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BOROUGH OF HARROW



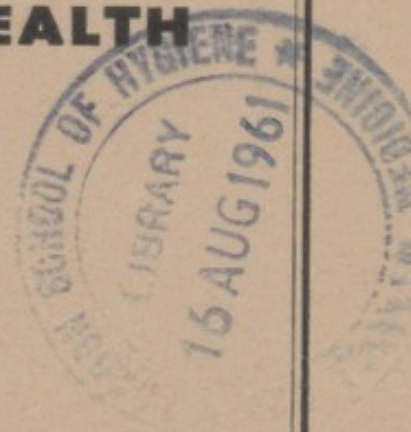
Annual Report

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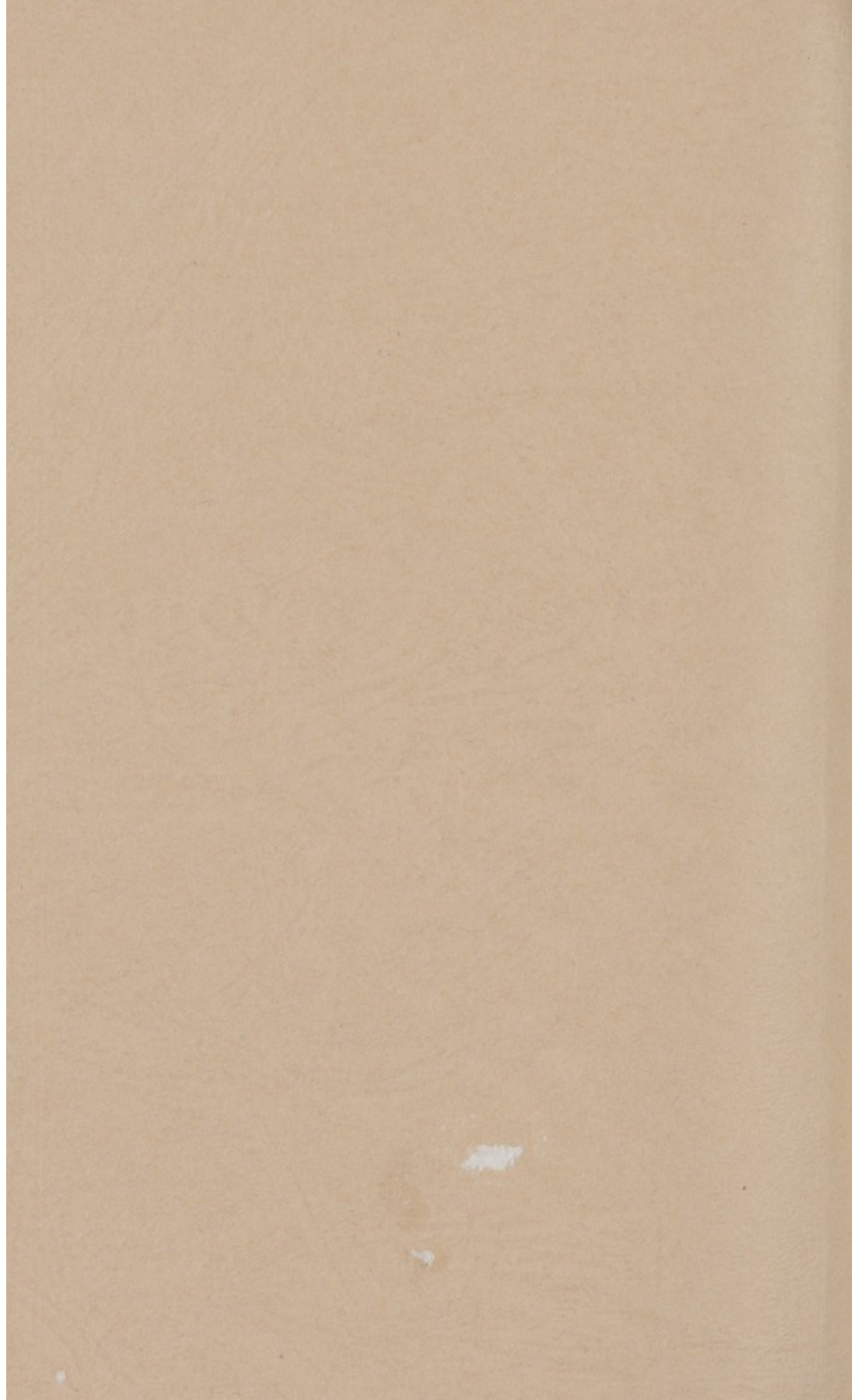
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960



CARYL THOMAS M.D., B.Sc., D.PH.
BARRISTER-AT-LAW



BOROUGH OF HARROW



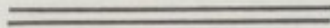
Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

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CARYL THOMAS M.D., B.Sc., D.PH.

BARRISTER-AT-LAW

TABLE OF CONTENTS

| | PAGE |
|---|------|
| GENERAL STATISTICS | 11 |
| Deaths from Accidents | 16 |
| Cancer of the Lung | 17 |
| GENERAL HEALTH SERVICES | |
| Hospitals | 18 |
| Nursing Homes | 19 |
| Establishments for Massage and Special Treatment .. | 19 |
| Nursing, etc., in the Home | 20 |
| Day Nurseries | 21 |
| Clinics and Treatment Centres | 21 |
| Provision for Special Classes of Person | 24 |
| The Aged | 26 |
| Laboratory Facilities | 29 |
| Ambulances | 29 |
| Legislation | 30 |
| SANITARY CIRCUMSTANCES | 31 |
| Water | 31 |
| Fluoridation | 32 |
| Drainage | 34 |
| Public Cleansing | 36 |
| Public Conveniences | 38 |
| Disposal of the Dead | 38 |
| SANITARY INSPECTION | 40 |
| Housing | 43 |
| Factories | 48 |
| Shops Act | 51 |
| Atmospheric Pollution | 53 |
| Hazards of Radiation | 56 |
| INSPECTION AND SUPERVISION OF FOOD | 61 |
| Hygiene of Food | 69 |
| INFECTIOUS AND OTHER DISEASES | 71 |
| Prevention and Control | 71 |
| Poliomyelitis | 78 |
| Tuberculosis | 83 |
| B.C.G. | 87 |

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

To His Worship the Mayor, Aldermen and Councillors of the Borough of Harrow.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Annual Report on the Health and Sanitary Circumstances of the District for the year 1960.

Although the vital statistics still compare favourably with those of the country as a whole, some of them were not so satisfactory as in previous years. The infant mortality rate rose from a figure of 15.0 in 1959 to 18.2. It was not possible this year to record freedom from maternal mortality. There was too an increase in the number of deaths from tuberculosis from the exceptionally low figure of six in 1959. In spite of these increases, the death rate as a whole at 9.4 was lower than the 9.7 of the previous year. There were no notifications of poliomyelitis; throughout the country as a whole, the incidence of this infection in 1960 was very light, a state of affairs probably largely due to the high proportion of the susceptible population having been protected by active immunisation. Influenza was not a public health problem in the country in 1960 and this district at no time was seriously affected. During the year, 118 men died from cancer of the lung. This number was an increase of twenty-seven on the figure of ninety-one for 1959 which itself was twenty higher than the 1958 figure. In a few years the number of deaths of men in this district from this cause has almost doubled, and last year cancer of the lung was responsible for one out of every nine deaths amongst males here. The figures for women are much lower, but these too are rising. In the country as a whole, each year sees an increase in the number of deaths from this complaint.

The general pattern of the work of the Public Health Inspectors supervised by the Chief Public Health Inspector Mr. S. N. King followed that of recent years, there being these days fewer complaints calling for visits and investigations. As always, housing conditions call for much attention from the Inspectors. There has been in recent years a marked diminution in complaints about housing conditions, reflecting the improved state of houses and the reduction in the number of overcrowded houses. When conditions calling for improvement are found, whether at a house or at for instance, places where food is prepared or handled, the faults today are much more often relatively minor in character. Again, in regard to food places, the activities of the Inspectors are devoted less to taking steps to bring about structural changes in the premises than to eradicate faulty techniques on the part of the food handlers. This educational side of the work of the Inspectors is one which is assuming growing importance. Much of their time was devoted to the inspections and visits to premises for the survey in connection with the District's first smoke control area. This work was started in 1958. A report was submitted to the Minister in July, the Order was confirmed

in November and is to come into force on September 1st, 1961. In the meantime, the first steps leading to the second area to be covered by an order were taken before the end of the year. The Council has declared its intention to have every part of the district in time included in an area subject to a Smoke Control Order. Unless extra staff can be obtained, or unless the immense volume of work to be done in connection with the making of any order can be reduced it must be many years before this programme can be carried out. Progress in connection with the Slum Clearance Programme also has been very slow. This, of course, is because of the Council's difficulties, because of shortage of available houses, to rehouse the occupants of houses which have already been condemned. There are many families today who are living in houses which have been condemned. Until such time as they can be rehoused, they are, in fact, worse off as the result of the Council's action because in the meantime, the owners do not carry out any work to remedy the very worst of the unfit conditions. Slow as is this progress towards dealing with the 577 houses which figured in the original survey of 1955, circumstances have changed with the result that many of the 211 of these 577 houses in respect of which no action had been taken by the end of the year can probably be taken out of the programme. It may well be that the owners will recondition so many that half of these might be saved and be used for many years to come. The Council has been responsible for a very full health programme. Unfortunately it has not been possible to recruit an Inspector to carry on the work on the lines and on the scale it had developed, so this work has tended to fall behind. While it is felt that the work can best be done by one who has had practical experience as a Public Health Inspector, failing being able to recruit someone with these qualifications and experience to engage on these duties, it may be necessary to consider the appointment of a health education officer without this experience. Much work was done during the year of importance to the future arrangements of slaughtering in this district.

The Ministry's trials of the effect on the teeth of children in those areas in which the water supply has had fluoride added to it will shortly be available. It will be of interest to see what encouragement is given to those responsible for supplying water to carry out a similar practice and so give the children in those areas the advantage of being only half as subject to caries of their teeth as are children of the same ages in those districts today.

The Council and its Committees have been only indirectly concerned with the work of the Harrow Old People's Welfare Committee, even though activities of that body have been made possible very largely only through the contributions of the Council. In future, the association will be much closer, particularly as the reports of the Executive Committee will be submitted to Committees of the Council. A big step forward was taken by the Council's encouragement to the appointment of a Co-ordinating Officer for the services of the aged. There is need though for much more work than this as someone must be responsible for seeing to the problems of individual people. This is something which is not

the responsibility of the Welfare Officer of the County Council; nor is it the responsibility of the staff of the Health Department of the County Council. In spite of its being a personal service, and in spite too of the personal services becoming in 1948 the responsibility of the major authorities, County and County Borough Councils, the care of the aged is not the responsibility of the County Council. The person whose duties bring her most closely into contact with the individual problems of these people is the Co-ordinating Officer. If she is to have to do this work, work which is being done by no one else, her duties will cover a much wider field than merely acting as Co-ordinating Officer of the services provided by others.

The twenty-seven years since Harrow was created by the amalgamation of three smaller districts has seen many changes in the field of public health. In 1934 when the population of the district was not much more than half what it is today, there were 102 infant deaths with an infant mortality rate of 47.0; thirteen maternal deaths with a maternal mortality rate of 5.8; 621 notifications of scarlet fever with nine deaths; eighty notifications of diphtheria with eight deaths; twelve deaths from measles, three from whooping cough and seventy-seven from tuberculosis. The war years saw an interruption in the improvements on these figures but in spite of this set-back, the position has been reached that an infant mortality rate as high as eighteen is a disappointment and when for each of the last few years there has been not more than one death arising from or associated with pregnancy. These improvements are the result of a combination of factors. Those working in the maternity and child welfare service must be given credit, as too must the general practitioners and those in the hospital service. Full employment with the improved nutrition and general standards of living too have played their part. For what has happened in regard to scarlet fever local authorities cannot really take credit. That the virulence should have diminished so markedly with the result that the last fatal case of scarlet fever contracted in this district was in 1937, is due to changes in the organism. The position today is satisfactory; changes in the reverse direction might cause the disease to assume a case mortality as high as the 16 per cent it had for some years in this country in the last century and in South East Europe as recently as just before the war. Another striking change and one which reflects the extraordinary reduction in the virulence of the organism with consequent mildness of the illness, is that whereas at the beginning of this period it was customary for nearly all sufferers to be removed to the infectious diseases hospital, today this is quite the exception. The district has been free from diphtheria since 1950. This is probably due largely to the extent to which those of susceptible ages have been protected by active immunisation against the infection. This is not the whole story though because from 1934, even when not many had been protected by immunisation, the district was very much more lightly attacked than the country as a whole. Any individual can be rendered safe only by active immunisation, the responsibility of the child's parents. Measles, which up to recently had been such a menace to small children, has become less virulent, though there has been no reduction in its capacity for spreading.

With the powerful weapons in the hands of the family doctor to avoid or to treat secondary infections which caused so much harm, measles is no longer the public health problem it was. Whooping cough too which caused so much damage to young children is far less of a menace today. Part at least of this will be the result of the very general practice of small children being immunised against it. The war saw a marked deterioration in the situation as regards tuberculosis. In 1941 there were 349 notifications and 120 deaths. There were even more notifications in some of the post war years, but later the decline set in, the numbers falling so much that in 1959 there were only 102 notifications and 6 deaths. The steady improvement in regard to this disease has completely altered the picture of the pre-war years when there were not sufficient beds in hospitals and sanatoria for sufferers. Although it is steadily being overcome, it is still today a formidable complaint because of the numbers who continue to succumb and the chronicity of the infection. Today, more cases are being detected for the first time in the middle-aged or the elderly, especially men. These probably are suffering as a result of the conditions in which they lived twenty-five years ago. If this is the explanation, then it must be some years yet before there is an appreciable fall in the number of new cases. In some of these diseases, those concerned in their prevention have been given powerful weapons to bring about an immunity. In some of them, as is the case in many other illnesses, new powerful methods of treatment have become available. In the case of tuberculosis there is today the advantage of both benefits and it is no longer necessary to rely on putting the patient in the best surroundings to enable him to overcome his illness. There are some infections though in which the situation is less satisfactory than it was. There was, of course, in 1947, the nation-wide attack of acute poliomyelitis. This was brought under control by means of immunisation of the most susceptible of the population but is so far from being stamped out that since 1947 there has not been a single week in which there have not been some new cases. The numbers of persons notified as suffering from food poisoning and of dysentery are greater than before the war. Dysentery has altered in character, being now spread not so much by infected food as by close contact of susceptibles with cases or carriers. The large numbers of notifications of food poisoning are to be accounted for in part by the feeding out of many people, by the greater attention paid to this complaint, and by the availability of the Public Health Laboratory Service, making the condition recognisable.

While in the 1930's the work of those in the Public Health Department was far from being taken up with alleviating the statutory public health nuisances, they nevertheless occupied much of the time of the Inspectors. Today, in such a district as this, they are mostly relatively unimportant. Instead of dealing with smoke nuisances caused mostly by the factory chimney, today's aim is by stages to have the district covered by a series of Smoke Control Orders with a view ultimately to virtually eliminating smoke emanating from the factory shaft or the domestic chimney. Instead of having to be concerned with the grosser manifestations of unfitness of food, the aim today is the enlightenment of those handling food and of the householders with a view to raising the

standards of food hygiene. Adulteration of food today is no longer a serious matter, what occurs being more likely adversely to affect the pocket than the health of the consumers. Milk is now produced under hygienic conditions and so much of it is being heat-treated and so rendered free from pathogenic organisms that non-pulmonary tuberculosis has virtually been eliminated and there is almost a complete absence of milk-borne outbreaks. Housing, of course, remains a most important matter. It is probable though that much of the work which is being done today to see to the improvement of the structural condition of houses would have been over-shadowed some years ago by the more urgent attention called for to deal with houses of lower standards of fitness. In the home the Inspector is concerned today with the many factors which contribute one way or another to the very heavy toll of accidents in the home. The very high standard of water supplied by the Water Company is now being taken for granted. While there is the occasional complaint, it is only of chalkiness or gassiness, very rarely of turbidity. There is never any apprehension of water-borne disease and today thoughts about water and water supplies are mostly about the question of adding fluorine to it in small doses with a view to reducing dental caries in the consumers. With the development of atomic power quite new problems have to be faced and all in a health department have to know something of the subject to appreciate the hazards of radiation. Instead of being concerned for so much of his time with the infectious diseases which are at least for the time being, of so much less importance, the epidemiologist turns his enquiries to the growing incidence of cancer of the lung and the increasing number of deaths, more especially among men, from coronary thrombosis. In regard to this, not sufficient is known of its aetiology to enable educative work to be carried out with a view to changing the feeding or other habits of people in the hope of stamping out this rise. From the first the supervision of factories was carried out by a Government department. It has remained so with the result that as yet, there are no signs of industrial medicine being linked-up with the work of local authorities, health services and local sanitary authorities which have such responsibilities in the environmental health of the people in the district, including the conditions under which they live, have almost no responsibilities in regard to the conditions of places in which they work beyond their obligations to see that at certain premises there are sufficient sanitary conveniences. This situation is shortly to be changed in regard to the office worker who will then benefit by supervision, as does the shop worker.

In the years before the war the Council was engaged in laying down foundations and developing the various branches of the health services for which it was responsible. The war of course, held up further progress and then came the changes brought about by the National Health Service Act by which the personal services were transferred to the County Council and the hospitals to the Minister, to be the responsibility of the Hospital Management Committee on behalf of the Regional Hospital Board. The Royal Commission on Local Government in the London Area reported in 1960. If their recommendations are given effect to, the Council will again

be responsible for the administration of the personal services which it lost in 1948 and also for the closely-related Welfare Service.

It is characteristic of the development of the services in this country that the foundations were laid by voluntary effort. In this way were started the hospital service, schools and the child welfare service. Fear was expressed that one of the effects of the passing of the National Health Service Act would be the stifling of such voluntary effort. This, of course, has proved to be very far from the case and in point of fact it would seem that much effort, which perhaps went to the help of hospitals, has become available for other enterprise. Although for years there have been many appeals that either the Ministry or local authorities should provide the very necessary service of foot treatment for the elderly, what was being done in such a district as this was provided by the local branch of the British Red Cross Society. Now that the Government have authorised local health authorities to provide this service, on which a start has been made, it can be expected that this will develop in time and so render unnecessary the arrangements made by the voluntary organisations who will then be freed to become active in other fields. Today, the Meals on Wheels service for the home-bound elderly relies very largely on voluntary effort. This is really an essential service for those who do need it, and it can be expected in time that it too will be manned by members of the staff of local authorities. This is the pattern of the development of these services in this country, and while some amongst the pioneers are reluctant to see the authorities stepping-in and taking over their work, these changes are inevitable. Curiously enough this district has an instance of a service at one time provided by the District Council but now run by a voluntary agency. Early on the Council provided a birth control clinic. This was run subject to certain restrictions imposed by the Ministry, including one that advice could be given only to those in whose case further pregnancy would be detrimental to their health. Within these limitations the clinics helped small numbers of mothers. A few years ago the Family Planning Association decided to provide clinics in this district. These, of course, are not subject to the restrictions of a municipal clinic. When the Authority was assured that mothers who would have attended their clinic would be able to obtain help at no more cost at the Family Planning Association clinics, they decided to close their own.

As this is the last of these Annual Reports I shall write, having been responsible for all of them since the creation of Harrow in 1934, I wish to thank the Chairmen and members of the Public Health Committee for their support, encouragement and forbearance over the years. I wish too to thank all members of the staff of the department for their loyalty and their willing help and also those in the other departments for their assistance.

I have the honour to be

Your obedient servant,

COUNCIL OFFICES,

KYNASTON COURT,

HARROW WEALD.

CARYL THOMAS,

Medical Officer of Health.

26th May, 1961.

STATISTICAL AND SOCIAL CONDITIONS OF THE AREA

| | |
|--|------------|
| Area (in acres) | 12,555 |
| Registrar-General's estimate of resident population, mid-year 1960 | 214,370 |
| Rateable Value (1st April, 1960) | £3,951,319 |
| Sum represented by a penny rate (1st April, 1960) | £16,079 |
| Total number of occupied houses and flats | 64,592 |

Extracts from Vital Statistics for the Year:

| | | | | |
|--|-------------|---------------|--------------|-------|
| Live Births:— | <i>Male</i> | <i>Female</i> | <i>Total</i> | |
| Legitimate .. | 1,503 | 1,459 | 2,962 | |
| Illegitimate .. | 90 | 65 | 155 | |
| Total | 1,593 | 1,524 | 3,117 | |
| Live birth rate per 1,000 population | | | | 14.5 |
| Illegitimate live births per cent of total live births .. | | | | 4.9 |
| Stillbirths:— | <i>Male</i> | <i>Female</i> | <i>Total</i> | |
| Legitimate .. | 30 | 23 | 53 | |
| Illegitimate .. | 4 | 1 | 1 | |
| Total | 34 | 24 | 58 | |
| Stillbirth rate per 1,000 live and stillbirths | | | | 18.2 |
| Total live and stillbirths | | | | 3,175 |
| Deaths:— | | | | |
| Number | | | | 2,026 |
| Death rate per 1,000 population | | | | 9.4 |
| Deaths of infants under one year of age | | | | 58 |
| Infant mortality rate per 1,000 live births | | | | 18.6 |
| Legitimate I.M. rate per 1,000 legit. live births | | | | 17.8 |
| Illegitimate I.M. rate per 1,000 illegit. live births | | | | 32.2 |
| Neonatal mortality rate per 1,000 live births | | | | 14.4 |
| Early neonatal mortality rate (deaths under 1 week) | | | | 12.2 |
| Perinatal mortality rate | | | | 30.4 |
| Maternal deaths (including abortions) | | | | 1 |
| Maternal mortality rate per 1,000 live and stillbirths | | | | 0.32 |
| Deaths from Cancer | | | | 493 |
| Measles | | | | — |
| Whooping Cough | | | | — |
| Tuberculosis | | | | 12 |

Population

The mid-year population of the district was estimated to be 214,370. This includes members of the armed forces stationed in the district.

In each of the post-war years the population of the district increased to reach the highest figure of 220,300 in ~~1960~~ 1950. From that time there

was a slight fall each year in the estimated population. This is the first post war year showing a rise, the mid-year 1960 figure of 214,370 being 670 greater than that of the previous year. The natural increase in population, which is the excess of births over deaths, last year was 1,091.

Births

The total number of live births registered during the year was 3,117 (1,593 male and 1,524 female). Of these 155 were illegitimate, being a percentage of total births of 4.9. The numbers of live births registered in the six years from 1955 onwards were: 2,747, 2,755, 2,791, 2,783, 2,830 and 2,931.

928 births occurred in the district (922 live, six stillbirths). Of this number thirty-two were to residents of other districts. 2,276 (2,240 live and thirty-six still) birth notifications were transferred from other districts, being mostly of births occurring to Harrow mothers in hospitals in Middlesex or in London.

The birth rate was 14.5. The local comparability factor for births is 1.03. The corrected birth rate was therefore 14.9. That for the country as a whole was 17.1, the highest rate since 1949.

Deaths

The Registrar-General arranges that the information about those who have died outside the district in which they normally reside is transferred to the Health Offices of those districts. These numbers are added to the deaths of those districts, corresponding deductions being made of the deaths allocated to any district in respect of those who died in those districts, but who normally resided elsewhere.

While certain types of institutions are not regarded in ordinary circumstances as the usual residence of those living there, there are many institutions which are so regarded.

1,208 persons died in this district in 1960. This figure includes the members of the armed forces stationed here. Of these, 155 were of persons who were not resident in the area. 167 deaths took place in the various local hospitals, eighty-one in Roxbourne, fifteen in Oxhey Grove and thirty-five persons died in non-transferable institutions.

Of the 978 deaths of the local residents which occurred outside the district, most took place in institutions, 383 being at the Edgware General Hospital. 268 deaths took place in hospitals just outside the district, including seventeen in nearby isolation hospitals, and 226 in various London hospitals. Nine deaths were of infants born in hospitals outside the district.

The total number of deaths was 2,026. The figure for 1959 was 2,078; for 1958, 1,992 and for 1957 was 1,937. The 2,094 of 1951 was the largest number of deaths recorded for this district.

The death rate was 9.4 per thousand population. The rates for the last five years were 8.2, 8.8, 8.9, 9.2 and 9.7. The rate for the country as a whole was 11.5.

Liability to death varies at different ages. Any changes in the age-distribution of a population then affect the death rate. In the same way the death rates of the sexes are not the same. To offset the effects of these variations and so produce a rate which can be compared with that of other districts, or that of the same district at other times, the Registrar-General calculates a comparative mortality index based on the 1951 census population. When the death rate figure is multiplied by this, a figure is obtained which would have been the death rate for the district had the age and sex distribution of the population been that of the country as a whole in 1951. The index figure is 1.18; the adjusted rate is 11.1.

The following is the Registrar-General's abridged list of causes of death in this district:—

| | Male | Female | | Male | Female |
|--|------|--------|---------------------------|-------|--------|
| Resp. tuberculosis .. | 6 | 4 | Hypertension .. | 17 | 30 |
| Other tuberculosis .. | 2 | — | Other heart disease .. | 73 | 147 |
| Syphilitic disease .. | 2 | — | Other circulatory disease | 54 | 72 |
| Diphtheria .. | — | — | Influenza .. | 1 | 1 |
| Whooping Cough .. | — | — | Pneumonia .. | 46 | 48 |
| Meningococcal infections | — | — | Bronchitis .. | 66 | 33 |
| Acute poliomyelitis .. | — | — | Other respiratory disease | 5 | 6 |
| Measles .. | — | — | Peptic Ulcer .. | 14 | 10 |
| Other infective diseases .. | 2 | 4 | Gastritis, enteritis .. | 2 | 11 |
| Cancer of stomach .. | 42 | 27 | Nephritis .. | 5 | 6 |
| Cancer of lung .. | 118 | 17 | Hyperplasia of prostate | 15 | — |
| Cancer of breast .. | — | 47 | Pregnancy, etc. .. | — | 1 |
| Cancer of uterus .. | — | 22 | Congenital malformation | 7 | 6 |
| Cancer of other sites .. | 123 | 97 | Other diseases .. | 78 | 81 |
| Leukaemia .. | 6 | 1 | Motor vehicle accidents | 11 | 10 |
| Diabetes .. | 3 | 7 | Other accidents .. | 16 | 17 |
| Vascular diseases of nervous system .. | 91 | 140 | Suicide .. | 9 | 7 |
| Coronary disease .. | 236 | 122 | | | |
| | | | | 1 051 | 975 |

1,479 deaths were due to diseases of the circulatory system, vascular diseases of the central nervous system and to cancer, a percentage of seventy-three of the total deaths.

The following are the numbers of persons who were of different ages at the time of death: under one year, 58; over one but under five years, seven; five to fourteen years, thirteen; fifteen to twenty-four years, seven; twenty-five to forty years, sixty-eight; ^{FOUR}fifty-five to sixty-four years, 526; ^{FORTY}sixty-five to seventy-four years, 457; seventy-five years and over, 873.

Of these local deaths, sixty per cent of those of males were of persons of sixty-five or over, thirty per cent of seventy-five and over, and eighty-five and over nine per cent. The corresponding figures for females were seventy-five, fifty-four and nineteen. Of the local residents who died last year forty-three per cent had reached the age of seventy-five, and fourteen per cent had reached the age of eighty-five.

Infant Mortality

The infant mortality rate is the ratio of the number of infant deaths under one year per thousand born in the year. Although higher rates are still found where environmental conditions are not satisfactory, this rate is not these days the index it used to be of the general healthiness of the district. Most of the infant deaths which now occur take place within the first days or even the first hours of birth, and are now more related to conditions operating at birth than to environment.

The local rates have constantly been below the national rates; with the rapid fall in the rates for the country as a whole, the gap is narrowing.

Last year, fifty-eight infants living in the district or born to mothers ordinarily resident here died under one year of age. This was a sharp rise on the forty-four deaths in 1959. In the same year, 3,117 infants were born. The infant mortality rate therefore was 18·6. The rate for the country as a whole was 21·7.

Of these fifty-eight deaths, forty-five occurred in infants under one month of age. The neonatal rate therefore was 14·4, comprising seventy-eight per cent of the infant mortality rate. The national rate was 15·6.

Of the eighteen infants who failed to survive twenty-four hours, only one was born at home, a premature illegitimate. In twelve of those born in hospital, birth was premature. This figure includes three pairs of twins. The figure of eighteen deaths in this group is the same as that for last year.

Twenty infants survived twenty-four hours but failed to live one week. The corresponding figure for last year was fourteen. In fifteen instances the confinement had taken place in hospital. Of the five home confinements three were premature. Of those born in hospital, six were premature. Four fatalities were the result of birth injuries and two of developmental abnormalities.

As against only two who last year survived one week but failed to reach one month, this year there were seven. Two had been born prematurely and three suffered from developmental abnormalities.

In 1959, ten children attained the age of one month but failed to reach the age of one year. This year there were thirteen. Of the nine who died before one month, in six instances the infant suffered from developmental abnormalities; two died from respiratory complaints. Respiratory troubles accounted for the deaths of the other four infants who died before reaching the age of one year. Two of them were between three and six months old, the other two between six and nine months.

Much of the increase in the number of infant deaths in 1960 compared with those of 1959 (fifty-eight as against forty-four), is due to an increase of nine in the number of premature births, five of this increase being among infants born in hospital and who died within twenty-four hours.

Stillbirths

Fifty-eight stillbirths were registered last year. This was a rate per thousand population of 0.27, and a rate per thousand live and stillbirths of 18.2. The rate per thousand births for the country as a whole was 19.7.

Of the thirty-two stillbirths about which particulars are known, nine were to mothers confined at home, twenty-three in hospital. Of the first group, two were the result of developmental abnormalities. In one the mother had an ante-partum haemorrhage; in three the death had occurred before delivery and in the other three during labour. Of those which occurred to mothers confined to hospital, three mothers had ante-partum haemorrhage, another four toxæmia. The labour of two was premature; in six there was difficulty at labour; in four cases death occurred at full-time confinement. Two were the result of blood incompatibility, and one of developmental abnormalities.

Peri-natal Mortality

Very much the same conditions are responsible for many of the stillbirths and for the deaths of infants in their first week, the early neo-natal period. So much is this the case that it is almost a matter of chance as to whether the loss has to be recorded to one or the other group. For some years now these losses have been classed under the term of peri-natal mortality, a rate which is calculated as the number of stillbirths and deaths under one week combined per thousand total live and stillbirths. The rate for this district for last year was 30.4 comprised of 12.2 the early neo-natal rate and 18.2 due to stillbirths. The corresponding figures for 1959 were 25.2, 10.8 and 14.4.

Death of Infants one to five years of age

A child who survives the first year of life enters a period when the probability of dying is very small. Some survive their first birthday in spite of suffering from congenital abnormalities which later become responsible for, or contribute to death. Weaker children, especially in the earlier years, might succumb to infections which older children can throw off.

Six children survived their first but did not reach their fifth birthdays. Two were in their second year; one in the third; two in their fourth and one in her fifth. None of these deaths was the result of an accident.

Maternal Mortality

One death occurred as the result of pregnancy, being due to a pulmonary embolism from a thrombosed leg vein following a natural abortion.

Deaths from accidents

The three main causes of deaths from accidents are those on the road in which a motor vehicle is mostly involved; a variety of deaths occurring in the home, and falls. Apart from those falling in one of these categories, accidents caused six deaths, of which two were from drowning and two were on the railway.

DEATHS FROM FALLS. Of the nine deaths from falls, four were the result of falls of elderly persons occurring in their own homes or in the institutions in which they were living.

ROAD ACCIDENTS. The twenty-six deaths from road accidents amongst local residents which occurred in 1959 was the highest figure over the last few years, the numbers in other years ranging from ten to twenty-three. In this last year there were only twenty-one, of which ten were the result of accidents in the district.

The local figures of road accidents (excluding those not affected by layout or conditions of highway) for last year were slightly higher than in the previous year. The monthly average of accidents was 43·6 (main road 33·3, other roads 10·2). Of the monthly average of 58·6 of the injured 49·5 were slight (38·0 on main roads, 11·5 on other) and 9·1 serious (6·4 on main roads, 2·7 on others). There was a welcome fall in fatalities—four instead of eight, three being on main roads and one on other roads.

The activities of the Harrow Road Safety Council have included the instruction of child cyclists. At the Council meeting on January 27th, 1961, the Mayor presented her National Cycling Proficiency Certificate and badge to the five-thousandth entrant to pass the Cycling Proficiency test.

ACCIDENTS IN THE HOME. The local deaths from accidents in the home last year included four of persons who died as the result of a fall when in their homes or institutions in which they were living; all were over seventy-seven years of age. Five died as the result of falls elsewhere. Four adults, two of each sex, died from consuming poisons. Nine adults, four men and five women, died from coal gas poisoning. Burns were responsible for the deaths of two elderly women.

In the country as a whole, in 1959, accidents in the home formed forty-one per cent of all accidental deaths and were responsible for 1·4 per cent of all deaths. Of the 8,096 deaths from accidents in the home in that year, 4,839 were the result of falls (4,364 amongst those aged sixty-five and over) the number of women being over twice that of men; 1,426 from poisoning; 833 from burns and scalds (102 of them being children under five and 503 adults of sixty-five and over); 645 due to suffocation (468 children under five) and 353 to other causes.

Deaths from Suicide

About twenty persons living in this district commit suicide each year. This last year the number was only sixteen, nine men and seven women. Coal gas poisoning was as usual the most common method used, being chosen by four men and three women. Poisoning came next, being the method chosen by two men and three women. The other deaths were caused one each by drowning, hanging and on the railway.

Four of these deaths took place in May ; two in June and two in November. There was one in each of the other months except October and December. Four of these people were in their forties ; four in their fifties ; two in their sixties and three were over seventy. One man was only twenty-eight and one woman only thirty.

Deaths from Cancer

Of the 2,026 deaths of residents in this district, 493 were due to cancer, this causing twenty-three per cent of the deaths of males and twenty-one per cent of the deaths of females.

Of the 283 deaths from this cause amongst males, in 118 the site was the lung, in 42 the stomach. Of the 210 deaths amongst females, the breast was the site in 47, the stomach in 27, lung in 17 and the uterus in 22.

Cancer caused the death of 414 local residents in 1958. The next year the number was 444. Of this increase of 30, 22 was because of the greater number of deaths from cancer of the lung, an increase from 71 to 91 in men ; from 11 to 13 in women. Of this further increase in deaths from cancer reaching the figure of 493 last year, much again was due to disease in the lung, there being 118 deaths amongst men as against the 91 of 1959 and 17 amongst women, an increase on the figure of 13 of the previous year. More deaths in each sex were due to cancer of the stomach (42 and 27 as against figures of 25 and 21 in the previous year). There was a sharp increase too in the number of deaths from cancer of the uterus, a figure of 22 against the 10 of 1959.

Cancer of the lung was the cause of death of one in nine of the men of this district who died in this last year. Although the precise connection between the incidence of this disease and smoking is not known, all the figures point to heavy smoking being a causative factor. This then can rank as a preventable disease, the remedy being in the hands of the individual.

Deaths from Infectious Diseases

There were twelve deaths from tuberculosis and two from influenza. There were none from measles, whooping cough or poliomyelitis.

HEALTH SERVICES OF THE AREA

HOSPITALS

Particulars of the Hospital services for the Area were set out in the Annual Report of 1954.

GENERAL HOSPITAL SERVICES. In 1947, Northwick Park was selected as a site for a new hospital for Harrow and Wembley. In 1955 the Government's plans for new hospital building included a project for building Charing Cross Hospital on this site. In December 1958, the Minister of Health announced his decision to include the first phase of the building in the Government's hospital programme. Planning the first part, costing £1,000,000, was to be completed in the financial year 1960/61. The proposal for building Charing Cross Hospital at Northwick Park was later abandoned because the University of London and the University Grants Committee decided that Kenton was too far from London for the training of medical students. It was then decided that the new Charing Cross Hospital should be at Fulham. The North West Metropolitan Regional Hospital Board then became the authority responsible for providing the new hospital accommodation for this area. Towards the end of 1959 it was understood that top priority was being given to the building of a 254-bed regional hospital. The Board then revised their views about what should be included in the first phase, and decided it would be better to provide a larger unit than that originally envisaged even though this meant some delay of the scheme. The estimated cost is about double the amount originally earmarked.

ISOLATION HOSPITAL. Infectious cases are admitted to the West Hendon Hospital (112 beds) in Goldhawk Avenue, Hendon. With the lessening demand for hospital beds for the infectious sick, twenty of these beds are now used for general medical patients, and another twenty for those with gynaecological conditions.

MATERNITY HOSPITALS. Most of the mothers who wish to be confined in hospital are admitted to the maternity ward of the Edgware General Hospital (sixty beds), or to the Bushey Maternity Hospital (thirty-six lying-in and fourteen ante-natal beds) which lies just outside the northern boundary of the district and which is an annexe to the Edgware General Hospital. Just over the boundary in another direction in Wembley is the Kingsbury Maternity Hospital (fifty-six beds) associated with the Charing Cross Group of Hospitals.

This accommodation has to serve a large population living in a very large area, and is insufficient to meet the demands. Even with strict control over early bookings, all beds are booked well before the times they are to be used. This makes it very difficult, if not impossible, for the hospital to accept late applicants even though their circumstances make it most necessary that the confinement should take place in hospital.

ACCOMMODATION FOR THE AGED. There are thirty-eight beds for geriatric patients at the Edgware General Hospital ; fifty-two at Roxbourne Hospital ; thirty-two at Oxhey Grove Hospital ; fourteen at Stanmore Cottage Hospital ; twenty-three at Orme Lodge ; twenty-four at Glebe House and twenty-six at St. Elizabeth's Hospital which is administered by the Barnet Group Hospital Management Committee. Contractual arrangements exist for fifteen beds at Springbok House which is provided by the National Corporation for the Elderly, nine at Grosvenor Nursing Home, and four at the Avenue Nursing Home. There are three hospitals now to which patients can be admitted direct from their homes, these being Edgware General Hospital, Roxbourne Hospital and St. Andrews. To meet the needs of the area there are 267 beds scattered over a wide area in eleven different establishments. Not only is the number of beds well below what is needed to meet the demands of the district, but the fact that they are divided amongst a number of institutions, some of them of small size, makes them less serviceable and valuable than they would if they were concentrated in a small number of hospitals.

MENTAL AND MENTAL DEFICIENCY HOSPITALS. Sufferers from mental illness from this area are admitted mostly to Shenley Hospital. In the main, mental defectives from Middlesex go to Harperbury Hospital near St. Albans ; to a lesser extent to Leavesden Hospital, Abbots Langley. There are three "designated" (observation) wards in general hospitals (North Middlesex, Central Middlesex and West Middlesex hospitals) to which patients may be admitted for a short period for observation whilst the general question of and the necessary formalities for their admission to a mental hospital can be dealt with.

NURSING HOMES

These are private establishments which provide accommodation for various types of patients. Section 187 of the Public Health Act, 1936, requires that these homes shall be registered with the local health authority. The responsibility for registering and supervising them rests with the Health Committee of the County Council. Applications for registration should be made to the Clerk of the County Council.

At the beginning of the year, there were thirteen homes registered for 179 beds, of which five were for maternity cases. Roxborough home closed, and the Calvary home had its registered accommodation increased from forty to forty-six beds. At the end of the year, then, the twelve registered homes had 172 beds, of which three were for maternity cases.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

Section 355 of the Middlesex County Council Act, 1944, prohibits any person carrying on in this district an establishment for massage and special treatment without a licence from the District Council authorising him to do so. There is a saving clause for registered members of the Chartered Society of Physiotherapists and for members of the medical profession.

At the beginning of the year thirty establishments were licensed. One was licensed for the first time during the year ; two were discontinued so the number at the end of the year was twenty-nine.

In addition, certificates were lodged by three members of the Chartered Society of Physiotherapists.

NURSING, MIDWIFERY, ETC., IN THE HOME

General Nursing

The National Health Service Act made local health authorities responsible for providing a home nursing service, either engaging their own staff or using the services of existing district nursing associations who had up to this done this work.

At the end of the year, there were some nineteen whole-time nurses and seven part-time nurses who worked mostly in the mornings, an equivalent of twenty-four whole-time staff. During the year they paid in all 66,098 visits.

The service is essentially a day-time one. The general medical practitioners get into touch with the nurses either directly or through the office.

The administration of the home nursing service is one of the functions for which the local Area Committee is responsible. The superintendent of the home nurses is Mrs. R. Bromley, who works at the Area Health Office at "Kynaston Court."

NURSING EQUIPMENT. The County Council in exercising its powers to make available nursing equipment on loan to patients being nursed at home have used the services of the Middlesex Branch of the British Red Cross Society. The Red Cross depot in this area is at 39 Sheepcote Road.

Midwifery and Maternity Nursing

The local midwifery service provided by the Harrow Council under the Midwives Act, 1936, passed in 1948 into the hands of the Middlesex County Council. This is one of the services administered locally by the local Area Committee.

Most of the midwives live in their own homes and the districts which they cover are as far as possible based on those points as centres. The work of the midwives is co-ordinated by the non-medical supervisor of midwives, Mrs. R. Bromley of 213 Exeter Road, South Harrow (Telephone No. Pinner 5752).

Last year the midwives attended the confinements of 848 women in their homes, (in 717 instances a doctor was present, in the other 131 not).

Home Helps

This service is intended essentially as an emergency service by which help is sent in to a household faced with some emergency, often enough the result of the mother herself succumbing to some illness. In practice though it has gradually become one of providing help to the aged and those suffering from some long-standing illness. The assistance which can be given to these people is of the greatest importance, as even moderate help enables some of them to continue to live at home who, without it could not have managed, and would have had to have been admitted to an institution, either Part III welfare accommodation or even a hospital.

Although at no time has it been possible to recruit sufficient home helps to meet the full demands, and particularly to give more aid at such times as epidemic illness, the staff engaged are able to meet promptly most of the requests. Additional staff would enable more help to be given in certain cases where the present limitation of numbers permits giving only of a minimum service.

The average number of home helps was one full-time and sixty-six part-time, being an equivalent of forty-one full-time home helps. They gave assistance in 1,257 households. In 366 of these the patient helped was a maternity case, in thirteen was one suffering from tuberculosis, in 314 was one suffering from an acute condition and in 564 was a long term case.

DAY NURSERIES

The same two day nurseries provided for the admission of children whose mothers needed to go out to work, Headstone Drive Nursery with its fifty places and the Walton Avenue, South Harrow, Nursery with its sixty.

CLINICS AND TREATMENT CENTRES

The following is a list of the clinics and treatment centres in, or serving the district :—

Infant Welfare Centres

| | |
|---|-----------------------|
| The Clinic, Alexandra Avenue, South Harrow | Mon. and Fri. p.m. |
| Broadway Clinic, The Broadway, Wealdstone | Wed. a.m. and p.m. |
| All Saint's Hall, Roche Avenue, Edgware .. | Thur. and Fri. p.m. |
| Elmwood Clinic, Elmwood Avenue, Kenton | Mon. and Wed. p.m. |
| Elstree Clinic, "Schopwick," Elstree, Herts. .. | 2nd and 4th Wed. p.m. |
| Greenwood Hall, Rickmansworth Road, Pinner | Wed. p.m. |
| Memorial Hall, High Road, Harrow Weald .. | Thur. p.m. |
| The Clinic, Honeypot Lane, Stanmore .. | Mon. and Wed. p.m. |
| The Clinic, Kenmore Road, Kenton | Wed. a.m. and p.m. |
| Methodist Church Hall, Love Lane, Pinner .. | Fri. p.m. |
| Methodist Church Hall, Walton Ave., S. Harrow | Thur. p.m. |
| St. Alban's Church Hall, North Harrow .. | Thur. a.m. |
| St. Anselm's Hall, Hatch End | Thur. p.m. |

| | |
|---|---------------------|
| St. George's Hall, Pinner View, Harrow .. | Tue. and Fri. p.m. |
| St. Hilda's Hall, Northolt Road, South Harrow | Tue. and Thur. p.m. |
| Spiritualist Church Hall, Vaughan Rd., Harrow | Wed. p.m. |
| Stanmore Park (R.A.F) Station | Thur. p.m. |
| The Clinic, Whittlesea Road, Harrow Weald.. | Wed. p.m. |

Ante-Natal Clinics

| | |
|---|-----------------------|
| The Clinic, Alexandra Avenue, South Harrow | Wed. p.m. |
| Broadway Clinic, The Broadway, Wealdstone | Thur. p.m. |
| All Saint's Hall, Roche Avenue, Edgware .. | Fri. a.m. |
| Elmwood Clinic, Elmwood Avenue, Kenton .. | Tue. p.m. |
| Elstree Clinic, "Schopwick," Elstree, Herts. .. | 2nd and 4th Wed. p.m. |
| Memorial Hall, High Road, Harrow Weald .. | Tue. p.m. |
| The Clinic, Honeypot Lane, Stanmore .. | Tue. p.m. |
| The Clinic, Kenmore Road, Kenton | Fri. p.m. |
| 76 Marlborough Hill, Wealdstone | Mon. p.m. |
| Methodist Church Hall, Love Lane, Pinner .. | Mon. p.m. |
| Methodist Church Hall, Walton Ave., S. Harrow | Thur. a.m. |
| St. Alban's Church Hall, North Harrow .. | Tue. a.m. |
| St. Hilda's Hall, Northolt Road, South Harrow | Tue. a.m. |
| St. Anselm's Hall, Hatch End | Alternate Thur. a.m. |
| Spiritualist Church Hall, Vaughan Rd., Harrow | Wed. a.m. |
| The Clinic, Whittlesea Road, Harrow Weald.. | Fri. p.m. |

Toddlers' Clinics

| | |
|---|---------------------|
| The Clinic, Alexandra Avenue, South Harrow | Mon. a.m. |
| All Saint's Hall, Roche Avenue, Edgware .. | Thur. a.m. |
| Elmwood Clinic, Elmwood Avenue, Kenton .. | Fri. a.m. |
| St. George's Hall, Pinner View, Harrow .. | 1st & 2nd Tue. a.m. |
| The Clinic, Honeypot Lane, Stanmore .. | Mon. a.m. |
| Methodist Church Hall, Love Lane, Pinner .. | Mon. a.m. |
| The Clinic, Kenmore Road, Kenton | Thur. a.m. |
| Spiritualist Church Hall, Vaughan Rd., Harrow | 1st Mon. a.m. |
| The Clinic, Whittlesea Road, Harrow Weald.. | Wed. a.m. |

These clinics are to enable children who are too old to be brought regularly to the infant welfare sessions to be kept under medical supervision and, as contrasted with the infant welfare clinics, only those who have been given an appointment can be seen.

Family Planning and Marriage Guidance

Sessions of the Family Planning Association clinic are held at the Elmwood Avenue Clinic on Monday evenings and on Thursday afternoons.

The Marriage Guidance Council have their offices at 7 Lyon Road, Harrow, (HARrow 8694).

School Minor Ailments Clinics

Sessions are held at a number of premises in the district :—

| | |
|---|-----------------------|
| The Clinic, Alexandra Avenue, South Harrow | Mon. Fri. & Sat. a.m. |
| Broadway Clinic, The Broadway, Wealdstone | Mon. Thu. & Sat. a.m. |
| All Saint's Church Hall, Roche Ave., Edgware | Thur. a.m. |
| Elmwood Clinic, Elmwood Avenue, Kenton | Fri. a.m. |
| The Clinic, Honeyput Lane, Stanmore | Mon. & Sat. a.m. |
| Methodist Church Hall, Love Lane, Pinner | Mon. a.m. |
| The Clinic, Kenmore Road, Kenton | Thur. a.m. |
| The Clinic, Whittlesea Road, Harrow Weald | Wed. a.m. |

Children attend at the request of the parents or of the teachers, or they are referred by school medical officers. Not only are those who need treatment for minor ailments seen at the clinics, but children are kept under observation for such conditions as cervical glands, cardiac murmurs, etc. Any children needing special examination, especially if these are likely to be prolonged, are referred to these clinics.

Ophthalmic Clinics

Sessions are held at the Honeyput Lane clinic on Tuesday mornings, Marlborough Hill clinic on Thursday afternoons and Friday mornings, and at the Alexandra Avenue clinic on Thursday mornings. The prescription is taken to an optician who provides the spectacles.

Arrangements are made to keep those children provided with spectacles under observation.

The ophthalmic surgeons at the clinics are now on the staff of the Regional Hospital Board.

The deflection of a squinting eye can sometimes be straightened by exercises. An orthoptist treats children in this way at the Marlborough Hill clinic.

Child Guidance Centre

At the County Council's Child Guidance Centre at 82 Gayton Road, Harrow, the full-time psychiatrist, Dr. Margaret Saul, is helped by psychologists and psychiatric social workers.

Speech Clinic

A speech clinic is held at the Marlborough Hill clinic where two whole-time speech therapists are engaged. Those attending are mainly pupils of maintained schools who have been referred for treatment either by the school medical officers or by the teachers. Sessions are now being held at some of the peripheral clinics.

Dental Treatment

Dental treatment, apart from that provided under the National Health Service Act, is available for school children, children under five and expectant and nursing mothers.

The service is under the administration of the area dental officer, Mr. A. G. Brown.

There are dental surgeries at six premises : 76 Marlborough Hill, Elmwood Avenue clinic, Alexandra Avenue clinic, Roxeth clinic, Honey-pot Lane clinic and Whittlesea Road clinic.

Apart from the sessions when the dental officers are examining children in the schools, treatment sessions are held every week-day morning and afternoon.

The school children treated there are those found, at the routine dental inspection of children at the schools, to need treatment. Only those who attend by appointment can be seen, except those referred by the head teachers of the schools for urgent or emergency treatment.

Children under five, expectant and nursing mothers are referred by the medical officers at the clinics which they attend. Expectant mothers are also referred by their own doctors.

An orthodontic surgeon works at the Marlborough Hill clinic.

Care of the Feet

A limited chiropody service was provided by the local health authority for children attending maintained schools, for nursing and expectant mothers, and for children under school age. Appointments are made at sessions held at the various permanent clinic buildings in the district.

Towards the end of the year, arrangements were started by which those in certain priority groups who needed treatment for conditions of their feet could receive this. These were the expectant and nursing mothers, children under five, the physically handicapped and the elderly.

Chest Clinic

The Chest Clinic serving most of the district is that at 199 Station Road, Harrow (Tel. No. Harrow 1075). The physician-in-charge is Dr. Grenville-Mathers. Serving part of the district on the eastern side is the Chest Clinic at the Edgware General Hospital (Tel. No. Edgware 4467). The physician-in-charge is Dr. Trenchard.

Provision for Special Classes of Person

The Deprived Child

The County Council as the local authority under the Children's Act has a duty to take into care children under the age of seventeen who are without parents or have been lost, or abandoned by, or are living away from their parents or when their parents are unable to take care of them, and the intervention of the authority is necessary in the interests of the welfare of the child. These children are placed in residential homes or are

boarded out. In certain circumstances the authority may assume parental rights of a child. It may also act as a fit person under the Children and Young Person Act, 1953, when the Court commits a child to their care. It has a further responsibility for the supervision of children who are maintained apart from their parents for reward.

The Children's Officer of the Middlesex County Council is Miss J. Rowell of 10 Great George Street, S.W.1. (Tel. No. Trafalgar 7799). In this area the work is carried out by the Area Children's Officer, Miss Susan Boag, at Kynaston Court.

The Mentally Ill and the Mentally Defective

The mental health services are integrated with the other health services established under the National Health Service Act. The duties of the local health authority include responsibility for the initial care and conveyance to hospital of patients who need to be dealt with under the Mental Health Act, and for the ascertainment and community care of mental defectives. The Health Committee of the County Council is responsible for the mental health functions of the Authority.

Harrow is part of the central division of the County which is served by Shenley Hospital. The Mental Welfare Officer, Mr. W. J. Pedel, and other officers, work at Balnacraig Avenue, Neasden, N.W.10 (Gladstone 8624). Attached to this office are two psychiatric social workers who advise and help people suffering from mental illness aggravated by social conditions. The services of a Mental Welfare Officer needed out of office hours can be obtained by telephoning County Fire Control (Wembley 1121) asking for County Control who will arrange for the message to be passed on to the Mental Welfare Officer who is on call.

A consulting clinic is attended on the mornings of the fourth Wednesday in each month at the clinic, Elmwood Avenue, Kenton, by Dr. Bennett or by Dr. Fidler of the Mental Health Section of the Health Service of the County Council. This is particularly useful for helping parents who have only just learnt that their baby is mentally abnormal in some way.

Children who are mentally retarded but are nevertheless educable are admitted to the Shaftesbury School for the educationally subnormal. Those more retarded and who are considered ineducable might be helped by attending the Special Training School at Rayners Lane, at which in the earlier stages emphasis is placed on habit training in order to teach the children to become socially adapted.

The Harrow Society for Mentally Handicapped Children which is affiliated to the National Society, works to promote the better appreciation and the welfare of all mentally handicapped children in the district.

The year saw the introduction of the provisions of the Mental Health Act, 1959 which will start the development of services in the home provided by the Mental Welfare authorities with less emphasis on the removal and retention at institutions of those suffering from mental disorders.

Persons in Need of Care and Attention

It is the duty of every local authority under S.21 of the National Assistance Act to provide (a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them and (b) temporary accommodation for persons who are in urgent need thereof.

The powers of the County Council to provide welfare services are set out in Section 29 of the National Assistance Act which reads :—
“The local authority shall have power to make arrangements for promoting the welfare of persons to whom this Section applies, namely, persons who are blind, deaf or dumb, or other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.”

The arrangements that may be made include those (a) for informing persons to whom the arrangements relate of the available services, (b) giving such persons instruction in their own home or elsewhere in methods of overcoming the effects of their disabilities, (c) for providing workshops and hostels, (d) for providing the persons with work in their own homes or elsewhere, (e) for helping them to dispose of the produce of their work, (f) for providing them with recreational facilities in their own homes or elsewhere, (g) for compiling and maintaining classified registers of such persons.

The County Council in the administration of the service for the blind and the partially sighted have continued to draw on the help of the voluntary associations who provided these services before 1948.

In regard to the schemes for the handicapped persons other than the blind and the partially sighted, the first step is for the handicapped person (who must be substantially handicapped) to register. This he does by communicating with the Chief Welfare Officer at 1 Queen Anne's Gate Buildings, Dartmouth Street, S. W. 1.

For the administration of the Welfare Service the County is divided into the same ten areas as for the County Council's functions under Part III of the National Health Service Act. Acting under the supervision of the Chief Welfare Officer for the County there is in each Area a Welfare Officer. The one for this district is Mr. H. G. Plummer, “Kynaston Court,” Boxtree Road, Harrow Weald. The County Council now has some 2,600 beds, most of them in about fifty old people's homes, in and around the County ; the only one of these homes in this district is that at 79 Bessborough Road. In addition, the County Council pays for about 1,100 beds in homes run by voluntary organisations.

The Aged

CO-ORDINATING OFFICER. In March, 1959 members of the Council discussed with representatives of the Old People's Welfare Committee the activities of the Committee, having in mind particularly, extensions of the ways in which help could be provided and the desirability, without interfering with the actual work done by the voluntary agencies, of

bringing the work of the Committee closer to that of the Council. One of the outcomes of this meeting was the suggestion of the appointment of a whole-time officer. Apart from there being the need for someone to be responsible for the work of extending the various branches of activity which already help the aged, there is the need for someone to help individual cases in need of various forms of assistance but for which work no one is at present responsible, and also for setting-up some machinery to ensure that ageing people are put in touch with the various services at some stage before they have broken down and so need admission to a Part III home or possibly to a hospital. The duties of such an officer were set out as including :—

1. Liaising with voluntary organisations and bodies ; and with officers of the Borough Council, the Middlesex County Council (as Welfare Authority), and the National Assistance Board.
2. The collection and maintenance of records of old people.
3. The conduct of the old people's home visiting service, and the co-ordination of voluntary assistance in home visiting.
4. The supervision of the old people's meals service operated by the Harrow Old People's Welfare Committee.
5. Liaising with the Women's Voluntary Services in regard to W. V. S. "Meals on Wheels" services for infirm old people.
6. The supervision and carrying out of schemes for holidays for old people.
7. The giving of talks to local organisations to foster and stimulate their interest in the welfare of old people.
8. Attendance at meetings of the Harrow Old People's Welfare Committee and its Sub-Committees ; and attendance, as required, at any meeting of a Committee of the Borough Council when the subject of old people's welfare is under consideration.
9. Such other duties as may be assigned from time to time by the Harrow Old People's Welfare Committee or the Town Clerk.

The Committee appointed Miss D. M. Guyatt who took up her duties in September. She is appointed under the general direction of the Town Clerk, being included on the staff of the Town Clerk's Department.

ARRANGEMENTS FOR MEALS. The Old People's Luncheon Clubs at the North Harrow and the Belmont Assembly Halls continued as on previous lines. Preliminary steps were taken for the erection of a hall on the allotment site at Roche Avenue, where similar facilities would be made available to those living in that area.

For the housebound, the Womens Voluntary Service continued to provide meals by their "Meals on Wheels" service.

To meet the cost of these services, the Council made a contribution at the rate of £1,150 per annum, for the financial year ending 31st March, 1961, in respect of the cost of the operation by the Harrow Old People's

Welfare Committee of a kitchen and restaurant for old people's meals at each of the North Harrow and Belmont Assembly Halls, including the provision of meals for service to infirm old people through the W.V.S. "Meals-on-Wheels" service. A further grant of £230 towards running, maintenance and garaging of the mobile canteen presented by the Greater Harrow District Nursing Association Trust was made.

CHIROPODY. The Ministry authorised Local Health Authorities to provide a chiropody service, concentrating in the first place on certain priority classes which include the aged. The Middlesex County Council submitted to the Ministry proposals under Section 28 of the National Health Service Act, 1946 "to provide as soon as possible directly for the extension of the existing chiropody service with priority in the early stages to the elderly, physically handicapped and expectant mother ; and as an interim measure, pending such direct provision, will consider making arrangements for the provision of such services through suitable voluntary organisations." Under this scheme, chiropody treatment is provided at a standard charge of eight shillings, this being reduced to four shillings for old age pensioners except that those in receipt of supplementary pensions and certain cases recommended by the National Assistance Board are treated free of charge. Because of this, the Harrow Old People's Welfare Committee no longer receive a grant from the Borough Council in respect of the provision, in co-operation with the Harrow Division of the British Red Cross Society, of a chiropody service for needy old people in the Borough.

Towards the end of the year, a start was made on the arrangements by which treatment was made available at various of the County Council's clinics by a chiropodist on the staff of the County Council.

LAUNDRY. For some years the Harrow Council has used its very restricted powers under Section 84 of the Public Health Act which enables authorities to arrange for articles to be cleansed in certain circumstances. The Hendon Group Hospital Management Committee agreed to arrange for the actual work of treating the articles of clothing and bedding to be done if the District Council would meet the cost. The present charge is 5³/₄d. per article. At the beginning of last year, eleven persons were being helped. During the year there were requests to help a further fourteen cases. Because of death or removal from the district, the number provided with help at the end of the year was ten.

A number of local launderettes operate a special service to old age pensioners at reduced charges. In addition to the Belmont and Harrow Weald launderettes which previously helped in this way, assistance can now be given to those in the Honeypot Lane, Hatch End and Pinner areas.

COMPANIONSHIP. Many of the problems of the elderly occur because they have lost touch with others. It is in providing this companionship that the luncheon clubs, the Evergreen Clubs, the Darby and Joan clubs and the Over-sixty Clubs are of such inestimable benefit. Even though

each of these has a large membership, in all they can reach only a small proportion of the elderly of the district and perhaps only a very small proportion of the lonely elderly.

Application was made by the Old People's Welfare Committee for the Council to approach the Middlesex County Council with a view to part of the site of the Grant Road School being used for old people's welfare.

The home visiting scheme provided by the Old People's Welfare Committee reaches other people and in particular, those who are largely or perhaps wholly housebound.

HOLIDAY SCHEME. In September, the General Purposes Committee agreed to the Old People's Welfare Committee arranging pilot assisted holiday schemes for old people to start in 1961 by which sixty old people will be sent on one weeks' holiday to a resort. The Committee voted a sum of £300 to meet the extra cost involved.

LABORATORY SERVICE

The examination of clinical material of public health significance is carried out free of cost to the patient and to the doctor at the Central Public Health Laboratory, Colindale Avenue, London, N.W.9. (Tel. No. Colindale 7041).

The clinical material is collected each day by a van from the Laboratory, calling about mid-day at the Harrow Hospital, "Kynaston Court," and the Central Fire Station, Pinner.

The following is a summary of the examinations of material from this district carried out during the year : nose and throat swabs eight-six ; faeces 162 ; sputum eleven and miscellaneous seven.

AMBULANCE SERVICE

The Ambulance Service is now under the control of the Health Committee of the County Council, the County Medical Officer being the responsible officer. The administrative headquarters of the Service is The Ambulance Headquarters, The Mall, Kenton (Telephone WORDsworth 7724).

The County Council in July decided to transfer the accident ambulance stationed at the Pinner Fire Station to the Ambulance Depot at Imperial Drive, North Harrow. This arrangement will not affect the cover for accidents and emergencies, and ambulances and crews will still be constantly available for emergencies though stationed at this different place in the Borough.

The sick removal branch deals with the conveyance of patients to and from out-patient clinics and non-urgent admissions to and discharges from hospitals, etc. The ambulances are based at the ten sick removal depots in the county. No. 6 is at Imperial Drive, North Harrow (Telephone PINner 8900). Requests for transport are made to the local depot.

The hospital car service operated jointly by the British Red Cross Society, the St. John's Ambulance Brigade and the Women's Voluntary Services, provides cars and drivers who give their services voluntarily, and by arrangement with the County Council takes many patients to and from hospitals and clinics.

LEGISLATION

NOISE ABATEMENT ACT, 1960. This Act came into force on the 27th November, 1960. Section 1 particularly concerns the Public Health Committee. Under it noise or vibration which is a nuisance shall be a statutory nuisance for the purposes of the Public Health Act, 1936 except that at least three persons must be aggrieved, not one. In regard to noise or vibration caused in the course of trade or business, it shall be a defence to prove that the best practicable means have been used for preventing and counteracting the effect of the noise or vibration. Statutory undertakers are excluded from the operation of the Act, as is also noise or vibration caused by aircraft. These provisions are much the same as those contained in Section 313 of the Middlesex County Council Act, 1944 which has been in force all these years in this district. Other provisions of the Act relating to the restriction and operation on highways, etc. of loudspeakers, have been referred and delegated to the General Purposes Committee.

OIL BURNERS (STANDARDS) ACT, 1960. The provisions of this Act came into force on January, 1st 1961. The Act makes provision for minimum standards of efficiency and safety of oil burning appliances.

THE RADIOACTIVE SUBSTANCES ACT, 1960. The purpose of this Act which came into force on the 2nd June, 1960 is to regulate the keeping and use of radioactive materials, and to make provision as to the disposal and accumulation of radioactive waste.

OFFICES ACT, 1960. This Act which makes further and better provision for health, welfare and safety in offices, is not to come into force until the 1st January, 1962.

THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960. This Act which came into force on the 29th July, makes further provision for the licensing and control of caravan sites and authorises local authorities to provide and operate caravan sites. Although the powers and duties under this Act have been delegated to the Planning Committee, the Public Health Committee is particularly interested in it because these added powers might lead to a solution of the problems arising from the unsatisfactory state of the caravan site at North Lodge.

SANITARY CIRCUMSTANCES OF THE AREA

WATER

Supply

Almost all the area obtains its water from the Colne Valley Water Company, coming from wells supplied by gathering grounds in the Chilterns. The supply to the district as a whole is satisfactory. From information received from the Water Company, it appears that at periods of heavy demand the pressure of supply in certain parts of South Harrow fell below the Company's normal standard. This will be rectified when a trunk main which is proposed has been laid.

Before distribution the supply water is chlorinated and partially dechlorinated ; part of the supply water is also filtered.

Full particulars of the places at which water is collected and details of the purification processes carried out were set out in the Annual Report for 1954. The following roads in the district are supplied partly by the Colne Valley Water Company and partly by the Rickmansworth and Uxbridge Valley Water Company: Wood End Avenue, Westwood Avenue, Wood End Road and Cavendish Avenue.

Safety

Responsibility for the wholesomeness of the water supply rests with the Water Company. In addition, district councils have under Section 111 of the Public Health Act, 1936, responsibility for ascertaining the wholesomeness of the water supplies of their districts. To this end samples are submitted periodically for full chemical and bacteriological analysis. In addition, samples are submitted for analysis of water collected from houses in which there are persons suffering from complaints which might have been contracted by consuming water. Particulars of these cases are passed by the Public Health Department to the Water Company.

The Company carry out regular bacteriological and chemical examinations of the raw water and of the water going into supply from the Company's pumping stations, service reservoirs and at the houses of the consumers. 700 samples of raw water were submitted to bacteriological examination ; the results of these were variable. 2,473 samples of supply water were submitted to bacteriological examination of which 100 samples were collected from this district. All results of these were satisfactory. 389 samples of raw water were submitted to chemical examination. Again the results were variable. 586 samples of water were submitted to chemical examination, forty-two being from this district. The results of these were satisfactory.

The following is a copy of the results of the chemical analysis of a sample of water submitted for examination in February :—

| | | | |
|-------------------------------------|------------------|---------------------------------|--------------|
| Appearance .. | Clear and bright | Turbidity | Nil |
| Colour | 5 | Odour | Nil |
| pH | 7.4 | Free Carbon Dioxide | 15 |
| Electric Conductivity .. | 610 | Dissolved Solids dried at 180°C | 420 |
| Chlorine Present as Chloride .. | 42 | Alkalinity as Calcium Carbonate | 180 |
| Hardness : Total | 260 | Carbonate 180 non-carbonate.. | 80 |
| Nitrate Nitrogen | 6.2 | Nitrite Nitrogen .. | Approx. 0.01 |
| Ammoniacal Nitrogen .. | 0.013 | Oxygen Absorbed | 0.60 |
| Albuminoid Nitrogen | 0.020 | Residual Chlorine .. | Absent |
| Metals—Iron, Zinc, Copper and Lead: | —Absent | | |

This sample is clear and bright in appearance, just on the alkaline side of neutrality and free from iron and other metals. The water is hard in character but not to an excessive degree, contains no excess of mineral constituents and it is of very satisfactory organic quality.

From the aspect of the chemical analysis, these results are indicative of a pure and wholesome water suitable for drinking and domestic purposes”.

The following which is a summary of the bacteriological examination of a sample submitted for analysis in March, is typical of other reports :

No coliform bacilli present in 100 ml in MacConkey incubated for two days at 37° ; no faecal coli per 100 ml.

There is no evidence that the water is plumbo-solvent.

There are no houses in the district supplied by stand pipe only.

FLUORIDATION OF WATER SUPPLIES. It is largely accepted that the concentration of one part per million of fluoride in drinking water inhibits the development of dental caries in the teeth of those consuming the water.

Although the effects on the teeth of the consumers of greater amounts of fluoride have been known for many years, particularly the position in Maldon, Essex, where the natural water supply contains 5 p.p.m., most of the pioneer investigations were made in the United States where by the end of 1959, thirty-six million people were consuming water to which fluoride had been added. Although the general opinion is that fluoridation of water has had beneficial results and that has been the reason for the steady increase in the extent of the practice, in few areas had adequate trials been arranged. The United Kingdom Commission on Fluoridation reported generally in favour of the practice, though it was accepted that what produced benefit in one area might not necessarily do so in another. For this reason trials have been embarked on in a number of places in this country. They started in four areas, but are being continued in only three—Watford, Anglesey and Kilmarnock. These trials are to end in 1961. Their findings should bring further evidence to add to that of other investigations which have fully demonstrated the beneficial effects of fluoridation.

Most of the fluoridation projects aim at maintaining concentrations of 0.9 to 1.0 p.p.m. Dental fluorosis which results from heavier concentrations appears only when these are quite outside the range of the amounts deliberately added. It seems that amounts even of only 1 p.p.m. can cause very mild mottling in ten per cent. of those exposed, though this mottling can be detected only by expert examination; even the mild fluorosis produced by levels of 1.5 to 2.0 p.p.m. is inconspicuous. It was not until concentrations of 6 p.p.m. were consumed that the mottling became severe and conspicuous.

The opposition to fluoridation mainly is on one of two grounds: the one that compulsory medication is repugnant, the other that insufficient is known about the chronic toxicity of fluorides. Fluoridation has limited value in those over sixteen years of age and it is maintained by some that it is unjustifiable to expose the whole adult population to any possible risk of chronic fluoride intoxication. Apart from skeletal fluorosis, some fear the effect of fluoride in stimulating cancer. New growths, particularly gastric carcinomas, are reported to be commoner in areas where the water is naturally fluoridated. On the other hand, the Ministry of Health declare that there is no scientific evidence that fluoridation at a level of 1 p.p.m. has any deleterious effect on the health either of adults or of children. The Chief Officer of the Ministry of Health in his report for 1959 referring to this subject, said—"Fluoridation, to make good a natural deficiency of fluoride, has been in operation in three centres in Great Britain (Anglesey, Kilmarnock and Watford) for four years. Though it is still too early to assess its effect, there is no reason to suppose that it will differ in any way from that observed in America and other countries. It may therefore be timely to consider the bearing of fluoridation on the future, in terms of dental health and care.

It is not to be supposed that dental caries will entirely be eliminated but, on the experience in the United States, the incidence will be less, the attack rate will be much less severe, and we may expect to find about one-third of the children aged twelve to fourteen completely free from caries. With the decrease in rampant caries it should follow that fewer extractions, fewer dentures, crowns or bridges will be needed. Carious cavities will be fewer in number and smaller in extent, therefore more manageable. It is probable that fewer teeth will be lost through periodontal disease since the supporting tissues will be less subject to stress. . . .

The possibility that there may be a decreased incidence of malocclusion, and therefore less need for orthodontic treatment, is foreshadowed by studies carried out recently in Turkey and in this country. . . .

Despite the careful scrutiny to which fluoridation has been subjected in various parts of the world by special commissions and professional bodies of standing, no evidence has been found of any hazard to health at a concentration as low as 1 p.p.m. Nevertheless, fluoridation is still the subject of controversy, albeit confined to a comparatively small section of the population, and follows a pattern familiar to public health workers who remember the opposition to the introduction of chlorination of water, pasteurization of milk and vaccination against smallpox."

DRAINAGE AND SEWAGE DISPOSAL

The soil sewage from this district flows to the West Middlesex Drainage Works at Mogden. Surface water finds its way out of the district by the various water courses. The Annual Report for 1954 set out the arrangements for the disposal and treatment of the sewage of the district and the drainage.

Soil Drainage

Tenders were accepted in June for the construction of the Pinner Soil Relief Sewer No. 2. This runs from a point near the junction of Uxbridge Road and Paines Lane, under Woodhall Avenue and Barrow Point Avenue, to discharge into the recently constructed sewer at the junction between Barrow Point Avenue and Avenue Road. The sewer will be about 800 yards long. By the end of the year good progress was being made on this work.

Flooding

Parts of Hatch End have periodically been subject to flooding. Following that which occurred on the night of July 10/11th, 1959 the Highways and Cleansing Committee agreed to the construction of a relief culvert in Hillview Road and Hillview Close. At their March meeting the Committee agreed to tenders being invited for the execution of the works involved.

The Wealdstone brook was flooded in August. This brook rises in Harrow Weald. It is culverted from Brockhurst Corner, is open at Christchurch Avenue and is culverted again through the recreation ground. Because of obstruction to the flow, some houses are particularly subject to flooding.

Pollution of Water Courses

Periodically complaints have been received about the state of the River Pinn. As at one time some of the trouble arose because of the inadequacy of the soil sewers to meet the needs arising from the rapid housing development in the locality, the Council decided to defer making further representations to the Thames Conservancy until the new Pinner Soil Relief Scheme was in operation. The hot and dry summer of 1959 led to the Pinn being particularly offensive. The Public Health Committee had previously agreed to meet representatives of the Thames Conservancy to discuss the state of the river. Following a meeting of representatives of the Public Health Committee and of the Highways and Cleansing Committee, a meeting of officers of the Conservators and of the Corporation was held. The outcome was that the Chief Engineer of the Conservators was prepared to recommend the Conservators to make an annual payment of £200 if the Council would undertake such clearance as they consider necessary. In June, the Council concluded an agreement with the Thames Conservators about the clearance of the length of the River Pinn between

Bridge Street, Pinner and the Borough boundary. Under this the Conservators will pay the Corporation £200 per year and the Council will clear that length of the River Pinn from time to time and so often as may be necessary. This agreement is terminable at the expiration of the third or any subsequent year.

During the year, complaints were received about the condition of the Edgware Brook. Enquiries showed that a hitherto unknown pipeline had become obstructed and broken, with the result that polluting matter was finding its way via a contributory into the brook. The matter was remedied by the pipeline being connected by a short drain to the soil sewer.

Early in July, complaints were received about the pollution which was noticed in the half-mile of the open section of the Wealdstone brook in Kenton. The pollution being intermittent made its origin more difficult to detect. The watercourse, which rises in Harrow Weald, receives the surface water drainage from a large area of the Borough. It is liable to pollution from the road surfaces and from any surface water gulleys which are mis-used. In parts of the Wealdstone area the surface water drains flow through the same inspection chambers as the soil drains with the result that obstruction in one can result in the effluent flowing into the other. Investigations of possible sources of pollution were carried out and a number of sources dealt with. With the onset of the wet weather, no further complaints were received. The Public Health Committee at their meeting in September, recommended that the Highways and Cleansing Committee be asked to consider the question of concreting the bed of the open section of the brook and providing along both banks of these open sections concrete walling which would prevent debris from the banks being washed into the water course, and also enable the stream to be more easily cleansed.

Sewage Contamination of Bathing Beaches

Probably because of the greater incidence of poliomyelitis and because it has become generally known that the virus of poliomyelitis is excreted in the faeces of sufferers and carriers, there has in the last few years been much concern about the arrangements for sewage disposal at seaside places, the fear being that there is danger of contracting infection by bathing in contaminated sea water.

Even before this period though there was an appreciation that typhoid fever might be contracted in this way. In regard to this, the Royal Commission on Sewage Disposal which reported in the early days of this century said—"It does not appear that any serious injury to public health is to be feared from pollution of bathing grounds by sewage if reasonable care is taken in selecting positions for outfalls." Since that time of course, because of the increase in population and the greater ease of travel, sewerage systems of many coastal towns have now to bear a far greater load than they did when they were first installed.

In 1953, the Public Health Laboratory Service set up a research committee to investigate the medical and bacteriological aspects of sewage contamination of bathing beaches in England and Wales. A summary of their findings has been published as Medical Research Council Memorandum No. 37.

The authors of the report early concluded they could not carry out the purpose of their investigation. There are no known bacteriological methods to estimate the amount of faecal contamination in sea water. Their arguments therefore are based not on bacteriological or virological examinations, but on field epidemiology.

The Committee's study suggests that "with the possible exception of a few aesthetically revolting beaches round the coasts of England and Wales, the risk to health of bathing in sewage contaminated sea water can for all practical purposes be ignored."

This report has been criticised as being too complacent and being too great an encouragement to many authorities to take no steps to improve the arrangements for sewage disposal in their districts. Where there is sufficient dilution there is no risk in this method of disposal of sewage. In many places the sewage on being discharged on the ebb tide is carried out and is mixed with the sea in general. There are places though where sandbanks or islands tend to confine the tides or where the currents might cause the flow to return or even where the winds affect the flow. In such circumstances the concentration of sewage might be quite high. There is no doubt about typhoid fever having been contracted by those who have eaten oysters or cockles infected by contaminated sea water. It is most probable that some bathers in infective waters have contracted this infection and that even in waters not obviously polluted. It is probably not sufficient then to rely on the standard of the report of "aesthetically revolting beaches" as the criterion of safety.

PUBLIC CLEANSING

Much the same arrangements for the collection of refuse, its disposal and for street cleansing were continued last year as were described in the Annual Report for 1954.

Collection of Refuse

The number of bins collected is now over 81,000. The contents are deposited in vehicles which travel an average distance of twelve miles to the tip at Harefield.

The refuse from business and shop premises is collected on the normal weekly refuse collection round. A charge is made for the emptying of any bins more than the one for each property. In addition special collections are made at a charge from those premises where there is more to be removed than can be dealt with by the normal services.

In addition to the waste paper collected on the normal weekly refuse collection a free waste paper and cardboard collection service is provided by the fortnightly collection made to 3,339 shops and business premises.

Refuse Disposal

For some years now virtually all the refuse from this district has been tipped at Harefield. The present contract expires on the 31st March 1964. As three authorities—Harrow, Ruislip, Northwood and Uxbridge—are using these tips it is probable that Uxbridge will not be able to provide tipping space beyond the time in the present agreement.

Harrow has reserved sites for the construction of refuse destructors at Rayners Lane, South Harrow, the site of a dis-used destructor, and at the Great Stanmore Sewage Farm, Honeyput Lane.

The question of a single scheme for the three district has been considered. No site suitable for a destructor of suitable size is available. Other methods considered were the use of wet pits, the use of dry pits, bulk handling and composting. There are serious objections to the use of wet pits, though trials are being carried out of dewatering the pits and filling them. The method of bulk handling involves the use of large vehicles of forty cubic yard capacity and a system of transferring the refuse from the collecting vehicles to these large vehicles with the aid of one or more special loading platforms. It would also necessitate the provision of a transfer station or stations where the collecting vehicles tip the refuse on to a platform from which it is transferred through a chute by the use of a bulldozer or chaseside shovel into one of the larger collecting vehicles. The material would then be disposed of in dry pits.

The Highways and Cleansing Committee at their meeting in October decided to defer the question of future arrangements for a few months pending the report of the Royal Commission on Local Government.

SWIMMING BATHS

There are two open-air swimming baths in the district, one at Charles Crescent, Honeybun Estate, Harrow, and the other at Christchurch Avenue, Wealdstone. The former, constructed in 1923, measures 165 feet by seventy-five feet, with a depth of seven feet to three feet six inches. The water, after being filtered, is treated by chlorination. Dressing accommodation, shower and foot baths and sanitary conveniences are provided. The Wealdstone bath, constructed in 1934, measures 165 feet by seventy-five feet, with a depth of eight feet six inches to two feet six inches; in addition, there is a shallow semi-circular beginners' pool. Suitable dressing accommodation, with shower and foot baths, and sanitary conveniences, are provided. The water is treated by passing through filters and is then chlorinated by the break-point method.

The duration of the turn-over period varies according to the extent the baths are used, but it is at least once a day, and at busy times is every eight hours.

Daily tests are carried out for the presence of free chlorine and to determine the pH value.

PUBLIC CONVENIENCES

The Council has proposals for providing public conveniences at a number of additional places in the district.

Work on two of these was started during the year, these being the conveniences at Rayners Lane and at Belmont Circle.

By the end of the year, consent had been received for the erection of a convenience in the grounds of what was at one time the Honeypot Lane Isolation Hospital and tenders had been accepted. Negotiations are still proceeding about the convenience to be put up at Woodridings Close, Hatch End and about the one at Kenton Road in regard to which the Ministry's approval in principle had been received.

DISPOSAL OF THE DEAD

Burial Grounds

There were no changes during the year in the provisions for the burial of the dead, particulars of which were set out in the Annual Report for 1954.

Crematorium

The Council had considered four sites in the district for the erection of a crematorium, three being on Pinner Park Farm, one at Warren House Regional Open Space, Wood Lane, Stanmore. In regard to these though, the Middlesex County Planning Committee refused the Council's application for planning permission.

The suggestion about using part of Northwick Park as a site was deferred by the County Estates and Housing Committee until after the discussions between the County Council and the Wembley Council about the proposal to erect new county offices at Northwick Park.

The only proposal about which progress was being made was that for sharing the facilities provided by the Ruislip/Northwood and Uxbridge Crematorium Joint Committee at the Breakspear Crematorium. At their meeting in January, the Crematorium Sub-Committee recommended the parent Committee to agree to the principle of early arrangements being made with the Ruislip/Northwood and Uxbridge Crematorium Joint Committee for Harrow to become full partners with the present local authorities constituting the Crematorium Joint Committee in the ownership, management and control of the Breakspear Crematorium, it being understood that the Borough Council reserves the right to take all necessary steps to provide crematorium facilities for residents on the eastern side of the borough. The Borough Engineer was to continue to survey the district to find a suitable site for the erection of a crematorium to serve those parts of the borough which have no easy access to the Breakspear Crematorium.

The Council at its meeting on the 7th October accepted the recommendation of the Open Spaces Committee that :—

1. The Council approve the offer of the Ruislip/Northwood and Uxbridge Crematorium Joint Committee to admit the Council of the Borough of Harrow as from the 1st April, 1960 as a full

equal participating member of the Crematorium Joint Committee owning and operating the Breakspear Crematorium at Ruislip.

2. With the object of a further recommendation being submitted as soon as possible, the Open Spaces Committee be hereby authorised to keep under consideration the question of finding a suitable site for building a crematorium in the Borough to serve those parts of the Borough not easily accessible to the Breakspear Crematorium.

Burial

Under Section 50 of the National Assistance Act, 1948, the Council can arrange for the burial or cremation of any person who has died or has been found dead in their area if no other suitable arrangements are being made.

Each year there has been a small number of requests for these arrangements for burial to be made. There was none in this last year.

Mortuary

The district is served by the one mortuary at Peel Road which is under the care of a full-time mortuary attendant Mr. C. Russell of 30 Lorne Road, Wealdstone.

Advantage is being taken of the decision to erect the new disinfecting station to replace the one at the former Honeypot Lane Isolation Hospital near to the mortuary to improve the facilities. The viewing room will be transferred to be adjacent to the main room, and adequate waiting accommodation for visitors will be provided. In the meantime, existing facilities have been improved. The Public Health Committee at its meeting on the 3rd January, 1961 accepted tenders for the work of improving the viewing arrangements, providing a steam disinfector and garage, a covered way and offices at the mortuary site.

The question of providing a relief for the mortuary keeper when he is absent on holiday or through illness has been a problem ever since the resignation of the member of the Council staff who carried out these relief duties. Failing obtaining someone in the Council's service, for many years this work has been done by a local undertaker. The Borough of Wembley have now erected their new mortuary, and the two authorities have agreed that when one helper is absent that mortuary should be closed, bodies from both districts going to the other mortuary, no charge being made by either authority to the other. The temporary arrangement by which pending the provision of the new mortuary in Wembley, bodies from the Wembley area were received in the Corporation's mortuary at a charge of £2 each came to an end during the year.

During the year 273 bodies were received in the mortuary. Post mortem examinations were carried out on all but one of the bodies admitted. Inquests were held on forty-four.

SANITARY INSPECTION OF THE DISTRICT AND THE INSPECTION AND SUPERVISION OF FOOD

The activities of the public health inspectors may be divided into four main categories viz. housing inspection ; inspection and supervision of other premises ; the inspection and supervision of food ; and measures to control certain infections. The following tables summarize the visits paid and the action taken :

STATISTICAL SUMMARY

PART I

Inspections Made and Conditions Found

HOUSING

VISITS

| | | | |
|-------|---|---------|-------|
| (i) | On complaint of dampness or other housing defects | .. | 933 |
| (ii) | On complaint of other nuisances | | 541 |
| (iii) | Routine inspections | | 965 |
| (iv) | Revisits arising from defects found | | 3,486 |
| (v) | Surveys under S. 157 Housing Act, 1936 | | 156 |

CONDITIONS FOUND

| | | | |
|------|--|---------|-------|
| (i) | Number of dwellings or other premises where defects were found | | 1,328 |
| (ii) | Number of cases of overcrowding revealed | | 8 |

PUBLIC HEALTH

VISITS

| | | | |
|--------|---|---------|-------|
| (i) | On complaint or request | | 180 |
| (ii) | Routine inspections of premises | | 1,039 |
| (iii) | Revisits arising from defect found | | 1,116 |
| (iv) | Surveys arising from Rats and Mice complaints | | 1,365 |
| (v) | Inspection of Factories | | 260 |
| (vi) | Inspection of Workplaces | | 84 |
| (vii) | Inspection of Outworkers' Premises | | 232 |
| (viii) | Inspection of Cinemas and Places of Entertainment | | 67 |
| (ix) | Inspection of Licensed Premises | | 93 |
| (x) | Visits under Shops Acts | | 1,357 |
| (xi) | Evening observations under Shops Acts | | 23 |
| (xii) | Sunday observations—Shops Acts | | 12 |
| (xiii) | Observations made for Smoke Nuisances | | 65 |
| (xiv) | Surveys under Clear Air Act | | 3,084 |

CONDITIONS FOUND

| | | |
|-------|--|-------|
| (i) | Premises visited as a result of (i) and (ii) where defects or unsatisfactory conditions were found | 1,078 |
| (ii) | Number of premises where action was taken by Rodent Operatives to deal with rats or mice | 1220 |
| (iii) | Number of Factories, Workplaces and/or Outworkers' Premises where defects or contraventions were found .. | 62 |
| (iv) | Number of Cinemas and/or Licensed Premises where defects were found | 32 |
| (v) | Contraventions of Shops Acts— | |
| | (a) Failure to observe closing hours | 1 |
| | (b) Other contraventions (failure to exhibit notices, etc.) | 362 |

FOOD HYGIENE

VISITS

| | | |
|--------|-------------------------------|-----|
| (i) | Slaughterhouses | 515 |
| (ii) | Butchers' shops | 277 |
| (iii) | Cowsheds | 3 |
| (iv) | Dairies | 29 |
| (v) | Fish Shops | 87 |
| (vi) | Bakehouses | 97 |
| (vii) | Cafes and Restaurants | 245 |
| (viii) | Ice Cream Premises | 177 |
| (ix) | Provision Merchants | 524 |
| (ix) | Greengrocers | 256 |
| (xi) | Other Food Premises | 251 |

COMPLAINTS RECEIVED

Summary

| | |
|---|-----|
| Accumulations of Refuse | 79 |
| Animals causing a nuisance | 9 |
| Dampness and Housing defects | 251 |
| Drains and sewers—choked | 75 |
| —defective | 71 |
| Dustbins defective | 23 |
| Flooding—Gardens | 23 |
| Vermin | 16 |
| Insect infestations | 83 |
| Overcrowding, alleged | 27 |
| Smoke nuisances | 19 |
| Watercourses | 4 |
| Other complaints (wasps' nests, defective fences) | 124 |
| Food unfit (excluding requests received from shops to visit and inspect unfit food) | 41 |

NOTICES SERVED

Under Housing Acts, 1957

| | |
|---|---|
| Statutory Notices served under S. 9 requiring execution of repair work | 2 |
| Dwellings reported under SS. 16/17 of Housing Act, 1957 as being unfit for human habitation | 7 |
| Dwellings reported under S. 18 (closing orders) | 2 |
| Informal notices served under S. 9 | 3 |

Under Public Health Act, 1936

Statutory Notices under—

| | |
|---|-------|
| (i) S.24—work to a public sewer | 101 |
| (ii) S.39—repair or renewal of drains | 8 |
| (iii) S.45—repair or renewal of defective water closets | — |
| (iv) S.56—undrained or badly drained yard area | — |
| (v) S.75—renewal of a dustbin | — |
| (vi) S.93—abatement of a nuisance | 21 |
| (vii) Informal notices served | 1,472 |

ACTION TAKEN

Following Housing Act Notices

| | |
|---|---|
| (i) S.9 Housing Act, 1957—dwelling rendered fit— | — |
| (a) By owners | — |
| (b) By local authority in default of owners | — |
| (ii) S.16/17 Housing Act, 1957, Closing or Demolition Order made | 2 |
| (iii) S.18 Housing Act, 1957, Closing Order made on parts of building | — |
| (iv) Dwellings rendered fit by owners after receipt of informal notice | 3 |
| (Sec. 27 (2) Housing Act, 1957 Closing Orders determined) | |
| (v) S.28 Housing Act, 1957. Closing Orders converted to Demolition Orders | — |

Following Public Health Act Notices

| | |
|--|-------|
| (i) S.24—Public sewers repaired | 82 |
| (ii) S.39— | |
| (a) By owners | 7 |
| (b) By Local Authority in default of owners | — |
| (iii) S.45— | |
| (a) By owners | — |
| (b) By Local Authority in default of owners | — |
| (iv) S.56— | |
| (a) By owners | — |
| (b) By Local Authority in default of owners | — |
| (v) S.75— | |
| (a) By owners | — |
| (b) By Local Authority in default of owners | — |
| (c) By occupier | — |
| (vi) S.93—Nuisances abated | 13 |
| (vii) Nuisances abated and/or other work carried out by owners on receipt of informal notice | 1,383 |

HOUSING

Inspection of Houses

Although the Housing Act required local authorities to carry out systematic inspection of houses, this routine work has not been started since the war. Most inspections are carried out on receipt of a complaint and to obtain the carrying out of the necessary work, reliance is placed more on the provisions of the Public Health Acts than on those of the Housing Acts.

Repair of Houses

IMPROVEMENT GRANTS. The Housing Act, 1949 authorised local authorities to give assistance in respect of the provision of dwellings by means of the conversion of houses or other buildings and of the improvement of dwellings. Later legislation amended these provisions. In this district little use has been made of the powers granted in the original Act or in the amending Acts. What has been done has been mostly in respect of owner-occupied houses.

The 1959 Act introduced the standard grant which relates to the provision of specific items of improvement to be carried out on houses built before 1944. During this last year thirty-two applications for standard grants were received. Of the twenty-three of those approved, fourteen were in respect of owner-occupied houses. Twenty-nine enquiries were received about the possibility of a discretionary grant; twenty-eight were approved in principle. Of the twenty discretionary grants approved in detail during the year, eighteen were in respect of owner-occupied houses.

Slum Clearance Programme

The Council's proposals submitted to the Minister in August, 1955, for dealing with unfit houses in the district referred to 577 properties. It was expected that the clearing and replacement of these houses would be carried out in five years.

At the time the survey was completed in April, 1955 the 577 houses included twenty-nine which were already the subject of confirmed Clearance Orders, thirty-nine the subject of confirmed Demolition Orders and 115 about which action had already been started. This 115 included the ninety-one houses in the Northolt Road areas, four in Pinner Hill Road, ten in Palmerston Road, four in Crown Street and six at Little Common. In April, 1955 then 183 of the 577 houses were the subject of some action.

The position at the end of 1960 was that of the twenty-nine properties in Clearance areas, all but five (Brewery Cottages, Stanmore) have been demolished. Of the thirty-nine the subject of confirmed Demolition Orders, all but five have been demolished. (Four of these are in the Poets Corner area, the other in Alma Road). Of the 115 about which action had already been started, twenty-two have been demolished (of the remainder, eighty-nine are in the Northolt Road redevelopment area and the other four are in Crown Street).

Of the 394 properties on which no action had been started by the time of the survey, 183 have been dealt with. Thirty-nine have been demolished, thirty-seven are the subject of closing orders or demolition orders, forty-one have been reconditioned, forty-three have been purchased by the local authority and action is being taken in respect of twenty-three.

Of the 577 houses in the original survey then, 119 have been demolished, forty-one have been reconditioned and action has been or is being taken in regard to 206.

This leaves 211 of the original 577 houses not yet dealt with. Two developments since the date of the survey will result in it being necessary to modify the programme, the effect of each of the changes being to reduce the number of houses which will now have to be condemned. The first is the change in legislation which has resulted in houses which could correctly be described as unfit by the standards of the Housing Act, 1936 which were in operation at the time of the survey, being not classifiable as unfit under the Housing Act of 1957. The other change is the result of the Rent Act, 1957 which has made it economical to recondition houses which it was uneconomical to do at the lower rents previously being received. Notice had to be taken too of the decision of the Minister in regard to the Northold Road properties. He excluded some houses which had been represented as unfit, although they suffered from such serious disadvantages as the absence of secondary means of access, the overshadowing of living rooms by long back extensions and which had W.C.'s opening into small sculleries. The combined effect of these changes might well result in about half of these 211 houses being taken out of the Council's Slum Clearance Programme.

Demolition of Houses

There are many houses which have been condemned but which are still occupied because the Council has been unable to rehouse the occupants. This has held up many houses being brought to the notice of the Public Health Committee with a view to considering them being made the subject of a Demolition or of a Closing Order, though some houses have been found to be so unsatisfactory that this procedure can no longer be delayed. One trouble is that when a house has been condemned, naturally enough, the owners usually no longer carry out any repairs so that the plight of the occupants, until such time as they have in fact been rehoused, is worse than if the Committee had not condemned the dwelling. Section 17 of the Housing Act, 1957 provides that where a local authority would be required to make a Demolition or Closing Order in respect of a house, they may, if it appears to them that the house is or can be rendered capable of providing accommodation which is adequate for the time being, purchase the house instead of making a Demolition or Closing Order. The Public Health Committee agreed that before proceeding to make a Demolition or a Closing Order in any particular case, the Housing Committee might be asked if it is one which that Committee would wish to purchase under the provisions of Section 17 and their views might then

be available to the Public Health Committee when, if no undertaking is given by the owner, consideration is being given to the making of a Closing Order or Demolition Order.

The Housing Committee agreed to the suggestion of the Public Health Committee to make available to them up to six vacant dwellings in which occupants of sub-standard dwellings might be temporarily accommodated to enable the Council to acquire, repair and/or improve, the sub-standard dwellings for re-letting to the former occupants.

Of the houses which were the subject of Clearance Orders made before 1939, the only ones still occupied are the five numbers 1—5 Brewery Cottages.

There are many houses which have been officially represented since the war which are still occupied. These are :—

| <i>Address</i> | <i>No. still occupied</i> |
|--|---------------------------|
| 1 Albert Cottages and 8—9 Albert Place | 3 |
| 15, 17, 19 Crown Street | 3 |
| 34 to 42 Palmerston Road | 5 |
| Northolt Road Areas | 80 |

In addition, eight of the houses of 44 to 60 Greenford Road which though suitable for clearance were not represented because of the Council's decision to purchase (completed 1958) are still occupied.

There are still fifteen houses in which there are living fifteen families which are the subject of Demolition or Closing Orders. These are :—

- 1955 : 13 Shelley Road, 12 Wordsworth Road.
 1957 : 1, 3, 9 Crown Street, 23 Shelley Road.
 1959 : 32 West End Lane, 14 Camden Row, Cuckoo Hill, 1, 2, 4
 and 6 Kirkby Cottages, Golf Cottage, Pinner Hill.
 1960 : 21 Nelson Road, 2 Mead Road.

The corresponding position at the end of 1959 was that there were twenty of these houses in which twenty-three families were living.

There are also thirty-two houses still standing but not occupied which are the subject of Demolition or Closing Orders. Proposals about the reconditioning of two have been accepted.

NEW DEMOLITION OR CLOSING ORDERS. During the year, Demolition or Closing Orders were made in respect of 2 Mead Road and 21 Nelson Road.

DEMOLITION. The following properties were demolished during the year :

- 8 Marlborough Hill—the subject of a recent order.
 49/51 Pinner Road—the subject of a recent order.
 13a and 13b Alma Road—house included in the Northolt Road Clearance Area proposals.

- No. 33 High Street, Stanmore—the last of the four houses in the High Street, Stanmore (No. 4) Order made before the war.
 101/109 Bessborough Road—these houses while suitable to be the subject of Clearance Orders, were in fact not officially represented in view of the Council's decision to acquire them by agreement.
 153, 155 and 157 Masons Avenue—the subject of an order.
 27, 29, 31 and 33 Shelley Road—Council-owned houses in the Poets Corner area.

RECONDITIONING OF HOUSES. Some houses which have been made the subject of Closing Orders are later satisfactorily reconditioned and the Closing Orders can then be revoked. Closing Orders in respect of the following properties were revoked during the year : 7 Frognal Avenue, 12 Kingsfield Road, the first floor flat at 78a Station Road, Wealdstone, and 1 and 2 Springvilla Cottages.

Certificates of Disrepair

The following is a summary of the applications received for the issue of certificates of Disrepair under the Rent Act :

| | | |
|---|---------|------|
| Number of Certificates granted | | 33 |
| Number of applications not granted | | 1 |
| Number of Undertakings accepted from owners | | 18 |
| Number of Certificates cancelled upon application | | 30 |
| Number of applications for a Certificate as to the remedying of defects | | 18 |
| Number of applications by owners for Cancellation of Certificates not granted | | 27 2 |

Overcrowding

The annual review of the state of overcrowding in the district shows that once more there is an improvement. The number of known cases on the 31st December, 1959 was forty-nine and the number on the 31st December, 1960, was thirty-eight.

The net reduction of eleven is the difference between nineteen cases in which the overcrowding was abated and eight new cases which were added during the year.

In five instances the overcrowding was abated as a result of families being rehoused by the Council. Of the eight new cases, seven were the result of an increase in the size of the family or the ageing of children and in one case the marriage of one of the children.

Of the thirty-eight cases which were overcrowded on the 31st December 1960, eleven were overcrowded by a half unit, twenty-one by one unit, four by one-and-a-half units and two by two units.

New Housing

The total number of new dwellings provided in this district from the end of the war up to the 31st December, 1960, was 6,412. Of these, 2,731 were new permanent council dwellings and 200 were new temporary dwellings. 2,861 permanent dwellings have been provided by private

enterprise. 338 dwellings destroyed by enemy action were rebuilt and 334 existing houses were converted. At the end of the previous year, the number of permanent Council dwellings provided was 2,717 and the number of buildings provided by private enterprise 2,426.

In addition, 954 dwelling units were provided in requisitioned premises. By the end of 1959 all but forty-four of these premises had been released. All throughout the country were to be freed by the 31st March, 1960. To facilitate the release of local houses, thirty-one suitable requisitioned properties and thirty-four substituted properties were acquired by the Council. The Minister's sanction was obtained to the temporary retention of three houses because of special difficulties involved.

Further use was made during the year of the arrangements for the removal of Harrow families to the New or Expanded Towns, 232 Harrow families being housed. By the end of the year, the total number of families who had been housed under these arrangements was 2,128, of which 705 were from the normal housing list. Most of these removals were to the New Towns of Hemel Hempstead, Stevenage, Harlow, Welwyn and Hatfield and the Expanded Towns of Swindon and Bletchley. Smaller numbers went to Basildon, Bracknell, Crawley, Aylesbury and Thetford.

New Housing Programme

At their meeting on the 18th February, the Housing Committee accepted tenders for the construction of roads, sewers, etc. and the erection of forty-six dwellings in four-storey blocks at Northolt Road, and fifty-two such dwellings and twenty-two garages at Rayners Lane (Phase two Stage three).

The Housing Committee at their meeting on the 31st March, approved the purchase of Nos. 115 to 131 Northolt Road, houses included in the Northolt Road (No. 2 Area) Compulsory Purchase Order, which are required in connection with other adjoining property already in the Council's ownership to enable the first phase of the development of Northolt Road to be undertaken.

At the same meeting tenders were accepted for the erection of twenty-four three-bedroom houses on the north side of Coles Crescent. This is Stage 2 of Phase 2 of the Rayners Lane Development Scheme. Stage 1 for the erection of twenty-four flats had been approved and tenders accepted in July 1959.

Tenders were also accepted for the work of demolishing Nos. 44 to 60 (even) Greenford Road, Sudbury, to be followed by the erection of fifteen new dwellings on this site.

SUPERVISION OF OTHER PREMISES

The usual routine visits were paid by the Public Health Inspectors to such premises as factories, licensed premises, cinemas, schools, church halls and dance halls, to see that the conditions were sanitary.

Factories

There are 518 factories in the district. To these 333 visits were paid. Sixty-two contraventions were found. Of these seventeen were due to want of cleanliness, and fifteen to defective or unsuitable sanitary accommodation. The remaining offences were mostly in regard to non-compliance with the requirements about the exhibition of notices.

Building work in progress at blocks of offices, shops, etc., has been kept under observation to see that satisfactory sanitary accommodation is provided. Chemical closets have been accepted as the minimum standard.

Local Authorities are required to keep a register of Outworkers with a view to action being taken where work is being done in unwholesome premises or where there is a risk of spread of infection. At the end of the year there were 143 outworkers on the Register. 115 were engaged on making or altering wearing apparel, fifteen on the making of Christmas crackers. 232 visits were paid to such premises, all of which were found in a satisfactory condition.

The Ministry require the inclusion of certain particulars about the administration of the Factories Acts to be set out in the following prescribed form :

PART I OF THE ACT

1. Inspections for purpose of provisions as to health (including inspections made by the Public Health Inspectors).

| Premises (1) | Number on Register (2) | Number of | | |
|---|---------------------------------|--------------------|---------------------------|------------------|
| | | Inspections (3) | Written Notices (4) | Occupiers (5) |
| (i) Factories in which Ss. 1, 2, 3, 4, and 6 are to be enforced by local authorities | 56 | 30 | 2 | — |
| (ii) Factories not included in (1) in which S. 7 is enforced by the local authority | 399 | 222 | 8 | — |
| (iii) Other premises in which S. 7 is enforced by the Local Authority (excluding outworkers' premises | 63 | 81 | 10 | — |
| Total | 518 | 333 | 20 | — |

2. Cases in which defects were found.

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|--|---|----------|----------------------------|-------------------|---|
| | Found | Remedied | Referred To H.M. Inspector | By H.M. Inspector | |
| Want of cleanliness (S.1) | 17 | 13 | — | — | — |
| Overcrowding (S.2) .. | — | — | — | — | — |
| Unreasonable temperature (S.3) | — | — | — | — | — |
| Inadequate ventilation (S.4) | — | — | — | — | — |
| Ineffective drainage of floors (S.6) | — | — | — | — | — |
| Sanitary Conv'es (S.7): | | | | | |
| (a) Insufficient .. | — | 1 | — | — | — |
| (b) Unsuitable or defective | 15 | 13 | — | 5 | — |
| (c) Not separate for sexes | 1 | — | — | 1 | — |
| Other offences against the Act (not including offences relating to out-work) | 29 | 18 | — | — | — |
| Total .. | 62 | 45 | — | 6 | — |

During the year the Government was urged to introduce legislation to control public houses to bring them within the jurisdiction of the Shops Act.

It would appear the Licensing (Firearms) Act now in force is having a beneficial effect on the public house trade. Five public houses in the County of London have been closed since the Act came into force, and about 100 public houses have been improved in accordance with the provisions of the Act.

PART VIII OF THE ACT, OUTWORK
(Sections 110 and 111)

| Nature of Work (1) | Section 110 | | | Section 111 | | |
|--|--|--|--|---|-----------------------|---------------------|
| | No. of out-workers in August list required by Section 110 (1) (c) (2) | No. of cases of default in sending lists to the Council (3) | No. of prosecutions for failure to supply lists (4) | No. of instances of work in unwholesome premises (5) | Notices served (6) | Prosecutions (7) |
| Wearing apparel: making, etc. | 115 | — | — | — | — | — |
| Cleaning and washing .. | — | — | — | — | — | — |
| Umbrellas, etc. | 2 | — | — | — | — | — |
| Artificial flowers | 3 | — | — | — | — | — |
| Making of boxes or other receptacles or parts thereof made wholly or partially of paper .. | 4 | — | — | — | — | — |
| Brush making .. | — | — | — | — | — | — |
| Carding, etc., of buttons, etc. .. | 1 | — | — | — | — | — |
| Stuffed toys .. | 2 | — | — | — | — | — |
| Cosaques, Christmas stockings, etc. .. | 15 | — | — | — | — | — |
| Lampshades .. | 1 | — | — | — | — | — |
| TOTAL .. | 143 | — | — | — | — | — |

Shops

There are 2,361 shops on the register, a decrease of four on the previous year. During the year 1,557 visits were made for the purpose of administering the Shops Act. The following is a summary of the contraventions noted :—

| | |
|---|----|
| Heating, insufficient or absent | 12 |
| Water closet accommodation insufficient for sexes | 3 |
| Absence of sanitary and washing facilities | 1 |
| Assistants employed on their weekly half-holiday | 8 |
| Shops open on the half-holiday without displaying prescribed notices | 34 |
| Shops with no weekly half-holiday closing | 2 |
| Shops failing to close on the weekly half-holiday | 8 |
| Absence of seating for female assistants | 3 |
| Sundays : | |
| Shops open for selling non exempted articles | 4 |
| Failing to keep records of assistants employment | 9 |
| Failing to allow compensatory holiday for Sunday employment, or working excessive number of Sundays | 2 |
| Keeping the shop open without prescribed notices | 14 |
| Shops failing to close at closing hour | 1 |

205 Warnings were sent in respect of the above items.

During normal inspections of shops the following defects were noted :— water heaters defective, twelve ; water closets defective, eleven ; water closet compartments requiring redecorating, fourteen ; shops requiring redecorating, fourteen.

The proprietor of a cafe was prosecuted during the year for employing a young person after 10 p.m. ; he was fined £10 and £3 3s. costs. The offenders in the four instances of sales taking place on Sunday received written warning ; two were reported to the Committee. There was one contravention of the Wealdstone Fruiterer's and Greengrocer's Extension Order for failing to close on a Wednesday afternoon ; a warning letter was sent.

During the year the Government was urged to introduce legislation to control mobile vans to bring them within the jurisdiction of the Shops Act.

It would appear the Heating Appliances (Fireguards) Act now affects only second hand dealers selling appliances purchased at sales. Five retailers were warned about exposing for sale one particular type of gas fire and six electric fires which were not guarded in accordance with the 1953 Regulations.

Places of Entertainment

At the end of the year there were seventy-eight premises in the district licensed for public entertainment. These included ten cinemas, fifteen public houses, fifteen church halls, three local authority assembly halls, twenty-one schools and fourteen dance and other assembly halls, clubs etc. To these sixty-seven visits of inspection were made. The premises on the whole were found to be in a clean condition but in seven instances redecoration and other minor repairs were necessary. On approach being made to the owners the work was put in hand, and at the end of the year most had been attended to.

Licensed Premises

There are fifty-eight licensed premises in the district. To these, ninety-three visits were made. With the demolition during the year of the Marquis of Granby another of the older type of Licensed House has disappeared. Towards the end of the year the work of demolition of the Queens Arms had started. At twenty-three other Houses the Brewers were requested to undertake works of minor repairs and redecoration. Discussions were started with the Brewers about improvements in the sanitary accommodation at the Red Lion, Pinner and the Seven Balls, Harrow Weald.

As in previous years a report about the state of these premises was sent to the Clerk of the Justices just before the Brewster Session.

Keeping of Pet Animals

The number of these shops or premises in the district licensed for the keeping of pet animals remains the same as last year at thirteen. All were inspected during the year; all but one were found satisfactory. The unsatisfactory premises were in need of cleansing and redecoration; on calling the proprietor's attention to this matter, the work was put in hand.

Rag Flock

As in previous years the four premises in the district registered under the Rag Flock Act were visited and found in a clean and satisfactory condition. No dirty filling materials were found, nor was any contravention of the Act observed at any of the premises.

Marine Stores

No change has taken place during the year in regard to the three registrations with this Authority under the Old Metal Dealers Act, 1861 to deal in old metal. Seven visits were made to these premises; no nuisance was observed.

Hairdressers and Barbers Premises

At the end of the year there were 136 hairdressers' and barbers' premises on the register. To these fifty-eight visits were made to see that the Byelaws made under Section 282 of the Middlesex County Council Act, 1944 to secure cleanliness of premises used for such trade and of the

instruments, towels, equipment and materials used in the premises, and the other requirements of the Shops Act were being complied with. Except in one case where the premises were not closed for a half-day weekly no contraventions of the byelaws or the Shops Act were noted. As in previous years, at most of these establishments a very high standard of cleanness was maintained.

CONTROL OF NUISANCES

Atmospheric Pollution

SMOKE COMPLAINTS. During the year nineteen complaints were received about smoke nuisances from the chimneys of industrial premises in the district. Most related to two factories, one using oil as a fuel, the other wood waste from the processing shops. In the case of the first, recommendations of Consulting Engineers were acted upon and the trouble that was being experienced, which was mainly from smuts, was reduced considerably. This matter is receiving further attention with a view to the trouble being eliminated. In the second case, a new and improved type of incinerator is being installed.

The other complaints were due to stoking lapses and were dealt with by the management concerned after a visit by one of the Public Health Inspectors.

Smoke Control

At their meeting on the 31st March, 1959 the Public Health Committee declared the following part of the Borough a smoke control area—(1) forty-five acres to the south of the London, Midland and West Railway line which includes some 400 dwellings, about half of which were Council properties and (2) a rectangular area of 180 acres bounded on the north by Eastcote Lane, by Alexandra Avenue on the east and by the boundaries with Ruislip-Northwood Urban District and the Borough of Ealing on the west and south respectively with some 1,900 premises. The area proposed then, was 225 acres on which are some 2,200 premises. This is the first step towards the Council's ultimate object of making the whole of the Borough smoke controlled by means of orders made from time to time in respect of different areas. The necessary particulars were forwarded to the Minister of Housing and Local Government who in consultation with the Minister of Power gave provisional approval to the proposal. Accordingly, a detailed survey of the area was started and was well under way by the end of the year. The date suggested for the coming into operation of the order is September, 1961.

The premises in the area comprise 2,179 dwellings (including 177 owned by the Corporation and twenty-one owned by the Ealing Borough Council), ten shops, one public house, a church, a football club, a day nursery and a children's home.

To advise the householders concerned of the Council's intentions, the Chairman of the Public Health Committee wrote to all of them stressing the need for reducing atmospheric pollution and advising them that

members of the staff of the Public Health Department would be calling on them. In general, the Inspectors were very well received. From December, 1959 to May, 1960 2,840 visits (including some in the evening) were made and some 5,000 appliances were examined. On the results of their visits an estimate was arrived at of the cost of replacing existing coal burning appliances with those capable of burning smokeless fuels. The cost was estimated to be some £40,000, of which the cost to the Council would be £12,000. These figures were based on the costs the Council approved for certain appliances and work. About these the Council decided :

- (1) that a sum not exceeding £4 12s. 6d. (plus £1 17s. 6d. fitting charge) be agreed as the approved sum for grant purposes in respect of the installations of an approved solid fuel appliance where a gas point is adjacent to the hearth.
- (2) that a sum not exceeding £6 10s. 0d. be approved for grant purposes in respect of the provision and fitting of a gas or electric fire as preferred by the occupier.
- (3) that a charge not exceeding 5/- per foot run be approved for grant purposes in respect of the running of gas or electric services.
- (4) that no gas poker for boiler ignition be accepted for grant purposes.
- (5) that in certain circumstances the cost of the replacement of one-piece firebrick backs by multipiece firebacks be accepted for grant purposes, the estimate for this to be examined before any work is commenced.
- (6) that in respect of the adaptations and alterations mentioned in (1) to (5) above, the Council will consider representations made to them where special circumstances or hardship are involved.

At their meeting in July, the Council adopted the following resolution of the Public Health Committee—"That the Council make an Order, the Borough of Harrow Smoke Control (No. 1) Order, 1960 declaring an area of approximately 225 acres in South Harrow comprising 2,179 dwellings and various other buildings to be a Smoke Control Area." The Town Clerk was instructed to submit application to the Minister of Housing and Local Government for confirmation of the Order, such order when confirmed not to come into operation before September 1st, 1961, or before a later date as determined by the Minister. Publicity was given to the proposed Order for six weeks from August 11th.

In October, the Minister was told that the statutory procedure as required under the Clean Air Act had been complied with and that no written objections from any residents of the proposed area had been received by the Town Clerk.

The Minister of Housing and Local Government on the 22nd November, 1960 confirmed without modification, the Borough of Harrow Smoke Control (No. 1) Order, 1960 made pursuant to Section 11 of the Clean Air Act, 1956, the Order to come into operation on the 1st September, 1961. Notice of this was given in the local Press and all residents in the area were written to and sent all relevant documents.

At their meeting on January 3rd, 1961 the Public Health Committee accepted the recommendation of the Clean Air Sub-Committee that the area to be declared as the Borough of Harrow Smoke Control (No. 2) area should be that bounded on the south by Eastcote Lane (part), by Alexandra Avenue (part) on the east, by the London Transport Executive (Piccadilly) railway line to the north and by the Borough boundary with Ruislip-Northwood on the west. This is an area of some 450 acres on which there are some 3,000 houses.

In Circular No. 38/60 the Ministry of Housing and Local Government invited Local Authorities in black areas to review the progress they have made in planning and executing the programmes of domestic smoke control necessary in their districts. Unless additional staff are brought in to help with the work, all the work that has to be done before it is possible to submit an application to the Minister for an order to be made, has to be carried out with the present number of Inspectors. Any special drive to speed-up progress in the making of orders can only be done at the expense of the ordinary work of these Inspectors. However desirable it is felt that more rapid progress shall be made on these lines, in a district of this sort where the problem is really not a very serious one, there can be no question of the work being done at the expense of other more important duties. Unless then the machinery can be modified so that the volume of work demanded is reduced, it must be many years before the whole of the district can be covered by Smoke Control Orders.

While no objections were lodged to the Council's proposals about the No. 1 Order, some people are not convinced of the need for such measures. Criticisms are mostly either on the grounds that domestic smoke is not a real problem or that these measures, while dealing with smoke, do nothing at all to reduce the far more harmful products of combustion—the oxides of sulphur. Even in those localities where much of the black smoke came from the industrial chimneys, the position today is that industry is playing its part to the full. In an area of this sort with so little industrial smoke, the domestic chimney is the more serious offender. There are many reasons for this. Domestic smoke is produced by distillation at comparatively low temperatures and contains much higher proportions of the damaging tar and hydro-carbons than does industrial smoke. It is said that 100 lbs. of coal burned in the open domestic fire emits $2\frac{1}{4}$ —5 lbs smoke; from the factory furnace the amount is only $\frac{1}{2}$ lb. Industry today is emitting very much less than the one million tons of smoke discharged each year from the domestic chimney; some put the figure as low as one hundred thousand tons. The smoke from the higher shaft of the factory has more chance of being distributed with a reduction in concentration as contrasted with the

concentration which can occur from the domestic chimney, especially during periods of inversion. Another important point is that the domestic smoke is concentrated more in the winter months, being especially heavy during cold weather or during times of fog, predominating then at times when the smoke concentration is most dangerous. It is, of course, true that today's efforts are to reduce the content of smoke. Even were the position that nothing was being done to reduce the concentration of the harmful oxides of sulphur, any reduction of smoke content would still be helpful because sulphur dioxide is more harmful when associated with smoke than when emitted alone. But the position of course, is that the acceptance of smoke control areas results in more efficient thermal units being used, and so causes a diminution in the amount of fuel burned which, in turn, reduces the amount of sulphur gases. The coal open fire has a very low thermal efficiency which results not only in its creating the worst forms of smoke, but, because of the amount of fuel used, results in more sulphur gases being emitted.

Hazards of Radiation

In June, 1956 the Report of a Special Committee of the Medical Research Council on the Hazards to Man of Nuclear and Allied Radiations was presented to Parliament. This report set out the then position about the risks. It referred to the natural radiation to which mankind is exposed from certain radioactive elements in the earth and from cosmic radiations, and also to the exposure which man himself has added, namely, that derived from the use of various forms of radiation in medicine and industry, and from radioactive isotopes of chemical elements which are produced in nuclear reactors and high energy machines, or from the explosion of nuclear weapons. The Committee pointed to the many large gaps in knowledge of the medical and biological effects of ionising radiation, and recommended that much research on many fronts should be undertaken. A second report of this Committee was presented to Parliament in December, 1960. In preparing this the Committee had the benefit of much new information on the measurement of radiation and on permissible levels. The facilities available for measuring the constituents of fall-out in air, water, food, herbage and other materials had been greatly extended.

On the concept of a threshold dose of radiation the report says—
 “In considering the possible practical effects on man of exposure to radiation, we therefore think it prudent to continue to assume that even the lowest doses of radiation may involve a finite, though correspondingly low, probability of adverse effect.”

In regard to the effect in causing leukaemia, the Committee says—
 “We have carefully considered the suggestion that local variations in fall-out may have influenced the incidence of leukaemia in particular districts ; but in fact the local death rates from leukaemia are not consistently related to the figures for fall-out and taking all the evidence into account we think they cannot be related to this factor.

On the question of exposure of the foetus during diagnostic radiology, the report reads "until the uncertainty is dispelled, it seems wise to reduce radiography examinations of the pregnant woman's abdomen and pelvis to the lowest practicable level."

In spite of the rapid and improved advances in certain aspects of human genetics, the Committee have not altered their views expressed in the original report about the genetic effects of radiation.

About the radiological hazards to patients, the Committee referred to the report of the Adrian Committee, and on the risks from radiological waste to the report of the Radioactive Substances Advisory Committee which set up a panel to review the sources of radioactive waste and to advise on the methods of disposal and the nature of controls required. Their recommendations were given effect to in the Radioactive Substances Act, 1960. The main provisions of this Act are :—

- S.1. Users of radioactive materials must register with the Minister of Housing and Local Government.
- S.3. Registration of mobile radioactive apparatus by the Minister.
- S.6,7 Disposal of and accumulation of radioactive waste prohibited except under an authorisation by the Minister of Housing and Local Government and the Minister of Agriculture and Food. Before granting such authorisation the Ministers shall consult such local authorities etc. as appear proper to be consulted. Local authorities in whose areas radioactive waste is disposed of or accumulated will be furnished with a copy of the certificate of authorisation issued.
- S.20 Provision of waste disposal facilities by the Minister if adequate facilities are not available for the safe disposal or accumulation of radioactive waste.

The proposals of a panel of the Radioactive Substances Advisory Committee to consider controlling the use of shoe-fitting fluoroscopes were published as "Home Office Requirements for the Control of Shoe-fitting fluoroscopes." These require that all machines should conform to a standard specification regarding radiation levels by 1963, and should be regularly tested, and that the customers' attention should be drawn to the danger of repeated exposures. These requirements have been accepted on behalf of the manufacturers and the trade.

About luminous markings in clocks and watches, the report says "insufficient data are at present available to enable us to express an opinion on luminizing compounds, but we feel that the use in clocks and watches of any radioactive substances which contribute to the tissue dose should be kept to the lowest practicable level."

About television sets the report says "although the number of television sets in use has increased greatly since 1956, we are confident that the dose to viewers from sets at present in use is negligible."

The Council's Committee on Protection against Ionising Radiation has issued a series of recommendations about the desirable protection of those whose employment exposes them to radiation. These recommendations the Committee feel form a satisfactory basis for radiation protection at the present time. The same Committee have reported on the Maximum Permissible Dietary Contamination after the Accidental Release of Radioactive Material from a Nuclear Reactor. The Committee agreed with them, and endorse the report of the same Committee on Emergency Exposure to External Radiation.

As general conclusions on the hazards from civil use of radiation, the Committee concur in the views expressed in the 1956 report :

"The general conclusion to be drawn from a consideration of the hazards inseparable from the application of ionizing radiations in peacetime is that at present there is no cause for alarm; but that, as all such radiations are potentially dangerous, their use should be the subject of constant and close scrutiny, and that adequate justification should be required for their employment on however small a scale. There is a limit to the amount of radiation which any population or any individual can accept and we cannot afford to expend, without careful forethought, the margin which is now available to us."

They also have not changed their views about the effects of atomic warfare: "The importance of the effects of atomic warfare which would be relayed through contamination of the atmosphere to parts of the world remote from the actual conflict would depend upon the number and type of bombs exploded. Given a sufficient number of bombs, no part of the world would escape exposure to biologically significant levels of radiation. To a greater or less degree, a legacy of genetic damage would be incurred, and an increased incidence of delayed effects on the individual would probably be induced. Although it is difficult to imagine the general occurrence of radiation intensities which would eliminate the entire human race, atomic warfare on a large scale could not fail to increase for many generations the load of distress and suffering that individuals and all human societies would be called upon to support."

Many have been concerned about the absence of knowledge of what may be the risks of exposure to radioactive substances in their own districts, whether from radioactive material used in industry or else where, or from the consumption of food which might have been contaminated by fall-out or other risks from it. The Minister of Housing and Local Government obtains details of all deliveries by the Atomic Energy Authority in order to ensure that no hazard arises from the disposal of radioactive waste. Details of this distribution are not available to health authorities. On the last occasion on which particulars were obtained from the Ministry, only a small number of firms in the district were using radioactive material and those only in very small doses. The Factory Inspectorate of the Ministry of Labour is responsible for the safe working conditions, working under the Factories Act and the Regulations and Orders made under it. Certain educational establishments use isotopes ;

the doses here however, are very small, apparently so small that it is held that no harm would follow if someone swallowed the lot. Whereas at one time the assessment of contamination of human food and agricultural land was carried out by the Atomic Energy Authority, since 1957 the Agricultural Research Council has been responsible for this work and issues periodical reports on its findings.

The Veale Committee was set up to consider Training of Radiological Health and Safety Operatives. To make the most use of the specialists who are being trained under University Postgraduate Courses of Instruction, the Committee recommend the setting-up under the Minister of Science of a National Radiological Advisory Service with regional centres. This service would be able to give advice to organisations which had not full-time health and safety specialists. If or when such an organisation is set up, comfort can then be given to those in any area that there will be someone who can reassure them about the position in their own areas, and they will not then have to rely on the results of investigations carried out about materials gathered from far distant localities.

Rats and Mice

During the year the Rodent Operatives found rats or mice at 1,220 of the 1,365 premises visited on receipt of complaint. Each of the infestations was small and localised. Most of the complaints were from private dwelling houses, 1,111 of these being in respect of rats and forty-nine of mice. Forty infestations of rats and three of mice were at Corporation properties ; 128 and thirty-four at other premises. The number of visits made by Rodent Operatives to these properties was 1,365 ; the figures for the three previous years were 1,690, 1,296 and 1,192. Vermin infestation is encouraged largely by the practice of people feeding pets and wild birds in the gardens of their houses without taking elementary precautions against this providing an attractive food supply for rodents.

This district is not greatly troubled with infestations in the sewers. Those known to be infested were treated twice during the year. Periodical surveys of watercourses on land owned by the Corporation were carried out during the year and any treatment found necessary was carried out.

Wasps

During the year, 647 complaints about wasps nests were received. Although the number was smaller than the 818 of the previous year, limitation of staff prevented complaints at all times being dealt with immediately. 558 were treated, the remaining eighty-nine being otherwise dealt with.

Pigeons

By 1958 the nuisance from pigeons, especially in South Harrow, had become so great that the Council authorised the destruction of birds at the Gas Works in Northolt Road and at the nearby Railway Arches. This treatment brought about a marked reduction in numbers. It was never-

theless appreciated that as long as these places remained unguarded and so provided facilities for the birds roosting, similar treatment would be needed at intervals. The numbers of birds increased and they were causing such a nuisance that authority was again given for those in the same places to be treated. This treatment was successful and led to a reduction in the numbers of birds and in a marked abatement of the nuisance.

Caravan Site

For many years the caravan site at North Lodge, Edgware, has been a matter of concern to those of the Public Health Department. To this site which has not been adapted for the purpose, a growing number of caravans has been admitted. The Public Health Committee have the necessary powers to enforce compliance with the standards set out in the provisions of the Middlesex County Council Act, 1944 but over the period has had to hold its hand because of fresh proposals about the site which, had they materialised, would have brought to an end the use of the plot as a caravan site. In the meantime, the conditions have remained unsatisfactory, the sanitary accommodation being insufficient, the arrangements for the water supply not very satisfactory and the approaches to the caravans also unsatisfactory. All that it has been possible to achieve has been a reduction in the number of caravans with a limit now of a maximum of fifteen vans on the site. The most recent of the proposals was that of the County Council to make a compulsory purchase order; but this proposal too has come to nought. The Caravan Sites and Control of Development Act, 1960 might be of help. An application has now been received from the owner for a licence to use the land in this way. On the other hand, the views of the Planning Committee are that the County Council should proceed to make a "discontinuance order" under Section 26 of the Town and Country Planning Act, 1947 to extinguish the "existing use" rights.

INSPECTION AND SUPERVISION OF FOOD

(A) MILK

Production :

There are now five farms in the district producing milk. Store cattle are kept at two farms. Four out of the five farms produce tuberculin-tested milk ; the milk from the other farm is sent to a wholesaler for processing.

Distribution and Licensing :

Milk is pasteurised at two dairies in the district, the plants being licensed by the Middlesex County Council.

The following are particulars of the numbers of various types of licenses issued under the Milk (Special Designations) Regulations, 1949-54, to thirty-seven persons or companies :—

| | |
|---|----|
| (1) The number of premises from which pasteurised milk was sold | 61 |
| (2) The number of premises outside Harrow from which pasteurised milk was retailed in the district | 18 |
| (3) The number of premises from which T.T. milk was sold | 52 |
| (4) The number of premises outside Harrow from which T.T. milk was retailed in the district | 18 |
| (5) The number of premises from which sterilised milk was sold | 49 |
| (6) The number of premises outside Harrow from which sterilised milk was retailed in the district | 19 |

Supervision

During the year thirty-two visits were made by the Public Health Inspectors to dairies and cow sheds in the district.

Sampling

Thirty-five samples of milk were taken and submitted to the Colindale Laboratory for analysis. Seventeen were pasteurised, twelve T.T. pasteurised, four T.T. farm bottled, and two sterilised ; all were satisfactory. This sampling is independent of that carried out by the County Council.

Complaints

During the year twenty-one complaints were received about milk bottles. Fifteen were about the dirty or damaged state of the bottles, the other six about the presence of other foreign matter.

The Milk Bottle Problem

At most of their meetings the Public Health Committee have to consider what action should be taken about milk bottles about which complaints have been received. These complaints are either because of pieces of glass in the bottles or because the inside surface of the bottle is dirty. At one period there was a run of complaints of the presence of glass, very often glass which had broken off from the rims of the bottles. Usually these are quite large pieces. Some of them can be dangerous because of the sharp edges ; much more dangerous though are the smaller pieces which are not readily detected. Very often it would seem that the rim has been broken after the bottle has been filled and probably occurs when the bottles are being handled in their crates. The complaints about the unsatisfactory state of the inner surface of the bottles are almost invariably the result of some mis-use of the bottle. The scouring and cleansing processes to which the returned bottles are subjected as a routine are adequate to ensure the removal of all matter which is there legitimately. Where these processes fail to ensure the removal of matter present, it is because the bottles have been grossly mis-used by someone. The arrangements by which returned bottles are examined before being put through the washing plant are sufficient to ensure that most of them are excluded. Some get by; of these probably most are detected by the scrutiny carried out on the filled bottle. Exceptionally some still get through and of these, some are reported to the Public Health Department.

As to the size of the problem, the department of course knows only of those about which complaints have been made. There were twenty of these in 1960. The highest figure in recent years was the thirty-nine in 1959, the lowest the ten in 1952. Even accepting that what are reported are only a proportion of the failures, these still constitute only a minute fraction of the bottles circulating in the Borough which are about one million each week.

Most of the members of the Committee have at different times paid visits of inspection to the bottling plants of the larger distributors of milk in the district. Here they have appreciated the extraordinary measures taken to eliminate any failings. While accepting then that each of these occurrences which results in an unsatisfactory bottle which becomes the subject of complaint indicates that something has gone wrong somewhere, that at some stage someone has failed to detect what he is there to do, it is impossible to make any suggestions as to how these faults can be eliminated. It is probable that because complete success depends on the human, failures can never be wholly eliminated, and that as long as the glass bottle is used as the container of milk, so long will there be these occurrences.

One alternative to the glass bottle is the carton. Even well before the last war this was being considered, but there was no large scale development. More recently however, it seems that the proposal is becoming popular again. One disadvantage of course, is the added cost. As a means of popularising the carton and as a means too of avoiding the soiling of

these glass bottles at schools, a matter about which the milk companies complain, the Public Health Committee asked the Education Committee to consider the question of introducing cartons of milk in schools instead of bottles. It seems that when they were approached on the matter, most Head Teachers favoured cartons though they stressed that their use would have to be subject to satisfactory arrangements being made for their disposal. Because of their fear that the disposal of the cartons would create a major problem in the schools, particularly if there were any delay in their removal, the Education Sub-Committee considered cartons to be less satisfactory than bottles. The Public Health Committee then asked the Education Committee to consider approaching the County Council about encouraging part-time staff (not teaching staff) to wash bottles before they were returned and to request Heads to instruct all teaching staff that empty bottles should not be used for the mixing of paints or other malpractices. The Education Sub-Committee felt that the collection and washing of milk bottles after use is the responsibility of the suppliers of milk, and that therefore there would be no justification for their recommending the appointment of staff to wash the empty bottles. The Head Teachers were, however, to be again asked to make every effort to ensure that empty milk bottles are not mis-used. It is, of course, the mis-used bottle which causes the trouble. The washing plants can cope satisfactorily with the bottles that have been put to ordinary use.

Milk and Tuberculosis

An order made by the Minister of Agriculture declared the whole of England to be from October 1st an attested area in which all herds are tested for freedom from tuberculosis. Scotland and Wales had become attested areas in October 1959.

(B) MEAT

Slaughtering Facilities

On receipt of a petition asking for the closure of the slaughterhouse at Stanmore Hill and consideration of an application in respect of proposed alterations and additions to the premises, the Planning Committee (February 10th, 1959) resolved, in view of their interests and those of the Public Health Committee, to ask the General Purpose Committee to recommend to the Council a policy to be followed in regard to slaughterhouses generally, and to consider the possibility of a public abattoir being provided to serve the Borough. The Public Health Committee favoured the provision of a central slaughterhouse or abattoir in the Borough, suggesting a suitable site be earmarked on land at the former Great Stanmore Sewage Farm. The Highways and Cleansing Committee however felt that the land could not be released for this purpose.

By Section 3 (1) of the Slaughterhouses Act, 1958, the Council was required to review and after consultation with such organisations as appeared to the Council to represent the interests concerned, to report to the Minister of Agriculture, Fisheries and Food on (a) the existing and probable future requirements of the Borough for slaughterhouse facilities,

having regard to the needs both of persons requiring the use of such facilities and of other persons and (b) the slaughterhouse facilities which are or are likely to become available to meet these requirements.

In October and November, 1959 the neighbouring local authorities were consulted on whether they were contemplating providing a municipal abattoir or slaughterhouse in their areas ; none was. These authorities were the Borough councils of Ealing, Hendon, Watford and Wembley ; the Urban District council of Ruislip and Northwood and the Rural District councils of Elstree and Watford.

In April, some members of the Public Health Committee met representatives of trade interests to discuss the slaughterhouse facilities in the district when it was agreed that though the existing slaughterhouses were badly sited, little could be done about their closure until a decision had been taken about providing a new central slaughterhouse.

Following this meeting, a report was prepared which was accepted by the Council and forwarded to the Minister. In regard to future demands, it was felt that although in recent years some local butchers who at one time obtained their supplies from Smithfield, are dealing with the occupiers of local slaughterhouses, many of the butchers shops in the Borough are under the control of the larger companies who supply their branches from slaughterhouses out of Harrow or from their own cold storage depots. Because of the proximity of Harrow to the London docks and the main meat depots in the metropolis, it was felt that the arrangements are likely to continue. For this reason it was considered that no additional slaughterhouses were needed, though extensions to existing slaughterhouses might be necessary.

In regard to the bringing up to today's standards the existing slaughterhouses, the Council recommended that the Minister should appoint January 1st, 1962 as the date upon which the construction regulations should apply to the four slaughterhouses in the district.

Renewal of Licences

The licences for the slaughterhouses at 46 High Street, Wealdstone and 7 Northolt Road, South Harrow were renewed by the Public Health Committee at their January meeting for twelve months ; that at Dennis Lane, Stanmore for six months but that for 111 Stanmore Hill, Stanmore, was not renewed as the work to enable Regulation 22(c) of the Slaughterhouses (Hygiene) Regulations, 1958 and Regulation 3 of the Slaughter of Animals (Prevention of Cruelty) Regulations to be complied with had not been done.

Meat Inspectors

Much of the meat killed in this country is not inspected by Public Health Inspectors before it leaves the slaughterhouse. Until there are more inspectors, or until slaughtering is centralised, some meat will not

be inspected. The Authorised Officers (Meat Inspection) Regulations, 1960 which came into force on the 12th August, will provide additional inspectors by creating a new type of officer trained and qualified for meat inspection only. The arrangements for their training and examination will be under the auspices of the Royal Society of Health who will award qualifying certificates to successful candidates. The courses began in September, and the first examination will be conducted in the Summer of 1961. While this can be accepted as a temporary bridging of the problem to ensure that all meat is inspected, it does nothing towards the introduction of the desirable arrangements for ante-mortem examination of animals by veterinary surgeons.

Inspection of Meat

The total number of animals slaughtered in 1960 was 6,084, compared with 7,197 in 1959. Of these 923 (926) were cattle, (1959 figures in brackets) pigs, ~~9,535~~ ¹⁵³⁵ (1,481), sheep and lambs, 3,202 (4,434) and calves 424 (356).

The most striking feature is the virtual eradication of tuberculosis in cattle and cows. Only three localised cases were diagnosed in the 923 cattle and cows inspected, whereas in 1957, 149 cattle and cows out of 2,167 were found to be infected.

2.35 per cent (1.8 per cent) of pigs inspected were infected with tuberculosis, all lesions being localised in the head.

Eighteen cases of cysticercus bovis in cattle, a cause of a tape worm in man, were found a percentage of 1.95 per cent (1.6 per cent) In five cases the lesions were degenerate and the carcasses were released ; the other thirteen cases were submitted to treatment by freezing.

The incidence of other diseases was twenty per cent (33.5 per cent) in cattle other than cows, thirty-three per cent (39.5 per cent) in cows, nine per cent (eighteen per cent) in pigs, and four per cent (eleven per cent) in sheep.

All condemned meat was destroyed by incineration at the Wembley Destructor, the total weight disposed being about 3,978 lbs. (8,207 lbs.).

The following is a summary of the return to the Minister of the post-mortem examination of animals at slaughterhouses.

| | <i>Cattle Exclud- ing Cows</i> | <i>Cows</i> | <i>Calves</i> | <i>Sheep and Lambs</i> | <i>Pigs</i> | <i>Horses</i> |
|---|--|-------------|---------------|--------------------------------|-------------|---------------|
| Number killed | 917 | 6 | 424 | 3,202 | 1,535 | — |
| Number inspected | 917 | 6 | 424 | 3,202 | 1,535 | — |
| All diseases except tuber- culosis and cysticerci— | | | | | | |
| Whole carcasses con- demned | — | — | — | — | 1 | — |
| Carcases of which some part or organ was condemned | 193 | 2 | — | 139 | 138 | — |
| Percentage of the num- ber inspected infected with disease other than tuberculosis and cysticerci | 20.0% | 33.3% | — | 4.3% | 9.0% | — |
| Tuberculosis only | | | | | | |
| Whole cases condem- ned | — | — | — | — | — | — |
| Carcases of which some part or organ was condemned | 3 | — | — | — | 36 | — |
| Percentage of the num- ber inspected affected with tuberculosis .. | 0.33% | — | — | — | 2.35% | — |
| Cysticercosis | | | | | | |
| Carcases of which some part or organ was condemned | 18 | — | — | — | — | — |
| Carcases submitted to treatment by refriger- ation | 13 | — | — | — | — | — |
| Generalised and totally condemned | — | — | — | — | — | — |

The Meat (Staining and Sterilisation) Regulations, 1960, which came into force on November 1st require that all butchers' meat and imported meat which is unfit for human consumption be sterilised, and that all knackers' meat be stained or sterilised before entering the chain of distribution. Those parts of the Regulations which are of concern in such a district as this are those which relate to unfit meat in slaughterhouses, and that held by retailers, more especially pets meat. As regards the meat in slaughterhouses, the Regulations require it to be sterilised before it leaves the premises. If there are no facilities for sterilising at the slaughterhouse, the meat may be removed by arrangement with an

authorised officer of the local authority to a place where it will be sterilised or destroyed. Previous regulations allowed of arrangements by which retailers of pets could buy unfit meat from slaughterhouses, etc. ; should such meat merely have been stained, they were required to sterilise it before sale. Under the new Regulations, it should no longer be possible for retailers of pets meat to obtain meat from slaughterhouses or from overseas unless it has been sterilised. If, however, any such meat should come into their possession, they are required to sterilise it before sale. They will have to ensure that raw knackers' meat is stained at the time of sale.

(C) OTHER FOODS

Food Premises

There were at the end of the year in the district 222 grocer's shops, 138 green-grocers' and fruiterer's, 133 butchers', fifty-two fish shops, thirty-two dairies and 152 confectioners/cafes.

Food Condemned

During the year 4,870 lbs. of food were found to be unfit and had to be destroyed. Fresh meat and offals accounted for 3,025 lbs. ; fresh fish 150 lbs. ; canned fruit 485 lbs. ; canned fish twenty-four lbs. ; canned meats 973 lbs. ; canned vegetables 141 lbs. ; and canned groceries seventy-two lbs.

Thirty-nine large packets and thirty-five small packets of frozen foods, 408 fluid ozs. of fruit juice and thirty-seven pints of milk and cream were also condemned.

Complaints

Thirty-nine complaints were received about foreign matter in food-stuffs. Of these seventeen related to bread ; six to cakes and confectionery ; ten to meat pies ; five to tinned or packeted foods and one to sausages.

Ice Cream

At the end of the year 417 premises were registered for the retailing of ice cream, an increase of six on the number at the end of 1959. Of these only two manufacture ice cream. Seventy-three samples were taken, ten being of loose ice cream from the manufacturers in the district, sixty-three from retailers of prepacked or loose ice cream. Grades 1 and 2 are considered satisfactory ; grades 3 and 4 are not, and if repeated indicate faults in manufacture. Of the ten samples from local manufacturers, two were grade 4 and therefore not satisfactory. Of the remaining sixty-three, four samples of loose and one prepacked ice cream were in grade 3, and seven loose were in grade 4, leaving the remaining fifty-one in grades 1 and 2. In those cases classified as grades 3 and 4 suggestions as to better sterilisation of equipment and other improvements were adopted ; later samples were found to be satisfactory.

All twenty-three samples of lollies examined were satisfactory.

Preserved and Pickled Foods

Those premises where sausages or preserved or pickled foods are prepared or manufactured have to be registered under the Food and Drugs Act 1938 by this Authority. There were 140 such premises at the end of the year, an increase of twelve on the previous year.

All the premises are regularly inspected. Where unsatisfactory conditions or other irregularities were found, the occupier's attention was called to them and were promptly attended to.

Registration of Hawkers

It is a requirement of the Middlesex County Council Act, 1950 that any person not being a shop-keeper who retails from a cart, barrow, basket or other receptacle, shall be registered with the local authority and that the storage premises used by him also shall be registered. The number registered as trading in the district at the end of the year was sixty-six, an increase of two during the year. Of these twenty-six were trading from storage premises in Harrow, and forty from premises outside the district. Before registering those premises where the storage is outside this district, enquiries of the local authority concerned are made.

(D) ADULTERATION OF FOOD

The following particulars have been taken from the Annual Report of the Chief Officer of the Public Control Department of the County Council for the year 1959/60.

Of the 1,504 samples submitted for analysis by the Public Analyst, 159 were found to be incorrect. This was a sharp rise on the figure of the previous year and came about for two reasons. One was that an agreed standard for the meat content of luncheon and similar meats by the trade has led to a careful weeding-out of sub-standard products. The other is the increase in the use of preservatives in foods to which such addition is prohibited, leading to a drive to stamp out this practice.

In spite of the enormous amount of milk consigned into the county by farmers, the incidence of sub-standard milk was negligible. Only one consignment was found to be below the presumptive standard of solids-not-fat; in this the presence of added water was not confirmed. The standard of milk sold to the general public continues to be satisfactory, and except for certain samples of milk obtained in refreshment establishments, gave no cause for complaint. The average percentage of milk fat was 3.61 and of solids-not-fat 8.90; the figures for the presumptive standard for genuine milk are 3.5 and 8.5. The position in regard to hot milk sold for consumption in refreshment houses is that in many instances water was added to warm the milk.

A number of samples of bread were unsatisfactory because of mould occurring, especially in wrapped bread when the bread had been wrapped while warm. A high proportion of cakes was unsatisfactory; this was largely because articles were described as "cream" whereas in fact they had been filled with imitation cream.

Agreements have been reached between manufacturers and the Association of Public Analysts about the percentage of meat content deemed satisfactory for certain meat products. According to the code, luncheon meat should contain at least eighty per cent of meat ; a number of imported brands were found below this standard. The standard of sausages sold in Middlesex continues to be satisfactory; in only one case did the meat content of beef sausages fall below fifty per cent.

The addition of preservatives to fresh meat is prohibited. In twelve cases preservative was found in minced beef, in three other cases on joints of beef and in a further case of steak and kidney. Fines were imposed as a result of prosecutions undertaken in respect of these offences.

Of the 1,017 samples examined in the department, fifty-nine were found to be incorrect. Much of this work is to check the passing-off of one variety of food for another to the prejudice of the purchaser.

None of the 348 samples of milk tested for the presence of the tubercle bacillus was found to be infected. This is the second successive year that all samples have been found free from infection.

Regular visits were carried out at the twenty-four premises licensed for the pasteurising of milk and at the three licensed for the sterilising of milk to ensure that adequate precautions were taken against contamination, that the processing plant and arrangements were satisfactory and that proper records were kept. 1,301 samples were taken to ascertain whether the plant was operating successfully ; in only one instance was it necessary to caution a trader for milk that failed the phosphatase test for adequate heat treatment. In addition to the regular sampling of milk, special attention is paid to the milk bottles. Regular samples are taken immediately the bottles have been washed and sterilised by the cleansing plant. Very few bottles were found to be unsatisfactory and these were due to faults which were easily remedied.

(E) HYGIENE OF FOOD

FOOD HYGIENE REGULATIONS, 1960. The Food Hygiene Advisory Council has on many occasions expressed concern at the lack of adequate control over the condition of the vehicles used for conveying foodstuffs, especially meat. It was understood that the question of framing regulations which would ensure better control was under consideration. The Food Hygiene (Docks, Carriers, etc.) Regulations, 1960 which came into operation on November 1st prescribe requirements to secure the hygienic handling of food at docks, warehouses, cold stores, carriers premises and a number of other special depots or premises which were excluded from the ambit of the Food Hygiene Regulations, 1955. They require that places, vessels and vehicles used for the reception or movement of food are made available in a cleanly condition and as far as practicable, are kept in that condition by the persons using them. There are no premises in this district to which these Regulations refer, but they are of interest as indicating a further step in raising the standards of handling of food.

The Food Hygiene (General) Regulations, 1960 amended and consolidated the Food Hygiene Regulations, 1955-1957 and brought within their scope the handling and service of food on board "home-going ships" and moored vessels.

GUILD OF FOOD HYGIENE. An early step in the Clean Food Campaign which was started in 1948 was the formation of the Harrow Food Hygiene Advisory Council on which were representatives of the various organisations concerned with food. This was followed by the creation of the Harrow Guild of Food Hygiene as a separate body of food traders in the Borough. Membership of the Guild was open to those food handlers who had been issued with the certificate of the Public Health Committee, on the recommendation of the Committee that their premises met the requirements of the codes of practice which had been drawn up in consultation with the traders of the various food trades concerned. The Guild decided to issue emblems for display in shop windows to such of those holding certificates who wished to have them for the sum of £1 which was fixed as an annual contribution and which included the initial supply of the emblem. The Guild dissolved in May, 1952 from which time the Advisory Council took over the Guild's functions, including the purchase and distribution of the emblems.

In the early days, many applications for certificates were received. In most instances it was possible to grant them immediately ; in some they could be granted only after certain work had been carried out on the premises and in few instances were they not granted at all. There were, however, very many premises which were eligible to possess certificates but in respect of which no applications were received. In all, certificates were being exhibited at only about one-third of the food premises in the district. In the meantime, the Food Hygiene Regulations had come into force. These rendered unnecessary the codes of practice which had set the standard up to this. After a period in which this was the position for a very long time, the time came when the question was whether there was now any special advantage in the certificate and the emblem. The matter was discussed and at their meeting in November, the Public Health Committee agreed not to issue any more certificates or emblems to food traders in the Borough ; but that no action was to be taken to withdraw those certificates or emblems already issued and being displayed by a number of food traders, it being felt that with regard to the emblems, the holders might wish to retain them as reminders of their active support of the Council's campaign against dirty food in its early days before legislation was passed when it was part of a voluntary pioneering effort in which the Council and its predecessors took a leading part, ultimately to be rewarded by legislation in the form of the Food Hygiene Regulations.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

PREVALENCE OF INFECTIOUS DISEASES (other than Tuberculosis)

| Disease | Under 1 yr. | 1-4 yrs. | 5-9 yrs. | 10-14 yrs. | 15-19 yrs. | 20-24 yrs. | 25-34 yrs. | 35-44 yrs. | 45-54 yrs. | 55-64 yrs. | 65 + yrs. | Un- known | Total |
|------------------------------|----------------|-------------|-------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|-------|
| Scarlet Fever | — | 62 | 168 | 24 | 7 | 1 | 1 | — | — | — | — | — | 263 |
| Pneumonia, Primary | 3 | 2 | 4 | 1 | 1 | 2 | — | 4 | 8 | 10 | 6 | 1 | 42 |
| Pneumonia, Influenzal | — | 1 | — | — | 1 | — | — | 1 | 2 | 1 | 1 | — | 7 |
| Diphtheria | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Dysentery | — | 9 | 11 | 3 | 1 | 4 | 5 | 5 | 2 | — | 1 | — | 41 |
| Erysipelas | — | — | — | — | — | 2 | 2 | — | 2 | 3 | 6 | — | 15 |
| Meningococcal Infection | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Puerperal pyrexia | — | — | — | — | — | 2 | 2 | — | — | — | — | — | 4 |
| Ophthalmia neonatorum | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 |
| Poliomyelitis, paralytic | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Poliomyelitis, non-paralytic | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Encephalitis, infective | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles | 7 | 84 | 85 | 1 | 1 | — | — | — | — | — | — | 2 | 180 |
| Whooping cough | 8 | 48 | 50 | 16 | 7 | 2 | 5 | 1 | — | — | — | 2 | 139 |
| Paratyphoid fever | — | — | — | — | 2 | — | — | — | — | — | — | — | 2 |
| Typhoid fever | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Food poisoning | 2 | 8 | 4 | 3 | 1 | 2 | 5 | — | 3 | — | 3 | — | 31 |
| Malaria | — | — | — | — | — | — | 1 | — | — | — | — | — | 1 |

CONTROL OF INFECTIOUS DISEASES

The first step in the control of a communicable disease is to provide arrangements by which cases are learned of. The receipt of the notification leads to enquiries which are directed to two ends. One is to discover the source of the infection with a view to taking such measures as will remove this risk. This might entail limiting the activities of contacts and active immunisation of those exposed. The other is to enable steps to be taken to avoid as far as possible the transmission of the infection from the patient to others and include possibly the isolation of the patient at home or in hospital and the disinfection of infected articles which are a risk to others.

NOTIFICATION. Anthrax in this country has been largely an industrial disease and as such medical practitioners have been required to notify the Chief Inspector of Factories of cases contracted in any factory. A Committee of Enquiry on Anthrax recommended that the condition should be made a notifiable disease under the Public Health Acts. This recommendation was acted on, and from the 1st December, 1960 anthrax has, by the Public Health (Infectious Diseases) Amendment Regulations, 1960 been added to the list of conditions notifiable under the 1953 Regulations. The advantages of this notification were considered to be that it would lead to an increased awareness among practitioners of the possibility of anthrax, that the general practitioners would be more likely to turn to the Medical Officer of Health for help and guidance, and the Medical Officer of Health would be empowered to investigate the source of infection and take the necessary action in cases occurring outside the scope of the Factories Act where at present no one has this responsibility.

DISINFECTION. In 1959 authority was given for steps to be taken for the erection of the new disinfecting plant which had been agreed upon some years previously. At their meeting on the 3rd January, 1961 the Public Health Committee recommended the Council to accept tenders for the erection of the steam disinfector and garage and improvements to the mortuary at Peel Road, Wealdstone.

DIPHTHERIA

Incidence

Although a number of patients were suspected to be suffering from diphtheria, in none was the diagnosis confirmed. The district has been free from this infection since 1950, a period of ten years. The last fatal case here was in 1946.

IMMUNISATION. Although a number of authorities provided facilities for the children in their districts to be inoculated against diphtheria in the late 1920's, it was not until the end of 1940 when the Government gave active encouragement to the campaign that the movement developed on a national scale. Since that time immunisation of children against diphtheria has become very largely accepted. Concurrently with the development of the immune state of large sections of the population, there has been a diminution in the number of cases and of deaths. For the ten years preceding the beginning of the campaign, the average number of cases each year was 55,000, the average number of deaths 2,800. The number of cases fell to reach a figure as low as 1,000 for the first time in 1950 and under 100 for the first time in 1957. The number of deaths fell to under 100 for the first time in 1949 and to below ten for the first time in 1955. There were no outbreaks in 1956 or in 1957, most of the cases occurring in those two years being single ones. In 1959 there were no deaths the first time this could be recorded. All this has been brought about largely as a result of actively immunising the population against this infection.

However satisfactory the situation has become nationally, the position is that any individual person or child who has not been protected, either naturally or artificially, is at risk if exposed to infection. The organism of diphtheria is these days less prevalent. Nevertheless, it is still about and the fact that large numbers of the population are immune to diphtheria does not mean that there is no risk to those who have not been protected. Perhaps because diphtheria has become less common, mothers, knowing nothing about the disease, are losing their dread of it, and for this reason are not having their children protected. Then too, the matter has been complicated by the alteration in the practice of immunising against various infections following the recognition of provocation poliomyelitis, resulting in a child requiring a large number of pricks with a syringe needle to give him protection against a number of infections. This has resulted in some mothers, while perhaps having their children immunised against some other infections, not having them protected against diphtheria. It has been accepted too that children inoculated in infancy

should be given booster doses to stimulate their waning immunity, especially just before they go to school. Without this stimulus, even though they have been treated in infancy, they might become susceptible to attack.

Diphtheria in less than two decades was reduced from a dread disease, causing much illness and many deaths, to one of low incidence, though in those attacked still one of high case-mortality. To maintain this favourable state in the population as a whole, a high proportion of the population must be inoculated, and the immunity produced kept at a high level by booster doses. To protect every child it is necessary that every one of them shall be inoculated and in later years be given booster doses.

In recent years localised outbreaks occurring in and about London have emphasised the need for this infection still to be treated seriously. In the Autumn of 1958, twelve cases associated with infection in an infants' class occurred in a district near London. Four of the children were severely ill and there was one death. Soon after that there were cases in some schools in two districts in London. Two other districts were affected towards the end of the year, and early in 1960, associated with a school in a district just outside London there were five cases, one being fatal. None of the severe cases had been immunised. These occurrences underline the importance of securing that children are immunised, and are maintained in a state of immunity during school life. This state can be achieved by inoculating the infant, giving a reinforcing dose at about 15-18 months, and a booster dose just on entry to school.

During the year, 3,055 were treated for the first time; 1,541 by general practitioners and 1,514 at the infant welfare clinics. The corresponding figures for 1959 were 2,307, 1,415 and 892; for 1958, 1,934, 1,128 and 806; for 1957, 2,135, 1,174 and 962 and for 1956, 2,336, 1,109 and 1,227. This increase in the numbers treated at the clinics is probably the result of the removal of the ban on the use there of the combined vaccine, a measure which had been taken because of apprehension about provocation poliomyelitis. The ban meant that children, in order to protect them against the risk of contracting diphtheria and whooping cough, had to receive five inoculations against the three necessary to afford the same protection when the combined vaccine was used. Because of this there was a falling-off in the protection against diphtheria.

It was estimated that at the end of the year, sixty-six per cent. of children under five years of age were protected and ninety-eight per cent. of those aged five to fifteen years. These proportions are probably sufficient to ensure freedom from the risk of any serious outbreak of this infection in the district. The large numbers protected reduce the risk of the unprotected being attacked, but gives no assurance. For parents to ensure that their children are not likely to contract this infection, they must see that these children themselves are protected.

Booster doses were given to 1,234 children, 795 by general practitioners and 439 at the clinic.

SCARLET FEVER

Scarlet fever in this district last year was rather more common than in the previous year—263 cases against 202. The rate per thousand population was 1·21. The corresponding rate for the country as a whole was 0·71. The weekly notification rates over the four quarters were eight, five, 1·5 and five. The type of infection was very mild. Scarlet fever today causes very few deaths. The last case contracted in this district which proved fatal was in 1937.

Very small numbers of patients suffering from scarlet fever are now removed to hospital. Last year there were only eight.

Scarlet fever today is a mild complaint ; but it is still a communicable one and, mild as it is, reasonable precautions should still be taken to avoid the risk of spread to others. Apart from three households where in each there were two patients who succumbed to attack simultaneously, and who presumably contracted the infection from some other source and not one from the other, there were sixteen households in which the infection of one patient in the home was followed by illness of another. In many of these instances both children were diagnosed together so that the practice of not removing scarlet fever patients to hospital did not account for the secondary infection. In a number of instances though the interval from the time the first patient was diagnosed to the onset of illness of the secondary case was sufficiently long that it can be felt in those cases isolation at home was not satisfactory, and that removal to hospital of the first patient would have avoided the second child contracting the infection. Two cases were of special interest in that the secondary cases fell ill only a short time after the primary case who was being treated at home was considered to be free from infection. These large numbers of infections in the home suggest that inadequate precautions are being taken to avoid the spread of infection. Little harm has perhaps been done, but the risk is always there of the illness in the secondary case being much more severe than that of the original case, and the position would be really serious if there were this carelessness should the type of scarlet fever have reverted to that which was at one time prevalent.

Because of the congregation in close proximity of children who are susceptible to infection, attendance at school is one of the means by which infections of children are spread. Each year in this district there are groupings of cases of scarlet fever which are suggestive of a child having contracted the infection because he has been at school. In some cases there are sharp bursts of a few cases over a short time ; in others there is the occasional one or two cases occurring in a department each week over a period of some weeks. So very often enquiry shows that the affected children, although in the same department, are not in the same class, and are not closely in contact with the others. It is a long time since a number of cases of scarlet fever have occurred amongst the pupils of the same class of a school over a short period of time.

In the week ending October 1st two girls each of six years of age, attending the same class at the Infants' department of Kenmore Park School, were notified as suffering from scarlet fever. On October 28th

another pupil of the same department was notified. The same day the Headmistress telephoned because she was concerned about the number of children in three classes of that department who were suffering from sore throats or tonsillitis. According to the statements of the mothers of some of them, some of the children peeled, but although a doctor was in attendance, the cases were not notified as being scarlet fever. The Headmistress wrote to the parents of the children suffering from sore throats advising that they should be taken to their own doctors, and each not be returned to school until the doctor was of the opinion that the child was free from infection. A circular letter was sent to all the doctors practising in the neighbourhood advising them of the occurrence of these cases of scarlet fever and sore throats, and letting them know that they might be seeing a number of those children who had had sore throats. There were two new cases in the week ending November 5th, the children being in different classes in the same department. In each of the next five weeks there was one case from this same department. In the week ending November 19th, cases were reported from the Infants' department of two other schools in the same locality. In the succeeding three weeks each of these had four more cases. In the meantime, the rest of the district was particularly free from infection. Even these schools became free by the week ending December 10th and there was no recurrence on the schools re-opening after the Christmas holidays.

SMALLPOX

There were no occasions this last year of contacts of those suffering from smallpox coming into the district and so having to be kept under surveillance.

VACCINATION. During the year, 2,364 persons living in the district were vaccinated against smallpox for the first time. Of these, 1,721 were under one year of age and 250 were over one but under two years of age. 837 persons were re-vaccinated. 3,117 babies were born during the year. The number of vaccinations of those under one year of age was therefore fifty-five per cent. of the births. Of those under one year of age who were vaccinated, 795 were treated at the infant welfare centres.

At one time it was not unusual for septic complications to vaccination to set in or sometimes for there to be a spread of a generalised vaccinia. These complications today are relatively uncommon. At the time the country was invaded in the early 1930's with the atypical type of smallpox which spread so markedly, large numbers of people were vaccinated. A number of them suffered from an encephalitis. It has since that time been appreciated that this condition might develop as a complication of a number of infections, the most common perhaps being mumps. As a complication of vaccination, it occurs only rarely and is found to occur less commonly after the primary vaccination of infants than when vaccination is carried out for the first time in older persons, a case in favour of the practice of the routine vaccination of infants. This last year this complication occurred not in a person who was being primarily vaccinated but was being re-vaccinated. On the 9th August a lady of forty was re-

vaccinated before going abroad. She became ill the following day ; on the 13th she went into a coma and died on the 15th. Post-mortem findings pointed to a diagnosis of post-vaccinal encephalitis. Apart from the very slight local lesion of the recent vaccination, there were two other well marked vaccination scars.

ENTERIC FEVER

The pattern of having a few cases of enteric fever notified each year was interrupted in 1958 and again in 1959 when no notifications were received, not even amongst those who had spent their Summer holidays abroad. This year, two cases were notified, both being boys of sixteen. The first was admitted to hospital in July. He had been staying on holiday out of the district a short time before the onset of illness. When admitted to hospital eight days after onset he was free from symptoms but was found to be excreting the para. B organism. In spite of all treatment over a period of many weeks, he could not be freed from this organism. The other boy apparently contracted a para. B. infection while on holiday at a resort in this country. The other members of his family remained well.

DYSENTERY

Almost all the cases of dysentery which occur in this country today are the result of an infection by Sh. Sonnei. At one time this was largely a food infection occurring mostly in the Autumn. Today it is spread mostly by direct or indirect personal contact, most cases occurring amongst or being associated with school children. The extent to which any locality is affected in any year now depends upon whether or not any school is affected, and if so, how heavily. The first cases brought to light are usually school children ; they presumably take the infection home and there result in the infection of up to two-thirds of the child contacts and one-third of the adults. By the time the attention of the authority is drawn to the occurrence at school, many of the school contacts have also been infected. In such circumstances, the cases notified are but a fraction of those attacked. If no schools have been involved, then the occurrence of a number of cases in one family assumes greater prominence. A typical case was that of a boy of nine who was notified in April. It was learned that many pupils of his school suffered from similar symptoms and even members of the staff, but of these only one pupil and one teacher were notified. This pupil contact was notified a few days after. She had had similar symptoms a month previously and had only recently returned to school. The breaking-up of the school for holidays stopped further spread there. At his home though the boy's father, mother and sister all fell ill, the same organism being recovered from them all. Of the many cases involved in this incident, only six were notified.

In all, forty-one cases were notified during the year. There were three family groupings. In February the illness of a boy of three was followed by that of his small sister, his mother and father. The infection here was almost certainly introduced into the household by a sister, a child of school

age. This occurrence was a repetition of what had happened in the household six months before. Another family grouping occurred in March when a boy of three fell ill ; later his brother and mother succumbed. Later in the year, the illness of a boy of eight was followed by that of four members of his family. While most often the sequel was infection of a school child followed by infection at home, of which there seemed to be in all five such instances, in one the sequence was that of infection of an adult who had many meals out being followed by the infection of a school child, and in another the infection of an adult who was a housekeeper and was not notified, was followed by infection of another adult. The remaining cases were each the only members of the family infected. From twelve of them the Sonnei organism was recovered.

The spread of this infection in a household points to lapses in standards of food hygiene. Amongst the special steps which can be taken at school are the cleaning and disinfection of the lavatories ; special attention being given to the routine of hand-washing ; paper towels replacing roller towels. Some recommend that all children regularly dip their hands in a bowl of quaternary ammonium disinfectant.

FOOD POISONING

The thirty-one cases of food poisoning notified in 1959 was a marked decline on the incidence in recent years. This last year the same number of cases were notified. In very few instances were food poisoning organisms found in the stools of those affected, and in many cases where more than one person was involved, the history was much more suggestive of a food infection than a food poisoning.

There were eight occurrences where more than one member of the family was affected. From none of the specimens of stools submitted for laboratory investigations were food poisoning organisms recovered ; nor those of the food infections. Nineteen persons were affected in these incidents. In all but two of the occurrences, only two members of the family were involved. Of the other two, three were infected in one and four in the other, the members of the family succumbing at intervals up to six days. In those instances where only two were involved, the onsets of illness were separated by three to five days, except in the one case where there was a simultaneous onset. In this case two members of the family affected had an article of food—tongue sandwich—which seemed to be "off"; the other members of the family did not have this food and remained well.

Of the single cases notified, two were people who had probably contracted the infection at a Works Canteen out of the district, others who consumed meals there also falling ill with the same symptoms. *Salmonella* was recovered from the stools of one of these patients. A child of two years of age from whom *S. Heidelberg* was recovered had probably contracted the infection while on a visit to Holland. From an adult patient *S. typhimurium* was recovered ; the food suspected in this case was sausage. From the others in this group, no food poisoning

organisms were recovered and no special foodstuffs were suspected. In such circumstances it is doubtful whether the alimentary disturbance from which the patients suffered is really the result of a food poisoning and it is virtually impossible to obtain confirmation.

Of the eighteen incidents, four occurred in October, three each in March and September, two each in February and December.

ERYSIPELAS

There was a rise last year in the number of notifications of those suffering from erysipelas. Of the fifteen notifications, five related to men, the rest to women. In two instances the condition followed injury. The face was the site affected in eleven. Only one patient was removed to hospital. None of the cases was fatal.

MENINGOCOCCAL INFECTION

Thirteen persons were removed to hospital suspected to be suffering from meningococcal meningitis. Five were later considered to be suffering from meningitis, but not due to the meningococcus ; and in fact in no instance was the diagnosis confirmed.

ACUTE ANTERIOR POLIOMYELITIS

1960 proved to be a year in which the country as a whole was only lightly attacked by poliomyelitis, in no week there being as many as twenty cases notified and in all only 383 (258 paralytic and 125 non-paralytic). The large numbers of susceptibles who have been inoculated against this infection must have contributed to this satisfactory position. Locally the situation was even more satisfactory. Although nine persons were admitted to hospital suspected to be suffering from poliomyelitis, in none was the diagnosis confirmed. There was, however, a girl of twenty-six who was admitted suspected to be suffering from meningitis. The diagnosis was not confirmed and type 1 poliomyelitis virus was recovered from the stools. Her illness may or may not have been due to poliomyelitis.

IMMUNISATION. The arrangements for inoculating sections of the population with killed vaccine continued to run smoothly, most of the work carried out being the routine inoculation of babies.

In February the age of those eligible to be inoculated was raised to forty. Other groups who also became eligible included dental surgeons, practising nurses not working in hospitals, Public Health staffs who might come into contact with poliomyelitis and also the families of those in these groups.

The following is a summary of the work done during the year :—

1,885 children born in the years 1943/1960 received two injections only, 7,404 three. Of young persons born 1933/1942, the numbers were 783 and 7,816 ; of those born before 1933 who had not passed their fortieth birthday 3,952 and 1,728, and of others forty-three and 223. In all, 6,663 persons received two injections only during the year, and 17,171 three injections. 292 persons had received only the one injection by the end of the year.

INOCULATION WITH LIVE VACCINE. Inoculation by the killed vaccine has certain disadvantages. While highly effective, its efficiency is not one hundred per cent; frequent booster doses may be necessary. It is not easy to persuade enough people to receive the injections and the vaccine is expensive. In poorly developed communities, there is the added difficulty of shortage of personnel to carry out the actual inoculations. Some see in the use of attenuated live vaccines a method of overcoming these difficulties. It is thought that because orally administered virus will imitate natural infection by the natural route, almost life long and solid immunity will follow one dose of each type of virus, and that the living virus will confer a local alimentary resistance to re-infection that is not conferred by killed vaccine.

Many however fear that the use of the live vaccine will result in the spread of the organism to others, and might be unfortunate in certain persons such as the cortisone-treated, those receiving irritant injections, those recently operated on for the removal of tonsils and the pregnant.

Sabin's vaccine is being used in the Soviet Union and other countries, having been administered to not less than fifty million persons. While Cox strains have been used mostly in Central and South America, this vaccine has been given to those in other countries, in all to two million people. Poland uses the U.S.A. Koprowski vaccine. Sabin's vaccine is to be used in the United States in 1961.

While it is generally accepted that the vaccine can spread from the vaccinated to their contacts, there is no conclusive evidence that any of the vaccine strains have ever caused a case of poliomyelitis, though there has been a disturbing increase in the number of cases in some districts in which these vaccines were being used. Untoward reactions were either absent or insignificant. As yet, though, neither the safety nor the efficacy of the vaccine have been proved, though reports from U.S.S.R. uphold the safety of the vaccine. The degree of protection as judged by anti-body formation in the population was satisfactory, and poliomyelitis receded from the areas where the vaccine was used.

The Minister of Health in a reply to a question in Parliament early in the year said that the Medical Research Council "will shortly carry out small scale trials of Sabin oral poliomyelitis vaccine in selected cases." These trials started in some thirty areas in April.

MEASLES

Although there were only a few weeks in the year that there were no notifications of measles, there were in the whole year very few cases. In only three weeks were more than ten notifications received until the very last week when quite suddenly, there were forty-seven notifications; this was the start of the outbreak of the earlier weeks of 1961. Even including these forty-seven cases, in all only 180 notifications were received during the year.

In general, the clinical attack was mild. No sufferers were admitted to hospital and this infection caused no fatalities.

IMMUNISATION. Measles is an infection to which virtually everyone at some time or other succumbs. It occurs in large scale outbreaks which attack urban communities every other year, this pattern presumably being because this period of time has to elapse before there are sufficient susceptibles in the population. Although much less so than it was even in recent years, measles is still a damaging complaint, especially when attacking young children. Hitherto, it has not been possible to prepare a vaccine to give protection against it. Instead, where it has been necessary to protect a child, reliance has had to be placed on passive immunity induced by the injection of serum prepared from the blood of those who have had an attack of measles. This passive immunity lasts only some two to three weeks. The use of this serum is restricted to those in whom it is especially necessary for some reason to ward-off an attack. In general then, it has been given only to contacts who are very small children or who are ill or with a view to checking the spread of infection such as in a hospital ward. A few years ago the prospect of preparing a vaccine to produce active immunity became more hopeful when it was shown that measles virus could be grown in tissue culture of human or monkey kidney cells. Later, such a virus sub-cultured was grown in cultures of chick-embryo tissue. The virus grown in this way has diminished pathogenicity for monkeys and man, and has been used as a prophylactic with satisfactory antibody response.

WHOOPING COUGH

As was the case with measles, the district was throughout the year almost free from whooping cough. In all only 139 notifications were received. Small numbers of notifications were received each week, there being only nine weeks when there were none, four of these being the last weeks of the year.

No persons suffering from whooping cough were removed to hospital, and this infection caused no fatalities.

INOCULATION. During the year, 3,049 children were inoculated against whooping cough, 1,562 by general practitioners and 1,487 at the clinics.

PUERPERAL PYREXIA

Three women confined in their homes in the district developed a raised temperature and were notified to be suffering from puerperal pyrexia. In only one was the cause a uterine infection.

OPHTHALMIA NEONATORUM

Only one infant was notified as suffering from ophthalmia neonatorum. He was removed to hospital and recovered with no impairment of vision.

NON-NOTIFIABLE INFECTIONS

Knowledge of the prevalence of some of the infections which are not notifiable in the district is obtained from intimations received from the Head Teachers about the absence of children from school.

Chicken Pox

Eight hundred and fifty-five intimations of children being absent from school because of chicken pox were received throughout the year, a figure almost double that of the previous year. After very few cases in January, the 145 cases of February were followed by the peak figure of 295 in March, there then being a fall to 100 in April. The figures for the succeeding months were fifty-six, eighty and eighty-six, the infection being present in many schools until the schools broke up for the Summer holidays. While most of the schools attacked in the Spring term were almost free for the rest of the year, some were not really attacked until the Summer term, and one was affected in both terms. On resumption of school after the Summer holidays all schools were almost completely free from cases, except one which had not been attacked earlier in the year and which had a number of sufferers.

Mumps

This infection was very heavy in the first half of the year, the district being almost free from it in the second half. Nearly all schools were affected in the Spring term and much less heavily involved in the Summer term. There were some which escaped entirely. In all, 1,295 intimations were received.

Although mumps in childhood is generally a trivial infection, in older children it can give rise to serious complications. Three children were taken to hospital suffering from mumps encephalitis. In one of these patients, a girl of twelve, the condition proved fatal.

German Measles

Seventy-nine intimations were received of the absence of children from school because of this condition. Of these, thirty-three occurred in one department of a school in the closing week of the school year. Apart from this, there seemed to be no spread of the infection in school, there being in most instances only the one case in any department at the one time.

It has been known for some twenty years that there is a connection between rubella in pregnant women and congenital defects in their babies. The degree of risk has not been known. Towards the end of the year, the Ministry published a report of an enquiry which gives an indication of this risk. The earlier in pregnancy that the mother has rubella, the greater the risk; an attack after the sixteenth week of pregnancy does not affect the foetus. When the mother is under twelve weeks pregnant at the time of the infection, there is a greater risk of abortion, of stillbirth and of the death of the infant under two years of age. Of those who survive two years, many suffer from congenital defects, especially cardiac abnormalities, cataract and deafness.

Tetanus

The Registrar-General records about 200 deaths of tetanus each year with a case mortality of twenty-seven per cent. The true figure is something more than this because some deaths are certified as due to accident. Children of school age, more particularly those in rural areas, are the most affected.

Passive immunity by an injection of anti-toxic serum confers protection for two or three weeks. Particularly those who have had a previous horse serum injection might react severely. Nearly a million doses of anti-toxin are given in this country each year. In some thousands this is followed by serum sickness, and by death in a number. While today's practice favours the administration of anti-toxin to those who have been injured, many of the fatal cases of tetanus were the result of infections of wounds not considered sufficiently serious for the administration of prophylactic anti-toxin.

Active immunisation with tetanus anti-toxoid was introduced some twenty years ago. It was used extensively in the 1939/45 war. The incidence of tetanus in the American Army was six cases per million injured. The corresponding figure at the end of the 1914/18 war when only anti-tetanus serum was available was one thousand cases per million injured.

With the small number of cases which develop it, it is questionable if anything would have been done on a big scale if active immunisation against tetanus involved another series of inoculations of a child. Fortunately however, the prophylactic against tetanus can be incorporated with that against other infections without appreciably lowering their potency. The use of such a combined vaccine is growing in popularity. To obtain active immunity three injections are needed, the second some weeks after the first, the third six to eight months later. An injection at five-yearly intervals after will provide protection.

The difficulty facing a doctor with an injured patient will be to decide whether or not to administer anti-toxin. He can decide against it only if he knows the patient has recently been inoculated against tetanus or has had a recent booster dose. Without some simple form of recording these facts, a record which will be available to the doctor, the patient even though he has been immunised, must still be given his dose of anti-toxic serum.

Influenza

INCIDENCE. Influenza appeared in America in the early part of the year and towards the end of January it became prevalent in many parts of the Continent, from some of which cases virus A2 was isolated. Although in late February there had been a slight rise in the number of deaths in this country from influenza and also in the numbers of notifications of pneumonia and deaths from pneumonia and bronchitis, there was no laboratory or other evidence that influenza was prevalent. These indices of winter respiratory disease soon declined, and although virus was being recovered from patients, influenza was not a public health problem in this country in 1960. It was responsible for the deaths of only two local residents.

IMMUNISATION. Virologists believe that when pandemics of influenza occur, the strain of virus responsible is so different from its predecessors in antigenic constituents that the immunity built-up against them is ineffective against the new strains.

Outbreaks of influenza in Great Britain are caused by viruses of type A or type B. These two viruses are antigenically distinct and there is no cross protection between them. Type A viruses are usually responsible for the large and rapidly spreading epidemics or pandemics, while those of type B are more commonly associated with local outbreaks and sporadic cases, although they have on occasion caused widespread disease. Variations do occur amongst these groups. "Classical" A viruses were prevalent from the isolation of the influenza virus in 1933 until 1946/47. A—(A. prime) viruses first appeared in 1947 and persisted until their replacement in 1956 by the Asian group to which the current type A viruses belong. There is no protection between these groups. Out of each group minor degrees of variation are noted from year to year. These changes are probably not of importance from the immunological point of view. For there to be real hope of benefit from a vaccine, it must be prepared from the current strain. For there to be any hope of sufficient vaccine being prepared in time to be used for the protection of key workers e.g. in hospitals, transport and the postal services, the organism must be identified well before it has been introduced into the country. In the case of the outbreak of Asian influenza in 1957/58, more could have been hoped for had the virus been available for the manufacture of vaccine in February when it was first isolated in South-West China rather than by the time it had reached Singapore in April.

TUBERCULOSIS

NOTIFICATION. Both the national and local figures of notifications of tuberculosis have fallen. Locally this decline set in in 1955 when there were 183 new cases. In each succeeding year there were smaller numbers of notifications, there being only 102 in 1959. Last year there was a slight rise to 107. In addition to the notifications of new cases which refer to persons living here contracting the infection for the first time during the year, the district acquires other cases new to it by the transfer into the area of people who have already been infected and have been recognised to be suffering from the disease before they came here. These numbers too have continued to fall each year with the result that the total number of cases new to the district has fallen steadily from a figure of 287 in 1955 to 176 last year. The local notification rate per thousand population was 0.49. The corresponding figure for the country as a whole was 0.53.

The following table gives the age and sex distribution both of the persons resident in the district which were learned of for the first time to be suffering from tuberculosis, and of those who moved into the district already suffering from the disease :—

| | Primary Notification | | | | Brought to notice other than on Form "A" | | | |
|---------------------|----------------------|----|---------------|---|--|----|---------------|---|
| | Pulmonary | | Non-pulmonary | | Pulmonary | | Non-pulmonary | |
| | M | F | M | F | M | F | M | F |
| Under 1 | — | — | — | — | — | — | — | — |
| 1-4 | 3 | 1 | — | — | — | — | — | — |
| 5-9 | — | — | — | — | — | — | — | — |
| 10-14 | — | 2 | — | — | — | — | — | — |
| 15-19 | 3 | 1 | — | 2 | — | — | — | — |
| 20-24 | 6 | 5 | — | — | 3 | 9 | — | — |
| 25-34 | 11 | 4 | — | — | 15 | 11 | 1 | 1 |
| 35-44 | 12 | 6 | — | 2 | 9 | 3 | 1 | — |
| 45-54 | 17 | 5 | 1 | 2 | 8 | 1 | — | — |
| 55-64 | 7 | 5 | — | 1 | 3 | — | — | — |
| 65 and over | 8 | 1 | — | 2 | 2 | 2 | — | — |
| Totals | 67 | 30 | 1 | 9 | 40 | 26 | 2 | 1 |

A history of close contact with someone suffering from pulmonary tuberculosis, someone who is usually a member of the household, was obtained in twenty-three per cent of the cases notified for the first time, the proportion being the same in each sex.

There are some occupations on which those engaged are specially prone to contract the infection. There were six instances of this, this last year.

In addition, notifications were received of two persons who were in the armed forces.

There was no history of any of those illnesses or other states which predispose to the onset of tuberculosis.

There was only one instance this year of a relapse in a person who had suffered some years before and who had apparently recovered.

In the remaining cases, and these formed the majority, no reason could be discovered for the breakdown in resistance which allowed the organism to gain the upper hand.

REGISTER. The tuberculosis register is a compilation of the names of those persons in the district who are suffering from the disease or have recently suffered from it. The names of those newly notified are added to it, and entries are made of those persons who have moved into the district suffering from tuberculosis. Names are deleted on the removal of persons from the district or on death or recovery, an accepted standard of recovery being a lapse of five years in the pulmonary cases and three years in non-pulmonary cases from the date the disease was arrested.

The following is a summary of the changes which have taken place in the register during the year :—

| | <i>Pulmonary</i> | | <i>Non-pulmonary</i> | |
|---|------------------|---------------|----------------------|---------------|
| | <i>Male</i> | <i>Female</i> | <i>Male</i> | <i>Female</i> |
| No. on register, 1st January, 1960 | 1,282 | 1,021 | 127 | 141 |
| No. of new cases added (primary notification) | 67 | 30 | 1 | 9 |
| No. of cases other than primary notifications | 40 | 26 | 2 | 1 |
| No. of cases restored to Register | 3 | 3 | — | — |
| No. of cases removed | 129 | 80 | 6 | 5 |
| No. on register, 31st December, 1960 | 1,263 | 1,000 | 124 | 146 |

Of the 220 deductions, ninety-five (ninety-three pulmonary) were of persons who had left the district, thirty-one (twenty-eight pulmonary) were of persons who had died, eighty-two (seventy-six pulmonary) were of persons who had recovered and nine (all pulmonary) were of persons who had been lost sight of.

The net decrease in the number of cases on the register is thirty-eight, there being forty fewer pulmonary cases but two more non-pulmonary cases.

This is the fourth year it has been possible to record a fall. As contrasted with that of the three previous years though, in which there had been a fall not only in the numbers for each sex but also for both types of disease, this year, while there has been the marked fall in the pulmonary cases and a small decline in the number of males suffering from non-pulmonary disease, there has been an increase of five in the numbers of females suffering from the non-pulmonary disease.

DEATHS. This infection caused the deaths of twelve local residents this last year, ten (six men and four women) from pulmonary disease, and two men from a non-pulmonary lesion. This is a set-back in the decline in the number of deaths from tuberculosis which has occurred in the last few years. The figure, though a sharp rise on the six of the previous year, is still a marked contrast to that of ninety-seven in 1944 and even the fifty-seven of 1949.

In this last year, the infection caused a death rate of only 0.05 per thousand population and was responsible for only 0.6 per cent of the total deaths. The corresponding figures in 1934 were 0.57 and 7.1 and in 1946 0.42 and 4.9. The national figures for last year were 0.075 and 0.65, rates only half of these in 1954.

PREVENTIVE MEASURES. Early diagnosis is an important preventive measure in that the recognition of a case in the earliest stage, possibly before reaching the infectious stage, reduces the risk of infection to others. This aspect of the work of the chest clinic by the examination of the contacts of those found to be sufferers and their periodical re-examination is of the greatest importance. At this clinic facilities are available for the ready examination of those patients whose doctors are uneasy about them. Many of the new patients notified each year are found in these two groups.

The mass x-ray unit plays its part in prevention in the same way by leading to the recognition of the disease amongst some persons in whom it would not otherwise have been discovered until later. This unit, which is run by the hospital service, was here in July to September. In spite of its appearing in more places than in former years and in spite of the greater publicity given to its being here, the number of persons who visited was some 800 fewer. 3,117 men and 4,943 women attended the public sessions, 4,533 and 2,980 the industrial groups. Of these 15,563 people, eighty-nine were referred for further investigation. The unit was not open on Saturday mornings. The Public Health Committee, feeling that if the unit were placed in a shopping centre and was open on Saturday mornings many would attend for examination, made representations to the Hospital Board. The suggestion was agreed to, and this arrangement will be tried out at the next visit of the unit.

The school medical and nursing staff continued to play their part in the control of this infection :

1. Tuberculin testing of the school entrants with the object of finding the home source of infection in a positive reactor was continued during the year. Of 253 children on whom the jelly test was used, ten were positive. Two of these had had B.C.G. inoculation ; the x-ray examination of the chests of the other eight were clear. 621 were tested by the Heaf gun. Of the four who reacted positively, two had had B.C.G ; X-ray examination of the chests of the others showed them to be clear.

2. Whenever a pupil or adult worker at a school is found to be suffering from pulmonary tuberculosis, the question of carrying out an investigation in the school is considered. When it is felt desirable that anything should be done, the usual procedure these days is for the immediate contacts to be tuberculin tested and x-ray examination of the chest of the positive reactors carried out. It is only exceptionally that more extensive enquiries are felt to be necessary. Investigations on these lines were made on two occasions. In January, a teacher at a local school was recognised to be suffering from pulmonary tuberculosis. The usual routine investigations of immediate contacts were carried out. Of the

thirty-four children in her class, all but one were negative to the tuberculin test so no further examinations on them were necessary. The one child who reacted positively had previously been inoculated with B.C.G. Nine other teachers in the school attended for x-ray examination ; all were found to be clear.

In August, a girl living not in this district but attending a Grammar school here, was found to be suffering from pulmonary tuberculosis. She was fifteen years of age. This meant that most of her immediate contacts had had the opportunity of being given B.C.G. inoculation some two years before. On that occasion the preliminary tuberculin testing would divide these contacts into those who reacted positively and those who reacted negatively; these latter would then be given B.C.G. and would become tuberculin positive. This means that the very fact that this group of girls had been given B.C.G. blunted one of the weapons which can be used to detect hitherto unrecognised cases of this infection. This possibility was fully appreciated at the time the B.C.G. inoculation scheme was introduced, and is in fact one of the reasons for not introducing this arrangement in areas where the incidence of tuberculosis is low. This is the first time this complication has been met in this district. The procedure followed in this case was to discover which of this girl's immediate contacts who had been tuberculin tested were tuberculin positive, either naturally or as the result of B.C.G. inoculation. The nine who were not known to be tuberculin positive were invited to the chest clinic for examination. Satisfactory reports were received about those who accepted the invitation to attend.

No investigations were carried out in the case of two other pupils discovered to be suffering from pulmonary tuberculosis. The first was a pupil not from this district who attended the Outward Bound Course early in the year and who was found later to be suffering from pulmonary tuberculosis. A boy of fifteen from a local school also attended this course. As he had had been in close contact with the patient, he was examined and found to be suffering from a primary lesion. As he was not infective and as the source of his infection was known, there was no need to examine his school contacts. The other case was a girl of fourteen from a local school who in May was found to be suffering from pulmonary tuberculosis. This child was one of those thirteen-year-old children who were tuberculin tested prior to B.C.G. inoculation. As she reacted positively she was referred to the chest clinic where the disease was recognised. The usual procedure when a child or teacher is found to be suffering from tuberculosis is for the immediate contacts to be tuberculin tested and the positive reactors further examined. In this instance though these steps had already been taken before the diagnosis of this child was made and no further investigations were carried out.

There was a third case, a girl of thirteen attending a private school. She almost certainly had contracted her infection at home. As she was considered not to be infective, there was no need to carry out investigations amongst her contacts with a view to detecting the disease amongst them.

3. B.C.G. INOCULATION. Another contribution made by the School Health Staff is by B.C.G. inoculation. The groups selected for treatment are children of thirteen years of age. This entails a separate examination as this is not an age group at which a routine medical examination is carried out. As those who have already been exposed to infection do not need the injection, the procedure is first to carry out a tuberculin test. Those who react negatively are given an injection. Those reacting positively are referred to the chest clinic for examination. It has proved possible to carry out these tests on the relevant children at all schools in the course of the year, the pupils at the Secondary Modern schools being dealt with in the Spring term, those at the Grammar schools in the Summer term and those at the Independent schools in the Autumn term. The following is a summary of the work carried out in 1960 :—

| <i>Type of School</i> | <i>No. of Pupils Eligible</i> | <i>No. of Acceptances</i> | <i>Negative Reactors</i> | <i>Positive Reactors</i> |
|-----------------------|-------------------------------|---------------------------|--------------------------|--------------------------|
| Secondary Modern .. | 1,900 | 1,285 | 1,035 | 153 |
| Secondary Grammar .. | 851 | 630 | 499 | 94 |
| Independent | 673 | 525 | 439 | 69 |
| Special | 10 | 4 | 3 | — |
| Total .. | 3,434 (3,749) | 2,444 (2,629) | 1,976 (2,162) | 316 (244) |

Of the negative reactors, 1,960 were given B.C.G.

For comparison the corresponding figures for 1959 are shown in brackets. The acceptance rate for 1960 was seventy-one per cent.

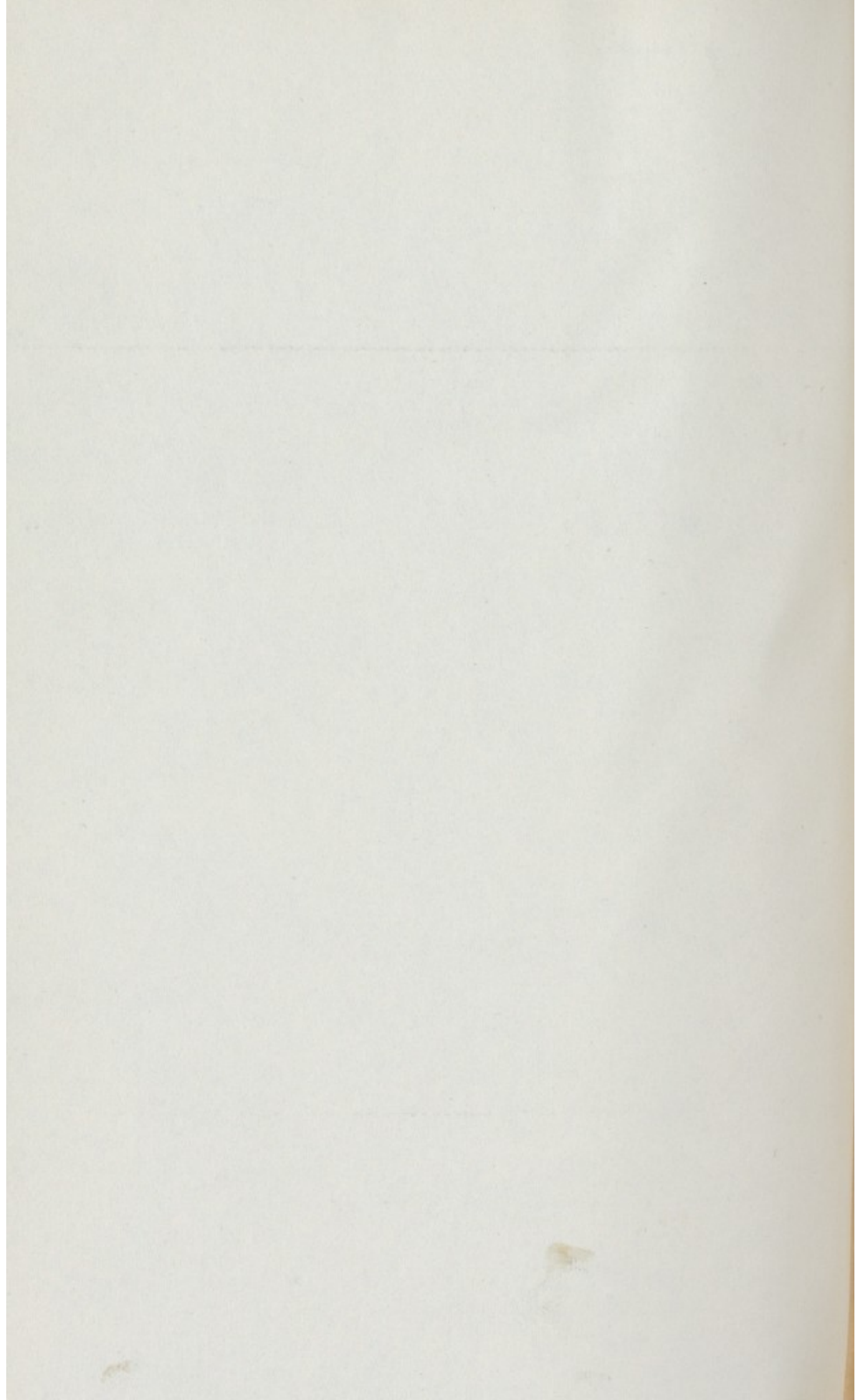
The arrangements for routine inoculation by B.C.G. in this country were started by offering facilities to children of thirteen years of age. This age was chosen with a view to children having the maximum protection a few years later when they would become more especially at risk, both because at their place of employment they might be more exposed to infection and because perhaps at those ages their resistance might be lower. The later results of the investigation conducted by the Medical Research Council into the efficiency of B.C.G. as a preventive agent showed that the immunity afforded by the inoculation lasted for quite a number of years. It would then be possible to lower the age at which inoculation was carried out while still affording protection at the ages it was felt particularly desirable. The advantage of carrying out the practice at the lower age would be that of saving from infection those who otherwise would have succumbed when ten, eleven or twelve years old. With this in mind, the Ministry early in 1961 authorised arrangements on these lines being made.

Fourteen persons between the ages of fourteen and twenty-four were notified during the year as suffering from pulmonary tuberculosis which they had presumably contracted while living in this district and one

person succumbed to non-pulmonary infection. Of these fifteen, three gave a family history of infection and one was a relapsed case. To these B.C.G. would not in any event have been given. The others, or four-fifths of them, might have avoided this infection had they had the opportunity and had they taken advantage of the opportunity of being inoculated with B.C.G. The five girls were aged fourteen, sixteen, nineteen, twenty and twenty-four; the six boys fifteen, seventeen, eighteen, twenty, twenty-three and twenty-four.

In view of the suggestion about lowering the age of routine inoculation with a view to protecting those of ten, eleven or twelve years of age, it is of interest to note that there was only one child of this age notified and in her case there was a strong family history of infection, so had these arrangements been in force, she would not have been inoculated.

The number of children aged fourteen to twenty-four who presumably contracted the infection while living here and who gave no history of close contact with a tuberculous patient is much the same as in the previous year. Eleven persons of these ages were notified. B.C.G. offers some eighty per cent protection to those inoculated. The proportion of children who accept B.C.G. is about seventy per cent. At present then the arrangements for B.C.G. in this district might be saving fifty-six per cent of eleven cases amongst adolescents or six cases a year. Should this figure become much less, there will be the question of whether the disturbance to the school routine and the reactions amongst a proportion of the 2,000 odd children inoculated each year, coupled with the blunting of one of the weapons used in detecting hitherto unrecognised cases of tuberculosis, will warrant the continuation of the practice in such a district as this. The conclusion of the M.R.C. Tuberculosis Vaccination Trials Committee was that for every 1,000 children given B.C.G. 1.6 cases annually are prevented.





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