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LONDON BOROUGH OF BROMLEY



Annual Report
OF THE
MEDICAL OFFICER
OF HEALTH AND PRINCIPAL
SCHOOL MEDICAL OFFICER
1968

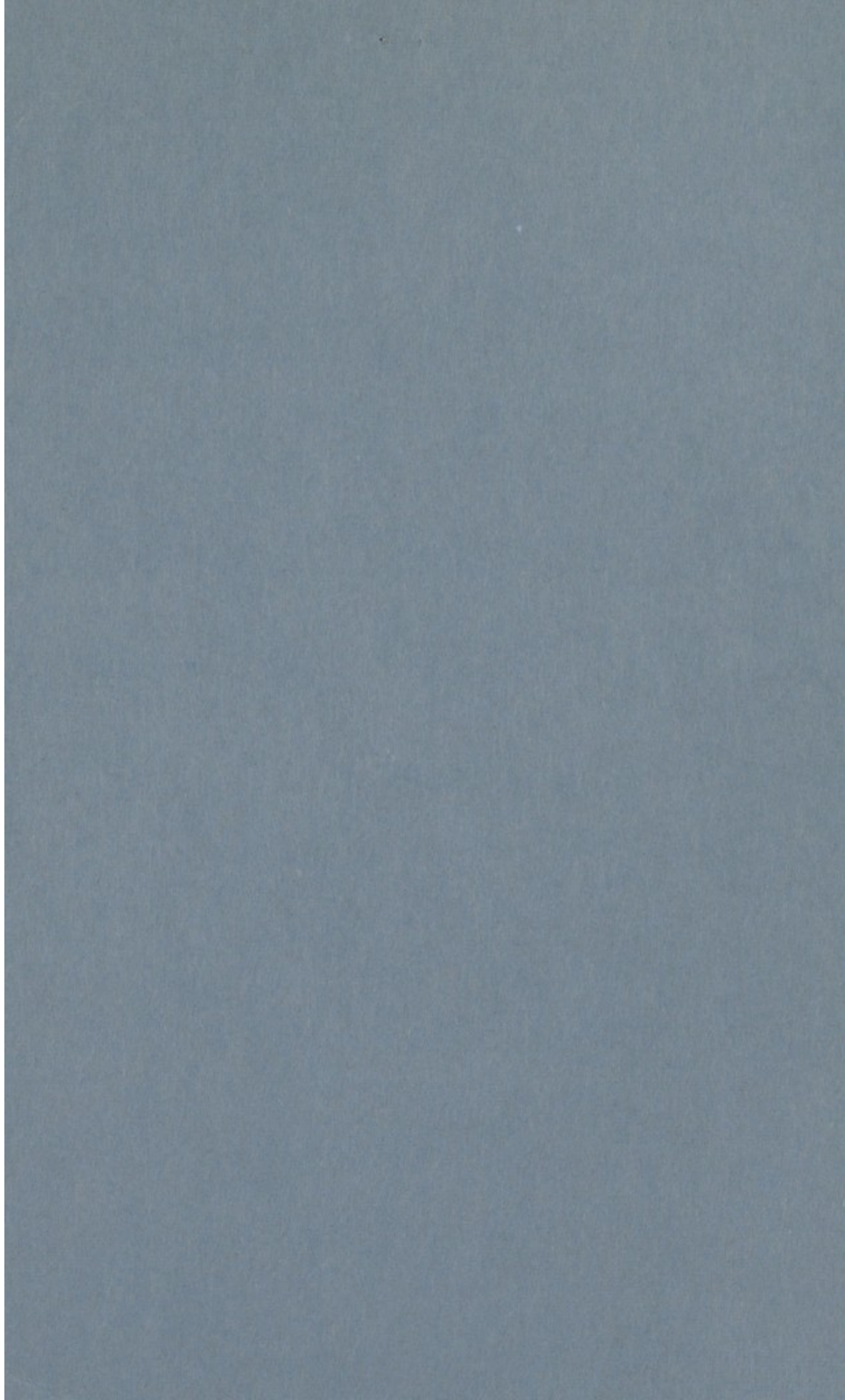
L. R. L. EDWARDS,

M.D. (Lond.), M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health and Principal School Medical Officer

SHERMAN HOUSE, SHERMAN ROAD,
BROMLEY

Telephone: 01-464 3333



LONDON BOROUGH OF BROMLEY



Annual Report OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER 1968

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Mrs. C. C. Arden

Mrs. A. Dainton, S.R.N.

Mrs. V. J. Harris

Miss M. E. Lambert, S.R.N., S.C.M., M.T.D.

H. J. Lester, O.B.E., J.P., F.C.A.

K. Scott, M.B., B.S., D.O.B.S., R.C.O.G.

G. D. Snellwell, M.R.C.S.(Eng.), L.R.C.P.(Lond.)

HEALTH, WELFARE AND CHILDREN COMMITTEE

(as at 31st December, 1968)

Chairman : Alderman Miss B. James, J.P.*Vice-Chairman*: Councillor P. J. J. Higgins*The Mayor*: Councillor H. W. Haden, J.P.*Councillors*: B. D. F. Bennett

M. I. Blazey

Miss K. M. Candy

D. J. W. Eves

M. E. Forster

Mrs. M. J. Higgins

C. R. E. Kember

M. B. Kenward, B.D.S., L.D.S.,

R.C.S.

A. A. Parfitt

K. A. Pawsey

S. J. C. Randall

J. P. Sheridan, A.M.I.E.I.

R. W. Spon-Smith

Mrs. S. M. Stead

W. H. Stephenson

C. E. Stickings, B.Sc., Ph.D.

Co-opted Members :

Mrs. C. C. Attlee

Miss A. Denholm, S.R.N.

Mrs. V. J. Harris

Miss M. E. Lambert, S.R.N., S.C.M., M.T.D.

H. J. Lester, O.B.E., J.P., F.C.A.

K. Scott, M.B., B.S., D.Obst., R.C.O.G.

G. D. Stillwell, M.R.C.S.(Eng.), L.R.C.P.(Lond.)

STAFF OF THE HEALTH AND WELFARE DEPARTMENT (as at 31st December, 1968)

MEDICAL AND DENTAL STAFF:

Medical Officer of Health and Principal School Medical Officer:

L. R. L. EDWARDS, M.D.(Lond.), M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Deputy Medical Officer of Health and Deputy Principal School
Medical Officer:

A. J. I. Kelynack, M.B., B.S., D.P.H.

Senior Medical Officer (School Health):

H. B. Carter-Locke, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer (Maternal and Child Health):

P. A. Currie, M.R.C.S., L.R.C.P.

Senior Medical Officer (Mental Health):

Sara Syrop, M.D.(Warsaw), D.P.H., D.C.H., D.T.M. & H.

Assistant Medical Officers:

(Mrs.) E. M. Davis, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., D.C.H.

*(Mrs.) A. Gall, M.A., M.B., B.Ch.

(Mrs.) G. L. Hobbs, M.R.C.S., L.R.C.P.

E. Gaynor Lewis, M.B., B.Ch., D.T.M. & H.

(Mrs.) A. J. Jones, M.B., Ch.B.

(Mrs.) J. M. Hilton, M.B., B.S.

(Mrs.) B. R. Luscombe, M.R.C.S., L.R.C.P.

(Mrs.) I. F. Maclean, M.B., Ch.B.

(Mrs.) C. M. Maxwell, M.A., M.B., B.Chir.

(Mrs.) Z. W. Swistak, L.L.M.R.C.S., L.L.M.R.C.P., D.P.H.

(Mrs.) J C Van Essen, M.B., Ch.B.

*Part-time.

10 General Practitioners attend clinics on a sessional basis.

Principal Dental Officer:

Mrs. C. M. Lindsay, L.D.S., R.F.P.S.(Glasgow).

Dental Officers:

R. G. Cooper, B.D.S., L.D.S., R.C.S.(Eng.).

(Mrs.) I. T. Creed, L.D.S., R.C.S.(Eng.).

(Mrs.) M. M. Alford, L.D.S., R.C.S.I.

(Mrs.) A. R. Leach, B.D.S.

(Mrs.) A. P. O'Reilly, L.D.S., R.C.S.(Eng.).

(Mrs.) M. I. Kininmonth, L.D.S. (Part-time).

3 Dental Officers (Sessional), 2 Anaesthetists (Sessional),

1 Orthodontist (Sessional), 1 Dental Hygienist, 10 Dental
Surgery Assistants (2 Sessional).

Orthopaedic Surgeon (in conjunction with Regional Hospital Board):

K. F. Hulbert, F.R.C.S. (Sessional).

Physiotherapist: Mrs. V. Norman, M.C.S.P. (Sessional).

Senior Speech Therapist: Mrs. M. M. Evans, L.C.S.T.

3 Speech Therapists (1 Part-time).

Ophthalmologists: 4 (Sessional).

Orthoptist: Mrs. D. A. Iivil, D.B.O. (Part-time).

Chest Physicians (in conjunction with Regional Hospital Board):

D. G. Madigan, B.A., M.B., B.Ch., B.A.O., N.U.I.

E. W. Street, M.R.C.S., L.R.C.P.

Psychiatrist: 1 (in conjunction with Regional Hospital Board).
(Part-time).

NURSING AND ALLIED STAFFS:

Superintendent Home Nursing Service:

Mrs. J. Symington, S.R.N., S.C.M., D.D.N.

Deputy Superintendent Home Nursing Service:

Mrs. M. O. Tierney, S.R.N., Q.N.

41 Home Nurses (1 Part-time).

Superintendent Health Visitor: Miss B. N. Chandler, S.R.N., S.C.M., H.V.cert., Dip. Soc. Studies(Lond).

Deputy Superintendent Health Visitor: Mrs. L. A. Hamilton, S.R.N., S.C.M., H.V.cert.

Group Adviser: Miss C. A. Paxton, S.R.N., S.C.M., H.V.cert.

36 Health Visitors, 5 Student Health Visitors.

Non-Medical Supervisor of Midwives: Miss G. I. Simmons, S.R.N., S.C.M.

Deputy Supervisor of Midwives: Miss M. C. Martin, S.R.N., S.C.M.

25 District Midwives (including 2 Part-time).

Senior Home Help Organiser: Miss J. Woodrow, M.I.O.H.H.O.

Deputy Senior Home Help Organiser: Mrs. E. F. Thompson, M.I.O.H.H.O.

5 Area Home Help Organisers.

PUBLIC HEALTH INSPECTORS' STAFF:

Chief Public Health Inspector: J. C. Kermode, M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector: W. T. Weedy, M.A.P.H.I., M.R.S.H.

Divisional Public Health Inspectors:

D. K. Evans, M.A.P.H.I.

P. R. Light, M.A.P.H.I., A.R.S.H.

E. U. Williams, M.A.P.H.I.

14 Public Health Inspectors, 5 Trainee Public Health Inspectors, 1 Senior Rodent Operator, 7 Rodent Operators, 3 Disinfectors/Handymen, 2 Mortuary Keepers.

WELFARE SERVICES STAFF:

Chief Welfare Officer: J. Hanson, O.B.E., D.M.A., F.I.S.W.

Deputy Chief Welfare Officer: J. R. Gill, D.M.A., A.I.S.W.

Casework Supervisor: Mrs. E. K. Lemare-Long, A.M.I., M.S.W.

2 Senior Social Welfare Officers, 1 Specialist Social Welfare Officer for the Deaf, 13 Social Welfare Officers, 3 Occupations' Officers, 1 Industrial Work Organiser, 6 Trainee Welfare Assistants.

Staff at 8 Residential Homes: 8 Matrons, 11 Assistant Matrons, 1 Warden, Chaplains and other staff.

Chief Chiropodist: A. S. Jones, S.R.C., M.C.I.S.

1 Senior Chiropodist, 3 Chiropodists (Sessional).

MENTAL HEALTH STAFF:

Principal Mental Welfare Officer: H. J. Vagg, A.R.S.H., A.I.S.W.

Deputy Principal Mental Welfare Officer: A. F. Puckett, M.S.M.W.D., A.A.P.S.W.

2 Senior Mental Welfare Officers, 10 Mental Welfare Officers, 2 Trainee Mental Welfare Assistants.

Training Centre: 1 Supervisor, 1 Senior Assistant Supervisor, 9 Assistant Supervisors, 1 Trainee Assistant Supervisor.

Day Training Centre: 1 Supervisor, 1 Deputy Supervisor.

Rydal Mount Hostel: Warden, Deputy Warden, Matron/Housekeeper.

ADMINISTRATIVE STAFF:

Chief Administrative Officer: N. H. Collins, A.C.C.S., A.R.S.H.

Senior Administrative Officer: S. F. Judd, A.R.S.H.

Central Administration:

Senior Administrative Assistant: R. D. Billings, A.C.C.S.

2 Administrative Assistants, 1 Secretary, 1 Co-ordinating Secretary, 2 Clerical Assistants, 4 Clerks, 4 Shorthand-Typists, 1 Supernumerary Junior Clerk, 2 Telephonists (1 Part-time), 1 Driver/Storekeeper.

Environmental Health:

Senior Administrative Assistant: B. Adams.

2 Administrative Assistants, 3 Clerical Assistants, 3 Clerks, 2 Shorthand-Typists, 1 Supernumerary Junior Clerk.

Maternal and Child Health:

Senior Administrative Assistant: G. R. L. Smith.

2 Administrative Assistants, 2 Clerical Assistants, 3 Clerks, 1 Supernumerary Junior Clerk.

Mental Health:

1 Administrative Assistant, 2 Clerical Assistants, 1 Shorthand-Typist.

School Health:

Senior Administrative Assistant: Miss D. W. Gardner.

1 Administrative Assistant, 3 Clerical Assistants, 6 Clerks (1 Part-time), 1 Supernumerary Junior Clerk, 1 Shorthand-Typist (Part-time).

Welfare:

Senior Administrative Assistant: J. W. Meeks.

3 Administrative Assistants, 1 Secretary, 4 Clerical Assistants, 4 Clerks, 1 Shorthand-Typist, 4 Clerks (Residential Homes).

Area Offices and Clinics:

6 Clerical Assistants (1 Part-time), 6 Clerks, 4 Clerk-Typists, 20 Part-time Clinic Clerks.

Health Education and Home Safety Officer: J. Bretton.

To:

THE MAYOR, ALDERMEN AND COUNCILLORS OF
THE LONDON BOROUGH OF BROMLEY

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present a report for the year 1968 on the services administered by the Health and Welfare Department of the London Borough of Bromley. This report is set out to the requirements of Ministry of Health Circular 1/68 but members will be aware that on the 1st November 1968 changes in the Central Departments led to the amalgamation of the Ministry of Health and the Ministry of Social Security to form a new Department of Health and Social Security.

The Report of the Royal Commission on Medical Education under its Chairman, the Rt. Hon. the Lord Todd, the Report of the Seebohm Committee on Local Authority and Allied Personal Social Services, and the first Green Paper on the Administrative Structure of the Medical and Related Services contained proposals for radical reorganisation of health and social services which, directly and indirectly, have important future implications for the services provided by this Authority, for the future training and establishment of staff, and on schemes for staff attachment, secondment and pooling of resources.

The Health Services and Public Health Act, 1968 in the main by its amendment of the Nurseries and Child Minders Regulation Act, 1948 to eliminate unregistered minding for gain, of the National Health Service Act to facilitate sharing of health visiting, midwifery and nursing services, of the Public Health Act to redefine notifiable diseases and food poisoning law, of the National Health Service Act to make the Home Help Service mandatory and to amend local authorities services under the National Assistance Act, 1948 relating to voluntary residential accommodation and welfare of old persons, has added considerably to the work of the Department.

For these varied reasons, it has been necessary to curtail rather than omit presentation of some sections of this Annual Report in order to maintain a continuity that for comparative purposes is essential.

On the other hand, the efficiency and interest of the Department has been greatly stimulated by sharing with the Children's Department the servicing of a joint Main Committee and by the increased responsibilities implicit in the approved Scheme of Delegation to Officers.

Statistics

It is still necessary to refer to statistical information that is relatively limited in scope for use in outlining the health of the

Borough. However, a data bank is being built up in various directions—the At Risk Registers and the Perinatal Survey of all births (4,500 per annum average) which has been in progress for five years—until new systems have been devised for collating on our own computer useful facts and figures of health in all sections of the community.

The Birth Rate continued to fall and is well below that for Greater London and England and Wales—the adjusted rate for the Borough is 14.4 per 1,000 population. The number of illegitimate births has remained precisely the same for the last four years. Reference to the summary of domiciliary midwives' work shows that the number of domiciliary confinements is levelling out and the decrease of 43 compares with a decrease of 301 and 255 in the two previous years. For the first time, there is an increase in the number attended for nursing only which reflects the trend towards early hospital discharge.

No maternal deaths were notified and the neonatal, perinatal and infant mortality rates were below national averages. Neonatal deaths of infants are individually recorded in a special table which sets out causation against three critical periods of the first month of life.

Malignant disease was again an important cause of adult deaths, the number of which this year reached 999. The increase of 303—arising at all main elective sites for cancer—included an increase of 86 deaths in males and females from cancer of the lung and of 2 deaths from cancer of the breast occurring in males.

Care of Mothers and Young Children

The amendment of the Nurseries and Child Minders Regulation Act, 1948 has increased considerably the work of the Senior Medical and Nursing staff concerned with the inspection, registration and supervision of private nurseries, play groups and child minders. No day nurseries are provided by this Borough but there are 74 private nurseries and play groups providing for 2,585 places—probably the highest concentration in the country of privately provided nurseries.

The first routine three year re-examination of all women screened for cervical cytology commenced and in addition this service has been extended by evening clinics in hospitals and by special clinics in factories and workplaces to which there has been a good response. Leaflets for self-examination of breasts are available at the clinics and patients are referred to their own family doctors if a problem arises.

Routine screening tests for deafness in children under 2 years of age commenced in 1968. The follow-up to these tests is described in the report on the School Health Service.

The Committee approved the initiation of two new schemes in

the Midwifery Service designed to improve the service by increased job satisfaction and closer integration:

- (1) A pilot scheme of midwife attachment to a combined practice in Orpington to be reviewed after one year's trial.
- (2) A scheme to enable three midwives (including relief) to attend confinements selected for 48-hour discharge in a hospital with a general practitioner obstetric unit. This scheme was initiated by a Maternity Liaison Committee, and though other Obstetric Hospitals linked to the other Maternity Liaison Committee have no general practitioner obstetric units, an extension of the scheme is a possibility for future consideration by that Committee.

Progress may seem over cautious in these attachments of midwives (as yet there are no attachments of Home Nurses) but with a falling domiciliary confinement rate (and an increasing old persons work load for Home Nurses) every scheme must be economically justifiable and must fit into the general pattern without detriment to other community services.

The attachment of Health Visitors to group medical practices numbers eight and two more are in preparation. Here again very careful selection and preparation is necessary for success and the report emphasises the need for allocating in group practice premises a room for the Health Visitor.

The co-ordinating function of the Health Visitor is shown by the fact that of 50,000 visits, 10% were made to liaise with other medical and social agencies.

Increasing integration with the general practitioner service was shown by changes in the scheme for routine vaccination and immunisation whereby routine vaccinations against smallpox have become the primary responsibility of the general medical practitioner. At the same time, the Committee has continued its investigations into the feasibility and siting of Health Centres with especial reference to one area of the Borough, and the problems mentioned last year of site and cost are perhaps a little nearer solution. The investigations included meetings with medical practitioners in Beckenham, Penge and Orpington, and officers of the Executive Council and Local Medical Committee.

Chiropody and Home Help Service

These services are grouped together though the disciplines and skills are essentially different because the clients for both are in the main elderly persons. The greater expansion in Chiropody is shown by 28,097 treatments compared with 24,033 in 1967, whereas Home Helps were provided for 3,039 homes compared with 3,015 homes in 1967.

Effective use of both services depends on close supervision. In

the Chiropody Service, the need and frequency of treatment is controlled by the Chief Chiropodist. In the Home Help Service, the supervision is provided by Area Organisers under the direction of the Senior Home Help Organiser, and it is noteworthy that the Area Organisers averaged three visits to every home. Recruitment of Home Helps is still difficult but by providing a minimum service, all calls for the service can be answered.

Home Accidents

During the year, it was possible to complete arrangements so that the Register now contains details of all home accidents admitted to the Casualty Departments of the several hospitals in the Borough. It will now be possible to give annual levels and to show trends up or down. Emphasis on the prevention of home accidents is not allowed to diminish work in other fields for the promotion of health as the comprehensive report on Health Education shows. While in home accident prevention, the emphasis is directed through three Area Committees of community representatives and technical experts, in health education generally the emphasis is through recognised channels of teaching in schools, homes and clinics.

Environmental Health and Infectious Diseases

Measles showed a low incidence. Vaccination against measles has become possible by the production of a safe and effective vaccine which became available generally this year for susceptible children under the age of fifteen years. It has been introduced in the trough between epidemic years and the value of its use will be shown if next year's anticipated epidemic does not arise.

Infective jaundice has been made a notifiable disease to determine its general prevalence and to find methods of prevention. In the six months, thirty cases were notified.

There was no significant increase in venereal diseases but an increase in cases and deaths from pneumonia.

The autumn of 1968 will be remembered for the unprecedented flood situation which is described later in this report. While constituent authorities had formerly to contend with flood situations related to low-lying areas and the banks of the many partly culverted streams, floods had never previously been so sudden, widespread and so deep. The extent of damage to food alone was shown in the rendering unfit of ten tons compared with 57 tons for the whole year. The report describes the health measures advised and taken to prevent waterborne diseases and the drying and tidying up processes that were necessary.

The main routine effort of the Inspectors was directed towards implementing the Smoke Control programme; and on this a balance has had to be struck between inadequate progress in the face of

financial stringencies and threatened shortage of coke and authorised smokeless fuels arising from closure of coke plants and the use of natural gas. On the other hand, the extension of areas is finding a decline in the use of smokeless solid fuel central heating and appliances. In one area 70% of new appliances used either gas or electricity.

The contribution of smokeless zones to our health by the increase of winter sunshine in city and town and our greater resistance to influenza and bronchitis is becoming obvious to all.

The other points in this section of the report that are especially worthy of note include an account of measures taken to deal with the "dirty milk bottle" which is given in greater detail than in former reports; the need for a standard of cleanliness for "foam crumb" used as a filling for soft toys; the increase of inspections under the Offices, Shops and Railway Premises Act, 1963 from 355 in 1965 to 1,652 in 1968; the reduction of cesspools from 2,226 in 1965 to 2,101 in 1968, and the inspection of Animal Boarding premises for 294 dogs and 187 cats.

Mental and Social Welfare

The development of the facilities at Farnborough Hospital is of importance to the local authority in that all acute psychiatric cases can now be admitted to a hospital within easy reach of any home in the Borough.

The attachment of Mental Welfare Officers has continued. One-third of the field staff, while retaining community advisory and emergency duty responsibilities, are attached to psychiatric hospitals or units, while one-sixth are attached to general medical practices.

In March, the Authority opened Rydal Mount as a fifteen place hostel for short term rehabilitation of the mentally ill and a full account is given later in the report.

There is full liaison with the Hospital Service, with the local office of the Department of Employment and Productivity, and with the Day Centre at Stembridge Hall. At the Day Centre, a bonus incentive scheme of payments was introduced and the continued success of this Centre is shown by the fact that 21 out of 43 patients entered employment or reemploy. Only 5 patients were re-admitted to hospital, and 21 patients live in sufficiently close proximity to the Centre that transport to the Centre presents no problem.

For mentally handicapped children not attending the Orpington Training Centre, three Playgroups organised by Churches and voluntary organisations provide nine sessions a week. Each accepts multiple handicapped children and these children will be more directly assisted when the Special Care Unit at the Authority's new

Junior Training Centre is opened and special transport is provided.

The pressing requirements in the future include an Adult Training Centre and hostels providing short and long stay accommodation separately for mentally handicapped children and adults. The Committee received a report on long term patients discharged from a mental subnormality hospital and advised on future policy.

The Welfare Service shows continued expansion of the services for the handicapped, especially for the blind and deaf.

As indicated last year, the provision of a Mobility Instructor in the long cane technique for the blind has proved valuable. An additional two special vehicles for the disabled are to be provided next year.

In July, the Committee received a comprehensive report on the Chiropody Service which showed that from the 1st April, 1965, there had been approximately each year 8,700 domiciliary and 16,300 clinic and private surgery treatments.

The establishment of a new 46 bedded residential home and day centre at Mickleham Road, St. Paul's Cray was approved and building commenced in May.

In conclusion, I wish to thank the Heads of Sections and all my staff for their loyal and zealous services throughout the year. The new offices in Sherman House to be shared with the Borough Treasurer's Department will soon be occupied and in so many ways will provide more congenial conditions than have been possible since the 1st April, 1965, and it is appropriate now to record thanks for the excellent administrative and clerical services that have been provided in such limited accommodation over the past few years.

I wish to acknowledge the co-operation of other Health Services staff, including hospital officers, general medical practitioners and administrative officers of the Executive Council and Local Medical Committee. Other voluntary organisations in the Borough and staff of the Council of Social Service have made a valuable contribution, particularly in the fields of mental health and care of the elderly.

Finally, I would like to thank the members of the Council and especially the Chairman and members of the Health, Welfare and Children Committee, and to seek continuing support in the challenging years ahead.

L. R. L. EDWARDS,

Medical Officer of Health.

GENERAL STATISTICS

Population of the District	304,330
Area	39,265
Percentage of population per square mile	7.7
Estimated value of property	\$1,476,206
Amount of taxes levied	\$67,119
Rate of taxes	4.5%

Buildings

Total	7,339
-------	-------

Manufacturing	1,234
Commercial	1,123
Residential	4,982

Public buildings	123
Churches	456
Schools	789

Other buildings	1,234
Population	304,330

Admitted from other districts	123
Deaths	145

GENERAL

Population	304,330
Area	39,265

Percentage of population	100%
Percentage of area	100%

Percentage of population	100%
Percentage of area	100%

Percentage of population	100%
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Percentage of population	100%
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Percentage of area	100%

Percentage of population	100%
Percentage of area	100%

Percentage of population	100%
Percentage of area	100%

VITAL AND OTHER STATISTICS

Population (mid-year 1968)	304,230
Area	39,266
Density of population (persons per acre)	7.7
Rateable value as at 1.4.68	£16,426,206
Product of 1d. Rate, 1968/9	£67,119
Rate in pound, 1968/9 (Domestic)	12/-

Births:

Live (Total) 4,359

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	2,080	1,949	4,029
Illegitimate	187	143	330
	<hr/> 2,267	<hr/> 2,092	<hr/> 4,359

Crude birth rate per 1,000 estimated total population 14.3

Adjusted birth rate for comparison with other areas 14.4

(Area comparability factor for Births = 1.01)

Illegitimate live births = 7.6% of all live births

Birth rate for Greater London 16.4

Birth rate for England and Wales 16.9

Stillbirths (Total) 55

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	33	19	52
Illegitimate	1	2	3
	<hr/> 34	<hr/> 21	<hr/> 55

Stillbirth rate for 1,000 live and still births 12

Stillbirth rate per 1,000 estimated total population 0.18

Stillbirth rate for Greater London 13.5

Stillbirth rate for England and Wales 14

Total births (live and still) 4,414

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	2,113	1,968	4,081
Illegitimate	188	145	333
	<hr/> 2,301	<hr/> 2,113	<hr/> 4,414

Total of all live
and still births

Infant Mortality:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	41	25	66
Illegitimate	4	1	5
	—	—	—
	45	26	71
	—	—	—
Infant mortality rate per 1,000 total live births			16
Legitimate infant deaths per 1,000 live legitimate births			16
Illegitimate infant deaths per 1,000 live illegitimate births			15
Infant mortality rate for Greater London per 1,000 live births			18.6
Infant mortality rate for England and Wales ...			18
Neonatal mortality rate (deaths under four weeks per 1,000 total live births)			11.5
Neonatal mortality rate for Greater London ...			12.8
Neonatal mortality rate for England and Wales			12.3
Early Neonatal mortality rate (deaths under one week per 1,000 total live births)			11.0
Early neonatal mortality rate for Greater London			11.4
Early neonatal mortality rate for England and Wales			10.5
Perinatal mortality rate (stillbirths and deaths under one week combined, per 1,000 total live and still births)			23
Perinatal mortality rate for Greater London ...			24.7
Perinatal mortality rate for England and Wales			25

Maternal Mortality:

Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 total live and still births	Nil
Maternal mortality rate for Greater London per 1,000 live and still births	0.20
Maternal mortality rate for England and Wales per 1,000 total births	0.24

Deaths:

<i>Males</i>	<i>Females</i>	<i>Total</i>
1,817	1,892	3,709

Crude death rate per 1,000 estimated total population	12.2
Adjusted rate for comparison with other areas (Area comparability factor for deaths = 0.91)	11.1
Death rate for Greater London per 1,000 population	11.6
Death rate for England and Wales	11.9

Tuberculosis death rates:

All forms (per 1,000 population)	0.03
Pulmonary (per 1,000 population)	0.03
Non-Pulmonary (per 1,000 population)	0.003

Cancer death rates:

All forms (per 1,000 population)	3.3
Lung and Bronchus (per 1,000 population)	0.9
Other forms (per 1,000 population)	2.4

Population

The Registrar-General's estimate of the population of the Borough, mid-year, 1968, was 304,230, an increase of 1,570 over the figure for the previous year. This figure gives a density of 7.7 persons to the acre.

The natural increase of population, measured by excess of births over deaths, was 650. The figure for 1967 was 1,447.

Births

There were 4,359 live births allocated to the Borough during 1968, after adjustments for inward and outward transfers, this being a decrease of 161 over the figure for the previous year.

Of the 4,359 live births, 3,636 occurred in hospital and 723 in private dwellings. 2,267 of these births were males and 2,092 females.

The crude birth rate for the Borough was 14.3 per 1,000 population, and the adjusted rate, for use when comparing one area with another was 14.4.

The birth rate for 1968 was 0.6 lower than that recorded for the previous year, and is also well below the figures of 16.4 and 16.9 for Greater London and England and Wales respectively.

In addition to the live births, there were 55 stillbirths, representing a rate of 12 per 1,000 total births. This rate is below that of 13.5 for Greater London and 14 for the country as a whole. The figure for the Borough for 1967 was 14.0 per 1,000 total births.

Sex	LIVE BIRTHS			STILL BIRTHS		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Males	2,080	187	2,267	33	1	34
Females	1,949	143	2,092	19	2	21
Totals	4,029	330	4,359	52	3	55

Deaths

3,709 deaths were registered in 1968, giving a crude death rate of 12.2 per 1,000 population. This rate, when standardized by the comparability factor, gives a figure of 11.1 for comparison purposes. The rates for Greater London, and England and Wales were 11.6 and 11.9 respectively. Comparative figures for the year 1967 were: Bromley 10.2, Greater London 10.8, England and Wales 11.2.

The following table shows causes of death as given in the Registrar-General's statistics.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE FOR 1968

(Registrar-General's Return)

Cause of Death	Sex	Total all ages	Under four weeks	Four weeks and under 1 year	Age in Years									
					1	5	15	25	35	45	55	65	75 and over	
1. Enteritis and other Diarrhoeal Diseases	M F	2 1	— —	1 —	— —	— —	— —	— —	— —	— 1	— —	— —	— 1	
2. Tuberculosis of Respiratory System	M F	6 2	— —	— —	— —	— —	— —	— —	— —	— —	3 —	1 —	2 2	
3. Other Tuberculo- sis, incl. Late Effects	M F	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	
4. Meningococcal Infection	M F	1 —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	
5. Other Infective and Parasitic Diseases	M F	2 3	1 —	— —	— —	— —	— 1	— —	1 —	— 1	— —	— —	— 1	
6. Malignant Neoplasm Stomach	M F	53 39	— —	— —	— —	— —	— 2	2 —	3 4	23 5	17 10	8 18		
7. Malignant Neoplasm Lung, Bronchus	M F	221 54	— —	— —	— —	— —	1 —	4 3	25 4	69 20	90 19	32 8		
8. Malignant Neoplasm, Breast	M F	2 114	— —	— —	— —	— 1	— —	— 5	1 20	— 41	1 22	— 25		
9. Malignant Neoplasm, Uterus	F	39	—	—	—	—	1	3	7	8	12	8		
10. Leukaemia	M F	17 9	— —	— —	1 —	2 —	2 —	— —	— —	2 1	2 1	4 3	4 4	
11. Other malignant Neoplasms, etc.	M F	221 256	— —	— —	3 1	— 2	5 3	2 4	4 18	25 14	43 59	68 66	71 89	
12. Benign and Unspecified Neoplasms	M F	3 6	— —	— —	— —	— —	— —	1 —	— —	— 1	— 2	— 1	1 3	
13. Diabetes Mellitus	M F	4 10	— —	— —	— —	— —	— —	— —	— —	— —	— 2	2 4	2 4	
14. Other Endocrine etc. Diseases	M F	3 3	— —	— —	— —	— —	— —	— —	— 1	— 1	— —	— —	2 1	
15. Anaemias	M F	2 8	— —	— —	— —	— —	1 —	— —	— 1	— —	— —	1 1	1 5	
16. Other Diseases of Blood, etc.	M F	2 —	— —	— —	— —	1 —	— —	— —	— 1	— —	— —	— —	— —	
17. Mental Disorders	M F	2 3	— —	— —	— —	— —	— —	— —	— —	— —	— 1	— —	2 2	
18. Meningitis	M F	— 1	— —	— —	— —	— —	— —	— —	— 1	— —	— —	— —	— —	
19. Other Diseases of Nervous System, etc.	M F	20 15	— —	— —	1 —	— —	1 1	1 —	3 1	3 3	4 1	2 4	5 5	
20. Chronic Rheumatic Heart Disease	M F	12 12	— —	— —	— —	— —	— —	— 1	2 2	2 2	6 3	2 4		
21. Hypertensive Disease	M F	21 37	— —	— —	— —	— —	— —	— 1	1 —	2 4	11 9	7 23		
22. Ischaemic Heart Disease	M F	500 333	— —	— —	— —	— —	— —	2 1	10 6	47 27	129 68	149 231		
23. Other Forms of Heart Disease	M F	82 108	— —	— —	— —	1 —	— —	— 2	2 —	12 3	12 14	54 90		
24. Cerebrovascular Disease	M F	116 236	— —	— —	— —	— —	— 1	— 1	6 4	19 26	35 39	55 166		

Causes of Death	Sex	Total All Ages	Under four weeks	Four weeks and under 1 year	Age in years								
					1	5	15	25	35	45	55	65	75 and over
25. Other Diseases of Circulatory System	M	67	—	—	—	—	—	—	1	1	7	20	38
	F	105	—	—	—	—	—	—	—	2	7	21	75
26. Influenza	M	16	—	—	—	—	—	—	—	1	1	5	9
	F	32	—	—	—	—	—	—	1	—	1	—	30
27. Pneumonia	M	142	2	6	—	—	1	—	1	—	4	36	92
	F	246	—	—	—	1	—	1	1	3	5	22	213
28. Bronchitis and Emphysema	M	109	—	—	—	—	—	—	1	3	18	44	43
	F	36	—	—	—	—	—	—	—	1	2	11	22
29. Asthma	M	2	—	—	—	—	—	—	—	2	—	—	—
	F	5	—	—	—	—	—	1	—	—	—	1	3
30. Other Diseases of Respiratory System	M	26	—	7	—	—	—	—	—	1	6	3	9
	F	18	—	2	—	—	1	—	—	1	3	4	7
31. Peptic Ulcer	M	15	—	—	—	—	—	—	—	1	1	5	8
	F	13	—	—	—	—	—	—	—	—	2	2	9
32. Appendicitis	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
33. Intestinal Obstruction and Hernia	M	2	—	—	—	—	—	—	—	—	—	—	2
	F	8	—	—	—	—	—	—	—	—	3	3	2
34. Cirrhosis of Liver	M	2	—	—	—	—	—	—	—	—	2	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—
35. Other Diseases of Digestive System	M	11	—	—	—	—	—	—	—	1	—	4	6
	F	21	—	—	—	—	—	—	—	—	6	7	8
36. Nephritis and Nephrosis	M	4	—	—	—	—	—	—	—	1	—	1	2
	F	4	—	—	—	—	—	—	—	—	2	1	1
37. Hyperplasia of Prostate	M	12	—	—	—	—	—	—	—	—	—	4	8
38. Other Diseases, Genito-Urinary System	M	8	—	1	—	—	—	—	—	—	—	4	3
	F	19	—	—	—	—	—	—	—	—	3	6	10
39. Diseases of Skin, Subcutaneous Tissue	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	1	—	1
40. Diseases of Musculo-Skeletal System	M	3	—	—	—	—	—	—	—	—	3	—	—
	F	6	—	—	—	—	—	—	—	—	2	2	2
41. Congenital Anomalies	M	11	3	3	1	1	1	—	—	—	2	—	—
	F	6	3	—	1	—	1	—	—	—	1	—	—
42. Birth, Injury, Difficult Labour, etc.	M	12	12	—	—	—	—	—	—	—	—	—	—
	F	9	9	—	—	—	—	—	—	—	—	—	—
43. Other Causes of Perinatal Mortality	M	8	8	—	—	—	—	—	—	—	—	—	—
	F	12	12	—	—	—	—	—	—	—	—	—	—
44. Symptoms and Ill-defined Conditions	M	4	—	—	—	—	—	—	—	1	—	—	3
	F	10	—	—	—	—	—	—	—	—	—	2	8
45. Motor Vehicle Accidents	M	30	—	—	1	5	4	2	4	2	2	4	6
	F	12	—	—	1	—	—	—	1	—	2	4	4
46. All Other Accidents	M	17	—	—	—	1	2	1	1	—	2	3	7
	F	15	—	—	—	2	1	—	—	—	—	—	12
47. Suicide and Self-inflicted Injuries	M	18	—	—	—	—	4	3	3	3	3	1	1
	F	19	—	—	—	—	1	—	6	3	3	3	3
48. All other External Causes	M	4	—	1	—	—	2	—	—	—	1	—	—
	F	3	—	—	—	—	1	—	—	—	—	—	2
TOTAL ALL CAUSES	M	1,817	26	19	7	10	23	13	37	137	363	534	648
	F	1,892	24	2	3	6	11	10	43	78	248	364	1,103

Accidental Deaths

During the year 74 residents died from accidents of all kinds, including 42 in motor vehicle accidents.

DEATHS FROM CANCER

	Male				Female				Total			
	1963	1967	1966	1965	1968	1967	1966	1965	1968	1967	1966	1965
Malignant neoplasm, stomach ...	53	28	39	35	39	33	32	26	92	61	71	61
Malignant neoplasm, lung, bronchus ...	221	148	136	154	54	41	32	36	275	189	168	190
Malignant neoplasm, breast ...	2	—	—	—	114	76	64	70	116	76	64	70
Malignant neoplasm, uterus ...	—	—	—	—	39	18	22	15	39	18	22	15
Other malignant and lymphatic neoplasms	221	191	151	149	256	161	187	169	477	352	338	318
Totals ...	497	367	326	338	502	329	337	316	999	696	663	654

Rates per 1,000 population:—

All forms ...	...	3.3
Lung and bronchus	...	0.9
Other forms	...	2.4

Maternal Mortality

It is pleasing to report that for the third year in succession no maternal deaths occurred in the Borough.

The maternal mortality rate for Greater London for 1968 was 0.20 per 1,000 total live and still births, and England and Wales 0.24

Tuberculosis

There were eight deaths attributed to pulmonary tuberculosis and one from non-respiratory tuberculosis, giving a death rate of 0.03 per 1,000 population.

Street Accidents

1,633 street accidents occurred in the Borough during 1968. 2,227 persons were injured and 26 died. These totals include 402 children under 15 years of age who were injured, and 4 who died.

Infant Mortality

There were 71 deaths of infants under one year during 1968. 66 of these were legitimate and 5 illegitimate, giving a rate of 16 per 1,000 total births. The rates for Greater London and England and Wales were 18.6 and 18.0 respectively.

Of the 71 infant deaths, 50 were under four weeks old, giving a neonatal mortality rate of 11.5 per 1,000 total live births. The neonatal mortality rate for Greater London was 12.8 and for

England and Wales 12.3. There were 48 deaths of infants under 1 week of age, giving an early neonatal mortality rate of 11.0 per 1,000 total live births. The rates for Greater London and England and Wales were 11.4 and 10.5. The perinatal mortality rate for the Borough (stillbirths and deaths under one week combined, per 1,000 total live and still births) was 23 and those for Greater London and England and Wales 24.7 and 25.0 respectively.

TABLE I
DEATHS OF INFANTS UNDER 4 WEEKS OF AGE

Cause of Death	AGE			TOTAL
	24 hours	1-7 days	8-28 days	
Prematurity	10	11	—	21
Asphyxia Atelectasis	8	2	—	10
Acute Tracheo Bronchitis	—	—	—	—
Staphylococcal pneumonia	—	—	—	—
Birth injury (aspiration pneumonia)	—	2	—	2
Cardiac respiratory failure	—	—	—	—
Congenital heart disease	—	2	1	3
Thrombocytopenic purpura	—	—	—	—
Multiple Congenital abnormalities	1	1	—	2
Haemolytic disease of the new born	—	—	—	—
Intra-uterine anoxia	3	—	—	3
Intra partum aspiration of liquor	—	—	—	—
Patous Syndrome	—	—	—	—
Cerebral and congenital disorder	1	1	—	2
Tracheo—oesophageal fistula	—	—	—	—
Encephalocele	1	—	—	1
Down's Syndrome	—	—	—	—
Septicaemia	—	—	—	—
Neurablastoma	—	—	—	—
Bronchopneumonia	—	2	—	2
Hyperbilirubinaemia	—	1	—	1
Congenital Toxoplasmosis	—	1	—	1
Anencephaly	2	—	—	2
	26	23	1	50

PERSONAL HEALTH SERVICES

These services are provided under Part III of the National Health Service Act of 1946.

MATERNAL AND CHILD HEALTH

Peter A. Clark, M.B.C.S., F.R.C.S., Senior Medical Officer

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 27 of the National Health Service Act, 1946, it is the duty of every Local Health Authority to make arrangements for the care, including in particular, dental care of expectant and young mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a Local Education Authority.

Care of the Expectant Mother and her Child

There is a new House for expectant mothers within the Borough which is managed by the Women's Welfare Society for Social Work. The House is open to women from up to 14 expectant and young mothers and is a very pleasant place to live.

During the year 1946, the Women's Welfare Society for Social Work, in co-operation with the Local Health Authority, has been successful in securing the services of a number of specialist consultants for the care of expectant mothers and young children.

Child Health Clinic

During the year 1946, the Child Health Clinic was opened at the new house for expectant mothers. The purpose of the clinic is to provide a place where mothers and young children can be seen by a specialist consultant. The clinic is open to mothers and young children who are not attending primary schools maintained by a Local Education Authority. The clinic has been very successful in securing the services of a number of specialist consultants for the care of expectant mothers and young children.

Infant Welfare

All child welfare clinics are under the supervision of a Medical Officer of Health. The clinics are open to mothers and young children who are not attending primary schools maintained by a Local Education Authority.

6,660 (10,777) infants under 5 years of age were seen.

1,657 (3,500) mothers of children under 5 years of age were seen.

5,818 (10,477) mothers of children under 5 years of age were seen.

123,942 (137,777) children under 5 years of age were seen.

(Figures for 1945 are in parentheses)

Salaries of personnel were paid as follows:

Birth Notifications

During the year 1946, 1,657 births were notified of which 1,657 births were notified in hospital and 1,657 births were notified in the home.

PERSONAL HEALTH SERVICES

These services are provided under Part III of the National Health Service Act of 1946.

MATERNAL AND CHILD HEALTH

Peter A. Currie, M.R.C.S., L.R.C.P., Senior Medical Officer.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of every Local Health Authority to make arrangements for the care, including in particular, dental care of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by a Local Education Authority.

Care of the Unmarried Mother and her Child

There is one Home for unmarried mothers within the Borough which is maintained by the Rochester Diocesan Society for Social Work. This Home has accommodation for up to 14 expectant and nursing mothers and is used by several local authorities.

During the year the Council accepted financial responsibility for the maintenance of 30 unmarried mothers for an average stay of thirteen weeks at various Mother and Baby Homes.

Child Health Clinics

During the year one additional Child Health Clinic was established to serve a large housing estate. The fluctuating requirements of certain areas have of necessity led to some re-arrangement of the clinic services whereby the number of clinic sessions have in some cases been increased with a corresponding decrease elsewhere. No clinics have been closed.

Welfare Foods

All child welfare clinics sell welfare foods in addition to a range of proprietary baby foods. Sales for the year were:—

6,660	(10,775)	tins of National Dried Milk
3,637	(4,007)	bottles of Cod Liver Oil
5,818	(6,459)	packets of Vitamin tablets
125,842	(132,313)	bottles of Orange Juice
(Figures in parenthesis relate to 1967)		

Sales of proprietary foods were maintained.

Birth notifications

During the year 4,418 births were notified of which 3,691 occurred in hospital and 727 in the home.

Registration of Day Nurseries and Child Minders

The introduction of the Health Services and Public Health Act, 1968, on 1st November amended certain provisions of the Nurseries and Child Minders (Regulation) Act, 1948, requiring the registration of premises in which children are received for more than two hours a day, and of persons who, for reward, care for one or more children under five years, to whom they are not related.

The publicity given to the provisions of the Act and the harsher penalties for failure to register led to a number of applications for registration being received. The full effect of the new legislation will probably be better indicated in the returns for 1969.

A booklet giving guidance is sent to all prospective Child Minders, many of whom have since expressed their appreciation of the helpful information contained therein.

Day Nurseries

Number Registered	...	...	74	(65)
Number of Places Provided	...	...	2,585	(2,099)
(1967 figures in parenthesis)				

No day nurseries are provided by the Council.

Child Minders

Number registered at 31st December, 1968	59	(43)
Number of Children Permitted	...	...
	786	(481)
(1967 figures in parenthesis)		

Nursing Homes

Details of the Homes at present on the register are as follows:—

Number at 31.12.67	...	...	...	19
Number at 31.12.68	...	...	...	17
Number closed during 1968	...	...	...	2
Number registered during 1968	...	...	...	Nil
Number of beds provided at 31.12.68	...	...	...	380
Mother and Baby Homes at 31.12.68	...	...	...	1
(Registered under Nursing Homes Act)				
Number of beds provided	...	...	...	14
Number of cots provided	...	...	...	6

Cervical Cytology

This service was maintained at a constant level with a demand comparing favourably with other parts of the country. A total of 2,343 women were examined, 17 of these were found to have

carcinoma of the cervix and a further six were referred for further investigations.

A most encouraging response met the establishment of an evening clinic at Orpington Hospital to meet the needs of women unable to attend a clinic during working hours. Negotiations with two other hospitals for the establishment of similar facilities are proceeding. Special clinics have also been held at factories and other establishments employing a large female labour force and through this project 692 examinations were made.

The re-examination of women who were first seen in 1965 has commenced and it is hoped that all of those women applying will be re-examined without undue delay.

Recuperative Care

The demand for short recuperative holidays for persons who have had an illness or operative treatment continues. During the year there were 92 applicants but due to limited funds and rising costs of placements, financial liability was accepted for only 60 of these mostly elderly people and generally for a period of two weeks.

Deaf Children

Screening tests for children under two years of age were commenced at the beginning of the year. 23 cases were referred, mainly by Health Visitors and hospitals for further action.

MIDWIFERY

Miss G. Simmons, S.R.N., S.C.M.

Non-Medical Supervisor of Midwives

In accordance with the general trend the number of domiciliary confinements fell again this year. The problem of adequate training for pupil midwives where fewer home deliveries can be undertaken has arisen and it is hoped that a new training scheme providing wider public health training may be implemented in the near future.

Group practice attachment has been agreed in principle and consideration will be given to setting up of a pilot scheme.

Preliminary consultations have been held with a local maternity liaison committee with the aim to integrate the domiciliary and hospital services whereby midwives will take their patients to a hospital and deliver them there. Mother and child will return home for nursing shortly afterwards.

SUMMARY OF DOMICILIARY MIDWIVES' WORK

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day.
Doctor not booked (1)	Doctor booked (2)	Total (3)	
7 (6)	742 (786)	749 (792)	965 (808)

(Figures in parenthesis relate to 1967)

Total number of home visits made by midwives—

Ante-Natal and Post-Natal Clinics

Number of women in attendance ... 1,132

Ante-Natal Mothercraft and Relaxation Classes

Number of women who attended during the year 2,357

CARE OF PREMATURE INFANTS

(1) Number of live premature babies notified during 1968 who were born:—

(i) at home or in a Nursing Home ... 1

(ii) in hospital ... 195

(2) The number of those born at home or in a Nursing Home:—

who were nursed entirely there ... —

who were transferred to hospital on or before the 28th day ... 1

who died during the first 24 hours ... —

who died in 1 and under 7 days ... —

who died in 7 days and under 28 days ... —

who survived at the end of one month ... 1

(3) The number of those born in hospital:—

who died during the first 24 hours ... 20

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 ... 166

(4) The number of premature stillbirths who were born:—

(i) at home or in a Nursing Home ... 4

(ii) in hospital ... 19

Congenital Malformations

The presence of a congenital malformation noted at birth is indicated on the card notifying the birth to this Authority. Following completion of the standard enquiry form by the midwife or the

appropriate hospital form the information is passed to the Registrar General. All children so notified are kept under constant surveillance.

67 notifications were received during 1968 of which 60 were in respect of live births and 7 stillbirths. The total number of malformations was 90 and the number of children with multiple malformations was 17.

Notifications of intention to practise

In accordance with the rules of the Central Midwives Board 151 midwives notified their intention to practise within the Borough during the year 1968.

HEALTH VISITING

Miss B. N. Chandler, S.R.N., S.C.M., H.V.CERT.,
Dip.Soc.Studies (Lond.)

Owing to the increase in population and the wider field of duties undertaken by the Health Visiting Staff, the establishment was increased to 42 in the latter half of the year. Additional duties have arisen following the introduction of the Health Services and Public Health Act, 1968, which by amending certain provisions of the Nurseries and Child Minders (Regulation) Act, 1948, meant that far more people undertaking the care of children for reward, were now required to be registered.

During the year three Student Health Visitors were sponsored, and two qualified. Eight Student Health Visitors were given facilities for field work instruction and were successful in passing their examination. In addition 102 Student Nurses from local hospitals were given an insight into health visiting duties and this was followed by lectures and discussions on the work. Over 37,000 effective home visits were paid to mothers with young babies, and additionally over 7,000 visits were paid where no reply was obtained. Where the population movement in parts of the Borough varies from 20 per cent to 25 per cent this is inevitable, and additional visits became necessary to trace these families. There has been an increase in the number of miscellaneous visits, including visits to aged persons, and to households where no other statutory visitor is available, and where the Health Visitor can then act as liaison officer with the other services. Liaison visits to hospitals and the interests in the multiplicity of community services continue to take much of the time available and over 5,000 visits of this nature were paid. A health education programme is part of the normal curriculum at three senior schools and talks have been given in connection with programmes to prepare children for their adult life and responsibilities.

Eight Health Visitors are attached to General Practices and two more attachments are in preparation. The furthering of closer ties between General Practitioner, hospital and community services continues to the benefit of the patient. It is emphasised that the Health Visitor cannot fully exercise her potential as a health educator and adviser where she has no suitable premises in which to conduct private interviews, group teaching and to be available to the public. It may well be that where there is no room available for consultation with the Health Visitor, a small difficulty which could have been overcome by her immediate action, may be delayed and a greater problem develop. The fact that her advice is demanded is advanced as a proof of the need to be met in this direction.

The number of cases was 32,501, of which 15,163 were children aged five or under, and 330 were persons aged 65 or over.

HOME NURSING

Mrs. J. Symington, S.R.N., S.C.M., D.D.N.

Superintendent, Home Nursing Service

During the year a much closer working relationship has been established with the geriatric departments of local hospitals, with the result that far more elderly patients are being nursed at home.

The number of terminal carcinoma cases nursed at home has doubled, and where necessary night nursing care has been provided in conjunction with Marie Curie Memorial Foundation.

The incidence of sickness among the professional staff was very high and this occasionally led to the curtailment of some services, but these were restored at the first opportunity. Fortunately, the local Red Cross Nursing Service gave their usual very willing and able assistance which considerably relieved the nurses' work load.

Training of District Nurses by arrangement with other authorities has continued.

3,267 persons were nursed during the year, of whom 1,436 were aged 65 or over and 12 were aged under 5.

A total of 114,065 visits was made during 1968.

VACCINATION AND IMMUNISATION

During the year the revised schedule of immunisation as approved by the Department of Health and Social Security was

introduced. It will be interesting to note whether there is any great change in the acceptance rate for vaccination against smallpox now that this is the sole responsibility of the General Practitioner to provide this service.

Smallpox

A total of 3,020 children, mostly between one and two years of age, received primary vaccination, and 563 children were re-vaccinated during the year.

Completed Primary Courses

	Year of Birth					Others Under Sixteen	Total
	1968	1967	1966	1965	1961/4		
Diphtheria	1,574	2,109	113	48	74	58	3,976
Whooping Cough ...	1,574	2,101	105	40	48	34	3,902
Tetanus	1,574	2,108	113	48	77	211	3,902
Poliomyelitis	835	2,876	299	79	170	70	4,329
Measles	9	1,170	1,305	1,087	2,406	226	6,203
<i>Re-inforcing Doses</i>							
Diphtheria	—	523	2,014	414	3,222	260	6,433
Whooping Cough ...	—	504	1,851	359	1,394	94	4,202
Tetanus	—	523	2,014	417	3,238	418	6,610
Poliomyelitis	—	28	149	53	3,066	196	3,492
Measles	—	—	—	—	—	—	—

Percentage of Vaccinations

	Children born in 1967			Smallpox (Children under 2) (4)
	Whooping Cough (1)	Diphtheria (2)	Polio- myelitis (3)	
England and Wales	76	78	74	38
Local Authority	81	81	84	54

CHIROPODY

The Health Welfare and Children Committee of the 18th September, 1968, resolved, in view of financial restrictions, to curtail the chiropody service by the termination of the employment of all contractual chiropodists.

After this decision, there was a substantial public protest and 212 letters of protest were received from patients. In view of this, the situation was reviewed by the Health, Welfare and Children Committee of the 30th October, 1968 and the Committee recommended that the Council should re-instate the service to the position which it was prior to the 18th September, 1968. The Council at its meeting accepted this recommendation. During the year under review 28,097 treatments were given under the scheme, of these 9,543 were domiciliary and 18,554 were surgery cases.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Arrangements to cover the special problems which arise in connection with the health and treatment of long-stay immigrants to this country have been laid down by the Ministry of Health.

During the year 191 persons were notified to the department and 95 successfully visited. This not infrequently involved more than one visit. Some persons were not known at the addresses given and others, despite repeated visits, had not been contacted by the end of the year.

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

Under this section of the Act as amended by the National Assistance (Amendment) Act, 1951, powers are given to the local authority for the compulsory removal of persons suffering from grave chronic disease, or who are aged, infirm or physically handicapped and who are living in insanitary conditions and unable to devote to themselves and not receiving from other persons proper care and attention.

Although several cases were visited and investigated during the year it was not found necessary in any instance to apply for a removal order as, with the assistance of other interested bodies we were able to effect improvement in the conditions found to exist.

MEDICAL EXAMINATION OF STAFF

Staff who are eligible for admission to the Council's Superannuation Scheme are required to complete a medical questionnaire. From the information given it is decided whether the candidate can be regarded as fit, or if it is necessary for a medical examination to be carried out before a decision is made.

Other examinations are arranged following prolonged sick leave and in cases of retirement on health grounds; candidates may also be examined at the request of the Chief Officer to assess their fitness for employment.

In addition to these examinations of the Council's staff a similar procedure is carried out for the West Kent Main Sewerage Board and for the Stockwell Teacher's Training College.

A considerable number of medical examinations take place as a result of applications by residents in the Borough for admission

to Teacher Training Colleges, and also by the requirement of the Department of Education and Science that Teachers taking up their first teaching appointment should be medically examined.

The statistical details for the year are given below.

Total number of Health Declaration Forms received	1,295
No. of recommendations without medical examination	1,054
No. of medical examinations carried out:—	
(a) For admission to Superannuation Scheme ...	241
(b) Training College Candidates	482
(c) Teachers' first appointments	122
(d) Premature retirement or prolonged sick leave ...	29
(e) For other Authorities	15
(f) For West Kent Main Sewerage Board	10
	—
	899
	—
Candidates examined for this Borough by other Authorities	17

HOME HELP SERVICE

The following is a summary of the cases in which assistance was given between 1st January and 31st December, 1968.

Aged 65 or over	2,076
Under 65—	
Chronic Sick and T.B.	223
Mentally disordered	23
Maternity	356
Illness	325

Family Care Service

27 cases, involving 80 children received assistance.

Family Welfare Service

5 cases received assistance.

Night and Evening Service

4 cases received assistance.

It will be seen that home help was supplied in 3,039 homes during the year 1968.

In Service Training

A seminar for Home Help Organisers, arranged by the London Boroughs' Training Committee in London was attended

by the Deputy Senior Home Help Organiser, who also attended the Annual Weekend School of the Institute of Home Help Organisers at the Froebel Institute, London in September.

Training provided by Home Help Organisers

Talks have been given by the Senior Organisers to Student Health Visitors, Nurses, Social Welfare Officers and Children's Officers, and some have accompanied the Organisers on home visits, in order to acquaint them with the work of the Home Helps and to show them their responsibilities towards the sick and aged, and in the care of children.

Training by Home Helps

Case conferences, in which the Senior Organisers take part, are held to discuss the problems of families with deteriorating standards in the home. Where considered to be of benefit, a specially selected Home Help is sent in daily for three months to the family to train and guide the housewife towards better standards of home management.

Home Visits

Home visits by Organisers during 1968 totalled 9,329.

Maintaining sufficient numbers of Home Helps continues to be difficult, as in many other parts of the country. However, by providing minimum essential amounts of service, a great number of people have been assisted with quite a small staff. Liaison is maintained with voluntary bodies, youth organisations, etc., and this is mutually beneficial.

With many more people facing early discharge from hospital, and geriatric patients staying in their own homes almost to the end of their lives, a greatly increased demand for the Home Help Service is envisaged.

VENEREAL DISEASES

Under the National Health Service Act of 1946, diagnosis and treatment of venereal diseases became a responsibility of the Regional Hospital Boards and the functions of the local health authorities were limited to those of prevention. This involves the tracing of contacts wherever possible, and health education.

There are no treatment centres for these diseases within the Borough.

I am indebted to the Physicians at the undermentioned treat-

ment centres for the following statistics for 1968:—

New cases of residents treated during 1968.

<i>Treatment Centre</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Croydon General Hospital	—	7	54	61
Seamen's Hospital	—	7	27	34
St. John's Hospital, Lewisham	3	26	118	147
St. Thomas' Hospital, London	—	1	26	27
The London Hospital	1	1	19	21

LONDON AMBULANCE SERVICE

The Ambulance Service for the whole of Greater London is provided by the G.L.C. Ambulance stations within the Borough are sited in Hayes Lane, Bromley and Croydon Road, Penge, but service is provided in addition from other stations sited outside of the Borough. There is a main Control in Bromley which covers the whole of South East London for non-emergency work. All emergency calls are routed directly to a Central Emergency Control at Ambulance Headquarters which directs ambulances by radio and by direct telephone lines to ambulance stations.

DENTAL SERVICES

Mrs. C. M. Lindsay, L.D.S., R.F.P.S.(GLASGOW)

Principal Dental Officer

Dental Service for Nursing and Expectant Mothers and Children under School Age

A fully comprehensive maternal and child health dental service is provided in the Borough for all expectant and nursing mothers, also children under five who are not yet eligible for treatment within the School Dental Service.

All types of treatment as in private practice are available, including treatment of orthodontic cases and the service is operated from all the school dental clinics. Details of the work carried out during 1968 are given on page 43.

School Health Dental Service

There has been no permanent addition to the staff personnel during the year under review.

A temporary Dental Surgery Assistant was employed, on a sessional basis, when necessary.

The quality and output of work was maintained at its previous high level. It was not possible to decrease the waiting time for appointments in some areas as this would have entailed additional staff which for reasons of economy was not feasible.

The considerable reduction in orthodontic cases during 1968 was the result of a deliberately planned policy in order to ensure economies were carried out in the department.

The number of extractions of permanent teeth continues to be gratifyingly on the decline.

The conditions of working at Biggin Hill Clinic still cause some anxiety but due to lack of alternative accommodation and finance remedies must be deferred.

The Principal School Dental Officer thanks all Head Teachers for their courteous and willing help to the Dental Staff during school inspections. The Dental Department expresses appreciation for the work done by Dr. Morris and Dr. Miller who administer the general anaesthetics at the clinics.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

A. Number of Visits for Treatment During Year:

First Visit
Subsequent Visits
Total Visits
Number of Additional Courses of Treatment other than the First Course commenced during year

<i>Children 0-4 (incl.)</i>	<i>Expectant & Nursing Mothers</i>
360	37
633	90
993	127
47	—
659	83
608	59
66	14
26	5
15	56
38	18
69	39
62	—
—	2
—	1
204	2

Treatment provided during the year:

Number of Fillings
Teeth Filled
Teeth Extracted
General Anaesthetics given
Emergency Visits by Patients
Patients X-Rayed
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)
Teeth Otherwise Conserved
Teeth Root Filled
Inlays
Crowns
Number of Courses of Treatment completed during the year

B. Prosthetics:

Patients supplied with F.U. or F.L. (First Time)
Patients supplied with Other Dentures
Number of Dentures supplied

7
1
4
2

C. Anaesthetics:

General Anaesthetics Administered by Dental Officers

D. Inspections:

Number of Patients given First Inspections during year
Number of Patients in A and D above who required Treatment
Number of Patients in B and E above who were offered Treatment

<i>Children 0-4 (incl.)</i>	<i>Expectant & Nursing Mothers</i>
A. 350	D. 23
B. 148	E. 10
C. 134	F. 10

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

For Treatment
For Health Education

G. 158.7
H. 5

ATTENDANCES AND TREATMENT—SCHOOL CHILDREN

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	3329	4219	347	7895
Subsequent Visits	5810	6761	1334	13905
Total Visits	9139	10980	1681	21800
Additional courses of treatment commenced	535	481	97	1113
Fillings in permanent teeth	3010	6641	1948	11599
Fillings in deciduous teeth	7779	1079	—	8858
Permanent teeth filled	2314	5177	1359	8850
Deciduous teeth filled	6477	884	—	7361
Permanent teeth extracted	34	159	52	245
Deciduous teeth extracted	954	318	—	1272
General anaesthetics	388	144	11	543
Emergencies	83	34	6	123

Number of Pupils X-rayed ...	296
Prophylaxis ...	2,624
Teeth otherwise conserved ...	704
Number of teeth root filled ...	57
Inlays ...	2
Crowns ...	25
Courses of treatment completed ...	5,165

ORTHODONTICS

Cases remaining from previous year ...	474
New cases commenced during year ...	33
Cases completed during year ...	148
Cases discontinued during year ...	16
No. of removable appliances fitted ...	81
No. of fixed appliances fitted ...	1
Pupils referred to Hospital Consultant ...	—

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other den- tures (first time) ...	—	1	1	2
Number of dentures supplied	—	1	2	3

ANAESTHETICS

General Anaesthetics administered by Dental Officers ...	53
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INSPECTIONS

(a) First inspection at school. Number of pupils ...	36,442
(b) First inspection at clinic. Number of pupils ...	1,944
Number of (a) + (b) found to require treatment ...	12,100
Number of (a) + (b) offered treatment ...	8,616
(c) Pupils re-inspected at school or clinic ...	1,392
Number of (c) found to require treatment ...	623

SESSIONS

Sessions devoted to treatment ...	2,866
Sessions devoted to inspection ...	238
Sessions devoted to Dental Health Education ...	60

HEALTH EDUCATION AND HOME SAFETY

Health Education

In a modern community everybody needs to know and follow the rules of healthy living in order to keep well. This does not mean that we should become a race of hypochondriacs; there is no need to stop and think each time before opening a window, or eating a fresh apple, or washing before a meal, nor would anyone ever do so. Yet we all need a good stock of basic general knowledge in a form which can be easily applied at the right moment, and there are occasions when nearly everyone has reason to be concerned about health in both its private and its public aspect. In any case the general practice of the community reflects the level of public opinion, which needs to be well informed and responsible.

Certainly it is the business of the whole community, and in particular of parents, to see that the rising generation gets the best possible general training in matters of health. But the parent cannot be expected to do everything single-handed and a strong professional team, which includes doctors, teachers, health visitors and social welfare workers of every kind, is at work all the time to make sure that parents and children alike are living in as healthy an environment as possible and that help is available when needed.

Within this team, the teacher's special relationships with young people at school provides him with a unique opportunity of giving them the training in matters of health which they need. The work of the biology teacher speaks for itself. But the work of every other teacher in the school is just as important, whatever subjects he or she may be teaching. His general points of view in matters of health, the standards he sets and the things he considers important, all these form the main source of the indirect education which every good school provides continuously for all its pupils. To this end the teacher must have at least a sound general knowledge of the main aspects of health education, including some understanding of its scientific basis. He need not be an expert, but he should know more than he has to pass on. He must also be the kind of person, whom his pupils will wish to follow. All this is much to expect, even though the community cannot ask for less.

Health education is concerned with a vast and varied field, touching many branches of science besides such subjects as history, geography and language. It involves every type of school, children of all kinds, parents, teachers, all of us. And its claim must be pursued not in the abstract realm of academic theory, but in the demanding context of a good general education that will meet the needs of time. It is within this context that so great a variety comes together; the result should be a pattern of health education in which we never lose sight of our main objective—a serene people moving from strength to strength in body, mind and spirit.

Accidents at Home

The average individual has not only to learn how to prevent accidents in his home, he must first be convinced that the various dangers exist. It is seldom realised that more accidents are caused in the home than on the roads. Between 1960 and 1965, the ratio between them was roughly 6:5. Most of these victims of accident at home are children and old people, about an eighth of them being under 15, and almost two-thirds over 65. Both of these groups are at greater risk than children of a more responsible age and adults in the prime of life. By far the greatest number of accidental deaths in the home are caused by falls (53 per cent in 1964) which are followed by coal gas poisoning (12 per cent) burns and scalds (10 per cent) and suffocation (10 per cent). Nearly 90 per cent of the falls, over two-thirds of the coal gas poisoning and well over half the burns and scalds involve old people over 65.

The commonest causes of deaths through accidents at home to children under 15 are suffocation, burning, scalding, and falls. In one recent investigation of 1,639 cases of burning, 70 per cent of the victims were children under the age of 15 years, and more than 80 per cent were due to injuries caused by ignited clothing.

Burns and scalds could be greatly reduced if fireguards were universally fitted, if inflammable materials were NOT used in children's night attire, and if children could be protected from electric fires, kettles, irons and teapots. Falls would be fewer if house holders were on their guard against trailing flex, frayed or torn carpets and poor lighting on staircases and landings.

When accidents happen, our first instinct is to blame the immediate instrument; the unprotected wire, the rickety ladder, the offending saucepan. That is in keeping with primitive instinct.

Carelessness begins at home; it is for the parent to make quite sure that his house and all its equipment is properly kept and used. This involves a proper regard for individual items of equipment, and the proper carefulness on the part of the user. School can help towards both, and there should be many opportunities here for specific instruction on such danger points in the home. In their home economics courses girls should learn to cook safely, to look after electrical equipment, to keep the house clean and in good repair and keep poisons, disinfectants and drugs in a safe and proper place. Boys too, should be given equivalent safety training in any domestic work, that they might do at school, in woodwork, metalwork, electricity or other practical studies. But the underlying aim of all such instructions in technique goes beyond the immediate exercise; it should be to encourage the pupil to appreciate when care needs to be exercised, and to be capable of taking the necessary precautions.

Home Accident Statistics

From January to December 1968, a total of 6,440 home

accident cases were treated at Farnborough, Orpington and Beckenham hospitals, of these, 3,703 were adults and 2,737 children.

This shows a reasonable decrease as compared with the same hospitals for 1967, when the totals amounted to 6,856, of these 3,844 were adults and 3,012 children.

However, since the formation of the Bromley Home Safety Committee in November 1967, home accident statistics have been obtained from Bromley hospital, which shows that during the period of 1968, a total of 2,434 persons were admitted for treatment having suffered from accidents occurring in the home. Of these 1,436 were adults, and 998 children.

Therefore, the overall record of home accidents within the Borough, dealt with by the hospitals concerned show that 8,130 persons were treated. Of these 4,579 were adults and 3,551 children.

The three most prominent causes, with possible serious complications according to the Hospital Authorities were given as follows: —

1. FALLS. Being the chief danger to old people.
2. BURNS/SCALDS. Affect both the young and old people.
3. POISONING. Being the danger to adults, especially in relation to gas, medicinal substances, through overdoses, mistakes, etc., and also to the very young, who find drugs, tablets, medicines, detergents, etc., loose in cupboards and drawers.

Home Safety

Home accidents are increasing; the deaths and serious injuries outnumber those on the roads, factories, railways, etc.

Four out of every five home accident deaths were in children and old people. That accidents are of very real concern today may also be judged from the fact that they kill three times as many children as the infectious diseases. The accurate number of non-fatal accidents is not known, but investigations throughout the country reveal that these figures could be as high as 30 per 1,000 of the population.

These types of accidents could be responsible for much disfigurement and disablement and very long periods in hospital.

Some individuals are said to be "accident prone", which in the absence of some disability, is another way of saying that they are careless, untidy, fatigued or too hurried in their actions. Not only do they cause accidents to themselves, but also to those around them, predominantly to children.

The Press, Radio and Television play their part in reaching the public with help and advice on the causes and prevention of accidents. Home Safety Committees, Health Visitors and Nurses,

Teachers and many voluntary workers also help greatly in this matter, but the accident rate still remains too high. .

Local Campaigns

In an effort to reduce this appalling number of home accidents, the Home Safety Committees of the Borough, have co-operated with the Royal Society for the Prevention of Accidents in their national campaigns, as follow:—

JANUARY-MARCH. Stop accidents to the elderly (FALLS).

APRIL-JUNE. Stop accidents to the young people (POISONOUS BERRIES, ETC.).

JULY-SEPTEMBER. Stop home accidents (CARE WITH MEDICINES, ETC.).

OCTOBER-DECEMBER. Stop home accidents (BURNS, FIREWORKS, CHRISTMAS, OILHEATERS).

INFECTIONS AND OTHER DISEASES

General

A total of 740 notifications of infectious diseases were received during the year compared with 577 during 1957. This substantial increase in reports is due to the fact that the notification system was improved in 1958 and the new regulations came into operation on 1st June 1958. The increase in reports is also due to the fact that the notification system was improved in 1958 and the new regulations came into operation on 1st June 1958.

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INFECTIOUS AND OTHER DISEASES

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Diphtheria

No cases were notified in 1958.

Dysentery

One case of dysentery was notified in 1958. The patient was a male aged 25 years. The case was notified on 1st June 1958.

Epidemic

No epidemic was notified in 1958. The patient was a male aged 25 years. The case was notified on 1st June 1958.

Food Poisoning

No cases of food poisoning were notified in 1958. The patient was a male aged 25 years. The case was notified on 1st June 1958.

INFECTIOUS AND OTHER DISEASES

General

A total of 780 notifications of infectious diseases were received during the year compared with 4,772 during 1967. This substantial reduction was associated with the absence of measles in epidemic form which continued the now familiar pattern of years of low incidence of this infection alternating with "measles years".

Vaccination against this infectious disease became available during the year for children up to the age of 15 who had not in the past had the disease, and it is hoped that this new protective measure will break the sequence of measles epidemic years which have now been experienced for such a long time.

Once again, both diphtheria and poliomyelitis were not reported in the area and the incidence of the other infectious diseases was gratifyingly low.

A number of administrative changes occurred during the year in connection with the notification of infectious diseases. The Public Health (Infective Jaundice) Regulations came into operation on the 15th June 1968 and as a result infective jaundice became notifiable. In addition, on the 1st October, the Public Health (Infectious Diseases) Regulations 1968 came into operation. These removed from the list of notifiable diseases Acute Primary Pneumonia, Acute Influenzal Pneumonia, Acute Rheumatism, Puerperal Pyrexia, Erysipelas and Membranous Croup, reflecting changes in the prevalence and significance of these infections over the years. At the same time Tetanus, Yellow Fever and Leptospirosis became notifiable for the first time. The Regulations also give additional powers to require a person to stop work if this is necessary in order to prevent the spread of food poisoning, dysentery or typhoid infections.

Diphtheria

No cases were notified in 1968.

Dysentery

Seventeen notifications were received, a reduction on the previous year's total of 29. These were all of the mild sonnei type and were isolated cases, no epidemic of the disease occurring.

Erysipelas

Thirteen cases were notified as against 11 in the previous year. This infection, which is now always mild in form, ceased to be notifiable on the 1st October 1968 as a result of the regulations referred to above.

Food Poisoning

Ten cases were notified during the year compared with 13 in

1967. In all but one instance, these were isolated cases of the disease, the exception being a small institutional outbreak associated with meat which had been cooked on the day preceding its consumption, a sequence of events which is commonly associated with food poisoning outbreaks of this type.

FOOD POISONING Incidents and Cases

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORA-DIC CASES notified or ascertained	TOTAL No. of outbreaks and sporadic cases cols. (1+3+5)	TOTAL No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	—	—	1	1	1
2. Other <i>Salmonellae</i> (a)	—	—	—	—	6	6	6
3. <i>Cl. welchii</i>	—	—	1	11	—	1	11
4. <i>Staph. aureus</i>	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	2	2	2
7. TOTAL	—	—	1	11	9	10	20

DETAILS OF FOOD POISONING DUE TO SALMONELLAE *Type of Salmonellae* OTHER THAN *S. TYPHIMURIUM*

ENTERITIDIS	—	—	—	—	3	3	3
PANAMA	—	—	—	—	1	1	1
KIAMBU	—	—	—	—	1	1	1
GROUP B	—	—	—	—	1	1	1
	—	—	—	—	—	—	—

Measles

As mentioned above, this was a year of low incidence of measles, only 398 notifications being received compared with 4,299 in the previous year. No deaths were recorded from the disease.

Meningococcal Infections

Two cases were notified during the year.

Ophthalmia Neonatorum

Only two notifications of this disease were received.

Pneumonia

Forty-two cases of pneumonia were notified and during the year 388 deaths were attributed to this cause. This figure includes people who are normally resident in the area but who died in premises outside Borough boundaries. Thirty notifications were received in 1967 and there were 233 deaths.

Poliomyelitis

It is gratifying to be able to record that, once again, no cases of this disease were notified during the year, a tribute to the effectiveness of the protective vaccination now available against this major, and at one time prevalent, infection.

Puerperal Pyrexia

Eighteen notifications were received in 1968 compared with 29 in 1967. This condition ceased to be notifiable on the 1st October as mentioned above.

Scarlet Fever

Seventy-three cases were notified compared with 95 in the previous year. Once again the infection continued to occur in a mild form and no deaths from this disease were recorded.

Smallpox

No cases occurred during 1968, but it was again necessary for a number of suspected contacts from overseas to be kept under surveillance at various times during the year.

The Department was called upon to authenticate the signature of the Doctor on 6,893 International Certificates of Vaccination, the figure for the previous year being 5,093.

Tuberculosis

Fifty-four new cases were notified during 1968, 10 more than in the previous year, and in addition two cases came to knowledge after death and one previously known case was restored to the register. There were also 38 new transfers into the area. The number of cases on the Register, however, declined during the year from 3,058 to 2,922.

Nine deaths were attributed to the disease compared with 11 in 1967.

TUBERCULOSIS

The following are details of the recordings in the register for the year ended 31st December, 1968: —

	Respiratory		Other forms		Total No. of Cases
	M	F	M	F	
No. on Register at 1.1.68	1,521	1,217	144	176	3,058
No. of cases notified during 1968	31	16	2	5	54
No. of cases coming to knowledge after death	1	1	—	—	2
Restored to Register	1	—	—	—	1
Inward Transfers	21	14	1	2	38
	1,575	1,248	147	183	3,153
Deletions — deaths, removals recoveries, etc.,	113	106	1	11	231
Number of cases on Register at 31.12.68.	1,462	1,142	146	172	2,922

New cases and mortality: —

Age Groups	New cases notified or otherwise revealed. (Not including Inward Transfers).				Deaths			
					Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 5		3						
5-14 years	1	1						
15-24 years	2	4						
25-44 years	7	3	2	1				
45-64 years	10	5		2	3			
65 years and over	11			2	3	2	1	
Age Unknown								
Inward Transfers	31	16	2	5	6	2	1	
	21	14	1	2				
Totals	52	30	3	7				

Section 172, Public Health Act, 1936

No action was taken by the Local Authority under these regulations during 1968.

Typhoid Fever

No cases occurred during the year.

Paratyphoid Fever

One notification was received during 1968.

Whooping Cough

The number of notifications received showed a considerable decrease compared with the previous year, 120 notifications during 1968 compared with 218 in 1967.

Infective Jaundice

This condition became notifiable on the 15th June 1968 and 30 notifications were received after this date. It is hoped that the information obtained as a result of notification will assist in obtaining more precise knowledge regarding the incidence and mode of spread of the infection.

INFECTIOUS DISEASES 1968

Notifiable Disease	Number of Cases Notified in Age Groups																		Total All ages	
	Under 1 year		1 and under 5		5 and under 15		15 and under 25		25 and under 35		35 and under 45		45 and under 65		65 and Upwards		Age unknown			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Scarlet Fever			12	12	21	27		1											33	40
Whooping Cough	3	4	36	33	20	20		1	2	1									61	59
Measles	8	7	132	131	57	54	2	5	1	1									200	198
Pneumonia			1		1	3		2		4	1	3	7	5	7	8			17	25
Erysipelas									1			1	1	4	2	4			4	9
Puerperal Pyrexia							11		5		2									18
Ophthalmia Neonatorum		2																		2
Food Poisoning				1		1	2	1	2					2	1				5	5
Paratyphoid					1														1	
Dysentery			2	3	2	2	1	3	1	1		1	1						7	10
Infective Jaundice			1		1	4	5	5	2	2	2	3	2	1	2				15	15
Tuberculosis (Pul.)		1		2	1	1	2	4	2		5	3	10	5	11				31	16
Tuberculosis (N.Pul.)									1		1	1		2		2			2	5
Meningitis			1		1														2	
Totals	11	14	185	182	105	112	12	33	12	14	9	14	21	19	23	14			378	402
																			780	

MENTAL HEALTH SERVICE

Sara Syrop, M.D. (WARSAW), D.P.H., D.C.H., D.T.M. AND H.,
Senior Medical Officer

M. J. Vagg, A.R.S.M., A.I.M.S., Principal Mental Welfare Officer

The emphasis will be laid on the new developments since it is felt these would be of particular interest especially to those closely involved with Council's services. Workers from other Authorities may find it useful to compare our service with theirs.

On the other hand the pattern of presentation and lay-out has been preserved for easy reference to previous reports so that the reader can judge for himself the soundness of comments and predictions made in the past.

TABLE I
CASES IN COMMUNITY CARE SUPERVISED BY THE
MENTAL HEALTH SECTION IN 1958
(Corresponding number for 1957 in brackets)

New Referrals	SERVICES UNDER THE MENTAL HEALTH ACT, 1959				Total
	Mental Illness	Subsidiary Psychoses	Psychopaths	Subtotal	
Total Cases 31.12.1958	456 (322)	17 (17)	12 (12)	485 (351)	485 (351)

The sharp rise in the total number of cases supervised by the Mental Health Section will be noted. This development has been forecast and reflects the great increase anticipated by the public and professionals of the value of community care. It is of striking numbers the increase in new referrals—numbers total of the increase in total cases (75 and 130 respectively in 1958 and 1959) the two increases are fairly comparable 45 per cent for new referrals and 48 per cent for total cases.

It is important to note that the increase is confined to the mental illness and the psychopaths. In the latter category there is on the other hand a great increase but the total numbers remain small. The reason for the increase is twofold. Firstly the group consists of "one-off" or occasional coming under the heading of personality defect, and secondly the drug misusers are now more readily coming within the orbit of medical and social casework. The group, therefore, is defined by those depending on drugs whose condition is difficult to classify under the Mental Health Act, 1959.

The drop of 7 per cent in new referrals for subnormality is less than in the previous year (16 per cent) but for the first time

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CASES IN COMMUNITY CARE SUPERVISED BY THE
MENTAL HEALTH SECTION IN 1968
(Corresponding number for 1967 in brackets)

	Mental Illness	Elderly Mentally Infirm	Psycho- pathic Disorder	Sub- normality	Severe Sub- normality	Totals
New Referrals	366 (296)	32 (26)	30 (7)	62 (72)	10 (24)	500 (425)
Total Cases 31.12.1968	458 (328)	28 (27)	23 (2)	309 (317)	186 (180)	1,004 (854)

The sharp rise in the total number of cases supervised by the Mental Health Section will be noted. This development has been foreseen and reflects the ever increasing acceptance by the public and professionals of the value of community care. Whilst in absolute numbers the increase in new referrals constitutes half of the increase in total cases (75 and 150 respectively) in terms of percentages the two increases are very comparable (16 per cent for new referrals and 18 per cent for total cases).

It is important to note that the increase is confined to the mentally ill and the psychopaths. In the latter category there is on first glance a spectacular rise but the total numbers remain small. The reason for the increase is twofold. Firstly the group contains a "rag-bag" of conditions coming under the heading of personality defects, and secondly the drug misusers are now more readily coming within the orbit of medical and social casework. The group, therefore, is inflated by those depending on drugs whose condition is difficult to classify under the Mental Health Act, 1959.

The drop of 7 per cent in new referrals for subnormality is less than in the previous year (36 per cent) but for the first time

there is a 2 per cent decline in total cases. If this trend continues over the next few years it could but point to the successful "habilitation" of the mildly subnormal resulting in those with poor intellectual endowments taking their full place in the community, unsupported by the Mental Health Social Worker.

The prevalence and inception rate of severe subnormality in the Borough remains constant (for details see chapter on Sub-normality).

TABLE II

HOSPITAL ADMISSIONS EFFECTED BY M.W.O.s in 1968

(Corresponding numbers for 1967 in brackets)

Mental Health Act 1959	Mentally Ill and Psychopaths	Mentally Subnormal & Severely Subnormal
Section 25	30 (44)	— (—)
Section 26	10 (10)	1 (—)
Section 29	100 (140)	— (—)
Section 60	3 (4)	1 (—)
Total Compulsory Admissions	143 (198)	2 (—)
Informal Admissions	80 (76)	5 (9)
Total all Admissions	223 (274)	7 (9)

In the previous Annual Report a comment was made on the number of hospital admissions showing an upward trend. In 1968 there was a reversal of this trend. It is most gratifying to see that the decrease is taken up wholly in compulsory admissions.

Mental Welfare Officer as Specialised Social Worker

The concept of deploying the Mental Welfare Officer's skills in three general directions—statutory duties, general support and intensive casework—has proved a sound one and the service has been fortunate in the stability of the staff. There were two resignations in 1968. We were again fortunate in attracting new staff with the right personalities and good qualifications; one a psychiatric social worker and the other possessing a diploma in social studies.

The list of officers (staffs of mental health establishments is considered separately) is given below by listing posts in the left hand column and qualifications in the column opposite.

Principal Mental Welfare Officer	1	Associate of the Association of Psychiatric Social Workers	2
Deputy Principal Mental Welfare Officer	1	Certificate in Social Work	3
Senior Mental Welfare Officers	3	Diploma in Social Studies	2
Mental Welfare Officers	**10	Declaration of Experience in Social Work	1
Trainee Mental Welfare Officers	*2	Undergoing full time Training	4
		Others	5
	—		—
	17		17
	—		—

* 1 seconded for Certificate in Social Work Course, September, 1967.

** 2 seconded for Certificate in Social Work Course, September, 1968.

1 seconded for Psychiatric Social Work Course, September, 1968.

The Service provided practical placement facilities for four students from professional courses of a high standard, viz., University of London, 2; University of South Wales, 1; and Bromley College of Technology, 1.

Towards a Comprehensive Mental Health Service

During 1968 arrangements were finalised for one mental welfare officer to be seconded on a full-time basis to the Bromley Hospital Stepping Stones O.P. Clinic. This new secondment will greatly facilitate the co-ordination of the three areas of community psychiatry, viz., prevention, care and after-care. The attachment of two Mental Welfare Officers to two Consultant Psychiatrists in the Borough as mentioned in the Report for 1967, continues to work extremely well. Discussions took place prior to secondment of yet another Mental Welfare Officer to work at Cane Hill Hospital. It would be seen that a third of the field staff is now working within the hospital service on a regular and formal basis. The 5th Mental Welfare Officer continues to work with the Child Psychiatrist at the Local Authority Child Guidance Clinic.

All these Mental Welfare Officers retain their own case loads and take their turn on the duty roster.

Developments in the Hospital Services for the Borough

TABLE III
NUMBER OF OUT-PATIENT CONSULTANT SESSIONS
IN THE BOROUGH PER WEEK

<i>Name of Hospital</i>	<i>Adult Psychiatry</i>	<i>Child Psychiatry/ Guidance</i>
Bromley (Stepping Stones)	8	3
Beckenham	3	0
Farnborough	3	2*
Orpington	1	0
Queen Mary's**	2	0
Sydenham**	0	2
The Willows, Chislehurst***	0	4
TOTAL	17	11

* referrals through Paediatricians only.

** hospitals situated just outside Borough boundaries.

*** Local Authority Clinics.

There has been no change in the distribution of out-patient psychiatric facilities. The Borough's involvement with hospital service was covered in the chapter on Mental Health Social Workers.

The scope of Farnborough Day Hospital has again been extended during 1968 and treatment facilities have now been added, which means that virtually all acute psychiatric cases requiring in-patient treatment are admitted to a hospital within easy reach. A senior member of staff visits the Day Unit on a once a week basis to take part in a general case conference, thus making for good co-ordination between all the services.

DRUG DEPENDENCY

In 1968 formal involvement with this problem started. Until then there has been liaison with the Youth Service following difficulties experienced by Club Leaders and attempts were made to evolve a suitable way to tackle the problem. It would appear that a rapid turnover of Youth Service staffs prevented the matter from being taken further, but one Mental Welfare Officer joined a Club where the drug abuse is most evident to work with this particular group of youngsters on a regular basis.

This is a welcome development but it must be emphasised that all the Mental Health Social Workers are involved with those dependent on drugs in their day to day work, either directly or indirectly through informal consultations with other agencies.

ATTACHMENTS OF MENTAL WELFARE OFFICER TO GENERAL PRACTITIONERS

This attachment was commented on very fully in the previous Report. The year 1968 saw extension of this important link with the section of medical profession which play such a large part in maintaining the mentally disordered in the community.

There was a new request for a Mental Welfare Officer attachment from a large Group Practice in St. Paul's Cray and this was readily acceded to. The scheme is working to everybody's satisfaction.

These attachments put further strain on our limited manpower resources but a more careful deployment of staff, together with enhanced experience of the workers have greatly facilitated the smooth working of every attachment.

ORPINGTON TRAINING CENTRE

143 Chislehurst Road, Orpington

Supervisor: Mrs. D. W. Hodgman until August, 1968

Mrs. S. I. Walton from August, 1968

This was the last year of Orpington Centre as a combined Junior/Adult Training Centre.

As before, but even more so, the Centre ran to full capacity with 100 trainees attending. Because of continuing pressure on places, new admissions were taking place until late 1968.

Whilst the children's section continued with the training/educational programme, the seniors carried out various contract activities, the work being in plentiful supply. The outside activities on the social side followed the traditional pattern of visits to the zoo and pantomime. A Christmas Concert produced good quality singing and recitations.

The Head Teacher, Mrs. Hodgman, retired in the summer and some measure of her popularity and recognition of her excellent work was shown at the presentation party attended not only by many from the Borough, but also by her former colleagues

from remote parts of the country. The Service was indeed fortunate in having Mrs. Walton to take up the Head Teacher's post on Mrs. Hodgman's retirement, in preparation for transfer to the new Junior Purpose-built Training Centre, Woodbrook, in Beckenham.

The year 1968 also brought the upgrading of all the Training Centres posts, the Council recognising in a tangible way the teaching element in the work of the staff.

The in-service training programme continued on the same lines as before with five variants of training running parallel:

1. Inter-disciplinary professional meetings to cover one subject of common interest.
2. Monthly case conferences at the Training Centre.
3. Release of staff for seminars and short courses usually arranged by the London Boroughs' Training Committee or National Association for Mental Health.
4. Full time secondment on a course leading to the Diploma issued by the Training Council for Teachers of the Mentally Handicapped, one officer undergoing training at Bristol.
5. Combined in-service training with Bexley L.B. consisting of two one-day conferences per year. In 1968, these took place in Darenth Park Hospital and Bexley Training Centre respectively.

The average number of formal in-service training sessions per officer was, excluding the full time secondment, 12.2 (10 in 1967).

There were no resignations in 1968, one trained teacher was appointed to take up a vacancy brought about by Mrs. Hodgman's retirement.

A new and very welcome development took place following a request from one of the Teacher Training Colleges (Coloma, West Wickham) to accommodate their students on one day a week. This request was readily granted and a class of students spend a whole day at the Centre with the tutor, the students involving themselves with the children on a one-to-one basis. The aim is to work with the child through music and movement.

The advantages to the Centre are threefold—firstly the activity is clearly of great value to the child, secondly it provides the staff with an opportunity to evaluate new approaches to the work, and thirdly, by fostering the interest in the students the Centre plays a modest role in furthering recruitment in the field of special education.

It has been both a busy and an exciting year, the staff having to run the Orpington Centre and plan the new Woodbrook Centre. The arduous preliminary work which followed detailed and careful planning was well worth while and the transfer of children and staff

to Woodbrook with a simultaneous transformation of Orpington Centre into an Adult Training Centre, took place smoothly.

These events, however, having taken place in 1969 will be more properly covered in next year's Annual Report.

TRAINING CENTRES' ORGANISED HOLIDAY

For the first time 16 youngsters from Scads Hill have taken part in this venture. Supervision was provided by two members of Scads Hill staff, one Mental Welfare Officer and one Trainee Mental Welfare Officer. A somewhat windy fortnight in May was spent at St. Mary's Bay, Kent, in company with similar parties from Inner London Boroughs, and its success generally acclaimed.

Bromley is the only outer London Borough included in the scheme and we were very pleased to have achieved it through personal efforts of one of the team of the "headquarters" staff. The Organisers of this form of school holiday have since indicated that we are welcome to join in this annual event in 1969 and the years to follow.

CLUBS FOR MENTALLY SUBNORMAL

All three Clubs listed below according to "length of service" have had a successful year:

Peter Pan (Bromley Town).

Penge Gateway.

Orpington Gateway.

The Clubs are run on a voluntary basis by an elected Committee. The Council provides financial support through paying the rent and continuing help through intense involvement by the Mental Welfare Officers.

STEMBRIDGE HALL DAY CENTRE

9a Stembridge Road, Penge, S.E.20

Supervisor: Mr. S. J. Hall

Deputy Supervisor: Mrs. E. G. Fathers

The Centre, opened in September, 1967, occupies modest premises previously owned by the Council which have been re-decorated and adapted. The purpose of the Centre is to provide

20 adults of either sex with activities towards rehabilitation for work in some sheltered or open employment. In order to emphasise the prevailing spirit of friendly co-operation those attending are designated not Trainees but "Members".

Incentive Payment

After the initial period of Council payments of a modest attendance fee to each member a sliding scale of bonuses was introduced on the lines of Ministry of Health Circular LHAL 21/67. This bonus payment takes into account the amount of work done, the quality of time keeping, general application to work and behaviour at the Centre. This scheme apart from providing basic incentives or even motivation has the added value of giving each member an insight into his own disability and progress. We accept that in the final analysis each member is responsible for solving his own problems.

Facts and Figures

During 1968, 43 members attended the Centre with the average stay of 6½ months. The average number of daily attendances was 17. The difficulty of keeping to the maximum number of 20 was due in the main to a rapid turnover.

The Centre must, by its very nature work closely with all sectors of the Service and other agencies involved in rehabilitation.

The breakdown by *Source of Referral* is as follows: —

Mental Welfare Officers	23
Family Doctor	1
Direct from Hospitals	16
Department of Employment and Productivity (D.R.O.s)	3
TOTAL	43

The 43 members lived in the following areas: —

Bromley	12
Penge	21
Beckenham	5
West Wickham	2
Orpington	3
TOTAL	43

Since every member has to make his/her own journey to and from the Centre the above table would point on the one hand to the lack of similar facilities in other parts of the Borough and on the other would underline the fact that many ex-patients have not only the ability but also the motivation to travel a considerable distance to undergo rehabilitation.

It would also be useful to look at the Centre's population according to *Diagnosis and Outcome*:—

Mentally Subnormal

- 4 in employment
- 1 transferred to Remploy
- 1 left of own accord
- 2 remain in Centre

8 Total

Schizophrenia

- 6 in employment
- 1 transferred to Remploy
- 4 admitted to hospital
- 3 left of own accord
- 1 remains in Centre

15 Total

Inadequate Personality

- 2 in employment
- 1 admitted to hospital
- 1 transferred to Remploy
- 2 left of own accord
- 1 remains at Centre

7 Total

Manic/Depressive

- 1 excluded from Centre
- 1 remains at Centre

2 Total

Depressive Illness

- 1 left of own accord
- 1 in employment

2 Total

Various Personality Defects

- 3 left of own accord

3 Total

Brain Damage

2 remain in Centre

2 Total

Epilepsy

2 in employment

2 Total

Drug Addiction

1 in employment

1 Total

Senile Dementia

1 re-admitted to Centre

1 Total

43 TOTAL

The Composite Table of Outcome

- 18 Left to take up open employment having stayed more than three months.
- 10 Discharged themselves, usually too ill to benefit from the facilities offered by the Centre.
- 5 re-admitted to hospital.
- 3 Transferred to Remploy (one subsequently in open employment).
- 1 Referred to another Centre.
- 1 Excluded.
- 5 Remained in the Centre throughout the year.

43

A comment is needed on the controversial question of placing the mentally subnormal adult in a Centre devised for mentally ill. Out of the eight mentally subnormal members half have succeeded in open employment and the fifth is undergoing further training. This high success rate is due to the stringent selection of candidates and the policy of not admitting those who would more appropriately be placed in the Adult Training Centre. Furthermore the proportion of mentally subnormals must be constantly watched so as not to allow for the slowing down of the pace and thus taking off the pressures in every re-habilitation programme.

RYDAL MOUNT HOSTEL

The long awaited short term Hostel—15 places—for rehabilitation of mentally ill opened in March, 1968, and it was thought useful to give a rather fuller account of it than customary. Most of the material in this chapter has been contributed by Mr. A. G. Ball, Senior Mental Welfare Officer, Beckenham and Penge area, who has the responsibility for covering the social side of the work.

Purpose of the Hostel

The short stay hostel can be seen as the most effective way of bridging the gap between the demands of the psychiatric hospital and the community when there is no responsible relative able or willing to undertake the task. A hostel of this nature is ideally suitable to wean individual patients who have adapted to prolonged hospitalisation or to the distortions of inter-family stresses to the demands of living and working in the community. Of course not all long stay or homeless patients need the help of a short stay hostel. Many of these patients can move directly into the community provided there is good liaison between the hospital and local authority, ensuring that the help of appropriate supportive services is immediately available.

Selection of Residents

With very little practical experience on which to base our criteria for selection, there seemed immediately to be two main areas of danger to be studied. On the one hand, we could be so selective that the only patients we would accept were those who could probably manage without the expensive provision of a professionally staffed hostel. On the other hand, we could indiscriminately accept almost all those referred, with the inevitable result that the hostel would become silted up with residents incapable of graduating to unsupervised accommodation.

An important criteria for admission to the hostel is that potential residents must be ready to return to their previous employment or be working from the hospital before being admitted to the hostel. It has never been felt that it was the hostel's function to rehabilitate patients for work. Not only must the hospital treat the clinical symptoms effectively, but also establish the patient in daily employment either within the hospital or outside, returning to the hospital for the night. Alternatively the hospital should introduce him to a daily pattern of constructive activity, i.e. sheltered workshop or industrial therapy. By doing this, we know that potential residents are at a point in their rehabilitation where they can cope with some of the demands which will be made on them in the community.

The majority of the residents selected have been from late adolescence to middle age. One of the main reasons for this is that

the demand for adolescent placements has been small. Moreover we emphasised that our resources are not adequate to accommodate groups of disturbed young people without destroying the preventive function of the hostel.

The procedure for selection is quite simple. The referring agent, usually the hospital psychiatrist, is asked to provide basic social and medical details. The Warden and Senior Mental Welfare Officer interview the patient. While about 50 per cent of these interviews are conducted in the hospital, it is now felt to be more helpful to both the interviewer and the patient if these interviews are held at the hostel. The patient can get a clearer picture of the hostel and its provisions and understand what is expected of him. Interviewers get a clearer assessment of patient's mobility and volition by getting him to make his own way to the hostel for the interview.

Hostel and Work

Experience during this first year has shown that it is necessary to have a graduated range of work experiences for the residents. The wider this range is, the easier it is for the resident to take each succeeding stage, for although each resident has been in employment or attending a work centre on admission, there have been regressions not necessarily needing hospitalisation; therefore, a progressive and flexible rehabilitative treatment plan has to be formulated.

Although the hostel itself could provide opportunities for residents to be usefully employed, it is a situation to be avoided. However, one of the older, more chronic residents has undertaken work within the hostel for a limited period.

Some of the other work activities include daily attendance at the Council's work centre, Stenbridge Hall, progressing from there to I.R.U. or G.T.C. or to sheltered employment at Remploi factories before going on to full-time open employment. It has been necessary, of course, to have close liaison between the hostel staff and the D.R.O. from the local office of the Department of Employment and Productivity. This fairly close and regular contact, often involving Work Centre staff and Social Workers, has helped in establishing a better understanding of the problems experienced by the residents and potential employers, minimising the difficulties and lessening the risk of breakdown, especially in the early stage of rehabilitation.

Staff

In starting a new venture, there always seem to be some teething problems. It was unfortunate, therefore, that our first Warden and Matron saw fit to leave their posts just as the first intake of residents seemed to be settling into their new environment.

Despite efforts to forestall the gap in continuity of Wardens, a situation arose where we were without a Warden for several weeks. Although a small group of the social work staff agreed to cover the hostel, living in for periods of up to a week at a time, it was inevitable that this situation would put residents into a state of confusion and some unrest was experienced. The experience was not without value; the social workers who undertook this work gained considerable insight from living in direct contact with the residents and had a clearer understanding of the role played by the Warden of a hostel.

In September 1968 we were fortunate in the appointment of a Warden and Matron who had considerable experience in residential work. By appointing a young and comparatively inexperienced Deputy Warden, we hoped to strike a balance between the staff, giving the residents mature, stable, parental-like figures on the one hand, and on the other a younger person with whom most of the residents might identify as someone more able to understand them, being nearer their own age. While these roles have worked quite well, problems have arisen over leave and off-duty.

Social Work in the Hostel

We have established that there is a need for hostel care for some patients, but because they are hostel residents this does not necessarily lessen their need for social work services. In fact, their needs are often greater than those mentally disordered persons living at home. The hostel resident will either have no home or will be too disordered to live at home. The Warden is not expected to undertake all the social work necessary at the hostel. He has to stand in loco parentis to the residents and, therefore, to some extent, becomes emotionally involved with them, and one of the primary requisites for a social worker is to avoid emotional involvement with his clients.

Therefore, we have a senior social worker responsible for the social work problems at the hostel, but residents who have already had the services of a social worker within the Authority are encouraged to maintain such contact. The social worker must be able to stand aside and see the problem in perspective, to feel unlike the Warden *with* but not *for* the resident.

Apart from this difference of roles, the Warden has little time to undertake the amount of social work which his "residents" need to learn how to stand alone. There is clearly a social work element in his job, but the nearer he becomes to being a parent of his group, the more likely he is himself to need help and support from the social work service.

Group Work

During the past few months, we have been developing the ideas

of how people can learn and benefit from group experiences. A programme of resident-participation in shaping their communal life and developing many of the methods usually associated with a therapeutic community has been introduced. A fortnightly staff/residents meeting, which includes the senior social worker, has been established. Although some residents have viewed this with suspicion, the talkative few have made the most of this opportunity to voice their real and imaginary grievances.

These group meetings have proved to be an effective method of social control and have also provided a useful group-learning situation. The residents are helped to appreciate the effects of their behaviour on each other. The meetings also afford an opportunity for the purpose of the hostel to be reinforced—that it is not a substitute home, but an experience whereby residents are encouraged, within their limitations, to take an increasingly large part in running their own lives.

Next Step Forward

Naturally, we have had setbacks and regressions, but of the first generation of residents, two have been rehabilitated to a point where they were able to leave the hostel; one to shared accommodation with two other "normal" girls in a large flat, the other to a self-contained flat. Both these former residents return at intervals to the hostel to talk to the other residents and have the occasional meal and thereby maintain a very useful link and means of support. Support is also given in the form of regular visits to the ex-residents by the Senior Social Worker.

Alongside the activities in the hostel the staff are on continuous lookout for sympathetic landladies for the residents when they are ready to move on. The Section would offer regular support for the ex-resident, and counselling advice for the landlady.

Much thought has been given to establishing a "group home", i.e. a house where a group of ex-mentally ill could live together either as the next step from the hostel or even from the hospital. In fact the first of such group homes came into being in September, 1969. The following tables of admissions and discharges gives a numerical picture of the hostel residents.

ADMISSIONS TO RYDAL MOUNT, APRIL 1968-APRIL 1969

<i>Admission</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
One admission only	15	7	22
More than one admission ...	1	1	2
<i>Reason for Admission</i>			
No Home	6	1	7
Half-way house from Hospital	1	2	3
Short Term Care	2	—	2
Domestic Tension	7	5	12

Diagnosis

Functional Psychosis	...	8	7	15
High Grade Subnormal	...	1	—	1
Psycho-Neurosis	...	3	—	3
Psychopath	...	1	1	2
Epileptic	...	2	—	2
Not determined	...	—	1	1

Age Groups

15-20	...	—	1	
20-25	...	4	3	
26-35	...	5	4	
36-45	...	3	—	
46-55	...	3	—	
56-65	...	1	—	
66 and over	...	—	—	

DISCHARGES FROM RYDAL MOUNT,
APRIL 1968-APRIL 1969

	<i>Men</i>	<i>Women</i>	<i>Total</i>
One Discharge only	11	3	14
More than one Discharge	1	—	1

Duration of Stay

1 month or less	...	2	—	2
1-3 months	...	3	—	3
3-6 months	...	3	1	4
6-9 months	...	2	—	2
9-12 months	...	2	2	4

*Outcome**Satisfactory*

Left by agreement	...	7	2	9
Returned home	...	4	1	5
Placement in Lodgings	...	2	1	3
Returned home after Short Term Care only	...	1	—	1
Transferred to other Hostel	...	1	—	1

Unsatisfactory

Deteriorated and returned to Hospital	...	4	1	5
Left without consultation	...	1	—	1

Subnormality

The size of the problem is clear from Table I.

The Young Mentally Handicapped Child

The reporting of every child as soon as mental handicap is suspected, to the Section and full assessment at home by the Senior Medical Officer continued as before. At the same time the skills of Departmental Medical Officers have developed sufficiently for the Department to have a fair picture of every child put forward.

The Paediatrician whether working in local hospital or in London is now very ready to ask the Medical Officer of Health to provide appropriate service.

The families with young multiple handicapped children awaited impatiently for the Special Care Unit at Woodbrook Junior Centre to open and in line with long tradition more voluntary help became available to fill the need.

Play Groups for Mentally Handicapped Children

St. Mary's Centre run by Hayes Church expanded further by increasing the sessions from three to five a week.

The Council's financial support increased accordingly.

Beckenham Red Cross. The move to the new premises at Red Cross House foreshadowed in the previous Report enabled the Play Group to double the sessions from one to two per week.

Petts Wood Congregational Church. On the initiative of the Church and with full support from the Senior Medical Officer, this new play group opened in September, 1968, on one day per week, soon to extend to two mornings per week.

All requests for admission are put forward through the Senior Medical Officer who informally supervises the work of the Play Groups and the progress of the children.

Every one of the three Play Groups can justly be proud of their unqualified success. Every Play Group accepts multiple handicapped children. One has only to see these children, many totally helpless and some hyperactive and difficult to control to appreciate the relief to the mothers. Every child benefits from attending; the brighter child directly through stimulation, companionship and skilful handling, the unresponsive child indirectly through his mother being able to recharge her strength.

TABLE IV

CHILDREN IN COMMUNITY THOUGHT TO BE MENTALLY
HANDICAPPED, BORN AFTER 31.12.1962

(Corresponding number for 1967, children born after 31.12.1961, in
brackets)

Subnormality (various causes)	36	(45)
Mongolism	23	(26)
Severe Subnormality (Non specific defects)	21	(21)
Cerebral Palsy	9	(20)
Spina Bifida (with hydrocephaly) ...	9	(8)
Hydrocephaly	6	(7)
Microcephaly	6	(6)
Spina Bifida	1	(4)
Microcephaly with cerebral palsy ...	2	(3)
Autism	0	(3)
Deaf	3	(3)
Rubella Syndrome	2	(2)
Patan's Syndrome	2	(1)
Lowe's Syndrome	1	(1)
Total:	121	(150)

The total does not include:

4 children found in 1968 to be of normal intelligence.

6 children who moved out of the Borough in 1968.

2 children who died in 1968.

In the Annual Report for 1967 comment was made on the numerical constancy of specific diagnostic groups. Again, in spite of the turnover amounting to one-fifth of mentally handicapped child population (children born in 1962 are out of the table, the 1968 referrals are in), all the groups with the exception of cerebral palsy remain constant. Our excellent network for case finding, the alertness and sound judgment of health visitors, the skills of the departmental medical staffs, together with the smooth administrative "crossing over" of cases between the Maternity and Child Health, School Health and Mental Health Sections have laid sound foundations for a comprehensive diagnostic and treatment service of the mentally handicapped child. The reliability of Table IV is but one tangible proof.

TABLE V
LONDON BOROUGH OF BROMLEY RESIDENTS ATTENDING
TRAINING CENTRES AS AT 31.12.1968
JUNIOR AND ADULTS

Name of Centre and responsible Authority	AGE GROUP				TOTALS
	5 - 16		16 +		
	M	F	M	F	
Orpington (Bromley)	34 (30)	23 (22)	21 (23)	24 (22)	102 (97)
Swanley (Kent)	- (-)	- (-)	24 (25)	18 (18)	42 (43)
Sidcup (Bexley)	2 (2)	2 (2)	- (-)	- (-)	4 (4)
Perry Rise (Lewisham)	2 (1)	- (-)	- (-)	- (-)	2 (1)
Thanet (Kent)	1 (1)	1 (1)	- (-)	- (-)	2 (2)
Slough (N.S.M.H.C.)	- (-)	- (-)	- (1)	- (-)	- (1)
	39 (34)	26 (25)	45 (49)	42 (40)	152 (148)

Mention was made in 1967 that all Training Centre Establishments had reached saturation point. There were no developments in 1968 to improve the position but it is worthy of note that Orpington Training Centre already "bursting at the seams" took on five more trainees. The skill, compassion and selflessness of our Training Centre staffs is boundless.

Research

In 1967 we were privileged to help St. George's Hospital with their research into causes of subnormality.

In 1968 an approach was made by a College of Further Education to provide material for a thesis leading to a Diploma in Special Education to be prepared by a postgraduate student resident in the Borough. Full help was given.

The research involved a questionnaire to be sent to every mother with a mentally handicapped child under five. "Consumer view" on the needs and services was sought.

Although the structure of the questionnaire was liable to produce answers too emotive to be of value to a professional in this field, the dissertation was accepted by the University of London.

The findings of the survey and conclusions reached may give a distorted view of the situation but they bring out forcibly the "consumer point of view"—the viewpoint which matters most of all.

TABLE VI
PERSONS PROVIDED WITH LONG TERM RESIDENTIAL
ACCOMMODATION DURING 1968

	Mentally Ill	Subnormal
In residence on 1.1.68	12 (13)	12 (9)
Admitted during year	1 (-)	8 (6)
Discharged during year	3 (1)	6 (3)
In residence on 31.12.68	10 (12)	14 (12)

Since the inception of the Borough, the above table showing long term out-borough hostel placements remains virtually unchanged where mental illness is concerned.

In the previous report comment was made on the wisdom of discharging patients who have spent most of their lives in hospital, into the community. Whilst the requests for such a move have not been frequent, the tightening of criteria for admission to sub-normality hospitals resulted in a slow but upward trend in provision of long term hostel accommodation for subnormal children and adults. The financial aspect apart, efforts required in securing a suitable accommodation are considerable. Furthermore, all such accommodation is geographically remote and such remoteness is for many reasons undesirable.

The establishment of our own hostels as envisaged in the Authority's Capital Building Programme is given top priority by the Section.

Voluntary Organisations

The essential ingredient in community care of the mentally disordered is a "community which cares" and one of the indices of a caring community is the success and vigour of local voluntary bodies set up for this purpose.

Orpington Mental Health Association

One of the most active branches of National Association for Mental Health, the Orpington Association has expanded in 1968 and achieved the ambitious target to purchase a house which was to be the hub of their activities. The project came to fruition at the end of the year and Anchor House since has proved "mental health wise" not only a focal point for the area but also attracted nationwide interest. The club facilities were greatly extended and ambitious programmes pioneered.

The closest links with our own service are maintained at every level.

Beckenham and Penge Mental Health Association

This Association though "younger" than its sister organisation

in Orpington has gone from strength to strength working very much on the same lines. Not only patients who remain in the community are befriended but relatives are encouraged and helped to visit patients in hospital.

The work of the Association is most valuable in breaking down the barriers between those who are sick and those who are not. Here again a most harmonious relationship exists between the voluntary agency and the Mental Health Association Services.

Bromley Society for Mentally Handicapped Children

The Society whose membership consists of parents with a mentally handicapped child has been as always very active. In 1968 the most welcome help took the form of financial aid to parents in respect of fees at the Special Play Groups.

TABLE VII
CASES PROVIDED WITH SHORT TERM CARE IN 1968

Category	Hospital Placements			Other Placements			Total all Placements
	Under 16	Over 16	Total Hospital Placements	Under 16	Over 16	Total Other Placements	
Subnormal	1 (2)	3 (3)	4 (5)	2 (-)	2 (1)	4 (1)	8 (6)
Severely Subnormal	11 (16)	7 (8)	18 (24)	- (5)	1 (1)	1 (6)	19 (30)
TOTALS:	12 (18)	10 (11)	22 (29)	2 (5)	3 (2)	5 (7)	27 (36)

The provision of short term care for those suffering from mental handicap is an essential part of community services. Such period of care can be planned well ahead to provide relief for the worn-out mother and enables the family to have a holiday, untrammelled by the restrictions imposed by their handicapped member. Short term care is frequently required as an emergency measure—when the mother is taken ill or other serious family crisis occurs. In fact in many instances it is short term care rather than other supportive measures which enables the families to go on caring for the mentally subnormal in their midst.

Although the Ministry of Health as far back as 1952 charged the Hospitals with providing short term vacancies, the Hospitals have found it increasingly difficult to meet the demand and consequently fewer and fewer applications for hospital admissions are successful.

At the same time the level of short term "private" placements arranged by the Department remains fairly constant. This again is due to shortage of hostel accommodation throughout the country.

It is envisaged that the provision of our own hostels, mentioned earlier in the report will help to solve the problem of short term as well as long term care.

Closing comments

The stocktaking involved in presentation of the Annual Report is a most valuable exercise for the Section and the experience of four years has left us more than ever convinced that the Local Health Authority's Mental Health Service, exists best as an integral part of the rest of the Services. It also transcends the artificial divisions created in the tripartite National Health Service structure more than any other Local Government Service.

The widely publicised findings of the Committee on Local Authority and Allied Personal Social Services (Seebohm Report, July, 1968) have given rise to much discussion. At the time of writing, no decision either at National or Local Government level has been arrived at and it would, therefore, be inappropriate to comment on the Report generally.

The structure of the Service is truly democratic—we look to our own staff for comments and ideas. These are freely given either directly or indirectly through increased demand for existing Services. Often suggestions to develop a new facet of the work are made. Such democratic structure of the Section which allows among other forms of communication for regular staff meetings, makes the work of headquarters exacting and challenging at the same time.

It should be placed on record that the Section is never slow in taking up a new challenge. With the manpower fully stretched and financial restrictions very much in evidence, the challenge is not easy to meet, but enough "job satisfaction" is generated to sustain us until the next difficulty arises.

Perhaps it is the difficult problems that are really worth-while solving.

REPORT OF THE CHIEF WELFARE OFFICER

WELFARE SERVICES STAFF

Chief Welfare Officer: J. Hanson, O.B.E., D.M.A., F.I.S.W.

Deputy Chief Welfare Officer: J. Gill, D.M.A., A.I.S.W.

Casework Supervisor: Mrs. E. K. M. Lemare-Long, A.I.M.S.W.

Senior Social Welfare Officer, D. Hilditch, C.S.W.

Senior Social Welfare Officer for the Blind: A. A. R. Clay, A.I.S.W.

Specialist Welfare Officer for the Deaf: P. Coward, D.D.W.

This is the fourth report on the work of the Welfare Service in the London Borough of Bromley. The basis for the statistical data is the calendar year compared with the financial year used in previous Reports. This appeared to be sensible in view of the demands made upon the administrative staff to produce data, which related to the calendar year, for government departments and other agencies.

For social workers the most significant event during 1968 was the publication of the Report on Local Authority and Allied Personal Social Services. The Seeborn Committee considered that the organisation of the personal social services should be such as to provide a client and community based service that is accessible, acceptable and comprehensive to those who need to use it. I have tried since 1965 to apply this philosophy in the development of the Bromley Welfare Services. The gradual build-up of social work teams based in three areas of the Borough, each capable of providing a variety of skills, has brought the service closer to the people it seeks to serve. The personnel were under a great deal of pressure, and there were a number of staff changes, especially at senior level. Because of these factors, which continue to dominate, this is a brief Report.

Training

In-service training courses for attendants at residential homes commenced in January, 1968, following the Report of the Williams Committee, and two such Courses were held during the year. Each Course was of 10 days duration spread over 10 weeks. It is intended to continue the courses at periodic intervals so that new recruits will have an opportunity of in-service training. For women with family responsibilities this is often the only form of training possible. The special emphasis courses for Homes staff provided by the National Old People's Welfare Committee and other courses arranged by the London Boroughs' Training Committee have proved of value to Matrons and Assistant Matrons.

The training programme for social welfare personnel con-

tinued. The first trainee seconded for the two year training leading to the Certificate in Social Work returned to the department in June, 1968. Four others were entering their second year and a further two members of staff had been accepted to commence training in September, 1968.

The appointment of a Fieldwork Teacher in September, 1968, enabled the department to set up a student training unit which acts as a placement agency for students including those undergoing the new pattern of training for social work with the deaf. Several Colleges involved in the training of social workers utilise the placement facilities provided by the unit.

Residential Care

A start was made on the construction of the ninth home for the elderly at Belle Grove, St. Paul's Cray in the Summer of 1968. The concept is different from other homes in the Borough in that special provision has been made for day care.

Accommodation available for permanent residents in the eight Homes remained at 394. In December, 1968, the waiting list was 124, of whom 44 were awaiting admission from hospital. This represented a slight increase over the year, and the number of admissions was also slightly higher. The need for more residential home places for the elderly remains. One cannot expect any great improvement even when the new home at St. Paul's Cray is available for this will give only an additional 46 beds—an increase of 11.7% in the total accommodation available. In 1968 the national average of residential accommodation per 1,000 of the elderly population was 17.8 compared with 15.6 in the Borough.

An analysis of the 118 admissions to Homes during the year indicates that the majority were from hospital (42 admissions) or from those living alone (38 admissions). More support from the community services such as Home Helps, Meals on Wheels, Day Centres, etc., is required for those who live alone.

Short Term Care

114 people were provided with short term care in the Homes during the year and of this number 22 were people who lived alone.

Day Care

Extensive use has been made of the facilities at the residential homes for receiving day care visitors. The number of individuals attending during the year was 40. This number could have been exceeded had more transport facilities been available to bring the elderly to the Homes. The value of this service lies in its long term preventive aspect, as well as in the positive help given at a particular time. Those who come to the Homes, as well as relatives who care for them, are given encouragement and support to remain in their own homes and the pressure on permanent accommodation

is eased. An interesting feature of the new home planned to open in 1969 at St. Paul's Cray is the day centre provision which will enable 15 to 20 elderly to participate in various activities, including further education classes, in the additional rooms provided.

The charge for accommodation in the Local Authority Homes was increased from £11 9s. 3d. to £11 13s. 4d. on 1st October, 1968.

Community Care of the Elderly

The Health Services and Public Health Act, 1968, became law in July, 1968 and under Section 45 local authorities are empowered to make arrangements with the approval of the Minister for promoting the welfare of old people. This power supersedes the provisions of Section 31(1) of the National Assistance Act, 1948, which empowered local authorities to make arrangements for the provision of meals and recreation for old people. Under the new Act, welfare services can be provided for the elderly similar to those for the physically handicapped under schemes prepared in accordance with Section 29 of the National Assistance Act, 1948. Many services under these schemes are available already to the elderly with physical handicaps but the new Act aims to extend the provisions. Further guidance on the implementation of these powers is to be given by the Minister in due course.

Accommodation provided by Voluntary Organisations

There were 61 elderly people admitted to voluntary homes during 1968, for whom the London Borough of Bromley accepted financial responsibility. This compares with the 55 admitted during the previous year. Discharges totalled 46, compared with 54 in the previous year.

The Health Services and Public Health Act, 1968, extends the powers of Local Authorities to provide accommodation elsewhere than in premises managed by them or another Authority to homes managed privately as well as to voluntary homes. The premises must be registered with the Local Authority in accordance with Section 37 of the National Assistance Act, 1948. The London Borough of Bromley decided to amend its Scheme for providing residential accommodation to include the new powers.

Meals and Recreation for the Elderly

The Meals Services in the Borough provided by voluntary organisations under the co-ordinating machinery of the Bromley Old People's Welfare Joint Committee, were subsidised by an amount of £7,170 in 1968/69. The number of meals served during the year was approximately 143,500.

The adaptations to the Over-60 Club premises and kitchen at Crofton Road, Orpington were completed in January, 1968 and the new day Centre and luncheon club facilities now cater for elderly physically handicapped in the area.

Welfare Services for the Physically Handicapped (General Classes)

The Register

The Register is maintained in accordance with the requirements of the Department of Health and Social Security. The Medical Research Council Code of Diseases and Disabilities is used for grouping the disabilities in the Register. A further 285 persons were assisted under the Scheme during the year—the majority of the new registrations were 119 in category F (Arthritis and Rheumatism) and 88 in category V (Organic Nervous Diseases). A total of 1,150 persons were registered as at 31st December, 1968. Visits by Social Welfare Officers to the homes of handicapped persons in order to give advice and guidance on services available to them or with their personal problems totalled 2,916 during the year.

Transport

Towards the end of 1968 the Department purchased a mini-bus which acted as a support vehicle to the two existing vehicles fitted with hydraulic lifts to take wheelchairs. The mini-bus was equipped with portable steps and grab rails were placed at strategic points to give help with access to the side and rear entrances. This additional vehicle enabled more handicapped persons to attend the work centre at Penge. The Department's vehicles carried 15,342 passengers and travelled 39,656 miles during the year. Co-operation between the Department and Voluntary Organisations owning special vehicles ensured that the transport services were maintained with a minimum of interruption.

Adaptations

Adaptations to the homes of handicapped persons were made in 103 instances during the year at a total cost of £2,886. The adaptations enabled disabled persons to become more mobile and live more comfortable lives within their home environment. Access runways for invalid tricycles and adapted cars, ramping of steps for wheelchairs, alterations to toilets and the provision of grab rails are all examples of work carried out. One severely disabled man had the bannisters at his house replaced with cranked interior handrails and as a result continued to use the rooms upstairs.

Personal Aids

A total of 373 aids to daily living were supplied during 1968. The aids ranged from walking frames, pick-up sticks, bath mats, and various toilet aids to more sophisticated equipment such as ripple beds, Penryn and Easi-carri hoists. Amesbury chairs for spastic children and geriatric chairs for the elderly disabled were also issued. The total expenditure on these aids was £1,758. The aids are issued on a permanent loan basis and are returned to the Department when the client has no further use for them. This

service is supplemented by the British Red Cross Society who supply the smaller nursing aids and wheelchairs on temporary loan.

Car Badges

Car badges are issued to severely disabled drivers to help them overcome parking difficulties. The badge does not confer any legal right to park in restricted areas. At 31st December, 1968, 234 disabled drivers were in possession of a car badge. During the period 1st April to 31st December, 1968, 35 new badges were issued and 27 badges were renewed. The badges are available for three years from the date of issue and are re-issued if the disabled driver changes his car.

Occupational Work

Early in 1968, two work centres were operating, both on a part-time basis. The larger one at Penge, catering for 20 clients, opened for three days per week and work undertaken there included assembly of electrical components and the packaging of plastic toys. The smaller centre at St. Paul's Cray took an average 4-6 clients on two days per week and carried out similar work to that at Penge. During the year these centres were amalgamated into a larger unit at Penge, thereby providing one centre functioning all the week with 35 persons on the register. The St. Paul's Cray centre was discontinued because the facilities were very limited and access difficult. Industrial work was also provided for clients who were housebound. They assisted with the manufacture of files and folders which were supplied to various departments of the Borough and local hospitals. Other work provided at home included the trimming and packing of plastic goods. The number of handicapped persons receiving this service at home was 45. The three Occupations Officers continued to teach handicrafts to handicapped persons in their own homes, to supply and collect out-work materials and to share the responsibility of supervising the work centres. Staff from the Department manned a stall at the Combined Charities Fair held in November. Articles made by the handicapped were sold to the value of £30.

Holidays

During the summer of 1968, 122 physically handicapped persons, together with 7 escorts, were provided with holidays. Arrangements were made in conjunction with the British Red Cross Society. Group holidays were arranged at holiday camps at Caister and Isle of Sheppey. On both occasions members of staff escorted the parties. There are many problems associated with providing holidays for the severely disabled such as suitable accommodation and travelling arrangements. Many handicapped persons will only undertake a holiday if they know that their individual welfare has been considered and provided for. The co-operation of the officers of the local divisions of the British Red Cross Society is of inestim-

able value. The total spent on this service in 1968 was £1,825.

Social Activities

For the first time arrangements were made for parties of the physically handicapped to attend the 1968 Thames Regatta which took place in August, and the Battle of Britain Air Display held at Biggin Hill in September. Inclement weather did not dampen the enthusiasm of the handicapped persons attending these events. In support of "Help the Disabled Week" in October, 1968, the Department co-operated with local voluntary societies in mounting a display in the old Bromley Public Library premises. The support given to the physically handicapped was illustrated by the photographs and equipment on display.

Bromley Association for the Handicapped

September, 1968 saw the inauguration of the London Borough of Bromley Association for the Handicapped. The objects for which the Association is established are to promote an organisation which will provide the facilities for the fullest co-operation between the statutory and voluntary bodies in the London Borough of Bromley working for the welfare of the handicapped and to provide a channel through which information and opinion in this field may be exchanged. Three members of staff serve on the Executive Committee of B.A.T.H.

Welfare Services for the Blind and Partially Sighted Certification

In the 9 months ending 31st December, 1968, 92 persons were examined for the first time and a further 34 re-examinations were made. The total fees paid amounted to £649 13s. 6d. First examinations accounted for £537 3s. 6d. and the remaining £112 10s. 0d. was for re-examinations. Of the 126 persons examined 56 were found to be blind, 63 admitted to the partially sighted register and the remaining 7 had their names added to the Observation List.

Towards the end of 1968 the Certificate of Blindness—Form BD8 was revised. All BD8 forms are examined by Professor Sorsby for research purposes.

Register of the Blind

After adjustments for new registrations, transfers and deletions from the register, there were 502 persons on the register on the 31st December, 1968, a net increase of 12 on the previous year. Blind males increased from 164 to 177, whilst the registered blind females decreased from 1,326 in 1967 down to 325 in 1968.

Employment

The number of blind persons employed in open industry has increased and the trend for sheltered employment to decrease continued as it has done throughout the last 12 years. The workshops

for the blind are becoming more competitive due to the industrial and commercial advice given them by the Industrial Advisors to the Blind Limited. The National statistics show that there is a steady reduction of blind workers in the traditional trades of basket, brush and mat makers, also knitters and piano-tuners. The London Borough of Bromley supports one blind person in London Association for the Blind Workshops. The emphasis now is for employable blind persons to be trained and placed in open employment. The unemployed blind or partially sighted person who is likely to go blind can avail themselves of the services of the Blind Persons Resettlement Officer. This officer is employed by the Department of Employment and Productivity and, in co-operation with the local D.R.O.* and local authority social workers, endeavours to place persons with defective vision in employment. By using the goodwill of local employers and work people the B.P.R.O.† can successfully place a blind person in sighted employment. A similar placement service is provided by the Royal National Institute for the Blind for professional persons who lose their sight.

Register of the Partially Sighted

After adjustments for new registrations, transfers and deletions from the register there were 218 persons on the register as at 31st December, 1968; a net increase of 21 on the previous year. There were increases in both male and female sections; males 57 to 66 and females 140 to 152.

The trend nationally is for the numbers of registered partially sighted persons 65 years and over to increase. As people grow older their visual acuity diminishes, until for some people it reaches a point of becoming a serious disability. Modern medical knowledge has reduced the effects of partial sightedness in those below 65 to manageable proportions.

Royal National Institute for the Blind

1968 was the centenary year of this world-famous voluntary organisation for the blind. In June, 1968, the R.N.I.B. opened its first holiday hotel, the Centenary Hotel at Blackpool. This is a far cry from the days of 1868 when it was not unknown for blind persons to be shut away in asylums and institutions.

The deaf-blind were not neglected in centenary year; in Harrogate at the end of the year the first purpose built home for the deaf-blind was opened. The highlight of the celebrations was the Centenary Exhibition opened in London. The Exhibition was designed to present to both blind and partially sighted the many facets of the Institute's work. Among the 5,000 people visiting the

* Disablement Resettlement Officer

† Blind Persons Resettlement Officer

exhibition was a coach-load of blind persons from the Borough.

At the beginning of 1968, the R.N.I.B. issued a greetings card and gift voucher worth £1 to every blind individual. Many blind persons in the Borough used their voucher to off-set the cost of a piece of apparatus or a game purchased from the Institute.

Kent Association for the Blind

The local voluntary organisation for the blind and partially sighted in this area is the Kent Association for the Blind. This Association, based at Maidstone, always remembers the needs of the blind and partially sighted, who live in North West Kent. The department enjoys a very happy working relationship with the officials of the Association. A high proportion of the blind and partially sighted in the London Borough of Bromley avail themselves of the services offered by K.A.B.

In 1968 the holiday home at Cliftonville was as popular as ever and the Annual Exhibition and Sale of Work held at Maidstone was well attended by persons from this area; as was the Margate Church Service for the Blind. The various social activities organised by the Association provide a meeting place from which life-long friendships have been formed. These activities often provide the incentive for a blind person to move outside his immediate environment.

Deaf and Hard of Hearing

The register has expanded considerably during the year. Services now available include interpretation for the deaf with and without speech, casework, domiciliary visiting, advisory sessions for the hard of hearing, and social clubs.

The Bromley Deaf Club began meeting in June and was officially opened by the Mayor in October. It has proved very popular and provides a wide range of activities to cater for all ages over 16 years. Transport is provided for elderly and infirm deaf people.

In co-operation with the Royal Association in Aid of the Deaf and Dumb, Church Services conducted in sign language are provided monthly at Bromley Parish Church followed by a social evening. Transport is also provided for the elderly.

It is hoped that two Hard of Hearing Clubs, centred at Bromley and Orpington, will be opened early in 1969.

Monthly advisory sessions on the use of hearing aids for the elderly hard of hearing are held at Oxford House, William Morris Hall, Beckenham and Melvin Hall Day Centres, and similar services are available in residential accommodation for the elderly and to callers at the Health and Welfare Department. Over 100 members of the public have obtained advice in the period under review.

ANNUAL REPORT

ENVIRONMENTAL HEALTH SECTION

J. C. Kermode, M.A.P.H.I., M.R.S.H.

Chief Public Health Inspector.

The serious position arising from the shortage of professional staff which has obtained since the inauguration of the Borough did not improve during the year. The recruitment of four Public Health Inspectors was more than counterbalanced by the loss of seven. Nevertheless a determined attempt was made to step up the work of the Section, especially the vital routine inspection of premises so important from a preventative point of view. It should be possible to streamline as a result of the decision to delegate to officers certain procedures previously decided upon in Committee. These powers of delegation, which operate in clearly defined limits, will benefit all concerned. Not only will the Inspectors be able to deal with items more expeditiously but the public will have just grievances remedied more quickly, and the Committee will find itself less burdened with routine matters.

1968 also saw the last of the Environmental Health Sub-Committee of the Health and Welfare Committee as part of the scheme for rationalisation of Committee responsibilities. Tribute must be paid to the diligent work of members of the Sub-Committee and its invaluable support of the officers. The Sub-Committee was instrumental in setting up the structure for Environmental Health in the new Borough and its achievements are very considerable.

In retrospect, the Department's main effort in 1968 was directed towards accomplishment of the Council's Clean Air programme. With the help of the three recently employed Technical Officers, no fewer than 6,133 houses in three areas were brought under Smoke Control during the year and a greater number were surveyed with a view to establishing three further Smoke Control Areas in 1969. Unfortunately, a Council decision, arising from financial stringency, led to a postponement of the making of these latter Orders.

This was particularly unfortunate as it left Bromley at the bottom of the "smoke control table" for London Boroughs, so far as the percentage of its area under control is concerned and fourth from the bottom for the percentage of houses controlled.

The benefits of the Smoke Control programme, pursued in this and other Boroughs, are now obvious for all to see. Not only do local pollution gauges show a substantially lower reading but buildings may now be cleaned and will remain in that condition, traffic movement is much less hazardous and there has been no

serious smoke fog since the early nineteen sixties. Experts predict that fogs similar to the calamitous one in 1952 are a thing of the past. Winter sunshine is a precious commodity and it has been substantially increased. The average for the years 1958-1967 stated as a percentage of the figures for the period 1931-1960 are as follows:—

		<i>November</i>	<i>December</i>	<i>January</i>
Central London	.....	140	173	153
Outskirts	.....	114	118	120
Rural site near London		109	107	102

Figures for the summer months show little change over the course of years.

Smoke Control is generally acceptable to the populace and the programme in Bromley should be completed by 1977.

During the year it has been possible to make considerable inroads into initial inspections under the Offices, Shops and Railway Premises Act, 1963. It is perhaps not generally realised that in Bromley there are some 19,310 persons (8,318 males and 10,992 females) employed in premises so far registered by the Act. The ground covered by this Act is very wide. Not only does it stipulate standards for lighting, heating, sanitary accommodation, washing facilities and so on, but it lays down safety precautions which cover the working conditions of staff. All accidents are reportable to the Local Authority. These cover such happenings as falls, perhaps due to worn floor coverings and strains suffered from lifting weights, to severe injuries and to cuts arising from meat slicing machines. Inspections are made to ascertain if such appliances are properly fitted with guards to ensure protection to those using them. Advice is given in many circumstances and the Inspectors have been much concerned with hoists for raising articles from cellars and unprotected service lifts, especially in public houses, where dangerous situations may arise from the lack of protection of the shaft. In this respect powers contained in the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations issued during the year are most welcome. 74 accidents were reported in 1968 and a total of 1,652 visits were made to premises under the Act.

The Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, has now been in operation for two years. These Regulations call for increased facilities for food stalls to bring them more into line with those applying to food shops. Open food, including fruit, must be protected, overalls must be

worn and washing facilities for assistants made available. These last mentioned amenities may be provided either by fitting specially made appliances to the stalls or by the stallholders making arrangements with proprietors of neighbouring shops to use facilities there.

Little difficulty has been experienced in applying the Regulations to the stalls in the Council owned market at Bromley although some greater effort was needed to educate stallholders in the Penge Street Market. However, it has been an up-hill fight to secure compliance amongst stall owners who open up their business, on a purely temporary basis, in various places, particularly on sites in Bromley High Street. These stallholders are resented by the local shopkeepers, although they do use sites by permission of property owners concerned. It was necessary to take proceedings against seven stallholders during the year and the Court inflicted a total of £117 in fines.

The unprecedented floods which occurred in the autumn posed urgent public health problems. Sewers and drains surcharged and their contents combined with volumes of rain and river water to bathe considerable areas of the Borough in dilute sewage.

Under such circumstances there is always the risk of spread of water borne infection. In certain cases householders were warned to boil all drinking water and, as far as possible, assistance was given with the cleansing and disinfection of underfloor spaces where these had become contaminated. In fact no increase in infectious disease was noted nor was there any apparent effect on the degree of infestation by rats and other pests.

The flooding had its aftermath, basement dwellings which had particularly suffered took a long time to dry out and in a few cases this could not be achieved and the premises had to be declared unfit for human habitation and closed.

Many shopping centres were flooded and all affected food shops were visited and almost ten tons of food had to be declared unfit.

FOOD AND DRUGS ACT, 1955

FOOD SAMPLING

Letters in parenthesis are referred to on page 96.

<i>Article</i>				<i>No. Examined</i>		<i>No. Unsatisfactory</i>	
				<i>Formal</i>	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>
	Artificial Sweetener	....	....	—	7	—	—
(j)	Baby Food	....	....	—	29	—	3
	Baking Powder	....	....	—	1	—	—
(m)	Biscuits	....	....	—	8	—	1
(s)	Blackcurrant Tart	....	....	—	1	—	1
	Brandy	....	....	2	—	—	—
(e)	Bread and Bread Rolls	....	....	—	11	—	5
(y)	Butter	....	....	—	9	—	1
(f)	Cake	....	....	—	17	—	4
	Cake Decoration	....	....	—	4	—	—
	Cake Mixture	....	....	—	2	—	—
(g)	Cereal and Cereal Products	....	....	—	20	—	2
	Cheese and Cheese Products	....	....	—	12	—	—
	Cheese and Tomato Pizza	....	....	—	1	—	—
	Chocolate Confectionery	....	....	—	4	—	—
	Christmas Pudding	....	....	—	1	—	—
	Cocktail Onions	....	....	—	1	—	—
	Coffee and Chicory Essence	....	....	—	6	—	—
	Coffee Extract	....	....	—	4	—	—
	Colouring Matters	....	....	—	5	—	—
(r)	Cream	....	....	—	11	—	1
	Custard	....	....	—	1	—	—
	Dairy Cream Trifle	....	....	—	1	—	—
(i)	Dehydrated Soups	....	....	—	6	—	1
	Dehydrated Vegetables	....	....	—	7	—	—
	Dessicated Coconut	....	....	—	1	—	—
(b)	Dried Fruit	....	....	—	16	—	1
	Drinking Chocolate	....	....	—	2	—	—
	Drugs	....	....	—	20	—	—
(p)	Fish and Fish Products	....	....	—	14	—	2
	Flour	....	....	—	3	—	—
(c)	Fruit and Fruit Products	....	....	—	26	—	3
	Gin	....	....	2	—	—	—
	Ground Almonds	....	....	—	1	—	—
	Honey	....	....	—	5	—	—
	Ice Cream	....	....	—	18	—	—
(l)	Jam and Preserves	....	....	—	32	—	3
	Japanese Arare	....	....	—	1	—	—
	Jelly	....	....	—	14	—	—
	Lard	....	....	—	9	—	—
(h)	Liqueur Chocolates	....	....	—	2	—	1
	Margarine	....	....	—	7	—	—
	Marzipan	....	....	—	5	—	—
(k)	Meat and Meat Products	....	....	1	93	—	7
(a)	Milk and Milk Bottles	....	....	15	64	—	16
	Milk Pudding	....	....	—	12	—	—
(d)	Nuts	....	....	—	3	—	1
	Oils and Fats	....	....	—	11	—	—
(q)	Paste	....	....	—	39	—	2

<i>Article</i>				<i>No. Examined</i>		<i>No. Unsatisfactory</i>	
				<i>Formal</i>	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>
	Peanut Butter	....	....	—	2	—	—
	Pickles and Sauces	....	....	—	20	—	—
	Potato Crisps	....	....	—	1	—	—
(w)	Poultry and Poultry						
	Products	....	....	—	16	—	1
	Salad Cream	....	....	—	4	—	—
	Salt	....	....	—	1	—	—
(o)	Sausages and Sausage Meat			—	53	—	7
	Slimming Foods	....	....	—	3	—	—
(n)	Soft Drinks	....	....	—	20	—	2
(v)	Spices and Flavours	....	....	1	34	—	1
(u)	Spreads	....	....	—	3	—	1
	Suet	....	....	—	1	—	—
	Sugar and Sugar Products			—	4	—	—
	Sweets	....	....	—	15	—	—
	Tea	....	....	—	5	—	—
	Tomato Puree	....	....	—	1	—	—
	Treacle Tart	....	....	—	1	—	—
	Vegetables (Fresh	....	....	—	1	—	—
(t)	Vegetables (Tinned)	....	....	—	19	—	1
	Vegetable Juice	....	....	—	1	—	—
	Vegetable Products	....	....	—	2	—	—
	Vinegar	....	....	—	15	—	—
	Vitamin Syrup	....	....	—	1	—	—
	Whisky	....	....	2	—	—	—
(x)	Yoghourt	....	....	—	3	—	1
TOTALS				23	793	—	69

Nature of Unsatisfactory Sample	Remarks
<p>(a) Serial No. F.C. 268. <i>Milk Bottle.</i> Composition: There were adherent patches of vegetable debris on interior of bottle and a few small fragments free in milk.</p>	<p>Legal proceedings. Dairy Company fined £10 with £7 17s. 6d. costs.</p>
<p>(a) Serial No. F.C. 269. <i>Milk Bottle.</i> Composition: The milk contained a glass fragment weighing 0.7 grams together with a number of small chips. It consisted of common glass and its shape indicated that it was a fragment from the rim round the neck of a pint milk bottle.</p>	<p>Legal proceedings. Dairy Company fined £20 with £8 10s. 6d. costs.</p>
<p>(a) Serial No. F.C. 273. <i>Milk Bottle.</i> Composition: Contained an aluminium foil cap, the red colouring of which had been largely removed causing some staining of the internal surface of the bottle. The cap from the bottle had been attacked but it was not possible to say whether this was due to alkali from the cleansing materials or acid due to the souring of the milk.</p>	<p>Investigated and reported to committee. Warning letter sent to Dairy Company.</p>
<p>(b) Serial No. F.C. 260. <i>Sultanas.</i> Composition: Contained part of the body of a land snail. In view of the fragmentary condition an identification of the species was not possible.</p>	<p>Investigated and attention of packers drawn to the matter.</p>
<p>(c) Serial No. F.C. 255. <i>Toffee Apples.</i> Composition: The toffee apples were soiled from plant debris. The largest fragment was a piece of grass 4.3 cm. long. On the outside of one of the wrappers was a fruit fly.</p>	<p>Investigated and reported to committee. Warning letters sent to manufacturer and vendor.</p>
<p>(d) Serial No. F.C. 257. <i>Shelled Walnuts.</i> Composition: Contained eight rodent droppings.</p>	<p>Packer fined £20 with £11 0s. 6d. costs.</p>
<p>(e) Serial No. F.C. 262. <i>Bread.</i> Composition: Contained a fragment of common glass 17 mm. long and 5 mm. wide at the widest part. Its shape suggested that it may be part of the foot rim of a bottle or dish but it was not possible to ascertain whether or not it had been baked in the loaf.</p>	<p>Baker fined £25 with £22 4s. 6d. costs.</p>

Nature of Unsatisfactory Sample	Remarks
(e) Serial No. F.C. 272. <i>Portion of Bap Loaf.</i> Composition: Contained two rodent droppings which showed evidence of having been baked in the loaf.	Legal Proceedings. Baker fined £20 with £11 12s. 0d. costs.
(f) Serial No. F.C. 264 <i>Devon Sponge Sandwich.</i> Composition: Contained a bird dropping.	Legal Proceedings. Manufacturer fined £15 with £8 18s. 6d. costs.
(g) Serial No. F.C. 266. <i>Rice.</i> Composition: Contained mineral fragments about the size of rice grains.	Investigated and reported to Committee. Warning letter to Millers.
(h) Serial No. 1955. <i>Rum Truffles.</i> Composition: Proof spirit 0.3 per cent. This amount does not justify the statement "For Sale to Adults only". A reasonable alcohol content for such a product would be 1.5 to 2.0 proof.	Correspondence with Manufacturer. Label withdrawn.
(i) Serial No. F.C. 267. <i>Soup Powder.</i> Composition: Associated with the soup powder was a piece of rayon covered elastic 8/10 in. long and 3/16 in. wide	Investigated and reported to Committee. Attention of Manufacturers drawn to the matter.
(j) Serial No. 1883. <i>Junior Egg and Bacon Breakfast.</i> Composition: Organo Chlorine pesticides and BHC 12, Aldrin 13, Dieldrin 24 pp 109. The pesticide content is high for an infant food.	Correspondence with Manufacturer.
(j) Serial No. F.C. 259. <i>Cherries with Semolina.</i> Composition: Contained a piece of glass measuring approximately 33 x 22 mm. overall and weighing 2.6 grams. It was similar to the glass of the sample jar.	Packers fined £15 with £11 0s. 6d. costs.
(k) Serial No. F.C. 285. <i>Pork Pie.</i> Composition: Contained mould growth on the top surface of the crust.	Legal Proceedings. Vendor fined £10 with £9 19s. 6d. costs.
(a) Serial No. F.C. 287. <i>Milk.</i> Composition: Contained three small flakes of rust about the size of a pin's head in each case.	Reported to Committee. Warning letter to Farmer.
(a) Serial No. F.C. 291. <i>Milk.</i> Composition: Adhering to the inner surface of the glass was a film of foreign matter 1 in. x ½ in. in diameter. It was composed of algal growth and some plant	Reported to Committee. Warning letter to Bottlers.

Nature of Unsatisfactory Sample	Remarks
(a) Serial No. F.C. 279 <i>Milk.</i> Composition: Internally the bottle showed staining in the neck region due to an adherent residue of a sand and cement mixture. Some had become loosened and was free in the milk.	Reported to Committee. Warning letter to Bottlers.
(l) Serial No. F.C. 283. <i>Jam.</i> Composition: Contained two pieces of common glass and also brown material 4/10 in. x 3/10 in.) which had the character of hardboard.	Reported to Committee. Warning letter to Manufacturers.
(l) Serial No. 1960. <i>Apricot Jam.</i> Composition: Soluble solids 66.1%. Probable fruit content 30%. Apricot Jam should contain not less than 40% fruit.	Correspondence with Importers.
(e) Serial No. F.C. 280 <i>Bread.</i> Composition: Embedded in the crust of the loaf was a dipterous fly, probably a crane fly; it had been subjected to a period of heating.	Reported to Committee Warning letter to Bakers.
(e) Serial No. F.C. 281. <i>Bread.</i> Composition: Associated with the loaf were three short lengths of string encased in crumb.	Reported to Committee Warning letter to Baker.
(m) Serial No. F.C. 288. <i>Butter Shortbread Biscuits.</i> Composition: The edge of a number of the biscuits were soiled. The areas in question contained dark specks and a number of fibres both vegetable and synthetic.	Reported to Committee Warning letter to Manufacturers.
(e) Serial No. F.C. 290. <i>Bread Rolls.</i> Composition: The patchy discolouration of the crumb was due to the presence of charred farinaceous matter. Neither iron nor mineral oil were detected in the discoloured areas.	Reported to Committee. Matter drawn to attention of Baker.
(n) Serial No. 2035. <i>Orange Drink.</i> Composition: Sugar content at 43 per cent is not considered to be compatible with the description "triple concentrated" which implies three times the concentration of the drink as normally prepared for dilution, when the added sugar should be not less than 22.5 per cent.	Correspondence with Manufacturer. No further action.

Nature of Unsatisfactory Sample	Remarks
(k) Serial No. 2190. <i>Raw Minced Meat.</i> Composition: Contained the smoked stub of a cigarette.	Reported to Committee. No further action as source of foreign body not ascertained.
(k) Serial No. 2178. <i>Stewed Steak.</i> Composition: Contained a piece of tile, weighing 46 grams. It was not possible to determine whether the tile had been processed with the meat.	Reported to Committee. Matter drawn to attention of Canners.
(k) Serial No. 2183. <i>Minced Beef with Onion and Gravy.</i> Composition: Meat 47 per cent. Slightly below the prescribed standard of 50 per cent.	Repeat sample — satisfactory.
(k) Serial No. 2349. <i>Stewed Steak with Gravy.</i> Composition: Meat content 62 per cent as opposed to the declared minimum of 70 per cent.	Correspondence with Importers. Repeat sample — withdrawn from sale.
(o) Serial No. 2322. <i>Sausage.</i> Composition: Insufficient care in use of the colour Red 2G had caused a local concentration of this material in the sausage.	Reported to Committee. Matter drawn to attention of Manufacturers.
(o) Serial No. 2162. <i>Pork Sausages.</i> Composition: Contained sulphite preservative, 130 p.p.m., which had not been declared.	Warning to Vendor. Notice now exhibited.
(o) Serial No. 2266. <i>Sausages.</i> Composition: Staining of the meat was due to an oil soluble coal tar dye.	Reported to Committee. Matter drawn to attention of Manufacturer.
(o) Serial No. 2148. <i>Beef Sausages.</i> Composition: Contained sulphite preservative, 290 p.p.m., which had not been declared.	Warning to Vendor. Notice now exhibited.
(k) Serial No. 2159. <i>Steak Pie.</i> Composition: The pie weighed 121 grams and contained 25 grams of meat. A pie of this weight should contain not less than 28 grams of meat.	Repeat formal sample — Satisfactory. Manufacturer notified.
(p) Serial No. 2202. <i>Scampi Pate.</i> Composition: Fish content 53 per cent. Current regulations require not less than 70 per cent.	Correspondence with Manufacturer. Repeat sample — satisfactory.

Nature of Unsatisfactory Sample	Remarks
(q) Serial No. 2109. <i>Chicken Meat Paste.</i> Composition: Meat content 51 per cent. Minimum requirement 55 per cent.	Repeat Sample — satisfactory. Manufacturer notified.
(a) Serial No. 2130. <i>Milk Bottle.</i> Composition: The foreign matter consisted of iron particles. These may have derived from the use of the bottle as a firework support.	Reported to Committee. Matter drawn to attention of Bottlers.
(a) Serial No. 2131. <i>Milk Bottle.</i> Composition: Contained a glass fragment with a similar physical character to the glass of a milk bottle.	Reported to Committee. Matter drawn to attention of Bottlers.
(a) Serial No. 2146. <i>Milk Bottle.</i> Composition: Contained an aluminium foil cap which had been subjected to a washing process.	Reported to Committee. Matter drawn to attention of Bottlers.
(a) Serial No. 2163. <i>Milk Bottle.</i> Composition: There were patches of grey soiling on the inner surface of the glass due to carbon but no foreign matter was detected in the milk.	Reported to Committee. Matter drawn to attention of Bottlers.
(a) Serial No. 2289. <i>Milk Bottle.</i> Composition: There was a film of denatured milk on the base of the bottle in which the algae were developing.	Reported to Committee. Warning letter to Dairy Company.
(a) Serial No. 2306. <i>Milk Bottle.</i> Composition: The dark brown patches on the inner surface of the bottle consisted of vegetable matter, mould hyphae and general debris.	Legal proceedings. Bottlers fined £10 with £9 19s. 0d. costs.
(a) Serial No. 2269. <i>Milk Bottle.</i> Composition: Fat 2.10 solids not fat 8.55 per cent. Deficient 30 per cent fat.	Repeat formal sample—satisfactory. Producer notified.
(r) Serial No. 2354. <i>Cream.</i> Composition: The sample had a bitter taste of bacterial origin.	Reported to Committee. Contravention drawn to attention of Dairy Company and Vendor.
(c) Serial No. 2308. <i>Pineapple Syrup.</i> Composition: Contained a bee which had been processed in the can.	Reported to Committee. Matter drawn to the attention of Embassy of exporting country.

Nature of Unsatisfactory Sample	Remarks
(s) Serial No. 2290. <i>Blackcurrant Tart.</i> Composition: Contained a piece of wood 28 mm. long which was in the tart when prepared.	Reported to Committee. Matter drawn to attention of baking company.
(t) Serial No. 2242. <i>Baby Marrows.</i> Composition: The can, which had deteriorated internally, showed a high tin content (700 p.p.m.).	Withdrawn from sale.
(q) Serial No. 2179. <i>Tomato Paste.</i> Composition: The paste contained 15 p.p.m. of lead, thus rendering it unfit for food.	Correspondence with Importer. Withdrawn from sale.
(f) Serial No. 2220. <i>Rum Baba.</i> Composition: This product, which should be flavoured with rum, had an alcohol content of 0.02 per cent w/w (0.05 proof). This represents a negligible amount of rum.	Product now relabelled "Baba" only.
(g) Serial No. 2258. <i>Shredded Wheat.</i> Composition: Contained a glass fragment. There was no evidence that it was in the food when processed.	Reported to Committee. No further action taken (source of glass not ascertained).
(u) Serial No. 2117. <i>Brandy Flavoured Butter.</i> Composition: Contained only 0.7 per cent proof spirit. Not less than 1.5 per cent proof spirit is considered acceptable in order to justify this description.	Correspondence with Manufacturers. Analyst advises unwise to proceed further.
(n) Serial No. 2277. <i>Concentrated Orange Drink.</i> Composition: The sugar content (44.8 per cent) did not accord with the description "triple concentrated".	Correspondence with Manufacturer.
(v) Serial No. 2301. <i>Lemon Flavouring.</i> Composition: This essence was based on Lemon Grass and not on Lemon Oil as would be expected.	Correspondence with Manufacturer.
(j) Serial No. 2236. <i>Junior Fruit Dessert.</i> Composition: This sample was examined for pesticide residues and contained Aldrin 0.04 p.p.m., which is higher than the acceptable figure of 0.02 p.p.m. for baby foods.	Correspondence with Manufacturer.
(k) Serial No. 2498. <i>Stewed Steak.</i> Composition: Meat 62 per cent as opposed to 70 per cent declared.	Withdrawn from sale.

Nature of Unsatisfactory Sample	Remarks
(o) Serial No. 2453. <i>Skinless Sausages.</i> Composition: There were mould growths on the surface of the sausages.	Complaint investigated. Warning letter to Manufacturer.
(o) Serial No. 2387. <i>Pork Sausages.</i> Composition: Meat content 64 per cent including 29 per cent fat. A slight increase in fat would bring the whole meat content to the required standard of 65 per cent.	Repeat sample — satisfactory.
(o) Serial No. 2449. <i>Beef Sausages.</i> Composition: Contained sulphite 120 p.p.m., which should have been declared.	Warning to Vendor. Statutory notice now exhibited—satisfactory.
(w) Serial No. 2499. <i>Chicken Croquettes.</i> Composition: Embedded in the surface of the croquette was the filter tip of a smoked cigarette but it was not possible to say when the object had gained access.	Source of cigarette end not ascertained. Matter drawn to attention of Manufacturer and Vendor.
(p) Serial No. 2435. <i>Fried Cod.</i> Composition: Embedded in the fried cod was a house fly which had undergone heating.	Insect probably incorporated during pre-processing in Newfoundland. Warning letter to Manufacturer.
(a) Serial No. 2551. <i>Milk Bottle.</i> Composition: Firmly attached to the inner surface of the bottle was a number of pupae of the phorid fly— <i>Paraspiniphora bergenstammi</i> . This fly is known to breed in milk residues in discarded milk bottles.	Legal proceedings. Fined £30 with £12 11s. 6d. costs.
(a) Serial No. 2550. <i>Milk Bottle.</i> Composition: The deposit on the inner surface of the bottle, more particularly the base, consisted of firmly adherent colour residues, probably the result of using the bottle as a water container in water colour painting.	Unable to identify precisely which bottling plant involved. Warning letter to Dairy Company.
(a) Serial No. 2452. <i>Milk Bottle.</i> Composition: The foreign body on the inner surface of the bottle consisted of a fragment of a tea leaf.	Warning letter to Dairy Company.

Nature of Unsatisfactory Sample	Remarks
(x) Serial No. 2471. <i>Yoghourt.</i> Composition: Contained a glass fragment 7 x 2 x 1 mm. which had the character of common bottle glass.	Complainant unwilling to give evidence. Warning letter to Manufacturer.
(y) Serial No. 2472. <i>Butter.</i> Composition: The areas of discolouration on the butter surface were due to the presence of mould growths.	Warning letter to Packer.
(c) Serial No. 2504. <i>Canned Oranges.</i> Composition: The major portions of the lacquer on the sides of the internal surface of the can had peeled off exposing the metal surface, leaving the tin coating susceptible to attack by the fruit acids.	Repeat sample — satisfactory.
(l) Serial No. 2382. <i>Blackcurrant Jam.</i> Composition: The fruit content of this sample was 20 per cent whereas the minimum requirement is 25 per cent. A further sample from the same source was satisfactory.	Repeat sample — satisfactory.
(f) Serial No. 2521. <i>Layer Cake.</i> Composition: The coating of the cake contained rancid fat. The rest of the cake was satisfactory.	Matter investigated. Warning letter to Vendor.
(f) Serial No. 2419. <i>Cherry Cake.</i> Composition: Firmly embedded in the crumb of the cake was a bee which had been heated.	Legal proceedings. Baker fined £15 with £24 14s. 6d. costs.

BACTERIOLOGICAL SAMPLES OF ICE CREAM

83 samples were taken during the year with the following results—

Grade I	56
Grade II	24
Grade III	2
Grade IV	—

Further samples were obtained from the suppliers whose products had given Grade III results. These further samples were found to be satisfactory and were classified as Grade I.

Unsound Food

A total of 57 tons 8 cwts. 79 lb. of food unfit for human consumption was surrendered to Public Health Inspectors during the year.

Details of the various items are given below:

	<i>Tons</i>	<i>Cwts.</i>	<i>lb.</i>
Meat and Offal at slaughterhouse	2	1	—
Meat and Offal at wholesale and retail premises	1	12	76
Cooked meat and meat products	—	—	48
Canned Meat	1	5	59
Fish (fresh and tinned)	—	7	6
Fruit and Vegetables (fresh and tinned)	8	11	31
Frozen Foods	25	9	107
Other Foods	18	—	87

BACTERIOLOGICAL SAMPLES OF MILK

Samples of designated milks were taken and submitted for examination with the following results:—

			<i>Satisfied</i>	<i>Failed</i>
Phosphatase Test	.....	.....	71	—
Methylene Blue Test	.....	.....	142	4
Ring Test	.....	.....	88	—

VOID TESTS—11 i.e. Atmospheric (shade) temperature at Laboratory prevented carrying out of Methylene Blue Test.

The tests shown in the above table were applied for the following purposes:—

Phosphatase Tests—Applied to “Pasteurised” Milk to determine that the milk was satisfactorily pasteurised.

Methylene Blue Test—Applied to “Untreated” Milk and “Pasteurised” milks to indicate that the bacterial content was within the prescribed standard.

Ring Test—Applied to untreated milk to determine the presence of “*Brucellus abortus*”.

Where samples failed to satisfy the prescribed tests investigations were undertaken and further samples obtained, the tests of which proved to be satisfactory.

BACTERIOLOGICAL SAMPLES OF ICE CREAM

83 samples were taken during the year with the following results:—

Grade	I	—	56
Grade	II	—	24
Grade	III	—	3
Grade	IV	—	—

Further samples were obtained from the suppliers whose products had given Grade III results. These further samples were found to be satisfactory and were classified as Grade I.

OTHER SAMPLES AND SPECIMENS SUBMITTED TO PATHOLOGICAL LABORATORY FOR BACTERIOLOGICAL EXAMINATION

30 empty milk bottles were submitted at intervals during the year for bacteriological examination directly following their treatment by the bottle washing machine of a local milk bottling plant—all were found to be satisfactory.

12 samples of Frozen Egg were examined and were found satisfactory—no pathogenic organisms being isolated.

Samples of foodstuffs, as below, were submitted to the Pathological Laboratory in connection with suspected cases of Food Poisoning, etc. These samples were found to be free of pathogenic organisms.

Cockles	.....	.....	.....	.....	1
Meat	.....	.....	.....	.....	1
Sausage Meat	.....	.....	.....	.....	1
Trifle	.....	.....	.....	.....	1

422 specimens of faeces and 4 specimens of urine were submitted from persons suspected to be suffering from infectious disease or food poisoning, or to be contacts of persons so suffering.

The results were:—

		<i>Faeces</i> <i>specimens</i>	<i>Positive</i>	<i>Negative</i>
Suspected Dysentery	.....	175	23	152
Suspected Food Poisoning	.....	163	27	136
Suspected Paratyphoid, etc.	.....	84	—	84
		<i>Urine</i> <i>specimens</i>	<i>Positive</i>	<i>Negative</i>
Suspected Paratyphoid, etc.	.....	4	—	4

MEAT INSPECTION

Annual licences were granted to two slaughtermen and the licence for one slaughterhouse was also renewed during the year.

The carcasses of all animals slaughtered within the Borough were inspected and regular routine visits and inspections were made to distributing depots and retail butchers' shops.

CARCASSES INSPECTED AND CONDEMNED

	<i>Cattle, excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Goats</i>
Number killed	50	18	854	2,695	720	8
Number <i>not</i> inspected	NIL	NIL	NIL	NIL	NIL	NIL
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	—	—	1	26	—	—
Carcasses of which some part or organ was condemned	6	2	11	913	142	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
<i>Cysticerci</i>						
Carcasses of which some part or organ was condemned	—	—	—	—	—	—
Carcasses submitted to refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Approved charges totalling £135 2s. 0d. were made for the inspection by Public Health Inspectors of the carcasses shown in the above table.

FOOD COMPLAINTS

On 93 occasions complaints were made alleging foodstuffs to be unsound or to contain foreign matter. These complaints were all very fully investigated by the Public Health Inspectors and, where necessary, were reported to the appropriate Committee to determine whether legal proceedings should be taken.

These investigations require very careful enquiries to present a fair and accurate report particularly as the findings may lead to prosecution of the vendor or manufacturer. Specimens of extraneous matter are submitted to the Public Analyst to determine their nature and substance, and shopkeepers and food manufacturers are interviewed and their stocks and premises inspected to discover, if possible, the point of origin.

Where the articles complained of have been manufactured outside the London Borough of Bromley the co-operation and assistance of the Public Health Inspectors acting in the area concerned is called upon.

The complaints may be classified as under:—

	Alleged condition		
	<i>Foreign Bodies, Dirty, etc.</i>	<i>Mouldy</i>	<i>Other Conditions</i>
Bread and flour confectionery	12	12	4
Tinned foodstuffs	7	—	3
Perishable articles (pies, sausages, etc.)	—	3	4
Milk and Milk Bottles	20	—	1
Chocolate and sugar confectionery	1	1	4
Cereals	2	—	—
Preserves	2	—	—
Miscellaneous	11	2	4

Foreign bodies found in bread and flour confectionery consisted of pieces of string, small pieces of wire and metal, a cigarette end, a piece of wood, bird and mouse droppings. The presence of mould was mainly found in sliced loaves.

Complaints regarding milk and milk bottles were largely concerned with stained bottles and the presence of broken glass and insect larvae.

Broken glass and insects were found in jam and tinned fruit. Some complaints were unjustified, the complainants being doubtful of the taste, smell or appearance of foodstuffs which were found to be normal and wholesome.

The number of complaints from the public relating to the condition of food purchased from local shops continued at a high level. Items concerned with bread and flour confectionery show a welcome drop particularly those relating to the presence of foreign bodies. Most of the bread sold in the Borough originates from relatively few factory bakehouses and the proprietors of these establishments have great problems. Although baking machinery is designed to be as fool-proof as possible, the human element cannot be eliminated entirely. In order to cope with this, "Hygiene" or "Control" Officers are employed and these officials are usually most receptive to suggestions made by Inspectors.

There was a large increase in the number of complaints received relating to dirty milk bottles (20 received as against 11 in 1967). Here again the trade is almost entirely in the hands of large dairies and specialist staff is employed to monitor the product. Very rarely is the milk itself found to be in any way deficient nor is the liquid contaminated by the foreign matter concerned.

Difficulties arise when the milk is filled into bottles which have not been entirely cleansed. The cleansing procedure is very stringent but there are some items with which no known process will cope. On the internal surface of bottles from which the milk has been used, but which have not been rinsed, a film of milk hardens in time and mould growth is set up. Further, certain species of the fruit fly may lay eggs on this film and the pupae cases become so firmly adherent that washing in jets of hot water and detergent will not remove them. Again, bottles which have been left about on building sites, where cement, etc., gains access; bottles which have been used as a support for setting off fireworks; bottles used to contain paint (schools are notorious offenders in this connection); bottles into which items such as notes on cardboard, addressed to the milkman, may have been inserted, are all examples of how foreign matters come to be present in milk bottles. The propensity of young school children for inserting strange objects into school milk bottles and then producing them to the teacher must not be overlooked.

The dairy owners have a number of methods to cope with this situation. Employees smash all uncleansable bottles when they reach the dairy and all staff along the production line are instructed to watch out for such bottles and to reject them. Electronic scanning devices have been tried but none, so far, have been successful in differentiating between solid matter inside the bottles and the inevitable scratches on the external glass surface. Customers could assist in rinsing all bottles immediately after use and seeing that they are returned directly to the roundsman.

Nevertheless, the Dairy owners must accept full responsibility for their products and it is felt that the speeding up of production lines has made the job of the "spotters", in spite of frequent

changes in personnel, very difficult indeed. The use of non-returnable containers, either of plastic or treated paper, continues to be pressed upon the bottlers but consumer resistance and economic factors act against the adoption of this remedy. Four of the successful prosecutions instituted during the year related to dirty milk bottles.

Instances of "dirty bottles" in the soft drinks trade are much less prevalent. This may be due to the narrow neck of the bottle, precluding any entry of many impurities and to the relative ease with which previous food residues can be removed. Nevertheless, there is a more positive move on the part of the soft drinks trade to go over to disposable containers.

A more serious view is taken of the sale of out-of-condition pies, sausages and other perishable articles containing meat. Manufacturers have elaborate delivery arrangements to assure that goods arrive at retail points in good condition and usually specify a "shelf life" of 2 days or less. Complaints result when the purchaser finds mould growth on the surface or in the filling. This condition may not, in itself, be harmful but it is indicative of the possibility of much more dangerous organisms having had time to develop on the meat. Instances have come to light where the meat pies have been in a shop or catering premises for one or even two weeks. These cases arise from a mixture of ignorance and failure to properly "rotate stock". In order to make retailers more aware of their responsibilities and of the possible dangers, a letter was addressed to each trader in the Borough in the spring, some 850 in all. The effect was to reduce complaints of this nature from eight in 1967 to three for the year under consideration and prosecutions from three down to one.

During 1968 it was found necessary to issue 50 warning letters and to institute proceedings as shown below:—

				<i>Fined</i>	<i>Costs</i>
FC 264	Devon	Contained bird	Manufacturer	£15	£8 18s. 6d.
Sponge	Sandwich	dropping			
FC 268	Bottle	Dirt on inside	Dairyman	£10	£7 17s. 6d.
of Milk		of bottle			
FC 269	Bottle	Contained piece	Dairyman	£20	£8 10s. 6d.
of milk		of glass			
FC 272	BAP	Contained mouse	Manufacturer	£20	£11 12s. 0d.
Loaf		droppings			
FC 285	Pork Pie	Mould	Retailers	£20	£9 19s. 6d.
FC 304	Bread	Contained metal	Manufacturer	£35	£15 15s. 0d.
		nut			
FC 321	Bottle	Dirt on inside	Dairyman	£10	£5 5s. 0d.
of milk		of bottle			
FC-334	Cherry	Contained insect	Manufacturer	£15	£24 14s. 6d.
Cake					

FC 342	Bottle of milk	Contained part of cigarette pkt.	Dairyman	£15	£10 10s. 0d.
FC 346	Bottle of milk	Fly larvae attached on side of bottle	Dairyman	£30	£12 11s. 6d.
FC 352	Rock	Contained piece of wire	Manufacturer	£15	£7 12s.0d.

FOOD AND DRUGS ACT, SECTION 16

Number of Food Premises registered under the above-mentioned Act for :—

- | | |
|--|-----|
| (a) Sale or manufacture for purposes of sale of ice-cream or the storage of ice-cream intended for sale | 847 |
| (b) The preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale | 271 |

FOOD HYGIENE (GENERAL) REGULATIONS 1960

There are some 2,270 food premises in the area, made up as follows :—

Premises	Total	No. Premises to which Reg. 19 applies	No. Premises Fitted to Comply with Reg. 19	No. Premises Fitted to Comply with Reg. 16
Bakers and Bakehouses	109	109	109	109
Butchers	179	179	178	179
Confectioners	278	99	99	278
Milk Dealers	361	—	—	361
Clubs and Hotels	137	137	136	136
Chemists	78	78	78	77
Fishmongers (Wet, Dried and Fried)	68	68	68	68
Greengrocers	128	128	127	128
Grocers	301	301	300	299
Hospitals, Nursing Homes and Old People's Homes	74	74	74	74
Canteens	103	103	103	103
Public Houses	162	162	161	161
School Canteens and Serveries	107	107	107	107
Cafes and Restaurants	185	185	183	185

MILK (SPECIAL DESIGNATIONS) REGULATIONS

Licences to deal in specially designated milks were currently held as under:—

Dealers (Pasteurisers) Licences	1
Pasteurised	163
Sterilised	109
Ultra Heat Treated	57
Untreated	69

RAG FLOCK AND OTHER FILLING MATERIAL ACT, 1951

This Act and Regulations made thereunder apply to the upholstery, soft furnishing, bedding and soft toy trades. Premises where rag flock is manufactured or stored have to be licensed annually and premises in which other filling materials to which the Regulations apply are used in the manufacture of new articles have to be registered.

Regulations prescribe standards of cleanliness for the various filling materials. Nine samples were taken during the year and all proved to be satisfactory.

No standard of cleanliness has yet been prescribed by Regulation for "foam crumb" which is now commonly used as a filling material for soft toys.

HOUSING AND SLUM CLEARANCE

In presenting last year's report the opportunity was taken to review the progress of Slum Clearance and Housing from the formation of the London Borough of Bromley on the 1st April, 1965, to the end of 1967.

It is not proposed to repeat this exercise but it should be mentioned that Housing and Slum Clearance is a continuing process and action commenced in one year often continues into subsequent years. Houses in some of the clearance areas represented in 1967 resulted in further inspections and attendance at public enquiries during 1968. These have been included in the tables accompanying this report.

It would appear that the discrepancy in payments made as between fit and unfit houses, subject to Compulsory Purchase Orders, has resulted in many more objections to the Orders. When objections are received, public enquiries conducted by the ministry's inspectors must be held. The Government's White

Paper, "New Homes for Older Houses", which was issued in 1968, recognised this anomaly and the principle was incorporated in the Housing Act subsequently passed by parliament.

The White Paper also contained proposals which formed the basis of amending legislation in connection with Housing Improvement, Multi-occupation and Planning.

1968 saw the completion of the Borough Planning Officer's survey of the Penge and North-west Beckenham Area, in which the Public Health Inspectorate co-operated. The Planning Officer's comprehensive report on the area will be of great value in compiling schemes for dealing with this older part of the borough.

The slum clearance programme for 1968 scheduled properties in Heath and Clifford Groves, Penge. These were in fact inspected and represented in the autumn of 1967 and 29 houses were included in a Compulsory Purchase Order made in 1968. In addition two clearance areas in St. Hugh's Road, Anerley, totalling some 32 premises, were represented and were also the subject of a Compulsory Purchase Order.

Six other houses were demolished as a result of Clearance or Closing Order action commenced earlier and five basements were closed. One Closing Order on a house and one on a basement were determined during the year.

During 1968 fourteen cases of overcrowding were investigated. Of these seven families were rehoused and one was awaiting transfer at the end of the year.

The appended tables give a detailed account of the work of Housing and Slum Clearance carried out during 1968.

CLEARANCE AREAS REPRESENTED

St. Hugh's Road, Anerley (No. 1) Clearance Area, 1968 :

Nos. 38, 38a, 40, 42, 42a, 42b, 42c, 42d, 42e, 44, 46, 48, 48b, 48c, 48d, 33, 35 St. Hugh's Road.

St. Hugh's Road, Anerley (No. 2) Clearance Area, 1968 :

Nos. 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 62, 68, 72, 74, 76 St. Hugh's Road.

COMPULSORY PURCHASE ORDERS

Victoria Place, St. Paul's Cray Clearance Area :

Nos. 4, 5, 6 Victoria Place.

Fordcroft Road, St. Mary Cray Clearance Area :

Nos. 10 - 28 Fordcroft Road.

Evelina Road, Penge Clearance Area :

Nos. 1 - 15 Evelina Road.

Nos. 8, 10, 11, 12 and 14 Clarina Road.

Penge Lane, Penge Clearance Area :

Nos. 1 - 6 Penge Lane.

Bellefield Road, St. Mary Cray Clearance Area:

Nos. 1 and 2 Bellefield Road.

Heath and Clifford Groves, Penge Clearance Area:

Nos. 4, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 Heath Grove.

Nos. 1, 2, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 16, 17, 18 Clifford Grove.

Evelina Road, Penge Clearance Area:

Nos. 19, 20 and 21 Evelina Road.

Croydon Road, Penge Clearance Area:

Nos. 12 and 14 Croydon Road.

Pawleyne Road, Penge Clearance Area:

Nos. 100, 102 and 194 Pawleyne Road.

OVERCROWDING

At the commencement of 1968 there were 30 known cases of statutory overcrowding; during the year a further 8 instances were recorded. Of this total 4 families had, by the end of the year, ceased to be overcrowded.

RE-HOUSING

The following information has been supplied by the Housing Manager:—

	Prior to 1968		During 1968	
	Houses	Families in occup.	Houses	Families in occup.
Permanent dwellings built	9,856	9,856	680	680
Prefabricated dwellings				
built by Local Authority	294	294	Nil	220

During 1968, 868 families were housed from the waiting list in permanent accommodation.

The total number of families on the waiting list as at 31st December, 1968, was 3,946.

During the same period 74 temporary bungalows were demolished and the tenants were transferred to permanent accommodation.

HOUSING

(A) *Repair—Housing and Public Health Acts*

Number of houses rendered fit after service of notices.—

	<i>Informal</i>	<i>Formal</i>
By owner	367	34

(B) *Beyond repair—Housing Act, 1957*

1. No. of undertakings accepted (Section 16)	Nil
2. No. of closing orders made (Section 17)	Nil
3. No. of demolition orders made (Section 17)	Nil
4. No. of closing orders made (Section 18)	5
5. No. of closing orders determined (Section 27)	2
6. No. of closing orders revoked and demolition orders substituted (Section 28)	Nil
7. No. of houses demolished following demolition orders	Nil

(C) *Clearance Areas*(1) *Represented during Year:*

1. Number of areas	2
2. Houses unfit for human habitation	31
3. Houses included by reason of bad arrangement, etc.	Nil
4. Houses on land acquired under 43(2)	36
5. Number of people to be displaced:	
(a) Individuals	177
(b) Families	62

(2) *Action taken during the year:*

1. Houses demolished by Local Authorities or Owners:	
(a) Unfit	12
(b) Others	Nil
2. Number of people displaced from houses to be demolished or closed:	
(a) Individuals	112
(b) Families	38

COMPULSORY IMPROVEMENT OF DWELLINGS

Both formal and informal action was taken during the year in respect of the improvement of tenanted houses lacking the standard amenities in the two areas which had been declared improvement areas during 1967 under Part II, Housing Act, 1964.

The following is a summary of the formal action taken.

Number of Preliminary Notices served	17
Number of Immediate Improvement Notices served	3
Number of Suspended Improvement Notices served	7
Number of Formal Undertakings accepted in respect of improvements	4
Number of houses where improvement works were completed	23

There is a general desire both from owner-occupied and tenanted houses for the houses to be modernised and opposition is only encountered from the aged occupier.

RENT ACT, 1957

Certificates of Disrepair and other documents specified in the Act have been issued as follows:—

<i>Applications for Certificate of Disrepair</i>	6
Number of decisions not to issue certificates	—
Number of certificates issued	2
Number of undertakings given by landlords under Paragraph 5, First Schedule	4
Number of undertakings refused by L/A	—
<i>Applications for Cancellation of Certificate</i>	
By landlords to L/A for cancellation	1
Objections by tenants to cancellation	1
Certificates cancelled by L/A	—
<i>Applications for Certificates as to remedying defects which landlord has undertaken to remedy</i>	
Number of applications	3
Number of certificates issued	3

HOUSING INSPECTIONS

Defects Remedied, Nuisances Abated by Informal Action
Drainage

<i>Drains:</i>	Constructed or Reconstructed	82
	Repaired	133
	Cleansed	1,492
<i>Cesspools :</i>	Provided	—

Overflowing	.....	.....	.....	.....	13
Leaking	.....	.....	.....	.....	—
Abolished	.....	.....	.....	.....	98
<i>Sanitary Appliances</i>					
Sinks, etc., provided	.....	.....	.....	.....	9
Sinks, etc., repaired	.....	.....	.....	.....	31
W.C.s provided	.....	.....	.....	.....	8
W.C.s repaired	.....	.....	.....	.....	56
<i>Dampness</i>					
Roofs and rainwater fittings	.....	.....	.....	.....	309
Walls and stacks	.....	.....	.....	.....	343
Damp-proof courses and floors	.....	.....	.....	.....	77
<i>Water Supply</i>					
Provided	.....	.....	.....	.....	68
Installations repaired	.....	.....	.....	.....	27
<i>General Items</i>					
Wallplaster	.....	.....	.....	.....	350
Ceiling plaster	.....	.....	.....	.....	132
Floors	.....	.....	.....	.....	102
Rooms cleansed or redecorated	.....	.....	.....	.....	137
Windows and doors	.....	.....	.....	.....	169
Lighting	.....	.....	.....	.....	9
Ventilation	.....	.....	.....	.....	18
Staircases	.....	.....	.....	.....	24
Fireplaces, etc. (ex. Clean Air)	.....	.....	.....	.....	20
Yard paving and drainage	.....	.....	.....	.....	20
Dustbins	.....	.....	.....	.....	66
Food storage and preparation	.....	.....	.....	.....	29
Nuisances from animals abated	.....	.....	.....	.....	8
Accumulations removed	.....	.....	.....	.....	74
Premises disinfested	.....	.....	.....	.....	41
Premises disinfected	.....	.....	.....	.....	138

NOTICES

Infringements found, either as a result of routine inspections, or following the investigations of complaints, are dealt with by informally requesting the owners or agents to apply a suitable remedy. If these requests are not acceded to after an appropriate interval Statutory Notices are served. 682 Informal Notices were issued of which 443 had been complied with by the end of the

year. 119 Statutory Notices were served. During the year 117 Statutory Notices were fully complied with.

COMMON LODGING HOUSES

There are only two Common Lodging Houses in the borough. One at Arpley Road, Penge, and the other at Poverest Road, St. Mary Cray. Both are contained in old premises and are unlikely to continue in existence for very long, one being unfit and part of a Clearance Area under the Housing Act, the other being in a district scheduled for redevelopment.

The occupants are all men, some being itinerant workers who have lived in the premises for many years.

The accommodation is generally communal and minimal in character, but has to be in accordance with the provisions of byelaws and the premises are registered under Section 238, Public Health Act, 1936.

Regular inspections were made and it was found that the conditions of the byelaws were being properly observed and the premises were being adequately run.

MOVEABLE DWELLINGS

The Caravan Sites and Control of Development Act, 1960, prohibits the use of land as a caravan site without a site licence. Licences are issued by Local Authorities who may attach conditions to them to enforce a satisfactory standard of environment for the caravan dwellers.

At the end of the year there were six licences in force. In addition two licences were being considered for renewal.

Particulars of the licensed sites are as follows:—

<i>Location of Licensed Sites</i>	<i>No. of Vans permitted</i>
The Paddock, Downe Road, Keston	12
Lower Hockenden Farm, Hockenden, Swanley	1
Crittenden Caravan Park, Pond Lane, High Street, West Wickham	30
11 Heathfield Road, Keston	23
Restavon, Berry's Green Road, Cudham, Nr. Biggin Hill	60
Oak Farm, Green Street Green	16

On the 26th August, 1968, Part I of the new Caravan Sites Act came into force. This part of the Act deals with the protection of occupiers of caravans on residential sites against eviction and harassment. Part II which deals with the compulsory pro-

vision of caravan sites for gipsies by local authorities and the control of unauthorised encampments is not being brought into immediate operation because of the present financial stringency.

Fortunately, for the residents in this borough, the powers contained in the Orpington Urban District Council Private Act of 1954 have enabled the Council, to a very large extent, to keep the grass verges of the metropolitan roads and spare plots of land free of unauthorised caravans but the additional powers will be welcomed.

The general management of the permanent caravan site which the Council provided last year for 12 gipsy families is exercised by the Housing Manager.

DRAINAGE AND SEWERAGE

The Council accepts as a legal responsibility the clearance of certain types of public sewers and the work is undertaken by Disinfector/Handymen employed by the Department. In addition, private drains are cleared, but a charge is made in these cases.

Of the 1,492 instances of choked drains dealt with, 962 related to private drainage.

The trunk soil sewerage system is under the control of the West Kent Main Sewerage Board and the Greater London Council.

The Borough Engineer states that foul sewers and surface water sewers have been provided within the Borough during 1968 as under:—

PRIVATE ESTATE DEVELOPMENTS:

<i>Foul Sewers</i>				Yards
6 in. Diameter	.....	.....	.....	3,009
9 in. Diameter	.....	.....	.....	2,100
12 in. Diameter	.....	.....	.....	266
<i>Surface Water Sewers</i>				
4 in. Diameter	.....	.....	.....	30
6 in. Diameter	.....	.....	.....	1,837
9 in. Diameter	.....	.....	.....	3,321
12 in. Diameter	.....	.....	.....	811
15 in. Diameter	.....	.....	.....	654
18 in. Diameter	.....	.....	.....	674
21 in. Diameter	.....	.....	.....	75
30 in. Diameter	.....	.....	.....	106
33 in. Diameter	.....	.....	.....	59

<i>Sewage Pumping Station</i>				
<i>Station Plus Rising Main</i>				
3 in. Diameter	.....	.....	.....	67

PRIVATE STREET WORKS

<i>Surface Water Sewer</i>				
6 in. Diameter	.....	.....	.....	260

SEWERAGE AUTHORITY

(a) *New Sewers:*

<i>Foul Sewers</i>				
6 in. Diameter	.....	.....	.....	263
9 in. Diameter	.....	.....	.....	3,645
12 in. Diameter	.....	.....	.....	237

<i>Surface Water Sewers</i>				
9 in. Diameter	.....	.....	.....	658
15 in. Diameter	.....	.....	.....	350
18 in. Diameter	.....	.....	.....	65
45 in. Diameter	.....	.....	.....	387
48 in. Diameter	.....	.....	.....	421
6 ft. x 3 ft. 6 in.	.....	.....	.....	83

<i>Sewage Pumping Station</i>				
<i>Station Plus Rising Main</i>				
6 in. Diameter	.....	.....	.....	429

(b) *Replacements/Diversions of Sewers:*

<i>Foul Sewers</i>				
9 in. Diameter	.....	.....	.....	22
<i>Surface Water Sewers</i>				
12 in. Diameter	.....	.....	.....	20
15 in. Diameter	.....	.....	.....	22
18 in. Diameter	.....	.....	.....	61

During the year 98 cesspools were abolished, the properties being connected to main drainage.

There are now 2,101 cesspools in use in the borough.

DISINFECTION

The steam disinfection plants situated at Waldo Road, Bromley, and Crofton Road, Orpington, were in use for the disinfection of clothing, bedding, etc., these articles being collected in specially constructed vehicles, from domestic premises and hospitals. Articles likely to be damaged by submission to a steam disinfection process were appropriately dealt with by chemical means.

Premises needing disinfection were treated by spraying with liquid disinfectants or by the use of fumigants.

Disinfection following notifiable infectious disease was carried out free of charge. Requests were received for the use of the disinfecting service when notifiable disease was not involved and in such cases an approved nominal charge was made.

DISINFESTATION

Requests received for the treatment of premises and articles infested by vermin and insects were dealt with by the use of insecticides in either liquid or powder form. This type of work was undertaken on payment of approved charges.

WASP NEST DESTRUCTION

The prevalence of wasps can vary considerably from season to season; this year proved to be one where wasps nests were not nearly so much in evidence as in recent years. The total of nests destroyed was, however, 155—a charge of £1 per clearance being made.

CLEAN AIR ACT, 1956

Smoke Control Areas

At the commencement of 1968, nineteen smoke control areas were in operation covering a total area of some 6,077 acres and containing approximately 32,624 premises. During the year three Smoke Control Orders were made by the Council and confirmed by the Minister of Housing and Local Government in respect of the following areas:—

<i>Area No.</i>	<i>Area</i>	<i>Acreage</i>	<i>Premises</i>
7	Plaistow and Sundridge Ward (part)	620	3,247
8	Petts Wood Ward (part)	420	1,936
9	Petts Wood Ward (part)	210	950

The Orders became operative on 1st December, 1968, thus at the end of the year 7,327 acres of the borough and 38,757 premises were under smoke control.

A survey of three further areas which it was hoped to bring under smoke control in 1969 was commenced but had to be discontinued because of the Council's decision on economy grounds to suspend action in regard to the establishment of further smoke control areas. As a result of this decision it will not now be possible to carry out the phased programme of bringing the whole of the borough under smoke control by 1976.

Approximately 1,446 grants under the Clean Air Act were made to owners and occupiers in the three areas towards the cost of adapting or replacing coal-burning heating appliances in order to comply with the Orders. As was the case in areas previously brought under smoke control, many householders failed to avail themselves of the financial assistance to which they were entitled.

During the year the Ministry authorised local authorities to pay grant in respect of electric radiant fires. Previously the only electric appliances attracting grant aid were thermal storage heaters using off-peak electricity. Decline in the popularity of solid fuel appliances continues and is indicated by the fact that in one of the areas brought under smoke control 70% of the new appliances installed were either gas or electric heaters.

No contraventions of the Smoke Control Orders were reported or detected during the year.

Atmospheric Pollution

The popularity of the coin-operated launderette and dry cleaner is increasing and a large number of these premises are to be found within the borough. The insistence by the Public Health Inspectorate that an efficient system of mechanical ventilation be provided, with the exhaust outlet discharging wherever practicable at high level, has prevented nuisance arising from fumes and vapours from the cleaning agents.

The failure of architects in the construction of new commercial buildings to provide chimney flues and suitable ducts for exhaust pipes in the structure of the buildings has created problems in regard to the discharge of combustion gases from oil-fired boiler plants and fumes from dry cleaning establishments, and restaurant kitchens, etc., located on the ground floor. The erection of unsightly steel stacks on the exterior face of the building in order to discharge the exhaust gases at high level is frequently the only solution.

The four instruments set up at selected sites within the borough to measure the concentration of smoke and sulphur dioxide in the atmosphere continues to be maintained by the Public Health Inspectorate and the recorded measurements are forwarded each month to the Warren Springs Laboratory.

A survey was carried out during the year to measure the fall-out of grit in a particular part of the borough following complaints from residents of nuisance from deposited grit.

Notifications under the Clean Air Act of proposals to install new furnaces were received by the Department during the year and a number of applications for approval to the height of new chimneys were dealt with. The new furnaces and chimneys were mainly in connection with oil-fired central heating boiler plant.

No new industrial plant was installed in the borough during the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

RODENT CONTROL

Because of the ever present danger of food contamination and the possibility, but fortunately rare occurrence, of Weils disease rodent destruction remains one of our important duties.

Although, judged by the number of notifications received, infestation remains at approximately the same level, there would undoubtedly be a sharp rise in the rat and mouse population if we relaxed our efforts.

This year more routine visits have been made to farms and other agricultural properties. Contrary to expectation, infestation in varying degree, was found in only a small proportion of these.

The soil sewers were subjected to the usual six monthly poison treatments and the second treatment revealed a marked decline in the rat population. As with surface infestations, however, and these are often linked with sewers via defective drainage, it is necessary to give regular attention to prevent a "build-up" in population.

The annual figures relating to surface infestations are shown below :—

	<i>Type of Property</i>	
	<i>Non-Agricultural</i>	<i>Agricultural</i>
<i>Properties other than sewers</i>		
1. Number of properties in district	118,492	339
2. (a) Total number of properties (including nearby premises) inspected following notification	7,384	6
(b) Number infested by (i) Rats	2,560	6
(ii) Mice	210	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	120	58
(b) Number infested by (i) Rats	60	6
(ii) Mice	—	—

PIGEON DESTRUCTION

Complaints were received during the year and, as a result of these and daily routine visits to the numerous sites of congregation, almost 4,000 pigeons were destroyed.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

Work under this Act to provide improved and well maintained working conditions in shops and offices has made steady progress. Nine hundred and twenty-one detailed primary inspections were made and, where necessary, employers were requested to deal with the contraventions found. These numbered 421 and were mostly of a varied character. The most common types of contraventions found were failure to provide first-aid equipment and thermometers to register room temperatures, unsatisfactory condition of and obstruction to floors, passages and stairs, and inadequate washing facilities.

The total number of visits made for all purposes was 1,652 and it was found generally that employers showed a willingness to comply with the requirements of the Act. In no case was it found necessary to resort to legal action.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

(A) Registrations and General Inspections

<i>Class of premises</i>	<i>No. of premises registered during the year</i>	<i>No. of registered premises at end of year</i>	<i>No. of registered premises receiving a General Inspection</i>
Offices	31	713	168
Retail shops	44	1,503	648
Wholesale shops, warehouses	4	49	33
Catering establishments open to the public, canteens	4	165	63
Fuel storage depots	—	12	9
Totals	83	2,442	921

Total Number of Visits of all kinds by Inspectors to registered premises under the Act 1,652

(B) Analysis of Contraventions

<i>Section</i>	<i>No. of Contraventions found</i>	<i>Section</i>	<i>No. of Contraventions found</i>
4	Cleanliness 31	15	Eating facilities 2
5	Overcrowding 4	16	Floors, passage and stairs 47
6	Temperature 64	17	Fencing exposed machinery 18
7	Ventilation 19	18	Protection of young persons from dangerous machinery —
8	Lighting 8	19	Training of young persons working at dangerous machinery —
9	Sanitary Conveniences 19	23	Prohibition of heavy work —
10	Washing facilities 25	24	First Aid General Provisions 93
11	Supply of Drinking Water 3	50	Exhibition of abstract of Act 82
12	Clothing Accommodation 3		
13	Sitting facilities 2		
14	Seats (Sedentary Workers) 1		
			Total 421

(C) *Exemptions*

No. of applications received Nil

(D) *Prosecutions*

Number instituted Nil

Number of complaints (or summary applications
made under Section 22) Nil

Number of interim orders granted Nil

(E) *Reported Accidents*

Workplace	Number Reported	Total No. Investigated	Action Recommended			No Action
			Prosecution	Formal Warning	Informal Advice	
Offices	17	5	—	—	5	12
Retail Shops	38	3	—	—	3	35
Wholesale Shops, Warehouses	8	2	—	—	2	6
Catering Establishments open to the public	5	1	—	—	1	4
Canteens	6	2	—	—	2	4
Fuel Storage Depots	—	—	—	—	—	—
TOTALS	74	13	—	—	13	61

Analysis of reported accidents

	Offices	Retail Shop	Wholesale Warehouses	Catering establishments open to public, canteens	Fuel Storage Depots
Machinery	—	1	—	—	—
Transport	1	1	3	—	—
Falls of persons	5	8	—	2	—
Stepping on or striking against object or person	1	1	1	—	—
Handling goods	8	11	2	3	—
Struck by falling object	—	1	2	—	—
Fires and Explosions	—	—	—	3	—
Electricity	1	—	—	—	—
Use of hand tools	—	11	—	—	—
Not otherwise specified	1	4	—	3	—

Prescribed Particulars on the Administration of the
Factories Act, 1961

PART I OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	74	10	—	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	606	94	3	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	44	74	2	Nil
Total ..	724	178	5	Nil

2. 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) ..	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	1	1	—	—	—
Ineffective drainage of floors (S.6).....	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	6	—
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective ..	3	3	—	—	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total ..	5	5	—	6	—

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

	<i>No. of out-workers in August list required by Section 133(1)(c)</i>
Wearing Apparel—making, etc.	108
Household linen	1
Lace, lace curtains and nets	1
Upholstery	9
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	5
Carding, etc., of buttons, etc.	1
Stuffed Toys	3
Christmas Crackers	1

MORTUARIES

There are two mortuaries operated by the London Borough of Bromley, one in the Town Hall grounds at Beckenham and the other at Beaverwood Road, Chislehurst.

During 1968, 640 bodies were brought to the mortuaries where post-mortem examinations were conducted by Home Office Pathologists as shown below:—

<i>Mortuary Address</i> (1)	<i>No. of bodies brought to the Mortuary and post-mortem examinations conducted</i> (2)
(1) Town Hall, Beckenham	436
(2) Beaverwood Road, Chislehurst	204

WATER SUPPLY

The main water supply in the borough is provided by the Metropolitan Water Board, and I am indebted to the Director of Water Examination of that Authority for the following information:—

“(1) (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1968.

(b) All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains and the mains are returned to service only after results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

(c) (i) The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar-General's estimates at 30th June, 1968, was 304,052.

(ii) No houses were permanently supplied by standpipe.

(d) No artificial fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

(2) (a) The supply was derived from the following works and pumping stations:—

River Thames group. Eynsford, Horton Kirby, Jewels Wood, Lullingstone, North Orpington, Orpington, Shortlands, Sundridge and West Wickham wells.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

(b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are not considered to be plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping

particularly when it is newly installed; this applies to copper, zinc, iron and also to lead.

Special tests for lead have been carried out during 1968 on 100 premises where a lead supply pipe is installed.

The premises were chosen to give an even distribution of samples throughout the whole of the Board's area.

Two samples were collected from each premises; one was the first running of water standing in the lead pipe overnight and the other was a sample of water after running the tap for a few minutes. The results are set out in the accompanying table:—

<i>Lead content of water from main taps in consumers' premises</i>		
<i>Lead content (mg/l Pb)</i>	<i>Samples of water standing in lead pipe overnight</i>	<i>Samples of water after running the tap</i>
Less than 0.01	10	37
0.01	31	57
0.02	21	4
0.03	8	1
0.04	9	0
0.05	5	0
0.06	5	0
0.07	4	1
0.08	1	0
0.09	3	0
0.10	1	0
0.12	1	0
0.16	1	0
	100 premises	100 premises

The above results are very satisfactory and the figures are within the limits of the World Health Organisation European Standards for Drinking Water Quality. This states that the upper limit for lead in running water in the supply should not be more than 0.1 mg/l (Pb); but where water undertakings continue to use lead piping the concentration of lead (as Pb) should not exceed 0.3 mg/l after 16 hours contact with the pipes."

BACTERIOLOGICAL RESULTS—YEARLY AVERAGES, 1968
OF WATER SUPPLIED TO THE LONDON BOROUGH OF BROMLEY

Source of supply	Number of samples	BEFORE TREATMENT						Number of samples	AFTER TREATMENT			
		Agar plate count per ml.		Coliform count		Escherichia coli count			Agar plate count per ml.		Coliform count	E. coli count
		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Count per 100 ml.	Per cent. samples negative in 100 ml.	Count per 100 ml.		20-24 hours at 37°C.	3 days at 22°C.	Per cent. samples negative in 100 ml.	Per cent. samples negative in 100 ml.
All Thames-derived												
Eynsford well	179	0 0	32	99.88	—	99.44	—	3,651	11.4		99.86	99.97
Eynsford borehole	158	0 0	6	98.73	—	100.0	—	249	0 0	7	100.0	100.0
Horton Kirby No. 1 (a)	189	0 2	231	84.66	2.2	87.83	1.0					
Horton Kirby No. 2 (b)	216	1 4	32	89.35	1.5	92.13	1.1	249	0.2	66	100.0	100.0
Jewels Wood	3	0 0	3	100.0	—	100.0	—	2	—	—	100.0	100.0
Lullingstone No. 1 (a)	128	0 1	1	100.0	—	100.0	—	243	0.0	14	100.0	100.0
Lullingstone No. 2 (b)	123	0 1	12	99.19	—	99.19	—					
North Orpington No. 1 (a)	212	4 8	40	20.75	9 0	29.25	4 6	237	0.8	11	100 0	100 0
North Orpington No. 2 (b)	218	3.6	24	28.44	6 9	39.45	4.0	231	0 1	7	100 0	100 0
Orpington	230	0 1	12	99.57	—	99.57	—	228	0.1	22	100 0	100.0
Shortlands No. 1 (a)	121	5 2	54	66.12	4.5	84.30	0.5					
Shortlands No. 2 (b)	209	0 2	5	93.78	0.4	98.56	—					
Shortlands No. 3 (c)	71	0 0	156	100.0	—	100 0	—					
Sundridge No. 1 (a)	74	0 1	3	71.62	—	71.62	—					
Sundridge No. 2 (b)	56	0 2	1	96.43	0.1	96.43	0.1	241	0 1	9	100 0	100.0
Sundridge No. 3 (c)	110	0 2	9	95.45	0.1	97.27	0.1					
Sundridge No. 4 (d)	90	0 1	12	96.67	0.1	97.78	0.1					
West Wickham	240	0 1	15	92.08	1.1	94.17	0.6	250	0 2	10	100.0	100.0

AVERAGE RESULTS OF THE CHEMICAL EXAMINATION OF WATER SUPPLIED TO THE LONDON BOROUGH OF BROMLEY, 1968

Milligrammes per litre (unless otherwise stated)

Description of the Sample	No. of Samples Day of the month	Ammoniacal Nitrogen	Albuminoid Nitrogen	Nitrate Nitrogen	Oxygen abs. from KMnO_4 4 hrs. at 27°C .	B.O.D. 5 days at 20°C	Hardness (total) CaCO_3	Hardness (non-carbonate) CaCO_3	Magnesium as Mg	Sodium as Na	Potassium as K	Chloride as Cl	Phosphate as PO_4	Silicate as SiO_2	Sulphate as SO_4	Natural Fluoride as F	Surface-active material as Manoxol OT		Turbidity units	Colour (Burgess units)	pH value	Electrical Conductivity (micromhos)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)
All Thames derived	363	0.020	0.083	3.9	1.20		280	76	4	23.2	5.3	32	2.0	10	62	0.30	0.02		0.1	14	7.9	570
Eynsford	8	0.005	0.026	3.8	0.10		268	44				18				0.15			0.0	1	7.3	470
Horton Kirby	8	0.009	0.023	3.8	0.10		271	50				19				0.15			0.0	1	7.3	490
Jewels Wood	3	0.014	0.014	3.7	0.03		220	45				20				0.10			4.7	8	7.3	430
Lullingstone	8	0.009	0.023	3.6	0.09		258	37				16				0.15			0.0	1	7.3	470
North Orpington	7	0.006	0.024	4.3	0.10		276	35				15				0.15			0.0	1	7.2	490
Orpington	4	0.009	0.026	6.1	0.12		307	67				18				0.15			0.0	0	7.2	520
Shortlands	12	0.007	0.026	4.7	0.13		290	80				23				0.15			0.1	0	7.2	530
Sundridge	15	0.009	0.019	3.0	0.06		218	50				20				0.15			0.0	0	7.5	390
West Wickham	4	0.009	0.018	5.1	0.03		283	51				17				0.15			0.0	1	7.3	510

SWIMMING BATHS

All swimming baths in the borough to which the public has access are the responsibility of the Department in respect of conditions which might give rise to health hazards. They are subjected to periodic inspections and samples of the bath waters are regularly taken for bacterial and chemical examination in order to confirm that the measures taken to purify the waters are effectively maintained.

The Baths Manager and Engineer provides day to day oversight of the Public Baths owned by the Council and of baths situated at schools under the Council's control.

The three pools at the Crystal Palace Sports Centre are controlled by the Greater London Council whose Scientific Branch submits monthly reports on the samples taken.

There was no evidence found during the year of any swimming bath being in an unsatisfactory condition.

THE DISEASES OF ANIMALS ACT, 1951

The City of London's Veterinary Department operates a service to undertake duties under the above-mentioned Act on behalf of Local Authorities. This service has been in operation throughout 1968 in the London Borough of Bromley and I am indebted to the Veterinary Officer, Mr. G. S. Wiggins, M.R.C.V.S., for the co-operation of his Department and for much of the following information.

FOOT AND MOUTH DISEASE

174 licences were issued permitting the movement of animals under the terms of the Foot and Mouth Disease (Controlled Areas Restrictions) General Order 1938.

REGULATION—MOVEMENT OF SWINE ORDER, 1959

Under the terms of this Order, 149 movement licences were received and verified, no irregularities were found.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

Two licences were issued to authorise the use of swill boiling plants.

ANTHRAX ORDER, 1938

One case of anthrax was suspected at a local farm. All necessary notices were served and cleansing and disinfection was carried out. The carcase was disposed of by burning on the site. All in-contact stock was protected with vaccine or antibiotic. Smears taken from the dead animal by the Ministry of Agriculture, Fisheries and Foods Officers confirmed the presence of anthrax. The notice defining an infected place was withdrawn when inspections proved that all required measures had been satisfactorily carried out.

RIDING ESTABLISHMENTS ACT, 1964

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Veterinary reports were submitted on all premises in the borough licensed under the above Acts. All were recommended for re-licensing.

ORDERS—MINISTRY OF AGRICULTURE, FISHERIES & FOOD

On occasions Orders are received from the Ministry which require advertisement. The following were therefore inserted in the National Press :

Foot and Mouth Disease (Controlled Areas Restriction)
Amendment Order, 1968.

Foot and Mouth Disease (Imported Meat) Order, 1968.

Foot and Mouth Disease (Controlled Areas) Special Orders
Nos. 2, 3, 4 and 5.

Foot and Mouth Disease (Imported Meat) (No. 2) Order, 1968.

ANIMAL KEEPERS, ETC.

The following premises are situated within the borough and were regularly visited and inspected. No irregularities were found :—

Stock Keepers	.....	.....	.....	.....	30
Farms (more than one type of animal)	.....	.....	.....	.....	46
Pig Keepers	.....	.....	.....	.....	51
Horses only	.....	.....	.....	.....	1
Poultry Keepers	.....	.....	.....	.....	21
Slaughterhouse	.....	.....	.....	.....	1
Riding Establishments	.....	.....	.....	.....	14
Animal Boarding Establishments	.....	.....	.....	.....	15

GENERAL

Two cases occurred of pigs being found dead on farmland. In both cases the premises were visited and arrangements made for the animals to be buried, covered with lime and the area disinfected. A post-mortem examination was carried out on one pig, but this was not possible in the other case.

RIDING ESTABLISHMENTS ACT, 1964

Fourteen applications were received for the grant of licences to keep Riding Establishments. The premises were inspected and referred to, and reported upon, by a Veterinary Surgeon and a Fire Prevention Officer. All animals available to be hired from the premises were also examined by Veterinary Surgeons. Conditions were satisfactory and the licences were issued.

PET ANIMALS ACT, 1951

Licences to deal in "Pet Animals" as defined by the Act were issued to 29 applicants. The majority of the businesses were on a small scale selling fish, tortoises, birds and small animals. A total of 43 visits were made to the premises, four contraventions of the terms of the licences being found and remedied.

ANIMAL BOARDING ESTABLISHMENTS

Fifteen licences were granted to persons to keep Boarding Establishments for Animals. Provision is made at the premises for boarding 294 dogs and 187 cats.

Forty-three visits were made to these premises during the year—no contraventions of the terms of the licences being found.

SUMMARY OF PUBLIC HEALTH INSPECTORS' VISITS

General Sanitation

Agricultural Welfare	.....	.....	.....	.....	12
Animal Boarding Establishments	.....	.....	.....	.....	43
Caravans	.....	.....	.....	.....	217
Cesspools	.....	.....	.....	.....	42
Common Lodging Houses	.....	.....	.....	.....	28
Drainage	.....	.....	.....	.....	1,874
Filthy Premises	.....	.....	.....	.....	27
Fouling of Footpaths	.....	.....	.....	.....	62
Hairdressers	.....	.....	.....	.....	244

Keeping of Animals	.....	.....	.....	.....	52
Noxious Accumulations	.....	.....	.....	.....	366
Piggeries	.....	.....	.....	.....	35
Public Conveniences	.....	.....	.....	.....	108
Rivers, etc.	.....	.....	.....	.....	158
Schools	.....	.....	.....	.....	38
Swimming Baths — Public	.....	.....	.....	.....	3
Swimming Baths — Private	.....	.....	.....	.....	28
Theatres, etc.	.....	.....	.....	.....	3
Verminous Premises	.....	.....	.....	.....	155

Housing

Housing Acts (Clearance)	.....	.....	.....	.....	687
Housing Acts (Improvement)	.....	.....	.....	.....	142
Overcrowding	.....	.....	.....	.....	94
Public Health Acts	.....	.....	.....	.....	5,316
<i>Rent Act</i>	.....	.....	.....	.....	46

Factories, etc.

Factories with power	.....	.....	.....	.....	94
Factories without power	.....	.....	.....	.....	10
Building Sites	.....	.....	.....	.....	74
Outworkers	.....	.....	.....	.....	23

Offices, Shops and Railway Premises

General Inspections—Offices	.....	.....	.....	.....	168
Retail Shops	.....	.....	.....	.....	648
Wholesale Shops and Warehouses	.....	.....	.....	.....	33
Catering Establishments and Canteens	.....	.....	.....	.....	63
Fuel Storage Depots	.....	.....	.....	.....	9
Visits of all kinds (including above)	.....	.....	.....	.....	1,652

Food Premises—Food Hygiene Regulations

Bakers' Shops	.....	.....	.....	.....	158
Bakehouses	.....	.....	.....	.....	129
Butchers	.....	.....	.....	.....	371
Dairies	.....	.....	.....	.....	65
Fishmongers	.....	.....	.....	.....	138
Greengrocers	.....	.....	.....	.....	231
Grocers	.....	.....	.....	.....	716
Ice Cream	.....	.....	.....	.....	153
Restaurants	.....	.....	.....	.....	381
Slaughterhouses	.....	.....	.....	.....	32
Stalls	.....	.....	.....	.....	320

<i>Food Complaints</i>	93
<i>Inspection of Foodstuffs</i>	
Meat—Slaughterhouse	237
Meat—Wholesale Depots	89
Meat—Retail Shops	52
Other Foods	365
<i>Rodent Control</i>	
Agricultural premises	17
Non-agricultural premises	285
<i>Water Supply</i>	86
<i>Noise Abatement</i>	195
<i>Pharmacy and Medicines</i>	19
<i>Rag Flock and Other Fillings Act</i>	21
<i>Riding Establishments Act</i>	23
<i>Pet Animals Act</i>	43
<i>Clean Air Act</i>	
Nuisances	184
Industrial Premises	154
Smoke Control Areas	10,457
<i>Pigeons Infestations</i>	38
<i>Infectious Diseases</i>	
General	506
Food Poisoning	124
Disinfection supervision	22
Surveillance of Infectious Diseases Contacts, etc.	164
<i>Nursing Homes and Child Minders</i>	12
<i>Sampling</i>	
Egg Products	12
Food and Drugs	816
Residual Pesticides	27

Ice Cream (Bacteriological)	.....	83
Milk (Bacteriological)	.....	305
Water—Drinking	.....	13
Rivers, etc.	.....	18
Swimming Baths	.....	37
Rag Flock Act	.....	4
Miscellaneous	.....	220
Total		29,722

NOTICES SERVED

Informal Notices:

Public Health and Housing	.....	444
Others	.....	238
Complied with at end of year:		
Public Health and Housing	.....	294
Others	.....	149

Statutory Notices:

Public Health Act	.....	119
Complied with at end of year:		
Public Health Act	117

SCHOOL HEALTH SERVICE

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MEMBERS OF THE EDUCATION COMMITTEE

(as at 31st December, 1968)

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- *Councillor F. J. Packer, F.C.I.S. (Vice-Chairman)
- Councillor H. W. Haden, J.P. (Mayor)
- Alderman Mrs A. L. Gunn, J.P.
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Co-opted Members:

- Mr. J. H. Atkins, J.P.
- Mr. K. Coleborn
- Mr. J. Davies
- Miss M. C. Grobel, M.A.
- The Rev. Canon T. C. Hammond, M.A., LL.B.
- *Mr. N. L. Hevey
- Miss E. M. Huxstep, C.B.E., B.A.
- *Mr. W. Marsden
- Mrs. K. G. Wheeler
- Mr. C. E. Wiltshire, J.P.

*Denotes members of Primary Education and Welfare
Sub-Committee

CHIEF EDUCATION OFFICER—D. R. Barraclough,
M.A., Dip.Ed.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Ladies and Gentlemen,

I have the honour to present the fourth Annual Report on the School Health Service of the London Borough of Bromley. In keeping with modern emphasis in school health towards developments of the Audiology Service, School Psychological Service, Child Guidance, Speech Therapy and Physical Education, enlarged reports on these services are included in this report. Salient points will be referred to in this prefatory letter but first of all comment is directed to the physical and dental health of school children.

Health of School Children

The report of the Principal School Dental Officer indicates that a high standard of work has been maintained though for economy reasons there has been a reduction in orthodontic work. Good dental health is shown by the decline in extractions of permanent teeth.

Likewise physical health of Bromley school children has been good though there was an increase of 58 children referred for treatment because of visual defect. There were 8 less children found to require medical treatment following periodic medical inspections; 2,132 out of a grand total of 12,242 pupils who received a full medical examination. It is occasionally difficult to obtain the required standards of illumination and distance for the visual test in schools even though Heads of Schools try to be most helpful and do make alternative arrangements whenever possible. The Health Visitor saves valuable time for the Medical Officer by carrying out these tests and as a more familiar figure to the child fosters the confidence and co-operation of the child in carrying out what is often a difficult examination.

An increase of skin infections included 35 cases of scabies. These were scattered throughout the borough with no connecting link or evidence of epidemicity and quickly responded to treatment.

The opening of three new schools in the borough increased the work of the Health Visitors whose duties, apart from the carrying out of vision tests, include attendance at medical examinations to assist the Medical Officer and advise parents, to carry out school hygiene examinations where necessary, and to promote health education. Talks on health education subjects are now routinely given by the Health Visitors in three senior schools. A desire to experiment on methods of school medical examination has been restricted by retirements and difficulties of recruitment of Medical Officers.

Audiology Service

The two reports in this section are worthy of special attention. They represent the forward thinking and planning of the Committee through its officers to provide full assisted education for the child with impaired hearing.

Two assistant Medical Officers now include as part of their duties special responsibility for this service and for developing it both clinically and administratively. There is established a complete system for early detection at pre-school or earlier of deafness and for the concentration of aid to the deaf child in classes, special units and at an audiology clinic to complement the work of peripatetic teaching.

There is full co-operation with the Welfare, Speech, Psychological and Special Hospital Services in making a total assessment of the problems of each child with impaired hearing; and in these developments there is full co-operation with neighbouring local authorities. The report shows how the precious skills of scarce Teachers of the Deaf have been utilised, if necessary, on a temporary part-time basis to bring maximum help to these children.

School Psychological Service

The continued progress of this Service is shown later in the report. The diversification of duties which each year's account brings out now approaches in character that established by the national questionnaire referred to in the Summerfield Report on Psychologists in Education Services. In view of the national shortage of skilled workers in this field which is reflected locally the work of this section is greatly to be commended.

Special Day Schools

The reports on the activities of the three Special Day Schools for educationally subnormal children show how well the children are being fitted for employment and independent lives. All children have opportunities to learn to swim either at the school or at a neighbouring school bath. Education progress in school is checked by frequent psychometric tests and success in employment after leaving school is ensured through selection of employment and supervision by the Youth Employment Officers.

Each school has strong links with the neighbourhood and through sport and other activities strong links with each other.

Physical Education

The second report on this subject shows the exciting co-operation with the National Recreation Centre at Crystal Palace which has developed as a natural result of the situation of this centre in relation to the borough. This co-operation included an investigation of the value to secondary school children of many

activities which are not easily provided at school, and the action of Bromley parents in playing their part as hosts on the occasion of the National Championships of the English Schools' Swimming Association. A permanent link is the Miss Bentley Memorial.

In concluding this report I wish to refer to the retirement of Dr. H. B. Carter-Locke, Senior Medical Officer (School Health) which took place on 1st January, 1969. He was appointed Deputy Medical Officer of Health and School Medical Officer to the former Borough of Bromley in January, 1949, and succeeded Dr. K. E. Tapper as Medical Officer of Health and School Medical Officer on the 21st February, 1955. He has been responsible for the day-to-day administration of the School Health Services in the London Borough of Bromley since 1st April, 1965, and will be greatly missed as a most dependable colleague with a genius for organisation. He has been succeeded by Dr. Peter Currie, formerly Senior Medical Officer Maternal and Child Health.

Finally, may I sincerely thank the Chairman and Members of the Committee for their sympathetic appreciation of the interlocking duties of the medical staff of the School Health and Health and Welfare Departments and for their support in the maintenance of statutory responsibilities in a year of stringent financial restrictions. I wish to thank Mr. Barraclough, the Chief Education Officer, his staff and the Heads of Schools for their advice and support and my own staff in the School Health Service for sustained diligence and enthusiasm.

L. R. L. Edwards,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

The borough has a duty to provide for the medical inspection at appropriate intervals, and to make arrangements for securing the provision of free medical and dental treatment of pupils in attendance at maintained schools. The School Health Service, under the direction of the Principal School Medical Officer, administers these services on behalf of the borough.

It is the aim of the School Health Service, in collaboration with the Education Department, to be satisfied by means of these medical examinations that every child is able to receive the type of education best suited to his age, aptitude and ability.

There are 35 secondary (including two direct grant) and 86 primary schools in the borough; also three special day schools for educationally subnormal children.

In January, there were 44,774 pupils (an increase of 1.052) on the registers of the maintained primary, secondary, special and nursery schools.

Routine medical inspections have continued to be given to all pupils entering the Infants' Schools, and are repeated when they reach the age of ten years and fourteen years. In addition, at eight years of age pupils are given routine tests of vision and hearing only; a full medical examination is also undertaken at this age if for any reason it appears necessary. Further, if at any time during a child's school career, the head teacher, parent or doctor is concerned about the health of a particular child, arrangements are made for a special examination to be carried out. Independent Schools may also participate in the School Health Service.

Follow-up examinations, referrals to General Practitioners, Specialist Clinics, and to Hospital Consultants are arranged as and when necessary.

The total number of children attending both maintained and independent schools, who were examined in the routine age groups was 13,126. The physical condition of all the pupils inspected was satisfactory, and 2,257 pupils (17.2%) were found to require treatment.

A further 4,074 children were given routine tests of vision and hearing. As a result of which 144 pupils (3.5%) were referred for treatment because of visual defects, and 29 pupils (.7%) were referred for treatment because of hearing defects.

Further details of these examinations will be found later in the Report.

A staff of ten Assistant Medical Officers devote approximately 50% of their time to work within the School Health Service. Each Medical Officer is responsible for a particular group of schools, so that regular contact between the head teachers and their own School Medical Officer is possible.

The schools allocated to each Medical Officer are grouped, as far as possible, around the Child Welfare Clinics which the particular Medical Officer also attends. This enables the Medical Officer to see both the child and its parent at the Child Welfare Clinic until the child becomes eligible for school, and then continue seeing them both at school. This continuing care is valuable as it helps to build up a good relationship between the parent, child and doctor.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools)

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	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	17	17	—	—	—	2	2
1963	1,677	1,677	—	—	73	207	258
1962	2,909	2,909	—	—	161	347	493
1961	216	216	—	—	12	19	28
1960	190	190	—	3,819*	10	11	21
1959	98	98	—	115*	12	15	24
1958	3,647	3,647	—	5*	251	350	579
1957	269	269	—	1*	18	44	61
1956	67	67	—	—	6	7	12
1955	42	42	—	—	10	9	19
1954	2,901	2,901	—	—	349	343	577
1953 and earlier	209	209	—	—	34	24	58
TOTAL	12,242	12,242	1	3,940*	936	1,378	2,132

The physical condition of all the children inspected was satisfactory.

*Tests of Vision and Hearing only at age of eight years.

137 Pupils referred for treatment because of visual defects.

26 Pupils referred for treatment because of hearing defects.

Other Inspections

Number of Special Inspections	.....	.....	1,467
Number of Re-inspections	.....	.....	1,868
			<hr/>
		Total	3,335

Special Inspections

Special inspections are carried out at any time during a child's school career if the head teacher, family doctor, parent or health visitor is concerned about the health of a particular child. A total of 1,467 special inspections was carried out during the year.

Re-Inspections

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection. A total of 1,868 re-inspections was carried out during the year.

Follow-up Examinations

Follow-up examinations, referrals to General Practitioners, Specialist Clinics, and to Hospital Consultants are arranged as and when necessary.

Cleanliness Inspections

These inspections are carried out by the Health Visitors. Children in the Infants Departments are inspected during the first six weeks of each term.

Inspections in the junior and secondary schools are also carried out each term unless clear inspections are reported for three consecutive terms.

In addition to the above, inspections are carried out at any time if and when necessary.

- | | |
|---|--------|
| (a) Total number of individual examinations of pupils in schools by Health Visitors | 32,871 |
| (b) Total number of individual pupils found to be infested | 177 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | 31 |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | Nil |

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS—MAINTAINED SCHOOLS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	108	104	106	318	8
		O	66	24	29	119	2
5	Eyes—a. Vision	T	246	383	307	936	171
		O	656	222	213	1091	72
	b. Squint	T	38	7	20	65	—
		O	15	—	3	18	1
	c. Other	T	18	11	22	51	2
		O	6	6	4	16	—
6	Ears—a. Hearing	T	44	18	18	80	28
		O	207	12	36	255	47
	b. Otitis Media	T	11	2	4	17	1
		O	23	1	1	25	—
	c. Other	T	6	3	4	13	—
		O	3	2	1	6	—
7	Nose and Throat	T	99	24	40	163	5
		O	210	24	47	281	9
8	Speech	T	57	7	21	85	27
		O	110	—	10	120	9
9	Lymphatic Glands	T	4	1	1	6	2
		O	91	6	6	103	1
10	Heart	T	7	3	9	19	1
		O	26	2	15	43	—
11	Lungs	T	39	11	45	95	6
		O	75	8	35	118	6
12	Developmental— a. Hernia	T	11	1	5	17	—
		O	12	—	4	16	1
	b. Other	T	11	10	22	43	4
		O	105	6	40	151	13
13	Orthopaedic— a. Posture	T	5	45	2	52	9
		O	16	81	41	138	13
	b. Feet	T	54	41	46	141	12
		O	63	26	36	125	1
	c. Other	T	27	36	14	77	1
		O	53	18	14	85	6
14	Nervous System— a. Epilepsy	T	5	10	6	21	2
		O	5	2	8	15	—
	b. Other	T	5	9	8	22	2
		O	44	5	11	60	6
15	Psychological— a. Development	T	—	8	10	18	5
		O	26	6	33	65	17
	b. Stability	T	13	4	14	31	9
		O	215	60	71	346	29
16	Abdomen	T	7	2	13	22	3
		O	19	4	11	34	2
17	Other	T	5	11	6	22	10
		O	30	28	30	88	9

T = TREATMENT

O = OBSERVATION

INDEPENDENT SCHOOLS

Independent Schools, which so desire, have continued to participate in the School Health Service. At present 17 such schools take advantage of the facilities provided by the Service. Subject to their parents' consent pupils attending these schools receive routine medical inspections (at the same ages as children attending maintained schools), and also have the advantage of access, where necessary, to the specialist clinics. Arrangements are also made as and when necessary for the special examination of any child.

During the year 884 children were medically inspected, and a further 134 children received tests of vision and hearing only. In addition, a total of 24 special inspections and 83 re-inspections was carried out.

Further details, with a summary of the various defects found at these examinations are as follows:—

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	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	1	1	—	—	—	—	—
1963	152	152	—	—	12	18	25
1962	89	89	—	—	2	3	5
1961	11	11	—	—	—	—	—
1960	59	59	—	132*	2	—	2
1959	12	12	—	1*	2	—	2
1958	169	169	—	1*	13	14	27
1957	27	27	—	—	1	6	7
1956	72	72	—	—	6	3	9
1955	8	8	—	—	2	1	3
1954	268	268	—	—	25	18	43
1953 and earlier	16	16	—	—	2	—	2
TOTAL	884	884	—	134*	67	63	125

The physical condition of all the children inspected was satisfactory.

*Tests of vision and hearing only at age of eight years.

7 pupils referred for treatment because of visual defect.

3 pupils referred for treatment because of hearing defect.

OTHER INSPECTIONS:

Number of Special Inspections	..	..	..	24
Number of Re-inspections	..	..	..	83

DEFECTS FOUND BY PERIODIC AND SPECIAL INSPECTIONS — INDEPENDENT SCHOOLS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	1	—	3	4	—
		O	10	8	3	21	—
5	Eyes—a. Vision	T	14	27	26	67	—
		O	29	15	9	53	1
	b. Squint	T	3	1	—	4	—
		O	—	1	—	1	—
	c. Other	T	1	—	2	3	—
		O	1	—	1	2	—
6	Ears—a. Hearing	T	1	1	2	4	—
		O	7	1	6	14	—
	b. Otitis Media	T	1	—	—	1	—
		O	1	—	2	3	—
	c. Other	T	—	—	—	—	—
		O	—	—	—	—	—
7	Nose and Throat	T	6	2	2	10	—
		O	20	1	4	25	—
8	Speech	T	1	—	—	1	1
		O	8	—	—	8	—
9	Lymphatic Glands	T	—	1	—	1	—
		O	5	—	—	5	—
10	Heart	T	—	—	—	—	—
		O	1	2	—	3	—
11	Lungs	T	3	2	—	5	—
		O	2	5	2	9	—
12	Developmental— a. Hernia	T	—	—	—	—	—
		O	—	—	2	2	—
	b. Other	T	1	—	2	3	—
		O	3	—	1	4	—
13	Orthopaedic— a. Posture	T	—	3	1	4	1
		O	—	6	6	12	—
	b. Feet	T	1	1	5	7	1
		O	5	8	12	25	—
	c. Other	T	—	2	—	2	—
		O	8	6	5	19	—
14	Nervous System— a. Epilepsy	T	1	—	—	1	—
		O	—	—	2	2	1
	b. Other	T	—	—	1	1	—
		O	1	1	3	5	—
15	Psychological— a. Development	T	—	—	—	—	—
		O	1	2	—	3	—
	b. Stability	T	1	—	2	3	—
		O	6	2	10	18	—
16	Abdomen	T	—	1	1	2	—
		O	—	2	—	2	—
17	Other	T	—	4	3	7	—
		O	1	19	5	25	—

T—TREATMENT

O—OBSERVATION

Minor Ailments

Minor ailments are treated by the Health Visitors at the Clinics, or at school if requested by the Head Teacher.

These arrangements are found to avoid loss of school time which would otherwise be inevitable.

During the year a total of 189 pupils was treated.

Treatment of Pupils

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:—

External and other, excluding errors of refraction and squint	14
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Errors of refraction (including squint)	5,018
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Total	5,032
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Number of pupils for whom spectacles were prescribed	1,703
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Ophthalmic Clinics

These clinics are situated at Beckenham, Bromley, Chislehurst, Orpington, Penge and St. Paul's Cray. A total of 9 weekly sessions is held at these centres. In addition a session is held every other week at Bromley.

A total of 1,020 new cases and 4,012 re-examinations was seen at the Clinics.

The attendance at these Clinics continued to be very good on the whole, and it was again possible for both new cases and re-examinations to be seen without any undue delay.

The importance of the Ophthalmic Clinics cannot be overstressed as unchecked defects of vision can have serious effects on a child's scholastic achievements.

It is with deep regret that we record the death in August of Mr. F. J. Lorrigan, who, since the 1st April, 1965, had been the Ophthalmic Consultant at the Beckenham Clinic, and who had previously worked for many years for the former Borough of Beckenham.

We were sorry to lose the services of Mr. S. E. White, who for many years had been the Ophthalmic Consultant at the Orpington and Penge Clinics. Mr. White left at the beginning of the year to take up an appointment in the Isle of Man.

Since compiling this report we have heard with deep regret of the death of Mr. White, as a result of a car accident.

We were fortunate in being able to appoint Dr. L. Versteeg as the Ophthalmic Consultant at the Beckenham and Orpington Clinics, and Dr. J. H. Stewart, who was already on the staff, was able to take over the Penge Clinic.

Orthoptic Clinic

Patients seen at this Clinic are always referred by an Ophthalmologist. Three weekly sessions are held at the Bromley North Clinic, and one session per week at The Willows Clinic, Chislehurst. Patients not living in the areas served by these two clinics are seen at the nearest local hospital.

The following types of cases are referred:—

- (a) Cases of obvious strabismus or squint.
- (b) Patients suspected of having a strabismus.
- (c) Amblyopic patients.
- (d) Patients with any ocular muscle imbalance.
- (e) Patients who are complaining of ocular symptoms, the cause of which is not obvious to the Ophthalmologist.

Details of treatments and attendances are as follows:—

Number of new cases	64
Number on treatment	118
Number on occlusion	126
Number of treatments given	188
Number of cures with operation	1
Number of cures without operation	7
Cases discharged (cured)—	
(a) Functional for binocular single vision	6
(b) Cosmetic	3
Total number of attendances	716
Transferred or left the district	7
Number of sessions	175
Number on waiting list at 31.12.68	3

Diseases and Defects of Ear, Nose and Throat

Number of cases known to have been dealt with:

Received operative treatment:—

- (a) for diseases of the ear
- (b) for adenoids and chronic tonsilitis 474
- (c) for other nose and throat conditions 184

Received other forms of treatment

Total 658

Total number of pupils in schools who are known to have been provided with hearing aids:—

(a) during 1968	15
(b) in previous years	50

Orthopaedic and Postural Defects

Number known to have been treated:

(a) Pupils treated at clinics or out-patients	206
(b) Pupils treated at school for postural defects	—

Total 206

Orthopaedic Clinic

The Clinic is situated at Bromley North and caters for the surrounding population. Other parts of the area are covered by various Hospital Out-patient Departments. The main defects seen at these Clinics were minor deformities of the feet, back and knock knees. The attendances continued to be good and the Clinic is held according to need, which is approximately once a month.

Physiotherapy Clinic

Cases are treated at the Bromley North and Beckenham Town Hall Clinics, and at Hospital Out-patient Departments.

The majority of cases attending for treatment were referred direct from the Orthopaedic Consultant. Cases of general debility were referred to the Clinics for a course of sunlight.

A total of 926 attendances was made at the two Clinics, and of these 673 were for remedial exercises, etc., and 253 for sunlight.

Diseases of the Skin (excluding uncleanliness)

Number of pupils known to have been treated:

Ringworm—(a) Scalp	—
(b) Body	4
Scabies	35
Impetigo	3
Other skin diseases	573

Total 615

B.C.G. Vaccination

In the effort to eradicate tuberculosis, B.C.G. vaccination was again undertaken with parental consent, on children in the 13-14 year age group, who are found to need this form of protection following upon a skin test. In addition, those who are shown

by the skin test to need further investigation are referred, with the approval of the family doctor, to the appropriate Chest Clinic.

During the year 3,304 children received a skin test and the 2,829 negative reactors received B.C.G. vaccination. Of the 345 children who were found to have a positive reaction to the skin test, 156 were referred to the appropriate Chest Clinic for further investigation. No further action was necessary in the case of the remaining 189 children who gave a positive reaction because of previous B.C.G. vaccination.

Infectious Diseases

218 notifications of infectious diseases in children of school age were received during the year.

Details of the notifications received are as below:—

<i>Disease</i>	<i>Total No. of Cases</i>	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
Scarlet Fever	48	11	5	3	29
Measles	111	4	22	28	57
*Pneumonia	4	1	2	1	—
†Inf. Jaundice	5	—	—	4	1
Meningitis	1	—	—	—	1
Food Poisoning	1	—	1	—	—
Whooping Cough	40	14	11	5	10
Paratyphoid	1	—	—	—	1
Dysentery	4	2	1	—	1
T.B. (Pul.)	3	—	2	1	—
Totals	218	32	44	42	100

*As from 1st October, 1968, Pneumonia was no longer required to be notified.

†Infective Jaundice became generally notifiable from 15th June, 1968.

Speech Therapy

This year saw a slight improvement in the staffing situation so that the three clinics, special schools (with one exception), Hospital School and Training Centre, were staffed for most of the year.

One full-time therapist resigned and two full-time therapists were appointed and the year ended with the full complement of staff allowed at present.

Group therapy for language handicapped children was started at the Masons Hill Clinic, Bromley, and the group which consists of a maximum of six children meets one morning a week. Most of the children are under school age and most have behaviour as well as language difficulties.

During the year a student from the Central School of Speech Therapy attended the Bromley Clinic and several students from the Rose Bruford College of Speech and Drama attended the three clinics for observation study.

The figures for 1968 are as follow:—

Number of children referred by:—

1. Assistant Medical Officers	.....	.....	127
2. Head Teachers	.....	.....	60
3. Hospital Consultants	.....	.....	19
4. General Practitioners	.....	.....	16
5. Parents	.....	.....	10
6. Health Visitors	.....	.....	8
7. Educational Psychologists	.....	.....	5
8. Other Districts	.....	.....	5
Total			250

Number of children seen—

1. in Clinics	.....	.....	328
2. in Special Schools (inc. Cheyne Hospital)	.....	.....	98
3. in Training Centre	.....	.....	20
Total			446

Number of attendances:—

1. Clinics	.....	.....	1,874
2. Special Schools (inc. Cheyne Hospital)	.....	.....	611
3. Training Centre	.....	.....	300

Number of Home Visits 67

Number of School Visits 24

Number of Initial Interviews 188

Distribution of Cases:

Stammer	.....	.....	39
Dyslalia	.....	.....	145
Retarded speech and language development	.....	.....	148
Interdental speech	.....	.....	49
Lateral speech	.....	.....	19
Deaf	.....	.....	8
Dysphonia	.....	.....	2
Dysphasia	.....	.....	4
Dysarthria	.....	.....	8
Nasal speech	.....	.....	2
Hyponasality	.....	.....	1
Cleft palate—repaired	.....	.....	8
General retardation	.....	.....	3

Total 436

Ten cases seen in the clinic have not been classified as therapy was either not indicated or being received elsewhere.

Cases closed:

Improved	.....	80
Reported improved	.....	9
Removed	.....	29
Refused appointments	.....	11
Non-attendance after first interview	.....	21
Failed interview appointments	.....	11
Therapy not indicated	6
Having therapy elsewhere	4
Transferred	2

Total	<u>173</u>
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At the end of the year the waiting list was 133 including 17 priorities.

Child Guidance

Through various sources, cases of psychological disturbances come to light and are referred, if necessary, to the appropriate Child Guidance Clinic.

These Clinics, which are spaced throughout the district, are held in hospital premises except at "The Willows", Red Hill, Chislehurst, which is the Council's own premises. The remaining Child Guidance Clinic sessions are held at Farnborough Hospital, "Stepping Stones", Bromley Hospital and at Sydenham Hospital, which serves the Borough of Bromley although it is outside the geographical limits. One Consultant Psychiatrist is now responsible for the Child Guidance work at local hospitals and at our own Clinic at Chislehurst.

I am grateful to Dr. Rodriguez, Consultant Psychiatrist for the following report in respect of the Chislehurst Child Guidance Clinic, where he attends for 4 sessions per week.

During 1968 the demands on the Clinic have remained practically unchanged. There was a slight decrease in the number of referrals (97 in 1968, 112 in 1967). The average length of the waiting list was about 6 months, but it was always possible to see urgent cases within 10-15 days. With the available present resources it is not possible to take more new children for treatment without lengthening the waiting list. It is considered desirable to increase the treatment facilities by asking for the appointment of a Child Psychotherapist to the staff. Efforts have been made by all the staff to maintain as close contact as possible with outside agencies.

The Educational Psychologists, Mrs. Preston and Mr. Bennett, have continued their work as in previous years. We had the help of Mr. Good during the summer months. Apart from psychological assessment in the Clinic, numerous visits were paid to schools covering the children attending the Clinic. Mrs. Cameron, who had been working at the Clinic since 1967, was appointed Social Worker on 1st September, 1968; she still carries on her duties as Mental Welfare Officer. Since October 1968 Mrs. Cameron has been attending the course on Community Care run by the London Boroughs Training Committee.

The Clinic was closed for several days to carry out some very much needed repairs. Some furniture and play material was replaced.

Sixty-seven new children from the Borough have been investigated and taken on for treatment during the year. The number of children referred by General Practitioners, Paediatricians and other Psychiatrists increased slightly (a continuing trend over the last few years). The total number of psychiatric interviews with children was 558.

As in the previous year, co-operation with outside agents has been a regular part of the responsibilities of the Unit. Contact was maintained with Head Teachers, Education Welfare Officers, School Medical Officers, Children's Officers, Probation Officers and Health Visitors. Several case conferences were held. The staff has attended meetings organised, amongst others, by the Education Department and Mental Welfare Department.

Several students visited the Clinic: two from the Institute of Education, two Younghusband students and four Psychiatric Social Worker students.

Details of referrals and attendances during the year are as follow:—

Waiting List:

(a) Awaiting first interview	50
(b) Interviewed and awaiting treatment	Nil

In attendance:

(a) Active	104
(b) Periodic Review (holiday cases)	16
Number of cases closed	81
Number of applications withdrawn	9

(Failed repeatedly to attend for diagnostic interview)

260

Sources of referral :

Probation Officers	.....	2
Court	.....	4
Head Teachers	.....	12
Assistant Medical Officers	.....	14
General Practitioners	.....	15
Parents	.....	7
Children's Officers	.....	—
Hospitals (Paediatricians and Psychiatrists)	.....	15
Chief Education Officer	.....	8
School Psychological Service	.....	17
Others	.....	3
		<hr/> 97

Number of new patients taken on for treatment during each month :

January 2; February 3; March 9; April 1; May 9;
June 7; July 6; August 3; September 8; October 5;
November 6; December 8.

Number of Psychiatric Interviews :

Quarter to 31st March, 1968	.....	149
Quarter to 30th June, 1968	.....	133
Quarter to 30th September, 1968	.....	123
Quarter to 31st December, 1968	.....	153

Number of Home Visits :

Psychiatric Social Worker	.....	106
Educational Psychologists	.....	—
Other Staff	.....	—

Social Worker made 18 visits to different outside agents.

Number of School Visits :

Psychiatric Social Worker	.....	14
Educational Psychologists (for Clinic cases)	.....	12
Other Staff	.....	—

School Psychological Service

I am grateful to Mrs. P. Preston, Senior Educational Psychologist, for the following report:—

The varied functions of the School Psychological Service remain unchanged. From time to time, however, the emphasis of work alters slightly, and this year the Service has been more committed with general educational duties. Thus:—

I. In Secondary Education

The Educational Psychologists have been consulted over:

- (a) 11-plus selection procedures;
- (b) comprehensive education;
- (c) remedial provisions.

II. In Primary Education

The Educational Psychologists have been particularly active regarding the problems of the slow learners.

(a) The report of the two year experimental screening for slow learners at top infant level was completed in May 1968 giving details of the incidence and distribution of slow learners in the borough.

(b) A system for the referral, investigation and formulation of the educational needs of the slow learners (primary level) was introduced and implemented. 73 infants were investigated and 28 of them were considered by co-ordinating panels.

(c) An exhibition of books, apparatus and remedial materials on reading was completed in September 1968 for Primary and Secondary teachers.

III. General advisory duties

The Educational Psychologists have been consulted by teachers attending special courses and engaged on specific projects. Lectures to various groups, e.g. mental health workers, parents, were also undertaken by the service.

Work in the other areas of duties has continued:

1. Remedial classes. The Educational Psychologists have continued to see new entrants but only minimal monitoring of their progress has been possible.

2. Tutorial classes. Regular quarterly meetings have taken place between the Teachers, the Consultant Psychiatrist and the Educational Psychologists to discuss children's progress.

3. Hearing-impaired children. The Educational Psychologists have also attended some of the regular monthly meetings between the Teachers of the Deaf, Speech Therapists, School Medical Officers and visiting Consultants to consider the needs and progress of hearing-impaired children.

4. Special Infant Opportunity Classes. The system of a general annual meeting between the Head Teachers, School Medical Officers and Educational Psychologists has proved helpful and will be retained.

5. Day Special Schools. Fortnightly visits have been maintained as far as possible with the other demands of the Service.

In total 689 cases were investigated as follows:—

A. Referred by schools as "slow learners:				
(a)	infant level	.....	.....	73
(b)	junior level	.....	.....	60
Total				133
B. Referred by schools for other reasons, e.g. behaviour problems, specific learning difficulties, at parents' request, etc.				
				288
C. Referred by Clinics:				
(a)	The Willows L.E.A. C.G.C.	.....		58
(b)	Bromley Hospital C.G.C.	.....		79
(c)	Farnborough Hospital Children's Dept., including Phoenix C.P. unit and Cheyne P.H. Hospital School			131
Total				268

There remains 305 referrals from the schools which form the waiting list.

Mr. Bennett has been particularly active with the remedial reading course and the book exhibition during the autumn term, and he has had to spend more time this year on the New British Test (a Manchester University and B.P.S. project).

Mr. Good, who has been assisting on the basis of one day per week will be leaving at the end of March and thanks are due to him for his service to the borough.

This autumn we welcomed Mr. Blakey from London University. He is an Educational Psychologist student under our supervision for practical work on two days a week for this year.

In March, 1969, the School Psychological Service is moving to more adequate premises at St. Paul's Wood Hill. We welcome the increased clerical services which will then be available in the person of Miss H. Muir and thank all those at "The Willows" and at the Beckenham Education Sub-Office who have done so much to assist in the past.

Audiology Service

During the year liaison between the visiting Teachers of the Deaf, who are on the Chief Education Officer's establishment, and the School Health Service staff, has enabled the early detection and assessment of the hearing-impaired child to be made. This liaison ensures that every possible assistance regarding treatment and education is made available to every child with a hearing defect.

It is still hoped that when financial provision permits it will be possible to appoint an Audiometrician to the staff of the School Health Service. The Audiometrician would have time to test the hearing of children more frequently and, perhaps more important, to start testing at an earlier age than is possible at the moment.

Two Assistant Medical Officers have particular responsibility in this field and it is gratifying for me to be able to report as follows on the development of the service now available in the borough for the hearing-impaired child.

Our aims, in dealing with the hidden handicap of deafness, are early recognition, comprehensive assessment, appropriate treatment and periodic re-assessment.

(i) Early Recognition. The routine screening tests for vision and hearing of eight-year-olds have already been mentioned. Recently, a pilot scheme has been started whereby a sweep audiometric test for hearing is also given to certain five-year-olds. This is in addition to the already established screening test for vision at this age, and, together with it, is incorporated into the Routine Medical Inspection for school entrants.

In the context of our efforts at early recognition, it should be mentioned that co-operation is shown to the Health and Welfare Department's staff by all who deal with children, all of whom through increasing awareness of deafness being the possible cause of a child's failure to make progress, are now making referrals more readily to the School Health Service on this account.

(ii) Comprehensive Assessment and Appropriate Treatment. There now exists good communication between the different disciplines involved in the management of the deaf child which ensures that the whole child in all his dimensions, not just his deafness, is assessed and appropriately treated. This means medical and educational care of his primary handicap, and of any associated or secondary disability whether physical, mental or emotional. Monthly meetings are held at Beckenham Audiology Clinic, at which members of the various professions discuss individual children.

(iii) Periodic Re-Assessment. This gives an opportunity of measuring a child's progress and of planning ahead. We aim to see all children at certain intervals, to make joint decisions about placement at the various stages of their school career, and we also hope to develop this, through liaison with the Welfare Officer for the Deaf, into a helpful placement service for school leavers.

I am grateful to Mr. D. R. Barraclough, Chief Education Officer, for the following report on the Service for hearing-impaired children:—

Staffing

In January, 1968, the staffing situation was as follows:—

Mr. L. Davis, Teacher of the Deaf—Head Teacher of Unit for Hearing-impaired Children at Midfield Primary School.

Mrs. J. Campin, Teacher of the Deaf—Teacher in charge of Nursery Group of hearing-impaired children at Ramsden Infants' School; part-time peripatetic work some afternoons.

Mrs. G. Lee and Mrs. J. Johnston, Teachers and parents of hearing-impaired children—Assisting with pre-school group of hearing-impaired children at Midfield Primary School.

Mrs. P. Evans, Teacher of the Deaf—Visiting teacher organising educational services and school placement.

Working in liaison with the educational staff were members of the Health and Welfare Department:—

Dr. B. Luscombe, Medical Officer—Administrative Liaison Officer for the Deaf.

Dr. Gaynor Lewis, Medical Officer—Clinical Liaison Officer for the Deaf.

Mr. P. Coward—Welfare Officer for the Deaf.

At the Education Sub-Office, Beckenham, Miss P. Ribbons carried out invaluable work during the year as Clerical Assistant to the Teachers of the Deaf.

Mr. J. Hurd, Assistant Teacher at Edgebury School for Boys, was seconded in October, 1968, to attend the Manchester University Course for the Teaching of Deaf and Partially Hearing Children, Miss H. Mynett having returned to the Authority's service after successfully completing the course in the summer term. In September, 1968, she joined Mr. Davis at Midfield School and in addition assisted with peripatetic work some afternoons. An additional teacher to assist Mrs. Campin with her Nursery Group was appointed in September, 1968, on a temporary part-time basis until approval for the creation of a post of Welfare Assistant could be obtained for January, 1969. Mrs. Lee and Mrs. Johnson left the borough's service in February when the Pre-school Group was disbanded. From this time Mrs. P. Pelling, Teacher of the Deaf, was employed on a temporary part-time basis to give individual help of one session each, weekly, to two pre-school children and their mothers at her home.

Educational Provision

By December, 1968, there were on record 142 hearing-impaired children in the London Borough of Bromley. School placement was as follows:—

Pre-school children	9
Children in Unit Classes	15
Children at Ordinary School (with hearing aids)	42
Children at Ordinary School (without hearing aids)	42
Children in Residential Placement	17
Children in Day Schools for Deaf Children and Partially Hearing Units outside the borough	17

Now that the Service has become more fully extended in the borough the total figure should remain fairly consistent from year to year. However, with the development of the educational provision for hearing-impaired children within the borough the number of children in different parts of the service will vary for a while. The numbers of children in normal school placement are certainly comparable with those of last year, though we are pleased to report that more of these children are wearing hearing aids than before. The number of pre-school children has also risen, a reflection of the recently introduced screening carried out on infants at the age of 6 months by the Maternal and Child Health Section of the Health Department. Fewer children were admitted to placements outside the borough because of the establishment of the Unit groups within the borough. Two children were admitted to residential placement at the nursery and infant level owing to the severity of their handicaps and one child attending an I.L.E.A. primary day school for the deaf transferred to a residential school on attaining the age of 11 years.

At the beginning of the year the numbers and arrangement of children in the Unit groups within the borough were as follows:—

Nursery Group—7 children (3 mornings only and 4 full-time) integrated into a nursery class of approximately 20 normally hearing children, the hearing-impaired children being withdrawn by the teacher of the deaf for specialist help with auditory training, speech and language development.

Infant Group—3 children in the unit group and 2 children integrated into the reception class of normally hearing children and withdrawn for additional specialist help from a teacher of the deaf.

Pre-school Group—2 children in the care of Mrs. Lee and Mrs. Johnston, mornings only.

At the February half-term when the pre-school group was disbanded one child was admitted to residential placement and the other to the Nursery Group. In the autumn term the nursery group separated from the class of hearing-impaired children and thus became a group on its own operating for the morning session only; the two children attending full-time joined the nursery class in the afternoons. The Infant Group continued to remain at

Midfield Primary School with the kind co-operation of Mr. R. W. Taylor, headmaster of the school, as the building of the Darrick Wood Unit, which was expected to be completed by the beginning of the autumn term, had been unfortunately delayed. During the year among the new admissions to the groups were two children from the London Borough of Bexley.

As the peripatetic service developed arrangements were made for certain of those pre-school children and children attending schools for normally hearing children in the borough and under the supervision of the teachers of the deaf to be seen weekly for regular specialist assistance. By December, 1968, 16 children were being seen for this purpose. A small number of children officially classified as the responsibility of the Health and Welfare Department also received specialist help during the year.

Future Plans

It is now anticipated that the Darrick Wood Unit will be erected and fully equipped ready for use in September, 1969. It is intended that the classes will remain small to begin with and that children already attending partially-hearing units outside the borough will not be transferred until the Unit is well established.

A more comprehensive system of special education for hearing-impaired children of secondary age it is hoped will be made within the near future. Two proposals are at present under consideration:—

- (1) Admission to the new secondary unit to be established by the London Borough of Bexley in return for Bromley's education of Bexley children of primary age in the Bromley Unit.
- (2) Establishment of a small group in one of the co-educational secondary schools within the borough, with specialist help for children of grammar school ability. The less severely handicapped would continue in other secondary schools helped by peripatetic teaching.

The Audiology Clinic

The Clinic was used on certain afternoons weekly by Mrs. Campin for regular specialist teaching and parent guidance with young hearing-impaired children. It was also used for appointments by Mrs. Evans on two mornings weekly and for periodic appointments for the Medical Officers for the deaf.

In the autumn term monthly meetings were held at the Clinic to discuss particular cases among the various members of the Authority's staff concerned with these cases. We were honoured to have Dr. D. M. C. Dale, Senior Lecturer in the Education of Deaf and Partially Hearing Children, Institute of Education,

University of London, agree to attend these meetings and to offer his advice and also were pleased to see Mr. A. E. Howarth, E.N.T. Specialist, Children's Hospital, Sydenham, taking such an interest in the Bromley children under his specialist care, at several meetings. It is hoped that other E.N.T. specialists handling cases of Bromley hearing-impaired children may also visit the Clinic in the future. Regular attenders were the teachers of the deaf, the Medical Officers with special responsibility for the hearing-impaired child, with Mrs. P. Preston, Senior Educational Psychologist and Mrs. M. M. Evans, Senior Speech Therapist on particular occasions.

Equipment

For the financial year 1968/69 a sum of £1,000 was made available by the Education Department for hearing aids, spare parts for aids and for additional audiometric equipment. Items purchased were:—

Hearing aids—Omikron (body-worn).

Philips, Multitone, Amplivox, Rexton (post aural).

Spare parts for commercial aids.

Tape recorder + tapes—Philips De Luxe Model.

Radio-microphone + 6 receivers—Audac.

Batteries for Speech Trainers and tapes for Portable Tape Recorders.

The Health and Welfare Department were also able to make some provision and purchased the following:—

Hand-held Audiometer—Peters Model 492.

Sound Level Meter.

Stycar Hearing Tests.

A selection of apparatus for testing purposes.

Handicapped Pupils

Every effort is made to ascertain the handicapped child at as early an age as possible. Many of these children come to the attention of the School Health Service through the Health Visitors, the Chief Education Officer, Parents, Teachers, or some other person or organisation. Handicapped children from the age of two years become the responsibility of the School Health Service.

The officially recognised types of handicaps are: Blind, Partially Sighted, Deaf, Partially Hearing, Physically Handicapped, Delicate, Maladjusted, Educationally Sub-Normal, Epileptic and Speech Defects.

Once a child has been ascertained as handicapped it is kept under supervision and any recommendations for special educational treatment are forwarded to the Chief Education Officer for his consideration and action. Special appointments are arranged for

the Assistant Medical Officers to see these children, either at a Clinic or at the child's home depending, usually, on the degree of handicap. Before a recommendation is made the advice of the various appropriate Hospital Consultants, with whom there is a very close liaison, is obtained.

During the year 68 boys and 40 girls were assessed as needing special educational treatment at special schools. Details of the various handicaps are included in the following table.

The borough is fortunate in possessing three day schools for educationally sub-normal pupils, and a report on each of these schools will be found later in this Report.

The field of handicap is a very wide one; for instance, a large range of different conditions is included under the heading of "Physically Handicapped" and similarly "Delicate" can cover a number of different conditions.

Obtaining the best possible arrangements for the education of the handicapped child requires time and patience, but the effort involved is fully justified by the results obtained.

PART I
RETURN OF HANDICAPPED CHILDREN
New assessments and placements

During the calendar year ended 31st December, 1968:—		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOT. (11)
A How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	boys	—	—	—	1	4	4	10	48	1	—	68
	girls	—	—	1	1	1	4	1	32	—	—	40
B How many children were newly placed in special schools (other than hospital special schools) or boarding homes?	(i) of those included at A above	boys	—	—	1	3	4	6	34	1	—	49
	girls	—	1	1	1	1	4	1	25	—	—	33
	(ii) of those assessed prior to January, 1967	boys	—	1	1	3	4	3	10	—	—	22
	girls	—	2	1	—	1	1	6	6	—	—	17
	(iii) TOTAL newly placed—B	boys	—	1	2	6	8	9	44	1	—	71
	(i) and (ii)	girls	—	2	1	2	5	7	31	—	—	50

PART II

Children found unsuitable for education at school

During the calendar year ended 31st December, 1968:—

(i) How many children were the subject of new decisions recorded under Section 57 of the Education Act, 1944?	10
(ii) How many reviews were carried out under the provisions of Section 57A of the Education Act, 1944?.....	2
(iii) How many decisions were cancelled under Section 57A(2) of the Education Act, 1944?	—

PART III

HANDICAPPED PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT, 1944; AND BOARDED IN HOMES.

As at 23rd January, 1969:—		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOT. (11)
How many children from the Authority's area were awaiting places in special schools other than hospital special schools?		—	—	—	—	—	—	—	—	—	—	—
(1) Under 5 years of age	(i) waiting before 1st January, 1968:—	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(ii) newly assessed since 1st January, 1968:—	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(i) waiting before 1st January, 1968:—	—	—	—	—	—	—	—	—	—	—	—
	(a) whose parents had refused consent to their admission to a special school	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	—	—	—	—
(2) Aged 5 years and over	(b) others	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(ii) newly assessed since 1st January, 1968:—	—	—	—	—	—	—	—	—	—	—	—
	(a) whose parents refused consent to their admission to a special school	—	—	—	—	—	—	—	—	—	—	—
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	13	—	—	13
	(b) boarding places	—	—	—	—	—	—	—	7	—	—	7
	(b) others	—	—	—	—	1	—	4	1	—	—	6
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	—	—	—	13	—	—	13
(3) Total number of children awaiting admission to special schools other than hospital special schools—total of (1) and (2) above	(a) day places	—	—	—	—	—	—	—	7	—	—	7
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
	(a) day places	—	—	—	—	1	—	4	1	—	—	6
	(b) boarding places	—	—	—	—	—	—	—	—	—	—	—

HANDICAPPED PUPILS AWAITING PLACES IN SPECIAL SCHOOLS: OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS UNDER SECTION 56 OF THE EDUCATION ACT, 1944; AND BOARDED IN HOMES

As at 23rd January, 1969:—				Blind (1)	P.S. (2)	Def (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOT. (11)	
How many pupils from the Authority's area were on the registers of:—	(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	day	boys	—	5	2	—	23	2	—	161	—	—	193	
			girls	—	7	—	—	11	4	—	119	—	—	141	
		boarding	boys	1	—	1	—	5	5	3	8	—	—	23	
			girls	—	—	—	—	6	9	—	—	—	—	15	
	(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day	boys	—	—	—	—	4	—	—	—	—	—	4	
			girls	—	—	—	—	2	—	—	—	—	—	2	
		boarding	boys	2	1	5	—	2	5	11	6	3	—	35	
			girls	1	—	1	—	3	1	3	—	1	—	10	
	(iii) Independent schools under arrangements made by the authority	day	boys	—	—	1	3	1	—	—	—	—	—	5	
			girls	—	—	—	1	—	—	3	—	—	—	4	
		boarding	boys	—	—	3	—	3	—	24	6	—	—	36	
			girls	—	—	3	—	1	—	7	1	—	—	12	
	(iv) Special classes and units not forming part of a special school.	boys	—	—	—	11	1	—	22	20	—	—	54		
		girls	—	—	—	15	1	—	9	12	—	—	37		
How many children from the Authority's area were boarded in homes and not already included in B above.			boys	—	—	—	—	—	—	—	—	—	—		
			girls	—	—	—	—	—	—	—	—	—	—	—	
How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944.			(i) in hospitals	boys	—	—	—	—	—	—	—	—	—	—	
				girls	—	—	—	—	—	—	—	—	—	—	—
			(ii) in other groups, e.g. units for spastics, etc.	boys	—	—	—	—	9	—	—	—	—	—	9
				girls	—	—	—	—	7	—	—	—	—	—	7
			(iii) at home	boys	—	—	2	—	9	—	6	1	1	—	19
				girls	—	—	—	—	1	1	1	1	—	—	4
Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act 1944; and boarded in Homes.			boys	3	6	14	14	58	12	70	216	4	—	397	
			girls	1	7	4	16	32	15	23	140	1	—	239	
Totals of A(3); B(i) to (iv); C and D(i) to (iii) above															

SPECIAL DAY SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Goddington School, Orpington

In 1968, 28 children left the School either to gain employment or to move to other areas. There were 27 admissions; this maintained the school roll at 135.

The medical work at the School continued on the same lines as previously. The Medical Officer, working as a member of the team and the traditional routine "medical" was replaced by either special examinations for medical or social reasons or by "total" assessment of the pupil.

There were 28 such ascertainments carried out in 1968. In addition, 7 statutory Section 57 examinations took place, two of them at the child's home. There were also 5 psychometric testings and 6 physical examinations carried out at the request of the teaching staff.

Speech Therapy recommenced in September, 1968, and is already bearing fruit.

Swimming proved to be a very popular activity and many children are now able to swim as a result of the sustained efforts by the staff. The Headmaster of Warren Road Junior School, Mr. Lancaster, very kindly allowed the Goddington children to use the swimming pool at his school.

As the object of special education must be to fit the child for an independent life and employment, the visits to factories and business premises in the area have continued and have played a valuable part in helping the older children to decide on a career. The benefits from such visits are consolidated by a visit from the Youth Employment Officer to discuss the work aspects in some depth. It is, therefore, to the credit of the Youth Employment Officer as well as to the School that 21 boys and girls who left school in 1968, remain in successful employment. The links with the immediate community have increased and consolidated.

The nearby Ramsden Secondary School sent their senior boys to help with the apparatus, etc. Through this link there are now prospects of the Ramsden school leavers taking up a career in teaching, their interest having been aroused through regular visits to Goddington where they involved themselves with the younger children.

The immediate community helps further through the Friends of Goddington School Association which has been very active in 1968, organising a Summer Fete and a Christmas Fair, these two activities contributing a substantial sum of money towards Goddington Swimming Pool Fund.

The best remembered event of 1968 came about through the generosity of Mr. Alex Meux, a Brighton resident who donated £1,000 to the Variety Club of Great Britain for the purpose of providing a mini-bus for Goddington. The mini-bus has been invaluable in allowing teachers to take individual classes out to places of interest. This contributed immensely to the widening of the children's horizons, benefited the children in their personality and language development. The mini-bus has almost become the centre of the school activities.

1968 has been a year of hard work for staff and children alike, increasing acceptance of the slow learner by the immediate community, and increasing recognition of the role of the Special School and its success by professional workers in teaching and other professions.

St. Nicholas School, West Wickham

Number of children on roll:

Boys	.....	.....	.....	.....	64
Girls	.....	.....	.....	.....	47
					<hr/>
Total					111
					<hr/>

Staff—

- Headmaster
- Deputy Head
- 8 Full-time Assistant Teachers
- 1 Part-time Teacher
- 1 Welfare Assistant (Senior House Mother)
- 2 General Assistants (Assistant House Mothers)

One of the staff spent three terms at Avery Hill College of Education to gain a Diploma in the Teaching of Handicapped Children.

Eight boys and six girls left during the year and several different types of employment were taken, assembly work, gardening, jobs in supermarkets, groundsmen, factory work and a job on a poultry farm.

The annual inspection of every child in the school took place during January/February. Many are undergoing treatment and observation for a variety of medical conditions such as epilepsy, muscular dystrophy, asthma, congenital heart conditions, hydrocephaly, cerebral palsy, mongolism and autism. Seven thirteen-year-olds were tested and received B.C.G. vaccination as a protection against T.B.

Other factors such as broken and unstable homes, deprived conditions and psychological and emotional blockages are causes for slow learning.

All children had the chance of learning to swim in the school's open-air heated swimming pool. Those who could swim already improved their style and strokes and all gained confidence and ability. The fund to provide a cover building for the pool has now reached its target and this should be erected within the next six months.

School activities which took place during the year included:—

- (a) An Inter-School Athletic meeting with Goddington School.
- (b) The St. Nicholas Marionette Theatre gave performances during one week in July when over 1,000 children visited the school.
- (c) Members of the Police Force showed Road Safety film strips and talked to the senior pupils.
- (d) The Wilfred Smith Quartet gave two performances to senior and junior classes.
- (e) Pottery has been included in the Senior School timetable as an additional craft.
- (f) The St. Nicholas Club for seniors and ex-pupils met once monthly for social activities.
- (g) The St. Nicholas School Association met regularly during the year; two "open days" and "open evenings" were held to enable parents to discuss problems with their child's class teacher.

Groups of students from Stockwell and Avery Hill Colleges of Education visited St. Nicholas School for observation and could see how the specialised teaching was designed to develop the children's potentialities to the full.

Grovelands School, St. Paul's Cray

There are now 120 children on Roll. During the period covered by this report, 31 boys and girls left the school and 33 were admitted. A further three places have been offered. Of those who left the school, nine moved away from the area, three were excluded under Section 57, three moved to ordinary schools, two to residential placements and one to the Epileptic Colony at Lingfield; one pupil is now having home tuition.

Of those who left for employment, three are in supermarkets, one in factory work, one at paint spraying, one as a machinist, one with removals, one in laundry work and another as an upholstery apprentice. Of the remaining three, there has been no information received—one of these is a school leaver not actually educationally subnormal but severely handicapped by a speech defect. There is still some lack of feed back regarding those who

enter employment and it is occasionally difficult to discover how they settle down in the adult community, and if they prove satisfactory in their employment and adapt without further moves.

There were staff changes during the year. Mrs. Grimble retired and Mr. Hotchkiss left to enter Industry. The school was pleased to welcome Mrs. Roan and Miss Stone to the full-time teaching staff.

Routine medicals and B.C.G.s took place as usual, all leavers had full medicals and I.Q. re-assessments, all new entrants were seen in order that their special difficulties could be understood. In addition to this, repeat I.Q. assessments are done at least once during each pupil's stay in the school.

There were also visits to eye clinics and dentists conducted by the Welfare Assistants who contribute much towards the physical well-being of the pupils.

The swimming pool has been further improved by the addition of a heater and screens provided by the Parent Teacher Association. Many happy hours are spent in the water, resulting in a gratifying number of swimmers.

A film which involved much hard work was made showing the various activities of the school and other special services in the borough. The film, "The Very Special Child", was shown with considerable success at an Open Evening during Education Week.

The traditional seasonal activities took place. The Sports Meeting with the other special schools was held at Goddington School this year.

This year, for the first time, senior boys visited the warehouse to help choose Christmas gifts for the rest of the school. The seniors themselves received a combined present of two table-tennis tables which have been extremely well used.

Outings have been many and varied, provided both for educational purposes and entertainment. Senior pupils with future employment in mind visited the kitchens and laundry at Farnborough Hospital, a farm, a bakery, cabinet makers and a light engineering firm. In addition to this, groups were taken to various London museums, the Zoo, the Ideal Home Exhibition and Fashion Show, Biggin Hill, Knole Park and other places of interest. The seniors combined a trip on the Thames with a visit to the Tower. All these things help to improve the social adjustment so important in those of limited intelligence.

There was a Social Evening with folk dancing attended by seniors and recent leavers which provided valuable contact with friends who had taken their place in life beyond school.

Employment of Young Children

326 children were examined by the Assistant Medical Officers during the year. Certificates were issued in 325 cases, and in only one case was the certificate not issued.

	Boys	Girls
Delivery of newspapers and milk, etc.	201	55
Errands and light shop duties, etc.	15	4
Shop Assistant	3	40
Engineering	1	—
Waitress	—	3
Entertainment	1	—
Domestic	—	2
	<hr/> 221	<hr/> 104

Other Medical Examinations

The following examinations were carried out by Medical Officers during the year:—

Training College candidates	482
Teachers (including six for other Authorities)	122
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Total	604

I am grateful to Mr. D. R. Barraclough, Chief Education Officer, for the following reports on Physical Education, the School Milk and the School Meals Service:—

Physical Education

As the following Report will make clear the year 1968 has been a somewhat mixed year in the field of Physical Education. The preparation and development of exciting plans and progressive policies has gone ahead, but—especially in the latter part of the year—the general financial situation and the reductions in expenditure to which national policies have constrained the local Education Authority have enforced stringent economies and a retrenchment—especially in reference to the provision of instruction in swimming—which those concerned have accepted only with the greatest possible reluctance.

Mountain Leadership and Mountain Centre

Increased urbanisation has shown the need for developing natural sports and activities, so much so that thousands of the country's young people are increasingly visiting mountain areas to practise and enjoy camping expeditions in wild country, and climb. The number of people at risk in the mountains necessitated the formulation of a Mountain Leadership Certificate so that leaders of parties are properly trained to look after their charges

and so bring them safely home after an adventurous week-end. Ten of the borough's teachers have embarked on this demanding course in order to gain this qualification. It was hoped that a Mountain Centre would be established in North Wales to further the safe development of work in this field of physical education—a comparatively new one so far as the schools are concerned. Unfortunately, financial stringencies have prevented progress with this project. For the time being a limited use of part of the Mountain Centre purchased by the London Borough of Hillingdon has been obtained, but this can only be a temporary solution since that borough will soon need all its accommodation for its own people.

Crystal Palace N.R.C. Course

The nearness of the time when all pupils will stay at school until they are sixteen posed a physical education problem which was examined through a pilot scheme developed at The National Recreation Centre. Two boys' and two girls' secondary schools each sent twenty-four pupils on Wednesday evenings after school to the Centre for twenty weeks. Sixteen courses were made available and each pupil chose four to be practised, each for five weeks. Comments from the ninety-six young people as well as from the instructors were invited, and it was almost universally agreed that this kind of approach was worthwhile and satisfying enough to stimulate further practice and also long enough to gain sufficient skill.

The activities, which included Judo, Trampolining, Indoor Tennis, Volley Ball, Life Saving, Fencing, Archery and Badminton, were chosen because schools have had difficulty in providing adequate facilities and equipment for these sports in the past. Another difficulty experienced by the schools is the shortage of trained and qualified staff in such sports as Judo, Fencing, Archery, Olympic Gymnastics and Volley Ball.

Swimming

During the year many pupils gained awards in Survival Swimming and Life Saving. Very many more gained distance certificates up to a quarter of a mile and a good number gained the new Proficiency Swimming Certificate of the London Borough of Bromley. This award seeks to test whether a pupil is completely at home in or below the water and was designed to encourage the teaching of all the skills in the early stages so that a child should never panic while swimming. It is recorded with great pleasure that the first boy to gain this award came from a school for the less able child.

In October the Bromley Schools acting in concert with Division II (Kent and Surrey) of The English Schools' Swimming Association, acted as hosts to the rest of the country in the

National Championships taking place at The National Recreation Centre. Some seven hundred competitors were housed in the homes of Bromley parents and fed in one of the borough's schools. The efficiency, welcome and quality of the service given by all parties concerned in this complex organisation, including the officers of Division II, the teachers of the borough, the officers of the Education Department and particularly the staffs of the schools involved in receiving, feeding and transporting these seven hundred competitors was of the highest order and it must be stated that this was the most notable achievement during the year.

It is with the very greatest regret that the Authority has found it necessary—during the latter part of the financial year 1968-69 and for the ensuing financial year—drastically to curtail expenditure on swimming as an activity in the schools. In consequence, in many schools swimming has temporarily disappeared as a curricular activity. However, in the realisation that having learnt to swim may in an emergency mean the difference between life and death for an individual, the Authority has arranged, despite its financial difficulties, to retain in its programme of physical education arrangements under which during the financial year 1969-70 all pupils in the fourth year of their education in the Authority's Junior Schools will receive a course of ten weekly lessons to teach them how to swim. Every effort will be made by the Authority to restore swimming opportunities on the former scale of provision as soon as the general financial situation improves.

Canoeing

This sport continues to grow steadily, but is handicapped by lack of water. Although there are areas of water available within the borough for the development of water sports, other conflicting interests have so far made it impossible for the young people in the borough to have access to these waters for canoe and/or sailing training. The only Slalom in Kent was again organised by boys living in this area—a Leigh Sluice near Tonbridge.

Skiing

Many schools organise parties to visit France, Switzerland, Austria and Germany for ski holidays. These schools prepare young people by giving pre-ski training and additional language lessons in order that the students may derive the greatest benefit from the experience. Two schools who have particularly enjoyed this form of education decided to build their own ski slope and completed the task in time for an official opening during Education Week by the President of the British Ski Federation. The schools concerned were given the rare honour of being elected independent members of that august body in recognition of their contribution towards the sport of skiing.

Adventure Playgrounds

The need to get away from sophisticated play is ever present in congested urban areas and enlightened Heads are striving to find ways in which safe, simple, natural play can still be part of the heritage of the younger children. Many adventure areas have been put up, areas which sometimes have a "Swiss Family Robinson" atmosphere, where children build, dig, climb, cut and swing, guided largely by their own inner urges. Supervision is kindly, discreet and non-interfering, so that the drive which is in every child will be fostered and not retarded too soon by the knowledge that all this has been done before and so much better by adults.

Duke of Edinburgh Award Scheme

There is a steady but not spectacular increase in the number of pupils taking part, and there is a growing appreciation of the value of this type of programme. The complexity of the scheme demands leadership of a high order, and to sustain this effort over many years for a large number of pupils requires great dedication. The borough can be proud that it has teachers willing to devote their leisure hours to this activity. The higher awards in the scheme require residential experience and this year High Elms was used in order to meet this need cheaply and conveniently for about thirty pupils.

Miss Bentley Memorial

When Miss F. M. Bentley, the former Physical Education Adviser of the boroughs making up the present borough, died, her friends and colleagues collected a sum of money for a memorial as a token of the affection and esteem in which she had been held. Since she prepared from 1936 to 1960 the P.E. reports for the Medical Officer of the former Borough of Bromley, it is right that it be recorded here that there exist outside the King George VI Hostel at The National Recreation Centre, three seats beautifully made and sited and dedicated to her memory.

These seats were officially handed over by a small group of Head Teachers and the then Chief Education Officer, accompanied by the P.E. Adviser, to the Director, who received the gift on behalf of the Greater London Council and the C.C.P.R. These seats provide a much needed amenity outside the Hostel on hot summer days.

In-Service Training of Teachers

Teachers of Physical Education find themselves engulfed in a variety of sports and activities that besiege them. During Education Week a survey was made of the existing branches of the schools programme. It was seen that forty-two separate activities were to be found on the curricula of the thirty-four

secondary schools and that as many as fifteen could be found in one school. The demands to master all these activities are great indeed, and give some indication of the stress to which the P.E. Teacher is subjected nowadays. It is remarkable therefore that although the number of in-service training courses is increasing each year that there is always a good following for any course prepared by the Authority.

Courses were arranged in Basketball in the Primary Schools, Basketball in Secondary Schools, Primary School Gymnastics, Olympic Gymnastics, Volley Ball, Swimming, Trampolining, Fencing, Golf, Soccer Refereeing and Mountain Leadership.

Education Week

This gave an opportunity to display the complexity of the recent physical education programme during three days of sport when many hundreds of primary and secondary pupils and some forty schools took part in producing shows in athletics, games, activities of all kinds, gymnastics and swimming for the enjoyment of the parents. The standards achieved were a credit to all concerned and especially noteworthy was the costume and dress associated with the various displays.

Conclusions

Finally, the General Adviser with responsibility for Physical Education would like to thank the Chief Education Officer and his staff for their constant help and guidance and because this has been more than usually a very special year, to thank all the Heads of Schools and their Physical Education Staffs for supporting him loyally at all times by granting him facilities or spending extra time dealing with the many problems that this changing society is casting up in the realms of sport, recreation and education.

School Milk Service

A return for a day in September, 1968, showed that the daily number of pupils drinking $\frac{1}{2}$ pint of milk was 20,929 in maintained schools, and 2,105 in non-maintained schools—approximately 960 gallons daily.

School Meals Service

The daily average of meals served during the year 1968 was approximately 36,200.

New school kitchens opened during 1968 were as follows:—

Darrick Wood Infants'	—	January 1968
Darrick Wood Juniors	—	January 1968
St. Olave's School	—	January 1968
St. Mary's R.C., Beckenham	—	January 1968

During this year the School Meals Service was asked to

provide meals for work centres at Stembridge Hall, Penge, and the Spastics Works Centre in Beckenham. Numbers involved are as follows:—

From 1st January, 1968:

Stembridge Hall—approx. 18 meals daily.

Beckenham Centre for disabled—approx. 20 meals daily.

The Health Visitor in the School Health Service

During 1968, the Health Visitors have assisted at 1,222 school medical inspections. Numbers have increased by the opening of three new schools in the borough. Total number of children who have had vision tests performed by the Health Visitor is 17,200.

School hygiene inspections have continued as routine in the primary schools, and in secondary schools when requested. Number of children examined 32,871—resulting in 177 visits to the parents of children with infested heads to give guidance and instruction for treatment.

Minor ailment treatments and verrucae treatments have continued at the request of parents where there is a need.

The Health Visitors have carried out Health Education in three senior schools and this has become a regular part of the curriculum. One talk was given in a junior school and it is hoped to increase this facet of the work when there is an increase in establishment.

DETAILS OF CLINICS

CLINIC AND ADDRESS	WEEKLY SESSIONS held as follows: (By appointment only)
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OPHTHALMIC:

School Clinic, The Willows, Red Hill, Chislehurst.	Monday—a.m.
School House, 55 Chislehurst Road, Orpington.	Monday—All day
Mickleham Road Clinic, St. Paul's Cray.	Monday—a.m.
North Clinic, Station Road, Bromley.	Monday—a.m. Wednesday—a.m. Friday—p.m. Saturday—a.m. (Alternate) Wednesday—p.m.
School Clinic, Town Hall, Beckenham.	
School Clinic, Oakfield Road, Penge.	Friday—a.m.

ORTHOPTIC:

North Clinic, Station Road, Bromley.	Monday—p.m. Tuesday—All day
School Clinic, The Willows, Red Hill, Chislehurst.	Thursday—a.m.

*ORTHOPAEDIC:

North Clinic, Station Road, Bromley.	Friday—p.m. (Monthly)
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*PHYSIOTHERAPY:

School Clinic, Town Hall, Beckenham.	Monday—p.m. Thursday—a.m.
North Clinic, Station Road, Bromley.	Tuesday—a.m. Friday—a.m.

*Children living in Beckenham and Bromley are referred to these Clinics. Children living in the remainder of the borough are referred to: Orpington Hospital; Farnborough Hospital; Queen Mary's Hospital, Sidcup; or to The Children's Hospital, Sydenham.

SPEECH:

School Clinic, The Willows, Red Hill, Chislehurst.	Monday—All day Wednesday—a.m.
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CLINIC AND ADDRESS	WEEKLY SESSIONS
	held as follows:
	(By appointment only)
Assemblies of God Church Rooms, Masons Hill, Bromley.	Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday „ „ Monday—All day Wednesday „ „ Friday „ „ Tuesday—a.m.
School Clinic, Town Hall, Beckenham.	
*CHILD GUIDANCE:	
The Willows, Red Hill, Chislehurst.	Tuesday—All day Friday „ „
*Cases are also referred to the Child Guidance Clinics at Bromley Hospital, and the Children's Hospital, Sydenham. Cases may also be seen at the Child Guidance Clinic at Farnborough Hospital, having been referred via the Paediatricians.	
DENTAL:	
School Clinic, The Willows, Red Hill, Chislehurst.	Monday—All day Wednesday „ „
School House, 55 Chislehurst Road, Orpington.	Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday „ „ Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday „ „
Mickleham Road, St. Paul's Cray.	Tuesday—All day Thursday „ „ Friday „ „
Kimmeridge Road, Mottingham.	Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday „ „
North Clinic, Station Road, Bromley.	Tuesday—All day Thursday „ „ Friday „ „
South Clinic, Princes Plain, Bromley.	Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday „ „
The Pavilion, Recreation Ground, Church Road, Biggin Hill.	Monday—All day Tuesday „ „ Wednesday „ „ Thursday „ „ Friday—All day

CLINIC AND ADDRESS	WEEKLY SESSIONS
	held as follows:
	(By appointment only)
School Clinic, Town Hall, Beckenham.	Wednesday—All day Friday „ „ Thursday—p.m.
Hawes Down Clinic, Hawes Lane, West Wickham.	Wednesday—All day Thursday „ „ Friday—a.m.
School Clinic, Oakfield Road, Penge.	Monday—a.m. Wednesday—a.m. Tuesday—All day Thursday „ „ Friday „ „

***SPECIAL EXAMINATION CLINICS:**

School Clinic, Oakfield Road, Penge.	Thursday— 9.30 - 11.0 a.m.
The Willows, Red Hill, Chislehurst.	2nd and 4th Thursday in month 4.15 - 5 p.m.
Mickleham Road Clinic, St. Paul's Cray.	2nd and 4th Thursday in month 4.15 - 5 p.m.
School House, 55 Chislehurst Road, Orpington.	2nd Friday in month 2.00 - 4 p.m.

*In addition to these fixed times, appointments are arranged as and when necessary at other clinics for the purpose of carrying out special examinations, etc.

