

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

**Contributors**

Croydon (London, England). London Borough.

**Publication/Creation**

[1974?]

**Persistent URL**

<https://wellcomecollection.org/works/bz4unfuq>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

AC.43331

CRO 75



**PUBLIC HEALTH  
IN CROYDON  
1973**





# PUBLIC HEALTH IN CROYDON

## 1973

### ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1973

J. BURROWES, M.B., B.Ch., D.P.H., M.F.C.M.  
*Acting Medical Officer of Health*

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

Telephone:— 01-686 4433



## HEALTH AND PUBLIC SERVICES CONTROL COMMITTEE

1973

## LONDON BOROUGH OF CROYDON

Alderman B.C. Sparrowe ( <i>Chairman</i> );	Councillor M.M.H. Horden;
Councillor A.W. Elliott ( <i>Vice-Chairman</i> );	Councillor C.E. Kelly;
Councillor Mrs. J.M.C. Baker;	Councillor Mrs. P.A.M. Little;
Councillor V.W.H. Bendall;	Councillor Mrs. S.E. Lord, S.R.N.;
Councillor R.T. Bishop;	Councillor K.M.B. Munro;
Councillor Mrs. N.B. Booth;	Councillor B.H. Rawling;
Councillor A.E. Buddle;	Councillor Mrs. A.M. Watson, J.P.;
Councillor V. Burgos;	Doctor Maureen Adams, M.B., B.S., M.R.C.S., M.R.C.P.;
Councillor P. Byrne;	P.S. Boffa, Esq., M.D.
Councillor A. Devesar;	J.F. Boyle, Esq., M.B., B.Chir., D. Obst., R.C.O.G.
Councillor S.L. Eaton;	E.C. Lewis, Esq., F.R.C.S.

*To the Chairman and Members of the Health and Public Services Control Committee.*

LADIES AND GENTLEMEN,

This is the last annual report to be presented by a Medical Officer of Health. When Health Service re-organisation takes effect on 1st April 1974, the office will be abolished. I begin towards the middle of last century when the vast amount of preventable disease and dreadful living conditions of many of the poor, particularly the urban poor, began to be redressed by Government. Various Building Acts and Sewage Acts were passed culminating in the Public Health Act of 1848. In the same year London appointed its first Medical Officer of Health and during the second half of the century other Local Government areas followed suit. The first holder of the office in the Parish of Croydon, Dr. Philpot, took up duty in 1874, just one hundred years ago, though quarterly mortality figures for that Parish had been issued under the signature of a Doctor Westall as early as far back as 1849. The first annual report for Croydon was published as early in the year 1877. One set of statistics, that for the deaths of infants under one year, serves to make clear the tremendous improvement in health that has occurred during the last century, for 1878, 140 infants died in Croydon out of every 1,000 born, while in 1973 only 16 died from the same number of births. The Medical Officer of Health played an







# LONDON BOROUGH OF CROYDON

---

ANNUAL REPORT  
OF THE MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1973

---



*To the Chairman and Members of the Health and Public Services Control Committee.*

LADIES AND GENTLEMEN,

This is the last annual report to be presented by a Medical Officer of Health. When Health Service Re-organisation takes effect on 1st April 1974, the office will be abolished. It began towards the middle of last century when the vast amount of preventable disease and dreadful living conditions of many of the poor, particularly the urban poor, began to be realised by Government. Various Building Acts and Sewage Acts were passed culminating in the Public Health Act of 1848. In the same year London appointed its first Medical Officer of Health and during the second half of the century other Local Government areas followed suit. The first holder of the office in the Parish of Croydon, Dr. Philpot, took up duty in 1874, just one hundred years ago, though quarterly mortality figures for that Parish had been issued under the signature of a Doctor Westall at least as far back as 1848. The first annual report for Croydon was published as early as the year 1877. One set of statistics, that for the deaths of Infants under one year, serves to make clear the tremendous improvement in health that has occurred during the last century. In 1878, 140 infants died in Croydon out of every 1,000 born, while in 1973 only 16 died from the same number of births. The Medical Officer of Health played an

important part in this success story and, while the problems are different today, poverty and disease still present an immense challenge to his successor, the Area Medical Officer, and his team of Community Physicians.

This last report follows the same pattern as that of recent years.

### **Statistics**

The birth rate continues to fall as it has over the last 10 years, and at 12.6 per 1,000 population is the lowest figure since Annual Reports were published. The rate in 1877 by comparison was 34 per 1,000. The illegitimate birth rate, which reached a peak of 11.1 of all live births in 1969, has remained at 9% or 10% in the succeeding years and was at the lower figure in 1973. The Registrar General's estimated population at mid-year indicates a fall of eleven hundred from the previous year. However at 332,000 it is a far cry from the 62,000 of a hundred years ago. The general death rate remains at the same level as the previous year.

### **Health Education**

The report of the Principal Health Education Officer tells of some of the activities of her flourishing section. It is reassuring to note that the concept of education towards healthy habits has been given a high degree of priority in the combined Health Service. Re-organisation will provide an opportunity for increasing the impact of the section on the general practitioner and hospital sectors. Indeed as this report records liaison with local hospitals got increasingly under way during the past year. The section is to remain in Taberner House for some time so those who at present make use of its facilities will be able easily to continue doing so while the section is widening its approach.

### **Communicable Diseases**

The importance of maintaining the closest links between the Chief Public Health Inspector and the successor of the Medical Officer of Health after reorganisation cannot be stressed too strongly. The report touches on the immense amount of work carried on by the staff of the former in the field of infectious diseases. It is this effort, unspectacular though it may appear, on which the prevention and containment of these diseases in great part depends. Reservoirs of infection still exist in many parts of the world and the speed of air travel makes it inevitable that persons incubating disease will, from time to time, arrive in this country. Surveillance of all such possible sources of infection must continue to be carried out by the Public Health Inspectors.

### **Nursing Homes**

At routine inspections of these homes during the year, increased attention was paid to the risk of fire. All proprietors were required to bring their



premises to the standards advised by the Fire Brigade. A reasonable time was allowed for action to be taken, having regard to the difficulties in the supply of materials and the availability of contractors. Most homes registered were making satisfactory progress in meeting the requirements at the end of the year but registration had to be withdrawn from one home where it was considered that the patients would have been at risk in the event of fire. Continuous visiting and advice to the proprietor was offered before the drastic step of withdrawing registration was taken.

### **Care of Pre-School Children**

The Assessment Unit for the early diagnosis and treatment of handicapped children was opened during the year under the control of the Consultant Paediatrician at Mayday Hospital. A Medical Officer from the department with special training in the subject was given a joint appointment with the Regional Hospital Board to work at the Unit. It will take some time before this new facility is fully staffed but it may be expected to play an increasing part in ensuring that handicapped children in the Borough are given the benefit of advice and treatment from a multi-disciplinary team to enable them to realise their full potential.

### **Health Service Re-organisation**

The Borough is to become a single district area under the new Area Health Authority for Croydon. This should mitigate the problems which the amalgamation of the three branches of the Health Service will undoubtedly produce in the short term. The existing close liaison between the Local Authority Social Services and Education Departments and the Health Department will be much easier to maintain than in Areas with several districts. This will be particularly welcome as the present economic climate will unfortunately add to the difficulties already inherent in any re-structuring of a large organisation. In the longer term the new system should hopefully lead to a more economic use of resources by rationalisation and a better service to the user.

### **Acknowledgement**

During most of the year under review Dr. S.L. Wright was Medical Officer of Health. He had been in charge of the Department for the previous twenty-five years, one quarter of its total life. Amongst his notable achievements perhaps at this time attention should be drawn to the initiative he showed and the key part which he played in organising joint projects between the Local Authority and the Hospital Sector of the National Health Service. The close links thus forged will make re-organisation in Croydon that much easier. Dr. Wright's appointment as a member of the Area Health Authority is extremely welcome as his wide experience and wise council will still be available in the next few difficult years while the combined Health Service is working through its teething troubles.

Wholehearted thanks are due to the entire staff of the Department for their efforts to maintain and improve the services during this unsettling year. Their loyal support was much appreciated. Finally I wish to express my thanks to the Chairman and Members of the Committee for their continued support and encouragement during the last year for which they will be responsible for the personal health services.

I am yours faithfully,

J. BURROWES,

Acting Medical Officer of Health  
and Principal School Medical Officer.



## SUMMARY OF STATISTICS FOR 1973

Area, 21,395 acres

Population (Census 1971) 333,870 - Total population (estimate of Registrar General) 332,880 (Midsummer, 1973)

Number of Domestic Dwellings; 110,723

Rateable Value of Borough 1973 as from 1.4.73 £64,102,542

Product of a Penny Rate, for London Borough of Croydon purposes, £643,000

Mixed Rate in the £ 33p (for the year from 1.4.73)

Live Births	Males	Females	Total
Legitimate	1,985	1,922	3,907
Illegitimate	214	190	402
			4,309

Illegitimate Live Births per cent. of total live births 9

Live Birth Rate (as adjusted by comparability factor 0.92) 12.6

(England and Wales) 13.7

Stillbirths 46

Stillbirth rate per 1,000 total live and stillbirths 11

(England and Wales) 12

Total Births (Live and Stillbirths) 4,355

Infant Deaths 26

Infant Mortality rate per 1,000 live births 16

(England and Wales) 17

Infant Mortality rate per 1,000 legitimate live births 17

Infant Mortality rate per 1,000 illegitimate live births 16

Neo-natal mortality rate (First four weeks)

per 1,000 total live births 12

(England and Wales) 11

Early neo-natal mortality rate (First week)

per 1,000 total live births 11

(England and Wales) 10

Perinatal Mortality rate (stillbirths + deaths during the first

week) per 1,000 total live and stillbirths 32

(England and Wales) 21

Maternal Deaths (excluding abortions) 1

Maternal Mortality rate (including abortions)

per 1,000 total live and stillbirths 0.23

Deaths, 3,744 Death-rate per 1,000 of the estimated population 11.2

(England and Wales) 12.0

Death-rate (as adjusted by comparability factor 1.02) 11.5

## STATISTICS





## SUMMARY OF STATISTICS FOR 1973

Area, 21,395 acres

Population (Census 1971) 333,870 Total population (estimate of Registrar General) 332,880 (Midsummer, 1973)

Number of Domestic Dwellings; 110,723

Rateable Value of Borough 1973 as from 1.4.73 £64,102,542

Product of a Penny Rate, for London Borough of Croydon purposes, £643,000

Mixed Rate in the £.33p (for the year from 1.4.73)

Live Births	Males	Females	Total
Legitimate ... ..	1,985	1,922	3,907
Illegitimate ... ..	214	188	402
			4,309
Illegitimate Live Births per cent. of total live births			9
Live Birth Rate (as adjusted by comparability factor 0.97)			12.6
(England and Wales)			13.7
Stillbirths ... ..			46
Stillbirth rate per 1,000 total (live and still) births			11
(England and Wales)			12
Total Births (Live and Still) ... ..			4,355
Infant Deaths ... ..			70
Infant Mortality rate per 1,000 live births			16
(England and Wales)			17
Infant Mortality rate per 1,000 legitimate live births ... ..			17
Infant Mortality rate per 1,000 illegitimate live births ... ..			10
Neo-natal Mortality rate (First four weeks)			
per 1,000 total live births ... ..			12
(England and Wales)			11
Early neo-natal Mortality rate (First week)			
per 1,000 total live births ... ..			11
(England and Wales)			10
Perinatal Mortality rate (stillbirths + deaths during the first week) per 1,000 total live and still births ... ..			22
(England and Wales)			21
Maternal Deaths (excluding abortion) ... ..			1
Maternal Mortality rate (including abortion)			
per 1,000 total live and still births ... ..			0.23
Deaths, 3,744 Death-rate per 1,000 of the estimated population			11.2
(England and Wales)			12.0
Death-rate (as adjusted by comparability factor 1.02) ... ..			11.5

## Marriages

The number of marriages solemnised in 1973 in the Croydon Registration District was as follows:—

Church of England ... ..	817
Non-conformist places of worship ... ..	518
The Register Office ... ..	1,340
	<u>2,675</u>

When supplying these figures Mr. Davies, the Croydon Superintendent Registrar, kindly analysed recent trends and commented:—

"During the year the percentage of minors under the age of 18 years giving notice remained fairly consistent at 5.9% compared with 5.4% for 1972.

By comparison with last year's figures there was a slight decrease in the number of marriages taking place at the Register Office.

## Notification of Births

Notifications were received in respect of confinements conducted by:—

	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Midwives ... ..	2,939	25	2,964
Doctors ... ..	716	22	738
			<u>3,702</u>

## Accommodation for Confinements

The following table shows where babies were born in the Borough of Croydon during the whole of 1973. 664 residents had babies outside Croydon and 81 non-residents were confined in Croydon.

	<i>Number</i>	<i>Percentage</i>
In Private Houses ... ..	502	13.6
In Public Institutions ... ..	3,200	86.4
In registered Maternity Homes ... ..	0	
<i>Total</i> ... ..	<u>3,702</u>	



# THE PREVENTION AND CONTROL OF TUBERCULOSIS

Dr. R.H.J. Fanshawe, 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 1973 may be regarded as satisfactory.

## Incidence

72 cases of Respiratory Tuberculosis and 37 cases of Non-Respiratory Tuberculosis were notified as from 1 January 1973 (Table 1 - Formal Notifications). Of these 42 males and 30 females were Respiratory cases and 4 males and 17 females were Non-Respiratory. In addition 11 Respiratory cases and 1 Non-Respiratory case came to our notice as new cases otherwise than by notification.

## COMMUNICABLE DISEASES

The total knowledge of the Medical Officer of Health during the year 1973 by notification or otherwise was 106.

23 of these were cases of Respiratory Tuberculosis; 49 in males and 34 in females.

There were no cases of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 22.

The incidence rate of Tuberculosis, all forms, was 0.31 per 1,000 of the population, for Respiratory Tuberculosis 0.26 and for Non-Respiratory Tuberculosis 0.05 per 1,000 population. The notification rate was 0.28 per 1,000.

## Notification Register

Number of cases of Tuberculosis appearing on the Notification Register on 31st December, 1973

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
42	30	72	4	17	21	93

In 1973 the death-rate from all forms of Tuberculosis was 0.02 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.02 and the rate for Non-Respiratory 0.00

In 1973 the total number of deaths was 7. All of the deaths occurred in the age groups 45 years and over. There were no deaths in children of school age.

For Notifications, See Appendix, page 121.





## 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 1973 may be regarded as satisfactory.

### Incidence

72 cases of Respiratory Tuberculosis and 21 cases of Non-Respiratory Tuberculosis were notified on Form A during 1973 (Table 1 - Formal Notifications). Of these 42 males and 30 females were Respiratory cases and 4 males and 17 females were Non-Respiratory. In addition 11 Respiratory cases and 1 Non-Respiratory case 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 1973 by notification or otherwise was 105.

83 of these were cases of Respiratory Tuberculosis; 49 in males and 34 in females.

There were no cases of Non-Respiratory Tuberculosis among children under 15 years. The number of cases in adults was 22.

The incidence rate of Tuberculosis, all forms, was 0.31 per 1,000 of the population, for Respiratory Tuberculosis 0.25 and for Non-Respiratory Tuberculosis 0.06 per 1,000 population. The notification rate was 0.28 per 1,000.

### Notification Register

Number of cases of Tuberculosis remaining on the Notification Register on 31st December, 1973

RESPIRATORY			NON-RESPIRATORY			Total Cases
Males	Females	Total	Males	Females	Total	
531	386	917	75	103	178	1,095

In 1973 the death-rate from all forms of Tuberculosis was 0.02 per 1,000 population.

The rate from Respiratory Tuberculosis was 0.02 and the rate for Non-Respiratory 0.00

In 1973 the total number of deaths was 7. All of the deaths occurred in the age groups 45 years and over. There were no deaths in children of school age.

For Notifications, See Appendix, page 121.

### Deaths from Non-Respiratory Tuberculosis

During 1973 no death was certified to be due to Non-Respiratory Tuberculosis.

### Co-ordination with the Health Department

During the year 23 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 32 selected cases for varying periods during the year and 26 cases were in receipt of extra nourishment at the end of the year.

### The Chest Clinic and Home Visiting

1,459 new cases were examined during the year. 83 were found to be definitely tuberculous.

The total number of attendances for examination at the Chest Clinic was 13,926.

The Clinic doctors paid 177 home visits and the Tuberculosis Visitors 3,734 visits for Clinic purposes. In addition the Tuberculosis Visitors made 127 primary visits for the purposes of the Notification Register. There were also 848 ineffective visits.

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

The results of this service are summarised below:—

Number of miniature films taken	4,168
Number of patients recalled for examination and large film	289
Number of active cases of Pulmonary Tuberculosis found	17
Number of cases of lung cancer found	31

### Contact Examination

During 1973, 507 persons were examined for the first time as contacts of notified cases of Tuberculosis.

Of these contacts, 6 were found to be tuberculous. This is equal to a Tuberculosis rate per 1,000 contacts of 12 compared with 0.31 per 1,000 of the general population. In addition four were 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 1973 and regular sessions were held at the Clinic for this purpose. 556



contacts were successfully vaccinated during the year. In addition 62 nurses and domestics were successfully vaccinated, and 13 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	...	...	...	...	3,567
Number found to be negative	...	...	...	...	3,213
Number vaccinated with B.C.G.	...	...	...	...	3,205

#### 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 117.

#### COMMUNICABLE DISEASES

There was an outbreak of Dysentery caused by the *Shigella Sonnei* organism at one school in the Borough in the Autumn term. This largely accounts for the large number of Dysentery cases notified. It was not thought necessary to close the school but some children had, unfortunately, to be excluded for long periods as they were still excreting the organism and were possible sources of infection. Though it was a Roman Catholic School, thus drawing children from a large catchment area, spread to other schools was minimal. The institution of control measures, largely undertaken by the officers of the Chief Public Health Inspector's Department, were undoubtedly responsible for the containing of this outbreak.

Four of the Enteric Fever cases were Paratyphoid fever. One was contracted in a laboratory and two contracted abroad. In one of the cases contracted abroad a member of the family became infected later. Apart from this patient there was no spread of infection. The fifth case was typhoid fever contracted in this country from a relative who was a known excreter of the organism. Appropriate steps were taken and there was no further spread of infection.

There were no cases of Cholera and Smallpox in the Borough, but many possible travel contacts of patients found to have one of these diseases in other areas were kept under surveillance by public health inspectors.

For statistics, see Appendix pages 114 and 115.

Public acceptance of measles vaccination is still very poor and there were over one thousand cases of this eminently preventable disease. In the absence of widespread vaccination another outbreak may be expected in 1975 as the disease tends to reach a peak every two years.

### Immunisation

The percentage of children born in 1973 receiving Diphtheria and Poliomyelitis was a satisfactory eighty per cent. I have commented above on measles vaccination. The acceptance rate for rubella vaccination by adolescent girls was good and the age range is gradually being lowered to eleven years. Dr. Thomas widened his service of blood tests for rubella immunity to include female staff of playgroups of child bearing age who wished to take part.

### Sexually Transmitted Diseases.

The total figures remain relatively unchanged from the previous years. There has been a welcome levelling off over the past two years of the number of new cases of Gonorrhoea and other genital conditions. However there is little reason for complacency. Following the increase in war time the number of new cases of gonorrhoea had fallen to twenty in 1951. The number in 1973 was almost three hundred and twenty. The number of new cases of Syphilis, which had fallen to one by 1960 had risen to forty one in 1973. Other sexually transmitted diseases remain at a high level.

The position is set out on the graph on Page 123.



## ANTE AND POST NATAL CLINICS

The unified service of hospital and local authority clinics continued.

The falling birth rate was reflected in the attendances at Clinics and the Relaxation and Abdominal classes, all of which were lower than in the previous year.

Attendances during the year were—

Anti-Natal	4,978
Post-Natal	571
Examinations for first blood test	2,808
Patients found to have antibodies	11
Patients sent to Special Clinic	8

The numbers attending the Relaxation and Abdominal classes decreased

in 1973. The numbers attending the Anti-Natal and Post-Natal clinics were also lower than in 1972.

## PERSONAL HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT

The number of midwives who notified their intention to practice as midwives within the Borough including their husbands, and who were practising at the end of the year was 120. All hold the certificate of the Central Midwives' Board. The Medical Supervisor of Midwives visits midwives in private practice and nursing homes, and the supervising Municipal midwife carries out these duties for the domiciliary midwives.

### Congenital Malformation

The scheme introduced in 1962 continued unchanged, regular returns being made to the Registrar General. A total of 141 babies with congenital conditions was notified in 1973.

For details see Appendix, page 94.

## PAEDIATRIC ASSESSMENTS

The Senior Medical Officer of the Corporation holding a joint appointment with the Hospital Management Committee, as a member of the paediatric team at Heyday Hospital, examined 1,179 babies during 1973.

The Assessment Unit referred to in last year's report was opened at Heyday Hospital in April 1973 in charge of the Consultant Paediatrician, Dr. Ruckenstein. A retired Senior Local Authority Medical Officer was given a joint appointment, initially for one session per week at the Unit. This appointment has already contributed to closer relationships between the Hospital and Community Child Health Services and may be expected to do so in the future. The Dover was concerned in the assessment of 37 pre-school children in the period from April until the end of the year.





## ANTE AND POST NATAL CLINICS

The unified service of hospital and local authority clinics continued.

The falling birth rate was reflected in the attendances at Clinics and the Relaxation and Mothercraft classes, all of which were lower than in the previous year.

Attendances during the year were:—

Ante-Natal	4,978
Post-Natal	571
Patients seen for first blood test	2,806
Patients found to have antibodies	11
Patients sent to Special Clinic	8

The numbers attending the Relaxation and Mothercraft classes decreased in 1973 - Midwives, Health Visitors and Physiotherapists continue to work together and combine to provide this service. In all 1,378 mothers attended these classes and made 6,022 attendances.

### 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 170. 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 141 babies with congenital conditions was notified in 1973.

For details see Appendix, page 94.

## PAEDIATRIC ASSESSMENTS

The Senior Medical Officer of the Corporation holding a joint appointment with the Hospital Management Committee, as a member of the paediatric team at Mayday Hospital, examined 1,179 babies during 1973.

The Assessment Unit referred to in last year's report was opened at Mayday Hospital in April 1973 in charge of the Consultant Paediatrician, Dr. Burkinshaw. A second Senior Local Authority Medical Officer was given a joint appointment, initially for one session per week at the Unit. This appointment has already contributed to closer relationship between the Hospital and Community Child Health Services and may be expected to do so in the future. The Doctor was concerned in the assessment of 37 pre-school children in the period from April until the end of the year.



## Welfare Foods and Medicaments

The price of National Dried Milk was maintained at 20p per carton of 20 ozs. during 1973, but a steady decline in sales was recorded.

It has been noted that all Croydon Hospitals use **only** Ostermilk. This may account for the decline in sales and resistance to National Dried Milk. Sales of the latter have declined to one quarter of the amount sold four years ago.

## Comparative Prices:

National Dried Milk -	20p per 20 oz. pack
Ostermilk -	40p per 16 oz. pack.

## HEALTH CENTRES

The Centre at New Addington continues to present difficulties because of lack of room. A centre Manager was appointed during the year and there has been less difficulty in staffing the Centre in consequence.

The second Health Centre at Woodside was nearing completion at the end of the year and will open early in 1974. The more generous accommodation in this building should avoid most of the difficulties encountered at New Addington.



## THE WORK OF THE COMMUNITY NURSING SERVICE

Mrs. M.M. Connolly, S.R.N., S.C.M., Q.N., H.V. Cert.,  
Acting Director of Nursing Services

1973 has been a year which was overshadowed by the preparations for the tremendous change involved in the imminent implementation of the National Health Service Act, 1973 on April 1st 1974. For many members of the Community Nursing Service this change meant leaving the service of a well known and well regarded employer and transferring to the unknown employment of the new Croydon Area Health Authority. It was important that the feelings of uncertainty created by this change did not in any way allow the standards of service to the public to fall and every effort was made to prepare staff for the changes ahead.

The planned programme of exchanging the nine Managers of the Community Nursing staff and the local Hospital staff for one week was continued and proved to be a very successful way of creating understanding of each others work and problems. Explanatory literature from the Department of Health and Social Security about unification of the service was distributed to all members of staff and meetings were conducted by the Director of Nursing Services where staff were free to ask questions and discuss problems with her.

Miss Hayward's appointment as Area Nursing Officer to the shadow Croydon Area Health Authority on December 1st gave the staff great pleasure especially as her appointment was also generally welcomed by the local Hospital nursing staff. We wish her every success in her new post.

In June we were sad to say farewell to Dr. Wright whose wisdom had guided and supported us for so many years and we wish him many years of happy retirement.

It says a very great deal for the stability and conscientiousness of the staff that in spite of all the changes their morale has remained high.

It would be wrong to conclude what is probably the last annual report of the Community Nursing Service without paying tribute to the co-operation and assistance we have received from the many other Departments in the Local Authority whose services to the public are complementary to our own, and to stress the absolute need for a continuing and developing co-operation if we are to meet the ever increasing health care needs of the community we serve.

### Domiciliary Midwifery Service

Once again the falling birth rate has been reflected in the number of patients delivered at home and in the number of patients discharged early from hospital to the care of the domiciliary midwives. In spite of this 44 pupil midwives completed their District training.



It has become increasingly clear that with the falling domiciliary birth rate the midwifery service will become the first service to be integrated under the new re-organisation Act and to this end a working party of the domiciliary midwives was formed in November to plan how best the service could be integrated.

During the year all domiciliary midwives were able to take a two week course in basic management which should help towards understanding of unification of the service in 1974. For statistics see Appendix, pages 88-92)

### **Health Visiting Service**

The Health Visiting Service has struggled to maintain a good standard of service in the face of staff shortages whose origins have been discussed in previous reports. Five full time student Health Visitors successfully completed the course but this small number by no means filled the vacancies. However, the future looks brighter as nine Health Visitor students have been recruited this year and are currently in training.

In an endeavour to conserve the special skills of the highly trained Health Visitors there was increasing recruitment of State Registered Nurses to assist the Health Visitors in clinics and schools and to undertake some carefully controlled visiting. It has so far appeared to be a successful venture.

In spite of all these difficulties some expansion of service has developed. A new slimming club in Rectory Park clinic, Sanderstead has been very well accepted and two clinics for the elderly in Parkway Health Centre and in Rectory Park Clinic have proved very successful indeed.

For statistics see Appendix, pages 97-100.

### **Home Nursing Service**

This past year has been concerned with consolidating the system of attachment to general practice and forging links with the hospital service in preparation for the National Health Service re-organisation.

The volume of work continues to increase in line with the national trend to provide community services to care for people in their own homes and to prevent their unnecessary admission into institutions.

A grant has been obtained through Urban Aid Scheme to finance a pilot scheme for a Night Nursing/Attendance Service. It is hoped that the scheme will be started early in 1974 and will no doubt prove to be of great value to both the sick and their relatives.

In spite of the increased demands upon the service, the staff endeavour to maintain a high standard of nursing care.

For statistics see Appendix page 101.



## HEALTH EDUCATION AND HOME SAFETY

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

Local Authorities had power to carry out health education under Section 179 of the Public Health Act 1936 and continued to give a service under Part 3, Section 21 of the National Health Service Act, 1946. It was a permissive service. The appropriate resources of finance, accommodation and staffing depended on the foresight, enthusiasm and appreciation of its value by Medical Officers of Health and Local Health Committees. Croydon was fortunate on both counts and now has an established Health Education Centre. It is well-equipped and adequately staffed. There are five professional Health Educators, all of whom are experienced trained nurses with post graduate qualifications; there are also five Technical and Clerical Officers. Four of the professional staff who worked in the Centre since 1957 became Health Education Officers for Johannesburg, Brighton, Dorset and Luton respectively.

It is difficult to quantify the results of the work of the Centre since 1957. The biggest steps forward occurred in the field of education. 80% of Croydon schools now undertake some form of regular health education. In-service training courses for primary and secondary teachers are annual events and vital to progress. The Health Education staff kept well-abreast of current trends and coped well with the tremendous changes in public attitudes towards difficult emotional topics such as sex education, family planning, sexually transmitted diseases, smoking, drugs and alcohol. It has always been their aim to keep these topics in perspective in regular, well integrated programmes. Whenever possible it is policy to talk to groups of parents about the topics taught in school and about normal development and some of the problems of adolescence. Judging by attendances at these meetings the efforts were always worthwhile.

The Health Education staff have made a wide number of contacts in the town and act in an advisory capacity on a number of local committees and professional panels concerned with health education, such as:—

Croydon Marriage Guidance Council.

Family Planning Association - The South West Branch Executive and Motivation Committees.

Croydon Drug Dependency Liaison Committee.

Croydon Education Department Steering Committee for Educational Development.

The Principal Health Education Officer has been a member of the Health Education Council since its inception and is also a member of the London University Standing Sub-Committee Health Education Panel.



The staff have helped professional workers and students locally, nationally and internationally with health education projects and with advice in setting up Health Education Centres both at home and abroad.

Much time and support have been given to fieldworkers in all disciplines:-

Doctors, nurses, public health staff, occupational health staff and those in the social services and other Local Government services.

A rapid turnover of staff in all fields makes continuity and hence evaluation extremely difficult. Nevertheless advances have been made by Health Visitors in the establishment of weight control groups and courses for the elderly in Health Centres; by Health Education Officers and Health Visitors in anti-smoking groups (See Appendix P.108) and ante-natal classes in general practice and in the increasing number of parentcraft courses. Discussion on the prevention of accidents was integrated into all programmes. Attempts were made to monitor content and teaching standards so that constructive suggestions could be made to improve effectiveness.

### **In-Service Training**

A course of eight weekly sessions on the techniques of teaching was held for nurses, midwives and health visitors. Health education staff also took part in courses put on by the Social Services for residential staff in old people's homes and for home helps.

### **Family Planning**

The Health and Public Services Control Committee felt that if there were any money available to be spent on advertising it would be more beneficial to advertise the services of local clinics in the local newspapers rather than to participate in expenditure on a cinema and television campaign as suggested by the Social Services Committee of the London Boroughs' Association.

It was agreed that a quarter page advertisement be repeated in the Croydon and Coulsdon and Purley Advertiser every two months at a cost of £99 per month for three insertions. This was carried out with some good results in clinic attendances. Family Planning posters overprinted with the local telephone number were also issued to local Social Security offices.

Education for Family Planning was carried out by health visitors, midwives and health education officers in maternity wards, ante-natal classes (fathers' nights), youth clubs, adult groups and as part of the community health course and courses on personal relationships in secondary schools and technical colleges.

### **Environmental Health Services**

The health education staff have always had a very satisfactory working relationship with Environmental Health Officers which it is hoped will continue in the future.



Environmental health officers received more requests to lecture in schools as "A" Levels and "O" levels in Human Biology, Social Studies and C.S.E. syllabuses now include sections on environmental health, a topic with which teachers are not very familiar.

They frequently used the health education lecture room, all audio visual equipment, posters, leaflets and other visual aids and also used the health education delivery service when undertaking educational work.

### **Re-Organisation of the National Health Service**

After April 1st 1974 Health Education Staff will be transferred to the Reorganised National Health Service. However, all established health education activities will continue. The Health Education Centre will remain in Taberner House for several years and the Principal Health Education Officer will also become the Home Safety Officer for the Local Authority.

### **Liaison with Hospitals**

In May, Miss Sharp visited Queen's Hospital and talked to nurses (one from each ward) about the possibility of patients enjoying physical exercises to music. In June, weekly sessions began under her direction sometimes in the ward but generally in the day room with staff and often with relatives present; co-operation from staff and patients was excellent. The aim was to train and encourage the staff to continue on their own and to explore the opportunities for educating not only the elderly themselves but those caring for them. It was thought that other topics which could be developed included accident prevention, care of the feet, medicines with care and nutrition.

In April, an informal coffee morning with lecture/demonstration/exhibition on the work of the health education staff was held at Mayday Hospital Nurses Education Centre. Administrators, ward sisters and staff nurses from the Croydon and Warlingham Park Group of Hospitals were invited. It was a first step towards integration and explaining the philosophy behind the work of one section of the Health Department.

In June, a working lunch was held at Taberner House for Sir Harold Evans, Chairman of the Health Education Council, Mr. G. Langley, Croydon and Warlingham Park Group Hospital Secretary, Mr. K.J. Revell, Director of Education and Dr. S.L. Wright, Medical Officer of Health and the Principal Health Education Officer.

In August, reciprocal visits between the professional health education staff and some of the hospital group staff were arranged so that each might have a better understanding of the others work, problems and future activities. The Health and Public Services Control Committee agreed to the release of the health education staff for a week at a time during August. They appreciated this opportunity to discuss modern nurse management with the Principal Nursing Officer (Education), modern nurse management with the Principal Nursing Officer (Staffing) and techniques and approach to patients from ward sisters and staff in all departments of hospitals in the group.



In conclusion the Health Education Staff would like to express their appreciation to Dr. S.L. Wright for his continual help and interest in the establishment of the Health Education Centre. As a result therefore the staff are trained equipped and ready to look at the opportunities for developing health education activities in the Reorganised National Health Service.

William Hazlitt once said:—

"Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are and what they ought to be."

### DENTAL SERVICE (MATERNITY AND CHILD WELFARE)

B.J. West, Esq., L.D.S., B.C.S. (Eng.) - Chief Dental Officer

Details of treatment for the various priority classes are given in this report as a section apart from those for the School Dental Service, though in practice treatment for these groups is carried out as part and parcel of an integral service. This amalgamation of services is a fore-runner of the much greater integration which is to come during the year ahead.

The fact that there is in reality no distinction between the School Dental Service and the Maternity and Child Welfare Dental Service means that the same factors apply to both. The continued shortage of staff has meant that there has been a contraction in the work done for the priority classes. By far the largest part of this reduction has occurred in the treatment of pre-school children, where there has been a decrease of about a third in both fillings and extractions.

This can be explained largely by the change in circumstances in the Sanderstead area. The dental centre there has been the main clinic for sending for 3 year olds as a routine measure. However, the majority of Dental Surgeons in this district who previously supplied treatment under the National Health Service have now decided to undertake private treatment only. Consequently, the Local Authority clinic has been inundated with requests for treatment from patients previously treated under the General Dental Services, and has had to suspend the routine inspection of the 3 year old child in order to meet this demand. It is hoped that this facility will be restored early in the New Year.

The general shortage of staff has once more prevented the extension of similar schemes to other centres in the borough. However, the toddlers' Christmas Party, where 3 year old children are invited to have a dental inspection followed by the viewing of dental health education films and the consumption of 'dentally acceptable foods' was once again held at the Waddon Clinic, proving very successful. It must also be stressed that all pre-school children are encouraged to seek dental treatment from any of the borough's dental clinics and this is readily provided on request.



The treatment figures for expectant and nursing mothers have surprisingly shown a slight increase in a number of respects. There was an increase of a quarter in the numbers inspected, though the number of additional courses of treatment fell to only 2. The number of teeth filled fell slightly and the number of teeth extracted rose, again by a small amount.

This small rise in the figures for expectant and nursing mothers and the accompanying fall in those for the pre-school child have resulted in a reversal of the pattern which has been followed for several years now, namely a reduction in the proportion of nursing and expectant mothers to pre-school children treated, as follows:—

In 1953	78.3	mothers were treated for every 100 pre-school children
1963	65.7	" " " " "
1971	15.2	" " " " "
1972	10.1	" " " " "
1973	18.0	" " " " "

It is hoped that more pre-school children will be treated in the coming year since the treatment of these patients can be followed through for many years to come. Expectant and nursing mothers should be encouraged to attend a general practitioner whenever possible as it is only in this way that they will be able to obtain the necessary regular dental treatment.

It still remains our aim to extend the regular treatment of all pre-school children on a comprehensive basis. At present, only a small fraction of the pre-school population are receiving any dental treatment at all, either from the general practitioner or the local authority dental service. Consequently, the first experience of dentistry for many children is the very traumatic one (both physically and mentally) of extractions under general anaesthetic.

For statistics, see Appendix, page 110.

## DEAFNESS

All infants are screened for deafness during the first year of life either in the Child Health Centre or at home.

For detailed figures see Appendix, page 96.

## 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 six 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 3 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.

Additional chiropody services were provided at the Sanderstead Clinic where 1,271 treatments were provided and a further surgery commenced at the Bensham Day Centre where 200 treatments were given.

On December 31st 1973, 29 chiropodists were operating this scheme. During the period January 1st to December 31st 1973 they gave 23,073 treatments at their surgeries and 10,733 by domiciliary visits. 743 treatments were given at Parkway Clinic, New Addington and 332 at "Waylands".

The General Dental Services, and has had to suspend the routine inspection of the 3-year old child in order to meet this demand. It is hoped that this facility will be restored early in the New Year.

The general shortage of staff has once more prevented the extension of similar schemes to other centres in the borough. However, the toddlers' Christmas Party, where 3 year old children are invited to have a dental inspection followed by the viewing of dental health education films and the consumption of specially acceptable foods was once again held at the Sanderstead Clinic, proving very successful. It must also be stressed that all pre-school children are encouraged to seek dental treatment from any of the borough's dental clinics and this is readily provided on request.



## WORK OF THE PUBLIC HEALTH INSPECTORS

B. Rice Jones, M.A.P.H.L., Chief Environmental Health Officer

I have pleasure in submitting this report on the work of the Public Health Inspectors for the year 1973.

The problems associated with shortages of housing, builders and materials and difficult landings together with the lack of qualified staff towards the end of the year has kept the pressure on the Inspectors in their efforts to deal with the repair of unfit properties. A continuing effort has, notwithstanding, been maintained in securing the repair of these houses and wherever possible avoid any further deterioration in favour of rehabilitation. It has only been possible to deal with the housing repair problem and the work has been restricted to housing inspection and

# REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

that some of the less important routine work associated with factories, out-workers and some food shops has suffered. Whilst the department has not been able to achieve a full inspection programme of food premises, efforts have been made to cover those food premises requiring special attention. This aspect of the work of the Inspectors requires not only the skills of a good food technologist but also those of an interpreter of foreign customs, habits and language in connection with the high proportion of non-European food handlers in the borough. Their patience and application is needed in communicating with such a varied sector of the community. The amount of food spoilage and food waste has increased as evidence of the careless approach many food suppliers adopt in the preparation, handling and retailing of foodstuffs. Much work is spent trying to educate shopkeepers and manufacturers in matters of hygiene and in adopting a proper system of stock rotation. The trade is gradually becoming more aware of the need for date stamping of short life food products.

The work concerning the safety, health and welfare conditions in offices and shops in a developing borough has kept the specialist section fully occupied. The total legislation that is now in force concerning offices and shops etc. bears little relationship to the original Act that was passed in 1963 and the problems that now accrue therefore.

The Council's policy in supporting Clean Air in Croydon has secured a marked improvement in reducing the pollution of the atmosphere over the years and work is progressing towards the final stages of the programme. A graph in this report shows how well the pollution has been reduced since the programme was initiated.

The community is becoming more conscious of the intrusion into their lives of noise and the introduction of the Land Compensation Act dealing with the protection of buildings alongside road developments is indicative of the priority that is now being considered in protecting residents from sources of





## WORK OF THE PUBLIC HEALTH INSPECTORS

W. Rice, Jones, M.A.P.H.I., Chief Environmental Health Officer

I have pleasure in submitting the report on the work of the Public Health Inspectors for the year 1973.

The problems associated with shortages of houses, builders and materials and difficult landlords together with the lack of qualified staff towards the end of the year has kept the pressure on the Inspectorate in their efforts to deal with the repair of unfit properties. A continuing effort has, notwithstanding, been maintained in securing the repair of these houses and wherever possible avoid closing or demolition procedure in favour of rehabilitation. It has only been possible to mark time with the housing repair problem and the work has been restricted to individual housing inspection and complaints rather than a planned programme of general improvement.

In keeping resources available for this work it has been inevitable that some of the less important routine work associated with factories, out-workers and some food shops has suffered. Whilst the department has not been able to achieve a full inspection programme of food premises, efforts have been made to cover those food premises requiring special attention. This aspect of the work of the Inspectors requires not only the skills of a good food technologist but also those of an interpreter of foreign customs, habits and languages in connection with the high proportion of non-European food handlers in the borough. Much patience and application is needed in communicating with such a varied section of the community. The amount of food spoilage and food complaints received is indicative of the careless approach many food handlers still have in the preparation handling and retailing of foodstuffs. Much time is spent trying to educate shopkeepers and manufacturers in matters of hygiene and in adopting a proper system of stock rotation. The trade is gradually becoming more aware of the need for date stamping of short life food products.

The work concerning the safety, health and welfare conditions in offices and shops in a developing borough has kept the specialist section fully occupied. The total legislation that is now in force concerning offices and shops etc. bears little relationship to the original Act that was passed in 1963 and the problems that now accrue therefrom.

The Council's policy in supporting Clean Air in Croydon has secured a marked improvement in reducing the pollution of the atmosphere over the years and work is progressing towards the final stages of the programme. A graph in this report shows how well the pollution has been reduced since the programme was initiated.

The community is becoming more conscious of the intrusion into their lives of noise and the introduction of the Land Compensation Act dealing with the protection of buildings alongside road developments is indicative of the priority that is now being considered in protecting residents from sources of



noise. It is not always the question of protecting complainants from outside noise that has to be considered but also the protection of the younger age groups and their youthful but sometimes misguided support for disco-theque music which should receive attention. The work of forward planning and control of this function has been placed with the Clean Air specialist section as a development of the section to deal with pollution problems.

The difficulties forecast in last year's report relating to staffing problems did materialise and, towards the end of the year, vacancies in qualified staff varied between four and six and this position will not be resolved until the middle of 1974 when some of the deficiencies will be overcome by students qualifying and also filling some of the posts with Technical Assistants.

With the ever increasing flow of a great variety of complaints and the personal contact the staff have with the community, a human understanding and approach is necessary when dealing with residents' problems, whether in dealing with disputes between neighbours, tenants and landlords, investigation into poisoned pet food causing the deaths of pets or noises that arise during the night. The staff, both at the reception area or in the field have maintained a very balanced and sympathetic approach towards all sections of the public and it is perhaps this personal contact that often encourages the public to come with many problems not always within the scope of the work of the department. In these cases help and assistance is still given as far as it is possible.

Mr. W. Haworth, my predecessor, Mr K.N. Kirby, Specialist Inspector in charge of the Offices, Shops and Railway Premises section, Mr. H. Older, Chief Disinfector and Mr. J. Neal, Supervisor, all very long serving officers with Croydon, retired during the year and the good wishes of the staff go with them in their retirement.

I should like, in conclusion, to thank the Chairman, Vice-Chairman and the members of the Health and Public Services Control Committee for the encouragement and interest shown throughout the year, Dr. Burrowes for his guidance and genuine support and also the whole of my staff for their very effective and willing assistance.

\* \* \* \* \*

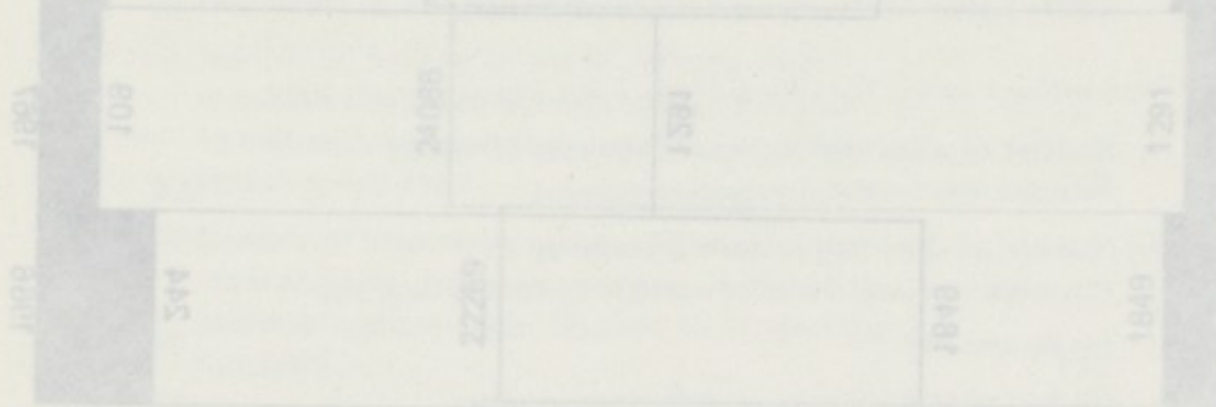
## HOUSING – STANDARDS OF FITNESS AND REPAIR

The progress in securing the repair of unfit houses has followed the pattern of recent years in that increasing effort has to be made to maintain the objectives effected in past years. The two histograms show how much this effort has increased since 1966 without materially improving the overall total number of houses repaired. The factors affecting these issues have been described in the introduction.

The Council's present redevelopment programmes such as Whitehorse Road, does mean that many of the older houses that would eventually become "totally unfit" are being dealt with. The statistical figures in the report show a very low number of houses represented for demolition or closing under the provisions of the Housing Act during the year and taken in conjunction with redevelopment programmes indicates there is no serious problem of slum clearance in Croydon at present, but there is an obvious need to maintain and improve the remaining stock of older houses.

The amendment to Section 9(1) of the Housing Act, 1957 by the Housing Act, 1969, has meant that the Council can require landlords to carry out an improved standard of repair including external decoration and renewal of electrical wiring etc. At a meeting of local authorities, officers and Ministry officials last year it was reported that Croydon had served more notices under the amended section than the combined total served by the remaining London Boroughs.

Applications for Qualification Certificates from landlords has declined considerably throughout the year after the first flush following the introduction of the Acts of 1969 and 1972, but there are many old applications which were refused i.e. indicating the houses were not in good repair and unfit which now have to be dealt with and the houses brought up to standard.

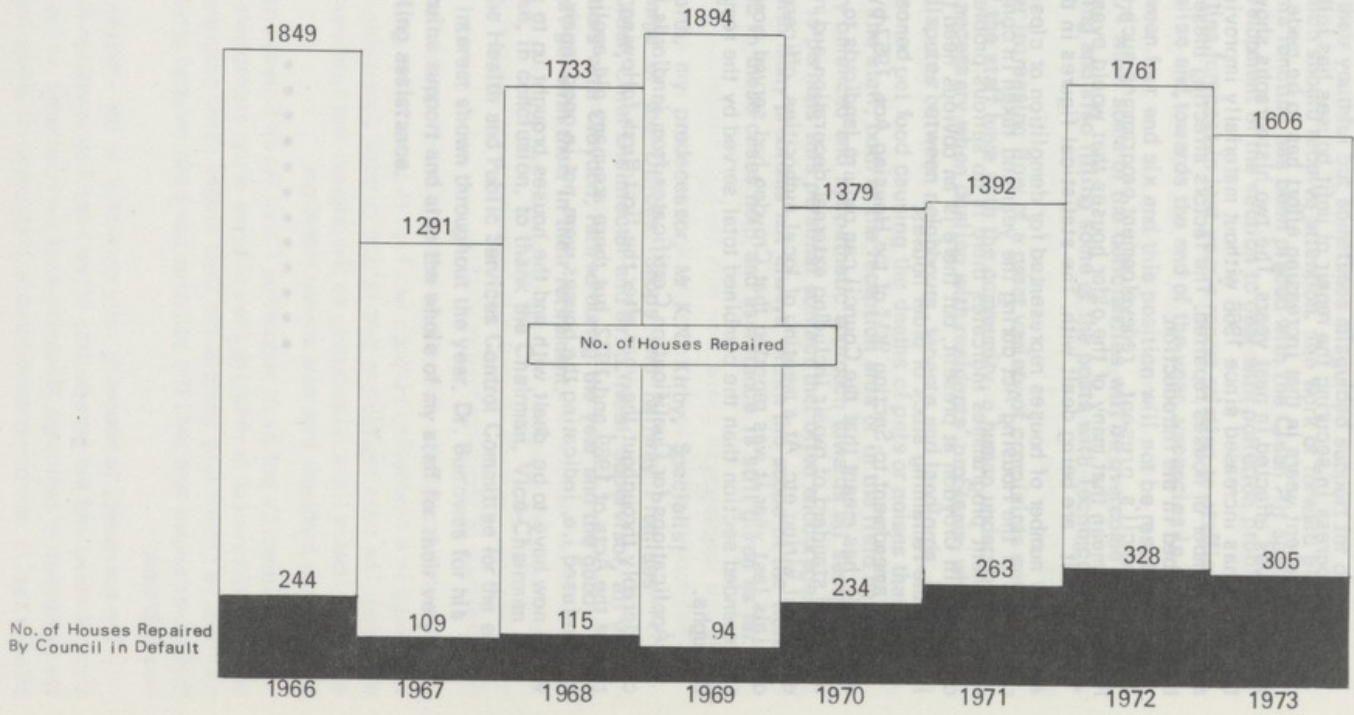


1st Council to obtain  
100% houses repaired

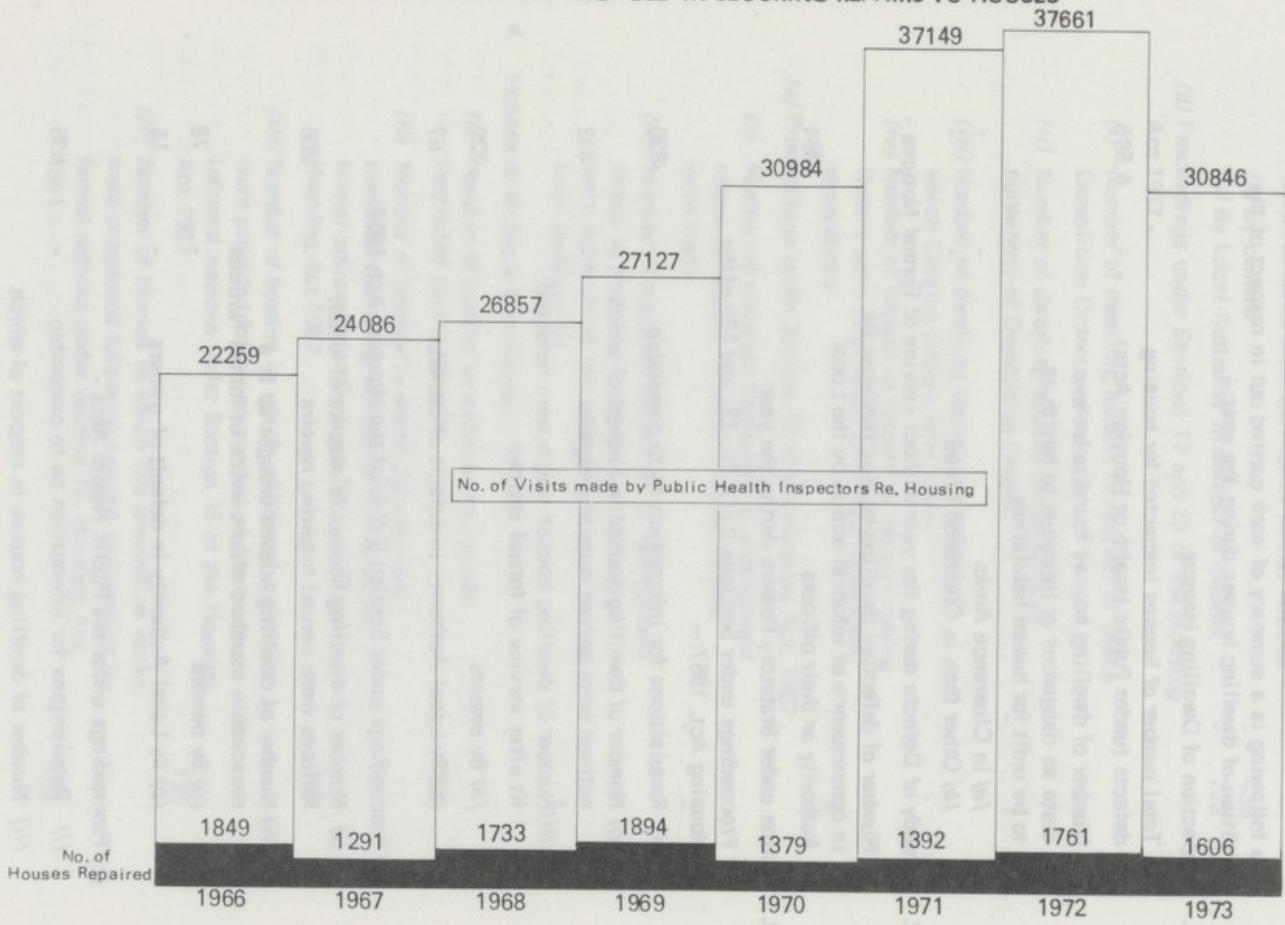
1st of  
Houses Repaired



SHOWING TREND OF HOUSES REPAIRED AND RELATIONSHIP OF DEFAULT WORK



SHOWING RELATIVE EFFORTS ENGAGED IN SECURING REPAIRS TO HOUSES





The following is a summary of work carried out in respect of the 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)	-	4,585
	(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	-	-
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		464
3.	Action under Statutory Powers during the year		
	(a) Proceedings under Sections 9 (1), 10, 12, and 170 of the Housing Act, 1957:—		
	(i) Requisitions for information as to ownership	-	830
	(ii) Number of dwelling houses in respect of which notices were served requiring repairs	-	402
	(iii) Number of dwelling houses which were rendered fit after service of formal notices	-	
	(a) By owners		320
	(b) By Local Authority in default of owners		67
	(b) Proceedings under Section 9 (1A) of the Housing Act, 1957:—		
	(i) Number of dwelling houses in respect of which Notices were served requiring repairs	-	206
	(ii) Number of dwelling houses brought up to a reasonable standard after service of formal Notices		
	(a) By owners	-	78
	(b) By Local Authority in default of owners	-	16
	(c) Proceedings under the Public Health Acts -		
	(i) Requisitions for information as to ownership	-	595
	(ii) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	-	655

(iii) Number of dwelling houses in which defects were remedied after service of formal notices		
(a) by owners	-	439
(b) By Local Authority in default of owners	-	222
(d) Proceedings under Sections 17 and 23 of the Housing Act 1957 -		
(i) Number of dwelling houses in respect of which Demolition Orders were made	-	-
(ii) Number of dwelling houses demolished in pursuance of Demolition Orders	-	1
(iii) Number of dwelling houses in respect of which Closing Orders were made	-	-
(iv) Number of houses in respect of which Closing Orders were determined following repairs and renovations	-	4
(e) 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	-	2
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	-	1
4. Houses in Multiple Occupation -		
(i) Number of houses in multiple occupation inspected during the year	-	221
(ii) Number of houses in which defects were remedied following service of formal or informal notice under Sections 9(I) and 9(IA) Housing Act 1957	-	187
(iii) Number of houses in which additional amenities were provided following service of formal or informal notices under Section 15 of the Housing Act 1961	-	170
(iv) Number of houses in which fire prevention works were completed following service of formal or informal notices under Section 16, Housing Act 1961 -	-	198



5. Housing Act, 1969

During the year 493 applications for Improvement Grants were referred to the Department by the Borough Valuer, and 403 visits of inspection were made to the houses concerned.

6. Housing Act, 1969 and Housing Finance Act, 1972.

Applications for Qualification Certificates received-	175
Qualification Certificates Issued	- 82
Qualification Certificates Refused	- 44
Applications withdrawn	- 24
Applications awaiting expiry of appeal period	- -
Applications still under consideration	- 25

### COMMON LODGING HOUSES

There is one registered Common Lodging House within the borough for up to 20 men and provides casual accommodation for these men. The premises are inspected regularly and works are proceeding to improve the means of escape in case of fire to a higher standard.

### DRAINAGE

935 visits of inspection were made to premises where underground drains were in course of repair.

There are now 17 cesspools serving premises without main drainage.

### POLLUTION OF RIVERS AND STREAMS

Pollution of the water courses within the borough is monitored by the Scientific Adviser to the Greater London Council and the department.

There were no problems during the year.

### PEST CONTROL

The section deals largely with the free service to domestic premises infested with rats and mice and also the control of, but not the elimination of, foxes and feral pigeons.

The results of the survey undertaken last year in conjunction with other local authorities for the Ministry of Agriculture, Fisheries and Food show the level of infestation of rats and mice in Croydon is at an acceptable level compared with many other boroughs where levels of infestations are very high.

It is not possible, however, to relax in the battle against these vermin as there are too many factors in their favour beyond the control of the operators which allow for their harbourage and breeding habits.

Testing and baiting of sewers was carried out but the operation was on a restricted scale. Where surface infestations can be attributed to sewer or drain infestations, both areas are treated. Again a constant vigilance must be kept of the infestations in the Council's sewers as difficulties of surface infestations will soon occur if they are allowed to get out of hand.

Occupiers of commercial and especially food premises are given advice and where infestations occur whether mice, beetles or insects lists of approved firms are supplied to enable them to engage proper qualified staff.



The term "familiarity breeds contempt" does unfortunately apply to the use of modern insecticides. Whilst many of these can be used to good effect against infestations, many of them do require care in handling and if used in accordance with manufacturers instructions are quite safe, but in many cases it is human nature to disregard the instructions. Progress was made during the year to ensure that only trained personnel used these insecticides and to keep their use under strict control.

No. of Notifications Received of Rodent Infestations in Domestic Premises	...	...	...	...	...	...	2,574
No. of Visits by Rodent Operators to carry out Treatments	...	...	...	...	...	...	9,000
Complaints Received regarding Foxes	...	...	...	...	...	...	164
Foxes Destroyed	...	...	...	...	...	...	340
Complaints Received regarding Feral Pigeons	...	...	...	...	...	...	92
Pigeons Destroyed	...	...	...	...	...	...	3,000

#### NOISE ABATEMENT

There is an increasing need to control the noise problem in our environment. This insidious form of pollution with the advance of mechanisation, the concept of which is designed to increase efficiency and develop output but has little or no regard to the effects such extra output creates in terms of noise. Industry is not a willing partner in reducing noise or producing quieter machinery at the expense of efficiency or increased efficiency brings to everyday life but some sections of the community will inevitably suffer in terms of discomfort and misery if they lie in the path of this "machine".

There are three areas which should be looked at in terms of preventative measures and controls that might alleviate the effects of the created nuisance —

- (a) the day to day nuisances that arise from drills, record players, demolition and building noise and banging of car doors, etc.,

In dealing with these over the past years it has been found that they are conditions that flare up and can be dealt with in most cases by the application of common sense backed up with occasional technical knowledge and advice.

- (b) The gradual increase in road traffic noise due to road improvements, the introduction of one way street systems, new rail links and introduction of new machinery and factory processes.

The introduction of the Land Compensation Act and the Environmental Protection Bill are indications that much needed support is being given to controlling this problem at source. The Land Compensation Act deals with protecting residents along roadways which are enlarged, etc., and which will carry a heavier flow of traffic, ensuring they are adequately protected against



any increase in noise. The Environmental Protection Bill provides for the setting up of areas similar in some respects to those Smoke Control Areas under the Clean Air Acts.

To be able to assess the needs and action that should be taken, survey work must be undertaken to provide the necessary data. An experimental survey carried out during the year using manual effort proved the need for automatic equipment for this type of work. There is little choice of equipment in this specialised field and the department is exploring all alternative systems, the latest one is one that can be used in conjunction with the Council's computer system.

The specialist section dealing with the Council's Clean Air policy is to be enlarged next year to absorb this work and also assist and service other departments requiring information for any of their projects.

(c) The background levels that persons accept or have inflicted upon them, such as discotheque music or factory/office processes.

The last category will be difficult to control but nevertheless it is felt that if resources were available some useful work could be done preventing the level of discotheque music rising above a safe level. The levels in factories come within the province of the Factory Inspectorate but the department did make representations to the Department of Employment this year on the possibility of introducing new legislation, following the Lord Robens report on working conditions of employees, for measures to not only safeguard employees but also adjoining residents through the introduction of noisy machinery in premises where planning permission was not required. Some implementation towards this end is now being considered.

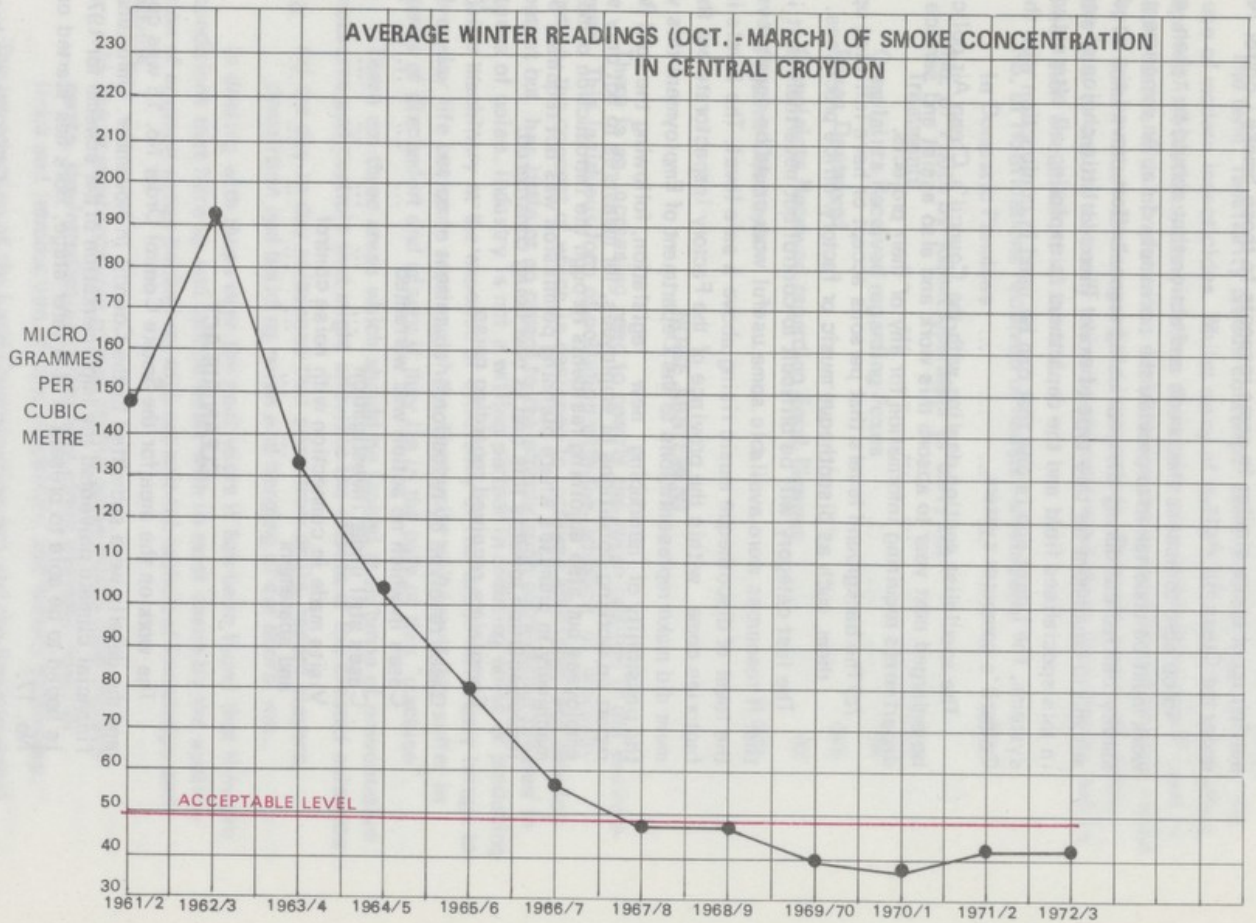
Complaints received regarding noise	...	...	...	...	131
Cases resolved by reduction or abatement of noise	...	...	...	...	91
Cases in which no action was warranted	...	...	...	...	28
Cases still under investigation	...	...	...	...	12
Visits made in connection with noise control and abatement	...	...	...	...	621

### CLEAN AIR ACT

The work on the area for the Smoke Control Order No. 16 was completed and the details were submitted to the Council in November. Unfortunately the financial climate prevented the implementation of the scheme for 1974, but it is hoped to be able to present it at a later stage. Work has started on Area No. 17.

The graph shows how well the pollution of the air in Croydon has been reduced since the inception of the work on clean air.





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 167 plans showing the construction and heights of new chimneys were examined and in 31 cases additional height was requested and agreed. 64 notices of the installation of new furnaces were received, 21 of these being oil fired plants.

## LOCAL LAND CHARGES

During the year 12,756 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 the Department currently, or which may apply to the property at some future date.

## PLANNING APPLICATIONS

Planning applications relating to new developments 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 3,850 plans submitted for approval.

## 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.

Inspection of the two units revealed that the older unit was approaching the end of its useful life having been in continued use for over 86 years. Provision has been made in next year's estimates for the replacement of the unit.

The following articles were disinfected during the year:—

By Steam ... ..	11,696 articles
By Formalin Gas ... ..	67 articles
<i>Total</i>	<u>11,763 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:—

52 rooms, hospital wards, clinics etc.

On request disinfection was also carried out for conditions other than notifiable infectious diseases and for which a charge is made. During the year £50.00 was paid for such services.

1,960 items of home nursing equipment were disinfected.



## DISINFESTATION OF PREMISES

There was a marginal increase in the number of cases where the department assisted in dealing with the more difficult and persistent cases of infestations from pests and insects. These increases are often caused by seasonable factors as in the warmer months of the year when there was a preponderance of flea infestations reported this year.

No. of occupiers assisted during the year by spraying or fumigation - 137

## CLEANSING OF VERMINOUS, ETC., PERSONS

The cleansing section at the disinfection station has again proved its usefulness in providing facilities for dealing with cases of verminous persons.

No. of adults treated for scabies	-	16
No. of children treated for scabies	-	15
No. of adults treated for other verminous conditions	-	5
No. of children treated for other verminous conditions	-	35

## DISEASES OF ANIMALS ACT, 1950

The problem of utilising untreated swill and trying to sterilise it before feeding it to pigs has been realised for some time especially when a virulent disease in pigs known as swine vesicular disease became known in the country in 1972. Pigs on a farm in the district became infected with this disease during the year and this resulted in the pigs being slaughtered and destroyed with the inevitable restrictions that must be enforced to prevent the spread of the infection. The Ministry of Agriculture, Fisheries and Food Veterinary Officer dealt with the control at the farm and the department carried out the necessary supporting roll in the declared area around the farm within the borough.

There were no other major incidents in the borough during the year.

## CARAVAN SITES

The site prepared for 15 gipsy families in their caravans, in accordance with the Caravan Sites Act, 1968, is now in use. The provision of this site has now relieved the situation that arose when numerous other caravans were parked on the adjoining ground during the construction of the present site. Many complaints arose during this time and the Inspectors were kept busy during this period in an attempt to keep the level of these complaints to a minimum.

Two site licences controlling the conditions on caravan sites, i.e. protection of water supplies, the provision of certain facilities on the site and fire precautions, made under the Act of 1960, were in force during the year.

### MINES AND QUARRIES ACT, 1954

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

Routine visits are made to quarries in the district as necessary, and usually before major school holidays.

### LECTURES AND TALKS

Past experience has shown the value of this form of communication with people, whether housewives' organisations, children at school or employees in the food industry, etc. This approach does give an opportunity to inform residents of the services available to them and the work that is done on their behalf, also in educating students in many fields on the question of standards of hygiene. Many of these lectures are given in the Inspector's own time. Support is also given in providing lectures to the Technical College where the specialist knowledge of the inspector is required on a small number of courses. A series of lectures to Council employed food handlers was undertaken by the Specialist Food Inspectors during the year. The number of staff that attended these lectures was 210.

During the year 81 talks were given to local community associations, schools and industrial organisations.

Medical	100.0			
Overseas	100.0			
Unemployed	100.0			
Industrial	100.0			
Technical College	100.0			
Sanitary	100.0			
Other	100.0			
<b>TOTAL</b>				



**SUMMARY OF HOUSING AND MISCELLANEOUS 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 ... ..	4,585
Houses Inspected following applications for Qualification Certificates	1,288
Houses Inspected following applications for certificates of disrepair	3
Inspections of underground rooms... ..	232
Special inspections in connection with the Housing Survey ...	758
Houses inspected for overcrowding conditions ... ..	119
Re-inspections of work outstanding on housing notices ... ..	12,773
Number of visits regarding infectious diseases ... ..	1,210
Number of visits regarding food poisoning ... ..	197
Inspections of drainage work during repair ... ..	1,092
Drainage systems inspected, surveyed or traced ... ..	3,787
Drains tested ... ..	112
Inspections of cesspools and earth closets ... ..	9
"    schools and school sanitary conveniences ... ..	24
"    public conveniences ... ..	52
"    verminous premises ... ..	65
"    ponds and ditches ... ..	48
"    premises in course of destruction ... ..	687
"    tents, vans and similar structures ... ..	174
"    premises in connection with improvement grants ... ..	64
Inspection and re-inspection of houses in multiple occupation	6,033
Inspection and re-inspection in connection with Smoke Control Orders	14,746
Smoke observations ... ..	95
Visits regarding exhumation ... ..	1
Visits in connection with miscellaneous public health nuisances	3,137
Visits to immigrants ... ..	206
Unsuccessful calls ... ..	5,501
Appointments kept with owners, builders, etc. ... ..	6,045
Investigations of complaints other than housing matters ... ..	721
Inspections under Noise Abatement Act ... ..	621
Visits regarding rats and mice infestation by rodent operators...	10,159
Visits regarding rats and mice infestation by district inspectors	1,032
Visits in connection with destruction of foxes ... ..	1,193
Visits in connection with destruction of pigeons ... ..	1,007
Informal Notices served ... ..	1,503
Informal Notices complied with ... ..	1,053
Statutory Notices outstanding 31.12.72 ... ..	1,756
Statutory Notices served ... ..	2,933
Statutory Notices complied with ... ..	2,797
Statutory Notices outstanding 31.12.73 ... ..	1,892
Total number of callers at the office ... ..	3,363
Total number of letters received at the office...	15,846
Total number of complaints received ... ..	5,231
Attendances at Court ... ..	9

## FACTORIES ACT, 1961

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

### 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		
		Inspec- tions (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	51	20	4	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	1,305	262	14	-
(iii) Other Premises in which Section 7 is enforced by Local Authority (excluding out-workers premises)	64	51	-	-
<b>TOTAL</b>	<b>1,420</b>	<b>333</b>	<b>18</b>	<b>-</b>

### 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) ... ..	-	-	-	-	-
Ineffective drainage of floors (S.6) ... ..	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient ... ..	1	1	-	-	-
(b) Unsuitable or defective ...	6	6	-	-	-
(c) Not separate for sexes ...	-	-	-	-	-
(d) Not labelled ... ..	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork) ... ..	16	16	-	-	-
<b>TOTAL</b> ... ..	<b>25</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>-</b>



## PART VIII OF THE ACT

## Outwork

Nature of Work  (1)	Section 110			Section 111		
	No. of Outworkers in August list required by Sect. 10 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Lampshades	25	-	-	-	-	-
Paper bags and Cardboard boxes	1	-	-	-	-	-
Christmas cards, Christmas crackers and stockings	-	-	-	-	-	-
Tool assembly	5	-	-	-	-	-
Wearing apparel	60	-	-	-	-	-
Perfumery, Toiletries, etc.	22	-	-	-	-	-
Curtain and furniture hangings	1	-	-	-	-	-
Making up of Cotton Articles	3	-	-	-	-	-
<b>TOTAL</b>	<b>117</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

## 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	162	1,664	412
Retail Shops	130	1,869	508
Wholesale Shops			
Warehouses	8	114	29
Catering Establishments open to the public, Canteens	26	247	81
Fuel Storage Depot	-	3	2
<b>TOTALS</b>	<b>326</b>	<b>3,897</b>	<b>1,032</b>

Number of visits of all kinds by Inspectors to Registered Premises

5,502

### Analysis of Persons Employed in Registered Premises by Workplace

<i>Class of Workplace</i>	<i>Number of Persons Employed</i>
(1)	(2)
Offices	42,960
Retail Shops	13,621
Wholesale Departments, Warehouses	2,648
Catering Establishments open to the public	3,139
Canteens	687
Fuel Storage Depots	43
<i>TOTAL</i>	63,098
<i>Total Males</i>	31,621
<i>Total Females</i>	31,477

#### Exemptions

No exemptions were granted under the Act during the year.

#### Prosecutions

There were no prosecutions under the Act during the year.

### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This is the ninth report in the series since the Act came into operation and it can be said with some satisfaction that the progress made during 1973 compared very favourably with that of any year since the Act came into force.

A total of 5,502 visits were made during the year and approximately 1,000 plans were examined indicating the ever increasing occupation and allocation of commercial premises within the Borough. Opportunity was taken to advise 900 of these applicants of the requirements of the Act in relation to the plans and although much time is spent in this direction the results show a positive improvement in the standards required by the Act.

The Council is now responsible to ensure that the quality of the working environment under the Act for more than 63,000 (42,000 in 1966) employed persons in a total of nearly 4,000 (3,500 in 1966) registered premises. Over 1,000 of these premises received a full inspection during the year comprising offices, shops, warehouses and catering establishments. The planned objective of a general inspection of once in every four years has been achieved.



During routine inspections it was found in one case in a shop that a crude anti-theft device had been installed in a detached store-room in the rear yard. The device comprised of a wire loop connected to the electric mains supply and draped along the interior surface and across an opening in the wall. The insulation was stripped from the wire along the wall. The object was to give an electric shock to any person reaching through the opening in the wall from outside. A warning notice was exhibited in the store for the benefit of the employees. This crude attempt to provide an anti-burglar proof device was highly dangerous to both employees and intended intruders and the owner was requested to remove the device immediately. It was, of course, a contravention of the Act.

## ACCIDENTS

The number of accidents in these premises reported to the Department during the year was 136 and all were investigated. Of the accidents investigated, the following action was taken:—

Prosecutions nil. Formal Warnings 26. Informal advice 56

No action was found necessary in 54 cases but the information supplied by the employer in each case was checked and in some instances inaccurate reports had to be corrected.

A number of accident reports were received in respect of persons subject to the Act but because the accident did not occur on registered premises they were not officially recorded. These included incidents on the highway, loading and unloading vehicles; on domestic premises delivering goods, and one incident involved a store detective and a customer on the pavement. Amongst this group come those accidents which are not reported if persons are incapacitated for less than three days.

The following reports illustrate some of the types of accidents which were investigated during the year:—

### **Machinery** - Eight accidents

*Example:—* A representative visiting a modern multi-storey office building and using the lift was carrying and supporting with two arms a thermal machine weighing about 15 pounds. On reaching the sixth floor the doors opened and the representative proceeded to leave the lift but the doors closed trapping her arms against the machine. She shouted for help as the doors of the lift were continually trying to close. With assistance she was released but suffered as a result of the accident a fractured wrist. Adjustment of the lift door mechanism was found to be necessary. The lift has since been removed and a new lift is now being installed.

### **Transport** - six accidents

*Example:—* An employee aged 16½ years was driving a fork lift truck in reverse in a warehouse to park the vehicle adjacent to a vertical concrete post.



Another employee aged 19 years standing nearby decided to assist the driver but unknown to the driver he reached behind the moving vehicle as it neared the concrete post and switched off the ignition to the vehicle. His arm became jammed between the vehicle and the concrete post and he sustained a fracture and laceration of his right arm.

#### **Explosion - One accident**

*Example:*— A trainee chef aged 16 years applied a lighted taper to a gas oven pilot light. An explosion followed which blew open the upper door of the oven, and the employee sustained laceration of the head. The investigation revealed that the pilot lights were in bad condition and that air holes in the gas governor were blocked.

#### **Hand Tools - Fourteen accidents**

*Example:*— A chef aged 20 years chopping onions with a knife. The knife slipped and cut off the top of the thumb on the left hand. Advice was given to all staff concerned. This type of accident is all too common and illustrates the need for better training.

#### **Falls of Persons - Forty-seven accidents**

*Example:*— A kitchen assistant aged 22 years was carrying a box of cutlery across a kitchen. He slipped and fell on the wet floor and sustained a fractured collarbone. The floor was wet due to a leaking pipe which has since been repaired.

#### **Stepping on or Striking against Object or Person - sixteen accidents**

*Example:*— An employee aged 17 years who was carrying a pair of 12" long scissors, approached a pair of swing doors leading from the shop to a warehouse. The doors were pushed open from the opposite direction forcing the scissors to penetrate the employee's ribcage but fortunately not causing a serious injury. Sight panels were required and were installed in the doors. Advice was also given in respect of the scissors.

#### **Handling Goods - Thirty-one accidents**

*Example:*— A display assistant aged 43 years strained her back whilst lifting a box of soap powders. Advice was given to all concerned.

#### **Struck by Falling Object - Nine accidents**

*Example:*— An office employee aged 53 years was opening the top drawer of a filing cabinet. The drawer slid completely out and in trying to save it from falling, the drawer fell and struck her wrist and knee. She sustained damage to the tendons of her wrist and bruising of her knee. It was revealed that the defect was due to a manufacturing error and the cabinet in question was destroyed.



### Contact with Hot Objects - One accident

*Example:—* A serious accident took place in the kitchen of a restaurant whereby a cook aged 18 years was emptying a frying kettle containing hot oil from which chips had been removed. As the Cook withdrew the kettle, her arms were splashed with oil. She was kneeling down at the time and as the hot oil splashed her arms the kettle which was on the edge of the cabinet beneath the fryer overturned spilling its contents onto the floor. The cook slipped bodily onto the oil and received extensive generalised burns. A Restaurant Assistant who was frying fish nearby went to her assistance and she too fell into the hot oil receiving severe burns. Representation was made to the Company, clearly to indicate by notices appropriately placed that hot oil must not be approached until cool. On the Food Inspector's complaint that the Company's "Manual of Operators" did not draw the attention of those concerned to the dangers in dealing with hot liquids, all Departments of the Multiple Stores Catering Sections throughout the Country were circularised and warned of strict attention to this problem.

### COMPLAINTS

Apart from routine and general inspection 30 complaints were received some of which were made anonymously. The complaints were of inadequate lighting and ventilation, low temperatures, high temperatures, insufficient and defective sanitary accommodation, over-crowding, lack of first-aid and unsatisfactory access to lift motor rooms. Many recommendations have been made to the Department of Employment on matters found by the Inspectors and which warrant improvements in the working conditions of staff employed.

### HOISTS AND LIFTS

During the year considerable progress has been achieved in respect of the safety of hoists and lifts in all premises for which the Council are responsible under the Act.

There are 600 such lifts and hoists in the Borough and 517 of them have had at least one inspection since the regulations came into force.

All crate hoists and service lifts in all public houses subject to the Act have now been inspected.

During the year 46 adverse reports were submitted by the competent person, usually Insurance Company Inspectors, and all reports have been investigated, and action is being taken to secure compliance with the Act.

In all, as can be seen in the following table, 178 Notices were served including the requirements by Competent Persons and on re-inspection 75 have been abated.

*Example:—* An employee aged 18 years was driving a fork lift truck in a warehouse when he was struck by the vehicle, which was a vertical mast type.

## OFFICES, SHOPS AND RAILWAY PREMISES (HOISTS AND LIFTS) REGULATIONS 1968

CLASS OF PREMISES	NUMBER OF ADVERSE REPORTS RECEIVED	NUMBER OF LIFTS INSPECTED		NUMBER OF NOTICES SERVED		TOTAL NUMBER OF INSPECTIONS AND RE-INSPECTIONS
		NON-POWERED	POWERED	SERVED		
OFFICES	21	-	162	60	24	
RETAIL SHOPS	3	2	56	40	16	
WHOLESALE SHOPS AND WAREHOUSES	-	1	6	2	1	
CATERING ESTABLISHMENTS OPEN TO THE PUBLIC, CANTEENS	22	57	16	76	34	
TOTAL	46	60	240	178	75	503

Delays in carrying out remedial measures continue to present a problem due principally to the shortage in private industry of qualified staff to rectify the contraventions; the pressures of work and the shortage of suitable materials and equipment.

The appointment of one person employed wholly in the capacity of a specialist for the express purpose to ensure the safety of hoists and lifts has unquestionable advantages.

Investigations of conditions existing in lift motor rooms revealed that in many cases the access to the lift motor room was not secure from unauthorised persons; the approaches to the lift motor rooms were extremely dangerous; hatchways were not protected; there were many cases of inadequate lighting and ventilation; inadequate protection of dangerous machinery; inadequate safe working area and dirty conditions.

### DANGEROUS LIFTS

During the year four lifts were found to be in such a dangerous condition as to warrant their discontinued use. This was achieved without resort to legal proceedings pending the result of satisfactory modifications.

There were no prosecutions during the year.

### Staffing

Only one change in staff was necessary with the retirement of the Specialist Public Health Inspector who had been responsible for this Section since its inception.





## 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 90 agencies registered and regularly inspected in the Borough.

## SHOPS ACTS, 1950-65

The Shops Acts deal with working hours, health and comfort of shop assistants and also control the hours during which shops may be open for business.

During the year 673 inspections were made under the Acts and the following infringements were remedied.

Hours of Closing	...	...	...	...	...	...	60
Notices to be exhibited or amended	...	...	...	...	...	...	59

Shops were found to be trading six days per week outside of the central shopping area. This was brought to the attention of the persons concerned and the practice ceased.

The following complaints were received and investigated and dealt with during the year:—

Insufficient meal intervals for shop assistants	...	2
Excessive number of hours worked by young persons	...	2
The sale of goods on a Sunday not permitted by the Act	...	1
Selling of ready cooked provisions	... ..	1

Two evening sales were allowed outside the permitted hours of opening.

It was not necessary to take any legal proceedings during the year.

## HAIRDRESSING ESTABLISHMENTS

Legislation calls for the registration of hairdressers' and barbers' premises. During the year 216 inspections were made of registered premises to check that the Byelaws in force were being observed. Generally little cause for complaint was found. 23 new Registration Certificates were issued.

When the Department is notified of any problem of Head Lice in school children a special effort is made to visit all Hairdressers and give advice on the extra care needed in the circumstances.



## CONSUMER PROTECTION ACTS, 1961 - 1971

Routine visits were made to shops in connection with guards to heating appliances, inflammability of materials and nightdresses, crash helmets, stands for carry cots, and safety of oil heaters, toys, electric blankets and cooking utensils, etc. These Acts and the Regulations made thereunder, set out to protect the health and safety of the purchasers and users of such articles.

Surveys indicated the sale of old and unsafe oil heaters through retail outlets has considerably diminished but there is little control over private transactions. A constant watch was kept during the critical periods of the year to prevent the sale of this type of heater and the pressure that has been applied in previous years by the department has helped considerably in reducing the number exposed for sale.

A need to monitor the sale of toys where there is a danger of lead contamination of the paint remains, as there is still evidence of this type of contamination being found in manufactured toys.

During the year 26 samples of toys were purchased from local retailers and submitted to the Public Analyst for examination of the paint film. Although all toys proved to be satisfactory it was found that a wooden toy chicken on wheels painted white and red was near the permitted limit of 5,000 parts per million, i.e. having some 4,100 parts per million in the white paint film. The toy was of Dutch origin. The one shop retailing this toy was informed of the result of the analysis and the retailer chose to withdraw them from sale.

## 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.

### 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.

### THE RIDING ESTABLISHMENTS ACTS 1964 and 1970

These Acts provide 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. Three licences have been granted to local establishments.

### 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, 137 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.

### PET ANIMALS ACT, 1951

This Act governs the sale of pet animals and during the year 19 licences were renewed and 7 new licences issued. During the year 95 inspections were made and little cause for complaint relating to conditions specified in the licences was found.



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

Retail sale of ice-cream ... ..	587
Manufacture of ice-cream ... ..	2
Preparation or manufacture for sale of sausages, or potted, pressed, pickled or preserved food ... ..	260

During the year 7,402 inspections and re-inspections were made of food businesses.

This number represents a steady increase in the achievement on the part of the Inspectors over the last five years, but the pace of this increase has not managed a full and satisfactory coverage of all the food premises in the borough. Comparatively much more time is needed in education rather than prosecution of food handlers with so many difficulties arising from the employment of differing nationalities and their basically differing standards. It is no simple task that confronts the Inspectors and the available time which staff have been able to devote to the work causes some concern.

## 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 1973</i>	<i>No. to which Sec. 19 applies</i>	<i>No. of sinks fitted to comply with Sec. 19 during 1973</i>
Bakehouses and Bakers				
Shops	121	1	121	1
Sugar Confectioners	439	1	403	1
Cafes, Restaurants, Snack Bars, etc.	317	7	317	5
Works & Club Canteens	563	6	563	6
Licensed Premises	153	4	153	3
Off Licences	120	-	24	-
Grocers & General Shops	330	2	300	1
Butchers	174	2	174	1
Wholesals Meat Markets	11	-	11	-
Chemists	89	-	89	-
Greengrocers	209	5	209	3
Fishmongers	34	1	34	1
Fried Fish Shops	47	1	47	1
Milk Distributors and Dairies	335	3	281	-
Premises from which Roundsmen & Mobile Shops operate	141	-	141	-
Food Manufacturers	23	1	23	-
Supermarkets	69	1	69	1

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

### Food Premises

Structural defects in shops and stores remedied ... ..	-
Defective condition of walls, ceilings, doors and window glazing ... ..	169
Defective condition of floors, utensils, fixtures, etc. remedied ... ..	105
Defective or insufficient drainage repaired ... ..	2
Lighting, heating or ventilation provided ... ..	6
W.C. accommodation - repair or cleansing ... ..	27
"          "          - artificial lighting provided ... ..	-
"          "          - intervening ventilated space provided ... ..	4
Food - now stored 18 ins. off floor ... ..	6
" - means to prevent risk of contamination provided ... ..	28
" - store provided or repaired ... ..	4
Accumulations in yard or stores removed ... ..	33
Offal and refuse bins provided ... ..	24
Yard paving repaired ... ..	-
Hand washing notices exhibited ... ..	30
Ablutions - Wash basins provided ... ..	35
" - Hot water supplies provided ... ..	35
" - Nail brushes, soap and towels provided ... ..	47
Clothing accommodation provided ... ..	6
Sinks installed ... ..	12
Smoking offences abated ... ..	5
Defective or unsuitable table tops replaced ... ..	71
First Aid kits provided ... ..	28
Cleanliness - advice given ... ..	4
Rats/Mice Infestation abated ... ..	9
Repair/Cleansing of Machinery/Refrigerators ... ..	45
Leaflets on Food Hygiene supplied ... ..	96

### Stalls and Delivery Vehicles

Wash hand basins/Sinks with hot water provided ... ..	11
Nail brushes, soap, towels provided ... ..	5
First Aid kits provided ... ..	12
Washable overclothing provided ... ..	9
Name and address boards supplied ... ..	23
Food now stored 18 ins. off floor ... ..	5
Accumulation of refuse etc. ... ..	7
Receptacles for waste food provided ... ..	8
Screening for stalls provided ... ..	10
Cleanliness of stalls and vehicles remedied ... ..	26



**Condemned Foodstuffs**

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

Articles	Tons	Cwt.	Lbs.
Carcase Meat ... ..	8	15	33
Offal ... ..		12	8
Sundry Foodstuffs ... ..	1	4	42
Canned, Bottled and Packet Foods ...	12	2	66
<i>Total</i> ...	<u>22</u>	<u>14</u>	<u>37</u>

**Disposal of Condemned Foodstuffs**

Meat, and other condemned foodstuffs are destroyed by incineration.

**SCHOOLS**

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

During the year 144 such inspections were made.

**MEAT INSPECTION**

District inspectors examine home killed and imported carcass meat and offal at the 11 wholesale meat depots in the Borough. Meat exposed for sale is inspected in butchers' shops.

Category	No. of Establishments	Inspected	Approved	Not Approved
Wholesale Meat Depots	11	11	11	0
Butchers	134	134	134	0
Wholesale Meat Markets	11	11	11	0
Chemists	20	20	20	0
Seafood Merchants	10	10	10	0
Fishmongers	20	20	20	0
Fresh Fish Stalls	12	12	12	0
Meat Distributors Ltd	1	1	1	0
Dairies	20	20	20	0
Preparers from which				
Sausages & Mince				
Bacon				
Pigs				
Poultry				
Dairy				
Butcher's				
Total				

## MILK SUPPLY

During the year 25 inspections were made of dairies.

### The Milk (Special Designation) Regulations 1963

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

Licences to use the designation "Pasteurised" –

(a) Dealer's (Pre-packed Milk) Licences ... .. 288

Licences to use the designation "Sterilised" –

(a) Dealer's (Pre-packed Milk) Licences ... .. 172

Licences to use the designation "Untreated" –

(a) Dealer's (Pre-packed Milk) Licences ... .. 25

Licences to use the Designation "Ultra Heat Treated" –

(a) Dealer's (Pre-packed Milk) Licences ... .. 125

Pasteurisers Licences Renewed ... .. -

Inspections of dairies and other premises where milk is sold are carried out to ensure that the conditions of the licences are observed.

### Bacteriological Examination of Milk

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

Pasteurised Milk	...	...	...	...	...	...	...	83
Sterilised Milk	...	...	...	...	...	...	...	19
Ultra Heat Treated	...	...	...	...	...	...	...	1

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

<i>Pasteurised Milk</i>		
	<i>Methylene Blue Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
83	-	83

<i>Sterilised Milk</i>		
	<i>Turbidity Test</i>	
No. Samples Taken	Not Satisfied	Satisfied
19	-	19





<i>Article</i>	<i>Nature of Adulteration or Deficiency</i>	<i>Remarks</i>
Steak & Kidney Pie	Label did not comply with the labelling of Food Regulations, 1970.	A repeat sample has proved satisfactory.
Two samples of Materne Conserve	The ingredients were not listed in the manner prescribed by the labelling in Food Regulations, 1970.	The manufacturer has now amended the labels to incorporate the statement.
Tin of Red Salmon	The ingredients were not declared as required by the labelling in Food Regulations, 1970.	The manufacturer has now amended the label to incorporate the statement.
Castor Oil	Mixture contained ingredients other than castor oil.	Enquiries revealed that this product was used for cosmetic purposes only.
Fish Fingers	Deficient in fish content.	Further samples have proved satisfactory.
Fancy Pastry	This product had an inaccurate list of ingredients.	The mistake was found to have been made by an assistant at the bakery.
Four samples of Sausages	The samples all contained an additive preservative without declaration.	The retailers are now displaying notices to comply with the Preservatives in Food Regulations, 1962.
Steak & Onion Pie	The pie was reported to be deficient in meat content.	This matter has been taken up with the manufacturer concerned.
French Nut Gateaux Cheese	The cheese did not bear the appropriate designation which is specified by the Cheese Regulations, 1965.	This matter has been taken up with the retailer concerned.
Dutch Cheese	The cheese did not have the appropriate designation specified by the Cheese Regulations, 1970 on the label.	This matter has been taken up with the retailer concerned.
Ham	The ham was deficient in that there was excess water.	This matter is being taken up with the retailer and producer concerned.
Three samples of Beef Mince	The mince was reported to contain excess fat.	Repeat samples have proved satisfactory.

### Result of Analysis of Milk Samples

The samples of milk were obtained as follows:—

Taken on Milk Rounds	...	...	...	19
Taken at Dairies	...	...	...	84
<i>Total</i>	...	...	...	<u>103</u>



## Average composition of samples:—

## Milk (excluding South Devon and Channel Islands Milks)

Solids not Fat ... .. 8.66  
(Legal standard is 8.5%)

Milk Fat ... .. 3.88  
(Legal standard is 3%)

## South Devon and Channel Island Milk

Solids not fat ... .. 8.85  
(Legal standard is 8.5%)

Milk Fat ... .. 4.80  
(Legal standard is 4%)

## ANALYSIS OF PROSECUTIONS UNDER:—

## Food and Drugs Act, 1955

## Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

## Food Hygiene (General) Regulations, 1970

OFFENCE	RESULT
Steak and Kidney Pie containing mould	Fined £25
Bar of cooking chocolate damaged by mice infestation	Fined £25
Bottle of milk containing glass	Fined £30
Loaf of bread containing a piece of wire	Fined £20
Loaf of bread containing a matchstick	Fined £50
Bottle of milk containing a green discolouration	Fined £30
Bottle of milk containing a wasp and a dead fly	Fined £25
Scotch Pancakes containing mould	Fined £25
Food exposed to risk of contamination contrary to the Markets, Stalls and Delivery Vehicles Regulations, 1966	Fined £25
1lb. of Brazil Nuts unfit for human consumption	Fined £75
Five contraventions of the Food Hygiene (General) Regulations, 1970	Fined £75
A loaf of bread containing a cutting blade	Fined £100
Four packets of puff pastry containing mould	Fined £200
Apple Turnover containing mould	Fined £50
Jar of Damson Jam containing a screw	Fined £30
Jar of Blackcurrant Jelly containing broken glass	Fined £30
Loaf of bread containing mouse dropping	Fined £25
Cheese Spread containing mould	Fined £40
Three Danish Pastries containing mould	} Fined £80
Full Fat Soft Cheese with herbs unfit for human consumption	
Bottle of milk containing broken glass	Fined £40

## FOOD COMPLAINTS

During the year 427 food complaints of various types were received, fully investigated and appropriate action taken where necessary. 21 prosecutions were taken against firms concerned as reported above.

### SUMMARY OF INSPECTIONS OF FOOD AND OTHER BUSINESS PREMISES MADE BY THE PUBLIC HEALTH INSPECTORS, AND OTHER DEPARTMENTAL WORK

Inspections of theatres, cinemas, halls, etc. ... ..	10
Visits to premises for food condemnation ... ..	837
Inspections of wells and gathering grounds of water supply ... ..	40
do scrap metal dealer's premises ... ..	108
do rivers and streams for pollutions ... ..	4
do hairdressers ... ..	216
Food and Drugs Acts; Food and Drugs samples taken ... ..	301
Food and Drugs Acts; Milk samples taken (special designation) ... ..	96
Ice Cream samples taken (bacteriological) ... ..	116
Samples taken of Fertilizers and Feeding Stuffs ... ..	16
do swimming baths water ... ..	216
do drinking water, bacteriological and chemical ... ..	623
do Private wells ... ..	113
do sundry specimens (food poisoning etc.) ... ..	44
Visits in connection with Food Complaints ... ..	1,015
Inspections of butchers' premises ... ..	412
do meat premises (wholesale) ... ..	109
do poultry and game dealers' premises ... ..	18
do fishmongers' premises ... ..	72
do fried fish premises ... ..	126
do grocers' premises ... ..	511
do fruiterers' and greengrocers' premises ... ..	214
do bakers' premises - including bakehouses ... ..	341
do dairies ... ..	25
do milk shops ... ..	23
do general shops and supermarkets ... ..	347
Visits in connection with Animal Boarding Establishments Act ... ..	9
do do Rag Flock Act ... ..	3
do do Mines and Quarries ... ..	6
Inspection of Employment Agencies ... ..	93
Examination of Imported Food ... ..	829
Inspections of premises where cooked meats etc. are prepared or sold ... ..	18
do confectioners' premises ... ..	253
do confectionery manufacturers' premises ... ..	37
do cafes, snack bars, canteens, hotels and their kitchens ... ..	1,872
do school kitchens and serveries ... ..	144
do hospital kitchens ... ..	44
do ice cream manufacturers' premises ... ..	7
do ice cream vendors' vehicles ... ..	115
do market and barrows ... ..	574
do other food premises not enumerated above ... ..	53
Licensed premises ... ..	384
Inspections of factories with mechanical power ... ..	266
do factories without mechanical power ... ..	11
do works of building and engineering ... ..	56
do shops (under Shops Acts) ... ..	673





## WATER SUPPLY

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

<i>Supply Authority</i>	<i>Square Miles</i>	<i>Estimated Population for 1973</i>
Croydon Corporation (Central and northern part of the Borough)	17.0	218,520
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	41,887
East Surrey Water Company (Sandwich, Sutton, Knole, Purley and Coulsdon East)	11.7	58,180
Seven District Water Company (Wimbledon and Coulsdon West)	1.9	15,390
		334,000

The waters in supply are of good organic quality and moderately hard. The fluoride content averages 0.5 mg/l. and is within the range of 0.2 to 0.8 mg/l. All houses are supplied from mains and there are no alternatives for this purpose. In the Croydon Undertaking's area 87 chemical and 102 bacteriological samples of raw water were tested, while 179 chemical and 1,588 bacteriological samples of water going into houses. For details of consumer samples of water sent to the Health Department and the Public Health Laboratory Service, see Appendix F.117.

## PUBLIC HEALTH SERVICES





## WATER SUPPLY

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

<i>Supply Authority</i>	<i>Square Miles</i>	<i>Estimated Population for 1973</i>
Croydon Corporation (Central and northern part of the Borough)	17.0	218,570
Metropolitan Water Board (Spring Park Estate and New Addington)	2.8	41,880
East Surrey Water Company (Sanderstead, Selsdon, Kenley, Purley and Coulsdon East)	11.7	58,160
Sutton District Water Company (Woodcote and Coulsdon West)	1.9	15,390
		334,000

The waters in supply are of good organic quality and moderately hard in character. They have no plumbo-solvent characteristics and the fluoride content averages about one-sixth of a part per million. All houses are supplied from mains and there are no standpipes for this purpose. In the Croydon Undertaking's area 87 chemical and 692 bacteriological samples of raw water were tested, also 125 chemical and 1,588 bacteriological samples of water going into supply. For results of consumer samples of water sent by the Health Department to the Public Health Laboratory Service, see Appendix P. 117.





## FAMILY PLANNING

The assistance given to the Cleveland Family Planning Association of a telephone grant and two facilities at Corporation offices was continued this year to include free advice to all and free supplies to medical/social cases.

### Domiciliary Family Planning by Specialist Midwife

Two part-time specialist midwives are now employed in this service.

The midwives have been able to extend their teaching skills to mothers in hospital following the birth of their babies.

	1973	1972
New patients seen	253	156
Number of visits	1,348	1,461
Patients seen (over 10)	57	48
Patients seen (under 10)	196	57
		4
		30
		3
		17
		28

## OTHER SERVICES





## FAMILY PLANNING

The assistance given to the Croydon Family Planning Association of a financial grant and free facilities at Corporation clinics was continued this year to include free advice to all and free supplies to medical/social cases. |

### Domiciliary Family Planning by Specialist Midwife

Two part-time specialist midwives are now employed in this service.

The midwives have been able to extend their teaching skills to mothers in hospital following the birth of their babies.

	1973	1972
New patients seen	293	155
Number of visits	1,948	1,461
Patients prescribed the "pill"	87	48
" fitted with I.U.D.	102	67
"     "     " cap	-	4
" using other methods	238	80
" where no method was advised	3	8
Vasectomy	31	12
No. teaching sessions in hospital and elsewhere	114	68
Medical Examinations	20	32
Control of First Aid services for the central offices	25	28
Enquiries into excessive sickness in any section of the Corporation	24	21
Special examination of any member of staff referred to the Corporation	215	252
Change of conditions	2	2
Stokers	1	1
Heart disease	1	1
Long illness	1	1
Special risks	1	1
Children	1	1
Cancer	1	1
T.B.	1	1
Menstrual difficulties	1	1
Others	1	1
Fit for employment and sick pay scheme	1	1
Deferred for review	1	1
Unfit for sick pay scheme	1	1
Fit for light employment only (Not fit for sick pay scheme)	1	1
Unfit for employment	1	1



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

No. Orders for compulsory removal were made during 1973.

**HOME DIALYSIS**

4 patients commenced home dialysis during 1973. 3 further cases were under consideration during the year.

**REHOUSING ON MEDICAL GROUNDS**

Dr. H. Gough-Thomas, Principal Medical Officer enquired into 911 new applications and 159 re-applications for re-housing on medical grounds in 1973. He made 14 personal visits jointly with either a Public Health Inspector, a Health Visitor or a Social Worker. A further 27 applicants were interviewed in the Health Department.

**Applications recommended to the Housing Department**

	<i>Re-housing from non-Council property</i>	<i>Transferred from one Council property to another</i>	<i>Total Recommended to move</i>
Heart disease	32%	15%	24%
Lung disease	7%	11%	9%
Strokes	4%	4%	4%
Crippling conditions	29%	21%	25%
Special risks to children	1%	4%	3%
Cancer	6%	3%	4%
T.B.	3%	0%	1%
Mental Illness	9%	27%	18%
Others	9%	15%	12%

## MEDICAL EXAMINATION OF CHILDREN FOR THE CHILDREN'S DEPARTMENT

During the year 369 children were medically examined prior to admission to a children's home or private foster home.

### OCCUPATIONAL HEALTH SERVICE

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

Scrutiny of health statements made by successful applicants for employment 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 domestic and financial circumstances by a welfare officer for extension of sick-pay.

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

Advice for staff exposed to occupational risks.

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

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

Control of First Aid services for the central offices.

### Medical Examinations

Examinations were made during the year by the medical staff of the department and included vision tests for drivers. Of these manual workers were classified as follows:—

Fit for employment and sick pay scheme	...	...	...	...
Deferred for review	...	...	...	...
Unfit for sick pay scheme	...	...	...	...
Fit for light employment only (Not fit for sick pay scheme)				
Unfit for employment	...	...	...	...



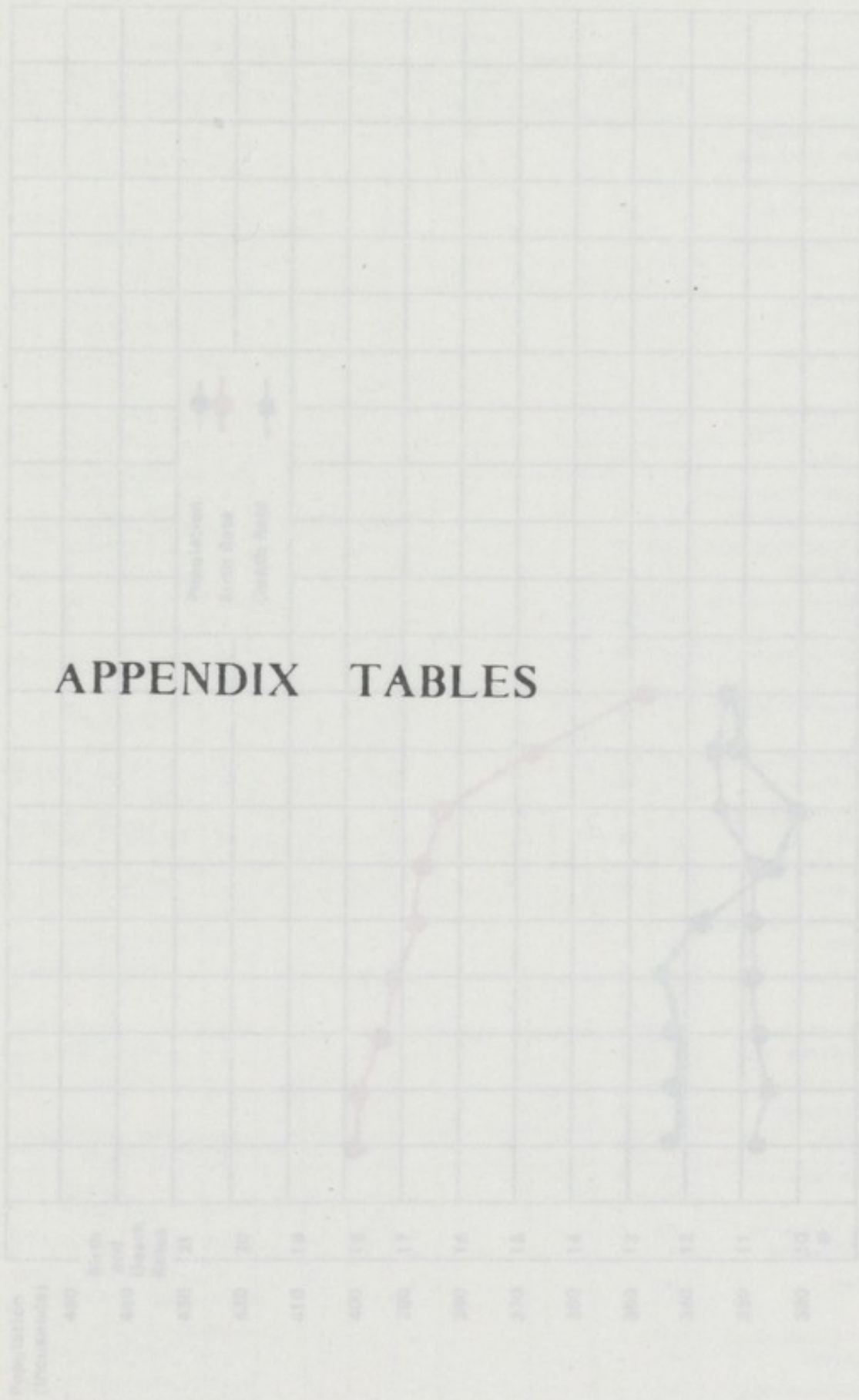
NATIONAL BOARD OF MEDICAL EXAMINATORS OF THE UNITED KINGDOM  
NATIONAL BOARD OF MEDICAL EXAMINATORS OF THE UNITED KINGDOM  
**DRUG DEPENDENCY**

There were four meetings of the Drug Dependency Liaison Committee, the informal body established to disseminate information and advice about drug taking. The members, though realising that accurate statistics on incidence are very difficult to obtain, felt that available evidence suggested that the problem was decreasing rather than increasing. However, it was also considered that over indulgence in alcohol by the young was definitely on the increase and was a major cause for concern.

The pamphlet 'Young People and the Health Services' giving advice on services for young people was issued in its new format to all school leavers at the end of the Summer Term.

An advertisement to make more widely known the Counselling and Drug Advisory Service at Rees House was placed in the Croydon Advertiser towards the end of the year. In spite of this the number of clients seeking advice continued to drop and of the small number contacting the Centre most were concerned about problems other than drugs.

The voluntary group S.O.L.V.E. which was set up by Dr. Dale-Beckett to counsel young people found the demand on their service increasing but again those wanting advice about drugs were very much in the minority.



## APPENDIX TABLES

TABLE 1000 - 1965 - 1973









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

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over
B4 Enteritis and other Diarrhoeal Diseases	M	3	-	2	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
B5 Tuberculosis of Respiratory System	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	4	-	-	-	-	-	-	-	-	2	-	2
B6(2) Other Tuberculosis	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B11 Meningococcal Infection	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	1	-	-	-	-	-	-	-	-
B17 Syphilis and its Sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	6	-	-	-	-	-	-	-	-	-	-	6
B18 Other Infective and Parasitic Diseases	M	2	-	-	-	-	1	-	-	-	-	1	-
	F	3	-	-	-	-	-	1	-	-	-	1	1
<b>TOTAL</b>		<b>22</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>4</b>	<b>3</b>	<b>10</b>
B19(1) Malignant Neoplasm Buccal Cavity etc.	M	6	-	-	-	1	-	-	-	-	-	4	1
	F	5	-	-	-	-	-	1	-	-	2	1	1
B19(2) Malignant Neoplasm Oesophagus	M	10	-	-	-	-	-	-	2	2	2	3	3
	F	13	-	-	-	-	-	-	-	3	4	4	6
B19(3) Malignant Neoplasm Stomach	M	30	-	-	-	-	-	-	2	4	13	11	11
	F	27	-	-	-	-	-	1	-	3	9	14	14
B19(4) Malignant Neoplasm Intestine	M	43	-	-	-	-	-	4	3	7	16	13	13
	F	45	-	-	-	-	-	-	2	7	14	22	22
B19(5) Malignant Neoplasm Larynx	M	6	-	-	-	-	-	-	2	1	3	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B19(6) Malignant Neoplasm Lung, Bronchus	M	177	-	-	-	-	-	2	9	49	73	44	44
	F	63	-	-	-	-	-	1	5	18	23	16	16
B19(7) Malignant Neoplasm Breast	M	3	-	-	-	-	-	-	-	-	1	2	2
	F	98	-	-	-	-	1	7	16	22	25	27	27
B19(8) Malignant Neoplasm Uterus	F	20	-	-	-	-	1	-	3	3	8	5	5
B19(9) Malignant Neoplasm Prostate	M	30	-	-	-	-	-	-	-	4	12	14	14
B19(10) Leukaemia	M	12	-	-	-	2	-	1	2	3	2	2	2
	F	11	-	-	-	1	1	1	1	1	1	5	5
B19(11) Other Malignant Neoplasms etc.	M	94	-	-	-	1	4	5	9	27	27	21	21
	F	108	-	-	-	1	2	2	8	23	37	35	35
B20 Benign and Unspecified Neoplasms	M	2	-	-	-	1	-	-	-	-	1	-	-
	F	2	1	-	-	-	-	-	-	-	-	-	1
<b>TOTAL</b>		<b>805</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>5</b>	<b>2</b>	<b>9</b>	<b>25</b>	<b>64</b>	<b>179</b>	<b>277</b>	<b>243</b>
B21 Diabetes Mellitus	M	8	-	-	-	-	1	1	2	1	2	1	1
	F	15	-	-	-	1	-	-	2	3	3	6	6
B46(1) Other Endocrine etc. Diseases	M	5	-	-	-	1	-	-	1	1	1	1	1
	F	11	-	-	-	1	-	-	2	1	2	5	5
B23 Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	1	2	2
B46(2) Other Diseases of Blood, etc.	M	1	-	-	-	-	1	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B46(3) Mental Disorders	M	5	-	-	-	1	-	-	1	-	-	-	3
	F	5	-	-	-	1	-	-	-	-	1	-	3





CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-35	35-44	45-54	55-64	65-74	75 & over
B46(11) Diseases of Musculo-Skeletal System	M	5	-	-	-	-	-	-	-	1	2	-	2
	F	-	-	-	-	-	-	-	-	-	2	2	3
B42 Congenital Anomalies	M	13	5	5	1	1	1	-	-	-	-	-	-
	F	15	7	6	-	-	-	1	-	-	-	1	-
B43 Difficult Delivery and/or Anoxic Condition	M	12	12	-	-	-	-	-	-	-	-	-	-
	F	6	6	-	-	-	-	-	-	-	-	-	-
B44 Other Causes of Perinatal Mortality	M	6	6	-	-	-	-	-	-	-	-	-	-
	F	10	10	-	-	-	-	-	-	-	-	-	-
B45 Symptoms and Ill-defined Conditions	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	1	-	-	-	-	-	2
<b>TOTAL</b>		<b>245</b>	<b>51</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>12</b>	<b>17</b>	<b>51</b>	<b>91</b>
BE47 Motor Vehicle Accidents	M	25	-	-	-	1	6	3	1	3	3	2	6
	F	13	-	-	-	1	3	1	1	-	1	1	5
BE48 All Other Accidents	M	25	-	-	-	1	3	3	-	4	4	5	5
	F	40	-	-	1	-	2	-	-	1	4	4	28
BE49 Suicide and Self-Inflicted Injuries	M	18	-	-	-	-	1	3	2	6	5	1	-
	F	9	-	-	-	-	-	-	-	3	2	3	1
BE50 All Other External Causes	M	1	-	-	-	-	1	-	-	-	-	-	-
	F	1	-	-	-	1	-	-	-	-	-	-	-
<b>TOTAL</b>		<b>94</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>14</b>	<b>15</b>	<b>13</b>	<b>34</b>
<b>TOTAL ALL CAUSES</b>	M	<b>1698</b>	<b>25</b>	<b>11</b>	<b>2</b>	<b>10</b>	<b>16</b>	<b>21</b>	<b>37</b>	<b>108</b>	<b>339</b>	<b>517</b>	<b>612</b>
	F	<b>2046</b>	<b>26</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>11</b>	<b>10</b>	<b>27</b>	<b>86</b>	<b>179</b>	<b>425</b>	<b>1266</b>
		<b>3744</b>	<b>51</b>	<b>19</b>	<b>7</b>	<b>13</b>	<b>27</b>	<b>31</b>	<b>64</b>	<b>194</b>	<b>518</b>	<b>942</b>	<b>1878</b>

## 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	5	3	8
25 and under 35 years	4	5	9
35 and under 45 years	12	13	25
45 and under 55 years	29	35	64
55 and under 65 years	97	82	179
65 and under 75 years	155	122	277
75 and over	111	132	243
<i>Total</i>	413	392	805

<i>Site</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Percentage of Total</i>
Bowel and Rectum ... ..	39	39	78	9.7
Brain ... ..	9	10	19	2.4
Breast ... ..	3	98	101	12.6
Buccal Cavity ... ..	-	1	1	0.1
Cervix ... ..	-	13	13	3.3
Gallbladder & Duct ...	-	3	3	0.4
Hodgkins ... ..	1	2	3	0.4
Larynx & Pharynx ... ..	5	3	8	1.0
Leukaemia... ..	12	11	23	2.7
Lungs and Bronchus ...	177	63	240	28.1
Oesophagus ... ..	10	13	23	2.7
Ovary ... ..	-	23	23	5.9
Pancreas ... ..	14	13	27	3.4
Prostate ... ..	30	-	30	7.3
Stomach ... ..	30	27	57	7.1
Uterus ... ..	-	20	20	5.1
Other Malignant Neoplasms	83	53	136	16.9
<i>TOTAL ... ..</i>	413	392	805	



### 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    ...    ...    ...    ...    18

(2) Foetal States -

Congenital Malformations    ...    ...    ...    12

(3) Prematurity    ...    ...    ...    ...    16

(4) Post-Natal Causes    ...    ...    ...    ...    5

*Total*    ...    51

	<i>Percentage Deaths under 1 year per Total Infantile Deaths</i>		<i>Deaths under 1 year per 1,000 Births</i>	
	1972	1973	1972	1973
Injury at Birth and Congenital    ...	46.4	58.5	6.5	9.5
Premature Births    ...    ...    ...	21.8	22.9	3.1	3.7
Respiratory Diseases    ...    ...    ...	15.9	7.1	2.2	1.2
Diseases of Digestion *    ...    ...	1.4	2.9	0.2	0.5
Other causes    ...    ...    ...    ...	14.5	8.6	2.0	1.4

\* These from Gastro-Enteritis

**Perinatal Deaths**

Stillbirths    -    46

Deaths in first week    -    48

Perinatal Rate 22 per 1,000

Total (live and still) births

**Causes of Death in first week**

Prematurity    -    31

Congenital conditions    -    9

Birth Trauma    -    1

Pneumonia    1

Other causes    6

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

CAUSES OF DEATH	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day	8th - 14th day	15th - 21st day	22nd - 28th day	Total Under 1 month	1 + months	2 + months	3 + months	4 + months	5 + months	6 + months	7 + months	8 + months	9 + months	10 + months	11 + months	TOTAL		
All Causes ... ..	32	7	3	2	2	2	-	-	-	2	51	4	4	2	3	1	2	-	1	-	-	2	70		
Meningo-Encephalitis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Chickenpox ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Measles ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Scarlet Fever ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Whooping Cough ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Diphtheria and Croup ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Tuberculous Meningitis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Abdominal Tuberculosis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Other Tuberculous Diseases ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Meningitis (not tuberculous) ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Convulsions ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Laryngitis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Bronchitis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Pneumonia (all forms) ... ..	.	.	.	.	1	.	.	.	.	.	1	1	1	1	.	.	.	.	.	.	.	.	.	5	
Diarrhoea and enteritis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	1	.	.	.	.	.	.	2	
Gastritis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Syphilis ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Rickets ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Congenital Malformations ... ..	6	-	1	-	1	1	-	1	-	2	12	3	1	1	3	1	1	.	.	.	.	1	23		
Premature Births ... ..	23	6	1	1	-	-	-	-	-	-	31	-	1	-	-	-	-	-	-	-	-	-	-	32	
Atrophy, Atelectasis, Debility and Marasmus ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Injury at Birth ... ..	1	-	-	-	-	-	-	-	-	-	1	.	.	.	.	.	.	.	.	.	.	.	.	1	
Haemorrhagic disease of newborn ... ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	
Other Causes ... ..	3	-	1	1	-	1	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	1	7		
TOTALS ... ..	32	7	3	2	2	2	-	1	-	2	51	4	4	2	3	1	2	-	1	-	-	2	70		



## MIDWIFERY SERVICE

Municipal Midwives attended:—

1.	Bookings for home confinement ... ..	637
2.	Bookings for planned early discharges from hospital ... ..	688
3.	Patients delivered at home ... ..	485
4.	Primipara delivered at home ... ..	27
	Multipara delivered at home ... ..	458
5.	Live births delivered at home ... ..	484
6.	Stillbirths delivered at home ... ..	1
	(unbooked Premature Anencephalic)	
7.	Neonatal death at home (cot death) ... ..	1
8.	Premature infants born at home ... ..	11
	1. 4.8 Term Admitted	
	2. 5.8 Term	
	3. 5.4 Term Admitted	
	4. 3.12 Admitted	
	5. 5.8 37 weeks	
	6. 5.4 38 weeks	
	7. 5.8 Term	
	8. 4.12 Admitted	
	9. 5.12 36 weeks	
	10. 2.8 Stillborn	
	11. 5 lbs. 38 weeks Admitted	
9.	Inhalational Analgesia given	
	"Entonox"	509
	"Trilene"	34
10.	Patients given Pethidine	288
11.	Post Partum Haemorrhage including 2 secondary P.P.H.	13
	Treated at home	9 + 1
	Admitted	1 + 2
12.	Retained Placentae	10
	Treated at home	4
	Admitted	6
13.	Flying Squad calls	13
	Retained Placenta	7
	Premature Labour	1
	Premature Baby	2
	Breech Delivery	1
	Secondary P.P.H.	2
14.	Manual removal of placenta at home	1
15.	Blood transfusions at home	0
16.	Prolonged labours over 24 hours delivered at home	5
17.	Forceps deliveries at home	0
18.	Ventouse extraction at home	0
19.	General Anaesthetic at home	1
20.	Breech deliveries at home	1
21.	Multiple births at home	0

22.	Anaemia of pregnancy treated at home	81
23.	Toxaemia of pregnancy treated at home	12
24.	Puerperal Pyrexias	17
	Genital 7      Extra-Genital 10	
25.	Congenital abnormalities delivered at home	5
	1 Spina Bifida	
	1 Talipes	
	1 Mongol	
	1 Little toes right foot deformed	
	1 Anencephalic	
26.	Artificial rupture of membranes at home	10
27.	Buccal pitocin induction of labour at home	6
28.	Rhesus negative mothers delivered at home	56
29.	Anti-D Immunoglobulin treatment given	30
30.	Guthrie tests for Phenylketonuria sent to laboratory (including 42 repeat tests)	3,902
31.	Patients admitted to hospital	195
	Antenatal	125
	During Labour	53
	After delivery	17
	(including 1 early discharge readmitted)	
32.	Infants admitted to hospital (including 9 readmissions)	25
	1 Asphyxia 5.14 lb	1 Jaundice
	1 4.8 lb	1 Diarrhoea and vomiting (readmitted)
	1 3.12 lb BBA	5 Blood in stools (4 readmitted)
	1 4.12 lb (N.N.D.)	1 Green stools (readmitted)
	1 5.4 lb Hypothermia	1 Twitching (readmitted)
	1 Respiratory Distress	1 Mongol cardiac (readmitted)
	3 Vomiting (1 readmitted)	1 Spina Bifida
	1 Vomiting fresh blood	1 Cyanosis
	1 Pyrexia and poor feeding	1 5 lb Asphyxiated
		1 4.11 lb BBA
33.	Patients received for Home Nursing	1,394
	Booked for Home Conf.	123
	Booked Hospital Conf.	1,271
	(including 612 booked for planned early discharge)	
34.	No. of pupil midwives trained (3 did not complete training)	44
35.	District visits of Obstetric Course students	59



**MATERNAL AND INFANT MORTALITY  
FOR THE YEARS 1965 - 1973**

<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
1970	5,358	1	0.18	17.0
1971	5,392	-	-	15.0
1972	4,927	2	0.41	14.0
1973	4,355	1	0.23	16.0

Midwife	Miles	Deliveries		Maternity		Analgesia		Ante-Natal		Post-Natal		Home Confinement	48 hour bookings	Home Visits	Clinic Session A.N.	Clinic Session G.P. A.N.	Clinic Session Cervical Cytology	Parentcraft
				Normal	Abnormal	Entonox	Trilene	Midwife	Pupil	Midwife	Pupil							
1.* ✓	6641	7	+ 1	7		3		277	4	687	4	5	9	32	127	54	51	5
2.* ✓	4304	23	+ 6	21	2	21		380	183	621	483	64	63	141	8	93		23
3.* ✓	4323	9	+ 0	9		9		339	16	599	194	13	19	63	54	87		20
4.x* ✓	4617	38	+ 3	37	1	33		639	52	713	306	29	38	69	44	16		10
5.x ✓	3862	44	+ 5	41	3	38		657	268	709	694	63	71	128	2	92	3	15
6.x* ✓	3690	26	+ 1	26			22	664	57	723	108	27	72	104		73		19
7.* ✓	3847	51	+ 8	49	2	42		921	230	823	448	80	82	124	55	67	1	20
8. ✓	4790	43	+ 3	42	1	37		400	145	676	251	48	49	118	5	1		5
9.* ✓	5693	43	+ 4	40	3	42		474	237	784	639	58	34	107		120		5
10.* ✓	3413	32	+ 5	31	1	30		488	243	776	861	53	59	124		87		9
11.*	6338	10	+ 4	10		5		399		552		13	17	40	140	72	29	4
12.	2344																	
13.x* ✓	3990	55	+ 1	49	6	46		617	338	705	566	46	37	93		52	1	26
14.	2568																	
15.*	3256	27	+ 2	27		24		629	13	604	58	38	34	71	71	70		
16.* ✓	4049	37	+ 3	35	2	27		255	92	578	469	72	68	107		60	1	26
17.x	3039	18	+ 3	18		16		305		449		12	32	22	59	25	2	
18.* ✓	3074	26	+ 4	26		10		349	78	706	274	20	28	74	137	67		16
Part-time Staff																		
1.	4125							293		843				50	110	60	18	
2.	6087							394		854				14	134	85	25	1
3.	258							29		9					25	6	6	



x Denotes 4 Midwives working in **Attachment** schemes but who also undertake some other duties

N.B. Attachment transferred from midwife 17 to Midwife 4

\* Denotes Midwives working in **Liaison** schemes with General Practitioner Obstetricians

The Midwifery Staff in full have assisted 37 Doctors at the ante-natal sessions in the year.

Midwives 1, 3, 11 transferred from part-time to full-time duties.

Midwives 11, 16, 17, 18 and Part-time Midwife 3 have left the service.

✓ Denotes Midwives who assist with preparation for parenthood sessions.

Deliveries + = No. of deliveries + No. of patients admitted to hospital in labour.

Midwife	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																																																																																																																																																																																																																																																																											
Deliveries	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600	605	610	615	620	625	630	635	640	645	650	655	660	665	670	675	680	685	690	695	700	705	710	715	720	725	730	735	740	745	750	755	760	765	770	775	780	785	790	795	800	805	810	815	820	825	830	835	840	845	850	855	860	865	870	875	880	885	890	895	900	905	910	915	920	925	930	935	940	945	950	955	960	965	970	975	980	985	990	995	1000																																																																																																																																																																																																								
Admissions	5	7	10	12	15	18	20	22	25	28	30	32	35	38	40	42	45	48	50	52	55	58	60	62	65	68	70	72	75	78	80	82	85	88	90	92	95	98	100	102	105	108	110	112	115	118	120	122	125	128	130	132	135	138	140	142	145	148	150	152	155	158	160	162	165	168	170	172	175	178	180	182	185	188	190	192	195	198	200	202	205	208	210	212	215	218	220	222	225	228	230	232	235	238	240	242	245	248	250	252	255	258	260	262	265	268	270	272	275	278	280	282	285	288	290	292	295	298	300	302	305	308	310	312	315	318	320	322	325	328	330	332	335	338	340	342	345	348	350	352	355	358	360	362	365	368	370	372	375	378	380	382	385	388	390	392	395	398	400	402	405	408	410	412	415	418	420	422	425	428	430	432	435	438	440	442	445	448	450	452	455	458	460	462	465	468	470	472	475	478	480	482	485	488	490	492	495	498	500	502	505	508	510	512	515	518	520	522	525	528	530	532	535	538	540	542	545	548	550	552	555	558	560	562	565	568	570	572	575	578	580	582	585	588	590	592	595	598	600	602	605	608	610	612	615	618	620	622	625	628	630	632	635	638	640	642	645	648	650	652	655	658	660	662	665	668	670	672	675	678	680	682	685	688	690	692	695	698	700	702	705	708	710	712	715	718	720	722	725	728	730	732	735	738	740	742	745	748	750	752	755	758	760	762	765	768	770	772	775	778	780	782	785	788	790	792	795	798	800	802	805	808	810	812	815	818	820	822	825	828	830	832	835	838	840	842	845	848	850	852	855	858	860	862	865	868	870	872	875	878	880	882	885	888	890	892	895	898	900	902	905	908	910	912	915	918	920	922	925	928	930	932	935	938	940	942	945	948	950	952	955	958	960	962	965	968	970	972	975	978	980	982	985	988	990	992	995	998	1000

## CARE OF PREMATURE INFANTS

(1) Number of live premature infants notified during 1973 who were born\* -

(i) at home or in a nursing home	13
(ii) in hospital*	271

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

who were nursed entirely there	13
who were transferred to hospital on or before the 28th day	-
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	12

(3) Number of those born in hospital -

who died during the first 24 hours	21
who died in 1 and under 7 days	7
who died in 7 and under 28 days	2
who survived at the end of one month	241

(4) Number of premature still births who were born

(i) at home or in a nursing home	2
(ii) in hospital	24

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





AT RISK REGISTER

YEAR ENDING 31st DECEMBER, 1973

Number added to Register during 1973	...	...	...	...	569
Number on Register at 31.12.73	...	...	...	...	1,648
Number of 8 months checks carried out during 1973	...	...	...	...	441
Number of 2 year checks carried out during 1973	...	...	...	...	599

REFERRALS AND RETESTS 1973

*****	
Born 1973	No. to be seen again at Child Health Centre 8
	No. referred to Stycar Hearing Clinic, Dr. Morgan 1
	No. in abeyance awaiting report from Hospital 1
Born 1972	No. to be seen again at Child Health Centre 4
	No. referred to Stycar Hearing Clinic, Dr. Morgan 14
	No. in abeyance awaiting report from Hospital 2
Born 1971	No. to be seen again at Child Health Centre 85
	No. referred to Stycar Hearing Clinic, Dr. Morgan 1
	No. in abeyance awaiting report from Hospital 6
Born 1969 & 1970	No. referred to Stycar Hearing Clinic, Dr. Morgan 3
	No. referred to Speech Therapy 1
	No. in abeyance awaiting report from Hospital 2

TOTAL			



### STYCAR HEARING TESTS

Number of Clinics held in 1973	...	...	...	...	20
Number of Appointments sent out during year	...	...	...	...	153
Number of Non-attenders	...	...	...	...	45

### SOURCE OF REFERRAL AND RESULT

	HEARING SATISFACTORY					HEARING UNSATISFACTORY			
	<i>Follow-up at CHC re Speech</i>	<i>Refd. Speech Therapy</i>	<i>For Hospital Reports</i>	<i>Refd. E.N.T.</i>	<i>Dis- charged</i>	<i>For Obser- vation</i>	<i>Refd. E.N.T.</i>	<i>For Further Appt.</i>	<i>TOTAL</i>
CHILD HEALTH CENTRE	8	8	1		41		3	3	64
HEALTH VISITOR		3			14				17
MEDICAL OFFICER		1			5		1		7
GENERAL PRACTITIONER		3			13			3	19
OTHER SOURCES		1		1	1	1			4

### REASON AND SOURCE OF REFERRAL

REASON FOR REFERRAL	SOURCE OF REFERRAL					TOTAL
	<i>Child Health Centres</i>	<i>Health Visitor</i>	<i>Medical Officer</i>	<i>General Practitioner</i>	<i>Other Sources</i>	
Failed Styicar Test	34	9				43
Poor Speech	23	2		1		26
Suspected Hearing Loss	6		2	18	4	30
Other Reasons	1	6	5			12

### RETESTS

REASON FOR RETESTS	HEARING SATISFACTORY	HEARING UNSATISFACTORY	TOTAL
	Discharged		
Inconclusive Responses to last test	2	Nil	2

### HOME VISITS BY HEALTH VISITORS AND TUBERCULOSIS VISITORS

	* TYPE OF CASE	YEAR 1973
1	Children born in 1973	4,910
2	Other children aged under 5 years	13,212
3	Persons aged 5-16 seen as part of health visiting (not school health service)	1,493
4	Persons aged between 17 and 64	3,713
5	Persons aged 65 and over	1,036
6	Households visited on account of T.B.	627
7	Households visited re other infectious diseases	47
8	Households visited for any other reason	1,405
<i>SUB-TOTAL</i>		26,443
	Subsequent visits to children 0-5 years	31,489
	Subsequent visits to persons aged 65+	1,289
	Visits to Commonwealth immigrant families	3,970
	Visits to problem families	2,999
	Other subsequent home visits	4,491
	Home visits by Tuberculosis Visitors	3,861
<b>GRAND TOTAL OF VISITS BY HEALTH VISITORS AND TUBERCULOSIS VISITORS</b>		<b>74,542</b>

No. of persons in lines 1 - 5 above who were:-

Mentally handicapped	71
Mentally ill	171

\* *N.B.* - If a household rather than a person was visited, the case was included in line 6, 7 or 8, and not in lines 1-5, in accordance with DOHSS Form LHS 27/3 (1972)



ATTENDANCES AT CHILD HEALTH CENTRES - 1973

	Addiscombe Grove Monday P.M.	All Saints Monday P.M.	Bensham Manor Monday A.M. (Jan.) & 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 (Alt.) Wednesday P.M.	Forestdale (Alt.) Wednesday P.M.	Kenley Friday P.M.	Lodge Road Thursday A.M. & P.M.	Lodge Road Friday P.M.	Monks Hill Thursday P.M.	Monks Orchard Monday P.M.
Infants born 1973	76	70	104	54	53	108	19	89	181	25	76	68	186	46	28	82
No. of Re-attendances	769	453	620	490	358	626	182	614	1370	78	217	465	1089	261	183	581
Children 1 - 5 years	186	620	188	230	196	218	91	273	347	93	41	232	348	161	30	311
No. of Re-attendances	660	814	864	973	558	646	486	985	1690	214	297	863	1372	629	532	1001
Total Attendances	1691	1601	1776	1747	1165	1598	778	1961	3588	410	631	1628	2995	1097	773	1975
Consultation with Doctors	611	708	622	493	462	555	-	651	1430	167	183	604	1204	582	279	706
No. of Sessions	49	48	54	52	52	51	51	53	104	28	23	50	104	50	52	44
Average per Session 1973	34.5	33.4	32.9	33.6	22.4	31.3	15.3	37.0	34.5	14.6	26.1	32.6	28.8	21.9	14.9	44.9
Average per Session 1972	27.9	37.1	27.5	33.7	22.4	37.8	18.2	46.7	30.6	34.5	40.4	38.2	25.0	24.8	15.0	43.3

Continued on next page

ATTENDANCES AT CHILD HEALTH CENTRES - 1973 (Continued)

	New Addington Monday P.M.	New Addington Wednesday P.M.	New Addington Thursday P.M.	Norbury Wednesday A.M. & P.M.	Old Coulsdon Tuesday P.M.	Purley Tuesday A.M.	Rectory Park Tuesday A.M.	Rectory Park Thursday P.M.	Reedham Park Avenue (Alt.) Wednesday P.M.	St. Albans Wednesday P.M.	St. Andrews Friday P.M.	St. Jude's Tuesday P.M.	St. Oswalds Thursday P.M.	St. Paul's Friday P.M.	Selsdon Monday P.M.	Shirley Thursday P.M.
Infants born 1973	134	117	103	240	42	102	85	65	17	105	159	101	72	69	43	74
No. of Re-attendances	589	566	419	1006	307	664	552	519	85	614	659	681	509	465	385	469
Children 1 - 5 years	302	416	360	221	173	219	221	261	53	223	215	159	157	199	212	240
No. of Re-attendances	783	1008	776	1268	1098	583	1219	1321	131	896	684	950	868	596	841	786
Total Attendances	1808	2107	1658	2735	1620	1568	2077	2166	286	1838	1717	1891	1606	1329	1481	1569
Consultation with Doctors	647	879	633	1185	369	654	470	756	153	647	746	621	582	439	452	564
No. of Sessions	49	54	51	102	51	51	51	52	23	51	50	51	52	47	49	48
Average per Session 1973	36.9	39.0	32.5	26.8	31.8	30.7	40.7	41.7	12.4	36.0	34.3	37.1	30.9	28.3	30.2	32.7
Average per Session 1972	32.1	40.7	47.0	33.1	32.0	28.6	38.3	48.3	12.6	40.3	36.1	23.7	29.2	26.6	45.6	31.1

Continued on next page



ATTENDANCES AT CHILD HEALTH CENTRES - 1973 (Continued)

	Shrublands Monday P.M.	Shrublands Friday P.M.	South Norwood Tuesday P.M.	South Norwood Friday P.M. (Jan. - Feb.)	Upper Norwood (St. Johns) Wednesday P.M.	Upper Norwood (St. Aubyns) Thursday A.M. & P.M.	Waddon Wednesday P.M.	Woodside Friday P.M.	TOTAL 1973	TOTAL 1972	Clinics held at General Practitioners' Surgeries - 1973	Clinics held at General Practitioners' Surgeries - 1972
Infants born 1973	28	42	81	36	53	146	92	70	3,341	3,670	991	841
No. of Re-attendances	108	330	629	18	267	615	483	432	19,727	22,117	4,914	4,985
Children 1 - 5 years	42	173	116	36	274	413	152	211	8,257	8,545	2,012	1,755
No. of Re-attendances	182	802	820	24	680	1,226	387	662	31,175	35,438	8,173	6,973
Total attendances	360	1,347	1,646	114	1,274	2,400	1,114	1,375	62,500	69,770	16,090	14,554
Consultation with Doctors	-	490	521	55	311	984	402	626	22,442	24,604	5,809	5,065
No. of Sessions	42	50	51	8	48	104	48	50	2,098	2,269	813	724
Average per Session 1973	8.6	26.9	32.3	14.3	26.5	23.1	23.2	27.5	29.8	-	19.8	-
Average per Session 1972	22.5	22.8	27.3	23.8	28.8	31.2	21.3	25.4	-	30.7	-	20.1

## HOME NURSING

Staff as at 31.12.73.

- 1 Area Nursing Officer
- 4 Nursing Officers
- 1 Senior District Nurse
- 62 (55½ F.T.E.) Nurses S.R.N.
- 12 Nurses S.E.N.
- 20 (16½ F.T.E.) Nursing Auxiliaries

Summary of work carried out during 1973 (1972 figures in brackets)

Total number of patients nursed at home 6,646 (7,059)

Termination of Domiciliary cases

Convalescent	2,708	(3,038)
Hospital	973	(971)
Died	392	(456)
Removed - other causes	717	(671)
Remaining on books 31.12.73.	1,870	(1,923)
<i>Total</i>	<u>6,660</u>	<u>(7,059)</u>

Total number of treatments carried out by Home Nurses

in General Practitioner Surgeries 16,044 (22,198)

Total number of treatments carried out at Health Centre 18,452 (11,880)

## HOME VISITS

Croydon

Cross Boundary Arrangements  
with other Local Authorities

	1973	1972		
January	15,615	14,745	79	(104)
February	14,693	15,240	104	(74)
March	16,583	16,100	113	(50)
April	15,632	15,083	87	(98)
May	17,320	16,082	106	(63)
June	16,797	14,962	140	(76)
July	16,326	15,434	129	(144)
August	16,019	15,301	104	(121)
September	15,349	14,696	97	(97)
October	17,893	16,384	106	(89)
November	17,752	16,596	45	(84)
December	16,142	15,060	78	(82)
<i>TOTAL</i>	<u>196,121</u>	<u>185,683</u>	<u>1,188</u>	<u>(1,082)</u>



## REHABILITATION OF ELDERLY PERSONS

*Patients visited during 1973*

Female	125	(105)
Male	51	(58)
	176	(163)

*Results*

Admitted Hospital	22	(14)
Rehabilitated	45	(45)
Limited or no success	53	(73)
Died	6	(3)
Remaining on books	50	(28)
1 Visit only	9	(44)

## GENERAL PRACTITIONER ATTACHMENT SCHEMES

**Definitions**

*FULL ATTACHMENT* Schemes are those in which a Health Visitor or Home Nurse has regular consultations with specified general practitioners and is responsible for providing Local Health Authority services to all the patients on their lists who live within the Authority's area.

*PART ATTACHMENT* Schemes are those where a Health Visitor or Home Nurse has regular consultations with specified general practitioners but is responsible for providing Local Health Authority services to only some of the patients on their practice lists who live in the Authority's area.

*ALIGNMENT* Schemes are where the Health Visitor or Home Nurse is responsible for providing Local Health Authority services to all patients on specified general practitioner lists living in a Local Authority area but where no formal arrangements exist between nursing staff and the general practitioner.

**ATTACHMENT SCHEMES AS AT 31st DECEMBER 1973  
(1972 FIGURES IN BRACKETS)**

<i>STAFF</i>	<i>FULL ATTACHMENT</i>	<i>PART ATTACHMENT</i>	<i>ALIGNMENT</i>	<i>TOTAL</i>
Health Visitors	28 (29)	3 (3)	5	36 (37)
Home Nurses	47 (41)	- (5)	4	51 (46)
Midwives	3 (4)	7 (8)	-	11 (12)
<i>TOTAL</i>	78 (74)	10 (16)	9	108 (95)

### CROSS BOUNDARY ARRANGEMENTS

Arrangements have been made on a knock for knock basis with the under-mentioned Local Authorities for community nursing staff to nurse and advise patients registered with specified general practitioners:-

London Borough of Lambeth

London Borough of Bromley

London Borough of Merton

Surrey County Council

### LONG STAY IMMIGRANTS

<i>Country Issuing Passport</i>	<i>Notifications Received</i>	<i>Successful Visits (Contacted)</i>	<i>Unsuccessful Visits (Not Contacted)</i>
<b>Commonwealth Countries</b>			
Caribbean	45	45	-
India	145	129	16
Pakistan	51	46	5
Other Asian	77	55	22
African	307	245	62
Others	49	42	7
<b>Non-Commonwealth Countries</b>			
European	5	3	2
Others	17	15	2
<b>TOTAL</b>	<b>696</b>	<b>580</b>	<b>116</b>

MALES ... .. 214

FEMALES ... .. 275

CHILDREN ... .. 207



### LOAN OF NURSING EQUIPMENT

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

1973

	<i>HEALTH DEPT.</i>	<i>BRITISH RED CROSS SOCIETY Croydon</i>
Air rings	29	18
Bath mat	-	-
Bath seat	-	2
Bed blocks	42	3
Bed pans	192	34
Bed rests	260	32
Bedsteads	41	-
Bed tables	8	2
Carry Chairs	7	-
Commodes	680	73
Cradles	189	46
Crutches (Pairs)	48	11
Diapers	40	-
Enuresis machines	87	-
Feeding cups	14	2
Foam squares and rings	173	17
Foot suction pumps	12	-
Fracture boards	224	-
Hydraulic hoists	40	2
Incontinence pads	90,805	-
Kidney bowls	1	-
Mackintosh sheets	96	11
Mattresses	31	-
North pads	147	-
Paddi rolls	16,577	-
Pick-up-stick	-	-
Plastic sheet	76	-
Protective undergarments	299	-
Pulleys	48	-
Ripple beds	126	-
Renal Dialysis Machines	10	-
Toilet extension	-	-
Urinals	160	10
Walking aids	418	24
Walking sticks	83	7
Wheelchairs	103	102
Wheelchairs (self-propelled)	-	5
Toilet Aid (rail)	-	4
Bath Aid (rail)	-	-
Heel Pads	83	-
Diabetic Guns	2	-

## DEATHS FROM ACCIDENTS IN THE HOME

<i>Cause</i>	<i>No.</i>	<i>Details</i>
Falls	25	There were 18 women and 7 men between the age of 52 and 94 years of age.
Asphyxia	8	1 man aged 22 - suspension by the neck - accidental due to experimentation. 1 man aged 56 - carbon monoxide poisoning from inhalation of fumes from faulty gas geyser. 1 woman aged 72 - carbon monoxide poisoning from inhalation of fumes . 1 woman aged 73 - inhalation of mutton bone.   1 man aged 77 - choking by food. 1 woman aged 79 - inhalation of stomach contents. 1 woman aged 81 - carbon monoxide poisoning from inhalation of fumes. 1 woman aged 84 . carbon monoxide poisoning from inhalation of fumes.
Burns and scalds	2	1 man aged 57 - burns to trunk and limbs when bed caught light. 1 woman aged 96 - multiple burns - fell into her garden bonfire while tending it.
Poisoning	1	1 man aged 53 - poisoning by Tuinali.
<b>TOTAL</b>	<u>36</u>	



## AN ANTI-SMOKING CLINIC

Report by Mrs. R. Bailey, S.R.N., S.C.M.  
Health Education Officer

Held at a General Practitioner's Surgery in South Croydon  
Weekly Sessions 6.30 - 7.30 p.m. Wednesday  
for Five Weeks 25.10.73 - 21.11.73

**The Idea** During August 1973, the idea of an Anti-Smoking Clinic on surgery premises was presented to the General Practitioners and preparation commenced.

**Planning** The General Practitioners prepared the premises. The Garage was redecorated and carpeted; heating and lighting made satisfactory.

The Health Education Officer outlined a programme and obtained typed copies of it. Five weekly sessions at weekly intervals were thought a good arrangement. The time, Wednesday 6.30 - 7.30 p.m. seemed to be the most convenient. The Health Visitor and District Nurse to the practice were invited to take part, but were unable to do so.

Background reading included:

"Adults' and Adolescents' Smoking Habits and Attitudes"  
Government Social Survey by A.C. McKennell and R.K. Thomas.

"Smoking and Health" Reproduced by kind permission of WHO.

**Publicity** One medium sized notice was put up in the surgery waiting room backed by a full anti-smoking display, and another in the dispensary waiting room, also supported by posters. These were placed on 1st October, 1973. The wording was as follows:—

DO YOU SMOKE?

WOULD YOU LIKE TO GIVE IT UP?

WHY NOT TRY OUR FIVE WEEK ANTI-SMOKING COURSE

IF YOU ARE INTERESTED PLEASE GIVE YOUR NAME AND ADDRESS  
TO THE RECEPTIONIST, COMMENCING 24th OCTOBER, 6.30 - 7.30 p.m.

A larger notice was placed on the dispensary door on 8th October. Receptionists were asked to take name, address and telephone number of interested people.

The doctors of the practice were informed about the programme and undertook to extend invitations to any likely attenders.

## IMMEDIATE PREPARATION

Equipment was ordered from the Health Education Department and delivery arrangements made. The artist prepared some special visual material. Posters displayed in the garage helped to create atmosphere for "non-smoking".

The garage was arranged with a circle of chairs, and a small table in the centre from which coffee and biscuits could be served.

## ACCOUNT OF SESSIONS

### OUTLINE OF PROGRAMME

#### First Session

**Aim:** To create tolerant atmosphere.  
To assess smoking habits.

1. "Ice-breaking" coffee session  
cheese & biscuits served. Posters  
on display, ashtrays available.
2. Statement that aim of clinic was  
that all members shall cease to  
smoke tobacco.
3. Individual interviews. Others  
invited to ask questions. Main  
question "Why do you smoke"?
4. Printed forms filled in by each  
member for leader's information and  
records. Blackboard used to gather  
information about smoking habits.
5. Each member invited to answer on  
paper: "Why do I want to give up  
smoking"? Papers kept by leader until  
end of course for correction or  
alteration!
6. Test 1 & 2 of Smoker's self-testing  
kit.
7. Excerpt from film "Smoking & You" - to  
show unpleasant side of the habit.

### PROGRESS OF GROUP MEMBERS

Seven people attended; six adults,  
one twelve year old boy. No one asked  
permission to smoke during session.

All were eager to discuss motives  
for smoking and to express their  
dislike of habit. Common problem  
that the smoking habit was enjoyable,  
that no one had enough will power to  
give it up

No one made firm promises that they  
would stop. All said they would do  
their best.

The twelve year old boy said he  
definitely intended to "try and stop".



**SECOND SESSION**

**Aim:** To establish methods for "giving up" with each person.

1. Coffee and biscuits and quiz.
2. Interviews.
3. Progress forms filled in.
4. Progress charted on blackboard.
5. Analysis of tests, individual attention.
6. Each member to write down his plan of action for next week.
7. Smoking machine demonstrated.
8. Encouragement to each member with own plans.

**THIRD SESSION**

**Aim:** Presentation of facts to reinforce effort of each group member.

Similar session.

Film shown: "Smoking and You"

More emphasis on physiology of lungs, unhealthy effects of smoking. Cancerous lung.

Test 3 of Smokers Self testing kit.

Details of methods and "tricks" to stop smoking discussed fully. leaflets distributed.

**PROGRESS OF GROUP MEMBERS**

Twelve year old boy cut down from 8 to 2/day.

His father from 20 to 17 per day.

Wife at 50/day.

Husband at 40/day had had no success.

Fifth member reduced from 20 to 15/ day.

Sixth member cut down slightly then went back to usual amount.

Seventh member had ceased!

TWO new members.

**PROGRESS OF GROUP MEMBERS**

Twelve year old boy disappointed. Back to 8/day. His father 17 to 15/day..

Husband and wife had tried a little

Fifth member 15 to 10/ day.

Sixth member did not attend.

Seventh member still non-smoker.

Eighth member 25 to 5/day.

Ninth member 20 to 15/day.

**FOURTH SESSION**

**Aim:** Presentation of facts about "The Cigarette"

Similar programme.

Test 4 of Smoker's self-testing kit.

Short talk on "The Cigarette". Harmful ingredients, a few statistics.

Encouragement.

**FIFTH SESSION**

**Aim:** To reinforce and encourage efforts in the final session. To arrange a date for follow-up session.

Coffee and biscuits.

Progress charted on blackboard.

Papers of first session returned.

Plenty of discussion on all aspects of smoking habit. Reading matter available.

Session ended on optimistic note, in anticipation of continued success.

Follow-up session to be held after two months.

**SUMMARY**

The sessions were on the whole helpful, and successful for some. One General Practitioner assisted at each one. The leader is hopeful that two people have stopped smoking. They both had good health reasons for stopping. The fifth member will attend the follow-up session, and is seriously trying to cut out her last three cigarettes per day. The sixth member admitted that she did not really want to stop as she would put on weight. She thought she would try as it was a bad example to her children. All those who ceased to attend will be contacted and invited to the follow-up session.

**PROGRESS OF GROUP MEMBERS**

(Weather wet in evening, Princess Anne's wedding;)

Twelve year old boy did not attend. Father did not attend.

Husband and wife had explained last week that they would be in Greece. Fifth member 10 to 3/day.

Sixth member did not attend.

Seventh member - non-smoker.

Eighth member fewer than last week.

Ninth member on nursing duty.

Twelve year old boy and father did not attend.

Husband and wife sent letter of apology. Husband not well.

Fifth member smoking 3/day.

Sixth member did not attend.

Seventh member not smoking.

Eighth member not smoking.

Ninth member did not attend.



## 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	694	125
Subsequent visits	568	184
<i>Total visits</i>	1,262	309

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

21	2
----	---

Treatment provided during the year -

Number of fillings	853	201
Teeth filled	783	171
Teeth extracted	228	77
General anaesthetics given	54	17
Emergency visits by patients	29	12
Patients X-rayed	9	25
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)	20	38
Teeth otherwise conserved	19	-
Teeth root filled	-	1
Inlays	-	-
Crowns	-	3
Number of courses of treatment completed	319	62

### Part B. Prosthetics

Patients supplied with F.U. or F.L. (First time)	-	3
Patients supplied with other dentures	-	4
Number of dentures supplied	-	10

### Part C. Anaesthetics

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

*Part D. Inspections*

*Children*      *Expectant and*  
*0-4 inc.*      *Nursing Mothers*

Number of patients given first inspection during year	775	104
Number of patients in A and D above who require treatment	412	98
Number of patients in B and E who were offered treatment	403	96
Number of patients re-inspected during year	125	16

*Part E. Sessions*

Number of Dental Officer sessions (i.e. Equivalent complete half-days) devoted to Maternity and Child Welfare Patients:

For Treatment	224
For Health Education	1

**DOMICILIARY FAMILY PLANNING SERVICE 1973****Table 1**

	<i>Number of new patients seen during the year (see note 2)</i>		
	<i>Married (including the widowed separated or divorced)</i>	<i>Unmarried</i>	<i>Total</i>
Male	19	1	20
Female	227	46	273
Total	246	47	293

**Table 2**

Number of new patients seen during the year who were:-	Medical cases	255
	Non-medical but needy	30
	Other non-medical cases	7
	Total	292

**Table 3**

Number of new patients seen during the year who were initially advised to use (see note 3):-	Sheath	124
	Pill	87
	Diaphragm	-
	I.U.D.	102
	Other methods	238
	No method advised	3



## CERVICAL CYTOLOGY

### Number of women tested during 1973

MONTH	No. of Clinics	Class I		Class II		Class III		Class IV		Class V		TOTALS		TOTAL
		New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	New Cases	Repeats	
January	26	164	201	95	131	1	4	-	-	-	-	260	336	596
February	24	234	122	124	83	2	1	-	-	-	-	360	206	566
March	28½	268	164	149	122	3	-	-	-	-	-	420	286	706
April	27	182	196	92	117	1	-	-	-	-	-	275	313	588
May	40½	165	382	104	219	2	2	-	-	-	-	271	603	874
June	33	133	255	73	218	-	1	-	-	-	1	206	475	681
July	26½	102	161	118	208	4	2	-	-	-	-	224	371	595
August	23	76	138	86	162	1	-	-	-	-	-	163	300	463
September	25	80	145	65	163	2	3	1	-	-	-	148	311	459
October	27	86	163	98	234	2	2	-	-	-	-	186	399	585
November	24½	69	164	86	185	2	3	-	1	1	-	158	353	511
December	19	48	94	57	143	1	3	-	-	-	-	106	240	346
<b>TOTAL</b>	<b>324</b>	<b>1,607</b>	<b>2,185</b>	<b>1,147</b>	<b>1,985</b>	<b>21</b>	<b>21</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2,777</b>	<b>4,193</b>	<b>6,970</b>

### Numbers referred to Family Doctors for Treatment

January	49	April	43	July	65	October	41
February	35	May	71	August	42	November	45
March	58	June	48	September	54	December	34

TOTAL REFERRALS — 585

### 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+	TOTAL
Class I	24	165	479	543	600	608	551	406	216	127	54	18	3,791
Class II	13	104	330	414	443	446	444	457	278	132	56	14	3,131
Class III	-	2	7	7	10	5	3	3	3	1	-	3	44
Class IV	-	-	1	-	-	1	-	-	-	-	-	-	2
Class V	-	-	-	-	2	-	-	-	-	-	-	-	2
<b>TOTAL</b>	<b>37</b>	<b>271</b>	<b>817</b>	<b>964</b>	<b>1,055</b>	<b>1,060</b>	<b>998</b>	<b>866</b>	<b>497</b>	<b>260</b>	<b>110</b>	<b>35</b>	<b>6,970</b>

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

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

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

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

Class V - MALIGNANCY PROBABLE - Early gynaecological review essential.

(Continued Overleaf)

### BENSHAM MANOR CAMPAIGN

(Note: These figures have been included in the Annual Statistics)

	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +	TOTAL
Class I	6	30	54	54	54	53	41	43	18	37	17	11	418
Class II	2	11	17	30	28	23	24	32	17	25	20	7	236
Class III	-	-	-	-	3	-	-	1	1	-	-	-	5
TOTAL	8	41	71	84	85	76	65	76	36	62	37	18	659

REFERRED TO G.P.	-	51	659	Tested
5,000	Campaign letters sent	46	Failed two appointments	
723	Accepted	18	Cancelled appointments	

### REGISTERED NURSING HOMES

Sections 187 - 194, Public Health Act 1936, as amended by Nursing Homes Act 1963

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during the year	1	-	16	16
Homes whose registrations were withdrawn during year	1	-	29	29
Homes on Register at end of year	15*	20*	386	406

\*Includes 1 Mother and Baby Home.

### 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 2,980 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 1973

Total number of Bodies received	...	...	...	...	...	1,181
Post-Mortem Examinations for M.O.H.	...	...	...	...	...	Nil
Post-Mortem Examinations for H.M. Coroner	...	...	...	...	...	1,175
Adults (M) 5. (F) 1. No. P.M.	...	...	...	...	...	6



COMMUNICABLE DISEASES NOTIFIED DURING 1973

Notifiable Disease	Cases notified							Total cases notified in wards																											
	At all ages	At ages - years						U. Norwood	Norbury	W. Thornton	Bensham Manor	Thornton Heath	South Norwood	Woodside	East	Addiscombe	Whitehorse Manor	Broad Green	Central	Waddon	Addington	Shirley	Sanderstead North	Sanderstead and Selsdon	Woodcote and Coulsdon West	Coulsdon East	Purley	M	F	TOTAL					
		- 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64																								65 +				
Anthrax ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ...	101	-	28	62	8	3	-	2	3	5	3	10	5	14	11	1	1	3	3	4	6	11	7	5	1	4	2	50	51	101	-	-	-		
Diphtheria ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Meningitis	9	-	2	3	-	4	-	-	-	1	2	1	-	-	2	1	-	-	-	-	1	1	-	-	-	-	-	4	5	9	-	-	-		
Typhoid and Para-Typhoid	5	-	-	-	1	3	1	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	2	1	-	2	3	5	-	-	-		
Smallpox ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ophthalmia Neonatorum	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery ... ..	145	3	26	92	1	15	5	3	2	3	18	10	5	2	7	1	17	23	19	8	3	17	3	1	-	1	1	4	63	82	145	-	-	-	
Malaria ... ..	1	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-		
Infective Jaundice	21	-	1	1	4	10	3	2	-	1	-	1	2	2	1	-	-	2	1	1	3	2	-	3	-	-	2	15	6	21	-	-	-		
Food Poisoning ...	21	1	1	1	8	6	3	1	4	-	1	1	-	2	-	-	-	1	1	-	1	-	-	6	4	-	9	12	21	-	-	-	-		
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles ... ..	1077	33	510	513	6	14	1	64	39	84	76	42	33	77	59	17	28	78	52	118	136	45	22	10	24	33	41	520	557	1077	-	-	-		
Whooping Cough ...	30	1	21	8	-	-	-	-	4	-	-	2	1	1	1	-	2	1	-	3	4	1	1	-	2	-	7	15	15	30	-	-	-		
Leptospirosis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Yellow Fever ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1410	38	589	680	28	55	14	6	13	49	109	92	62	45	103	74	36	55	103	65	130	167	64	31	18	36	43	56	679	734	1411	-	-	-	

MONTHLY INCIDENCE OF COMMUNICABLE DISEASES, 1973

<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	5	7	8	6	10	12	1	8	4	4	2	4	71
Non-Respiratory Tuberculosis	2	1	1	2	3	3	2	2	-	2	2	1	21
Anthrax ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ... ..	4	11	22	13	11	6	3	3	2	7	10	9	101
Diphtheria ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis ... ..	1	1	-	1	-	1	1	1	2	1	-	-	9
Typhoid and Paratyphoid	2	-	1	-	-	-	-	1	-	-	1	-	5
Smallpox ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	1
Acute Poliomyelitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery ... ..	1	4	1	2	2	1	-	1	3	7	69	54	145
Malaria ... ..	-	-	-	-	-	-	1	-	-	-	-	-	1
Infective Jaundice ... ..	1	2	3	2	4	-	3	-	-	4	2	-	21
Food Poisoning ... ..	-	-	3	1	1	-	1	3	7	2	-	3	21
Acute Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles ... ..	85	164	285	164	143	122	49	28	11	17	3	6	1077
Whooping Cough ... ..	3	4	5	6	2	-	3	1	1	4	1	-	30
Leptospirosis ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Yellow Fever ... ..	-	-	-	-	-	-	-	-	-	-	-	-	-
													1503



## FOOD POISONING

Corrected food poisoning notifications and cases ascertained in 1973 numbered:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
3	2	16	5	26

Outbreaks due to identified agents:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
2	7

Outbreaks due to:—

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

Outbreaks of undiscovered cause:—

<i>Total Outbreaks</i>	<i>Total Cases</i>
1	3

Single Cases:—

<i>Agent identified</i>	<i>Unknown Cause</i>	<i>Total</i>
12	4	16

Cases due to:—

<i>Salm. ent.</i>	<i>Salm. verchow</i>	<i>Salm. newport</i>	<i>Salm. reading</i>	<i>Salm. coley park</i>
3	1	2	1	1
	<i>Salm. typhii murium</i>		<i>Unknown cause</i>	
	4		4	

Salmonella infection not food-borne ... .. 34

**SAMPLES SUBMITTED TO THE PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION - 1973**

Faeces outfits	...	...	...	...	...	...	...	3,017
Urine	...	...	...	...	...	...	...	701
Nose and Throat Swabs	...	...	...	...	...	...	...	108

*Samples of Drinking Water*

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

Bacteriological	...	...	...	607
Chemical	...	...	...	16

*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.

Year	1970-1971	1971-1972	1972-1973	Total
Child population	22,500	22,100	20,700	65,300
Female mid year	11,250	11,050	10,350	32,650
Male mid year	11,250	11,050	10,350	32,650
Female population	11,250	11,050	10,350	32,650
Male population	11,250	11,050	10,350	32,650

Year	1972	1973	Total
Vaccination against measles	2,582	2,582	5,164
Vaccination against rubella	2,582	2,582	5,164



### IMMUNISATION AGAINST WHOOPING COUGH

A total of 4,566 children were immunised against whooping cough, comprising 4,496 under school age and 70 school children.

In addition 545 children were given reinforcing injections.

### IMMUNISATION AGAINST TETANUS

A total of 5,173 children were immunised against tetanus, comprising 4,551 under school age and 622 school children.

In addition 8,911 children were given reinforcing injections.

### VACCINATION AGAINST SMALLPOX

A total of 3,947 persons were vaccinated against smallpox.

	<i>Under 1 year of age</i>	<i>1</i>	<i>2-4</i>	<i>5-15</i>	<i>16 or over</i>	<i>Total</i>
Successful Vaccinations	20	152	458	384	28	1,042
Successful Re-Vaccinations	-	14	170	2,457	264	2,905
						3,947

### DIPHTHERIA

#### IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1973 who completed a course of immunisation during the year.

<i>Age at 31.12.73. i.e. born in year</i>	<i>Under 1 1973</i>	<i>1970-1972</i>	<i>1969-1966</i>	<i>1965-57</i>	<i>Total</i>
Completed course of injections	613	3,938	188	321	5,060
Reinforcing injections	-	236	4,584	1,276	6,096
<b>TOTAL</b>	613	4,174	4,772	1,597	11,156

	<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	4,400	20,700	25,100	52,600	77,700

### VACCINATION AGAINST MEASLES

A total of 3,635 children were vaccinated against measles.

### VACCINATION AGAINST RUBELLA

A total of 2,592 girls were vaccinated against rubella.

## VACCINATED AGAINST POLIOMYELITIS

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

VACCINATED	Children born 1973	Children born 1972	Children born 1971	Children born 1970	Young Persons born 1969-66	Young Persons born 1965-57	TOTAL
With Oral Vaccine	662	3,063	741	117	347	356	5,286

Number of persons who received a reinforcing vaccination as at 31st December, 1973.

VACCINATED	Persons given a first reinforcing Vaccination during 1973.
With Oral Vaccine	9,330
Annual Total	14,616
Total since Vaccination began 1957	185,598

## INTERNATIONAL VACCINATION CERTIFICATES

During the year 27,996 certificates were authenticated; 21,780 Smallpox, 5,861 Cholera, 355 T.A.B.

## IMMUNISATION OF CHILDREN BORN IN 1972-3

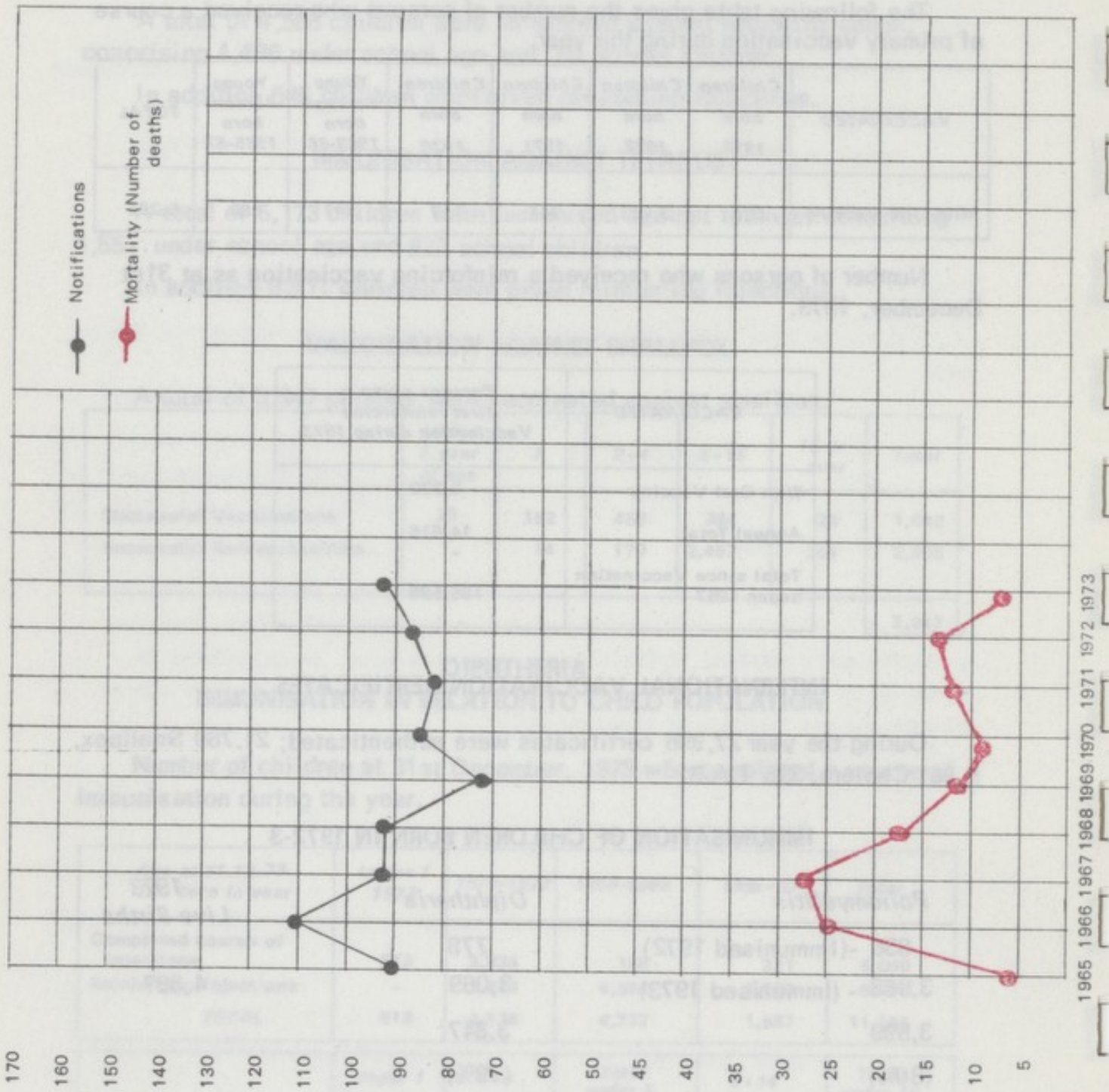
<i>Poliomyelitis</i>	<i>Diphtheria</i>	1973 Live Births
836 -(Immunised 1972)	778	
3,063 - (Immunised 1973)	3,069	4,867
3,899	3,847	
(80%)	(79%)	

## MEASLES VACCINATION FROM APRIL 1968

Year	Children Vaccinated
1968	6,035
1969	3,546
1970	4,663
1971	4,408
1972	3,767
1973	3,635



### TUBERCULOSIS (All Forms) PRIMARY NOTIFICATION AND MORTALITY - 1965 - 1973



Year	Children Vaccinated
1969	8,085
1968	3,548
1970	4,468
1971	3,781
1972	3,632

## PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952

Summary of notifications during the period from 1st January, 1973 to 31st December, 1973.

### Formal Notification

Age Periods	Number of Primary Notifications of new cases of Tuberculosis													
	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 -	Total (all ages)
Respiratory, Males	-	-	2	1	-	3	6	10	6	4	4	4	2	42
Respiratory, Females	-	-	-	1	1	-	4	10	5	2	2	3	2	30
Non-Respiratory Males	-	-	-	-	-	-	1	2	1	-	-	-	-	4
Non-Respiratory, Females	-	-	-	-	-	-	3	2	7	2	2	1	-	17

### Rehousing of Tuberculous Patients

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

### CLASSIFICATION OF NEW PATIENTS

#### Respiratory

During 1973, 65 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)	46	70.8%
B, or T.B. plus, 1 (early cases, sputum positive)	2	3.1%
B, or T.B. plus, 2 (intermediate cases, sputum positive)	16	24.6%
B, or T.B. plus, 3 (advanced cases, sputum positive)	1	1.5%
	65	100.0%

#### Non-Respiratory Tuberculosis

There were 15 cases examined at the Clinic and found to have Non-Respiratory Tuberculosis in the following forms:-

Bones and Joints	2
Abdominal	2
Other Organs	1
Peripheral Glands	10
	15



## Ages at Death from Respiratory Tuberculosis

Year	0 - 5	5 - 15	15 - 25	25 - 45	45 - 65	over 65	TOTAL
1972	-	-	-	-	3	4	7

## Chest Clinic Register of Tuberculosis Cases

Number on Chest Clinic Register on 1st January, 1973	679
Transfers in from other areas ... ..	10
New cases confirmed during the year ... ..	83
	772

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

Recovered ... ..	47
Died ... ..	11
Removed to other areas ... ..	11
"Lost sight of" and other reasons ... ..	4
	73

Remaining on Register as at 31st December ... .. 699

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	1,765
Number of visits paid by Clinic doctors to homes of patients ... ..	177
Number of visits paid to homes of patients by Tuberculosis Health Visitors ... ..	3,861
Attendances of patients at the Clinic -	
At ordinary sessions ... ..	*13,926
Number of X-Ray films taken ... ..	*14,591

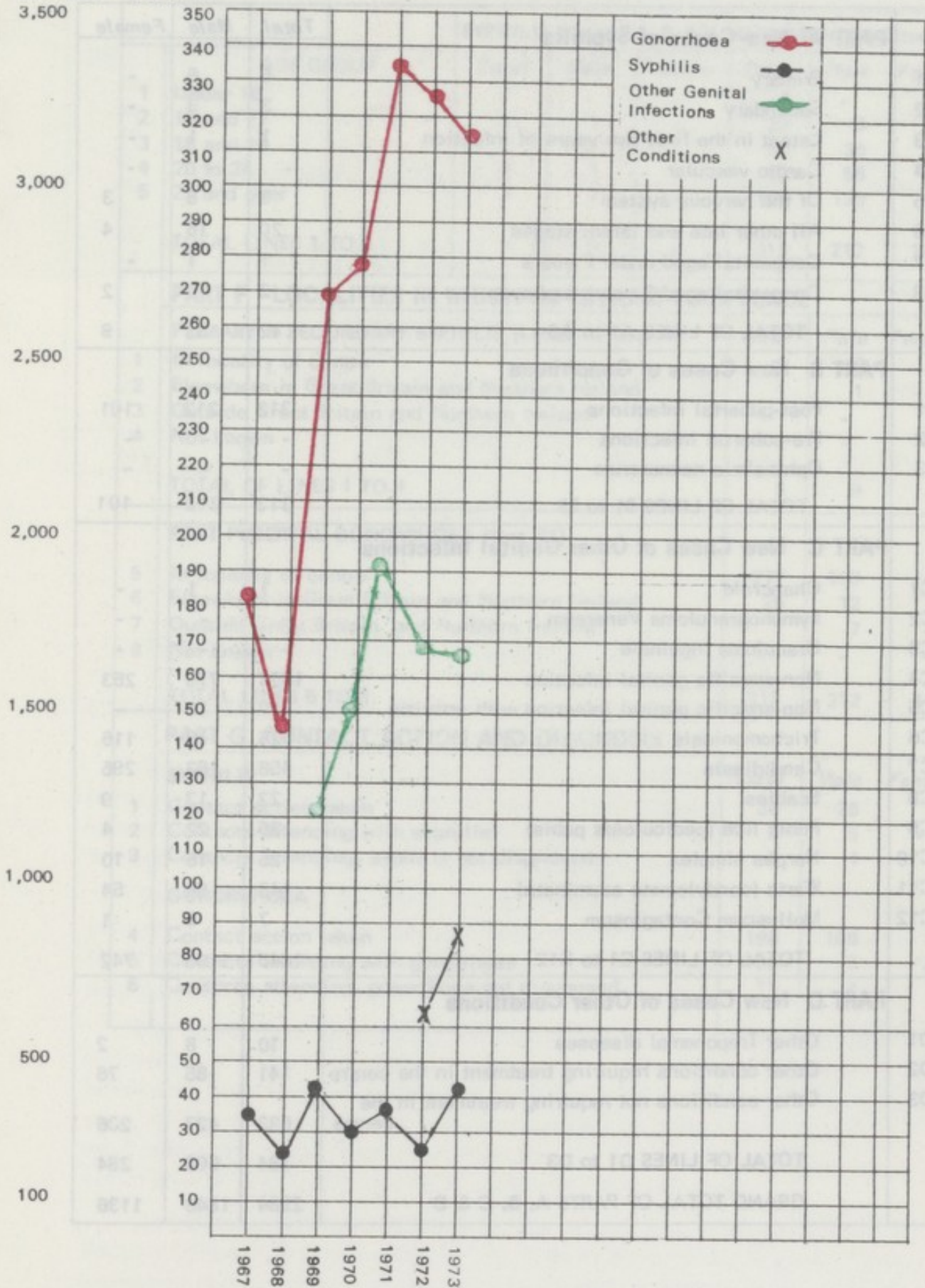
\* Includes 4,168 miniature film attendances

## SEXUALLY TRANSMITTED DISEASES

Other  
Genital  
Infections  
and  
Other  
Conditions

New cases residing in Croydon and treated in Croydon and at various  
London Clinics

Gonorrhoea  
& Syphilis





## SEXUALLY TRANSMITTED DISEASES

Croydon General Hospital Centre

<b>PART A New Cases of Syphilis</b>		<i>Total</i>	<i>Male</i>	<i>Female</i>
A1	Primary	6	6	-
A2	Secondary	3	3	-
A3	Latent in the first two years of infection	1	1	-
A4	Cardio vascular	-	-	-
A5	Of the nervous system	9	6	3
A6	All other late and latent stages	20	16	4
A7	Congenital aged under 2 years	1	1	-
A8	Congenital aged 2 years and over	2	-	2
TOTAL OF LINES A1 to A8		42	33	9
<b>PART B New Cases of Gonorrhoea</b>				
B1	Post-pubertal infections	313	212	101
B2	Pre-pubertal infections	-	-	-
B3	Ophthalmia neonatorum	-	-	-
TOTAL OF LINES B1 to B3		313	212	101
<b>PART C New Cases of Other Genital Infections</b>				
C1	Chancroid	1	1	-
C2	Lymphogranuloma Venereum	-	-	-
C3	Granuloma Inguinale	-	-	-
C4	Non-specific genital infection	1023	770	253
C5	Non-specific genital infection with arthritis	10	10	-
C6	Trichomoniasis	125	9	116
C7	Candidiasis	458	163	295
C8	Scabies	22	13	9
C9	Pubic lice (pediculosis pubis)	26	22	4
C10	Herpes simplex	25	15	10
C11	Warts (condylomata acuminata)	148	94	54
C12	Molluscum Contagiosum	7	6	1
TOTAL OF LINES C1 to C12		1845	1103	742
<b>PART D New Cases of Other Conditions</b>				
D1	Other Treponemal diseases	10	8	2
D2	Other conditions requiring treatment in the centre	141	65	76
D3	Other conditions not requiring treatment in the centre	633	427	206
TOTAL OF LINES D1 to D3		784	500	284
GRAND TOTAL OF PARTS A, B, C & D		2984	1848	1136

## PART E AGE GROUPS OF NEW CASES

		SYPHILIS (lines A1 & A2)			GONORRHOEA (line B1)		
AGE GROUP		Total	Male	Female	Total	Male	Female
1	Under 16	-	-	-	4	-	4
2	16 and 17	1	1	-	23	6	17
3	18 and 19	-	-	-	50	30	20
4	20 to 24	1	1	-	82	56	26
5	25 and over	7	7	-	154	120	34
TOTAL LINES 1 TO 5		9	9	-	313	212	101

## PART F LOCALITIES IN WHICH INFECTIONS TOOK PLACE

PRIMARY & SECONDARY SYPHILIS (Lines A1 and A2)		Total	Male	Female
1	In locality of centre	8	8	-
2	Elsewhere in Great Britain and Northern Ireland	1	1	-
3	Outside Great Britain and Northern Ireland	-	-	-
4	Not known	-	-	-
TOTAL OF LINES 1 TO 4		9	9	-

## POST PUBERTAL GONORRHOEA (line B1)

5	In locality of centre	277	193	84
6	Elsewhere in Great Britain and Northern Ireland	29	12	17
7	Outside Great Britain and Northern Ireland	7	7	-
8	Not known	-	-	-
TOTAL LINES 5 TO 8		313	212	101

## PART G CONTACT ACTION AND DIAGNOSIS

SYPHILIS		Total	Male	Female
1	Contact action taken	30	28	2
2	Contacts attending with syphilis	5	5	-
3	Contacts attending, syphilis not diagnosed	8	4	4
GONORRHOEA		Total	Male	Female
4	Contact action taken	199	168	31
5	Contacts attending with gonorrhoea	38	7	31
6	Contacts attending, gonorrhoea not diagnosed	11	4	7

and the story of its development is an interesting and valuable study of the history of the school. The book is written in a clear and concise style and is a most useful reference work for all those concerned with the school. It would be a pity if it were not more widely available.

During the greater part of 1973, the school was under the supervision of the Medical Officer and responsible for the care of the children. In view of the impending re-organisation of the National Health Service on April 1st 1974, no major changes were made during the period under review.



Local Health Authority area of residence of patient	Totals all conditions	Number of New Cases in the Year				
		Syphilis		Gonorrhoea	Other Genital Infections	Other Conditions
		Primary and Secondary	Other			
		(A1 - A2)	(A3 - A8)	(B1 - B3)	(C1 - C12)	(D1 - D3)
CROYDON	2192	5	31	238	1372	546
BROMLEY	304	-	2	35	173	94
KENT	46	-	-	-	31	15
KINGSTON	7	1	-	1	2	3
LAMBETH	115	-	-	10	69	36
LEWISHAM	30	-	-	3	21	6
MERTON	72	1	-	6	41	24
SURREY	203	1	-	18	130	54
E. SUSSEX	15	-	-	-	11	4
W. SUSSEX	18	1	-	-	11	6
SUTTON	105	-	-	8	68	29
WANDSWORTH	39	-	1	7	21	10
OTHERS	74	-	-	6	45	23
<b>TOTALS</b>	<b>3220</b>	<b>9</b>	<b>34</b>	<b>332</b>	<b>1995</b>	<b>850</b>

LONDON BOROUGH OF CROYDON

# ANNUAL REPORT

OF THE PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR

1973

*To the Chairman and Members of the Education Committee:*

LADIES AND GENTLEMEN,

This is the last Annual Report of the School Health Service to be presented by a Medical Officer employed by the Education Committee. It is one of a series which started in 1904 covering the former County Borough, and for the last nine years the London Borough.

The first Medical Adviser to the Education Committee was the Medical Officer of Health who took the additional title of School Medical Officer in 1908, when routine medical examination of children began. In that year also an assistant to the Medical Officer was appointed.

The service has expanded greatly since the beginning of the century and the story of its development in the series of Annual Reports makes interesting reading. No decision has yet been made on whether these reports should go on in their present form but they do provide a series of most useful data, apart from their immediate value to your Committee. It would seem a pity if they are to be completely discontinued.

During the greater part of 1973 Dr. S.L. Wright was Principal School Medical Officer and responsible for the work of the service. In view of the impending re-organisation of the National Health Service on April 1st 1974, no major changes were made during the period under review.



### *Routine Medical Inspections*

Even in the relatively short life of the London Borough the number of pupils on roll at Local Authority schools has increased by thirty per cent, and will increase further when the full effect of the raising of the school leaving age to sixteen years is felt. Four routine medical inspections of all these children does require a very great amount of doctors' time. In the year under review there has been no change in the pattern of defects discovered.

### *Personal Hygiene*

Infestation with head lice continues to be a problem. An outbreak at one school required an immense amount of nursing time and effort to bring under control in spite of an effective insecticide. A few families played an undue part in spreading the infestation and maintaining a reservoir of lice.

It was necessary to resort to the issue of a much larger number of Cleansing Notices than had been the case for many years past.

Plantar warts showed a welcome decrease but unfortunately this was mainly due to the closing of the swimming baths in one area for a reason quite unconnected with the problem. The major part played by swimming baths in the spread of the infection was well illustrated and the importance of children with verrucae being forbidden to use swimming baths was amply confirmed.

### *Vision Defects*

The need for continuous care in routine screening for visual defects was brought home when two children were found to have untreatable loss of vision in one eye. The condition could have been discovered at an earlier stage before the damage was done. Children do tend to 'cheat' in screening tests and only the vigilance of the nurses who carry out most of the tests can avoid error. It is difficult to maintain the high standard of watchfulness necessary when doing many hundreds of routine tests but the possibility of the child innocently misleading the examiner must be kept continually in mind.

### *Educationally Subnormal Children*

The numbers ascertained in this group remained fairly constant as did the Waiting List. However, half of the children needing places are severely retarded and when the Priory School, which opens at the beginning of 1974, is fully functional all these children can be accommodated.

### *Maladjusted Children*

The number of children with behaviour problems who have to wait an unacceptably long time for placing remains too large. A further school similar to the Sir Cyril Burt School is urgently needed to provide places for children not accepted in schools outside the Authority's control.



The Unit for non-communicating children remains full and more children needing this facility are being discovered than are being discharged. A second Unit is very necessary.

#### *Health Education*

Miss Elliott's report tells us that more teachers are becoming convinced of the need for Health Education to become an ingredient in a variety of subjects rather than a separate package. The wider realisation and application of this approach will avoid the tendency of unconnected talks to dramatise, and even advertise to the child, emotive subjects such as sexual activity and drug taking. More involvement of teachers will require an increase in the staff and facilities of the Health Education Section to ensure that information and aids are readily available. As teachers should carry out most health education they must be properly advised so that they can speak authoritatively on the subject. It is important that the new Health Authorities should provide the necessary funds for this important preventive aspect from their many pressing commitments.

#### *Dental Services*

There has been a gradual improvement in the number of dental officers in post during the year. It is to be hoped that recruitment will be equally successful next year. At the same time Mr. West's report refers again to the very large number of appointments for treatment which are not kept. Almost a quarter of the time of dental officers and other staff is wasted, by parents either not turning up or cancelling too late for alternative arrangements to be made. If all had turned up almost a further three thousand children might have received treatment. In view of staff shortages and financial stringency this is a sorry state of affairs.

#### *Speech Therapy*

The number of therapists in post during the year has only averaged half the establishment. Towards the end of the year, however, more therapists were appointed and hopefully this trend will continue. However, there is a national shortage of these essential workers and it will be very difficult to fill the present establishment. The Principal Speech Therapist has had to deploy his available staff to meet the overall needs of the children of the borough. Inevitably this has led to criticism where services for certain groups of children were not available to the same extent as in previous years. Only the therapist in charge of the service knows all the demands for assessment, treatment and advice. He must be permitted, in the light of this knowledge, to decide on priorities and resist pressure which may be exerted on behalf of some children, however deserving.



### *Physically Handicapped Children*

Planning commenced during the year of a new building to replace the existing St. Giles School which is no longer satisfactory for the increasing number of heavily handicapped children in the borough. It will be some years yet before the plans become bricks and mortar and in the meantime the staff must continue to cope in the present premises. Difficulty in recruitment of physiotherapists to treat these children became noticeable towards the end of the year and unfortunately this trend may be expected to continue. The pay of skilled paramedical staff has not kept pace with general wage levels and undoubtedly in the long run the service provided for our handicapped children may be expected to suffer unless there are changes.

### *Future Trends*

The reorganisation of the Health Service referred to previously will not of itself make any perceivable change in the day to day working of the School Health Service, particularly in a single district area such as Croydon where the Local Authority and Area Health Authority boundaries are the same. However the Community Physician who will be in charge of the Service in future will have wider responsibilities for child health in the Borough than the present Principal School Medical Officer. There should thus be an opportunity for more integration and possibly less duplication of effort than in the present service. In Croydon, as in most areas, the Child Health and School Health Services are combined at present so the changes in this direction will be very gradual and will take some years to show any effect.

I referred earlier to the number of Routine Medical Inspections carried out. Consideration must obviously be given to whether some form of selective medical inspection should not supersede some of these examinations. The Chief Medical Officer of the Department of Education and Science has been advising this change of emphasis for several years. Selective medical examinations, however, do require more administrative time and an increase in staff of the Child Health Section would be a prerequisite.

### *Acknowledgements*

I want to thank all members of the Department, professional and administrative, for their support during the year. Though uncertainties of the forthcoming re-organisation were an unsettling influence the service to the children was maintained by their loyalty and goodwill. I am especially indebted to Dr. Wield who carried out the day to day administration of the Service following Dr. Wright's retirement, and who was responsible for assembling and commenting on part of this report.

I would also like to refer to the co-operation forthcoming from the Chief Education Officer and his staff both in Taberner House and in the schools. So long as that exists there is no reason to fear that under new management there will be any diminution of the health services provided for the school children of the Borough.

Finally, I thank the Chairman and Members of the Education Committee for their continued encouragement and support during this year, the last for which they are responsible for the Department. I know they will continue to show the same courtesy to the Community Physician in charge of Child Health in the future.

Yours faithfully,

J. BURROWES,

*Acting Principal School Medical Officer.*

COST OF THE VARIOUS SERVICES	
The cost of the following services	£251,577
Cost of Special Schools	£121,577
Schools Health Visiting	£157,308
Other Schools (including day camps)	£72,700
Adjustments in connection with the statement	£81,273
<b>Total</b>	<b>£684,235</b>
Audiology	
ENT	
EYE	
OVERWEIGHT	



## PARTICULARS OF SCHOOL CLINICS

as at 31.12.1973

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

<i>Clinic</i>	<i>Address</i>
	DAILY A.M.
MINOR AILMENTS (INCLUDING VERRUCAE) ... ..	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.)
	OTHERS
	Norbury Manor Junior School (Wed. a.m. in term) Purley Clinic, Whytecliffe Road, Purley. (Wed. p.m.) Sanderstead Clinic, Rectory Park. (Mon. & Fri. p.m.) Dr. Heber's (Verrucae) Surgery (Thurs. p.m.)
DENTAL ... ..	Lodge Road, Broad Green, Croydon. 206, Selhurst Road, South Norwood. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead. Shirley Road, Shirley, Croydon. Waddon Clinic, Coldharbour Road, Croydon.
INSPECTION ... ..	ONE OF THE FOLLOWING CLINICS APPROX. WEEKLY IN P.M.
	Lodge Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley.
	AS REQUIRED
	Sanderstead Clinic, Rectory Park, Sanderstead.
PHYSIOTHERAPY ... ..	Lodge Road Clinic Annexe, Lodge Road, Croydon. 47, St. James's Road, Broad Green, Croydon. Old Coulsdon Clinic, Coulsdon Road. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead. Waddon Clinic, Coldharbour Road, Croydon.
SPEECH ... ..	47, St. James's Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley, Council Offices, Brighton Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead.
AUDIOLOGY ... ..	Lodge Road, Broad Green, Croydon. Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley.
ENURESIS ... ..	Lodge Road, Broad Green, Croydon. (Weekly) Parkway Clinic, New Addington. (Tuesday p.m.) (fortnightly) Purley Clinic, Whytecliffe Road, Purley. (Friday p.m.) (fortnightly)
EYE ... ..	Parkway Clinic, New Addington. Purley Clinic, Whytecliffe Road, Purley. Sanderstead Clinic, Rectory Park, Sanderstead
OVERWEIGHT ... ..	Public Health Department (Girls) and various schools and clinics (Boys) on various days by appointment.

### STAFF OF THE SCHOOL HEALTH SERVICE

*Medical Officers	9 (full-time)	(39%)
*Medical Officers Consultants and Specialists	11 (part-time)	(43%)
	6 (part-time)	
*Dental Officers	15 (including 9 part-time and 1 Dental Auxiliary)	(80%)
*Physiotherapists	12 (including 9 part-time and 1 Aide full-time)	(45%)
Speech Therapists	8 (including 2 part-time and 2 Aides (1 part-time) )	
*Health Visitors/School Nurses, Clinic Nurses and Nurse/Assistants	79 (including Div. Nsg. Officer, Area Nsg. Officer and Nursing Officers, and 18 part-time)	(26%)
*Dental Surgery Assistants	17 (including 6 part-time and 3 casuals)	(80%)

\*Also performing duties in other sections of the Health Department

Percentages on right show proportion of time given to school work.

### COST OF THE SCHOOL HEALTH SERVICE

The cost of the Medical, dental and nursing services was £251,877

#### Cost of Special Schools

Schools maintained by the Council	... ..	£493,127
Other Schools (not maintained by local Education Authorities)	... ..	£157,938
Adjustments with other authorities in respect of Special Schools	... ..	<u>£71,123</u>
		<u>£722,188</u>



## PART I. MEDICAL INSPECTION IN SCHOOLS

The system of routine inspections has remained the same as in previous years.

These inspections are as follows:—

*(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 children seen at Routine Medical Inspections and Special Inspections has risen slightly from the previous year. The number of re-inspections has shown a slight decrease once again.

**Table 1. Numbers seen at Medical Inspections 1973**

Routine Inspections -		19,336
Special Inspections -		
	at school medical sessions	943
	at inspection clinics	79
		1,022
Re-inspections -		
	at school Medical sessions	2,840
	at inspection clinics	482
		3,322

Special Inspections at school medical sessions have decreased by 5%, but the number of these inspections at inspection clinics have doubled. The overall number, however, remains slightly lower than last year.

The number of parents attending School Medical Inspections has remained almost the same as in 1972 and was again just under 55%.

Table 2. Attendance of Parents at School Medical Inspections

	1973		1972	
	Boys	Girls	Boys	Girls
Entrants	87.0%	86.4%	84.1%	83.2%
Leavers	6.2%	6.2%	5.5%	6.2%
Others	58.0%	59.7%	56.7%	57.4%
Total Nos. of Children examined	9,762	9,574	9,452	8,943
Attendance of Parents (overall %)	54.4%		54.8%	

Total Defects T's and R's = 6,555

Total Defects O's = 5,898

No. of medical inspections at non-maintained schools = 31(visits.)

The total number of defects discovered appearing to need treatment has remained much the same as in previous years but the number requiring observation has decreased. This accounts for the fall in the number of re-inspections.

The number of visits made to non-maintained schools remains fairly static as shown in Appendix C, Page 60.

### Personal Hygiene

Head infestation still remains a great problem. There was an increase of 9% in the number of pupils inspected in the course of the year. This number is now a figure almost equivalent to the total school population. However, some infant and junior schools are inspected several times a year, while many secondary schools are not inspected at all.

The number of pupils found unclean for the first time showed an increase of 10% over last year's figure, and the number found unclean at follow-up visits was, unfortunately, at a record level.

Once again, it was mainly infant and junior children who were involved and there was a large outbreak of infestation at one infant and junior school.

There was a large increase in the number of cleansing notices issued but no Cleansing Orders were issued.

The need for constant vigilance by parents and older children cannot be too strongly urged to avoid the spread of this essentially curable condition.

The number of children treated at the Cleansing Centre for Scabies showed another welcome reduction and indicates that this condition is on the wane.



Table 3

## RETURN OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS 1973

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 ... ..	9	4	0.2	10	3	0.2
Teeth ... ..	518	61	9.1	782	53	13.7
Skin ... ..	575	137	11.2	384	128	8.3
Eyes -						
Defective Vision ... ..	826	946	27.8	946	1,095	33.3
Squint ... ..	117	26	2.3	114	33	2.4
External Eye Trouble ...	34	29	1.0	42	22	1.1
Ears -						
Deafness ... ..	95	153	3.9	102	162	4.3
Otitis Media ... ..	49	81	2.0	57	62	1.9
Other Defects ... ..	18	26	1.0	21	13	0.6
Nose and Throat ... ..	170	254	6.7	144	215	5.9
Enlarged Cervical Glands	6	30	0.6	9	27	0.6
Speech ... ..	83	122	3.2	44	75	2.0
Heart and Circulation ...	82	60	2.2	82	51	2.2
Lungs ... ..	179	91	4.3	95	45	2.3
Developmental -						
Hernia ... ..	33	32	1.0	8	17	0.4
Other Defects ... ..	186	313	7.9	62	205	4.4
Deformities -						
Posture ... ..	15	25	0.6	16	102	1.9
Flat Feet ... ..	54	87	2.2	34	82	1.9
Other ... ..	60	92	2.4	64	111	2.9
Nervous System -						
Epilepsy ... ..	14	17	0.5	26	14	0.7
Other ... ..	77	121	3.1	41	84	2.1
Psychological -						
Development ... ..	24	99	1.9	18	78	1.6
Stability ... ..	55	102	2.5	32	90	2.0
Abdomen ... ..	33	25	0.9	43	33	1.2
Other Defects ... ..	38	56	1.5	29	99	2.1
<b>TOTAL DEFECTS</b>	<b>3,350</b>	<b>2,989</b>		<b>3,205</b>	<b>2,899</b>	

TOTAL CHILDREN EXAMINED - 9,762

9,574

Table 4

## SUMMARY OF FINDINGS AT ROUTINE MEDICAL INSPECTIONS 1973

(Percentages of Children Examined)

DEFECTS	Entrants		Inter- mediates		Entrants to High Schools		Final Leavers		All Groups	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Teeth ...	8.0	8.2	7.9	9.0	4.3	11.3	3.1	6.1	5.9	8.7
Skin ...	3.7	4.2	5.7	5.6	10.3	5.8	10.2	5.9	7.3	5.3
Eyes -										
Vision ...	15.1	15.2	21.2	23.4	18.2	21.4	18.6	26.6	18.2	21.8
Squint ...	2.7	2.5	1.8	1.5	0.8	1.5	0.4	0.5	1.5	1.5
Other ...	0.5	0.9	0.4	0.5	1.3	0.7	0.3	0.6	0.6	0.7
Ears -										
Hearing ...	5.5	5.4	2.5	2.5	1.2	2.0	0.4	0.9	2.5	2.8
Otitis Media ...	3.2	2.3	1.0	1.0	0.7	1.2	0.2	0.3	1.3	1.2
Other ...	0.6	0.6	0.3	0.3	0.5	0.3	0.3	0.1	0.5	0.4
Nose and Throat ...	7.1	6.0	3.9	4.1	3.8	2.6	2.1	2.2	4.4	3.8
Speech ...	5.6	3.4	1.7	1.1	0.5	0.2	0.1	0.1	2.1	1.2
Lymphatic Glands ...	0.7	0.8	0.2	0.4	0.4	0.2	0.1	0.1	0.4	0.4
Heart and Circulation	2.4	1.8	1.0	1.5	1.1	1.0	1.3	1.3	1.5	1.4
Lungs ...	3.0	2.1	2.8	1.4	2.8	1.3	2.4	1.5	2.8	1.5
Developmental -										
Hernia ...	1.3	0.5	0.2	0.2	0.5	0.2	0.2	0.2	0.7	0.3
Other ...	4.7	1.2	4.9	2.1	8.4	4.7	3.2	3.2	5.1	2.8
Orthopaedic -										
Posture ...	0.3	0.3	0.7	0.8	0.5	2.4	0.1	1.5	0.4	1.2
Flat Feet ...	1.8	1.7	1.3	1.1	1.9	1.3	0.8	0.7	1.4	1.2
Other ...	1.6	1.9	0.9	0.9	2.0	2.6	1.7	1.7	1.6	1.8
Nervous System -										
Epilepsy ...	0.3	0.7	0.3	0.5	0.4	0.3	0.2	0.2	0.3	0.4
Other ...	3.3	1.9	2.6	1.8	1.5	0.7	0.5	0.8	2.0	1.3
Psychological -										
Development ...	2.3	1.5	1.7	0.8	0.8	1.2	0.1	0.3	1.3	1.0
Stability ...	2.6	1.9	2.2	1.1	1.1	1.5	0.4	0.6	1.6	1.3
Abdomen ...	0.7	0.6	0.8	1.1	0.7	0.7	0.1	1.0	0.6	0.8
Other Defects ...	1.1	1.5	1.2	1.1	0.9	0.9	0.5	2.0	1.0	1.3



Thirty school children were treated for head vermin at the Cleansing Centre and 8 school children were treated for scabies.

**Table 5. Cleanliness Inspections**

No. of pupils inspected for cleanliness	59,052
No. of pupils inspected at follow-up visits	17,875
No. found unclean for first time in 1973	508
No. of occasions in which pupils were found unclean at follow-up visits	346

### Skin Defects

There has been a decrease of 10% in the number (1,254) of children treated at Minor Ailment Clinics for verrucae, and the average number of attendances per child has remained constant at seven. There was a marked decrease (24.5%) at New Addington where the swimming bath was closed for several months. This emphasises the need to exclude children with verrucae from public swimming baths where the wet surface encourages the survival of the wart virus and the concrete surrounds provide the minor damage to the skin of the soles allowing the virus to enter.

**Table 6. Summary of Findings at Routine Inspections of Vision**

	Boys			Girls		
	Number Examined	Number of Defects	%	Number Examined	Number of Defects	%
Entrants group	2,708	407	14.8	2,543	386	15.2
8 year old group	2,357	502	21.3	2,280	532	23.4
Entrants to High Schools	2,485	452	18.2	2,606	555	21.2
13 year old group	1,640	343	20.9	1,212	318	26.2
Final leavers group	2,212	411	18.6	2,145	568	26.4
Totals (All ages)	11,402	2,115	18.6	10,786	2,359	21.8

The percentage of children discovered with visual defects has risen only slightly. This does not vary greatly over the years, but about 30% of total defects found at routine school medical examinations are of vision. Most parents take their children along for further investigation and treatment when a visual defect is suspected at a screening examination, but a few ignore appointments offered at Eye Clinics or do not attend opticians after receiving

a form entitling them to an examination. A lot of unnecessary work is caused to the administrative staff of the Department in sending out reminders, and in some cases, unfortunately, it is necessary for a Nurse to be diverted from other work to chase up the recalcitrant. In the meantime, of course, the child may be having difficulty in seeing what is written on the blackboard.

### **Defects of Ear, Nose and Throat**

Otitis Media (disease of the middle ear), deafness and other defects of the ears were found in approximately the same percentage of children as in previous years.

### **Defects of Heart and Circulation**

There have been no significant changes in the year under review.

### **Defects of the Lungs**

The number of lung defects discovered was 274. The great majority of these cases consisted of mild bronchitis.

The Tuberculosis figures remain remarkably constant.

Pulmonary	3
Non-Pulmonary	0

The incidence rate among the school population works out as 5.0 per 100,000. The number of cases of pulmonary tuberculosis remained the same as in 1972 and there were no cases of non-pulmonary tuberculosis.

### **Developmental, Abdominal and Orthopaedic Defects**

There is no marked change in numbers in this group from previous years.

### **Defects of the Nervous System**

The number of children found to have epilepsy dropped as compared to 1972. Two of these children were found to be in need of special education and the rest are still attending ordinary schools. One hundred and sixty-two children were referred for intelligence assessment in 1973, and there was no waiting list at the end of the year.

### **Psychological Defects**

The number of referrals to the Child Guidance Clinic of children with behaviour difficulties of some kind continues to increase. The waiting list at the end of the year is still unfortunately rather long.

### **Nutrition**

Average heights and weights of all age groups of school children measured have reached a plateau over the last few years after rising steadily since the end of the last war.



Table 7.

Average Heights and Weights in 1973 and Previous Years

Ages	Number Examined in 1973	Average Height in Inches					Average Weight in lbs.				
		1973	1972	1971	1970	1939	1973	1972	1971	1970	1939
<b>BOYS</b>											
5 years	1,001	43.3	43.3	43.5	43.4	41.8	42.9	43.2	43.4	43.1	41.5
6 years	841	44.2	44.0	44.6	43.9	43.8	44.7	44.8	44.9	44.4	43.4
14 years	153	64.0	64.3	64.1	64.2	59.0	117.3	113.5	113.5	116.9	90.8
15 years	274	65.3	66.1	65.9	67.0	-	122.2	122.2	122.7	123.7	-
16 years	107	66.6	67.0	66.7	67.5	-	129.5	129.7	129.3	133.4	-
17 years	1	64.5*	68.7*	68.6*	69.0*	-	107.0*	133.4*	149.3*	141.4*	-
<b>GIRLS</b>											
5 years	867	43.1	43.2	43.1	43.2	41.2	42.0	42.4	42.2	42.5	39.7
6 years	889	43.8	43.7	43.9	43.9	42.7	43.6	43.6	43.4	43.9	41.4
14 years	120	59.3	62.5	62.6	62.4	60.3	113.6	115.4	114.5	112.5	97.9
15 years	212	62.9	63.2	63.8	63.2	62.0	117.4	118.3	119.6	120.1	105.5
16 years	246	63.6	63.8	64.1	64.1	-	120.9	121.1	122.3	121.0	-
17 years	46	62.5*	62.7*	63.9*	63.7*	-	116.5*	97.7*	119.6*	119.3*	-

\*not representative owing to very low numbers

\* \* \* \* \*

## PART II SPECIALIST SERVICES

### AUDIOLOGY SERVICE

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

During 1973, 1,562 children were tested by pure tone audiometry, which included routine follow-up cases, cases referred by School Medical Officers, 62 children involved in a National Child Development Study and 733 Sweep Test Failures. Regular clinics were held at Lodge Road, Croydon, and Parkway, New Addington, and Whytecliffe Road, Purley. All the pre-school children requiring auditory training were seen regularly at home, where parent guidance was given; in addition, speech training machines were loaned to all parents, for use in the home.

80 children were seen by Mr. Parsons, the Corporation's Consultant Otologist, who held regular clinics at Lodge Road and visited the Partially Hearing and Deaf Units. 17 hearing aids were recommended during the year, 5 of these were National Health Service 'Medresco' aids and the other 12 Commercial aids paid for by the Corporation. Commercial aids are considered necessary if the hearing loss is greater than the range covered by the 'Medresco' aid, or if there is a sharp perceptive loss in the higher frequencies. The 'Medresco' aid has no automatic volume control and cannot be tolerated by children with such a loss, as the hearing is often for the lower frequencies and a general amplification of sound causes a considerable amount of distortion and may be painful.

104 babies were seen at the special clinic held in conjunction with Dr. Morgan for the early assessment of deafness in young babies, 8 of these were referred to Mr. Parsons for further assessment. Blood tests on the failures were continued as part of a survey held in conjunction with Great Ormond Street Hospital for Sick Children, to investigate the question of Rubella as a cause of deafness and as a result of this survey, we have been able to pinpoint the probable cause of deafness in cases which might otherwise have been recorded as "No known cause".

During the year, all infant schools were visited at least once and apart from absentees and unco-operative children (546), all children newly admitted to school during the year were tested. Tests were also carried out in the Special Schools. Of the 8,721 children tested 821 (approx. 9.5%) failed the test and were referred to the Audiology Clinic for further assessment.

For additional statistical details, see Appendix B, Page 56.



## CHILD GUIDANCE CLINIC

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

This review marks the final chapter of the Child Guidance service under the old administrative order and it is an opportune moment to pay tribute to the local Education Authority and School Medical Department for their support and guidance over the past years. If indeed the numerical increase of staff may be taken as a valid manifestation of positive development in a service, then the rise from an overall establishment of five in 1960 to eighteen in 1973 is some measure of the administrative investment over the last thirteen years.

Much time has been spent on the forward planning of the new service and the readjustments that will be required under the reorganised health service in 1974. In the midst of the present uncertainty one thing is certain; there will be sweeping changes in the pattern of child guidance in the borough, and a corresponding need for close administrative monitoring if the service is to maintain its present healthy momentum.

The perennial problem of the waiting list was once again the central pre-occupation of the clinic and at one time it was reduced to a few weeks. Although it now stubbornly remains at an average level of twelve weeks, it should be borne in mind that this waiting time does not apply to urgent cases which are seen within a few days of referral. The criteria of urgency are such features as attempted suicide, school refusal, serious behaviour disturbance and the like. The only real answer to this problem would be the appointment of an additional consultant, and it is hoped that the Department of Health will approve the creation of such a post in 1974.

The vacancy in the senior registrar post caused by the transfer of Dr. Stella Ring to the grade of assistant psychiatrist was filled by Dr. Margaret Wright on a locum basis, but this increase in manpower is offset by the widening in responsibilities of the only consultant at the clinic. Towards the end of the year Dr. Margaret Carden began her attachment to the clinic under the scheme for re-employment of women doctors, and by dint of manoeuvring our rapidly vanishing space the clinic has been able to accommodate this welcome addition of both Dr. Wright and Dr. Cardin to the resources of the clinic. Nevertheless, their appointments were not matched with an equivalent increase in paramedical staff and this is putting extra strains on the existing social work and clerical staff.

Finally it should be recorded that Mrs. J.I. Meadows, senior secretary at the clinic since December 1946, retired from service in July 1973. The fact that she held this post for twenty-six years is just one indication of the loyalty and dedication she brought to her work. She was succeeded by Mrs. S. Morley who takes up her appointment at a time when the administrative problems of a growing and changing service are at their peak.



Once again thanks are due to Dr. J. Burrowes, Acting Principal School Medical Officer, Mr. K.G. Revell, Director of Education and Mr. J. Cooper, Acting Group Secretary to the Croydon and Warlingham Park Hospital Group Management. The administrative support of their respective departments has been greatly appreciated by the clinic staff.

<i>Source of Referral</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Principal School Medical Officer	74	36	110
General Practitioners	73	42	115
Social Services Department	9	2	11
School Psychological Service	26	7	33
Juvenile Court	11	5	16
Hospitals	11	7	18
Other Agencies	9	2	11
Milton House Remand Home		78	78
	<u>213</u>	<u>179</u>	<u>392</u>

<i>Action</i>			
Diagnostic	18	76	94
Current Treatment	176	86	262
Closed - Improved	16	13	29
Unco-operative	2	2	4
Transferred	1	2	3
No change	-	-	-
	<u>213</u>	<u>179</u>	<u>392</u>

### DENTAL SERVICE

Mr. B.J. West, Principal School Dental Officer

It is with some regret that I present the report on the Dental Services for the London Borough of Croydon for what is in fact the last full year under the present system. In April next year the health services will be transferred from the Local Authority to be administered by the newly formed Area Health Authority. Fortunately for Croydon, the boundaries of the new Authority will be the same as those for the present Local Authority. This should certainly help future co-operation between the two authorities and it is hoped that the present excellent relationship between the staff in the schools and the dental staff will continue. Inevitably however, some effects resulting from the change-over must be expected especially if changes in overall management are made.

How has the Dental Service fared during its administration by the London Borough of Croydon? I outline below some figures for the school dental service comparing 1966, the first full year as the London Borough with the past year.



Year	Treatment Sessions	Attendances	Permanent Teeth Filled	Deciduous Teeth Filled	Permanent Teeth Extracted	Deciduous Teeth Extracted
1966	2,799	19,718	7,990	4,652	1,369	2,996
1973	3,621	28,586	12,798	9,050	1,806	4,853

As can be seen, there has been considerable increase in output especially in the amount of conservative treatment. This is even more striking when, as will be seen later in this report, 1973 was a rather poor year compared with recent years.

It is to be hoped that the improvement shown will be maintained when the Local Authority Dental Services take their place within the unified National Health Service.

### Staffing

Following the loss of staff in 1971, at the end of which the whole time equivalent of dental officers including the orthodontist had fallen to 7.6 with a dental auxiliary working for 8 sessions per week, the position has slowly improved and now stands at 9.2 whole time equivalent dental officers and orthodontists and one full time auxiliary. This still leaves us somewhat short of the dental establishment of 12 dental officers and 2 dental auxiliaries, which in itself is insufficient to cover the school population of Croydon. This stood at 56,000 at the beginning of September 1973 and it would require a dental staff of at least 18 dental operators to provide a satisfactory comprehensive service.

There are several possible reasons for the apparent inability to attract dental staff, a problem which is common to practically every other London Borough and to most authorities in the country. These include the very high house prices which prevent suitable officers from moving into the area and the uncertainty generated by the reorganisation of the National Health Service. Moreover, practitioners from the General Dental Service have been advised not to enter the Local Authority Service until after April 1974, in order to protect their pension rights. It is hoped that at least some of these restraints will be removed when the Reorganisation has taken place and the Public Dental Service can settle down and continue its desired development.

### Inspections

The number of sessions devoted to the statutory routine dental examination of children in the Borough's schools rose from 256 to 274. This meant that a welcome improvement was made in the number of schools visited and the number of children examined. During the year 121 school departments were visited, an increase of 22 over the previous year, representing 85.8% of all Croydon's schools as opposed to 71.6% in 1971.

37,621 children were examined in school (67.2% as opposed to 57.9% last year) and a further 7,746 children were examined in the surgery during the year. This meant that the total percentage of the school population examined at least once during the year was 81.1% (70.5% last year).



For the first time for a number of years the percentage of those examined requiring treatment dropped slightly to 57.6%. This compares with the previous years during which a steady increase in treatment required has been noted, the figures being 59% last year, 54.7% in 1971, 48.9% in 1970 and 45.6% in 1969. It is hoped that this fall marks the beginning of a real improvement in the dental health of Croydon's children, and is not just a temporary pause in the relentless spread of dental caries.

The improvement in the staffing position occurred at too slow a rate to prevent a further contraction in certain aspects of the service. Mention has been made elsewhere of the reduction in treatment for the pre-school child and some additional reasons were given for this. The number of treatment sessions once again fell, being 283 less than the previous year.

The number of children receiving at least one course of treatment during the year was 9,593 (18.6% of the school population). This is slightly less than 1972 (18.84%) but more than 1971 (18.44%). It must also be remembered that Croydon's school population is steadily rising year by year. This contrasts with many of the other London Boroughs where school population has shown a reduction over the last few years. In addition the school leaving age was raised during the year resulting in an increase in the secondary school population.

The numbers of both permanent and deciduous teeth filled were less than 1972, the first actual reduction since the London Borough was formed. However, it must be remembered that 1972 and 1973 were the only two years to show a reduction in treatment sessions, the fall in 1972 being only 50 sessions whereas this year the drop has been a further 283.

Procedures requiring more advanced techniques and therefore more time consuming had mixed fortunes, the number of crowns falling from 98 to 50, though the number of teeth root filled showed a welcome rise from 69 to 87.

There was also a small but none the less welcome fall in the number of teeth extracted. The number of teeth extracted for every 100 filled, though, rose for the second year running, as follows:—

In 1953 115.9 teeth were extracted for every 100 teeth filled

1963	64.3	"	"	"
1968	30.0	"	"	"
1971	21.6	"	"	"
1972	27.4	"	"	"
1973	30.5	"	"	"

Out of the 6,659 teeth extracted 368 were at the request of General Practitioners, an increase of 50 on the previous year. Also the increase in orthodontic work has meant that a greater number of teeth were extracted for purely orthodontic reasons.



Altogether 1,698 general anaesthetics were administered, a reduction of 91 compared with 1972. There was an increase of 20 cases treated for General Practitioners bringing the total to 165. This facility represents an important link between the various branches of dentistry, which will become even more important following reorganisation. To improve our emergency services a further general anaesthetic session per week is to be introduced early next year, so that we will then be able to offer general anaesthetic facilities five days per week.

The conservation of teeth under general anaesthesia for mentally and physically handicapped patients has continued unaltered. This is a very important service, provided by very few hospitals, practices or local authorities in the country. Again many of the patients are referred to us both from general practitioners and local hospitals.

Once more the Orthodontic service in Croydon has shown an improvement over the year. 301 new cases were fitted with an appliance compared with 274 the previous year, and 206 cases were completed compared with 190 in 1972. This aspect of the Borough's dental service is being encouraged and it is anticipated that it will play an increasingly important role in future.

One of the most worrying factors in the provision of dental care by the Local Authority Service is the large number of failed appointments. This year they total 6,083 and represent 24.3% of all appointments made when taken in conjunction with 3,105 last minute cancellations. This unfortunately means that the gradual fall noticed over the past few years has been reversed, the figures being 21.3% in 1972, 22.7% in 1971 and 24.4% in 1970. The fact that one quarter of all appointments were not kept represents an enormous wastage of time and money and means that other patients requiring treatment have been needlessly delayed in receiving it.

### **Dental Centres**

The programme of modernisation of the equipment and facilities in the various surgeries has been continued and now half of them have been equipped for modern low-seated dentistry. The remainder have perfectly serviceable equipment which is preferred by some dental officers. A choice now exists in the type of equipment available; an important factor in attracting new staff.

The state of decoration in the dental centres still presents a problem. Despite many representations, a rota for the proper maintenance of the surgeries has not materialised. Since I took up my present post in November 1971, only one centre (Parkway) has been redecorated, and that only as a result of damage following a boiler failure. It is vital in winning the confidence of both parents and patients that the impression they gain of the dental clinic should be favourable, and this is not helped if they see dirty, cracked walls and peeling ceilings and paintwork.



## Dental Health Education

The shortage of staff has meant that this aspect of the Borough's dental service has once more had to take a back seat. Only six sessions (an increase of 1 over 1972) were devoted to this subject by dental officers, though each patient received some advice and instruction on a personal basis. The education of the public in dental matters is vital to the success of the dental service in reducing the spread of dental caries, and will be developed as soon as circumstances permit.

However, the student Hygienists from the Royal Dental Hospital continued to visit Croydon's primary schools to advise the children in the proper care of their teeth. This provides a valuable two-way contact between the hospital and the local authority to the benefit of both.

Miss Elliott, the Chief Health Education Officer and her staff have once again been extremely helpful both in their advice and in encouraging contacts between the dental service and teachers, ante-natal services and parent/teacher organisations.

## Preventive Dentistry

In the absence of the fluoridation of the Borough's water supplies (the most effective method of reducing dental decay and so bringing the provision of dental care into more manageable proportions), alternative methods have had to be investigated. This year we have introduced the routine treatment of selected children with a fluoride gel. By this method it is hoped that a reduction of up to 30% in the incidence of dental caries will be made in these cases.

In addition, a research team from Guy's Hospital have begun an experiment among secondary schoolchildren to determine the advantages of brushing their teeth regularly with fluoride-containing toothpaste followed by rinsing for one minute with a fluoridated mouthwash. This experiment is planned to continue for two years.

Thorough cleaning of teeth with a toothbrush still remains the only way in which the dental diseases of caries and periodontal disease can be eliminated. This requires a great deal of effort on behalf of the patient and unfortunately most patients do not feel sufficiently motivated to carry out the necessary rather arduous regime. Until this becomes a socially accepted way of life, dental disease will continue to be a major disease.

The dental statistics will be found on Page 57.



## ENURESIS CLINICS

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

The numbers of children attending the Local Authority Enuresis Clinics during 1973 continued to rise, and 280 children attended the Clinics at Lodge Road, New Addington and Purley. The slight fall in the numbers seen at Lodge Road was more than compensated for by a 30% increase in those attending the Purley Clinic at Whytecliffe Road. As usual there were twice as many boys suffering from enuresis as girls. The new model of the enuresis buzzer has proved very satisfactory and is less liable to break down than the original models. Six children were referred to the urologist and three children who had symptoms of emotional disturbance were referred to the Child Guidance Clinic.

Total Attendance	280 (Boys - 184; Girls 96)
Still Attending	122
Discharged Dry	86
Discharged for Non-Attendance	57
Left District	9
Lodge Road Clinic	135
New Addington Clinic	79
Purley	66
Referred to Urologist	6
Referred to Child Guidance Clinic	3
Used Buzzer	105

Age:	4	5	6	7	8	9	10	11	12	13	14	15
No.	-	11	44	60	54	35	22	19	17	6	7	5

## SCHOOL EYE CLINICS

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

The School Eye Clinics held in the Local Authority Clinics at Purley, Sanderstead and New Addington, accept referrals of babies and children up to school leaving age from Local Authority staff, general practitioners and the Hospital Eye Service. Forms O.S.C.I. are accepted. The most frequent cause for referral is impaired visual acuity found at routine school Medical inspection, for which the diligence of the Local Authority staff should not escape mention.

The estimation of visual function is tending to be extended to earlier age groups as the methods of testing become more sophisticated, and there has been a noticeable increase in referrals from Toddlers' Clinics.



A follow-up system is in operation employing the services of the Health Visitors when necessary, and is a particularly useful feature of this part of the School Health Service.

Statistics will be found on Page 58.

### HEALTH EDUCATION IN SCHOOLS

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

Principal Health Education Officer.

In the year before the Health Education Section technically disappears from the Local Authority and transfers to the newly formed Area Health Authority, it is encouraging to report a trend among teachers to regard health education less as a separate package and more as an essential ingredient in a variety of subject areas. Paradoxically, this also means that greater care is needed in monitoring the range of health topics presented to pupils. In some integrated curricula there may be great emphasis on emotional topics and other essential health information may be omitted altogether. The necessity for including adequate simple applied physiology is indicated at all levels throughout school life. In addition, an opportunity for a critical look at health behaviour would be a useful exercise for pupils before leaving school.

This trend in integration has meant that help and advice from Health Education Staff and the use of the facilities of the Health Education Centre have continued to grow. Supportive work often had to be repeated in schools where staff changed, but this did provide face to face contact with pupils and teachers and helped Health Education Staff in the adjustment of approach and programme planning.

#### Inservice Training held in the Health Education Centre

##### 1. "Children and Drug Abuse" (Five Weekly Sessions)

On the suggestion of the Croydon Drug Dependency Liaison Committee arrangements were made by Head Teachers to ensure that at least one member of the staff in their schools was informed about drugs so that others would have contact for help and information. The course was designed for these teachers. Eighteen people attended including representatives from twelve schools. A general teacher shortage at the beginning of the school year prevented more from attending. The course was well received and participants asked for a re-union in July in order to report progress.

##### 2. "Health Education Topics - A Course for High School Teachers" (Eleven Weekly Sessions)

The course gave background information and an opportunity to view supportive material on the various topics. There were five sessions on the



sequence of Growth and Development, one on Environmental Health and five on some of the Health Hazards of Today. Local Medical Consultants and the Principal Health Education Officer took part in the sessions.

**3. "Health Education Workshop" - A Course for Junior School Teachers" (Eight Weekly Sessions)**

The course included Growth and Development, Simple Applied Physiology and First Aid and was conducted by the Principal Health Education Officer and Dr. Simmonds, Senior Medical Officer. It provided a lively exchange of ideas, methods and media.

**4. "Overweight Children in School" - (One Session)**

In the Autumn term Teachers interested in conducting weight control groups in their schools were invited to attend a briefing meeting conducted by Dr. Simmonds, Senior Medical Officer and Miss Sharp, Health Education Officer.

(See Dr. Simmonds Report on Page 30.)

**5. "The Child and His World" - A Course for Home Economics Teachers (Eight Weekly Sessions)**

This course will be held in the Spring Term, 1974 and will provide opportunities to discuss current views on child care. Sessions will be based on a suggested course designed by Health Education Staff for pupils (boys and girls) of 14 + years.

**1. Primary Schools**

The series of two talks about children growing up given (a) to parents and (b) to parents and/or pupils in the fourth year continued in many schools. Health Education Officers talked to parents in 36 schools. The "Merry-Go-Round" Films were shown by teachers to parents and children in six schools. The topic was integrated into general health courses in 16 schools and also dealt with by teachers.

**2. Health Courses:-**

Sixteen schools now include a series or sessions on health and the human body. Some exceptionally good programmes known to the Health Education Staff and conducted by teachers and/or Health Visitors or Health Education Officers were run in Applegarth, Benson, Elmwood, Fairchildes, Gresham, Oval, Springpark, Woodcote and Woodside Schools.

**3. Pre-Testing a Cartoon Smoking Poster:-**

At the request of the Health Education Council and with the co-operation of the teaching staff, a cartoon smoking poster was tested for effectiveness in two schools from contrasting areas of the town. The reactions of 10-year old pupils in Benson School and 9-year old pupils in Fairchildes School were recorded. In both groups children's previous knowledge of smoking included:-



\* Smoking can damage your health by causing:—

- (a) Cancer, smoker's cough, smelly breath, dirty teeth, dirty fingers.
- (b) Smoking is a habit, difficult to break.
- (c) Smoking is a fire hazard.
- (d) Smoking can affect your growth.
- (e) Smoking can make you short-winded and can interfere with sporting activities.
- (f) Smoking makes smelly ashtrays.\*

The general impression of the poster in both schools was favourable. The message was clear and it was noticed by the majority of pupils although one child remarked "Perhaps it is a joke?"

The Health Education Staff much appreciated the co-operation received from the schools and it was unfortunate that copyright conditions with regard to some of the characters on the poster prevented publication by the Health Education Council.

#### **Other Contact with Parents.**

Talks or participation in panel discussions at Parent - Teachers' Meetings took place at Ashburton, Ecclesbourne, South Norwood, Purley High School for Girls, Benson and St. John's Schools. Exhibitions of the material used in Community Health Courses were arranged for parents at the conclusion of courses at Ashburton, Lanfranc and Stanley Technical Schools. Health Education Staff and Teachers manned stands covering the 13 topics and parents showed great interest in the work.

#### **New Activities**

##### **Schools' Council - Working Party on Health Education**

The Principal Health Education Officer is a member of the Working Party on Health Education, which during the year initiated a sample survey in Local Education Authorities in 28 schools of all types, with pupils aged 13 - 18 years. The schools were known to be active in health education and Riddlesdown High School and Purley Girls High School were included in the survey.

The survey indicated the variety of ways in which good practice in health education in adolescence is manifested in organisational terms and the relatively close agreement which exists with regard to curricula content. Most schemes of work specified ways for their further sub-division into 'teaching units'. Each topic would provide a useful starting point for curricula development. The Working Party will be considering further action in the light of this survey.



### **New Films on Alcohol.**

The Principal Health Education Officer acted as editor to two films for schools and youth clubs about "Alcohol" made by the Medical Council on Alcoholism and distributed by Concord Film Library. The approach and many of the ideas for content were adopted from the experience gained by Health Education Staff in Croydon Schools. The films contain actual and cartoon sequences and the accompanying notes indicate that they are intended to create an awareness about a drink problem which is very much part of our society.

It is accepted that most people enjoy alcoholic drinks but the film show how to enjoy this pleasant social custom with the minimum of risk. They stimulate discussion by raising more questions than they answer:—

"What's Yours? " - Runs for 30 minutes and is intended for the 16 - 20 age group.

"The Choice is Yours" - Runs for 15 minutes and is intended for the 13 - 14 age group.

### **Croydon Technical College.**

Mrs. McDaniel and Miss Sharp, Health Education Officers co-operated with Mr. Morgan, General Studies Lecturer, in discussion groups following an I.T.V. series on health problems. Topics included drugs, alcohol, sexually transmitted diseases, contraception, diet and obesity, cancer, pollution, mental health and old age. Groups taking part in these and other discussions included telecommunication technicians, gas fitters, motor vehicle and catering students.

### **Reedham School (Residential)**

Mrs. McDaniel, Senior Health Education Officer and Mrs. Thruston, Health Visitor, ran 9 evening discussion groups for 20 school leavers who had received no previous organised health education. The series was called "Preparation for Living" and was greatly appreciated for both staff and pupils and plans are being made to develop this service further.

### **Youth Clubs.**

At the request of the Youth Leader, Miss Sharp, Health Education Officer, devoted one evening a week for several months during 1972/3 to visiting Goldcrest Youth Club on the Addington Estate. For some weeks she was just a visitor listening and chatting informally to members and leaders and gaining confidence. Later, she was very successful in completing a short series on personal relationships and included the following topics among them i.e. smoking, drugs, sexually transmitted diseases and birth control.

The above topics plus accident prevention formed the bulk of requests from other youth groups, several of whom requested a series of 3 or 4 sessions.

The Health Education Section was created by Dr. S.L. Wright, Medical Officer of Health and Principal School Medical Officer, sixteen years ago. Its progress and expansion has been possible because of his constant help and encouragement for which the staff will always be most grateful. The co-operation of Mr. K.J. Revell, Director of Education, the School Inspectorate and all the teachers involved in health education enterprises has also been greatly appreciated and the Health Education Staff look forward to continuing this happy liaison in the future and to maintaining their service to schools.

### INTELLIGENCE ASSESSMENTS

Children who are not making progress at school are referred for Tests of intelligence to a doctor with special training in the School Health Service or to the School Psychological Service. All children recommended for special school because of learning difficulty and other children where medical factors may be playing a part receive a medical examination. A test of intelligence may also be carried out during the investigation of a large number of other medical problems.

162 children were examined by School Health Service Doctors and had intelligence tests during 1973. The classifications arrived at and recommendations made were as follows:—

(1) Found to be educationally subnormal:

- |  |    |
|--|----|
| (a) Recommended for St. Christopher's or St. Nicholas Day School for E.S.N. pupils | 55 |
| (b) Recommended for Coldharbour/Priory School for E.S.N. pupils                    | 17 |
| (c) Recommended for Residential School for E.S.N. pupils                           | 1  |

(2) Other recommendations:

- |  |    |
|--|----|
| (a) Referred back to ordinary school                                       | 54 |
| (b) Referred for further investigation by the School Psychological Service | -  |
| (c) Recommended for Day Special Schools for other handicaps                | 7  |
| (d) Referred for Speech Therapy  | 2  |
| (e) To be reviewed   | 13 |
| (f) Recommended for Nursery School   | 3  |
| (g) Referred for further assessment  | 10 |



It was reported last year that there was no waiting list for assessment and fortunately the position remains the same this year.

The numbers of children in special schools who received intelligence assessments to ensure that they were properly placed or for the purpose of advising the Chief Education Officer about their educational needs showed an increase from 63 in 1972 to 69 in the year under review, made up as follows:—

St. Christopher's School	41
St. Nicholas School	12
Coldharbour School	10
St. Giles' School	4
St. Luke's School	2

#### PHYSIOTHERAPY SERVICE

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

Physiotherapy will always draw on the less mobile section of the population and 1973 has shown at St. Giles' School that there is a greater case-load of disability being dealt with by fewer physiotherapists. Therefore looking ahead, the type of work done by the staff available, that is less therapists and more aides, must obviously change. Fewer treatments will be done and more reasoned assessment and advice to parents and teachers will have to be the willing role of the physiotherapist; towards this end there must be educational changes within our own profession. Part-time married women can be encouraged back to work in the local situation providing they can be taught their new role. It would be profitable to train multi-disciplinary "teach-in teams" consisting of a Physiotherapist, an Occupational Therapist and a Health Visitor going round within the community providing a service that is both complementary and supplementary to the Hospital Service. There would therefore be an enlarged working environment with fewer therapists covering more ground. If an effective system of referral was established, patients could be referred at a few weeks old, and a scheme of total home management by the "teach-in team" could be started early which would enable the child to develop his damaged potential to the full, without it being too great a demand on the mother. Just as an early warning system is vital to national security, so is early diagnosis followed by prompt and skilled treatment. It might make a difference to a disabled child's entire life.

It is often said that in neurology there is accurate diagnosis but no treatment available. The truth is that there will never be a drug that will undo the results of brain damage. Therefore the treatment will always lie in the hands of highly skilled therapists, those rare birds whose knowledge enables motor and sensory potential to be redeveloped in varying degrees.

Statistics will be found on Page 59.



## SPEECH THERAPY SERVICE

Mr. J.R. Brook, M.Sc., L.C.S.T., Principal Speech Therapist

During 1973 there has been a further reduction in staff over the whole year, compared with 1972. It may be said that the Section was approximately 50% fully staffed over the year. Continuous efforts were made to attract staff especially from married Speech Therapists. As recommended by the Quirk Report (1969, H.M.S.O.) an unqualified Speech Therapy Aide was employed for the first time in Croydon. This proved successful and a full-time unqualified Aide has now been employed in addition.

The Speech Therapy Section will transfer from the Local Authority to the Area Health Authority on 1st April next. It has been accepted at ministerial level that speech therapy in future will be organised as one integrated profession under the Area Health Authorities. Beyond this no decisions have been made about the future organisation of speech therapy. It seems quite likely, however, that much will be left to local decision. Obviously the development and expansion of speech therapy will be competing against many other priorities in the newly organised Area Health Authority. This will therefore be again an opportunity for an improvement or a decline in speech therapy in Croydon. The work of an integrated Speech Therapy Service in such a large Borough as Croydon will require the undivided attention of a qualified and experienced Speech Therapist for best and most efficient application of our small resources to the increasing demands of the Borough. It is to be hoped that preliminary moves are made at an early stage along these lines.

During 1973, one Speech Therapist, Mrs. Sue Wasmer, left to go to America with her husband, and our first full-time Administrative Assistant, Miss Lorraine Enot, also left to work in the Health Visitors' Department in Taberner House. In the latter part of the year, we were fortunate to gain the services of Mrs. F. Connor and Mrs. M. Woodard. These are both full-time Speech Therapists and Mrs. Connor has had considerable experience. Mrs. Pamela Willison, a married Speech Therapist with a family, also started sessional work with us and hopes to increase the number of sessions in 1974. Our new Administrative Assistant is Mrs. Sheila Courtiour.

It can be seen that 1974 should start with a slight increase with the staff of the Section and it must be hoped that efforts will be made to make it possible for us to attract more Speech Therapists, especially the young Therapists qualifying over the summer of 1974.

Besides work with school children in Speech Therapy Clinics and also work in the special schools, the Section has maintained a high level of school visiting including assessment and some treatment in some of the schools. A programme of talks and visits to various organisations as well as toddler groups and nursery schools has also been maintained throughout 1973.



The Section has assisted in the vital work of training new Speech Therapists by continuing to make available a relatively large number of places for students in training to obtain practical experience.

I would like to place on record my personal thanks to a number of people throughout the Authority who have been of such assistance in helping me to gain the degree of Master of Science in Human Communication. This was kindly sponsored by the Authority.

Statistics will be found on Page 59

### WEIGHT CONTROL CLINICS

Dr. W. Simmonds, Senior Departmental Medical Officer

During the past year the existing Clinics have continued in the same way as before. They have now been working long enough to give some idea of their value. The most successful group is still that at Waylands Training Centre, as the trainees there are less likely to buy "forbidden fruit" for themselves.

Among the groups in the boys' schools, the best results are still at those schools where parents can come to at least one of the meetings. In general there is a hard-core of about 25% of boys who fail completely, in spite of the efforts made by the staff, as well as the School Health Department, a further 30% who are still over-weight but less so than statistics would lead us to expect, about 35% who show very satisfactory improvement, and 10% who manage to slim down to their proper weight, and to maintain it for a year or more. Some of these are discharged from the Clinic, especially when they are older, and in the "examination" classes.

In the girls' group, the numbers have dropped, mainly because it is held at Taberner House, which means the girl missing the whole morning to attend and partly because a lot of the original attenders have now left school.

In an effort to help the girls in particular, a pilot scheme was started, in which the schools were asked to help. A number of teachers interested in the subject came to the Health Education Department for a discussion, and ways of running groups in the schools were discussed. Of those who came, some started or, in one case, continued groups, while three schools were chosen for the pilot scheme in which the children were seen by one of the Health Education staff, who talked to them and will go in at least once a term to see them while the P.E. and Domestic Science staff give support at more regular intervals. The failures will be seen at the end of the next term by a medical officer who will try to find the cause of this lack of success and help to re-inforce the group's work.

If this pilot scheme succeeds it will be extended to cover all the schools in time, but there is the inevitable staff shortage, both among the teachers and the school health department which will make progress slow at first.

Statistics will be found on Page 59.



At Sanderstead and New Addington the Health Visitors are already holding very successful clinics for adults, and it is hoped that their help will be enlisted for the children as well. Visual aids and booklets are provided for these and for the children's groups by the Health Education Department.

### 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 44 such children during the year.

#### Convalescent Treatment

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

<i>Diagnosis</i>	<i>No. of Children</i>	<i>Period of Stay</i>
General Debility	1	2 weeks
Physically Handicapped	2	2 weeks
Diabetic	1	10 days
Epileptic	1	2 weeks
<i>Total</i>	<u>5</u>	

#### Juvenile Employment Return

The following numbers of children were examined by the medical officers during 1973 as to their fitness to undertake the part-time employment:—

	1973	1972
	935	225



The large increase in the number of children examined in 1973, as compared with the previous year, is attributable to the raising of the school leaving age.

#### Provision of Milk and Meals

Free milk is supplied only to pupils in Special Schools, to pupils in Maintained Schools to the end of the Summer term after attaining the age of 7, and to other Maintained pupils in the 7 - 11 age group recommended by the Medical Officer of Health. Approximately 13,500 pupils received one third of a pint each day.

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 1973 was approximately 32,450.

#### Cost of Milk and Meals

Milk and Meals cost £1,619,370. Income from payment for meals was £564,070 making a net cost of £1,055,300.

#### Causes of Death in School Children 1973 (Uncorrected)

Accidental	4
Cancer (Leukaemia)	2
Cancer (Other)	2
Cystic Fibrosis	1
Cystinosis, renal failure	1
Diabetes Mellitis	1
Fiedreich's ataxia	1
Hydrocephalus, Spina bifida	1
Aortic valve disease	1
Generalised spasticity	1
	<hr/>
	15

\* \* \* \* \*

### PART III HANDICAPPED PUPILS

There has been relatively little change from last year's figures in the total number of school children ascertained as handicapped. The two fastest growing categories in the recent past, the maladjusted and the educationally subnormal, have remained at almost the same level. Whether this constitutes a true plateau or only a flattening in a continually rising curve will have to await the figures for the next few years.

The number of children awaiting appropriate school places following ascertainment as handicapped has unfortunately increased. The children concerned are mainly in the maladjusted and educationally subnormal groups. Though all the maladjusted children on the waiting list are listed as needing residential places a further school similar to Sir Cyril Burt School would probably meet the needs of the Borough. The Priory School for the more severely retarded children opens in January 1974, and will eliminate any Waiting List for these children. It is hoped that many children of pre-school age in this category will be able to attend either Priory or Coldharbour School when the former is fully operational.

The number of children actually ascertained during 1973 did show an increase. The handicaps principally concerned were the Blind and Partially Sighted and the Deaf and Partially Hearing. Further reference will be made to these children under the appropriate heading.

Table 11 lists pre school children who are definitely handicapped. The numbers in the two and three year old columns are artificially low due to the administrative method of keeping the register. The four and five year old groups should be added together to obtain a comparison. When this is done the figures are not very different from previous years.

I am grateful to the Director of Education for providing reports by the Head Teachers of each of the Borough's Special Schools. They will be found under the appropriate heading.

	10	28	4	Physically Handicapped
	11	33	17	Total



**TABLE 10**  
Children requiring Special Education, 1973

CATEGORY	New Cases Ascertained by Committee	* New Admissions	Number of Children receiving Special Educational Treatment 31.12.73						No. of children awaiting placement on 1.1.74	
			Special Schools		Hospitals	Day Units	Home Tuition	Total	Day	Residential
			Day	Residential						
BLIND	2	2	-	8	-	-	-	8	-	-
PARTIALLY SIGHTED	8	7	27	4	-	-	-	31	2	-
DEAF	10	9	1	26	-	8	-	35		3
PARTIALLY HEARING	9	8	10	8	-	23	-	41		
EDUCATIONALLY SUB-NORMAL (M)	63	60	398	26	-	-	-	424	40	3
EDUCATIONALLY SUB-NORMAL (S)	33	16	109	7	44	-	-	160	34	2
EPILEPTIC	1	3	11	7	-	-	-	18		
MALADJUSTED	61	45	23	89	5	1	2	120		33
PHYSICALLY HANDICAPPED	35	35	96	16		-	-	112	2	3
SPEECH DEFECT	2	2	24	-		8	-	32		
DELICATE	4	13	16	7		-	-	23	2	1
AUTISTIC	5	2	13	4	1	-	1	19		2
<b>TOTAL</b>	<b>233</b>	<b>202</b>	<b>728</b>	<b>202</b>	<b>50</b>	<b>40</b>	<b>3</b>	<b>1023</b>	<b>80</b>	<b>47</b>

\*Including cases ascertained in previous years

**TABLE 11**  
PRE-SCHOOL HANDICAPPED CHILDREN

Category	Age on the 31st December, 1973			
	5 years	4 years	3 years	2 years
Vision Defect	-	1	5	1
Hearing Defect	-	-	5	1
Speech Defect	-	-	-	-
Mental Disorder	13	15	11	6
Epileptic	-	2	1	-
Physically Handicapped	4	29	19	3
<i>Total</i>	<b>17</b>	<b>47</b>	<b>41</b>	<b>11</b>

## BLIND AND PARTIALLY SIGHTED PUPILS

	<i>Blind</i>	<i>Partially Sighted</i>
In Residential Schools	8	4
In Day Schools	-	27

### Blind

Two children were ascertained blind in 1973. It is a relatively uncommon handicap and though no cases have been ascertained in the last three years the increase is entirely due to chance.

### Partially Sighted

Eight children were ascertained in this category which is a larger number than usual but again it is almost certainly a random finding without significance. The extra space which became available at St. Luke's School in the Spring Term of 1971 has been useful as the number on roll there has risen to 21. Three out-of-borough children are included in this total.

### St. Luke's Special School for Partially Sighted Children

During 1973 the work of the school continued steadily. As in previous years emphasis was placed on giving the children as many new experiences as possible and to widen their knowledge of the world around them in order to compensate for a very limiting handicap.

For the first time an attempt was made to integrate a totally blind child with the partially sighted children. A three-year old blind girl was admitted in the Autumn Term as a part-time pupil. She has, undoubtedly, benefited from mixing with the younger children. We hope to help this child towards becoming independent and to prepare her for a place in a School for the Blind when she is older.

Several educational visits were made during the year. The children were taken to the Natural History Museum, the Transport Museum, Chessington Zoo and a trip was taken on the Regent's Canal.

We have continued to benefit from the help of Winterbourne Junior Boys' School. Two scholars attended part-time and I am grateful to the Headmaster and members of his staff for their interest in the visually handicapped children. The older junior children continued to have the opportunity of learning French with Madame Rae at the Winterbourne Language Centre.

As part of their Community Service Course pupils from the Lanfranc and Selhurst High Schools attended on half days each week to help with the younger children.



The school was invited to take part in the I.L.E.A. Sports for Partially Sighted Schools also in the Swimming Gala held at the Lewisham Baths. Both events were greatly enjoyed by the children.

The ophthalmologist visited the school during the year and the routine Medical Examinations were carried out by Dr. Butts. The School Dental Officer examined the children's teeth.

There were opportunities for the parents to meet socially and to discuss their children's progress. Many parents and friends visited the school on Open Day in July. The year closed with the usual Christmas Festivities and once again the children received gifts kindly sent by the Staff of Impact House. The generous grant from the Education Committee also provided presents for the children.

I wish to record my thanks to all those concerned with the health and welfare of the children in the School Health and Education Departments.

Children on Roll 31.12.73	21
Admissions during the year	6
Transferred to Residential Schools	2
Transferred to I.L.E.A. day P.S. School	2

#### DEAF AND PARTIALLY HEARING PUPILS

	<i>Deaf</i>	<i>Partially Hearing</i>
In Residential Schools	26	8
In Day Schools	1	10
In Day Units	8	23
Awaiting Placement	3	-

The deaf and partially hearing groups should be considered together so far as numbers are concerned, as though there is a decided difference between the completely deaf child on one hand and the child with just enough hearing loss to require special schooling on the other, there are some children whose handicap is midway between. The educational placement of such children will depend on the ability and willpower of the child in overcoming the defect. I mention the foregoing because, as will be seen in Table 10, taking the two groups together 19 new cases were ascertained during 1973. We have to go back to 1966 to approach this high figure. Otherwise the numbers assessed in the past 10 years fluctuate between 2 and 9. The reason for the upsurge in this handicap is unknown.

#### Nursery and Infant Deaf and Partially Hearing Units Kingsley Infants' School

The units contain children with hearing impairment within the complete range from partial to the most profound loss. Effective sound amplification



can provide a total means of communication for the partial child while for the profoundly deaf we may assist with speech reading and it has been established that normalisation of speed and rhythm is important for speech intelligibility.

Personal aids to hearing are supplied by commercial firms and the National Health Service. A significant number of the latter aids have been faulty on supply. Every aid is checked prior to issue and regularly while in use. However it remains an essential element that parents as well as staff must show ceaseless interest in the correct functioning of the aid if the children are to receive maximum motivation by sound. During this year some 120 aids were sent away for repair or exchange. A much greater number were rapidly adjusted for correct working by staff.

Pure tone and speech tests of hearing are done as necessary and the results used to help establish efficient use of aids to hearing.

Ten kinds of personal aids have been used. Further modification of the acoustic response have been obtained from most of these aids by the use of selected receivers. The excellent lightweight sub-minor receivers (Danavox) continue to be used for those children who have sensitive skin.

St. Helier hospital continues to supply us with new moulds while making available continued supplies of cold cure acrylic mould materials. We have introduced a new soft pliable ready made mould which has been invaluable. A further supply is on order. We should like to express our appreciation to St. Helier Hospital for the generous supply of N.H.S. equipment and to Mr. Oakley and Croydon's Public Health Administration for the equally generous support given us concerning commercial supplies.

The units continue to supply (in rotation according to need) auditory trainers for use by parents at home. Mainly maintained and entirely checked by unit staff, these trainers include five made by parents and staff which have proved reliable and at least as effective as most current commercial trainers. Ten children so benefit while some others continue to use the pre-school trainers allocated by Mr. Oakley.

Any equipment in constant use by children, some very young and possibly having slight motor difficulty requires constant checking and maintenance and adequate spares. This is particularly true of older equipment and while internal checking and maintenance is good and could be better, back up services by means of regular unhurried visits by skilled technicians is needed. Unit replacement parts need to be supplied rapidly and delays of 6 months are not really acceptable.

#### **Junior Deaf and Partially Hearing Units, Kingsley Junior School**

There are 6 children in the Partially-Hearing Unit and 4 children in the Deaf Unit. One non-oral 10 year old girl has recently been given a place at the Royal School for the Deaf, Margate. Four children left the Partially-



Hearing Unit in July, 1973 to go on to Secondary Schools. One went to the Partially-Hearing School, Ovingdean and three to the Senior Partially-Hearing Unit at Riddlesdown High School.

The present age range within the two Units is from 8 years. - 12 years. A wide spectrum of hearing loss, differing abilities, needs and social problems has to be catered for. The teachers, a full-time qualified teacher of the Deaf and Partially-Hearing in each Unit and a part-time qualified teacher of the Deaf and Partially-Hearing attached to the Deaf Unit, work in close co-operation. Both Units have been using the Guidelines Language Scheme devised by the Woodford School for the Deaf. The results with the profound/severely deaf children have been most encouraging. This basic language work has overlapped into a variety of interesting topics and combined visits by the Units to Keston Ponds and Banstead Woods.

Both Units make use of the facilities available within the school e.g. T.V., Library etc. Four of the Deaf children are members of the Gymnastics Club. Some go swimming at a learner pool at another school whilst others join their own year groups for Netball and Football.

During the past year all the Deaf children have been encouraged to integrate to a greater extent within the school. One 4th year girl now integrates fully within a normally hearing class in her own year group. She has extra individual help where necessary by the Teacher of the Deaf who also takes a language group in her class each week incorporating the Deaf child within a group of six children with similar reading and language problems. This group also joins in the activities of the Unit for part of an afternoon session each week.

Another child, a 2nd year girl is now beginning to integrate fully within a 2nd year class. During the last term she has integrated for P.E., Art/Craft and has spent 3 mornings a week working with the class. She will now spend most of her time in the class returning only for short periods for individual speech.

All the Deaf children integrate for P.E. and Art/Craft. Normally hearing children also visit the Units and work with the Deaf children. Part of each afternoon session incorporates groups of normally hearing children from classes with which the deaf children integrate, joining in the various activities of the Unit. This has resulted in a greater understanding of the deaf child and his difficulties by the normally hearing child and has paved the way for more integration for the deaf child within the school. Friendships have developed and been maintained. Indoor playtimes and dinner times now see the Deaf child dispersed within the school amongst their own particular friends.

For those children spending most of their time within the Unit, a lively varied curriculum is followed developing the children's individual interests according to their own age and ability. A weekly visit to the local library is made. Shopping expeditions for ingredients for cooking etc. often arise. Recent visits have been made to see a working windmill and to a launderette. An evening visit was made to a pantomime at Christmas.



The Deaf children have continued to take part in the School Assembly. One play used for an Assembly was also performed at two local Infants' schools. 'The Pied Piper of Hamelin' was produced for the school at the end of last term incorporating all the Deaf children and normally hearing children from each year group.

The Deaf Unit has continued to use the Peters equipment and the Partially Hearing Unit, the Connevans Group aid. Both Units now have an extra speech trainer for home loan as well as their own Amplivox Speech Trainer for use in School.

### Senior Partially Hearing Unit, Riddlesdown High School

1973 began with 5 pupils in the Unit

One 5th year boy

Two 4th year girls

One 3rd year girl

One 1st year boy

The 3rd 4th and 5th year pupils were well integrated in the school. One of the 4th year girls was voted on to the School Council. The 1st year boy spent much of his time in the Unit and integrated with 1st years for 2 afternoons (Art, P.E., Games, Craft, Music, Library).

In July the 5th year boy left school and took up apprenticeship (with day release) at a local garage. He passed C.S.E. exams in English, Social Studies, History and Geography.

There were 3 new admissions in September - all boys. Two came from Kingsley Junior P.H. Unit and the other from West Thornton Speech Clinic.

The boy who came in 1972 should have been kept in the 1st year group with new entrants (because of his too-early admission). Parents, however, requested that he be integrated in hearing classes because, they argued, he would be held back by the 3 new lads. Therefore he works with 2nd year classes for a great deal of the work - successfully.

The boy from West Thornton came on a term's trial - which was extended by Mr. Parsons in November to one year. He is still very immature but is progressing reasonably well. One of the 2 boys from Kingsley attended irregularly until October half term when he was kept at home by parents. (In February 1974 he was admitted to Ingram School). The other Kingsley boy works hard but tends to retard the progress of the other first year boy from West Thornton. (His hearing loss being greater and he is too young to be at Secondary School).

One of the 5th year girls worked on a non-examination course and left school at Christmas. The social workers of Lambeth are in charge of her eventual employment, because she resides in one of Lambeth's local residential homes. The other 5th year girl worked for C.S.E. exams in Typing, English, Commerce, Office Duties and Cookery. She has been accepted by Brixton College for Further Education in September 1974.



The 4th year girl is also working for C.S.E. exams next year. (Typing, Cookery, Commerce, English, Maths) and is coping adequately with her chosen option subjects.

Many visitors came to the Unit during the year - including Mr. Parsons who appeared to be satisfied. All pupils went for new ear moulds to New Cross Hospital in the Autumn term. Towards the end of the year, the School's Welfare Officer began visiting on alternate Tuesdays.

The Unit pupils appear to make satisfactory progress academically and socially, and continue receiving help and consideration from all the staff with whom they come into contact.

#### EDUCATIONALLY SUBNORMAL PUPILS

In Day Special Schools	507
In Residential Special Schools	33
In Hospitals	44
Home Tuition	Nil
Awaiting Placement	79

There were 63 pupils ascertained as moderately educationally subnormal and 33 as severely educationally subnormal during 1973. The total of 96 is a slight drop from the 101 pupils ascertained last year and is a welcome indication that the upward trend of a few years ago has halted.

The Waiting List for the moderately handicapped unfortunately remains much the same. However these children can in many cases receive special help in their ordinary schools. The new Priory School for the severely retarded is due to open in January 1974 and when it is fully staffed, during the next calendar year, there should no longer be any delay in getting these children to school. This will be a welcome improvement both for the sake of the children and the parents.

#### St. Christopher's Special School for Educationally Subnormal Children

1. Statistics	Boys	Girls	Total
Number on Roll 31.12.72	141	87	228
Admitted during 1973 (Jan.-Dec.)	24	10	34
Transferred to work at 16	11	3	14
Transferred to Sheltered Workshop at 16	3	1	4
Transferred to Residential Schools	2	1	3
Transferred to Coldharbour/Priory	1	1	2
Transferred to Schools in other areas	8	1	9
Transferred to Secondary Schools	1	4	5
Number on Roll 31.12.73.	<u>139</u>	<u>86</u>	<u>225</u>



2. The School has continued its policy of introducing pupils of all ages to experiences outside School and expeditions in Camping and Canoeing have been held frequently.

The School has participated in a wide range of sporting activities, notably within the Surrey Special Schools Sports Association, and our various teams have acquitted themselves well and sportingly.

The Cub Pack continues to flourish and we are indebted to Mrs. Short and Mrs. Longhurst for the time they accord the pack in a voluntary capacity.

The School Youth Club has grown noticeably during 1973 and has been placed on a more stable footing by the provision of a number of paid and professional instructors. For assistance in this and many other similar projects the School would record its indebtedness to Mr. P. Bullock, Assistant Youth Organiser.

During the Summer of 1973 the School took, for the first time, advantage of the LEA Camp at Dieppe and a party of some 20 pupils enjoyed an unforgettable camping holiday.

During the Summer months too, we opened our Senior Pupils' Club Room, and a Disco was held to celebrate the event.

Late in the year, the School held a marathon Go-Kart Event to raise funds which were to assist a former pupil to attend the Commonwealth Games. Between sponsorship and donations from former staff and friends, the School was able to donate nearly £200 towards the cost of sending Frankie Lucas to the Games, where he subsequently won a Gold Medal in a Boxing Event.

I have pleasure in recording how fortunate we have been in receiving the full support of so many agencies with whom we have contact - the staff of the Education and Medical Departments, particularly our own attached School Inspectorate and Medical Officer; the School Psychological Service and the Child Guidance Clinic. Mrs. Siddons, our attached Speech Therapist continues to do sterling work although battling with an over-subscribed case-load.

Having lost the excellent services of Mr. George as Youth Employment Officer, we have been fortunate to build up very quickly a most fruitful relationship with his successor Miss J. Palmer, who has already made significant relationships with a large group of our Senior pupils.

I would also wish to note my pleasure at the increase in useful communication with a number of Social Workers from the Social Services Department - a liaison which has proved of immense value to both sides, and subsequently of real value to the children.

Finally I would like to pay tribute to the Governors of the School, and the friends of St. Christophers Association for their ever-ready support of the School in a wide range of activities.



*Staff:* During the year, the School lost the services of a number of teaching staff who have given long and illustrious service. Mr. Hutt (Deputy Head) was promoted to the Headship of a Special School in Surrey; Miss McKay (Senior Lady Teacher) was appointed Head of the new Priory Special School in Croydon. Mrs. Leroy retired after 12 years at the School. Mrs. Mahoney undertook the role of Acting Deputy Head for the Autumn Term with commendable efficiency and during this time Mr. Norman Rothman of I.L.E.A., was appointed Deputy Head, the appointment to commence in January 1974.

### St. Nicholas Special School for Educationally Subnormal Children

The number of children on roll to St. Nicholas School for December, 1973 was 172 pupils in an age range of 4 - 17 years.

During the course of the year twenty-six children were admitted to the school whilst twenty-nine children left the school for reasons as detailed in the table below.

An increasing number of pupils, consequent to the raising of the school leaving age in normal areas of education, are requesting an extension of their educational career in this Special School. These requests have been acknowledged with understanding and provision has been made whereby pupils may extend their schooling at St. Nicholas for a further one year.

	Boys	Girls	Total
Pupils on roll December 1972	102	73	175
Pupils admitted during 1973 from:—			
Nursery Schools	2	2	4
Primary and Secondary Schools	12	7	19
Coldharbour Special School	1	-	1
Residential Special School	1	-	1
Other Special Provision	1	-	1
	<u>119</u>	<u>82</u>	<u>201</u>
Pupils transferred to Normal School	1	1	2
Pupils transferred to Residential Special School	7	1	8
Pupils transferred to Coldharbour School	1	3	4
Pupils left to enter Open Employment	2	3	5
Pupils left to enter Sheltered Employment	3	-	3
Pupils removed from district	4	3	7
	<u>101</u>	<u>71</u>	<u>172</u>
Pupils on roll December 1973			

The School, an Agency of Society, is taking an increasing responsibility for more of a child's life and without the invaluable support and assistance from the School Health Service, the School Psychological Service, the Child Guidance Clinic, the Education Welfare Department and Social Services the



School could not effectively carry out its increasing responsibilities. Sixty-five medical evaluations were made during the year under the system of routine medical inspections to discover if any medical problems existed that could and should be given medical treatment. Fifty-eight psychological evaluations were made by way of re-assessing pupils to ensure their continued correct placing in the school and the practice of screening the new school population to discover those suffering from sensory defects continued, and consequently no child entered the school with undetected defects of hearing or vision.

General Hygiene and Dental Inspections were conducted regularly and where children were found to be suffering from verrucae they enjoyed treatment at the school-based clinic. Those suffering dental defects were afforded treatment at the local Purley or Parkway Clinics.

As a general rule it can be expected that up to five per cent of children will need help with their speech. The need varies with age, decreasing from the infant stage upwards. Teachers wish their children's speech to be audible, expressive, intelligible and reasonably well-modulated, but we are aware from our contacts with slow-learners that they are more prone to defective speech than children of normal ability. In the Special School the incidence leaps up and one in every three children at St. Nicholas School require treatment for speech defects. To July, 1973 a speech therapist was treating these children at the school, but due to a serious shortage of Speech Therapists it has not been possible to enlist the services of a therapist since September, 1973. The most common speech defect to be found is faulty articulation and the class-teacher is fortunately able to deal with many of these cases. However, where faulty articulation persists beyond the normal age for mastering of all sounds in speech (7 years) it may be due to one of several causes which requires the skill of specialists to detect and treat. For this reason it is hoped that the speech therapy services previously enjoyed by the school may be speedily resumed.

1973 saw the inauguration of the St. Nicholas Parents' Association, which has as its main aim to encourage and foster mutual understanding between the school, the family and all others associated with the school. Meetings of the Association were held regularly and to a number of which, outside speakers were invited. As a development from the Association the parents of children of the Lower School Department (Nursery/Infant age group) were invited, on a rota basis, to join their children in the classroom for one session each week. The exercise has served to link the school, the child and the parent in a positive way. The parents were able to observe their children in the company of others and to take part in, and to learn from, their activities. Their attendance also prompted considerable discussion between parent and teacher during which much useful information was afforded both parties for the improved understanding of the children involved.



## Coldharbour Special School for Educationally Subnormal Children

With the retirement of Mrs. L.B. Mouatt, after 26 years service to the school as Head Teacher, at the end of the Spring Term 1973 the school was without a Head Teacher for the following term. Mrs. G. Neate, Deputy Head Teacher was appointed as Acting Head Teacher for the Summer Term 1973, a term beset with numerous difficulties - primarily that of staff shortage.

At the commencement of the Autumn Term the staff was brought up to full strength with the addition of three new members of staff:-

1. Miss P.A. Sanders, seconded to the school until January 1974 when the Priory E.S.N.(S) School opened.
2. Miss J.H. Tucker, having successfully completed a three year course.
3. Mr. M.J. Carvill, as Head Teacher.

In addition to the members of permanent staff, the services of part-time teachers for Domestic Science, Handwork, Art and Music Therapy are enjoyed. The Physiotherapist continues to visit the school regularly as does the School Doctor and Educational Welfare Officer. Regretfully the school no longer longer enjoys the services of a regular Speech Therapist, although we are fortunate in having appointed to the school Miss V. Dukes, part-time, for Speech and Language Development.

The children continue to enjoy the educational and social aspects of their schooling. Groups of children have enjoyed numerous visits to local parks and play areas, whilst other groups have participated in visits into Croydon and to the Library for Story Time Sessions.

The Shirley Oaks Swimming Bath is regularly used to take small groups of children for swimming instruction on Tuesday mornings.

The school has been pleased to welcome numerous visitors amongst whom have been parties of students from Goldsmiths College of Education, Nurses in training, Police Cadets, besides members of the Social and Educational Services. During the Summer Term 1974 we look forward to welcoming three students from Chiswick Polytechnic College of Education for teaching practice.

The visits made by the children, and those by visitors to the school play an important part in the educational and social life of the children particularly in bringing them into closer contact with the local community and members of the general public.

The Parent/Teacher Association having abandoned its project to provide the school with a swimming pool, has during the past year worked extremely hard towards raising the capital for the purchase of a mini-bus for the school. In this they have been greatly helped by the Croydon Society for Mentally Handicapped Children and also by other charitable organisations, with the result that it is hoped to place a firm order in the very near future for a mini-bus. The quarterly meetings are fairly well attended.



Within the school itself we are grateful to the Education Committee for the provision of new pin boarding/block boards and also for new items of furniture. The provision of additional staff lavatory accommodation is now in progress - the contract completion date being 29th April 1974.

#### EPILEPTIC PUPILS

In Day Special Schools	11
In Residential Special Schools	7

One pupil was ascertained in this category during 1973. Many children with epilepsy are in ordinary school and when children are placed in this category it is because of the severity of the condition or because there is another associated handicap.

#### MALADJUSTED PUPILS

In Day Unit for non-communicating children	13
In Day Special Schools	23
In Residential Special Schools	93
Awaiting Placement	33

The number of pupils ascertained as maladjusted has not increased much since last year but remains at a high level. It appears that it must be accepted, whatever the reason, that a large number of children will be found each year to need educating for a short or long period in a special school. This may be residential or day, but it must be a place where the small classes and the school ethos enable the disturbed children to receive the education their behaviour does not permit them to have in the normal school. The number of pupils on the waiting list for places in schools for maladjusted is the same as last year. The figure is too high and means that some children have to wait for an unacceptable time before being placed. A further school of the same type as the present Sir Cyril Burt School is urgently needed.

Under the heading of maladjusted pupils is included the group of non-communicating children as they can be said to be disturbed, for whatever cause. This group includes some children suffering from the autistic syndrome. Though Table 10 records only two of these children awaiting placement it is a fact that the Unit for non-communicating children at Sir Cyril Burt School is full at present and it cannot be long before further such provision will be needed in the Borough.



### Sir Cyril Burt School for Maladjusted Children, including the Unit for Autistic Children

#### Pupils on Roll

Resident Girls	9	
	+ 1 Emergency Case	
Resident Boys	<u>16</u>	26
Day Pupils - Girls	6	
	+ 1 Emergency Case	
Day Pupils - Boys	<u>16</u>	23
Autistic Unit - Girls	1	
Autistic Unit - Boys	<u>9</u>	<u>10</u>
		<u>59</u>

It is a measure of the individuality of our pupils' needs, that changes in their status defy generalisation.

#### During the Year:

A senior Day boy (In Care) left to commence employment and a senior Resident girl, upon attaining school leaving age, commenced a Further Education Pre Nursing Course.

A Resident boy (11 years) was rehabilitated to home and normal school.

Two Day boys (10 and 11 years) returned to their local Junior School.

One Day girl (14 years and In Care) was transferred to a Community Home School following difficulties at her "Childrens Home". The School assisted Social Services by taking this girl into temporary residence for a short period following a particular crisis.

We were unable to contain an ex Warlingham patient, a very severely disturbed and depressive 15 year old girl (In Care). This girl had drug and promiscuity problems. She absconded from her home and was still missing at the years' end.'

Another senior Resident boy was taken off roll after a prolonged absence.

Other developments include two Resident pupils attending other Day Schools. One Resident boy and a Resident girl are now attending as Day pupils. A pupil of the Autistic Unit is now attending a local Infant School for two days a week preparatory to a permanent transfer.

An ex pupil of the Autistic Unit, previously transferred to an Infant School, was re-admitted. Happily he was later successfully transferred to normal Junior School.



## Staffing

During the year the teaching staff of our Autistic Unit changed, Miss Anna Mason leaving to take a Scale 4 Post with the Inner London Education Authority. Mrs. Brenda Pickles, the Teacher-in-Charge, resigned prior to the birth of her daughter. The school is indebted to Mrs. Pickles for her zeal in so successfully establishing the Autistic Unit.

Miss Joan Maddox (School Matron) resigned to take a post as a Homes Advisor for the Lambeth Borough and Mrs. Jean Margetts was appointed as the School Matron.

There have been serious difficulties due to the shortage of senior male members of staff for the school's residential function, and some existing staff have performed many extra duty hours. Inevitably standards of therapy and supervision have been adversely affected. It is hoped that housing and/or other inducements may be made available to attract suitable staff.

An establishment now exists for a part-time Psychotherapist and it is hoped this post will be filled in the near future.

Speech Therapy assistance was unavailable throughout the year but it is due to recommence at the beginning of 1974.

Mrs. Christine Slater, of the School Psychological Service, visits the school weekly and I am also grateful for the co-operation given by the other members of the Psychological Service.

## Medical Provision

The established pattern of fortnightly visits by Dr. Crosse, Dr. Mills and Dr. Cardin has continued. During the visits, children are seen individually and the medical staff join the Case Conference reviews together with Teachers, Child Care Staff, Psychologists, Education Welfare Officers and Social Workers.

Pupils of the school are also seen by the local General Practitioner, Dr. Boffa, and receive regular dental care at a local Dentist Surgery.

There were no serious ailments or accidents during the year.

## Other Activities

Numerous visits have been made by groups of pupils to factories, services, places of entertainment and education. Pupils have also taken part in canoeing and climbing courses and in competitive games against other schools. Two senior pupils regularly assist at the local pre-school Play Group.

Parents' socials are held at regular intervals and our parents have assisted in organising such events as fetes and jumble sales. Decisions are made at Parents Meetings as to the deployment of the proceeds of these events and many items have been purchased for the pupils.



Most resident children frequently go home at week-ends and I look forward to the time when our "In Care" children are also able to spend week-ends at their "homes".

### PHYSICALLY HANDICAPPED PUPILS

The number of physically handicapped children ascertained remained at the same level as last year. The number of children with Spina Bifida at the school continues to increase being up by over 50 per cent from 1969. This trend may be expected to continue so long as the cause of the condition remains unknown and the paediatric surgeon can save life but not, unfortunately, prevent the child from being handicapped. There has been a doubling of the number of children with Muscular Dystrophy over that common for the past several years. The total figure is small and the reason for the increase is unknown but is probably due to chance. The more severe handicaps of the pupils, particularly those with Spina Bifida, considerably increase the work of the school nurse and her staff.

#### St. Giles Special School for Physically Handicapped Children

The year under review has seen 35 leavers, 6 deaths and 49 admissions. The number on roll at present is 164. The major handicap groups are as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Spina Bifida	14	19	33
Cerebral Palsy	12	13	25
Speech Defects	13*	11	24
Asthma	10	4	14
Muscular Dystrophy	13	-	13
Epilepsy	6	6	12
Congenital Hearts	6	2	8

There has been a marked increase in muscular dystrophy cases, the number being doubled in the last year.

Despite staffing problems the Physiotherapy Department maintained its record and gave 3,674 chest treatments, 4,951 cerebral palsy, 6,323 spina bifida and 1,977 miscellaneous treatments, a total of 16,925 treatments. Much credit is due to Miss G. Smith, senior therapist, who worked unspairingly to achieve this.

It is pleasing to report that in the latter part of the year speech therapy recommenced at St. Giles after 18 months. Initially a survey of the children's needs was made and a speech therapist now attends two days a week. It is hoped that with co-operation between therapist and teaching staff those children suffering speech defects will now progress.



Dr. Wield, School Medical Officer, saw 250 children at routine medicals 84 parents being present. At specialist medicals 46 children were seen by Dr. Fanthorpe or Mr. McQueen, 17 parents being present. The school nurse and her staff were responsible for the arrangement and recording as well as treating 58 epileptic fits and the toilet training of 53 incontinent children.

### PUPILS SUFFERING FROM A SPEECH DEFECT

In Day Special School	Nil
In Day Unit	8
In Residential School	Nil

Under this heading only pupils with a Speech Defect serious enough to attend the Unit for Speech Disordered children are considered. It is of course realised that many children with defective speech attend other normal and special schools in the borough. Two children have been ascertained as needing the specialised attention of the staff of the West Thornton School Unit.

#### West Thornton Unit for Speech Disordered Children

The year opened with nine children in the Unit and during the year two have been admitted and three have left. Of these three, one went to a normal primary school, one to St. Christopher's School and one to the Unit for Partially Hearing pupils at Riddlesdown High School.

At present, all, except one of the children, are in the Infant age range. It is very encouraging that children's language difficulties are now being recognised at an earlier age; this means that special help can be given before the language deficit becomes too great.

The one boy of Junior age works with his own age group and comes daily to the Unit for extra help with reading.

#### DELICATE PUPILS

In Day Special Schools	16
In Residential Special Schools	7

Four pupils were ascertained as delicate during the year. The numbers remain small and the category includes certain immature children of pre-school age who attend St. Giles Special School for toilet training and social experience to fit them for ordinary infant school.

#### HOME TUITION

If a child is not fit to attend any school, usually due to a temporary medical condition, tuition is provided at home. During the year 30 children were recommended for home tuition and 15 were still receiving this at the end of the year.



### IMMIGRANT PUPILS - RECEPTION CENTRE

Dr. P. Goberdhan, Departmental Medical Officer

During 1973, a total of 528 pupils were medically examined.

A summary of the findings is given in the Table below:—

#### Percentage of Defects in Children Examined

	ALL AGE GROUPS							
	EUROPEAN		ASIAN		BRITISH WEST INDIES		OTHER COUNTRIES	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
SKIN	5.3	3.0	0.9	2.0	2.3	12.0	6.8	-
VISION	17.3	10.6	11.1	8.0	2.3	4.0	11.4	5.2
HEARING	2.7	-	0.9	-	-	-	-	1.7
NOSE AND THROAT	1.3	1.5	0.9	3.0	-	-	-	3.4
HEART AND CIRCULATION	1.3	-	0.9	1.0	-	-	2.3	-
LUNGS	2.7	-	0.9	-	2.3	-	-	-
STABILITY	2.7	-	-	1.0	-	-	-	-

Height and weight measurements were taken of all children. As in previous years, Asian children are less heavy and smaller than those of other groups.

#### Average Heights and Weights Table 1973

Boys and Girls	European		Asian		B.W.I.		Others	
	Height	Weight	Height	Weight	Height	Weight	Height	Weight
5 & 6 years	43.8 in.	43.1 lb.	42.2 in.	37.1 lb	44.9 in.	45.4 lb	42.7 in	40.5 lb
7 & 8 years	47.3 in.	51.9 lb	48.5 in	48.6 lb	47.5 in	51.3 lb	48.6 in	43.9 lb
9 & 10 years	54.3 in	70.0 lb	52.2 in	58.2 lb	51.0 in	55.8 lb	52.0 in	61.1 lb
11 & 12 years	57.9 in	88.7 lb	56.1 in	71.1 lb	55.6 in	70.5 lb	56.1 in	76.2 lb
13 & 14 years	60.9 in	89.6 lb	59.0 in	82.5 lb	61.0 in	98.5 lb	59.9 in	92.9 lb
15 & 16 years	65.8 in	130.6 lb	64.8 in	103.4 lb	63.6 in	110.1 lb	63.2 in	102.3 lb

In 1973, the use of the Tine Test for Tuberculosis was continued and the figures were as follows:—

Total number of children tested	528
Total number positive (i.e. those exposed to Tuberculosis)	27

The results of further investigation at the Chest Clinic of these children were:—

Cleared	7
For further observation	16
Treatment given	1
No reports available	3

**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 1974 as in Forms 7, 7M, and 11 Schools.

59,184

**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 who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		No. (3)	No. (4)	
(1)	(2)	(3)	(4)	(5)
1969 and later	443	443	-	-
1968	2,994	2,991	3	-
1967	1,814	1,814	-	-
1966	286	284	2	-
1965	2,393	2,392	1	-
1964	1,958	1,958	-	-
1963	593	593	-	-
1962	359	359	-	-
1961	2,175	2,174	1	-
1960	1,964	1,964	-	-
1959	1,530	1,530	-	-
1958 and earlier	2,827	2,827	-	-
<b>TOTAL</b>	<b>19,336</b>	<b>19,329</b>	<b>7</b>	<b>Nil</b>

Column (3) total as a  
percentage of Column (2)  
total ..... 99.96%

Column (4) total as a  
percentage of Column (2)  
total ..... 0.04%



**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	...	...	...	...	1,022
Number of Re-inspections	...	...	...	...	3,322
<b>Total</b>	...	...	...	...	<b>4,344</b>

**TABLE C - INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	76,927
(b) Total number of individual pupils found to be infested	...	...	...	...	...	508
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	40
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	Nil

The results of further investigation at the Chest Clinic of these children were—

Cleared	Column (4) total as a percentage of Column (2)	Column (5) total as a percentage of Column (2)	total
For further investigation	0.04%	18.96%	61
Treatment given			1

## PART 2

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR 1973

T = requiring Treatment

O = requiring Observation

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
SKIN ... ..	T	146	291	522	959	23
	O	59	60	146	265	9
EYES - (a) Vision ... ..	T	249	666	857	1,772	64
	O	544	313	1,184	2,041	37
(b) Squint ... ..	T	113	18	100	231	11
	O	22	1	36	59	2
(c) Other ... ..	T	21	11	44	76	4
	O	15	8	28	51	3
EARS - (a) Hearing ... ..	T	73	15	109	197	6
	O	212	13	90	315	4
(b) Otitis Media ... ..	T	44	8	54	106	2
	O	101	3	39	143	3
(c) Other ... ..	T	19	3	17	39	-
	O	14	6	19	39	-
NOSE AND THROAT ... ..	T	116	48	150	314	6
	O	227	44	198	469	11
SPEECH ... ..	T	86	1	40	127	5
	O	152	4	41	197	4
LYMPHATIC GLANDS ... ..	T	10	1	4	15	-
	O	29	3	25	57	3
HEART ... ..	T	69	35	60	164	3
	O	41	20	50	111	4
LUNGS ... ..	T	64	67	143	274	4
	O	62	17	57	136	6
DEVELOPMENTAL - (a) Hernia	T	19	6	16	41	1
	O	27	2	20	49	7
(b) Other	T	28	69	151	248	7
	O	129	70	319	518	19
ORTHOPAEDIC - (a) Posture	T	3	7	21	31	1
	O	13	26	88	127	4
(b) Feet	T	38	8	42	88	1
	O	53	24	92	169	2
(c) Other	T	26	38	60	124	5
	O	67	37	99	203	7
NERVOUS SYSTEM - (a) Epilepsy	T	11	8	21	40	3
	O	14	1	16	31	3
(b) Other	T	28	11	79	118	3
	O	110	17	78	205	6
PSYCHOLOGICAL - (a) Develop- ment	T	13	1	28	42	6
	O	89	7	81	177	19
(b) Stability	T	23	8	56	87	6
	O	95	12	85	192	8
ABDOMEN ... ..	T	16	15	45	76	1
	O	18	8	32	58	3
OTHER ... ..	T	12	21	34	67	3
	O	55	34	66	155	-



## PART 3

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ... ..	1
Errors of refraction (including squint) ...	1,731
<i>Total</i> ...	1,732
Number of pupils for whom spectacles were prescribed ... ..	610

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment -	
(a) for diseases of the ear ... ..	130
(b) for adenoids and chronic tonsillitis ...	542
(c) for other nose and throat conditions ...	-
Received other forms of treatment ... ..	76
<i>Total</i> ...	748
Total number of pupils still on the register of schools at 31st December 1973, known to have been provided with hearing aids:-	
(a) during the calendar year ... ..	10
(b) in previous years	82

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients depts.	304
(b) Pupils treated at school for postural defects	-
<i>Total</i> ...	304

TABLE D - DISEASES OF THE SKIN

	<i>Number of pupils known to have been treated</i>
Ringworm - (a) Scalp ... ..	-
(b) Body ... ..	4
Scabies ... ..	8
Impetigo ... ..	23
Other skin diseases ... ..	64
<i>Total</i> ...	99

TABLE E - CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance Clinic ...	314

TABLE F - SPEECH THERAPY

Pupils treated by speech therapists ... ..	Number known to have been treated 1,413
--	--

TABLE G - OTHER TREATMENT GIVEN

(a) Pupils with minor ailments ... ..	Number known to have been treated 1,662
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	5
(c) Pupils who received B.C.G. vaccination ... ..	3,205
(d) Other than (a), (b) and (c) above, Please specify	
(1) Enuresis ... ..	280
(2) Overweight Clinics ... ..	140
(3) Consultant for Speech Disorders ... ..	31
TOTAL (a) - (d) ... ..	5,323

## APPENDIX B - TREATMENT CLINICS

## Summary of Attendances

	1973	1972	Increase or Decrease
Audiology Clinic	841	889	- 48
Dental Clinics	28,586	30,353	- 1767
Enuresis Clinics	1,059	994	+ 65
Eye Clinics	1,490	1,225	+ 265
Inspection Clinics	1,128	713	+ 415
Minor Ailments and Verruca Clinics	10,909	11,926	- 1017
Physiotherapy Clinics	1,686	1,680	++6
Weight Control Clinics	367	290	+ 77
	46,066	48,070	- 2004



## AUDIOLOGY CLINIC

### Numbers attending Croydon Day Schools and Pre-School Children

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

Pre-School Pupils	...	...	...	...	...	...	5
Primary School Pupils	...	...	...	...	...	...	17
Secondary School Pupils	...	...	...	...	...	...	Nil
							<u>22</u>

(b) With a hearing loss requiring occasional supervision.

Pre-School Pupils	...	...	...	...	...	...	Nil
Primary School Pupils	...	...	...	...	...	...	19
Secondary School Pupils	...	...	...	...	...	...	17
							<u>36</u>

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

(a) Tested for the first time	...	...	...	...	...	401
(b) Tested as a review case	...	...	...	...	...	382
						<u>783</u>

### Sweep Testing of Five Year Old School Entrants.

Number of schools visited	...	...	...	...	...	72
Number of children tested	...	...	...	...	...	8,721
Number of children passed	...	...	...	...	...	7,184
Number of children failed	...	...	...	...	...	821
Number of children to be re-tested	...	...	...	...	...	716
Number of children not tested (absent or unco-operative)	...	...	...	...	...	546

The failures were re-assessed as follows:

No hearing loss	...	...	...	...	...	129
Slight hearing loss	...	...	...	...	...	301
Moderate hearing loss	...	...	...	...	...	253
Moderately severe hearing loss	...	...	...	...	...	38
Severe hearing loss	...	...	...	...	...	6
Failed to keep appointments	...	...	...	...	...	56
Left district	...	...	...	...	...	18
Waiting to be tested	...	...	...	...	...	20

### Issue of Hearing Aids

(a) National Health Service 'Medresco' aids	...	...	...	5
(b) Commercial aids bought by Croydon L.E.A.	...	...	12	
			<u>17</u>	

5 children under school age are using hearing aids.

## DENTAL SERVICE

Items of Treatment		1973	1972
(1)	Number of children first inspected at school	37,621	32,260
(2)	Number of children first inspected at clinic	7,746	7,011
(3)	Number of (1) and (2) found to require treatment	25,156	23,337
(4)	Number of (1) and (2) offered treatment	23,436	21,859
(5)	Number re-inspected at school or clinic	5,447	4,561
(6)	Number of (5) requiring treatment	3,103	2,533
(7)	Visits - First	9,517	9,487
	Subsequent	<u>19,069</u>	<u>20,866</u>
		28,586	30,353
(8)	Additional courses commenced	843	1,402
(9)	Fillings - Permanent	15,179	18,268
	Deciduous	<u>10,115</u>	<u>10,858</u>
		25,294	29,126
(10)	Teeth Filled - Permanent	12,798	14,920
	Deciduous	<u>9,050</u>	<u>9,831</u>
		21,848	24,751
(11)	Extractions - Permanent	1,806	1,783
	Deciduous	<u>4,853</u>	<u>5,006</u>
		6,659	6,789
(12)	General Anaesthetics	1,698	1,753
(13)	Emergencies	818	1,244
(14)	X-rays (Number of patients)	952	1,126
(15)	Prophylaxis	870	816
(16)	Teeth otherwise conserved	148	716
(17)	Teeth root filled	87	69
(18)	Inlays	1	-
(19)	Crowns	50	98
(20)	Other operations	4,044	3,020
(21)	Advice	2,111	1,922
(22)	Appointments not kept	6,083	5,291
	cancelled	3,105	3,208
(23)	Courses of treatment completed	7,832	7,507



	1973	1972
(24) Orthodontics -		
Cases remaining from previous year	294	232
New cases commenced during year	301	274
Cases completed during year	206	190
Discontinued cases	10	17
Appliances - removable	599	535
- fixed	26	42
(25) Number of dentures supplied	28	26
(26) Number of sessions - Treatment	3,845	4,128
Inspection	274	256
Dental Health Education	1	5

### EYE CLINICS

#### PURLEY, SANDERSTEAD AND ADDINGTON

	1973	1972
No. of cases examined	1,212	1,042
No. of Re-examinations	278	321
Total number of examinations	1,490	1,363
No. of children for whom spectacles were prescribed	546	564

On 31st December 1973 the number of:-

- (1) New Cases referred but not yet examined was 34
- (2) Children due for review in 1973 and still awaiting re-examination was 105

### MINOR AILMENTS CLINICS

<i>Clinic</i>	<i>Defects</i>	<i>Attendances</i>
Ashburton School	197	1,094
Lodge Road	355	2,033
New Addington	323	2,218
Norbury Manor School	70	431
Old Coulsdon	37	437
Purley	156	1,410
St. Nicholas	25	175
Rectory Park	196	1,409
Rockmount School	60	367
Waddon	243	1,335

### MINOR AILMENTS CLINICS *(continued)*

	1973			1972		
	Cases	Attendances	Average No. of Attendances per case	Cases	Attendances	Average No. of Attendances per case
Ringworm	-	-	-	-	-	-
Scabies	-	-	-	-	-	-
Impetigo	-	-	-	1	2	2.0
Other Skin Defects	64	154	2.4	56	103	1.8
Otorrhoea and other Ear defects	1	1	1.0	-	-	-
External Eye Defects	1	1	1.0	6	16	2.6
Verrucae	1,254	9,178	7.3	1,398	9,802	7.0
Miscellaneous	342	1,575	4.6	300	2,003	6.6
<b>TOTALS</b>	<b>1,662</b>	<b>10,909</b>	<b>6.6</b>	<b>1,761</b>	<b>11,926</b>	<b>6.8</b>

### PHYSIOTHERAPY CLINICS

	1973	1972
Total number of pupils treated	281	280
Total number of new cases	97	80
Total number of Orthopaedic conditions	182	155
Total number of Respiratory conditions	97	125
Individual treatments	436	391
Number of classes	32	41

In addition, 117 pupils at Coldharbour School received 1,390 treatments.

### SPEECH CLINICS

	1973	1972
Total number of cases treated	1,413	1,134
Number of new cases	115	191
Number of cases discharged	238	240
Number of reviews	720	742
Treatment sessions	4,494	6,436



## APPENDIX C

## RETURN OF MEDICAL INSPECTIONS - NON MAINTAINED SCHOOLS

## A. Routine Medical Inspections:-

	Year 1973	Year 1972
Aged 11 and under ... ..	80	34
12 ... ..	146	125
13 ... ..	73	66
14 ... ..	134	83
15 and over ... ..	133	152
<i>Total Pupils</i>	<u>566</u>	<u>460</u>
Visits to non-maintained schools	31	28
Total No. of parents present	264	201

## B. The following defects were found:-

	Requiring Treatment	Observation
Skin ... ..	39	5
Vision ... ..	154	47
Squint ... ..	4	-
Hearing ... ..	4	4
Otitis Media ... ..	1	-
Nose and Throat ... ..	8	3
Speech ... ..	-	-
Cervical Glands ... ..	-	1
Heart and Circulation ... ..	4	1
Lungs ... ..	6	3
Development (Other) ... ..	1	16
Posture ... ..	3	22
Flat Foot ... ..	-	4
Orthopaedic (Other) ... ..	13	9
Nervous System (Other) ... ..	4	2
Psychological (Stability) ... ..	-	5
Other Defects ... ..	3	17

## C. Other Inspections:-

There were 86 Re-inspections and no Special Medical Inspections.

School	Number of Pupils	Number of Inspections
Old Coulsdon	77	37
Parley	151	75
St. Nicholas	25	17
Rectory Park	196	101
Rockmount School	60	37
Waddon	243	135

## APPENDIX D

NUMBERS OF PUPILS ON SCHOOL REGISTERS, AND NUMBERS OF  
CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTIONS IN  
MAINTAINED SCHOOLS DURING THE YEAR 1973.

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
All Saints' (C. of E.) J.M. ... ..	317	43	22	65
All Saints' (C. of E.) I. ... ..	191	45	53	98
Applegarth J.M. ... ..	503	55	26	81
Applegarth I. ... ..	324	81	105	186
Ashburton J.M. ... ..	611	76	68	144
Ashburton I. ... ..	345	55	71	126
Atwood J.M. & I. ... ..	372	57	58	115
Beaumont J.M. & I. ... ..	140	20	21	41
Benson J.M. & I. ... ..	515	91	77	168
Beulah J.M. ... ..	617	65	74	139
Beulah I. ... ..	359	51	51	102
Broadmead I. ... ..	220	48	47	95
Byron J.M. & I. ... ..	311	69	45	114
Castle Hill J.M. ... ..	605	51	72	123
Castle Hill I. ... ..	432	93	97	190
Chipstead Valley J.M. & I. ... ..	544	79	80	159
Christ Church (C. of E.) J.M. & I. ... ..	257	36	37	73
Coulsdon J.M. & I. ... ..	148	23	23	46
Courtwood J.M. & I. ... ..	226	37	31	68
Cypress J.M. ... ..	343	24	40	64
Cypress I. ... ..	210	43	40	83
David Livingstone J.M. & I. ... ..	286	38	40	78
Davidson I. ... ..	195	53	35	88
Duppas J.M. ... ..	396	38	46	84
Ecclesbourne I. ... ..	193	45	48	93
Elmwood J.M. ... ..	710	98	93	191
Elmwood I. ... ..	375	72	72	144
Fairchildes J.M. ... ..	453	53	41	94
Fairchildes I. ... ..	318	59	75	134
Fieldway J.M. & I. ... ..	362	64	54	118
Forestdale J.M. & I. ... ..	260	51	35	86
Gilbert Scott J.M. ... ..	559	68	59	127
Gilbert Scott I. ... ..	294	52	64	116
Gonville J.M. & I. ... ..	474	92	84	176
Good Shepherd (R.C.) J.M. ... ..	290	37	33	70
Good Shepherd (R.C.) I. ... ..	198	36	29	65
Gresham J.M. & I. ... ..	288	59	44	103
Hayes J.M. & I. ... ..	363	62	54	116
Heavers Farm J.M. & I. ... ..	175	30	53	83
Howard J.M. & I. ... ..	311	44	50	94
Kenley J.M. & I. ... ..	327	64	67	131
Kensington Avenue J.M. ... ..	497	66	29	95
Kensington Avenue I. ... ..	293	45	34	79
Keston J.M. ... ..	353	46	26	72
Keston I. ... ..	220	71	56	127
Kingsley J.M. ... ..	472	121	104	225
Kingsley I. ... ..	360	64	66	130
Margaret Roper (R.C.) J.M. & I. ... ..	265	43	54	97
Monks Orchard J.M. & I. ... ..	519	88	81	169
Norbury Manor J.M. ... ..	460	76	59	135
Norbury Manor I. ... ..	267	38	59	97
Orchard Way J.M. & I. ... ..	205	28	33	61
Oval J.M. ... ..	311	41	27	68
Oval I. ... ..	216	57	51	108
Parish Church (C. of E.) J.M. ... ..	299	33	40	73
Parish Church (C. of E.) I. ... ..	223	37	50	87



## APPENDIX C

Primary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Park Hill J.M. & I ... ..	337	45	52	97
Purley Oaks J.M. ... ..	329	80	31	111
Purley Oaks I. ... ..	209	33	27	60
Regina Coeli (R.C.) J.M. & I. ... ..	371	63	48	111
Ridgeway J.M. ... ..	354	51	51	102
Ridgeway I. ... ..	185	47	36	83
Rockmount J.M. ... ..	342	41	42	83
Rockmount I. ... ..	243	51	47	98
Roke J.M. & I. ... ..	492	84	83	167
Rowdown J.M. ... ..	489	80	64	144
Rowdown I. ... ..	420	20	19	39
Ryelands I. ... ..	121	20	28	48
St. John's (C. of E.) J.M. & I. ... ..	282	44	38	82
St. Joseph's (R.C.) J.M. & I. ... ..	480	104	68	172
St. Mark's (C. of E.) J.M. & I. ... ..	218	43	45	88
St. Mary's (R.C.) J.M. ... ..	399	68	53	121
St. Mary's (R.C.) I. ... ..	228	26	52	78
St. Michael's (C. of E.) I. ... ..	71	15	20	35
St. Peter's J.M. & I. ... ..	242	32	39	71
Selsdon J.M. & I. ... ..	594	131	100	231
Smitham J.M. & I. ... ..	464	87	82	169
South Norwood J.M. ... ..	492	44	41	85
South Norwood I. ... ..	348	48	51	99
Spring Park J.M. ... ..	459	47	53	100
Spring Park I. ... ..	277	59	58	117
Sydenham J.M. ... ..	282	30	29	59
Thomas Becket J.M. & I. ... ..	341	40	56	96
Toldene J.M. & I. ... ..	236	28	37	65
Waddon I. ... ..	244	67	45	112
Wattenden J.M. & I. ... ..	215	28	27	55
West Thornton J.M. & I. ... ..	448	69	74	143
Whitehorse Manor J.M. ... ..	557	65	72	137
Whitehorse Manor I. ... ..	312	77	57	134
Winterbourne J. Boys ... ..	476	139	-	139
Winterbourne J. Girls ... ..	483	-	90	90
Winterbourne I. ... ..	472	66	70	136
Wolsey J.M. ... ..	577	48	67	115
Wolsey I. ... ..	421	112	92	204
Woodcote J.M. ... ..	393	59	33	92
Woodcote I. ... ..	248	46	44	90
Woodside J.M. ... ..	612	67	72	139
Woodside I. ... ..	284	69	72	141
<b>TOTAL</b>	<b>34,424</b>	<b>5,484</b>	<b>5,148</b>	<b>10,632</b>
<b>SPECIAL SCHOOLS</b>				
Coldharbour (E.S.N.) Mixed ... ..	93	9	5	14
St. Christopher's (E.S.N.) Mixed ... ..	227	45	12	57
St. Giles (P.H. & Del.) Mixed ... ..	159	96	63	159
St. Luke's (Partially Sighted) Mixed ... ..	19	10	9	19
St. Nicholas (E.S.N.) Mixed ... ..	171	41	20	61
Sir Cyril Burt (Maladjusted) Mixed ... ..	58	7	1	8
<b>TOTAL</b>	<b>727</b>	<b>208</b>	<b>110</b>	<b>318</b>
<b>NURSERY SCHOOLS</b>				
Coulsdon ... ..	48	20	12	32
Crosfield ... ..	61	30	29	59
Purley ... ..	63	11	22	33
Tunstall ... ..	118	8	7	15
<b>TOTAL</b>	<b>290</b>	<b>69</b>	<b>83</b>	<b>152</b>

Secondary Schools	Numbers on Registers	No. of Children Examined		
		Boys	Girls	Total
Archbishop Tenison (C. of E.) Mixed	360	38	63	101
Ashburton Mixed ... ..	1,288	282	213	495
Coloma (R.C.) Girls ... ..	629	-	206	206
Davidson Mixed ... ..	534	109	68	177
Ecclesbourne Girls ... ..	469	-	159	159
Fairchildes Mixed ... ..	1,248	237	243	480
Haling Manor Mixed ... ..	1,053	233	163	396
Heath Clark Mixed ... ..	891	154	180	334
Ingram Boys ... ..	603	183	-	183
John Newnham Mixed ... ..	605	122	107	229
John Ruskin Mixed ... ..	595	94	4	98
Lady Edridge Girls ... ..	684	-	292	292
Lanfranc Mixed ... ..	1,167	239	204	443
Monks Hill Mixed ... ..	1,049	229	247	476
Norbury Manor Boys ... ..	550	186	-	186
Norbury Manor Girls ... ..	549	-	177	177
Our Lady's (R.C.) Girls ... ..	177	-	79	79
Overbury Mixed ... ..	750	126	128	254
Purley Boys ... ..	672	259	-	259
Purley Girls ... ..	645	-	330	330
Riddlesdown Mixed ... ..	1,190	222	222	444
St. Andrew's (C. of E.) Mixed ... ..	297	64	66	130
St. Mary's (R.C.) Mixed ... ..	685	108	154	262
Selhurst Boys ... ..	787	292	-	292
Selhurst Girls ... ..	633	-	166	166
Shirley Mixed ... ..	749	136	125	261
South Norwood Mixed ... ..	512	92	65	157
Stanley Technical Boys ... ..	379	227	-	227
Taunton Manor Mixed ... ..	832	157	121	278
Tavistock Mixed ... ..	484	65	68	133
Thomas More (R.C.) Mixed ... ..	596	139	85	224
Westwood Girls ... ..	448	-	161	161
Woodcote Mixed ... ..	868	140	146	286
<b>TOTAL</b>	<b>22,978</b>	<b>4,133</b>	<b>4,242</b>	<b>8,375</b>



### CASES OF INFECTIOUS DISEASES AS NOTIFIED BY HEAD TEACHERS

<i>Disease</i>	1973	1972	1971
Chicken Pox	663	301	684
Conjunctivitis	9	3	12
Diphtheria	-	-	-
Gastro-Enteritis	1	-	3
German Measles	401	273	368
Impetigo	23	32	30
Jaundice	1	-	1
Measles	359	194	310
Mumps	270	887	47
Non-Specific Diarrhoea including Dysentery	404	291	247
Non-Specific Vomiting	128	107	74
Other Diseases	104	170	47
Poliomyelitis	-	-	-
Ringworm	4	7	2
	-	-	-
Scabies	11	4	14
Scarlet Fever	56	84	66
Sore Throat including Tonsillitis	70	70	72
Whooping Cough	12	30	50
<i>TOTALS</i>	2,516	2,453	2,027

### WORK OF THE SCHOOL HEALTH VISITORS AND NURSES

	1973	1972	
Home Visits re Pupils	4,107	3,286	visits
Social Welfare visits to Schools	623	576	"
Minor Ailments	1,598	1,413	sessions
Hygiene	1,230	833	"
Pre-Medicals	1,317	1,224	"
Routine Medical Inspections	1,308	1,303	"
Follow-up	108	31	"
Immunisation	91	96	"
Health Survey	136	168	"
Health Education	214	272	"
Enuresis Clinics	121	90	"
Eye Clinics	150	165	"
Inspection Clinics	113	80	"
<i>TOTAL</i>	200	200	

# CONTENTS

## A. - PUBLIC HEALTH REPORT

	<i>Page</i>		<i>Page</i>
Accommodation for confinements	12	Ice-cream - bacteriological examination of ... ..	64
Animals Boarding Establishments Act	58	Illegitimacy ... ..	11
Animals, diseases of ... ..	46	Immigrants, longstay ... ..	103
Ante-natal clinics ... ..	21	Immunisation ... ..	18, 123
At risk register ... ..	95	Infant mortality ... ..	11, 86, 89
Bacteriological examination ... ..	63-6, 117	Inspection - public health inspectors ... ..	48, 67
Births ... ..	11, 12	Local land charges ... ..	45
Caravan sites ... ..	46	Lectures, public health Inspectors	47
Cancer ... ..	85	Marriages ... ..	12
Census ... ..	11	Maternal mortality ... ..	11,90
Cervical cytology ... ..	112	Maternity homes ... ..	113
Chest clinic, work of ... ..	15	Meat inspection ... ..	62
Child health centres ... ..	98-100	Medical examinations ... ..	77
Chiropody ... ..	30	Midwifery ... ..	23
Clean Air Act ... ..	43	Midwives Act ... ..	21
Committee, Health and Public Services	3	Midwives, work of ... ..	88 - 92
Common Lodging Houses ... ..	41	Milk supply ... ..	63
Communicable diseases ... ..	17, 114-5	Mines and Quarries Act, 1954	47
Community nursing services ... ..	23	Mortuary ... ..	113
Congenital malformations ... ..	21, 94	Mothercraft classes ... ..	21
Consumer Protection Act ... ..	58	Measles, vaccination ... ..	18, 118
Cremation ... ..	113	National Assistance Acts ... ..	76
Deafness ... ..	30, 96	Neonatal deaths ... ..	11
Deaths ... ..	11, 82	Noise abatement ... ..	42
Dental treatment ... ..	29, 110	Notification of Births Acts ... ..	11, 12
Dialysis, home ... ..	76	Nursing equipment, loan of ... ..	104
Disinfection ... ..	45	Nursing Homes ... ..	113
Disinfestation of premises ... ..	46	Nurses agencies ... ..	113
Domiciliary nursing team ... ..	24	Offices, Shops and Railway Premises Act ... ..	51-57
Drainage ... ..	41	Outwork ... ..	50
Drug dependency ... ..	78	Paediatric assessment ... ..	21
Elderly persons, rehabilitation of ... ..	102	Perinatal deaths ... ..	11, 86
Employment agencies ... ..	57	Pest Control ... ..	41
Factories and Workshops ... ..	51	Pet Animals Act ... ..	59
Family planning ... ..	75, 111	Phenylketonuria ... ..	89
Food complaints ... ..	65	Pharmacy and Poisons Act ... ..	59
Food and Drugs Act, 1955 ... ..	61, 64	Planning applications ... ..	45
Food Hygiene regulations, 1960 ... ..	60	Poliomyelitis, vaccination ... ..	119
Food Poisoning ... ..	116	Population ... ..	11
Foodstuffs, condemned ... ..	62	Post-natal clinics ... ..	21
Food supply ... ..	60	Post-mortems ... ..	113
General practitioner attachment schemes ... ..	102	Premature infants ... ..	93
Hairdressing ... ..	57	Prosecutions ... ..	51, 66
Health centres ... ..	22	Public health inspectors, work of	33, 48,67
Health education ... ..	25, 106	Public health laboratory, service	17, 117
Health visitors, work of ... ..	24,97,101	Rag Flock Act ... ..	59
Hearing tests ... ..	96	Rehousing on medical grounds ... ..	76
Home dialysis ... ..	76	Relaxation classes ... ..	21
Home nursing ... ..	24, 101	Remedial works carried out ... ..	56
Home safety ... ..	26,27, 105	Riding Establishments Act, 1964	59
Housing ... ..	35		
Health Services co-ordination ... ..	7, 23		



	Page		Page
Rivers and streams, pollution of ...	41	Tuberculosis, notifications ...	15, 121
Rubella, vaccination ...	118	" Prevention and control ...	16
Schools ...	62	" vaccination ...	16, 17
Scrap Metal Dealers Act, 1964 ...	59	Vaccinations (smallpox, cholera, T.A.B.) ...	118, 119
Sexually transmitted diseases ...	18, 123	Vermineous persons, cleaning of ...	46
Shops Act ...	57	Vital statistics ...	11, 81
Smoking clinic ...	106	Water supply ...	71
Statistics, summary of ...	11, 81	Welfare foods ...	22, 94
Stillbirths ...	11	X-Ray ...	16
Tuberculosis, contacts ...	16		
" home visits ...	16		
" mortality ...	16, 120		

## B. — SCHOOL MEDICAL REPORT

	Page		Page
Audiology ...	13, 15, 56	Non-maintained schools ...	9, 60
Child Guidance ...	16, 45	Nutrition ...	13, 14, 30
Cleansing of Pupils ...	2, 9, 12, 52	Orthodontic Service ...	20, 58
Clinics ...	6, 55	Orthopaedic defects ...	13, 28
Coldharbour School ...	44	Overweight pupils ...	13, 14, 30
Convalescent treatment ...	31	Parents, attendances of ...	9, 60
Costs ...	7, 32	Partially Hearing Units ...	36
Deaf children ...	15, 36	Physiotherapy ...	28, 59
Deaths ...	32	Populations of schools ...	51, 61
Defects found ...	9, 53	Psychological defects ...	13, 16, 45
Delicate children ...	34, 48, 49	School Nurses, work of ...	64
Dental services ...	3, 17, 57	Special Inspections ...	8, 52, 53
Developmental defects ...	13	Speech ...	3, 29, 49, 59
Enuresis clinics ...	22	Staff ...	7
Epileptic children ...	34, 45	Statutory Tables ...	51
Eye Clinics ...	12, 22, 58	Sub-normal Pupils ...	2, 40
Handicapped pupils ...	4, 33	Sir Cyril Burt School ...	46
Health Education ...	3, 23	St. Christopher School ...	40
Heart and Circulation ...	13	St. Giles School ...	48
Heights and Weights ...	13, 14, 30	St. Luke School ...	35
Home Tuition ...	49	St. Nicholas School ...	42
Immigrant Pupils ...	50	Transport of pupils ...	31
Infectious Diseases ...	59	Tuberculosis ...	13
Intelligence assessments ...	27	Uncleanliness ...	2, 9, 12, 52
Juvenile employment ...	31, 32	Verrucae ...	12, 59
Maladjusted pupils ...	2, 16, 45	Vision Defects ...	2, 12, 22, 58
Meals and Milk ...	32		
Medical Inspections ...	2, 8, 51, 60		
Minor Ailments Tables ...	58, 59		





