When completed this will facilitate variations in the present system of routine inspections, made necessary by the falling yield of defects being detected. Some of the disadvantages of the alternatives being used by other Authorities are noted. Despite these drawbacks it will be necessary to suggest changes to conform with current trends. Like many contemporary developments, the pressure for change comes from the providers and not the recipients of the service, for there were no demands for cessation from parents. Furthermore it will be observed that parents with children at private schools asked for the introduction of routine medical inspections. Basically it is yet again a problem of deciding how best to use scarce and expensive facilities in a manner which satisfies all concerned.

Personal Hygiene

It is disappointing that there were more cases of scabies and of ring-worm. Well established methods of control, which in recent years have been largely unnecessary, were re-applied, and should again prove fully effective.

Diseases of the Ear

The formerly dreaded mastoid infection has virtually disappeared, but a new middle ear condition, which causes partial deafness, has become more frequent. The special steps taken are described.

Handicapped Pupils

The building of a second school for E.S.N. pupils went forward, and in view of the lengthy waiting list for such facilities will be of great benefit. The pressure on the Child Guidance Clinic continued, and the decision to strengthen the School Psychological Service will be helpful. The building progress being made on the special school for maladjusted children suggests that it should be completed next year. It was disappointing that the Nursery Unit at the school for physically handicapped children could not be authorised by the Department of Education and Science. Handicapped children were accepted by the Health Committee for admission to Corporation Day Nurseries, but this was possible only by lengthening the already considerable waiting list for the central day nursery.

Immigrants

Originally no special facilities were provided but children were brought forward as soon as possible at routine school medical inspections. This was deliberate policy as we dealt with immigrant children on the same basis as those whose parents moved to Croydon from other parts of the British Isles. However, the establishment of a Reception Centre called for co-operation by the School Health Service, and immigrant children are now medically examined at this Centre. The Medical Officer concerned with this work has submitted a special report. It shows that on the whole the health of these children gave rise to no special problems.

Future of the School Health Service

Now that this is under discussion, the report which follows, covering the work of a single year, clearly emphasizes the continuing need for this service, however it is administered. That it has attained its present development in Croydon is a tribute to 65 years of local authority direction. If a different organisation is eventually to become responsible, it will have a high standard to maintain, and a record which it is unlikely to surpass.

In thanking members of the Committee for their usual support, and understanding, I would also express appreciation to members of the Education Department, Head Teachers and school staff, for much cordial and sympathetic assistance. Finally, Dr. Homer, responsible for day to day administration and the compiling of this Report, and the staff of the Department, have, as always, given of their best.

Yours faithfully,

S.L. WRIGHT,

Principal School Medical Officer.

PARTICULARS OF SCHOOL CLINICS

as at 31.12.1969

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

Clinic	Address
MINOR AILMENTS	DAILY A.M. Lodge Road, Broad Green Croydon. Parkway Clinic, New Addington. Waddon Clinic, Coldharbour Road, Waddon.
	MON. & THURS. IN TERM TIME Ashburton School, Shirley Road, Croydon.(a.m.) Rockmount School, Upper Norwood. (p.m.)
	WEEKLY Purley Clinic, Whytecliffe Road, Purley. (Wed. p.m.) Sanderstead Clinic, Rectory Park. (Fri. p.m.)
DENTAL	Lodge Road, Broad Green, Croydon. 206, Selhurst Road, South Norwood. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Shirley Road, Shirley, Croydon. Sanderstead Clinic, Rectory Park, Sanderstead. Waddon Clinic, Coldharbour Road, Croydon.
INSPECTION	ONE CLINIC APPROX. WEEKLY IN P.M. Lodge Road, Broad Green, Croydon. Purley Clinic, Whytecliffe Road, Purley. Parkway Clinic, New Addington.
	AS REQUIRED Ashburton School, Shirley Road, Croydon. Rockmount School, Rockmount Road, Upper Norwood. Waddon Clinic, Coldharbour Road, Croydon.
PHYSIOTHERAPY	Lodge Road Clinic Annexe, Lodge Road, Croydon. 47, St. James's Road, Broad Green, Croydon. Parkway Clinic, New Addington. Sanderstead Clinic, Rectory Park. Purley Clinic, Whytecliffe Road, Purley. Old Coulsdon Clinic, Coulsdon Road.
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. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead.
ENURESIS	Lodge Road, Broad Green, Croydon. (Weekly) TWICE MONTHLY Parkway Clinic, New Addington. (Monday p.m.) Purley Clinic, Whytecliffe Road, Purley. (Friday p.m.)

EYE	Purley Clinic, Whytecliffe Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead. Parkway Clinic, New Addington.
OVERWEIGHT	Public Health Department (Girls) and various schools and clinics (Boys) both on Friday a.m.

STAFF OF THE SCHOOL HEALTH SERVICE

*Medical Officers	... ..	11 (full-time)	(36.7%)
*Medical Officers	... ..	7 (part-time)	
Consultants and Specialists	... ..	9 (part-time)	
*Dental Officers	... ..	13 (including 4 part-time and 1 Dental Auxiliary)	(80%)
*Physiotherapists	... ..	9 (including 6 part-time)	
Speech Therapists	... ..	8	
*School Nurses and Nurse/Assistants	... ..	66 (including S.H.V. and Deputy)	(52%)
*Dental Surgery Assistants	... ..	16 (including 7 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 £156,277.

Cost of Special Schools

Schools maintained by the Council	... ..	£146,125
Other Schools (not maintained by local Education Authorities)	... ..	£62,755
Adjustments with other authorities in respect of Special Schools	... ..	£42,650
		<u>£251,530</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.

The number of routine medical inspections completed during the year showed a further increase, and the total figure of 18,378 is the highest yet recorded in the Borough. This represents a large investment in both finance and manpower, so that the need for these examinations must be constantly reviewed. The proportion of medical defects discovered during these routine inspections continues to fall, and it is argued by many that an examination of every child is no longer necessary. If a smaller number of children were examined, the medical time available to those children would be significantly increased to the benefit of both the child and the doctor who would find such comprehensive examinations more attractive than the inspection of large numbers of healthy children. It is known that a large proportion of the medical defects which are found at these routine inspections occur amongst a small proportion of the children who are examined, so that the concept of selecting children for a medical examination is theoretically very attractive.

Unfortunately, despite experimental work extending over fifteen years, none of the schemes of selective medical inspections which have so far been introduced have shown themselves capable of identifying satisfactorily the small group of children who are likely to have medical defects. It is quite clear that the various methods of selection which have been advocated are not sufficiently precise to ensure that only those children with medical defects will be examined, nor even to ensure that the children who have such defects will in fact be selected. The need to ensure maximum

use of financial resources and the need to consider the job satisfaction of medical staff may well lead to the conclusion that a scheme of selective medical inspections should be introduced in Croydon. At the same time it must be recognised that such a scheme is likely to have significant disadvantages unless some method can be devised which will allow all children to be screened by medical examination for a certain number of specified conditions.

Table 1. Numbers seen at Medical Inspections 1969

Routine Inspections —		18,378
Special Inspections —		
at school medical sessions	953	
at inspection clinics	42	
		995
Reinspections —		
at school medical sessions	3,199	
at inspection clinics	475	
		3,674

A number of schemes of reorganisation of medical inspections have stressed that the routine system has been replaced by a system of special inspections which allow the child to be examined whenever it seems necessary. It is interesting to note therefore that although the routine system has been retained in Croydon, the number of special inspections has shown a dramatic increase. The number of children brought forward to the School Medical Officer for a special examination in school increased by 36% during 1969. The number of children examined at school inspection clinics showed a further slight fall, and it is now rare for these inspections to take place outside school. This is most welcome, since the opportunity is readily available for discussion of the problem between the teacher and the medical officer.

The number of re-inspections (Table 1) again confirms the trend for these to be undertaken in school rather than at a school clinic. There was a slight increase during the year in the number of re-inspections which were carried out, suggesting that medical officers are continuing to supervise the medical defects which they discover.

During the year a number of parents whose children attend private schools requested a routine school medical inspection, and these examinations were carried out in appropriate school clinics. Enquiries continue to be received from private schools about the introduction of medical inspections in such schools. A number of private schools enjoy this facility, and details of the examinations are given in Appendix C, page 65.

The proportion of parents who attended the school medical inspections has shown minor fluctuations around a stationary level of 53%, and the slight improvement upon this figure in 1969 is welcome. It is the first medical inspection where the attendance of parents is so important, since it is at this examination that most defects are found, and any problems in adjustment to school life are most likely to be identified and remedied. The proportion of parents who attend this examination continues to be high, but there has been a slight decline in this proportion during each of the last five years. The reasons for this decline are not clear; the reason most frequently given is that the mother is out at work. In any event mothers are particularly urged to be present during this first examination, since the information which they can provide for the medical officer probably exceeds that which can be obtained from the physical inspection of the child.

Table 2. Attendance of Parents at School Medical Inspections

	1969		1968	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
Entrants	82.3%	81.5%	84.0%	84.2%
Leavers	3.9%	6.5%	4.5%	6.6%
Others	55.4%	59.2%	54.4%	56.0%
Total Numbers of Children examined	9,373	9,005	8,957	8,841
Total Attendance of Parents	55.3%		53.4%	

As a result of medical inspections in all schools, a total of 6,476 defects were receiving or were thought to require medical treatment. This total is almost identical with that for 1968, so that the proportion of defects discovered per child examined again shows a slight reduction. This is mainly due to reductions in the number of orthopaedic defects which were recorded. A further 6,097 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

The further reduction in the number of cleanliness inspections, together with an increase in the number of cases detected, again confirms the effectiveness of the revised procedure which has been introduced to deal with this small but persistent problem. It is disappointing to record an increase of 11.1% in the number of cases detected, but evidence suggests that the increased prevalence of infestation is by no means confined to Croydon. Similar findings have been recorded in a number of widely separated urban areas.

Table 3

RETURN OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS 1969

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	1	12	0.2	4	6	0.2
Teeth	615	72	10.3	765	88	14.4
Skin	841	107	14.3	344	145	8.3
Eyes -						
Defective Vision	792	628	21.3	814	718	25.8
Squint	126	18	2.2	122	12	2.3
External Eye Trouble ...	28	28	0.8	27	15	0.7
Ears -						
Deafness	108	195	4.6	104	176	4.7
Otitis Media	45	116	2.4	45	143	3.2
Other Defects	6	31	0.6	14	24	0.6
Nose and Throat	186	494	10.2	165	417	9.8
Enlarged Cervical Glands ...	8	67	1.1	11	39	0.8
Speech	92	98	2.9	40	62	1.7
Heart and Circulation	49	114	2.4	42	107	2.5
Lungs	147	117	4.0	64	75	2.3
Developmental -						
Hernia	22	21	0.6	8	22	0.5
Other Defects	156	319	7.1	89	233	5.4
Deformities -						
Posture	12	32	0.7	26	65	1.5
Flat Feet	56	138	2.9	29	71	1.7
Other	66	118	2.8	62	127	3.2
Nervous System -						
Epilepsy	16	11	0.4	16	17	0.6
Other	45	49	1.4	34	46	1.4
Psychological -						
Development	24	61	1.3	17	58	1.3
Stability	52	165	3.3	34	162	3.3
Abdomen	21	33	0.8	33	47	1.4
Other Defects	25	65	1.4	28	113	2.4
TOTAL DEFECTS	3,539	3,109		2,937	2,988	

Total Children Examined - 9,373 Boys

9,005 Girls

Table 4

SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1969
(Percentages of Children Examined)

Defects	Entrants		Inter-mediates		Entrants to Secondary Schools		Final Leavers		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Teeth	9.4	8.8	8.7	9.5	5.8	7.0	4.2	14.2	7.3	9.5
Skin	3.3	3.6	6.2	5.8	15.7	5.8	19.2	7.4	10.1	5.4
Eyes -										
Vision	13.1	13.1	15.3	16.9	16.9	19.4	16.0	20.4	15.1	17.0
Squint	2.5	2.3	2.0	1.8	0.9	0.7	0.2	0.7	1.5	1.5
Other	1.1	0.6	0.5	0.4	2.5	0.4	2.1	0.4	1.8	0.5
Ears -										
Hearing	5.2	5.6	3.0	3.0	2.8	1.7	1.0	1.1	3.2	3.1
Otitis Media	3.6	4.1	1.8	1.8	0.4	0.9	0.3	0.9	1.7	2.1
Other	0.4	0.7	0.4	0.3	0.5	0.4	0.2	0.1	0.4	0.4
Nose and Throat	11.2	10.4	7.5	7.1	5.9	4.1	2.4	2.3	7.2	6.4
Speech	4.1	2.4	1.8	1.1	0.9	0.4	0.5	0.2	2.0	1.1
Cervical Glands	1.4	0.9	0.7	0.9	0.7	0.1	0.1	0.1	0.8	0.6
Heart and Circulation	2.2	1.8	1.3	1.8	1.8	1.4	1.5	1.7	1.7	1.7
Lungs	3.7	2.4	2.5	1.5	2.6	1.2	2.0	0.7	2.8	1.5
Developmental -										
Hernia	0.6	0.6	0.5	0.4	0.4	0.2	0.2	0.1	0.5	0.3
Other	4.2	1.5	4.8	3.2	8.6	4.9	1.8	5.7	5.1	3.6
Orthopaedic -										
Posture	0.5	0.4	0.5	0.7	0.5	1.5	0.2	1.6	0.5	1.0
Flat Feet	2.1	0.8	1.2	1.1	2.6	1.4	2.4	1.2	2.1	1.1
Other	2.4	2.3	1.8	1.5	2.1	3.0	1.4	1.2	2.0	2.1
Nervous System -										
Epilepsy	0.4	0.3	0.4	0.3	0.1	0.6	0.2	0.3	0.3	0.4
Other	1.5	1.5	1.4	0.9	0.6	0.5	0.2	0.5	1.0	0.9
Psychological -										
Development	1.8	1.1	1.0	1.1	0.3	0.7	0.2	0.2	0.9	0.8
Stability	3.1	2.7	3.1	2.4	1.9	2.1	0.4	1.1	2.3	2.2
Abdomen	0.9	1.0	0.6	1.2	0.5	0.6	0.1	0.7	0.6	0.9
Other Defects	1.2	1.4	1.5	2.1	0.8	1.3	0.1	1.5	1.0	1.6

The marked increase of uncleanness at follow-up visits is a source of some concern. The chance discovery of infestation is always possible in any school child since, like other infectious diseases, infestation has no respect for persons. When the condition remains untreated or inadequately treated, however, doubts must be raised about the determination of a parent to eradicate the condition, and it is perhaps surprising that it has been necessary to invoke the statutory procedure laid down in the Education Act for the cleansing of these pupils on an increasing number of occasions.

There have been two incidents this year involving children who were not infested with head lice but who were generally so dirty that complaints were received from other children and from teachers. The children themselves were naturally disturbed by their rejection by their contemporaries, and energetic efforts were necessary by the nursing staff to ensure some improvement in the situation.

A small outbreak of scabies proved troublesome but responded to treatment by family doctors and careful follow-up by the staff of the Department. A cleansing station is provided for the treatment of scabies, and persistent verminous conditions. Sixteen school children attended the cleansing station for treatment of scabies, and six school children were treated for head vermin. Both of these figures are smaller than those for 1968.

Table 5. Cleanliness Inspections

Number of children inspected for cleanliness	37,787
Number of children inspected at follow-up visits	1,722
Number found unclean for the first time in 1969	309
Number of occasions in which children were found unclean at follow-up visits	95

Skin Defects

There was an overall reduction in the number of skin defects reported due to a sharp decline in the number which required treatment. During the year a scheme for the laboratory investigation of Athlete's Foot, to which reference was made in last year's Report (p. 12) was successfully introduced. Specimens of affected skin are sent to a Mycology Laboratory in London, and subsequent reports confirm or exclude the presence of a fungal infection. During the year 116 specimens were sent to the laboratory, and 24 (20.7%) were reported positive. This relatively low proportion was of some initial concern but assurances have subsequently been received that similar rates have been found in investigations completed in other areas of the country. It is often difficult to separate the relatively small number of fungal infections from the very much larger group of "Athlete's Foot" caused by other conditions and these laboratory investigations have been a welcome addition to the diagnostic facilities available to the Service. Indeed, it is possible that the reduction in skin defects reported is partly due to the improved opportunities for diagnosis which are now available. When a positive specimen is identified, treatment may be given either by the family doctor or at a School Minor Ailment Clinic. During the year 3 cases were referred to family doctors, and 21 cases were offered treatment at the School Clinics.

A number of cases of ringworm were reported during the year. The usual measures were taken to exclude possible spread to other pupils, including screening the children in some classes with ultra-violet light. This technique identifies certain strains of ringworm at a stage before loss of hair becomes obvious. The education of affected children also presents some problems, since they must remain absent from school until the lengthy treatment is complete. Unfortunately the service is not always informed of the diagnosis at an early stage, and such delays add to the problems presented by the condition. The return of these once common conditions is a timely warning that standards of control must not be relaxed. There is a natural tendency for parents, teachers and School Health Service staff to assume that the absence of these conditions obviates the need for the preventive measures which ensured their eradication. Some Head Teachers have been reluctant to permit hygiene inspections in their schools, but it is clear that the price of freedom from these conditions is indeed constant vigilance.

Other Defects	1.2	1.4	1.5	2.1	0.6	1.3	0.1	1.3	1.0	1.6
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Table 6. Summary of Findings at Routine Inspections of Vision

	<i>Boys</i>			<i>Girls</i>		
	<i>Number Examined</i>	<i>Number of defects</i>	<i>%</i>	<i>Number Examined</i>	<i>Number of defects</i>	<i>%</i>
Entrants	2,938	378	12.9	2,871	381	13.3
8 year old group	2,657	438	16.5	2,506	423	16.9
Entrants to Secondary Schools	2,091	335	16.0	1,985	394	19.8
13 year old group	1,778	378	21.3	1,818	438	24.1
Final Leavers	1,687	269	15.9	1,643	334	20.3
Totals (All age groups)	11,151	1,798	16.1	10,823	1,970	18.2

Vision Defects

Defects of vision constitute the largest single group of abnormalities discovered by the School Health Service (Table 3). The number of such defects noted at routine school medical inspections showed a slight fall during the year, but the proportion of defects discovered during vision inspections at other times remained similar to that in 1968. Although the primary objective of the service must be the discovery and specialist investigation of such defects, its overall responsibilities must continue after appropriate treatment has been given. Regular reviews are necessary to ensure that the spectacles being used are still suitable, since some children do not return to the optician for regular examination. Moreover, efforts must be made to persuade the child to wear the spectacles which have been provided. Reference was made in last year's Report (p. 13) to the number of children who were not wearing the glasses which had been prescribed for them on the day of a routine vision test in secondary schools.

In earlier Reports (1966, 1967) reference was made to the difficulty in obtaining appropriate treatment for vision defects, and in consequence the Education Committee agreed in 1965 to continue a School Eye Clinic in Purley, formerly administered by the Surrey County Council, and to extend treatment facilities to a new Clinic in Sanderstead. Subsequently a further extension of services was permitted to cover the New Addington area in 1967. Since that time waiting lists at all Eye Clinics providing facilities for school children have been contained. During 1969 the Regional Hospital Board offered to assume responsibility for all School Eye Clinics in the Borough, but although it was recognised that the existing service is not without cost to the Corporation, the Education Committee decided that it would retain responsibility for the existing School Eye Clinics in the Borough. Nevertheless, it is possible to ensure adequate co-ordination

between the School Eye Clinics and the Mayday Eye Unit, since the appointment of Mr. Dermot Pierse as Consultant Ophthalmologist to the Committee allows him to exercise a general oversight of both services.

Defects of Ears, Nose and Throat

The number of children found to be suffering or to have suffered from middle ear disease (otitis media) showed an increase for the fourth successive year. Indeed, during the last four years the number of such defects has increased by 50%. Previous reports have emphasised the significance of the rising incidence of this serious condition (1966, page 13; 1967, page 13; 1968, page 14). It is noteworthy that the number of hearing defects in 1968 also shows a significant increase (Table 3), since disease of the middle ear is likely to affect the child's ability to hear.

It was helpful therefore to have a visit during the year from Mr. H.M. Parsons, the Committee's Consultant Otologist, who gave a talk to the medical officers on a related medical condition with the descriptive title of "Glue Ears". This is a condition which has emerged since the treatment of otitis media with antibiotics, and it has many features similar to middle ear disease. Although the cause of the condition is not fully understood, its treatment is now clearly determined, and it is helpful to know how the condition can be recognised in its early stages when treatment will result in a dramatic improvement of hearing.

There was an increase in the number of National Health Service (Medresco) hearing aids which were issued to school children during the year with a compensatory reduction in the number of commercial hearing aids purchased by the Committee. The decision to issue head worn Medresco hearing aids to older children was welcome, and arrangements were made for the children in the partially hearing unit for secondary pupils to be fitted with such aids as a single group. The need for automatic volume control on hearing aids for some school children will still make it necessary for the purchase of some commercial hearing aids, and it is hoped that this provision will soon be available on hearing aids issued to children by the National Health Service.

Defects of Heart and Circulation

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

Defects of the Lungs

The number of lung defects shows a marginal increase, but a significant trend towards their treatment rather than their observation by the school medical officer. Increased attention has been directed towards bronchial asthma following the recognition of an increased mortality in school children associated with the use of pressurised aerosols. Surveys in various parts of the country suggest that bronchial asthma in children is relatively common especially in association with respiratory infection

or with symptoms of allergic conditions. Dr. Thelma Wield, who has special responsibilities for some of the more severely affected children at St. Giles' School, expresses concern about over-protective attitudes towards the asthmatic child in an ordinary school. It is important that an affected child should be treated as normally as possible, drawing the least possible attention to his difficulties. Asthmatic children should NOT be discouraged from taking physical exercise provided that they do not become excessively wheezy, nor should they be sent to lie down as soon as the first signs of wheezing appear.

The education of such children presents its own difficulties; in general the I.Q. of an asthmatic child is above average, but frequent absence from school leads to inevitable educational retardation. There is some evidence that these children find it difficult to cope with the natural competition within an ordinary school. Nevertheless, it must be remembered that the adaptations progressively introduced at St. Giles' School to make it more suitable for the severely physically handicapped child have made it less like the open air schools for delicate children which have traditionally provided education for the child with chest disease. It seems preferable in this situation to encourage the asthmatic child to remain in an ordinary school unless symptoms have progressed to the point where regular physiotherapy is essential. Nevertheless, the child with very severe bronchial asthma will continue to require the special facilities which only St. Giles' School can satisfactorily provide.

The incidence of pulmonary tuberculosis in school children was similar to that in 1968. The number of cases of notified tuberculosis in children of school age was -

Pulmonary - 5

Non-Pulmonary - Nil

The school population was 51,000 (approx.) so that the incidence rate of pulmonary tuberculosis per 100,000 was 9.8. In 1968 the rate was 10/100,000. Once again there were no deaths from tuberculosis in school children.

Abdominal Defects

The number of defects reported was similar to that in the previous year but with a trend towards the treatment of such defects as soon as they are recognised. In view of the reference to dysmenorrhoea in last year's Report (page 15) such a trend is welcome.

Developmental Defects

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

Orthopaedic Defects

There are significant reductions in the number of defects reported in each of the three categories of orthopaedic defects. This decline in incidence is particularly marked in the categories of posture and flat foot, which suggests that a change may be occurring in the pattern of defects now thought worthy of attention. The Physiotherapy Service has moved away from the somewhat restricted emphasis upon exercises to correct a particular deformity towards a more dynamic approach which assesses the total needs of the child. Active participation by the child and active encouragement by the parents are now seen to be the keys to successful treatment, and every effort is made to ensure that such objectives are achieved. Medical officers differ concerning the significance of minor postural defects, and of symptomless flat foot. There is a suggestion that the correction of the former have not been assisted by the changes in methods of physical education in schools. Whilst the physiotherapist may rightly argue that training in routine gymnastic exercises is a waste of her valuable therapeutic time, the absence of such exercises at school may result in the child receiving no treatment whatever. The danger to health probably lies not in the actual defect but in the apparent approval by default of unhealthy habits. At a time when health is becoming a matter of conscious choice, requiring certain specific actions by the individual, the encouragement of such attitudes is clearly unfortunate.

Similarly, in the condition of flat foot, Dr. Roberts, a school medical officer, working in secondary boys' schools, points out that the condition is relatively frequent at the medical inspection on admission to secondary school. By the time of the examination in the final year at school, flat foot is less common, but those that remain show permanent deformity, with a slightly awkward gait and a tendency to callouses (corns, etc.) The condition is largely preventable by regular exercises designed to strengthen the arch of the foot. Both the number of children involved and the long term nature of the exercises make it quite impracticable to use physiotherapists in the alleviation of the condition, and it is to teachers of physical education that the service must look for assistance with this aspect of preventative medicine.

Defects of the Nervous System

There was no significant change in the pattern of these defects during the year. The number of children with minimal evidence of epilepsy sometimes causes surprise, and it is useful to compare the incidence in Croydon in 1969 (3.2/1,000) with the most recently available figures in England and Wales which show an overall incidence in 1967 of 3.7/1,000.

It will be seen from page 28 of this Report that there has been a sharp increase in the number of children referred to the service for an intelligence assessment. The Table shows that this is not due to an increasing recognition of educational subnormality in anticipation of the opening of

the new school. Most of the larger number of children assessed were found to have intelligence quotients within the average range and were therefore referred back to ordinary schools. Since all such children had initially been referred by those schools for educational failure, the Service can hardly be satisfied that it has remedied a problem which seems more properly a responsibility of the School Psychological Service.

Psychological Defects

There was a further increase in the number of psychological defects reported during the year, confirming once again that emotional problems in school were more widely recognised. Moreover, despite efforts to improve treatment services, already more adequate than in many other parts of the country, it was still difficult to cope with the demand for such facilities. One school medical officer arranged to see a group of mothers and children whose problems did not require immediate attention of the Child Guidance Clinic, and found that the number of mothers who were prepared to attend such special sessions would far outstrip the ability of the Service to make adequate arrangements.

The training of medical and health visiting staff to recognise emotional problems and to provide supervision and support for suitable cases continued. Dr. G. Crosse, Consultant Psychiatrist to the Regional Hospital Board, visited the Department regularly to lead seminars for doctors and health visitors. These sessions were held during the lunch hour and indicate the willingness of staff to devote time to this problem. In the year under review, emphasis was on prevention by action directed to pre-school ages.

The problems of drug dependence and drug experimentation continue to excite general interest. Efforts to obtain accurate information were maintained and there was no satisfactory evidence that drug dependence was a problem in Croydon schools. The local advisory panel on drug dependence concluded, nevertheless, that a further study day should be held for teachers and other professional staff, and this was planned to take place in February 1970.

Nutrition

The figures of average heights and weights are recorded in Table 7. The average height of 5 year old boys and girls has remained remarkably stable for the past five years and, whilst there has been some fluctuation of average weight, the impression is conveyed of a slight welcome fall during the same period.

At 15 and 16 years the average height of girls seems to have become stable but there is a continuing slight tendency for weight to increase. Boys on the other hand continue to show a slight increase in average height, with a continued increase in weight which is quite marked. It seems clear that girls have completed their pubertal growth spurt by the age of 15 years, whilst the growth spurt for boys still continues.

The unwelcome increases in weight still require attention, and the Weight Control Clinics have continued during the year. During the absence of Dr. Phyllis Mortimer during the last two months of 1969, arrangements were made for Dr. Simmonds to supervise the progress of all children attending the Weight Control Clinics.

Table 7.
Average Heights and Weights in 1969 and Previous Years

Ages	Number Exam- ined in 1969	Average Height in Inches					Average Weight in lbs.				
		1969	1968	1967	1966	1939	1969	1968	1967	1966	1939
BOYS											
5 years	1,604	43.2	43.2	43.3	43.2	41.8	42.9	43.1	44.0	43.3	41.5
6 years	711	43.9	44.2	44.2	44.2	43.8	44.0	44.6	45.0	44.7	43.4
14 years	568	64.0	65.7	64.0	63.5	59.0	112.5	114.2	115.5	113.3	90.8
15 years	516	66.3	65.8	65.6	65.6	-	125.9	123.3	122.6	121.4	-
16 years	180	67.7	67.1	67.5	66.9	-	133.6	129.5	131.4	130.0	-
17 years	23	68.8	67.5	68.1	68.6	-	134.9	134.9	135.3	137.6	-
GIRLS											
5 years	1,531	43.1	43.2	43.0	42.8	41.2	41.9	42.8	42.2	42.0	39.7
6 years	729	43.5	44.2	43.6	43.9	42.7	43.4	44.0	43.3	44.0	41.4
14 years	729	62.3	62.6	62.4	62.1	60.3	114.4	115.0	113.8	113.6	97.9
15 years	564	63.5	63.5	63.1	63.2	62.0	120.6	118.5	117.7	120.1	105.5
16 years	118	64.7	64.0	63.8	63.5	-	120.7	122.2	121.5	121.1	-
17 years	19	63.1	64.8	64.1	63.9	-	121.0	127.8	126.0	126.0	-

It will be seen from page 28 of this Report that there has been a sharp increase in the number of children referred to the service for an intelligence assessment. The Table shows that this is not due to an increasing recognition of educational subnormality in anticipation of the opening of

PART II SPECIALIST SERVICES

AUDIOLOGY SERVICE

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

During the year, 1,220 children were tested in the Audiology Clinic by pure tone audiometer. This included routine follow-up cases, cases referred by School Medical Officers, Child Study Survey tests and 569 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 Lodge Road clinic or at home. Extra speech training was given by the Speech Therapists and Speech Training machines were loaned to the parents.

95 children were seen either by Mr. Parsons or Mr. Stewart, the Corporation's Consultant Otologist, who held regular sessions at Lodge Road, Kingsley Nursery, Infant and Junior Partially Hearing Units and the Riddlesdown Senior Partially Hearing Unit. 10 hearing aids were recommended during the year, 9 of these were National Health Service 'Medresco' aids and the other one a commercial aid paid for by the Corporation. This was necessary because the child's hearing loss was greater than the range covered by the 'Medresco' aid. During the year, the National Health Service introduced a post aural aid and where suitable, this was issued to the children in the 12 - 16 age range. This was very warmly received by the children in the Riddlesdown Unit.

67 babies were seen at the special clinic held in conjunction with Dr. Morgan, for the early assessment of deafness in young babies, 11 of these were referred to Mr. Parsons for further assessment. This clinic, now well established, has been very successful in diagnosing deafness in these 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 and speech training machine, greatly improve the outlook for a child with impaired hearing, particularly the more severely deaf.

During the year, all Infant schools were visited at least once, and apart from absentees and unco-operative children (512), all children newly admitted to school during the year were tested. Of the 7,096 children tested, 632 (approx. 8.9%), failed the test and were referred to the Audiology Clinic for further assessment. For further additional statistical details, see Appendix B, Page 61.

CHILD GUIDANCE CLINIC

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

The key note of the service this year has been the ceaseless effort to narrow the gap between the demand for consultation, treatment, etc., and the supply of available clinic facilities. The current annual assessment shows that the final balance, in much the same vein as in previous years, is weighed heavily against supply. In fact much hard thought has been given to the optimum deployment of our slim resources, and to this end various tactics have been tested out during the year. How to reconcile the demands of acute urgent cases with those who have waited for months on a waiting list that is in danger of becoming stagnant, how to reconcile shortened versions of treatment with the principles of proper care of the patient, are some of the problems which have had to be tackled by the staff. Much of the burden of work aimed at establishing priorities has been carried out by our psychiatric social workers, Miss M.S. Gradwell and Mrs. E. Gee, and the appointment of Mrs. P. Ollerenshaw as third social worker late last year has given her colleagues much needed support. Pressures create pressures, and the expansion of staff to meet an increasing case load has in turn created problems of accommodation at the clinic. These have more or less been resolved by the good will and common sense of the staff members concerned, but it is now absolutely clear that the present clinic premises will just not be big enough to cope with an expanding service.

The Day Unit continues to be in demand and its role in coping with the seriously disturbed children should never be underestimated. Some children, awaiting residential placement, are too ill to attend day school and one or two in this category have been supported by the unit staff for almost a year. This is an appropriate moment to record the sad death of Mr. D.G. Griggs, the first to hold the appointment of Charge Nurse to the unit, and there can be no higher tribute of his devotion to the work than the manifest grief shown by the children who were under his care. His successor is Charge Nurse H. Allen who was appointed from the staff of Warlingham Park Hospital. He is assisted by Staff Nurse Mrs. J. Furnish whose experienced and mature handling of so many of the disturbed children is appreciated by all who know the unit well. Another appointment was that of Mrs. A.M. Ball who replaced Mrs. B. Tindle as teacher to the day unit. The latter was seconded to a course at the University of London for the education of maladjusted children. The new appointments of a music therapist, Mr. F. Knight, for two sessions a week and Mrs. J. Glass, art therapist, for two sessions a week, has enabled the clinic to develop further therapeutic activities.

The access to beds in the in-patient unit at Queen Mary's Hospital for Children, Carshalton, has saved the clinic from many a tight corner, and it is a relief to know that children who are severely depressed and who show a complete disintegration of behaviour can be admitted at short notice to this hospital.

There has been some reorganisation of our secretarial services. Mrs. J.I. Meadows was appointed as Senior secretary and she is assisted by Misses K. Knott, I. Boggis and L. Pickett, the last named acts as Receptionist and telephonist.

Dr. S.M. Ring continues as Senior Registrar and Dr. S. Shivanathan has succeeded Dr. A. Fraser as Psychiatric Registrar at the clinic.

Our peripheral clinics continue to prosper well and our thanks are due to Miss M.S. Gradwell at the Parkway clinic, New Addington, and Mrs. E. Gee who acts at the Lodge Road and Purley clinics. Dr. J. Mills, seconded from the Croydon health authority for two sessions a few years ago, now has the experience and confidence to take a valuable therapeutic role at the central and Purley clinics.

This report should not end without expressing our sincere appreciation of the help given us by Dr. S.L. Wright, Principal School Medical Officer, and Mr. K.G. Revell, Chief Education Officer, who have had to deal with the complex problem of co-ordination of the multi-disciplinary framework of our service.

<i>Sources of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Principal School Medical Officer	53	39	92
General Practitioners	63	26	89
Children's Department	4	4	8
School Psychological Service	19	7	26
Juvenile Court	17	1	18
Other Hospitals	13	11	24
Other Agencies	7	4	11
Milton House Remand Home		67	67
	176	159	335

<i>Action</i>			
Diagnostic	36	73	109
Current Treatment	126	72	198
Closed Cases - Improved	6	8	14
No change	2	2	4
Unco-operative	4	2	6
Transferred	2	2	4
	176	159	335

DENTAL SERVICE

Mr. J.D. Palmer, Principal School Dental Officer

What does one want from the Local Authority Dental Service in Croydon today? In my view it should concern itself with the dental health of the whole community it serves. The realistic control of dental disease and the initiation of broad dental health education are most important, whilst the maintenance and development of good and efficient treatment services is essential.

Despite the increasing school population in recent years the demand for routine treatment remains reasonably constant. Over the last 20 years the percentage acceptance rate for treatment has declined steadily, although it has remained fairly static over the last three years. At the same time the percentage referral rate as needing treatment has also slowly declined, whilst the badly neglected mouths and those requiring vast amounts of treatment have largely disappeared. This indicates a general improvement in terms of treatment received, but not necessarily an improvement in dental health. Unfortunately the incidence of dental disease remains as high as ever, as evidenced by the total numbers of teeth requiring treatment.

<i>Year</i>	<i>School Popln.</i>	<i>% referred requiring treatment</i>	<i>% requesting treatment in school dental service</i>	<i>Total teeth treated per child (fills. pr exts.)</i>
1949	29,106	46%	74.4%	1.9
1959	36,878	45.2%	38.8%	2.1
1967	46,835	41.6%	28.5%	2.9
1968	49,020	44.2%	30.0%	2.7
1969	50,945	44.7%	30.1%	2.8

The favourable treatment facilities provided under the general dental services locally (for each dentist on the National Health Service executive list in the Croydon area there are 2,974 persons, whilst the national average per dentist is 4,219) as well as the efforts of the public dental officers over the years account for the improvement in the quantity and quality of dental treatment received.

By working in liaison with the general dental and hospital services locally, this enables the development of the local authority treatment services to be complementary to, rather than competitive with, those of dental practitioners. The extension and provision of those services which are not well provided for in the community becomes possible; e.g. the specialised or time consuming techniques for children, mentally and

physically handicapped individuals, etc. Co-operation has been obtained amongst the various dental services with a proper referral system established so that patients obtain the best treatment in the most suitable way. During the year some 150 patients have been referred to the dental section for advice and/or treatment in this way.

An extension during 1969 of the provision of treatment facilities for mentally disordered and physically handicapped individuals, for whom the Corporation has special responsibility to include all ages, has been approved by the appropriate ministerial departments and is now operative. The provision of such a service, which in practice is often difficult to obtain under other dental services, is a benefit to the individuals and a realistic improvement to the overall dental service in Croydon.

Dental Inspections

Only 12 out of 144 school departments were not inspected during the year, which is the best record for some years; however, 8 of the schools not inspected were at New Addington where the treatment demand is considerably higher than elsewhere in the Borough, due to the limited general dental services in that area. Out of the school population of 50,945, some 42,032 were inspected.

Dental Treatment

The amount of restorative treatment has again increased in relation to the number of teeth extracted, thus continuing the trend towards conservation of the dentition which has been emerging over the past few years. The number of fillings has increased by 11.8% and root fillings by 34% over the 1968 figures. There is also a slight increase (134 - 2.7%) in the number of teeth extracted; however 301 teeth were extracted under general anaesthesia for patients referred from other dental services.

In 1965 for every 100 teeth filled 47 were extracted

In 1967 for every 100 teeth filled 30 were extracted

In 1969 for every 100 teeth filled 27.5 were extracted.

Dental Health Education

With the continued invaluable assistance from the Health Education section the programmes have been extended. The implementation of project participation dental health education in primary schools has started with the active support of the educationists. The teachers and children choose and manage their own projects on dental topics, with advice and guidance from the dental section as necessary, thus finding out about teeth and dental health for themselves. As in previous years the student hygienists from the Royal Dental Hospital have visited infant and junior departments to talk on dental health and demonstrate oral hygiene procedures.

During November and December a pilot study was undertaken to see if it is possible to evaluate the effectiveness of dental health education over a period, and also if the present dental message is understood and correctly emphasizes the important factors for good dental health. For instance it appears that the oral condition often receives reasonable attention during the 'waking' hours whilst the 'sleeping' hours are largely ignored in many cases.

Staff

There were various staff changes during the year which were disturbing for both the patients and the section; however as we go into 1970 it is pleasing to report that the dental section appears more settled with a full establishment of staff.

On taking up his appointment in January the Chief Dental Officer was appointed an honorary senior demonstrator in children's dentistry at the Royal Dental Hospital, thus continuing his connection with this teaching hospital. Mr. Bell was appointed as Senior Dental Officer in February and continues his appointment in the children's dental department at King's College Hospital. For the first time a Dental Auxiliary was appointed; these girls are qualified by a special two year course and work under the supervision of a registered dentist. They are trained and skilled in the routine treatment needs of children's dentistry, and the addition of an auxiliary to the staff at the New Addington clinic will help to meet the demand for treatment in this area.

Four dental officers attended post graduate courses on different aspects of dentistry, which were of value not only to the officers themselves but to the section generally; whilst the Chief Dental Officer attended two useful conferences. Attendance at these courses and conferences enables the maintenance of an efficient and up to date dental service. Quarterly staff meetings of dental officers have been started this year, at which any problems arising from dental treatment or the service can be discussed with advantage.

The dental staff have worked well and efficiently and I would like to thank them all, and particularly Miss Jager, for their help and co-operation in my first year at Croydon. My thanks also go to the administrative staff of the Public Health Department for their advice and guidance during my initiation into the local government service.

Dental statistics will be found on Page 62.

ENURESIS CLINIC

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

During 1969, 289 children attended the three Enuresis Clinics in the London Borough of Croydon. This was ten more than in 1968. The numbers were up at both the New Addington and Purley Clinics, and slightly down at Lodge Road Clinic.

We are fortunate that with the increasing availability of the electric buzzers, 113 children were able to benefit from their use, compared with 90 last year. Though the relapse rate on the buzzer is slightly higher, it is a quicker method than the use of tablets, and the most valuable method for the older children. Eight children were referred to the Urologist but in no case was anything found. Four children were referred to the Child Guidance Clinic because they and their parents needed psychiatric help. In these cases the enuresis was accompanied by other symptoms, such as stealing, encopresis, temper tantrums, etc. The number of boys attending was, as always, about double the number of girls.

Total Attendance	289	Boys - 185	Girls - 104
Still Attending	110		
Discharged Dry	95		
Discharged for Non-Attendance	33		
Left District	4		
Lodge Road Clinic	155		
New Addington	74		
Purley Clinic	60		
Referred to Urologist	8		
Referred to Child Guidance Clinic	4		
Used Buzzer	113		

Age (Years)	4	5	6	7	8	9	10	11	12	13	14	15	16
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Number in Group	3	21	62	48	58	35	26	9	13	5	5	3	1
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SCHOOL EYE CLINICS

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

The School Eye Clinics at Purley, Sanderstead and New Addington are held regularly for examination and treatment of children from infancy to school leaving age, and receive referrals from general practitioners and Local Authority Staff. Statistics are shown on page 63.

When necessary (e.g. cases requiring surgical treatment) children can be referred onwards from the School Eye Clinics to the Hospital Eye Service, and in many cases the treatment is shared.

The type and number of eye defects referred from Routine Medical Inspections at School reflect the value of the latter in this respect alone.

HEALTH EDUCATION IN SCHOOLS

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

Principal Health Education Officer

Secondary Schools

Health Education in school programmes increases in volume, variety and flexibility. The Community Health Course, now established in over half the Secondary and Grammar Schools was revised again bearing in mind trends in C.S.E. and 'O' level courses. With the approval of Croydon School Inspectors at a meeting in April suggestions for further discussion and integration of the topics into other subjects in the curriculum were included in the Course. (See appendix P. 70).

In July teachers with whom the Health Department's staff were working were invited to an informal meeting in the Health Education Section to look at the new outline of the course, to exchange views and information and make recommendations for the coming academic year. This was a useful meeting but they felt that help was still needed from the Health Department's staff and were anxious for the present arrangements to continue.

Some Illustrations of Variation in the Community Health Course

1. *Lanfranc Secondary Girls' School*

Fourth year girls (Newsom) completed the Community Health Course in one term. The excellent partnership between form mistress and health education officer so stimulated their interest in child growth and development that the course was extended another term so that the subject could be studied in depth.

As part of this study, visits were arranged to various organisations with the generous co-operation of the staff responsible. The girls took an active part in helping in child health centres, toddlers' clinics and various infant school classes, including the units for partially hearing children, where they helped with extra reading and with the class generally during audiology tests. Two sessions were also spent in the Health Education Section using equipment unavailable in schools. At the end of the year the class organised a health education exhibition as part of the school Open Day for parents during which the exhibits were explained with great confidence by the girls themselves.

Points of interest from this course were:—

- a) During the longer period the pupils had grown and matured and began to see the relevance to themselves of the content of the course. Their behaviour and appearance improved.
- b) They were helped when teachers and public health staff involved them and regarded them as useful and necessary in the running of the class or clinic rather than allowing them to be passive observers.

- c) It was found the greatest benefit on both sides was obtained from four to five consecutive visits to a school or clinic. Familiarity with children, staff and equipment increased confidence and interest.
- d) The optimum numbers of girls per visit was found to be three or four i.e. one or two able girls with one or two less able girls.
- e) It was important for the form mistress always to accompany them to the organisation and to explain how long they were expected to remain.
- f) Careful briefing was necessary with regard to observations to be made and data to be collected.

2. *Lady Edridge Grammar School*

Sixth form girls who had received a good grounding in the theoretical aspects of community health were given an opportunity to put them into practice. They went for five consecutive weeks to spend an afternoon helping with children's activities, some at toddlers' clinics, child health centres and others at St. Giles' School for Physically Handicapped Children.

3. *Coloma Grammar School*

Sixth form girls have started on a course aimed at developing responsible attitudes to health in the community of which they are a part. It covers:—

- a) Human development — The influences of heredity and environment. Development through learning. Factors influencing safety. Prevention of disease.
- b) Health aspects of social problems — Living in towns — pollution, housing, mental health, old people. The age of affluence — dental health, weight control, alcohol, drugs, smoking.
- c) The services for health — Environmental services. Personal treatment services. Personal preventative services.
- d) Responsibility for health — Personal. World-wide help.

Primary Schools

Earlier opportunities provided impetus for health education in secondary schools, but as with all aspects of education the most effective stage at which to lay the foundations is before the age of eleven years. Experimental health education work was started by health visitors in Oval Infants and Junior Schools and by the Senior Health Education Officer in Elmwood Junior Girls' School with three classes in the fourth year. There the interest of staff and girls was stimulated by introductory sessions on topics closely related to the girls' experience i.e. taking a temperature, watching and recording growth and development of children, tasting food, responding to stimuli. Teachers and girls continued to discuss these subjects during each week and evolved ways of testing their ideas and recording their results.

The aim of the Senior Health Education Officer was not to impart specialist knowledge but to help teachers and girls to see the significance of everyday actions and their effects upon health.

Other Activities

'Growing Up Talks' — The series of two talks to fourth year primary children and their parents continued and the need to discuss the many aspects of growing up seems to be as great as it was when the series began eleven years ago.

'Dental Health Education' — Co-operation continued with the Principal School Dental Officer as new and established schemes for dental health education in schools. (See Dental Service P. 23).

Inservice Training — Health Visitors — The help and enthusiasm of Health Visitors and Public Health Inspectors has enabled the Health Education Section to offer and sustain a wider service to schools. This is very skilled work and only those who ask to do so take part in this aspect of health education. During the latter part of July, August and September lecture demonstration and practice talks are arranged for new members of staff. Techniques of teaching and lecture demonstrations of the talks or lessons which they may give in any particular syllabus are given and all available visual aids which might be used, though not necessarily, are properly and accurately presented. Before actually teaching in a classroom, the work is so arranged that they observe one of the Health Education Officers in the classroom situation first, noting the reaction of the pupils to the new topics. Only then do they begin to give their own lessons doing everything possible to involve the teachers who have the responsibility for supervising further work or integrating the subject matter with other studies.

The Future

With so many changes in syllabi and organisation in the near future the preservation of the present close co-operation and frequent consultations between Health and Education Departments will be vital.

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.

231 children were examined during 1969. 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	73
(b) Recommended for Residential School for E.S.N. pupils	4
(2) Found to be unsuitable for education in School	24
(3) Other Recommendations:—	
(a) Referred back to an Ordinary School	61
(b) Referred for further investigation by School Psychological Service	5
(c) Recommended for Day Special Schools for other handicaps	4
(d) Referred for Speech Therapy	6
(e) Referred for Medical Treatment	9
(f) Referred for further assessment	30
(g) Other Investigations	15
	<u>231</u>
Awaiting assessment on 31.12.69.	34

In addition, 54 intelligence tests were given to children attending St. Christopher's Special School.

A further 4 intelligence tests were given to children who were about to attend St. Giles' Special School, and a further 3 children already attending St. Giles'.

PHYSIOTHERAPY SERVICE.

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

1969 proved to be a productive year in which the changes mainly occurred at St. Giles' School, with the installation of an experienced physiotherapist in charge followed by a further two full-time therapists. This is now a highly integrated active Department, with thinkers deciding the methods and doers providing the impulse, thus allowing the fruition of many long considered plans.

Communication problems in the Physiotherapy Department sorely needed to be rectified, so to this end plans were made to devise new methods of assessment, to establish regular case conferences, to summarise the spina bifida survey and to increase our role as parent-educators. Through any form of communication three bases of living are attained; firstly knowledge (through reading), secondly expression (through writing), and thirdly socialization (through the interchange of ideas). It has been found that in oral communication at weekly Staff Meetings, the opportunity always occurs to

pursue conversation until maximum understanding is reached. In written communication this is not so easy because instant development of an idea is lost and also one does not have the advantages of interpretation through self-expression. Therefore it was decided that on the assessment sheets the written thoughts, observations and ideas must be complete, clear and factual. The new system of assessment has now been established, and comprises three main groups; chest cases, neurological cases and the spina bifida cases, and it is hoped that each child will be assessed at regular intervals. This should in no way be considered a dull mechanical task, but should be used as a tool to verify and augment the physiotherapy treatment.

The multi-disciplinary case conferences have proved invaluable in demonstrating that in this specialised age, communication is as essential as the educational and medical programmes made for each child. The physiotherapists have enjoyed and appreciated the increasing co-operation of the educational and nursing staff. It has made our task of rehabilitation so much easier, and the progress achieved is outstandingly obvious. Those who have been wheel chair bound for several terms are now walking independently to lunch. These achievements do not pass unnoticed; one must pay tribute to the excellent quality of the physiotherapy and hydrotherapy now given at St. Giles' School.

As a result of the spina bifida survey performed on thirteen cases at home, nothing specific materialised, but the time was not felt to have been wasted because it was found easier to plan the treatment programme having knowledge of the child's home background. Both parents and therapists felt that they had gained through an interchange of knowledge. Part of our therapists' work is the education of parents, and this has been made easier and more effective by the installation of a telephone in the Department. Parents have now become acclimatized to participating in the treatment programme and are becoming used to the more intensive care that is now given. This communication system has proved useful, too, in informing parents about other facilities for handicapped children such as riding and swimming and camp holidays. Statistics are shown on page 64.

SPEECH THERAPY SERVICE

Mr. J.R. Brook, Principal Speech Therapist

During 1969 a total of 8,946 treatments were given by the Speech Therapy Service, although the total number of patients receiving treatment showed a slight reduction compared with the previous year. Efforts have been made to ensure that the relatively large number of children due for a review examination were seen, and newly recruited staff were employed upon this work before the Service accepted new children for treatment. The number of review examinations has been increased with a proportionate reduction in the number of new cases accepted in 1969. The large number of

children who could be discharged with much improved speech has shown a marked improvement as the result of this policy, and should enable earlier attention to be given in future years to children newly admitted for treatment.

The reorganisation of the structure of the Service with the appointment of three Senior Speech Therapists responsible for particular areas of the work, is already bringing significant rewards, and it is pleasing to record that the Service once again has a full complement of Speech Therapists in post. Attempts are being made to improve the proportion of children who actually receive treatment during available treatment sessions. One in every five appointments offered by the Service is not kept, and this represents a significant loss in treatment time.

The improved staffing position has allowed increased attention to be given to special units. Assessment of the speech therapy needs at Coldharbour School indicated that a useful contribution could be made. Coldharbour School now has three Speech Therapists attending on the equivalent of three days a week. A policy of intelligent, continuing speech therapy has been firmly laid down. It is inherent in this policy that a slow start is made with the fullest possible assessment of the whole school situation. This will enable the Service to avoid the breakdowns which sometimes occur in this type of treatment.

By arrangement with the Croydon & District Spastics Society, an assessment of the Children's Centre at Rutherford was made, and arrangements were completed for the Service to provide therapy at that Centre, subject to reimbursement, for the next two years.

The West Thornton Unit continues to flourish as a successful treatment centre with four children discharged and three children admitted in 1969. Miss Fenn left after one school year as temporary teacher, and Miss Evans was welcomed back at the end of the Summer Term. Since Miss Evans' return from her year's course, it has been possible to take up a more progressive attitude to treatment methods.

Existing commitments at special schools have been maintained, and the development of the Service during 1969 is providing exciting opportunities for the Service in the future. Statistics are shown on page 64.

WEIGHT CONTROL CLINIC

Dr. Phyllis M. Mortimer, School Medical Officer

Once again two new groups of the Weight Control Clinic were started during the year, while treatment continued to be available to girls from any previous groups who still required support and advice. The general pattern of meetings remained as before: an initial weighing and discussion session, followed by some form of nutritional education activity. Experiments related to factors affecting taste sensations proved to be the most popular of these activities.

The results showed the same pattern as in previous years. For the first six to eight weeks there was an excellent response from nearly all the girls, this then slowed down and, while many continued with a steady weight loss until they reached their ideal weight, others remained the same or even started to put on weight again. There was a striking difference in results between the average weight loss of the 'new' groups and that of the 'old' ones, and the group discussions revealed that the majority of girls who were unsuccessful in achieving satisfactory weight loss were both low in motivation and parental support.

In October it became necessary to hand over the clinic for a few months, and I am very grateful to Dr. Simmonds who kindly agreed to follow up the progress of existing patients during my absence. The girls are being offered appointments at two to three monthly intervals, and this will provide useful information about their ability to maintain progress without very frequent reinforcement of advice and encouragement.

Early in the year a questionnaire was sent to all the girls who had attended an initial introductory session of the clinic followed by at least one further visit. It did not include any girl who was still attending the clinic, however infrequently. 84 questionnaires were sent out and, after several weeks 54 completed forms were returned plus 3 which were invalid.

The questions asked and the results from these 54 replies are as follows:-

QUESTION	GROUP 'A'		GROUP 'B'	
1. Are you still at school?	Yes - 31		No - 23	
2. Are you keeping to a diet?	Yes 25	No 6	Yes 13	No 10
3. Why did you leave our Weight Control Clinic?				
a) because you left school?	21 ticked (b) alone		18 ticked (a) alone	
b) because it was taking up too much time?	3 ticked (b) and (d)		2 ticked (a) and (d)	
c) because your weight had got back to a satisfactory one?	1 ticked (c) alone		1 ticked (b) alone	
d) because you felt you could now manage on your own?	5 ticked (d) alone		1 ticked (c) alone	
e) because the clinic was not helping you enough?	1 ticked (e) alone		1 ticked (d) alone	
4. Do you think you still need help with your weight?	Yes 15	No 16	Yes 9	No 14

QUESTION	GROUP 'B'		GROUP 'B'	
5. Would you have preferred individual treatment?	Yes 4	No 27	Yes 2	No 21
6. What is your present weight? (in indoor clothes without shoes)	Weight satisfactory or up to 10% above ideal calculated weight for their height and build.			
7. What is your present height? (if known)	8		9	
These two questions were used to calculate the present degree of obesity, using the clinic records for their build type. Estimates calculated from the Metropolitan Life Insurance Company charts (1960)	Weight up to 10% to 20% above ideal		10	
	10		8	
	Weight 20% to 30% above ideal		6	
	6		4	
	Over 30% above ideal		7	
	7		2	
8. Have you any suggestions about the clinic?	12 girls asked if the clinic could be held out of school hours.		5 girls also asked for an evening or weekend clinic.	

	Also several girls in both groups who had lost weight said they felt this would have been impossible without the aid of the clinic.			

Finally the girls were asked their name and age. One paper was anonymous but otherwise correctly filled in and this was included, using the weight range for the upper limit of a medium frame adult.

After about six months it was decided to try once again to find out the present weight situation of those who had not replied to the original questionnaire, and a new letter was sent to these girls. This stressed the importance of the information but suggested that they could reply anonymously if they preferred; a pre-paid label was enclosed to try and encourage more replies. This time the girls were merely asked their present weight and height and whether they thought the clinic was a good idea.

There were ten valid replies (none anonymously) and one form was returned with the information that the girl had emigrated.

The results were as follows:—

Weight now satisfactory or less than 10% above ideal - 4

Weight now 10% to 20% above ideal - 3

Weight now 20% to 30% above ideal	- 2
weight now over 30% above ideal	- 1

Without a complete follow up picture one cannot compare these results with any other long term survey. However it is interesting to see that, even if all those who did not reply are now grossly overweight, there still remain the 21 girls whose weight is reasonably satisfactory. Although this represents only a 25% "success rate" on follow up, this is still more encouraging than other investigators have found, and shows the advantages of this approach to the treatment of the overweight schoolgirl.

Weight Control Clinic

Dr. W. Simmonds, School Medical Officer

During the past year I have discharged a number of boys from the Clinics when I found that neither they nor their parents had any interest in controlling the boys' weight. As a consequence those remaining have more incentive, and I have more time to deal with the problems of those who want to lose weight but are unsuccessful.

It has been gratifying to have been able to discharge other boys from the Clinic because they had become too thin. They are always told that they can attend again if the improvement is not maintained.

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 34 such children during the year.

Convalescent Treatment

12 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>
Diabetes	3	2 weeks
Bronchial Asthma	2	(Austria) 3 weeks
Epilepsy	2	2 weeks
Physically handicapped	1	2 weeks
General Debility	2	2 weeks
Emotional Disturbance	1	2 weeks
Recurrent Tonsillitis	1	2 weeks
<i>Total:</i>	<u>12</u>	

Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1969 as to their fitness to undertake the part-time employment indicated.

	1969	1968	1967
Delivery of Goods for Shopkeepers	7	10	28
Delivery of Newspapers	463	176	213
Delivery of Milk	4	6	6
Shop Assistants	62	106	65
Others	14	*	*
<i>Total</i>	<u>550</u>	<u>298</u>	<u>312</u>

Provision of Milk and Meals

During 1969 milk was supplied free of charge to all maintained primary schools and approximately 27,885 primary children in these schools received one third of a pint each per day. This was equal to 90% of children attending junior schools and 97% in infant 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 1969 was approximately 32,800.

Cost of Milk and Meals

Milk and Meals cost £982,150. Income from payment for meals was £392,335, making a net cost of £589,815.

