

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

Contributors

Harrow (London, England). London Borough.

Publication/Creation

[1963?]

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BOROUGH OF HARROW



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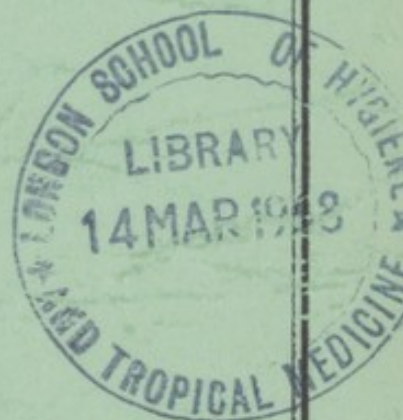
Annual Report

OF THE

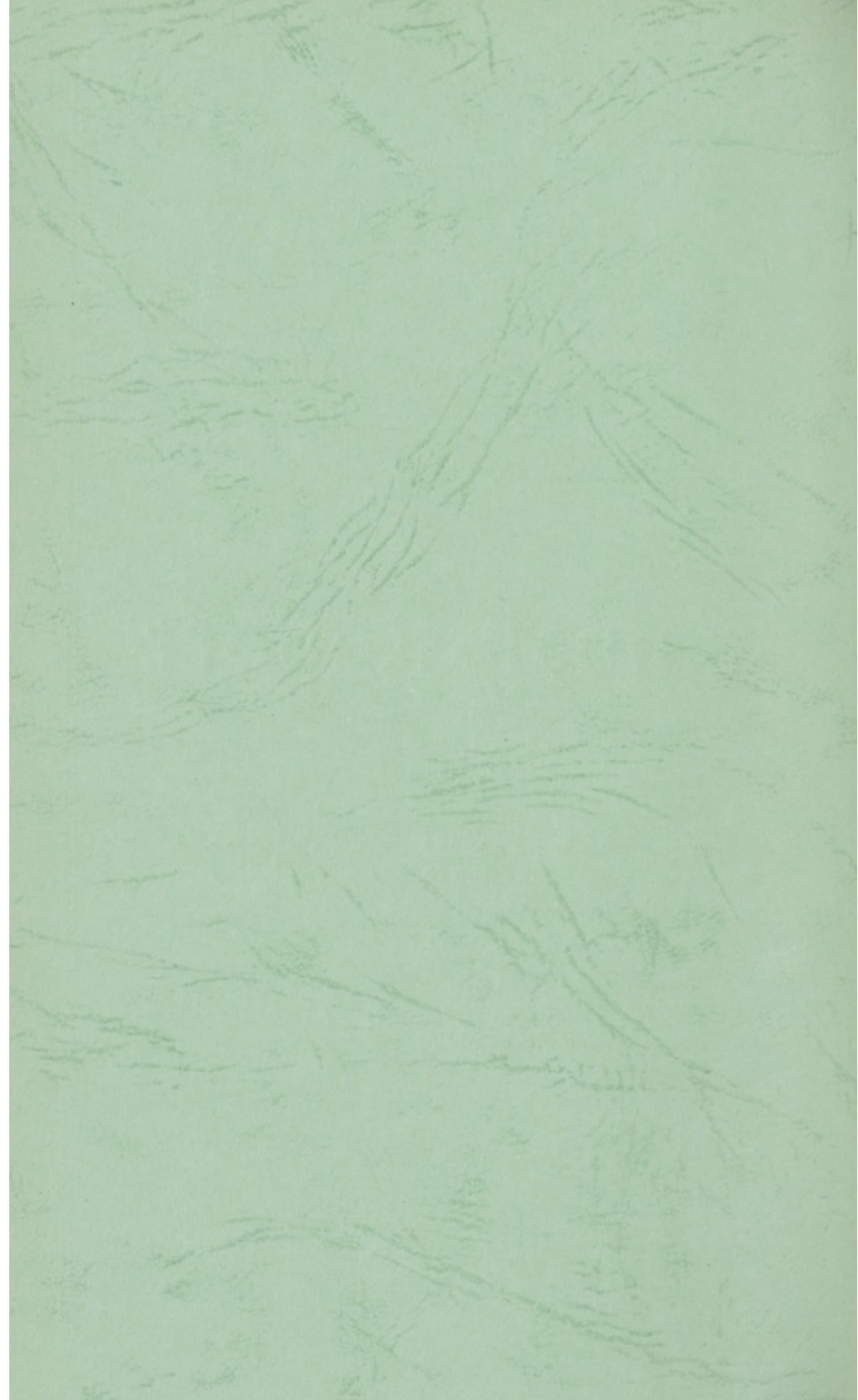
MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1962



WILLIAM CORMACK, M.B., Ch.B., D.P.H.



BOROUGH OF HARROW



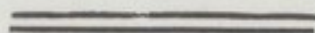
Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1962



WILLIAM CORMACK, M.B., Ch.B., D.P.H.

BOROUGH OF HARROW



Annual Report

HEALTH AND SOCIAL SERVICES

1963

WILLIAM CORNACK, M.B., Ch.B., D.T.M.

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PUBLIC HEALTH COMMITTEE

1962-1963

COUNCILLOR N. G. HINES (Chairman)

COUNCILLOR H. A. MAUN, A.F.I.C.D., C.C. (Vice-Chairman)

HIS WORSHIP THE MAYOR (ex-officio)

THE DEPUTY MAYOR

ALDERMAN MRS. NOTT COCK, S.R.N., S.C.M., M.R.S.H.

COUNCILLOR E. S. W. ATHERTON, F.R.I.B.A., A.M.P.T.I.

COUNCILLOR E. G. BUCKLE, F.R.I.C.S.

COUNCILLOR MRS. A. M. CAREY

COUNCILLOR W. S. CLACK, M.I. EX., M.INST. M.S.M.

COUNCILLOR MRS. E. J. COLLEDGE

COUNCILLOR MRS. E. E. DAVIES

COUNCILLOR MRS. D. I. EDWARDS

COUNCILLOR MRS. M. M. HASLAM

COUNCILLOR FLT.-LIEUT. D. F. JOYNER, F.V.I.

COUNCILLOR MRS. I. M. MOORE

COUNCILLOR L. E. SMITH

STAFF

Medical Officer of Health:

CARYL THOMAS, M.D., B.Sc., D.P.H.,
Barrister-at-Law, to 31.5.62
W. CORMACK, M.B., Ch.B., D.P.H., from 1.11.62

Deputy Medical Officer of Health:

R. A. STRANG, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

S. N. KING, M.A.P.H.I.

Deputy Chief Public Health Inspector:

A. C. GROOM, M.A.P.H.I., to 2.12.62
H. DRABBLE, M.A.P.H.I., from 18.12.62

Public Health Inspectors:

D. J. ANDERTON, M.A.P.H.I.
B. A. CANTWELL, M.A.P.H.I.
J. K. EDSON, M.A.P.H.I., from 5.2.62
F. H. FARROW, M.A.P.H.I., from 31.12.62
K. F. JOHNSON, M.A.P.H.I.
R. J. MERRICK, M.A.P.H.I., to 2.9.62
C. E. NEWBEGIN, M.A.P.H.I., from 31.12.62
C. F. PIDGEON, M.A.P.H.I., from 5.2.62
L. P. WATSON, M.A.P.H.I.
B. H. WHITE, to 30.4.62

Assistant to Public Health Inspectors:

J. CLEMENTS

Chief Clerk:

S. WHARTON

Clerical Officer:

MISS P. RAWLINSON

Clerical Assistants:

MISS M. BOURNER
MISS P. LEACH
MISS G. MASON
MISS P. O'SULLIVAN, to 2.12.62
MISS J. TODMAN

Mortuary Keeper:

C. RUSSELL

Disinfector:

R. WHITAKER

Rodent Operatives:

W. A. FARMAN
J. JACKSON
C. PARADINE

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Public Health Department,
"Kynaston Court,"
Harrow Weald.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the health and sanitary conditions of the district for the year 1962.

The vital statistics for the year followed a similar pattern to those in the previous year, with a rise in both birth rate and death rate. The fall in infant mortality rate noted in 1961 was not maintained and there was a rise to a rate of 22.5 per 1,000 live births. The majority of the infant deaths occurred in infants less than four weeks old and were due in the main to congenital defects and prematurity. It is hoped that the outcome of further research and national surveys on peri-natal mortality will help to reduce this infant mortality rate, but in the meantime one must ensure the highest degree of Ante-natal and Post-natal care for mother and child.

Deaths from Cancer of the Lung were only up by three on last year's figures which had in turn shown a slight fall on the figure for 1960. However, the figure is still much too high. During the year the Anti-smoking Campaign was continued, making use of lectures and poster display material issued by the Ministries of Health and Education. 1962 also saw a change in the commercial advertisements, not a falling off in smoking propaganda, but rather a change to a more general approach to the public on smoking rather than concentrating on putting over the "benefits" to the teenage population. Personally, I feel that with regards to health education and smoking, the adult population have had the full facts of "Smoking and Lung Cancer" presented to them through a variety of media—press—posters—pamphlets—lectures—television—wireless and initiative as to personal action must now rest with them and for the future our propaganda should concentrate on the young person before they acquire the habit.

The routine work of the Health Department in relation to inspection and supervision of housing, factories, shops, places of entertainment, etc., continued throughout the year. Investigation of complaints, of nuisances, follow-up and tracing of contacts in certain infectious diseases, inspection and supervision of food and the extension of the Borough's Smoke Control Programme kept the inspectorate and office staff at full stretch. Comparison of the smoke and sulphur dioxide measurements for the various districts during the November/December fog shows quite definitely the benefits of smoke control orders.

It is pleasing to report a relatively good year in the district in respect of infectious diseases. The number of cases notified during the year fell as compared with the figure for 1961 and with the exception of pulmonary tuberculosis there were no deaths. In the case of tuberculosis, notifications of cases in the district fell to 121 with 5 deaths, as compared with 152 cases and 11 deaths in 1961.

The number of occupied houses and flats increased by 331 during the year. In addition, more people improved their living accommodation by making use of the Standard Improvement Grants to provide themselves with bath, washbasin, hot water supply and decent food storage space. Most of the applications for grants have come from owner occupied houses and one would wish to see even more people, owners and landlords, taking advantage of these grants and so improving many of the sub-standard houses in the district. These amenities are not now considered as luxuries, but as necessities of good healthy living. People are becoming much more conscious of the importance of these minimum health standards and this awareness must reflect in no small way in improving the general state of health of the district.

On the side of slum clearance, however, progress has again been slow and many people still occupy condemned houses which though already represented still remain to be dealt with. However, as a result of the Council's decision to appoint a Borough Architect with a completely re-organised and new department, one looks forward in anticipation to a complete and stimulating change in this depressing slum clearance situation.

During April Mr. B. H. White retired after 25 years service with the Department as Shops Acts Inspector. He joined the staff in 1937 coming from the Borough of Ipswich, where he had held a similar appointment. He carried out his duties in a most conscientious manner and was highly thought of by all who knew him. With Mrs. White he is now enjoying retirement in Hampshire.

In November the department said farewell to Mr. A. C. Groom, the Deputy Chief Public Health Inspector, who retired after 45 years in Local Government service. Starting as a trainee in the Borough of Ealing he joined the old Harrow-on-the-Hill Urban District Council in 1925 as a sanitary inspector and transferred to the Harrow Urban District Council when it was formed in 1934. Mr. Groom is to be congratulated on a good job of work well done and best wishes for a long and happy retirement go to both Mr. and Mrs. Groom from all members of the department. At the same time we would like to welcome Mr. H. Drabble, appointed from within the department, to be the new Deputy Chief Public Health Inspector. An inspector with the Harrow Council since 1934, Mr. Drabble is already well known for his zeal, conscientiousness and enthusiasm, attributes of which I am sure we will see even more evidence in his new post.

Finally, as the Council know, I took up my duties in November, having been appointed as Medical Officer of Health in succession to Dr. E. Caryl Thomas, who retired from your service in May 1962, and I think it would be very remiss of me if I did not make some mention of all the good work Dr. Thomas did during his 28 years as your Medical Officer of Health.

As Medical Officer of Health of Dagenham, Dr. Thomas became Medical Officer of Health for the Harrow Urban District Council when it was created in 1934 by the amalgamation of the Harrow-on-the-Hill and Wealdstone Urban District Councils and Hendon Rural District Council. During his period of office he built up a public health department of which the Borough can be justifiably proud. Actively engaged in the years before the war in developing the various branches of the health services for which the Council was responsible, it must have been a great disappointment to him when the National Health Service Act transferred the personal health services to the County Council in 1948. Nevertheless, he continued his good work in this field, having been appointed the Area Medical Officer under the County Council's scheme of decentralisation of certain of the personal health services. He has seen many changes in the field of public health during his term of office, but at all times has coped in his usual calm and efficient manner. He is to be congratulated on a task exceedingly well done and we all sincerely hope that both he and Mrs. Thomas will be spared to enjoy many years of well earned retirement. I, for my part, trust that I shall be able to carry on Dr. Thomas's good work and I shall certainly do my best to maintain the high standard set by him.

During the year the London Government Bill made steady progress and no doubt will be a "fait accompli" during the very near future. When this comes to pass the wheel will have gone full circle and once more the Council will be organising and developing, among other things, its own personal health services. I am sure that the staff of the department will be ready to meet the challenge of these new commitments.

I would like to place on record my appreciation of the warm welcome I received from the Council on my appointment. At the same time I acknowledge with thanks the friendly co-operation of my colleagues in other departments of the Council. Finally, to Mr. S. N. King, the Chief Public Health Inspector, Mr. Wharton, and indeed to all members of the Health Department, my sincere thanks for their most welcome and able assistance.

I have the honour to be

Your obedient servant,

WILLIAM CORMACK,
Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics.

Area in acres	12,500
Population (Registrar General's estimate)	209,600
Number of inhabited houses	65,342
Rateable value	£4,000,051
Sum represented by a penny rate	£16,435

Vital Statistics.

Live Births:—	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	1,583	1,496	3,079	
Illegitimate	86	81	167	
	<hr/>	<hr/>	<hr/>	
Total	1,669	1,577	3,246	
	<hr/>	<hr/>	<hr/>	
Live Birth rate per 1,000 population				15.5
Adjusted Live Birth rate				16.1
Birth rate for England and Wales				18.0
Illegitimate live births per cent of total live births ..				5.1
Stillbirths:—	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	19	20	39	
Illegitimate	3	2	5	
	<hr/>	<hr/>	<hr/>	
Total	22	22	44	
	<hr/>	<hr/>	<hr/>	
Still Birth rate per 1,000 Live and Still Births ..				13.4
Total Live and Still Births				3,290
Still Birth rate for England and Wales				18.1
Infant Deaths (under 1 year of age)	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	49	20	69	
Illegitimate	3	1	4	
	<hr/>	<hr/>	<hr/>	
Total	52	21	73	
	<hr/>	<hr/>	<hr/>	
Infant Mortality rate per 1,000 live births				22.5
Legitimate Infant Mortality rate per 1,000 legitimate live births				22.4
Illegitimate Infant Mortality rate per 1,000 illegitimate live births				24.0
Infant Mortality rate for England and Wales				20.7

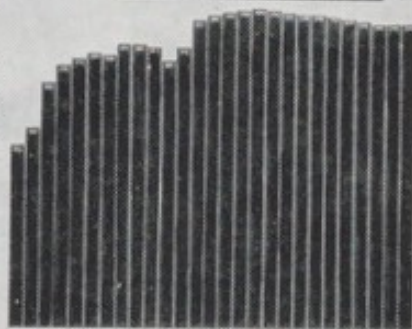
THE HEALTH OF HARROW 1934-1960

In 1934 the Harrow was the Hill Urban District Council, Wembley Urban District Council and Hendon Rural District Council were combined to form the present district of Harrow.
This exhibit indicates some of the trends and changes in the health of Harrow in the 27 years from 1934 to 1960. In assessing reasons for any statistical improvements, there are two common factors to be remembered, namely the changed economic circumstances of the community and the improved education of the public in health practices.

1934

POPULATION

REGISTAR GENERAL'S ESTIMATE OF RESIDENT POPULATION
IN HARROW, 1934



1960

BIRTH RATE

HARROW
16.4 per 1000 population
ENGLAND & WALES
14.8 per 1000 population

BIRTH RATE

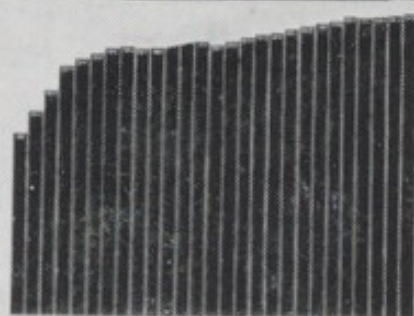
HARROW
14.5 per 1000 population
ENGLAND & WALES
17.1 per 1000 population

BIRTH RATE

HARROW
18.1 per 1000 population
ENGLAND & WALES
14.8 per 1000 population

PROPERTIES

ESTIMATED NUMBER OF HOUSES & FLATS IN OCCUPATION IN HARROW, 1934-1960



DEATH RATE

HARROW
9.4 per 1000 population
ENGLAND & WALES
11.5 per 1000 population

REPORT
OF
HARROW

Neo-Natal Deaths (under four weeks of age):—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	39	15	54
Illegitimate	3	—	3
Total	42	15	57

Neo-natal mortality rate per 1,000 live births .. 17.6

Neo-natal mortality rate for England and Wales .. 15.1

Early Neo-natal Mortality rate (first week) per 1,000 live births .. 15.1

Peri-natal mortality rate per 1,000 live and still births 28.3

Maternal Mortality:—

Maternal deaths NIL

Maternal Mortality rate per 1,000 live and still births NIL

Maternal Mortality rate for England and Wales .. 0.4

Deaths:—

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,134	1,056	2,190

Death rate per 1,000 population:

CRUDE DEATH RATE 10.4

Comparability Factor 1.16

Adjusted Death rate 12.1

Death rate for England and Wales 11.9

Population.

The mid year population of the district was estimated to be 209,600 which shows a very slight increase on the previous year and this, apart from 1960, is the only year to show such a rise since the population started falling from the all time record of 222,300 estimated in 1950. The natural increase in population which is the excess of births over deaths last year was 1,056.

Births.

The total number of births registered during the year was 3,246 (1,669 male and 1,577 female). 167 of these births were illegitimate, giving a percentage of total births of 5.1. This was an increase of 0.7 per cent as compared with 1961 and 1.6 per cent as compared with 1952. The birth rate was again up at 15.5 per 1,000 population which when corrected by the application of the Registrar General's area comparability factor gives a birth rate of 16.1 as compared with the birth rate of 18.0 per 1,000 population for England and Wales.

Stillbirths.

Fourty-four stillbirths were registered last year giving a stillbirth rate of 13.4 per 1,000 total births. This is the lowest level ever recorded in Harrow and compares with the rate of 18.1 for the country as a whole.

Infantile Mortality.

Last year 73 (52 male and 21 female) infants living in the district or born to mothers ordinarily resident here died at one year of age. This was

a rise of 17 on the figure for 1961 and with 3,246 live births gives an infant mortality rate of 22.5 as compared with that of 18.1 in 1961. The rate for the country as a whole was 20.7. 78 per cent of the infant deaths occurred in infants under 1 month of age, giving a neo-natal mortality rate of 17.6. The majority of these neo-natal deaths occurred before the age of 1 week and were due to congenital malformations and prematurity. This fact only goes to show that still greater efforts are required to improve to an even higher degree the ante-natal care of the mothers and the post-natal care of the child.

Maternal Mortality.

No deaths occurred during 1961 due to causes associated with pregnancy and child birth.

Deaths.

The total number of deaths of residents of the Borough was 2,190, giving a death rate of 10.4 per 1,000 population. Liability to death varies at different ages and also between the sexes. In order to offset the effects of these variations and so produce a rate which can be used for comparison purposes with other districts and the country as a whole, the Registrar-General calculates for each district a comparability factor which when applied to the crude death rate of 10.4 gives an adjusted death rate of 12.1, which then compares with a death rate of 11.9 for 1,000 population for England and Wales. Comparison of the Registrar-General's abridged list of causes of death in the district for 1961 with the list for 1962 shows little change in the chief causes of death. These are:—

- | | |
|---|------------|
| 1. Diseases of the circulatory system | 819 deaths |
| 2. Cancer | 487 deaths |
| 3. Vascular diseases of the central nervous system .. | 260 deaths |

897 deaths registered were of people over 75 years of age, i.e. 41 per cent of the total deaths registered in the district.

Deaths from Cancer.

In 1962 the number of deaths from cancer was 266 males and 221 females. Of deaths from this cause in males, in 114 the site was the lungs, in 28 the stomach. Of deaths amongst females, the breast was the site in 52, the stomach in 26 and the lung in 19 and the uterus in 18.

Deaths due to lung cancer still remain at a high level and as it will be some years yet before the impact of the Anti-Smoking Campaign can be seen, no doubt high figures like this will be the order of the day.

Deaths from Accidents.

Deaths from motor vehicle and other accidents decreased. 51 people died from these causes as compared with 56 in 1961.

Deaths from Infectious Diseases.

There were 5 deaths from tuberculosis and 5 from influenza during 1962. There were none from measles, whooping cough or poliomyelitis.

TABLE I
Summary of Vital Statistics, 1938-1962

<i>Year</i>	<i>Estimated Civilian Population</i>	<i>Birth Rate per 1,000 Population</i>	<i>Death Rate per 1,000 Population</i>	<i>Infant Mortality Rate—Deaths under 1 year per 1,000</i>	<i>Neonatal Mortality Rate—Deaths under 1 month per 1,000</i>	<i>Maternal Mortality Rate per 1,000 live and still births</i>	<i>Still Birth Rate per 1,000 live and still births</i>
1938 ..	183,500	17.9	7.1	38.3	—	3.52	31.2
1939 ..	190,200	17.5	7.4	38.5	—	2.33	31.3
1940 ..	188,710	16.7	9.1	50.0	—	0.62	27.2
1941 ..	195,480	14.7	9.1	55.6	—	3.18	27.8
1942 ..	195,100	16.6	9.3	31.5	—	1.50	24.1
1943 ..	191,660	18.2	9.1	38.0	—	2.57	28.0
1944 ..	185,090	18.1	9.3	34.8	—	0.56	33.6
1945 ..	191,710	16.0	9.0	32.2	—	1.26	29.1
1946 ..	210,890	18.0	8.6	31.0	—	0.75	30.0
1947 ..	215,930	17.7	8.5	24.0	—	1.00	23.2
1948 ..	218,700	14.7	8.4	28.8	—	0.60	20.9
1949 ..	220,300	13.9	8.5	20.7	—	1.60	20.9
1950 ..	222,300	12.8	8.9	13.6	—	1.30	21.6
1951 ..	220,000	13.1	9.5	22.1	—	1.00	23.9
1952 ..	219,000	13.1	8.7	21.7	—	1.30	18.2
1953 ..	217,900	12.5	8.8	16.9	—	0.30	25.4
1954 ..	217,700	12.6	8.2	16.7	11.3	0.70	20.0
1955 ..	217,100	12.7	8.9	17.6	12.0	0.35	17.8
1956 ..	216,200	12.9	8.8	21.1	16.7	0.70	20.4
1957 ..	215,000	12.9	9.0	14.0	9.7	0.30	21.9
1958 ..	214,300	13.2	9.3	17.0	13.5	0.70	16.3
1959 ..	213,700	13.7	9.7	15.0	11.6	Nil	14.4
1960 ..	214,370	14.5	9.4	18.6	14.4	0.32	18.2
1961 ..	209,580	14.7	10.2	18.1	12.6	0.30	14.7
1962 ..	209,600	15.5	10.4	22.5	17.6	Nil	13.4

TABLE II
**Comparative Vital and Mortality Statistics for the Borough of Harrow
and for England and Wales for years 1952-1962**

<i>Year</i>	<i>Birth Rate</i>		<i>Death Rate</i>		<i>Infant Mortality Rate</i>	
	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>
1952 ..	13.0	15.3	10.1	11.3	21.7	27.6
1953 ..	12.7	15.5	10.3	11.4	16.9	26.8
1954 ..	12.8	15.2	9.3	11.3	16.8	25.4
1955 ..	12.9	15.0	10.1	11.7	17.6	24.9
1956 ..	13.1	15.6	10.5	11.7	21.1	23.7
1957 ..	13.2	16.1	10.5	11.5	14.0	23.1
1958 ..	13.5	16.4	11.1	11.7	17.0	22.6
1959 ..	14.1	16.5	11.5	11.6	15.0	22.2
1960 ..	14.9	17.1	11.1	11.5	18.6	21.9
1961 ..	15.3	17.4	11.9	12.0	18.1	21.6
1962 ..	16.1	18.0	12.1	11.9	22.5	20.7

TABLE III
DEATHS OF HARROW RESIDENTS DURING 1962
Registrar General's Return

<i>Cause of Death</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
1.	Tuberculosis, respiratory				4	1	5
2.	Tuberculosis, other				—	—	—
3.	Syphilitic disease				5	1	6
4.	Diphtheria				—	—	—
5.	Whooping Cough				—	—	—
6.	Meningococcal infections				—	—	—
7.	Acute Poliomyelitis				—	—	—
8.	Measles				—	—	—
9.	Other infective and parasitic diseases ..				3	5	8
10.	Malignant neoplasm, stomach				28	26	54
11.	Malignant neoplasm, lungs, bronchus ..				114	19	133
12.	Malignant neoplasm, breast				—	52	52
13.	Malignant neoplasm, uterus				—	18	18
14.	Other malignant and lymphatic neoplasms				124	106	230
15.	Leukaemia, aleukaemia				2	11	13
16.	Diabetes				3	10	13
17.	Vascular lesions of nervous system ..				103	157	260
18.	Coronary disease, angina				261	161	422
19.	Hypertension with heart disease				18	24	32
20.	Other heart disease				77	149	226
21.	Other circulatory disease				72	67	139
22.	Influenza				2	3	5
23.	Pneumonia				48	53	101
24.	Bronchitis				90	44	134
25.	Other diseases of respiratory system ..				8	4	12
26.	Ulcer of stomach and duodenum				11	7	18
27.	Gastritis, enteritis, diarrhoea				2	7	9
28.	Nephritis and nephrosis				13	11	24
29.	Hyperplasia of prostate				13	—	13
30.	Pregnancy, childbirth, abortion				—	—	—
31.	Congenital malformations				10	10	20
32.	Other defined and ill-defined diseases ..				81	75	156
33.	Motor vehicle accidents				20	5	25
34.	All other accidents				10	16	26
35.	Suicide				12	14	26
36.	Homicide and operations of war				—	—	—
TOTAL ..					1,134	1,056	2,190

TABLE IV
Causes of Death (Males) at various ages 1962

Cause of Death	1				1-4	5-14	15-24	25-44	45-64	65-74	75-over
	All Ages	Under 4 weeks	1 month to 1 year	Total under 1 year							
1. Tuberculosis, respiratory	4	—	—	—	—	—	—	1	3	—	—
2. Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	5	—	—	—	—	—	—	—	2	2	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	3	—	—	—	1	—	—	—	—	2	—
10. Malignant neoplasm, stomach	28	—	—	—	—	—	—	1	12	11	4
11. Malignant neoplasm, lungs, bronchus	114	—	—	—	—	—	—	4	64	35	11
12. Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms	184	—	—	—	1	1	1	4	53	34	30
15. Leukaemia, aleukaemia	2	—	—	—	—	—	—	2	—	—	—
16. Diabetes	3	—	—	—	—	—	—	—	1	2	—
17. Vascular lesions of nervous system ..	103	—	—	—	—	—	1	1	23	27	51
18. Coronary disease, angina	261	—	1	1	—	—	—	10	114	70	66
19. Hypertension with heart disease	18	—	—	—	—	—	—	—	3	7	8
20. Other heart disease	77	—	—	—	—	—	1	4	10	11	51
21. Other circulatory disease	72	—	—	—	—	—	—	1	19	17	35
22. Influenza	2	—	—	—	—	—	—	—	—	—	2
23. Pneumonia	48	—	5	5	—	—	—	—	4	11	28
24. Bronchitis	90	—	1	1	—	—	—	—	25	26	38
25. Other diseases of respiratory system	8	—	1	1	—	—	—	—	5	2	—
26. Ulcer of stomach and duodenum	11	—	—	—	—	—	—	—	2	5	4
27. Gastritis, enteritis, diarrhoea	2	—	—	—	—	—	—	—	1	1	—
28. Nephritis and nephrosis	13	—	—	—	—	—	—	2	5	2	4
29. Hyperplasia of Prostate	13	—	—	—	—	—	—	—	1	3	9
30. Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	10	—	8	8	—	—	1	—	1	—	—
32. Other defined and ill-defined diseases	81	—	35	35	1	1	2	5	15	8	14
33. Motor vehicle accidents	20	—	1	1	—	—	7	3	4	2	3
34. All other accidents	10	—	—	—	—	—	1	2	3	1	3
35. Suicide	12	—	—	—	—	—	—	2	8	1	1
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	1,134	—	52	52	3	2	14	42	378	280	363

TABLE V
Causes of Death (Females) at various ages 1962

Cause of Death	1				1-4	5-14	15-24	25-44	45-64	65-74	75-over
	All Ages	Under 4 weeks	month to 1 year	Total under 1 year							
1. Tuberculosis, respiratory	1	—	—	—	—	—	—	1	—	—	—
2. Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	1	—	—	—	—	—	—	—	—	1	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	5	—	1	1	—	—	2	—	—	1	1
10. Malignant neoplasm, stomach ..	26	—	—	—	—	—	—	—	8	7	11
11. Malignant neoplasm, lungs, bronchus	19	—	—	—	—	—	—	1	7	7	4
12. Malignant neoplasm, breast ..	52	—	—	—	—	—	—	2	29	12	9
13. Malignant neoplasm, uterus ..	18	—	—	—	—	—	—	—	8	7	3
14. Other malignant and lymphatic neoplasms	106	—	1	1	1	1	—	7	43	17	36
15. Leukaemia, aleukaemia	11	—	—	—	—	—	2	2	2	2	3
16. Diabetes	10	—	—	—	—	—	—	—	2	6	2
17. Vascular lesions of nervous system ..	157	—	—	—	—	—	—	3	23	38	93
18. Coronary disease, angina	161	—	—	—	—	—	—	—	29	52	80
19. Hypertension with heart disease ..	24	—	—	—	—	—	—	—	—	7	17
20. Other heart disease	149	—	—	—	—	—	—	5	12	21	111
21. Other circulatory disease	67	—	—	—	—	—	—	1	7	15	44
22. Influenza	3	—	—	—	—	—	—	—	1	2	—
23. Pneumonia	53	—	1	1	—	1	—	—	7	6	38
24. Bronchitis	44	—	1	1	1	—	—	—	5	13	24
25. Other disease of respiratory system ..	4	—	—	—	—	—	1	—	1	2	—
26. Ulcer of stomach and duodenum ..	7	—	—	—	—	—	—	—	1	—	6
27. Gastritis, enteritis, diarrhoea ..	7	—	—	—	—	—	—	2	—	2	3
28. Nephritis and nephrosis	11	—	—	—	—	—	—	—	3	1	7
29. Hyperplasia of Prostate	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	10	—	6	6	1	1	—	—	1	—	1
32. Other defined and ill-defined diseases	75	—	11	11	—	—	3	2	16	15	28
33. Motor vehicle accidents	5	—	—	—	—	—	2	—	1	—	2
34. All other accidents	16	—	—	—	1	1	—	1	3	2	8
35. Suicide	14	—	—	—	—	—	—	—	7	4	3
36. Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	1,056	—	21	21	4	4	10	27	216	240	534

TABLE VI
Deaths of Harrow Infants under 1 year of age 1962

Cause of Death	AGE										
	Under 1 day	1-7 days	1-2 weeks	2-3 weeks	3 weeks to 1 month	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Encephalitis	—	—	1	—	—	1	1	—	—	—	2
Congenital abnormality ..	2	5	4	—	—	11	3	3	1	—	18
Atelectasis & birth asphyxia ..	4	4	—	—	—	8	—	—	—	—	8
Pneumonia	—	2	—	—	—	2	2	—	—	1	5
Prematurity	16	10	2	—	1	29	—	—	—	—	29
Acute Bronchitis	—	—	—	—	—	—	2	—	—	—	2
Birth injury	2	3	—	—	—	5	—	—	—	—	5
Haemolytic disease	1	—	—	—	—	1	—	—	—	—	1
Cerebral abscess	—	—	—	—	—	—	1	—	—	—	1
Accident	—	—	—	—	—	—	1	—	—	—	1
Malignant reticulosis ..	—	—	—	—	—	—	—	—	1	—	1
TOTAL	25	24	7	—	1	57	10	3	2	1	73

TABLE VII
PULMONARY TUBERCULOSIS: CANCER OF LUNG AND
BRONCHUS DEATHS WITH RATE PER 100,000 POPULATION
1952-1962

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
1952 ..	219,000	34	15.52	91	41.55
1953 ..	217,900	26	11.93	75	34.42
1954 ..	217,700	28	12.86	83	38.13
1955 ..	217,100	13	5.99	96	44.22
1956 ..	216,200	13	6.01	81	37.47
1957 ..	215,000	12	5.58	97	45.12
1958 ..	214,300	8	3.73	82	38.27
1959 ..	213,700	6	2.80	104	48.67
1960 ..	214,370	10	4.66	135	62.98
1961 ..	209,580	9	4.29	130	62.03
1962 ..	209,600	5	2.38	133	68.22

HEALTH SERVICES OF THE AREA

(A) PERSONAL HEALTH

The Middlesex County Council is the local health authority under the National Health Service Act, 1946. The County is divided into ten health areas of which the Borough of Harrow constitutes Area 5. The County Council has also set up a scheme of decentralized administration in which certain powers have been delegated to Area Committees concerning the local health authority's functions under Part 3 of the National Health Service Act, and the Nurseries and Child Minders Regulation Act. The following services are provided in the Area:—

1. Care of Mothers and Young Children.
2. Midwifery.
3. Visiting.
4. Home Nursing.
5. Vaccination and Immunisation.
6. Chirpody Service.
7. Domestic Help.

Care of Mothers and Young Children.

Under this section regular clinic sessions are held each week throughout the Area. Here expectant mothers are provided with ante-natal care throughout pregnancy, receive advice and care of the expectant mother and child through the medium of mothercraft classes, and also take part in ante-natal relaxation classes which have undoubtedly proved of great value and assistance to the mother at the time of the confinement. In addition, at the infant welfare sessions, advice on the feeding, hygiene and general management of young children is available, together with facilities for vaccination against smallpox, immunisation against diphtheria, whooping cough, tetanus and poliomyelitis. Dental clinics are available, providing complete dental treatment for expectant and nursing mothers and children.

Day Nurseries.

Two day nurseries (a) Headstone Drive Nursery, Wealdstone, with 50 places, and (b) Walton Avenue Nursery, South Harrow, with 60 places, provide for the needs of children aged 0-5 years for whom it is considered nursery provision is needed on health grounds.

Midwifery.

The Area has an establishment of $13\frac{1}{2}$ certified midwives for attendance as midwives at home confinements. During the year the actual number employed was 11. The midwives working in liaison with the general practitioners provide ante-natal supervision of mothers expecting to be confined at home. They hold regular booking clinics and also visit the homes to ensure that everything is in order for a home confinement.

Sterilized maternity outfits are available to all expectant mothers, except those who have booked a hospital bed for their confinement. Gas and Air and Trilene analgesia is available for confinements. Pupil midwives attended during the year to undertake their training in preparation for Part 2 of the examination of the Central Midwives Board. Last year the midwives attended the confinements of 973 women in their homes.

Home Nursing.

The Area has an establishment of 23 home nurses, who work under the instruction of the general practitioners responsible for the patient. They carry out treatment such as the general nursing care of the acute and chronic sick, blanket baths, injections, etc., and are supervised by the Area Superintendent of Home Nurses. By arrangement with the British Red Cross Society certain items of nursing equipment are made available on loan to patients being nursed at home. The Red Cross depot in this Area is at 39 Shepcote Road, telephone number Harrow 8788. The number of nurses employed during the year amounted to an equivalent of 21 whole-time staff. During the year they paid in all 60,699 visits.

Health Visiting.

The Area has an establishment of 26^{8/11} health visitors, but due to the national shortage has been working with a whole-time equivalent of 19. The shortage has been offset to some extent by employing clinic nurses, who can carry out some of the less specialised duties in the clinics and schools and so allow the health visitors to carry out their important educational and social work in the home.

Vaccination and Immunisation.

Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis, are available at all clinics or through the General Medical Practitioner Service. Every opportunity is taken by the health staff to encourage parents to have the children protected against these diseases, and what is just as important, to ensure that the protection is kept at a high level. All booster, or reinforcing doses, are given at the appropriate time.

Sabin Vaccine.

As forecast in the report for 1961, the Ministry of Health, in accordance with the recommendations of the Joint Committee on Poliomyelitis Vaccine, made live oral vaccine available for routine vaccination against poliomyelitis early in 1962. This oral vaccine contains living attenuated poliomyelitis viruses of types 1, 2 and 3, and the human dose is contained in 3 drops.

Advantages of Oral Poliomyelitis Vaccine.

1. Oral poliomyelitis vaccine confers immunity more rapidly.
2. It is much easier to administer—it is simply swallowed.
3. It confers a broader immunity. In addition to stimulating protection of antibodies, it also creates a barrier to infection by its action in the gut.
4. It confers a more enduring immunity.
5. It can limit the spread of infection and thereby control epidemics. It limits the spread of infection because a vaccinated person cannot harbour virulent virus in the gut.

Oral (Sabin) vaccine is the vaccine used in the County Council clinics for routine vaccination against poliomyelitis.

Chiropody.

In addition to the facilities for chiropody available from chiropodists in private practice, and also provided by some of the voluntary societies, the arrangements started in 1960 by the County Council to provide foot treatment for certain priority groups, continued during the year. Since the inauguration of the scheme the following have applied for treatment:—

Old aged persons	591	402	receiving treatment
Physically handicapped ..	13	13	„ „
Other	12	11	„ „
Nursing mothers	1	1	„ „
Waiting list—70 old aged persons.			

Twelve sessions are held each week and in order to try and serve the needs of as wide an area as possible, these sessions are held at various clinics throughout the district. The limiting factor to any extension of this service is the shortage of chiropodists.

Domestic Help.

Essentially set up as an emergency service for providing domestic help for households faced with some sudden medical crisis, this service is mainly concerned now with providing help to the aged and those suffering from some longstanding illness. Shortage of staff, together with difficulties in recruitment has necessitated the need for a very careful assessment of help granted in individual cases, and also the institution of a scheme of priorities with cases of home confinements and acute illness of a mother with a young family high on the list. By careful budgeting the Home Help Organiser and her Deputy, although not being able to give the full quota of help asked for in all cases, at least try to supply some degree of help each week to each case. The average number of home helps employed was 2 full-time and 81 part-time, being an equivalent of 51 full-time home helps. Assistance was given as follows during the year:—

HEALTH EDUCATION



Typical Health Department exhibit at Delegate Conference

1. Maternity Cases	386
2. Acute Illness	284
3. Long term cases	707
4. Tuberculosis	11
	<hr/>
Total ..	1,388
	<hr/>

Health Education.

Health education is an important aspect in the work of the health department and every opportunity is used to "put over" to the public the principles of health and hygiene and the benefits to be gained from good healthy living. Health education is very much a personal affair and seems to have a much greater impact when treated on an individual basis rather than on the group. This being so, all members of the staff, doctors, health visitors, home nurses, midwives and district public health inspectors, use their day to day contact with the public, be it in clinic, home or place of business. This does not mean, however, that the group approach is neglected. The health visitors hold special classes for prospective mothers and fathers in the clinics and judging by attendances these are very popular and obviously of value. In addition, series of lectures suitably illustrated with appropriate films or film strips are given to adolescent girls and boys in the schools. These are by way of an introduction to life after school and prepare the way for the more detailed lectures given in the clinics at a later stage.

During the latter half of the year it became possible to resume the health education programme, Mr. Anderton, one of the public health inspectors, taking over on a part-time basis. The Public Health Committee adopting the maxim that the aims of the public health service will best be achieved by informed public opinion, sponsored the reprinting of a brochure publicising the programme of talks on environmental hygiene, which was circularised to local organisations and schools. 59 talks were given during the year, the most popular choice being "The Work of the Department," "Clean Food," "Clean Air" and "Safety in the Home." These talks are illustrated by film strips or slides, a comprehensive library of which has been built up enabling adaptation to different types of audiences. In addition, poster displays and exhibits were arranged and the customary exhibition at the Delegate Conference featured the Health of Harrow 1934-1960, indicating amongst other things, the spectacular decline in the mortality rates of Harrow's mothers and infants since Harrow was formed as we now know it. Support was also given to the Broken Glass Campaign promoted by the Royal Society for the Prevention of Accidents.

(B) SCHOOL HEALTH AND DENTAL SERVICES

The Middlesex County Council discharges its medical and dental duties under the Education Act, 1944, by making use of the same staff employed by the County Council as local health authority. This has the advantage that doctors and nurses who see the child from 0-5 years will continue the medical supervision throughout school life. This makes for the earliest possible detection of defects which may have a bearing on the child's ability to progress in school and thus enables remedial action to be taken at a very early age and so that the child may then be in a position to derive the maximum benefit from the education provided. The following services are provided:—

1. Periodic medical inspection of pupils.
2. Cleanliness surveys of pupils.
3. Dental inspection and treatment.
4. Ascertainment of handicapped pupils in need of special education.
5. Provision of Clinics for treatment of minor ailments; eye defects; speech defects and for the giving of child guidance treatment. In certain cases by arrangement with appropriate regional hospital boards specialists attend certain of these clinics.
6. Provision of audiometric sweep testing of all pupils in order to detect defects in hearing which pass unnoticed and may be having an adverse effect on a child's educational progress.
7. Provision of convalescent holidays.
8. Ascertainment of children unsuitable for education.

General provision has been made in the County for three special units where expert advice and treatment can be obtained for children afflicted with hearing loss or the defects associated with cerebral palsy. These units are situated in Tottenham and Hounslow and it is hoped that a fourth—an audiology unit—will soon be functioning in Neasden. This will be much more convenient for the Borough of Harrow and save much time now spent in travelling to the other units.

(C) CLINICS AND TREATMENT CENTRES IN AREA

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

Infant Welfare Services

The Clinic Alexandra Avenue, South Harrow ..	Mon. & Fri. p.m.
Broadway Clinic, The Broadway, Wealdstone ..	Wed. a.m. & p.m.
All Saints Hall, Roche Avenue, Edgware ..	Thur. & Fri. p.m.
Elmwood Clinic, Elmwood Avenue, Kenton ..	Mon. & Wed. p.m.
Elstree Clinic, "Schopwick," Elstree, Herts. ..	2nd & 4th Wed. p.m.
The Clinic, Cecil Park, Pinner	Mon. p.m.
Memorial Hall, High Road, Harrow Weald ..	Thur. p.m.
The Clinic, Honeypot Lane, Stanmore	Mon. & Wed. p.m.
The Clinic, Kenmore Road, Kenton	Wed. a.m. & p.m.

Methodist Church Hall, Walton Avenue, South 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. & Fri p.m.
St. Hilda's Hall, Northolt Road, South Harrow	Tue. & Thur. p.m.
Spiritualist Church Hall, Vaughan Road, 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 Saints Hall, Roche Avenue, Edgware ..	Fri. a.m.
Elmwood Clinic, Elmwood Avenue, Kenton ..	Tue. p.m.
Elstree Clinic, "Schopwick," Elstree, Herts. ..	2nd & 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.
The Clinic, Cecil Park, Pinner	Fri. p.m.
Methodist Church Hall, Walton Avenue, South 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 Road, 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 Saints 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.
The Clinic, Cecil Park, Pinner	Mon. a.m.
The Clinic, Kenmore Road, Kenton	Thur. a.m.
Spiritualist Church Hall, Vaughan Road, 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. In order to allow time for examination and also discussion between parents and doctors, attendance is by appointment only.

School Minor Ailment Clinics

The Clinic, Alexandra Avenue, South Harrow . .	Mon. Fri. & Sat. a.m.
Broadway Clinic, The Broadway, Wealdstone . .	Thur. & Sat. a.m.
All Saints Church Hall, Roche Avenue, Edgware	Thur. a.m.
Elmwood Clinic, Elmwood Avenue, Kenton . .	Fri. a.m.
The Clinic, Honeypot Lane, Stanmore	Mon. & Sat. a.m.
The Clinic, Cecil Park, Pinner	Mon. a.m.
The Clinic, Kenmore Road, Kenton	Thur. a.m.
The Clinic, Whittlesea Road, Harrow Weald . .	Wed. a.m.

The clinics are used for the treatment of minor ailments and in addition for consultation purposes where children attend at the request of the parents or of the teachers or for either the more detailed examination or follow-up examination of a particular child seen at a routine inspection in school.

Ophthalmic Clinics

Sessions are held at the Honeypot Lane Clinic on Thursday mornings, Marlborough Hill Clinic on Wednesday mornings and Thursday afternoons, and at the Alexandra Avenue Clinic on Thursday mornings. Children with defective vision found at routine inspections are referred for examination by ophthalmic surgeons who are on the staff of the Regional Hospital Board. Arrangements are made to keep these children under careful periodic review. In addition, facilities for orthoptic treatment are available at the Marlborough Hill Clinic.

Speech Clinics

Speech clinics are provided at Marlborough Hill Clinic, where two whole-time speech therapists are engaged. Cases are referred by school medical officers and by the teachers. In addition, the therapists visit the schools to discuss with and give advice to teaching staff on cases with minor degrees of speech defect. Therapy sessions are now being held in some of the peripheral clinics. This cuts down travelling distances and is welcomed by parents.

Child Guidance Centre

At the County Council's Child Guidance Centre at 82 Gayton Road, Harrow, the child guidance team consisting of psychiatrist, educational psychologist, psychiatric social workers and psycho-therapists, provide a service giving advice and treatment to children whose education is suffering as a result of some form of emotional difficulty.

Dental Treatment

This service is under the administration of the Area Dental Officer, Mr. A. G. Brown. Treatment is available for school children, children under 5 and expectant and nursing mothers at 7 centres:—

DENTAL TREATMENT AT CECIL PARK CLINIC



Each year nearly 4,000 children attend dental clinics in the Borough

76 Marlborough Hill.
 Elmwood Avenue Clinic.
 Roxeth Hill Clinic.
 Honepot Lane Clinic.
 Alexandra Avenue Clinic.
 Whittlesea Road Clinic.
 Cecil Park Clinic.

Children found to require treatment at routine school dental inspections are offered this treatment at one of the above centres. Facilities for any necessary X-ray and orthodontic treatment are available.

Chest Clinics

The Chest Clinic serving most of the district is that at 199 Station Road, Harrow (Telephone 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 (Telephone No. Edgware 4467). The physician-in-charge is Dr. Trenchard.

Family Planning and Marriage Guidance

Sessions of the Family Planning Association Clinic are held at the Elmwood Avenue Clinic on Monday evenings, Thursday afternoons, and on the second and fourth Wednesday evening each month. In addition, a clinic is held on a Tuesday morning at Alexandra Avenue Clinic. The Marriage Guidance Council have their offices at 7 Lyon Road, Harrow.

(D) HOSPITALS

General Hospital Facilities.

Most of the hospitals in, or serving this district are in the region covered by the North West Metropolitan Regional Hospital Board and are controlled and administered by two Hospital Management Committees.

(a) Hendon Group Hospital Management Committee:—

Edgware General Hospital	647 beds and 64 maternity cribs
Hendon District Hospital	63 beds
Colindale Hospital	205 beds
West Hendon Hospital	112 beds
Bushey Maternity Hospital	36 lying-in and 14 ante-natal beds
Stanmore Cottage Hospital	10 beds
Roxbourne Hospital	50 beds
Oxhey Grove	42 beds

(b) Harefield and Northwood Hospital Management Committee:—

Harrow Hospital	122 beds
Pinner, Northwood and District Hospital	36 beds
Mount Vernon Hospital and Radium Institute	427 beds

Infectious Diseases Hospital.

West Hendon Hospital (Telephone No. Colindale 8182) provides accommodation for cases of infectious disease which require admission to hospital.

Chest Hospitals.

Clare Hall, South Mimms, Harefield Hospital and Colindale Hospital are used for patients suffering from respiratory tuberculosis. In addition, there are also beds at Edgware General Hospital and Hillingdon Hospital for those suffering from this complaint.

Mental and Mental Deficiency Hospitals.

Shenley Hospital, near St. Albans, provides facilities for those suffering from mental illness requiring treatment in hospital. Observation wards are available in three general hospitals, North Middlesex, Central Middlesex and West Middlesex Hospital. In the main mentally subnormals are admitted to Harperbury Hospital, near St. Albans, and to a lesser extent at Leavesdon Hospital, Abbots Langley.

Maternity Hospitals.

Edgware General Hospital maternity unit of 64 beds and Bushey Maternity Hospital—36 lying-in and 14 ante-natal beds, are the main hospitals with facilities for expectant mothers from this district who wish to be confined in hospital. A few cases from the Kenton and Kingsbury district are admitted to the Kingsbury Maternity Hospital—56 beds, which is in the Wembley Area. This accommodation has to serve a large population and is insufficient to meet the demand. In the "Hospital Plan for England and Wales" the programme for 1961-1971 includes the provision of 100 maternity beds at the new hospital to be built at Northwick Park.

Geriatric Hospitals.

Edgware General Hospital and Roxbourne Hospital, together with certain small annexes provide about 267 beds to meet the needs of the area as regards geriatric beds. Demands on these beds are always heavy and as a result many cases which should be in hospital have to be coped with at home, sometimes under very trying circumstances.

(E) NURSING HOMES

There 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 County Council decided that the responsibility for registering and supervising them should rest not with the local Area Committee, but with the Health Committee of the County Council. Applications for registration have to be made to the Clerk of the County Council. The responsibility of a local authority in regard to nursing homes is at present ill-defined. The main difficulty is supervision of the Management of the home and being reasonably certain that patients are really getting the service they need. It is hoped as a result of a new act of Parliament recently introduced, that the present, admittedly imperfect system may be improved to the benefit of the predominantly elderly persons in these homes.

The following table sets out the particulars of the various homes registered at the end of the year, with details of their ownership and their accommodation:—

		<i>Beds</i>	<i>Type of Case</i>
Bermuda House, Mount Park.	Mrs. A. M. Elphick } Mr. A. E. Elphick }	13	Medical or Chronic
Beverley Maternity Home, 170 Whitchurch Lane, Edgware.	Miss C. Dear	2 2	Maternity Chronic
Brockenhurst Nursing Home, 84 Hindes Road, Harrow.	Mrs. T. O'Donnell	6	Chronic
Calvary Nursing Home, Sudbury Hill.	Mother Superior	46	Medical or Chronic
Glenleigh Nursing Home, 85 Marlborough Hill, Wealdstone.	Mrs. Woodman	16	Chronic
Heywood Nursing Home, London Road, Stanmore.	Mrs. M. Guyatt	4 1	Medical Maternity
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. T. O'Donnell	8	Medical or Chronic
The Hall, Harrow Weald	Dr. Lincoln Williams	11	Mental (borderline)

(F) 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 25 establishments were licensed and at the end of the year the number licenced was 27. Two members of the Chartered Society of Physiotherapists were in practice at the beginning and end of the year.

(G) PROVISION FOR SPECIAL CLASSES OF PERSONS

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 either placed in residential homes or boarded out with foster parents. 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 Persons Act, 1953, when the Court commits a child to their care. It also has the responsibility for the supervision of children who are maintained apart from their parents for reward. In this area the work is carried out by the Area Children's Officer, Miss Susan Boag, at Kynaston Court (Telephone No. Grimsdyke 3131).

The Mentally Ill and the Mentally Subnormal

The Health Committee of the County Council is responsible for the mental health functions of the authority. The duties of the authority include responsibility for the initial care and admittance to hospital of patients who need to be dealt with under the Mental Health Act and for the ascertainment and community care of the mentally subnormal.

Harrow is part of the central division of the County which is served by Shenley Hospital. The Senior Mental Welfare Officer, Mr. D. L. Richards, and other officers work at Balnacraig Avenue, Neasden, N.W. 10., (Dollis Hill 7722). The services of a mental welfare officer out of office hours can be obtained by telephoning County Ambulance Control (Dryden 0231) 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 morning of the fourth Wednesday in each month at the Clinic, Elmwood Avenue, Kenton, by Dr. Fidler of the Mental Health Section of the County Health Department. This is particularly useful for helping parents with problems associated with the care of a mentally subnormal child. Mentally subnormal children who do not need treatment in hospital normally live with their parents and attend a junior training school at which, in the earlier stages, emphasis is placed on habit training in order to help the children to become socially adapted. The school for this area is at present at Rayners Lane, but will be moving soon to new purpose-built premises at Whittlesea Road, which will undoubtedly be of great benefit to these handicapped children. In addition, arrangements can be

made for these children to be placed in foster care or placed under guardianship, or admitted to the County Council's Weekly Boarding Unit, or admitted to hospital. This accommodation can also be used as temporary placement of a child in order to give the parents some relief from the strain of his constant care.

Mentally subnormal adults who require alternative accommodation can receive residential care either through guardianship, foster care, or in a hostel.

Mentally ill persons under the provisions of the Mental Health Act, 1959, are now being cared for more in the community, rather than in a hospital. Hostel accommodation is a valuable link in this rehabilitation movement, acting as a halfway house between hospital and community. Naturally, some of these people may find the change to ordinary life too much for them to cope with and so may require re-admission either to hospital or even back to the sheltered environment of hospital. It is essential that the movement from hospital to hostel to community and vice-versa should be easy and to achieve this there must be very close and harmonious working arrangements between the hospital and community services.

Persons in Need of Care and Attention

Under the National Assistance Act, 1948, the County Council as the local authority concerned makes provision for the welfare of aged, physically handicapped, blind and partially sighted, deaf and dumb, epileptic and crippled persons, and also provides (a) residential accommodation for people 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.

Section 47 of the Act enables the Court on the application of the Medical Officer of Health to grant an order for the removal of a person to a Welfare Home or Hospital. This Section can be invoked for the compulsory removal of a person who (a) is suffering from grave chronic disease or being aged, infirm or physically incapacitated, is living in insanitary conditions, and (b) is unable to devote to himself and is not receiving from others, proper care and attention. In practice every effort is made to solve the problem by using the Home Help Service, the Home Nursing Service and the help provided by Voluntary Bodies, etc., and only invoking action under Section 47 as a last resort when everything else has failed.

For administration of the Welfare Service the County is divided in the same 10 areas as for the County Council's functions under Part III of the National Health Services Act. Each has an Area Welfare Officer acting under the supervision of the Chief Welfare Officer for the County. The area officer for this district is Mr. H. G. Plummer, Kynaston Court, Boxtree Road, Harrow Weald. (Telephone No. Grimsdyke 3131).

The Aged

The care of the aged is an ever increasing problem, which taxes the energies and the resources of both the statutory authorities and the voluntary agencies who devote much of their time to helping this section of the population. The services available in the Borough through various agencies consist of:—

- (1) Luncheon Clubs.
- (2) Meals on Wheels.
- (3) Holiday Scheme.
- (4) Window Cards—for display in case of emergency.
- (5) Chiropody.
- (6) Laundry Service.
- (7) Domestic Help.
- (8) Home Nursing.
- (9) Visiting of Housebound.
- (10) Social clubs.

Each of these services plays a part in keeping old people active and interested in life. Generally, apathy and loneliness are the main problems. Giving the elderly person an interest, a feeling of belonging and most important, of not being a burden, is essential in rehabilitation work. Activity of both the mind and body is to be encouraged and with this end in view the Harrow Old People's Welfare Committee are actively pursuing the idea of opening a workshop for the elderly in premises in Palmerston Road, Wealdstone.

Advisory Clinics for the Elderly

In November the Local Area Health Committee considered a report on Advisory Clinics for the Elderly. It was felt these clinics could serve a useful purpose and it was decided to open such a clinic on an experimental basis at the Broadway Clinic, Wealdstone. It is hoped to make a start with one session per week in April 1963. The clinic will be mainly for the elderly people living in the vicinity of the Broadway Clinic, but there will be no restrictions and elderly people from other districts will be welcome to attend. If this is a success, the service could be extended to other districts in the Borough.

The clinic will provide general advice to old people on healthy living, including personal health problems, diet, accident prevention and social welfare. A medical Officer will carry out a medical examination. Health visitors will see the old people as well to discuss with them their multifarious problems and try and suggest ways and means for their solution. Cases will be referred by health visitors, welfare officers, and it is hoped that general practitioners will refer any of their cases whom they feel we might be able to help. Lay officers, e.g. secretaries of various old people's organisations, may not refer patients directly, but there will be no objection to their publicising the clinic among their members. The medical officer will not carry out any treatment. Any person found, or thought to be in

need of general medical treatment, will, of course, be referred to their own doctor. A copy of the report on every old person attending the clinic will be sent to the general practitioner concerned informing him of any welfare action taken. Medicines will not be dispensed by the clinic.

Prevention is better than cure, and so our aim with the elderly should be to maintain them active, interested and useful members of the community. It is hoped that the Advisory Clinic will help in trying to achieve this end.

(H) LABORATORY FACILITIES

The examination of clinical material of public health significance is carried out free of cost to the patient and doctor at the Central Public Health Laboratory, Colindale Avenue, London, N.W.10., (Telephone No. Colindale 7041). The clinical material is collected each day by a van sent by the laboratory calling about mid-day at the Harrow Hospital and at Kynaston Court. The following is a summary of the examinations of material from this district carried out during the year:—

Nose and Throat Swabs	..	86
Faeces	.. ..	125
Sputum	.. ..	6
Others	.. ..	5

(I) AMBULANCE SERVICE

The Accident and Sick Removal Branches of the service have now been integrated and all vehicles and operational personnel are based primarily in one of the 10 depots. Number 6 depot is at Imperial Drive, Rayners Lane, and Number 5, the County Headquarters for the Ambulance Service is at The Mall, Kenton, (Telephone No. Dryden 0251). Each depot has a small number of "satellite" stations at which some of the ambulances and crews reserved for accidents and emergencies will be located. Movement of all ambulances will be governed by an ambulance control system based on the G.P.O. telephone system. Anyone requiring an ambulance for an accident or an emergency will use the 999 or other appropriate telephone system and be connected immediately to a control which will direct the nearest available ambulance to attend.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

Apart from a small area in the extreme south-west part of the district which is supplied by the Rickmansworth and Uxbridge Valley Water Company, the Borough is supplied by the Colne Valley Water Company. Nearly all the water supplied by them is obtained from a series of wells that are fed by gathering grounds in the Chilterns.

The supply has been satisfactory in quantity and quality and no adverse sample reports were received. The following is a copy of the result of the chemical analysis of a sample submitted for examination in April—

Chemical results in parts per million

Appearance:		Metals—Iron, Zinc, Copper and Lead:	
Bright with a few mineral particles			—Absent
Colour	Nil	Turbidity	less than 3
pH	7.3	Odour	Nil
Electric Conductivity	750	Free Carbon Dioxide	19
Chlorine present as Chloride ..	68	Dissolved Solids dried at 180°C	520
Hardness: Total	270	Alkalinity as Calcium Carbonate	215
Nitrate Nitrogen	6.4	Non-carbonate	55
Ammoniacal Nitrogen	0.000	Nitrite Nitrogen	Absent
Albuminoid Nitrogen	0.023	Oxygen Absorbed	0.45
		Residual Chlorine	Absent

“This sample is practically clear and bright in appearance, neutral in reaction 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.”

DRAINAGE AND SEWAGE DISPOSAL

The soil sewage from the Borough flows to the West Middlesex Drainage Works at Mogden as it has done since 1936 when the last of the five disposal works in the area went out of use.

There are still, however, a few properties in the northern part of the district from which the sewage is treated in small disposal plants, otherwise all the properties within the Borough are connected to the main drainage system.

Surface water is disposed of by way of separate sewers that discharge into local water courses. There are five of these; the River Pinn; the Yeading Brook; the Kenton Brook; the Wealdstone Brook and the Edgware Brook.

The rate of flow in these water courses varies with the amount of rain fall and during sudden storms they may have to carry very large volumes of water, while during drought the flow may be reduced to a mere trickle.

One of the problems arising from these water courses is the pollution that is caused by foul water being diverted into the surface water drains of properties which often happens when waste pipes from sinks, baths and lavatory basins are connected to rain water down pipes. Many such waste pipes were found and dealt with during the year.

PUBLIC CLEANSING

The cleansing services are under the administration and control of the Borough Surveyor.

The weekly collection service provided in the district is undertaken by direct labour and involves the handling of over 82,000 bins. There was no change in the method of disposal during the year, the collected refuse being conveyed to Harefield where it was disposed of by tipping.

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 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.

DISPOSAL OF THE DEAD

Burial Grounds.

There were no changes during the year in the provisions for the burial of the dead.

Mortuary.

The mortuary for the district is situated at Peel Road and is under the care of a full-time mortuary attendant, Mr. C. Russell.

Towards the end of 1961 the disinfecting unit was transferred to this site from Honeypot Lane and the new arrangements have functioned satisfactorily.

During the year 317 post-mortem examinations were undertaken and inquests were held on 58.

The arrangements with the Borough of Wembley whereby when their mortuary is out of use bodies are received in Harrow and vice-versa again worked very satisfactorily.

STATISTICAL SUMMARY

PART I

Inspections Made and Conditions Found

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects	..	1,283
(ii)	On complaint of other nuisances	.. ..	438
(iii)	Routine inspections	.. ..	562
(iv)	Revisits arising from defects found	.. ..	2,821
(v)	Surveys under S.157 Housing Act, 1936	.. ..	124

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	.. ..	1,541
(ii)	Number of cases of overcrowding revealed	.. ..	10

PUBLIC HEALTH

VISITS

(i)	On complaint or request	.. ..	218
(ii)	Routine inspection of premises	.. ..	744
(iii)	Revisits arising from defects found	.. ..	843
(iv)	Surveys arising from Rats or Mice complaints	.. ..	1,597
(v)	Inspection of Factories	.. ..	194
(vi)	Inspection of Workplaces	.. ..	87
(vii)	Inspection of Outworkers' Premises	.. ..	248
(viii)	Inspection of Cinemas and Places of Entertainment	.. ..	70
(ix)	Inspection of Licensed Premises	.. ..	149
(x)	Visits under Shops Act	.. ..	871
(xi)	Evening observations under Shops Acts	.. ..	14
(xii)	Sunday observations—Shops Acts	.. ..	8
(xiii)	Observations made for Smoke Nuisances	.. ..	245
(xiv)	Surveys under Clean Air Act	.. ..	6,517
(xv)	Pet Shops	.. ..	12

FOOD HYGIENE

VISITS

(i)	Slaughterhouses	.. ..	670
(ii)	Butchers' shops	.. ..	305
(iii)	Cowsheds	.. ..	8
(iv)	Dairies	.. ..	49
(v)	Fish Shops	.. ..	92
(vi)	Bakehouses	.. ..	68
(vii)	Cafes and Restaurants	.. ..	316
(viii)	Ice Cream Premises	.. ..	222
(ix)	Provision Merchants	.. ..	331
(x)	Greengrocers	.. ..	228
(xi)	Other Food Premises	.. ..	257

COMPLAINTS RECEIVED

Summary

Accumulations of Refuse	106
Animals causing a nuisance	21
Dampness and Housing defects	201
Drains and sewers—choked	69
—defective	67
Dustbins defective	27
Flooding—Gardens	16
Vermin	25
Insect infestations	54
Overcrowding, alleged	11
Smoke nuisances	21
Watercourse	11
Other complaints (wasps' nests, defective fences)	289
Food unfit (excluding requests received from shops to visit and inspect food)	31

NOTICES SERVED

Under Housing Act, 1957

Statutory Notices served under S.9 requiring execution of repair work	—
Dwellings reported under SS. 16/17 as being unfit for human habitation	11
Dwellings reported under S.18 (closing orders)	2
Informal notices served under S.9	9

Under Public Health Act, 1936:

Statutory Notices under:—

(i) S.24—work to a public sewer	77
(ii) S.39—repair or renewal of drains	4
(iii) S.45—repair or renewal of defective water closets	1
(iv) S.56—undrained or badly drained yard area	1
(v) S.75—renewal of a dustbin	1
(vi) S.93—abatement of a nuisance	19
(vii) Informal notices served	1,860

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)	SS.16/17 Housing Act, 1957, Demolition order made ..	6
(iii)	S.18 Housing Act, 1957, Closing order made	2
(iv)	Dwellings rendered fit by owners after receipt of informal notice	7
(v)	S.28 Housing Act, Closing order converted to Demolition Order	—

Following Public Health Act Notices:

(i)	S.24—Public sewers repaired	40
(ii)	S.39—	
	(a) By owners	2
	(b) By local authority in default of owners	—
(iii)	S.45—	
	(a) By owners	1
	(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	9
(vii)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	1,262

Following action under Clean Air Act—S.12(2):

Number of notices	4
Complied with by Owners	2

HOUSING

During the year thirteen properties were the subject of reports to the Public Health Committee with a view to action being taken under the Closing or Demolition Order provisions of the Housing Acts. The properties in question being:—

9 and 12(a) Middle Road, Harrow
 8 Headstone Road
 36 Dudley Court
 36 College Road, Harrow Weald
 90 Rickmansworth Road
 259-271 (odd nos. incl.) Pinner Road

The first five of these were made the subject of orders, and action in respect of the other eight was in hand at the end of the year. Nos. 19, 20 and 21 Little Common, Stanmore, where action was initiated during 1961 were also made the subject of Orders during 1962.

Properties Demolished.

During the year 43 unfit properties were demolished. 20 of these were in the Northolt Road Redevelopment area, the others being:—

44/60 (even nos.) Greenford Road (9)
 5-25 (odd nos.) Shelley Road (11)
 Golf Cottage, Pinner Hill
 21/23 Headstone Drive

Rehousing.

The number of families rehoused from properties the subject of Orders made under the clearance, closing or demolition order provisions of the Housing Acts was 26. In addition seven families were rehoused from accommodation that was statutorily overcrowded.

Unfit Properties—Future Programme.

The future programme for dealing with unfit properties is based on the return submitted (August 1955) to the Minister under the Housing Repairs and Rents Act 1954. This referred to 577 properties which at the time of the survey (April 1955) were considered so substandard and in such a state of disrepair as to be unfit for human habitation. By the end of 1962, 180 of these had been demolished; 53 had been reconditioned; the Council had purchased 35, a further 103 were the subject of orders, and action had been started in respect of another 18. Of the remaining 188 the majority are likely to be reconditioned and modernised, for as they fall vacant they become free of rent control and questions of reasonable cost do not arise. Few owners in spite of the improvement grants that are available are willing or able to modernise an old house that is let at a controlled rental and the unfit house that is beyond repair at a reasonable cost continues to give rise to problems for the Local Authority, for the owner and for the tenant. At the end of the year, however, the worst of the unfit properties in the Borough had been dealt with and though a number

will be reported year by year, in the main, these will represent the normal wastage arising from properties ageing and passing beyond the stage when modernisation is an economical proposition.

Improvement Grants.

The Housing Act, 1949 enabled Local Authorities to give financial assistance to owners who were prepared subject to certain conditions to provide additional accommodation by the conversion of houses or other buildings into flats and by the same Act, Local Authorities were empowered to make grants towards the improvement of existing dwellings. The response was disappointing. Subsequent legislation introduced the "Standard Grant" whereby owners of properties which were without a fixed bath or shower, a wash hand basin, a hot water supply, an internal water closet or satisfactory facilities for storing food, could obtain an amount not exceeding £155 towards the provision of these amenities.

Twenty-five applications for the standard grant were received during the year and 16 were approved. Of these, 13 were in respect of owner-occupied properties. Over the same period 16 enquiries were received about obtaining a discretionary grant and of these 14 were approved.

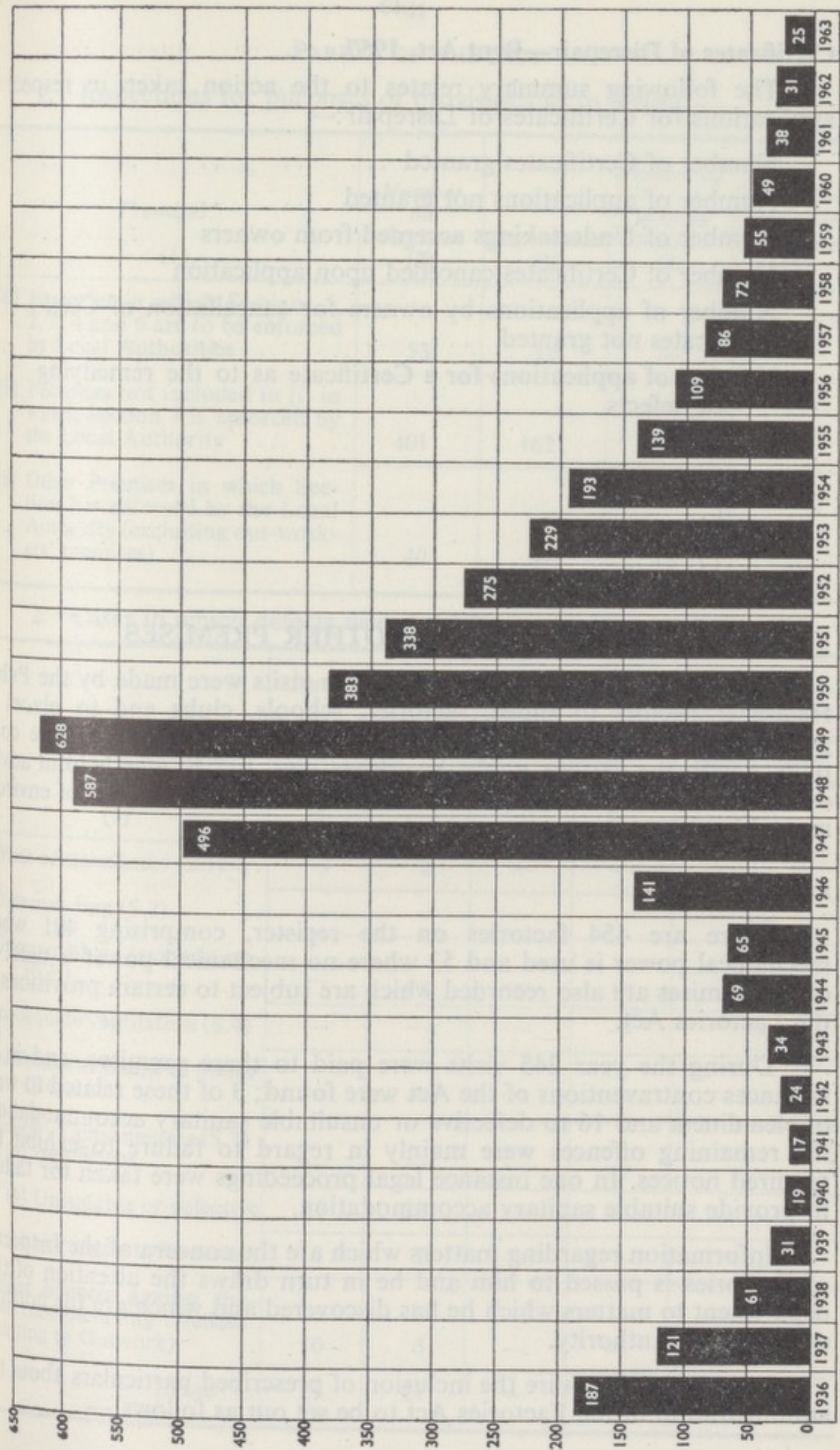
Overcrowding.

During the year the number of known cases of families living in overcrowded accommodation in the Borough continued to fall. On the 1st January 1962 there were 31 recorded cases and during the year 10 new cases were found and added to the register. Over the same period 16 cases of overcrowding were abated, 7 of the families concerned being rehoused in council-owned accommodation. The number of cases outstanding on the 31st December was 25.

In 14 of these the overcrowding was the result of children passing into a higher age group and in 7 from children marrying and continuing to live with their parents. In the remaining cases the accommodation was let so as to be overcrowded.

Overcrowding was first defined by the Housing Act 1935, and the following chart illustrates the number of known cases in the district on the 1st January in each year since 1936. During the intervening period of twenty-seven years 2,440 cases of overcrowding have been abated.

NUMBER OF CASES OF OVERCROWDING IN HARROW ON 1st JANUARY EACH YEAR 1936-1963



Certificates of Disrepair—Rent Act, 1957.

The following summary relates to the action taken in respect of applications for Certificates of Disrepair:—

Number of Certificates granted	18
Number of applications not granted	1
Number of Undertakings accepted from owners	8
Number of Certificates cancelled upon application	4
Number of applications by owners for cancellation of Certificates not granted	2
Number of applications for a Certificate as to the remedying of defects	13

SUPERVISION OF OTHER PREMISES

During the course of the year routine visits were made by the Public Health Inspectors to shops, factories, schools, clubs and to places of public entertainment. These visits were made not only to ensure compliance with the various public health statutes, but to give helpful advice on the maintenance of conditions likely to raise the standards of environmental hygiene.

Factories.

There are 454 factories on the register, comprising 401 where mechanical power is used and 53 where no mechanical power is used. 40 other premises are also recorded which are subject to certain provisions of the Factories Act.

During the year 245 visits were paid to these premises, and in 29 instances contraventions of the Act were found; 3 of these related to want of cleanliness and 16 to defective or unsuitable sanitary accommodation; the remaining offences were mainly in regard to failure to exhibit the required notices. In one instance legal proceedings were taken for failure to provide suitable sanitary accommodation.

Information regarding matters which are the concern of the Inspector of Factories is passed to him and he in turn draws the attention of this department to matters which he has discovered and which are the concern of the Local Authority.

The Ministry require the inclusion of prescribed particulars about the administration of the Factories Act to be set out as follows:—

PART 1 OF THE ACT

1. Inspections for purposes of provisions as to health:—

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	53	32	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	401	162	3	1
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	40	51	5	—

2. Cases in which defects were found:—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	3	2	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	15	13	—	—	—
(c) Not separate for sexes	1	1	—	—	1
Other offences against the Act (not including offences relating to Outwork) ..	10	5	—	—	—
TOTAL ..	29	21	—	—	1

PART VIII OF THE ACT

Outwork

Particulars of outworkers as required by Sections 133 and 134 of the Act are as follows:—

<i>Nature of Work</i>	<i>No. on August list</i>
Wearing Apparel	131
Household linen	2
Curtains	1
Artificial flowers	3
Paper-bags	1
Cardboard boxes	3
Brush-making	5
Stuffed toys	3
Christmas crackers	8
Total	<u>157</u>

Shops.

At the end of the year there were 2,362 shops on the register, an increase of 14 on the previous year.

The following is a list of the various types of shops, classified under their principal trades:—

Grocers	213	Coal Order Offices	28
Confectioners/Cafes	155	Builders Merchants	27
Tobacconists	144	Jewellers	27
Hairdressers	143	Dairies	26
Greengrocers	139	Wool	23
Motor/Cycle Accessories	130	Woodwork and Hobbies	22
Butchers	130	Florists	20
Ladies Outfitters	117	Opticians	19
Newsagents	112	Photographers	18
Electric Radio/TV	82	Toys and Sports	15
Gents Outfitters	74	Mixed Shops	15
Chemists	72	Stationers	13
Hardware	66	Glass and China	11
Furnishers	59	Pet Shops	10
Public Houses	55	Sewing Machines	9
Shoe Repairers	53	Leather Goods	9
Fish shops	52	Antiques	8
Shoe Retailers	50	Corn Chandlers	7
Wines and Spirits	44	Musical	6
Drapers	43	Second hand wardrobes	6
Paint and Wallpaper Supplies	34	Miscellaneous	76

Very little variation has occurred during the year in the numbers of the different types of business, though the figures indicate a continued tendency for an increase in the trades of motor and cycle supplies and accessories, ladies hairdressing, ladies outfitting and paint and wallpaper supplies.

871 visits were made for the purpose of administering the Shops Act. The following is a summary of the contraventions noted:—

Shops in need of decorating	.. .. .	4
Defects in washing facilities	.. .. .	4
Sanitary conveniences dirty or defective	.. .. .	21
Sanitary accommodation insufficient for sexes	.. .. .	5
Heating, insufficient or absent	.. .. .	13
Yards dirty, or accumulations	.. .. .	4
Absence of seating for female assistants	.. .. .	3
Assistants employed on weekly half-holiday	.. .. .	2
Failure to keep records of Sunday employment	.. .. .	5
Young person employed without 11 hour consecutive interval		1
Shops failing to display alternative half-day notice	.. .. .	11
Shops contravening weekly half-holiday Order	.. .. .	3
Serving customers with non-exempted articles after hours	.. .. .	2
Keeping shop open without displaying mixed-trade notices	.. .. .	17
Failure to keep other prescribed notices	.. .. .	73

Warnings were given in respect of the above items and in one instance a retailer was fined £5 with costs for serving customers after the hour of closing.

Oil Heaters Regulations.

The Oil Heaters Regulations 1962, made under the Consumer Protection Act, 1961, came into force on 1st June, 1962. These Regulations prescribe certain standards of construction, design and performance with which all oil heaters coming within the scope of the Regulations must comply; provision is made for the inspection and testing of such heaters. No such tests have so far been found necessary.

Other Premises.

Visits were made to Licensed Premises, Clubs and to places of Entertainment and to those which by reason of the trade or business carried on are affected by a particular Act of Parliament or by special regulations. These include Hairdressing Establishments, premises where Rag Flock is handled, Marine Stores and shops selling pet animals. With few exceptions satisfactory conditions were found at these premises, and those matters on which it was necessary for action to be taken were dealt with without the service of any statutory notices becoming necessary.

CONTROL OF NUISANCES

The complaints received about nuisances ranged from those affecting property to foodstuffs, pigeons, noise and the dangers of a polluted atmosphere.

Those in relation to property were mainly concerned with dampness and structural defects and according to the conditions found and the circumstances involved action, if necessary, was taken under the appropriate provisions of either the Public Health or Housing Acts.

The general pattern of the complaints received remained much the same as for 1961 but over a period of years changes can be seen. For example, the provision of dustbins is today accepted by most tenants as being their responsibility whereas in pre-war years and during the early post-war period owners supplied these fittings.

The complaints about noise are more numerous today and though there is no questioning the seriousness of the effect of noise on some people it is very difficult to control. The following introduction to a paper given at a recent Conference of the Public Health Inspectors' Association illustrates the background to some of these difficulties.

"The world of hearing consists of two types of sound, that which causes communication, and that which interferes with it. We define this latter unwanted sound as "noise." Thus the same sound can be a communication to one person while being a "noise" to another; a jazz session can be the most wonderfully stimulating occasion for some, while appearing as the most horrible cacophony to those living next door. A barking dog can indicate near-human intelligence to its owner while driving his neighbour into a frenzy; and even the frightful noise of an aeroplane can be a pleasant sound to an awaiting relative.

"In assessing the nuisance caused by noise, it is therefore vital to realise that no single law can ever be made to govern such a subjective matter, and that any working rule must be based on the statistical reactions of the public at large and not on any one individual. Even so, the reactions of the public do fit into a pattern and acceptable, though highly generalised, rules of behaviour can be formulated."

Litter and the dumping of rubbish also give rise to many complaints but unless the accumulations cause a public health nuisance there is little the Department is able to do. Similarly with pigeons. These birds are increasing in numbers and causing extensive fouling of buildings and footways and many ratepayers complain strongly about the damage done to their property. The powers of the Local Authority to deal with pigeons, however, is so limited as to be almost useless. Appeals to individuals to refrain from feeding these birds whenever they congregate in shopping centres meet with no response and as things stand the pigeon problem is undoubtedly one that will remain with the Borough for many years to come.

Rats and Mice.

The complaints received about rats and mice totalled 1,453 and infestations were found at 1,262 of the premises visited. The infestations were generally small and localised. Of the 1,453 complaints 888 were received between March 1st and July 31st.

Most of them were from private dwelling houses, 1,222 about rats and 42 about mice; 16 infestations of rats and two of mice were at Corporation properties and 143 rat infestations and 28 of mice were at business premises.

The number of complaints received during the three previous years: 1,632, 1,690 and 1,296.

The practice of feeding wild birds and pets in the gardens of private houses, without taking suitable precautions against rodents, does much to encourage rats to an area and it is surprising that so many of these well meaning people also keep litter and lumber in sheds and thus provide not only the food for the rodents but the cover they need for nesting and breeding. Very little evidence of infestations occurring in sewers was found and those known to be infested or were suspect, were treated by a specialist firm during April and May.

The watercourses in the Borough were surveyed periodically and regular treatments were carried out where any evidence of rats was found.

Wasps.

Complaints about wasps nests totalled 244 and 196 nests were destroyed by the department. The remaining 48 nests were either dealt with privately or it was found that no treatment was necessary.

CLEAN AIR

Smoke Control.

At the end of the year Smoke Control Orders Nos: 1, 2 and 3 affecting some 4,367 domestic dwellings in an area of 462 acres, were in operation. The Borough of Harrow Smoke Control (No. 4) Order had been confirmed by the Minister of Housing and Local Government and will become operative on the 1st July, 1963. This will affect an area of 208 acres, containing 1,559 domestic dwellings. A further Order (No. 5) was made in November and the Minister's confirmation is awaited. This affects an area of 212 acres and a further 1,697 domestic dwellings.

It is hoped that by the end of 1963 the whole of the Roxeth and Roxbourne wards of the Borough, 1,133 acres with 8,999 dwellings (7,929 privately owned, 970 owned by the Corporation) will be the subject of operative Smoke Control Orders. This will mean that out of a total of 65,342 dwellings in the Borough about 13.77% will be within areas affected by Smoke Control Orders. A significant start has, therefore, been made in the implementation of the Clean Air Act, 1956.

The following table shows the cost of the work of adaptation to fireplaces made necessary by the Orders that have been made. This is based on claims for grant met up to 31st December, 1962.

<i>No. of claims settled</i>	<i>Total cost of work involved</i>	<i>Cost of Approved work</i>	<i>Total amount of grant paid</i>
974	£16,023	£12,322	£8,729

Of the above sum of grant paid £106 represents the cost to the Corporation of additional grants to approved applications on the grounds of hardship.

It is interesting to note from the figures that householders are on an average spending on the adaptations nearly double the amount of money they receive by way of grant.

Industrial Premises.

Two more of the larger industrial premises in the district with boiler plants using coal as a fuel with hand controlled stoking have installed new fully automatic oil fired installations during the year, leaving only two hand fired steam raising boiler plants in operation within the Borough. At the end of the year a discussion took place with the management of one of these establishments and it is expected that a new boiler plant will be installed here during 1963.

National Survey of Air Pollution.

Harrow is one of the towns co-operating in this survey with the Warren Spring Laboratory of the Department of Industrial and Scientific Research. Four recording stations were set up during the year and measurements of smoke and sulphur dioxide commenced during the Autumn. Each station is in a different type of district.

Station No. 1 is at the offices of the Health Department, Harrow Weald, in an area of light development, bordered by green belt. Station No. 2 is situated at a factory in Wealdstone, in a heavily developed area, including dwelling houses and industrial premises. Station No. 3 is at a school in Roxeth in an area covered by Smoke Control Orders, and Station No. 4 is at a school in Stanmore in a similar built up area, which is not smoke controlled.

The readings produced by all stations participating in the survey are submitted to the Warren Spring Laboratory, and the observations are summarised and a monthly bulletin issued giving the average and the highest daily concentrations of smoke and sulphur dioxide in micro-grammes per cubic metre.

The calculations necessary to produce daily concentration figures from the instrument readings would normally be done by computer through the Warren Spring Laboratory but as the computer programme is not yet up to date provisional figures have been produced in the department.

The following tables show the average and highest smoke and SO_2 concentrations for the period of operation for the four stations, and graphs based on these figures are also given for easier comparison. The figures marked with an asterisk are approximate estimated averages, an insufficient number of daily readings having been taken during these periods.

It is interesting to compare this with the results of experiments conducted in conjunction with the Warren Spring Laboratory at Hackney and Sheffield, where the average reduction of smoke to be expected as a result of the operation of Smoke Control Orders was of the order of 16 per cent, or an average quantitative reduction of 25 microgrammes per cubic metre per day. The sulphur dioxide reduction in these experiments was about 15 per cent.

There is no doubt that a great deal of useful information will become available to the D.S.I.R. as a result of the National Survey and the help given by pupils and teachers at the two schools and by the laboratory staff of the factory, in operating these local stations, has been greatly appreciated.

AVERAGE SO_2				
Period	Warren Spring Laboratory	Warren Spring Laboratory	Warren Spring Laboratory	Warren Spring Laboratory
Sept. 4th—Oct. 1st	112	112	112	112
Oct. 2nd—Nov. 3rd	112	112	112	112
Nov. 4th—Dec. 3rd	112	112	112	112
Dec. 4th—Dec. 31st	112	112	112	112
HIGHEST SO_2				
Period	Warren Spring Laboratory	Warren Spring Laboratory	Warren Spring Laboratory	Warren Spring Laboratory
Sept. 4th—Oct. 1st	112	112	112	112
Oct. 2nd—Nov. 3rd	112	112	112	112
Nov. 4th—Dec. 3rd	112	112	112	112
Dec. 4th—Dec. 31st	112	112	112	112

AVERAGE SMOKE

<i>Period</i>	<i>Kynaston Court</i>	<i>Winsor and Newton</i>	<i>Roxeth Manor</i>	<i>Chandos</i>
Sept. 4th—Oct. 1st ..	33	41	—	—
Oct. 2nd—Nov. 5th ..	83	121	—	99
Nov. 6th—Dec. 3rd ..	137	174	114	170
Dec. 4th—Dec. 31st ..	220*	230*	200*	279

HIGHEST SMOKE

<i>Period</i>	<i>Kynaston Court</i>	<i>Winsor and Newton</i>	<i>Roxeth Manor</i>	<i>Chandos</i>
Sept. 4th—Oct. 1st ..	142	123	—	—
Oct. 2nd—Nov. 5th ..	199	364	—	332
Nov. 6th—Dec. 3rd ..	336	460	303	464
Dec. 4th—Dec. 31st ..	1,116	1,400	1,372	1,904

AVERAGE SO₂

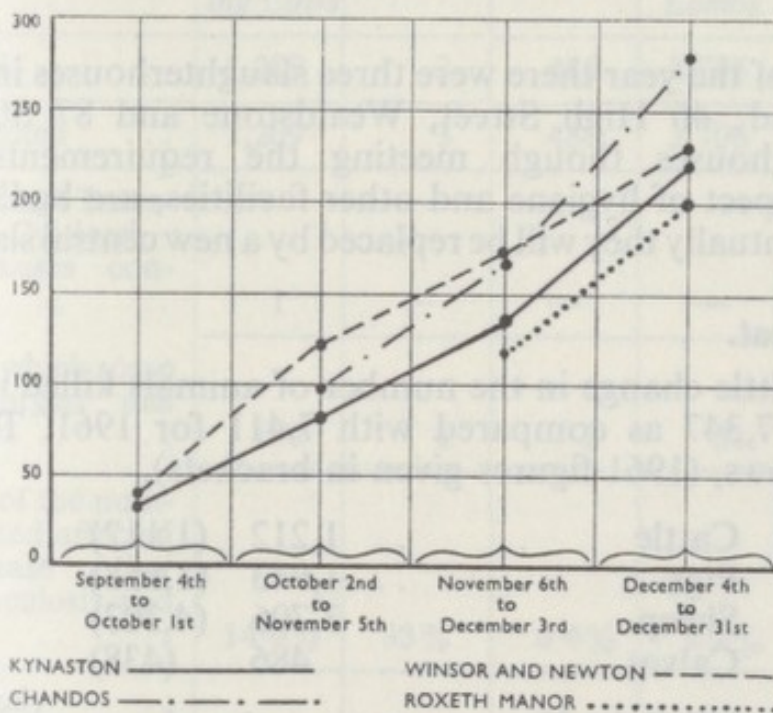
<i>Period</i>	<i>Kynaston Court</i>	<i>Winsor and Newton</i>	<i>Roxeth Manor</i>	<i>Chandos</i>
Sept. 4th—Oct. 1st ..	37	148	—	—
Oct. 2nd—Nov. 5th ..	112	239	—	173
Nov. 6th—Dec. 3rd ..	208	278	206	318
Dec. 4th—Dec. 31st ..	380*	500*	370*	397

HIGHEST SO₂

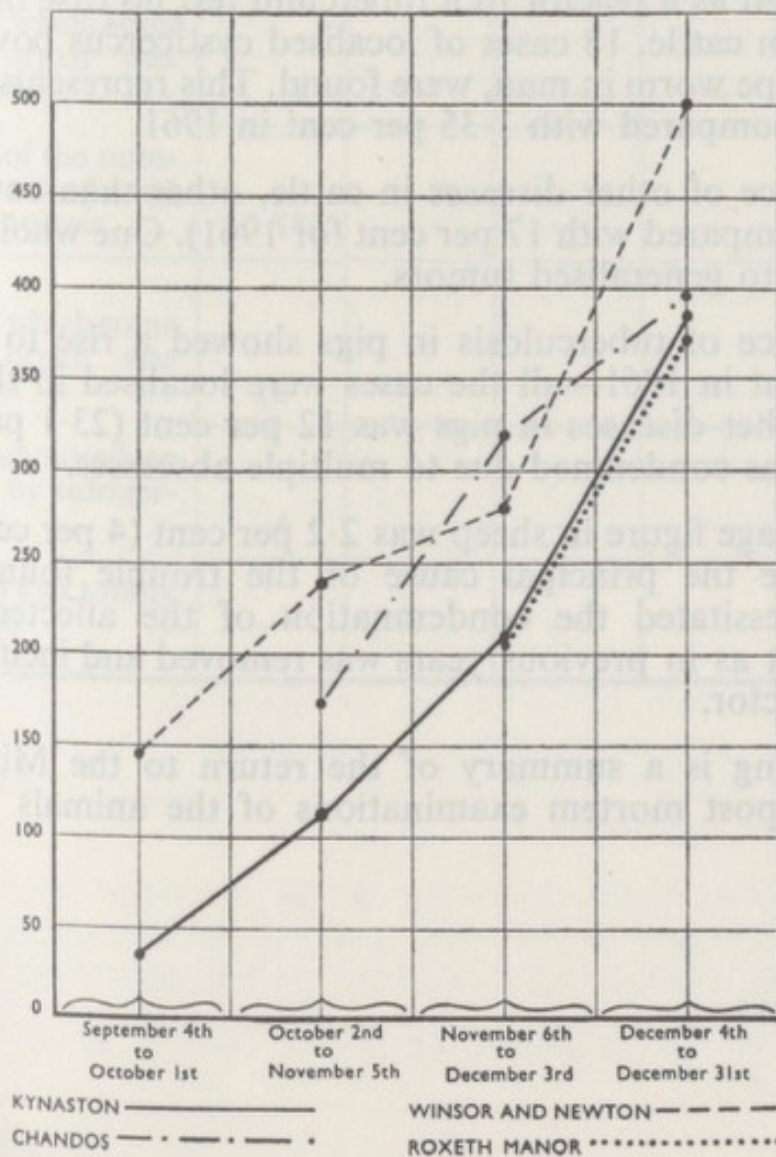
<i>Period</i>	<i>Kynaston Court</i>	<i>Winsor and Newton</i>	<i>Roxeth Manor</i>	<i>Chandos</i>
Sept. 4th—Oct. 1st ..	90	318	—	—
Oct. 2nd—Nov. 5th ..	230	528	—	436
Nov. 6th—Dec. 3rd ..	548	549	630	613
Dec. 4th—Dec. 31st ..	1,995	2,335	2,393	2,533

NATIONAL SURVEY OF AIR POLLUTION

AVERAGE SMOKE



AVERAGE SO₂



THE INSPECTION AND SUPERVISION OF FOOD

MEAT

Slaughterhouses.

At the end of the year there were three slaughterhouses in use, namely, 7 Northolt Road; 46 High Street, Wealdstone and 87 Stanmore Hill. These slaughterhouses though meeting the requirements of current legislation in respect of hygiene and other facilities, are badly sited and it is hoped that eventually they will be replaced by a new central slaughterhouse.

Inspection of Meat.

There was little change in the number of animals killed in the district, the total being 7,347 as compared with 7,411 for 1961. The totals are made up as follows, (1961 figures given in brackets).

Cattle	..	..	1,212	(1,112)
Pigs	..	..	1,943	(1,558)
Sheep	..	..	3,706	(4,303)
Calves	..	..	486	(438)

The animals killed in Harrow are mostly of top quality and consequently were found free from serious disease. Apart from one beast which was notified as a reactor to a tuberculin test no case of tuberculosis was discovered in cattle. 18 cases of localised cysticercus bovis, a parasite that can cause tape worm in man, were found. This represents a percentage of 1.5 per cent compared with 1.35 per cent in 1961.

The incidence of other diseases in cattle, other than cows, again fell (14.9 per cent compared with 17 per cent for 1961). One whole carcase was condemned due to generalised tumors.

The incidence of tuberculosis in pigs showed a rise to 2.2 per cent from 0.8 per cent in 1961—all the cases were localised in the head. The percentage of other diseases in pigs was 12 per cent (23.1 per cent). One whole carcase was condemned due to multiple abscesses.

The percentage figure in sheep was 2.2 per cent (4 per cent). Parasitic infestations were the principal cause of the trouble found and these infestations necessitated the condemnation of the affected organ. All condemned meat as in previous years was removed and incinerated at the Wembley destructor.

The following is a summary of the return to the Minister of the findings of the post mortem examinations of the animals in 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	1,209	3	486	3,706	1,943	—
Number inspected	1,209	3	486	3,706	1,943	—
All diseases except Tuberculosis and Cysticerci— Whole carcasses condemned	1	—	—	—	1	—
Carcasses of which some part or organ was condemned	180	1	2	81	234	—
Percentage of the num- ber inspected affected with disease other than tuberculosis and cysticerci	14.9%	33%	0.4%	2.2%	12.0%	—
Tuberculosis only	—	—	—	—	—	—
Whole carcasses con- demned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	1	—	—	—	41	—
Percentage of the num- ber inspected affected with tuberculosis	0.1%	—	—	—	2.1%	—
Cysticercosis	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	18	—	—	—	—	—
Carcasses submitted to treatment by refriger- ation	4	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

There are only two premises in the Borough registered for the manufacture of ice cream, though 428 premises are registered for the retailing of this commodity. From the majority of the retailers concerned the ice cream is sold pre-packed.

The number of vehicles operating in the Borough from which ice cream is retailed increased slightly and towards the end of the year some of these commenced retailing what is known as soft ice cream. During the year 58 samples were taken. Nearly all of these being reported as satisfactory.

MILK PRODUCTION

There are five dairy farms in the district and four of these are producing tuberculin tested milk. From the fifth the milk is sent to a wholesaler for processing.

Treatment.

At two dairies in the Borough milk is pasteurised. The two licensed pasteurised plants being at Braziers, Kenton Lane and at Halls, Pinner Park Farm. Visits are made to these establishments but the County Council is the authority responsible for licensing.

Sampling.

Thirteen Samples of milk produced or retailed in the district were taken and submitted for analysis at Colindale laboratory. It is unusual to receive an adverse report but during April one of those taken from a local producer failed to pass the Methylene blue test. Follow up samples revealed that the cause of the trouble had been removed.

During the year 57 visits were made to dairies and cow sheds by the Public Health Inspectors.

Milk Complaints.

During the year 15 complaints were lodged with the department about milk bottles. This is the lowest figure for some years and it will be an achievement of note if it is improved upon, for as a percentage of the estimated number of milk bottles in circulation within the Borough, during the year, it represents .0000035, or a complaint about one in every three million bottles in use. The objective, however, is freedom from complaints, and by rinsing and returning bottles as soon as possible to the roundsmen all householders can help to this end. The enquiries and investigations that have been made over a number of years reveal it is the bottle that is either discarded or misused, for example, as a holder for fireworks on November 5th or as a container for paint that is generally the cause of the trouble. Occasionally one of these bottles escapes detection and passes through the dairy plant to the customer. Perhaps the day will come when all milk is delivered in non returnable containers.

ICE CREAM

There are only two premises in the Borough registered for the manufacture of ice cream, though 428 premises are registered for the retailing of this commodity. From the majority of the retailers concerned the ice cream is sold pre-packed.

The number of vehicles operating in the Borough from which ice cream is retailed increased slightly and towards the end of the year some of these commenced retailing what is known as soft ice cream.

During the year 58 samples were taken. Nearly all of these being reported as satisfactory.

OTHER FOODS

Food Condemned.

During the year 5,763 pounds of food were found to be unfit and had to be destroyed. Fresh meat and offals accounted for 3,238 pounds; canned meat 435 pounds; canned vegetables 1,394 pounds; canned fruit 533 pounds and groceries 162 pounds.

Breakdowns of refrigerator units at various shops necessitated the destruction of 3,275 items of frozen food. These items included almost the entire range of frozen foodstuffs that are available today. In addition 104 dozen chilled eggs were destroyed as unfit.

Food Complaints.

Fifty-four complaints were received about the unsound state of food stuff or about the presence of foreign matter in food and I feel this comparatively small number reflects well on the standards of hygiene that are maintained in the food factories, in food preparing rooms and in the retail shops. Bearing in mind that there are between sixty to seventy thousand units of accommodation within the Borough and that on behalf of the occupants of each one of these food stuff is purchased everyday of each year, the number of complaints is very small indeed. No doubt there were many other cases which were referred back to either the shop or factory by the customer but making due allowance for these the tonnage of food entering the 70,000 units of accommodation within the Borough must be considerable and the percentage giving rise to complaints is very small indeed.

Of the 54 complaints 18 were about bread, 7 were about cakes and iced confectionery, 12 involved meat pies, 13 tinned or packet goods, 3 dried fruit and 1 an alcoholic beverage. All these complaints were investigated and action was taken with a view to preventing, if possible a repetition of the trouble. In four cases Court action was considered to be necessary. The action taken in the Courts followed a nail, insects and grease being found in bread. Fines totalling £30 plus 16 gns. costs were imposed. In addition Court Action was taken as a result of a pork pie containing mould being sold. In this case a fine of £10 was imposed and 10 gns. costs were awarded.

INFECTIOUS AND OTHER DISEASES

PREVALENCE OF NOTIFIABLE INFECTIOUS DISEASES (other than Tuberculosis)

TABLE 1.

Disease	Und. 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	—	22	57	8	5	2	1	—	—	—	—	—	95
Pneumonia Primary .. .	—	2	7	2	2	1	—	4	3	3	12	—	36
Pneumonia Influenzal ..	—	—	1	—	1	—	—	—	1	1	—	1	5
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	2	—	—	1	1	1	—	—	—	—	—	6
Erysipelas	—	—	1	1	—	—	1	—	2	2	4	—	11
Meningococcal Infection ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia .. .	—	—	—	—	1	1	3	—	—	—	—	—	5
Ophthalmia Neonatorum ..	1	—	—	—	—	—	—	—	—	—	—	—	1
Poliomyelitis, Paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, non-paralytic ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Infective .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	15	315	329	21	20	2	5	—	1	—	—	11	719
Whooping Cough .. .	1	11	6	—	—	—	—	—	—	—	—	—	18
Paratyphoid Fever .. .	—	—	—	2	—	—	—	1	—	—	—	—	3
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	1	4	2	2	2	1	4	1	1	—	—	—	18
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—

THE CONTROL OF INFECTIOUS DISEASES

The various steps taken in the control of communicable disease include:—

- (a) Notification.
- (b) Enquiries by the staff of the department at the home, school, place of work or institution.
- (c) Aids to diagnosis, such as the Public Health Laboratory Service, or the obtaining of a second medical opinion.
- (d) Isolation either at home or in hospital.
- (e) Exclusion of contacts from their work, especially in the case of those in close contact with susceptible young children or patients in a ward, or those handling food or drink.
- (f) Exclusion of carriers of enteric (Typhoid, Paratyphoid) fever, and dysentery from any work involving handling food or drink for human consumption.
- (g) Exclusion from places of assembly.
- (h) Disinfection.
- (i) Cleansing.
- (j) Destruction of articles of food.
- (k) Immunisation.
- (l) Propaganda.

DIPHTHERIA

There were no cases of this disease, but, of course, no complacency is permissible in the prevention of the condition. There is a generation of young mothers which, because of the successful campaign against diphtheria initiated twenty years ago, has no first-hand knowledge of its ravages. Further, diphtheria, unlike poliomyelitis, is a killer rather than a crippler.

Like so much else in public health, constant vigilance is essential to ensure an adequately immunised child population.

In 1962, 2,633 were treated for the first time and booster doses were given to 988 children.

SCARLET FEVER

In 1962 this disease, as judged by the notifications, was uncommon, though its true incidence was probably greater because of non-notification of cases presenting as acute tonsillitis.

SMALLPOX

1962 was a year to remember as far as smallpox in England and Wales was concerned. The Ministry of Health in a report about the five outbreaks, made the following points:—

- (a) The big demand for vaccination caused much unnecessary illness and death. At least 251 cases of illness and 15 deaths were attributed to vaccination complications. In addition, less serious reactions resulted in a big rise in claims from National Insurance Sickness Benefit. Some of the complications arose in people who, because of some specific medical condition, should only have been vaccinated if they had been in contact with an actual case.
- (b) Neglect of routine vaccination was partly responsible for the public's anxiety when the outbreaks arose.
- (c) Many vaccinations were done as a matter of urgency where no urgency existed.
- (d) The lesson to be learned from these episodes, is the very great influence of the press, radio and television services upon public morale.
- (e) The result of the importation of the disease on five separate occasions by air travellers from Pakistan was a total of 62 indigenous cases, and 24 deaths. Locally there was a total of 12,432 persons vaccinated for the first time and 19,942 persons re-vaccinated. These figures, when compared with the corresponding figure for 1961 of 2,391 persons and 620 persons, speak for themselves. In 1962 also, the authorities decided that the primary vaccination of infants was preferable at the age of one year, rather than in the early months of life.

- (f) It has already been established that vaccination against smallpox when there is an outbreak is not only a prophylactic weapon for the defence of those placed at risk and thus, indirectly for the community as a whole; but is also potentially a source of clinical and administrative embarrassment when indiscriminately applied.

ENTERIC FEVER

There were two cases of paratyphoid fever notified during the year. In the report for 1961 mention was made to a lady who had contracted this disease and who, unfortunately, had become a faecal carrier. Because of her work as a cook, she was excluded from engaging in any trade or business concerned with the preparation or handling of food or drink for human consumption and was compensated under the provisions of the Public Health (Infectious Diseases) Regulations and Section 308 of the Public Health Act, 1875. During 1961 she had several courses of intensive antibiotic therapy all to no avail. She finally agreed to enter hospital for surgical treatment and in September, 1962 had her gall bladder removed. Unfortunately, further testing proved that she was still excreting the germ. She must now be considered to be a chronic intestinal carrier and will be kept under periodic laboratory surveillance. At the end of the year she was still receiving compensation for not engaging in her occupation as a cook.

DYSENTRY AND FOOD POISONING

The small numbers of notifications of these two conditions bear no reality to their prevalence, particularly in institutions. The practice, still not eliminated, of partial cooking of meat dishes the day before consumption is a major factor in outbreaks of one particular form of food poisoning.

POLIOMYELITIS

The district was fortunate in being clear of poliomyelitis during the year.

April 1962 saw the introduction of Sabin's oral vaccine in the clinics and in October the four in one vaccine against diphtheria, tetanus, whooping cough and poliomyelitis became available for use by general practitioners. Its use in the clinics has not yet been sanctioned.

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

- (a) Primary Immunisation:—

Age Group	Number of persons who received				
	Salk Vaccine		Oral Vaccine		
	1 injection only	Second injection	1 dose only	2 doses only	Third dose
Children born in 1962 ..	—	86	17	33	160
Children born in 1961 ..	43	977	72	54	419
Children and young persons born in years 1943-1960 ..	30	851	39	23	125
Young persons born in years 1933-1942	12	539	19	17	88
Others	20	920	33	22	140
TOTAL ..	105	3,373	180	149	932

(b) Reinforcing doses:—

Number of persons given third injections of Salk vaccine	6,499
Number of persons given fourth injections of Salk vaccine	2,148
Number of persons given a reinforcing dose of oral vaccine	2,337

MEASLES

This was a mild year for measles in the district.

Immunisation.

Gamma-globulin can be given in certain instances to infants where an attack might aggravate a pre-existing condition, e.g. in asthma, bronchitis or in young children with congenital heart conditions. The immunity provided is, of course, temporary, but there is now hope of a vaccine which will be available for active immunisation.

WHOOPIING COUGH

Only 18 cases were notified during the year.

Immunisation.

2,606 children were inoculated against whooping cough during the year.

TUBERCULOSIS

The following table gives the age and sex distribution both of persons who were resident in the district when it was recognised that they were suffering from tuberculosis and of those who moved into the district already suffering from the disease.

Age Group				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	..	..	..	1	—	—	—	—	—	—	—
5-9	..	..	..	5	7	—	—	—	—	—	—
10-14	..	..	..	—	2	—	—	1	—	—	—
15-19	..	..	..	1	1	—	—	—	—	1	—
20-24	..	..	..	3	4	1	—	1	8	—	1
25-34	..	..	..	3	9	1	1	6	13	1	1
35-44	..	..	..	6	3	—	1	2	2	—	—
45-54	..	..	..	8	2	—	1	2	3	—	—
55-64	..	..	..	6	2	—	—	3	—	—	—
65 and over	..	..	..	3	3	1	—	1	—	—	—
TOTALS ..				36	33	3	3	16	26	2	2

It is interesting to note that in 1962 only one of the primary notifications from the Harrow Chest Clinic related to a case occurring in an immigrant.

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 the 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:—

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
No. on register, January 1st 1962	1,213	973	119	145
No. of new cases added	36	33	3	3
No. of cases other than on a Form "A"	16	26	2	2
No. of cases restored to register	2	3	—	—
No. of cases removed	128	87	8	5
No. on register December 31st, 1962	1,139	948	116	145

Details of cases removed from the register during the year.

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Left District	49	38	2	1
Deaths (not necessarily from Tuberculosis) ..	19	8	—	1
Recovered	50	33	5	3
De-notified	3	1	—	—
Lost Sight Of	7	7	1	—
TOTALS ..	128	87	8	5

Deaths.

Tuberculosis caused the deaths of five local residents, four male and one female. No children died of the disease.

Prevention.

The early recognition of infection in a person is of paramount importance and in this context the work of the chest clinics and the Mass X-ray Unit must be mentioned.

It should be more widely known that there is available at the Central Middlesex Hospital, Park Royal, N.W.10, a permanent Mass X-ray Unit, open between 9-5 on Mondays to Fridays, and 9-12 on Saturdays. Here any person over sixteen years can attend without appointment or medical note and without the payment of a fee. In addition, the Chest Clinics at Station Road, Harrow, and Edgware General Hospital provide ready facilities for the examination of all patients referred on suspicion of some chest trouble by hospital departments and also by their own doctors.

In addition, of course, the clinics undertake the routine examination and re-examination of contacts, especially family contacts of a known case. Here one would like to record with appreciation and grateful thanks to Dr. Grenville-Mathers and Dr. Trenchard and their respective staffs at the Harrow and Edgware Chest Clinics, for their co-operation, help and advice so willingly given at all times.

The school medical and nursing staff continue to play their part in controlling this infection.

1. The tuberculin testing of school entrants is done at some of the schools. 250 children were given the jelly test, all being negative. 687 children were tested by the Heaf gun and 10 were positive. All those positive reactors who were X-rayed were free from disease.

2. EXAMINATION OF CONTACTS. An episode occurred during the year in an infants school which illustrates the necessity for perpetual vigilance when dealing with this disease. In December 1961 a boy attending an infants school was diagnosed as suffering from tuberculosis. His grandfather was known to have tuberculosis and it was thought then that he was the likely source of infection. Later that month a school teacher at the same school was diagnosed as having pulmonary tuberculosis and

was admitted in January 1962 to hospital. Shortly after this a second child from the same school was found at the Harrow Chest Clinic to have tuberculosis. This child was in the same class as the first child and was taught by the same teacher, who by now was in hospital. It was decided to tuberculin test every child in the particular class of 37 pupils and as a result of this 8 further cases were found. A further 7 who were tuberculin positive were not considered to be suffering from the disease, but were given P.A.S. as a preventative measure. The remainder of the school was tested with negative results as was the junior school. Finally it was decided to retest the original class some ten weeks later, but as was thought, no further cases were brought to light.

3. B.C.G. INOCULATION. This procedure, which was started here in 1957, has continued to function satisfactorily.

The following is a summary of the work done in 1962:—

<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 ..	1,389	991	815	88
Secondary Grammar ..	800	664	553	88
Independent	549	448	356	71
Special Schools	14	10	5	—
TOTAL ..	2,752 (3,105)	2,113 (2,411)	1,729 (2,063)	247 (184)

For comparison, the final figures for 1961 are shown in brackets.

Of the negative reactors, 1,706 were given B.C.G. The acceptance rate was 76·8% and the percentage of positive reactors was 12·5%. It is a routine practice at the Harrow Chest Clinic to offer X-ray examination to the domiciliary contacts of those children found to be tuberculin positive.

SOME NON-NOTIFIABLE INFECTIONS

German Measles

The well known connection between German Measles in pregnant women and congenital defects in their babies inevitably leads during an epidemic of German Measles to some understandable anxiety in the prospective mothers. In this connection, two points may be stressed:—

1. Any female child who is suspected of having German Measles should have medical confirmation of this and if the diagnosis is confirmed some record should be made by the parent of this fact for future reference. Too many female children give a history of possible or probably German Measles where no medical confirmation has been obtained.

2. It should be remembered that the administration of gamma-globulin to a mother in the early months of pregnancy where there is a risk of contracting German Measles only protects her for three weeks at the most.

INFLUENZA

Immunisation.

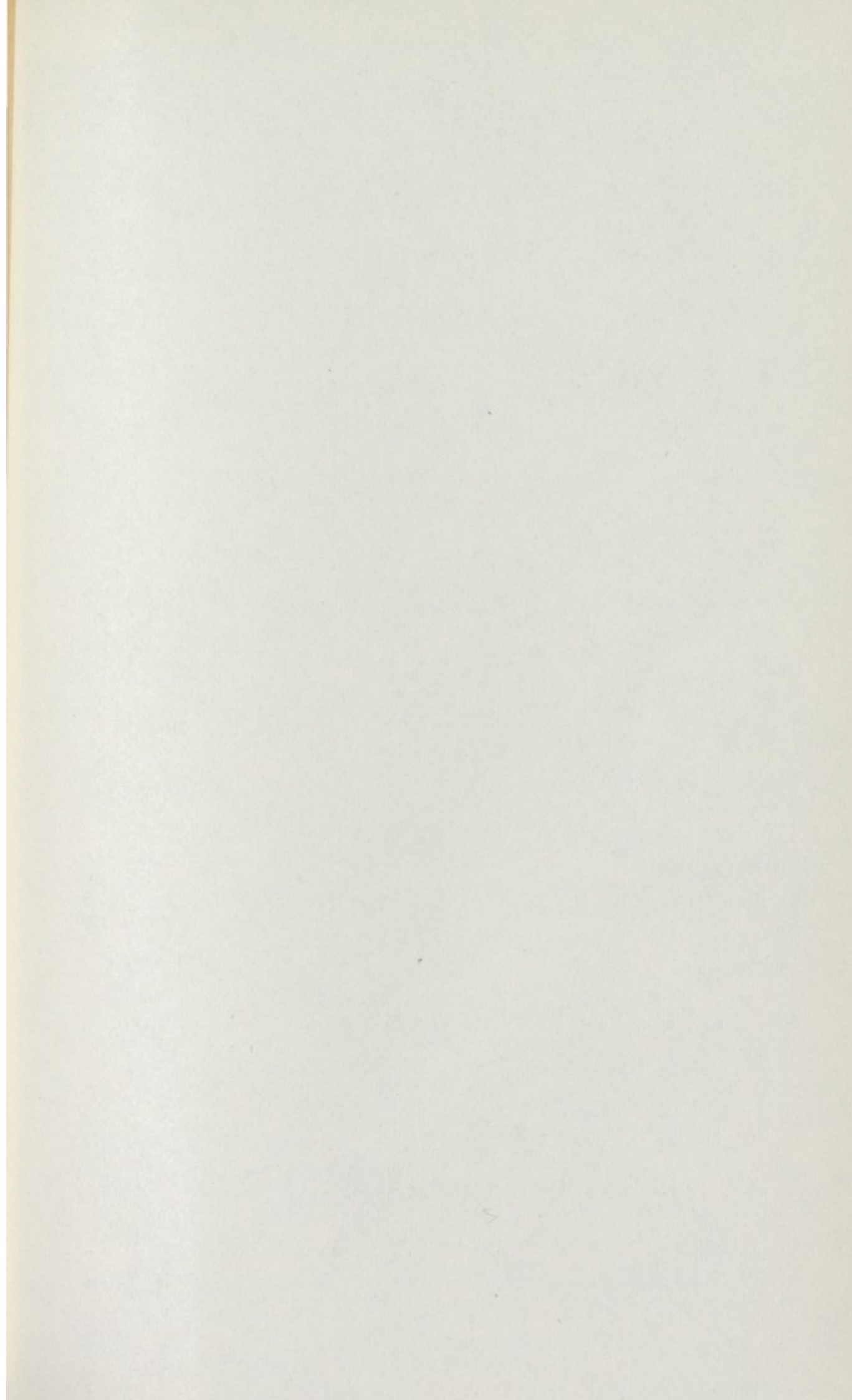
The present position regarding this is that while the protection conferred by immunisation is of brief duration (about 3-6 months) there is a case for immunising certain groups of the population in whom a contact of influenza might aggravate their disability or prove fatal. Such groups include:—

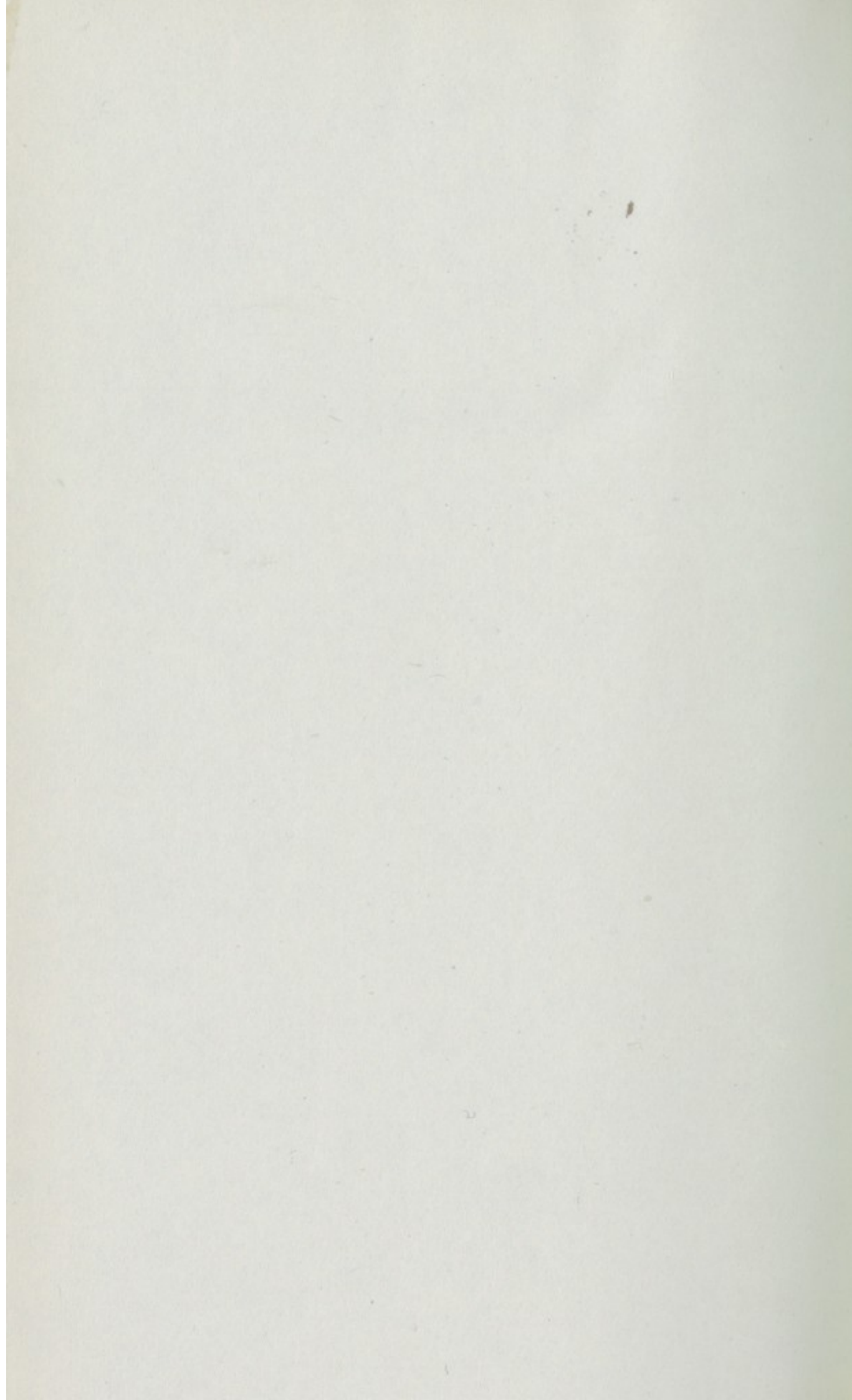
- (a) Chronic Lung disease, e.g. chronic bronchitis, asthma, bronchiectasis, pulmonary tuberculosis.
- (b) Chronic heart disease.
- (c) Chronic kidney disease.
- (d) Diabetes and possibly other endocrine disorders.

The only type of vaccine recommended is an inactivated influenza A+B Saline vaccine, and it should be given during the early part of the autumn.

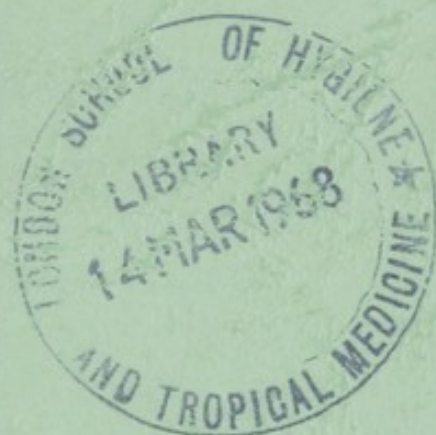
VENEREAL DISEASES

In the Annual Report of the Chief Medical Officer of the Ministry of Health for 1960 it was suggested that perhaps half of the increase in these diseases was due to infection and to re-infection of immigrants. Since the introduction of the Commonwealth Immigration Act in July 1962 the previous flood of immigrants to this country has become a trickle. It will be interesting to see what effect, if any, this Act has on the prevalence of these diseases.









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Market Place . Heanor . Derbyshire
