

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

**Contributors**

Harrow (London, England). London Borough.

**Publication/Creation**

[1965?]

**Persistent URL**

<https://wellcomecollection.org/works/d7nh7g2f>

**License and attribution**

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

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

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



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

439 1)

HARR 31

BOROUGH OF HARROW



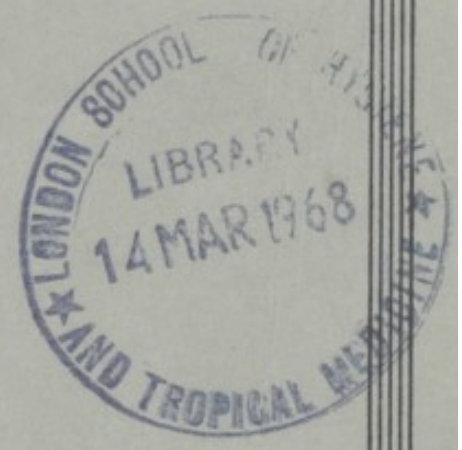
# Annual Report

OF THE

**MEDICAL OFFICER OF HEALTH**

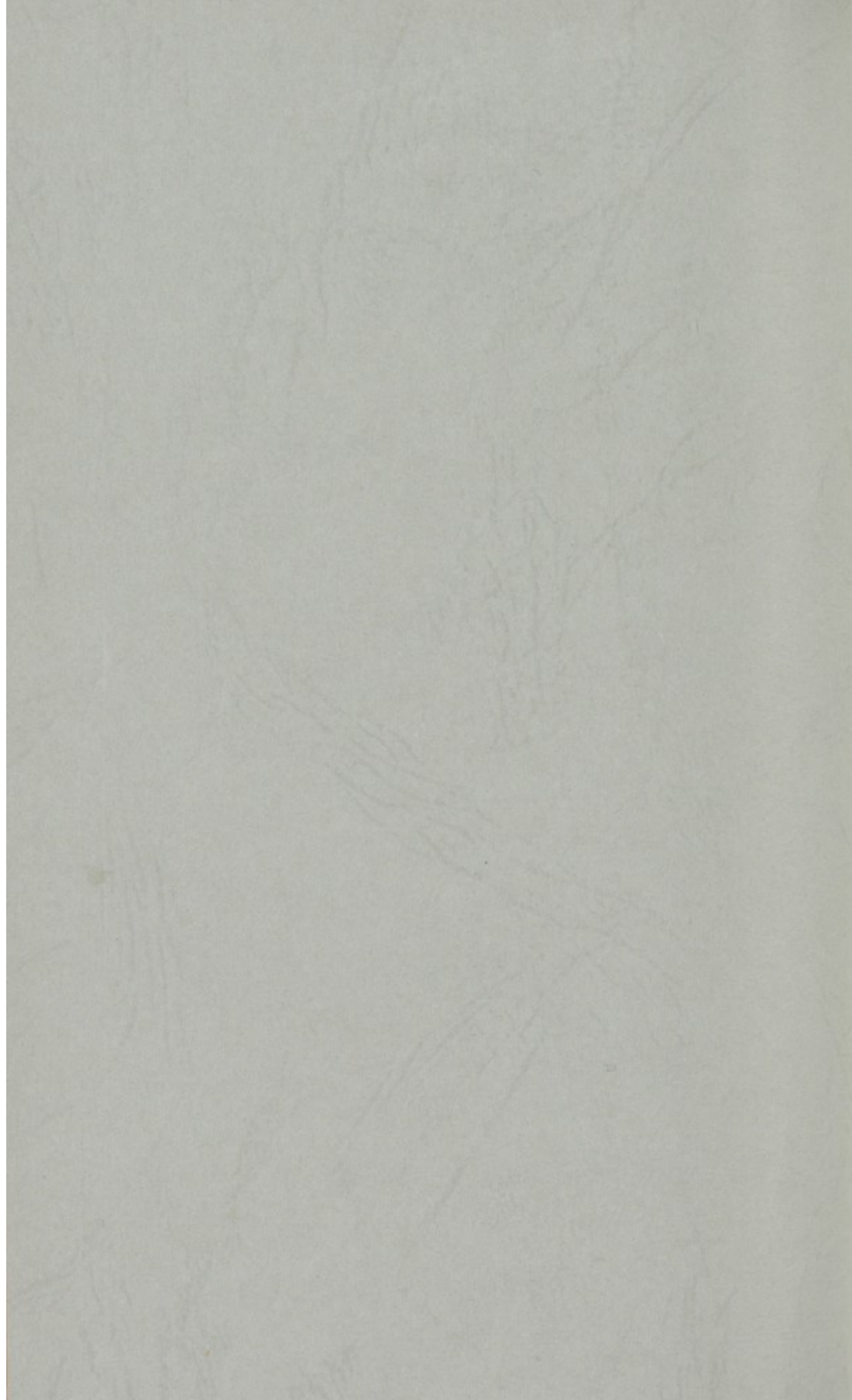
FOR THE YEAR

**1964**



---

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



BOROUGH OF HARROW



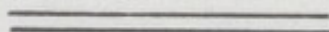
# Annual Report

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE YEAR

**1964**



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





# **PUBLIC HEALTH COMMITTEE**

**1964—1965**

**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 (ex-officio)**

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

**ALDERMAN G. F. GIBBONS**

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

**COUNCILLOR MRS. A. M. CAREY**

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

**COUNCILLOR MRS. E. J. COLLEDGE**

**COUNCILLOR B. M. COHEN**

**COUNCILLOR MRS. E. E. DAVIES**

**COUNCILLOR MRS. D. I. EDWARDS**

**COUNCILLOR H. I. HARRIS**

**COUNCILLOR DR. I. M. ROITT, M.A., B.Sc., D.Phil.(OXON).**

**COUNCILLOR D. B. ROUSE**

**COUNCILLOR A. G. SELLERS**

**COUNCILLOR H. V. SHAW, L.R.I.B.A.**

## STAFF

*Medical Officer of Health:* W. CORMACK, M.B., Ch B., D.P.H.

*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:*

H. DRABBLE, M.A.P.H.I.

*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.

F. H. FARROW, M.A.P.H.I.

F. W. FOWLER, M.A.P.H.I. from 2.3.64

K. F. JOHNSON, M.A.P.H.I.

C. E. NEWBEGIN, M.A.P.H.I.

L. P. WATSON, M.A.P.H.I.

*Assistant to Public Health Inspectors:*

A. R. CROMPTON, from 21.9.64

F. J. STEVENSON, from 5.10.64

*Chief Clerk:*

S. WHARTON

*Clerical Officer:*

MISS P. RAWLINSON

*Clerical Assistants:*

MISS M. BOURNER

MRS. D. L. HILLIARD

MISS P. LEACH

MISS G. MASON

MISS P. PALMER

MISS D. M. PETTITT, from 17.8.64

MISS J. TODMAN

*Mortuary Keeper:*

C. RUSSELL, to 30.5.64

P. M. GONZALEZ, from 25.6.64.

*Disinfector:*

R. WHITAKER

*Rodent Operatives:*

W. A. FARMAN

J. JACKSON

C. PARODINE



# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

HEALTH DEPARTMENT,

HANOVER HOUSE,

LYON ROAD,

HARROW, MIDDLESEX.

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 1964.

The variations seen from year to year in the vital statistics are again evident in the figures for 1964 but, if anything, with more evidence of "credits" than of "debits"! There was a population increase of 730 to a figure of 210,250, with falls recorded in the infant mortality and death rates. A lower stillbirth rate no doubt helped in producing a lower peri-natal mortality rate and, once again, there were no maternal deaths. In spite of an increase in the numbers of live births, unfortunately with an increased percentage which were illegitimate, the number who died in the neo-natal period—under four weeks of age—fell, thus producing improved figures for the neo-natal and early neo-natal mortality rates. Whether this is merely an annual fluctuation or the beginning of a downward trend will only become evident in years to come. Nevertheless, the falls in mortality rates are welcomed.

Much more interest is now being centred on children born with congenital malformations or abnormalities. In my last report, mention was made of the introduction of the Ministry of Health scheme for the notification to the Registrar General of any malformations observed at the time of birth and described as accurately as is possible at the time. Details of these notifications for 1964 are given later in this report. Registers of children who, because of some handicap may require special treatment and/or special education at a later date, have been kept for some time now, and these new notifications at birth should help in making the register as complete as possible. In addition "At Risk" registers are maintained of children who, though apparently normal, are at risk of developing some handicap because of some adverse factor during the infant's pre-natal, peri-natal or post-natal life.



The problems associated with the rearing and education of a handicapped child are manifold—so much so that the earlier observation and advice, and even treatment can be instituted, the better the end result for the child and very often for the parents as well. The whole exercise must be a combined operation between parent, general practitioner, specialist and local health authority personnel.

Health Education is another facet of the work of the Department which continued to receive much attention during the year. The fact that many organisations asked for talks and lectures on a variety of subjects associated with health is an encouraging sign that public interest is still being aroused. The short talk is of value in "preaching the Gospel" regarding healthy living but I consider the "question and answer" session at the end to be of far more value. The answering of a person's problem—in other words—the individual approach is to my mind of more value than the general talk to the mass.

Perusal of the statistical summary in the section on "Sanitary Circumstances of the Area" will give some indication of the volume of work carried out by your Public Health Inspectors during the year. Many visits arise out of inspections laid down by a statute but, again, many originate as a result of complaints or requests for advice on some particular matter associated with environmental health. This work, though routine in nature, is of the more importance by the very fact that it is "routine." It is only by this constant vigilance that the health of a district is maintained at a high level.

During the year, it became apparent that the survey work required under the Clean Air Act was increasing to such an extent that the routine hygiene inspections were suffering as a result. This matter was brought to the Council's attention, together with a recommendation that two Clear Air Technical Assistants be employed to cover this aspect of the work. This was approved and the appointment of Miss Dimmock and Mr. Blackburn to the staff as Technical Assistants has done much to alleviate the problem and to allow a more even distribution of the work load.

In May, Mr. Charles Russell, the attendant at the Peel Road Mortuary, retired after serving local government in the district for 42 years. Mr. Russell looked after the mortuary in a most excellent and praiseworthy manner and retired, I am sure, in the knowledge of a good job of work well done. The best wishes of the Department go to Mr. and Mrs. Russell for a long and happy retirement. His successor, Mr. Gonzalez, was appointed in May, coming with excellent references from the Borough of Wembley, where he had been carrying out similar work. Towards the end of the year, the new house for the mortuary keeper was completed



at the same time as the new accommodation for the rodent operatives who had been "housed" in rather unsatisfactory premises at "Cottesmore," thus at long last a neat, compact health service unit, consisting of mortuary, disinfectory, rodent operatives office and mortuary keeper's house, was completed and occupied.

The table showing the incidence of notifiable infectious diseases indicates a satisfactory state of affairs for the year. The numbers of cases notified during the year fell considerably and, with the exception of pulmonary tuberculosis, there were no deaths. Mention was made last year of a new measles vaccine which was undergoing research trials and, in June, these trials were carried a stage further when the Medical Research Council advised that a large scale field trial to gauge the efficiency of different vaccines, and investigate the associated epidemiological problems, should be conducted in selected areas during the autumn. Due to the fact that an epidemic was expected early in 1965, speed was the key word and, when one considers the amount of work involved in registering, inoculating and following up the children eligible for this trial, words of praise must go to all the staff who worked so extremely hard and efficiently to make it a success.

The outbreak of typhoid fever in Aberdeen, associated with a can of corned beef from the Argentine, had its repercussion in Health Departments all over the country. The Public Health Inspectors were involved in a great deal of work—routine in nature—but nevertheless extremely important.

Another event of importance in preventive medicine occurred during the year and that was a visit to the Borough of the Mobile Mass X-ray Service. The visit was well advertised by means of posters, leaflets and notices in the local press. The visit was for a period of five weeks and in order to give as wide a coverage as possible, the units were stationed in eleven different sites within the Borough. Facilities were also offered to the personnel of many local firms. In all, 16,300 people took advantage of the service and had a chest x-ray. This number may seem a bit disappointing when compared with the actual population of 210,250 but the percentage is about the average usually obtained from public campaigns of this kind.

For some time I had been concerned about the conditions of the Assembly Halls at North Harrow and Belmont, especially with regard to the kitchen sections. Both are war-time structures erected during a period when building materials were in short supply, and as a result they fell below the standard required by the Food



Hygiene Regulations. Following a report, the Council agreed to discontinue their use as cooking centres. Arrangements were made to cater for the Old People's Luncheon Clubs and the Meals-on-Wheels-Service from a new purpose-built kitchen erected at Elm-grove depot. Now the meals are prepared and cooked under excellent modern hygienic conditions and, although there were some slight teething troubles, mainly associated with the delivery and serving of the meals from bulk containers at the luncheon centres, these were soon ironed out, and this well worthwhile service for the elderly and the housebound goes on apace. Here a word of praise and thanks must go to the members of the Meals Sub-Committee of the Old People's Welfare Committee and to the teams of ladies who give so willingly of their time in serving and washing up at the centres and without whose help it would not be possible to provide this service.

1964 had its quota of new legislation and I would particularly draw attention to the Offices, Shops and Railway Premises Acts, the Children's Nightdresses Regulations and the Egg Albumen/Dessicated Coconut and Liquid Egg (Pasteurisation) Regulations—designed in one way or another to protect the health of the individual either through his environment or through his personal health. In addition, Section 32 of the Children and Young Persons Act, 1963, came into force on the 1st February, 1964. This section increases tenfold or more the penalties for supplying tobacco to children, whether by direct sale or by not taking precautions to prevent an automatic cigarette machine being used by persons apparently under sixteen years of age. Enforcement would appear to be the difficulty here but at any rate it is always another step in the direction of dissuading young people from starting the smoking habit. The reduction in television advertisements on smoking may be of more value.

Finally, I would like to take this opportunity of thanking the Chairman and Members of the Public Health Committee for their interest and support during the year and also acknowledge with thanks the help and co-operation of my colleagues on the Council's staff. Last, but not least, I thank all members of the Health Department for their willing and able assistance throughout a busy year.

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)	...	...	...	...	...	...	210,250
Number of inhabited houses	...	...	...	...	...	...	66,763
Rateable value	...	...	...	...	...	...	£11,050,571
Sum represented by a penny rate	...	...	...	...	...	...	£45,400

### Vital Statistics.

Live Births: —	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,646	1,502	3,148
Illegitimate	112	91	203
	<hr/>	<hr/>	<hr/>
Total	1,758	1,593	3,351
	<hr/>	<hr/>	<hr/>

Live Birth rate per 1,000 population	...	...	15.9
Adjusted Live Birth rate	...	...	16.2
Birth Rate for England and Wales	...	...	18.4
Illegitimate live births per cent of total live births			6.1

Stillbirths: —	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	15	25	40
Illegitimate	0	1	1
	<hr/>	<hr/>	<hr/>
Total	15	26	41
	<hr/>	<hr/>	<hr/>

Still Birth rate per 1,000 Live and Still Births	...	...	12.1
Total Live and Still Births	...	...	3,392
Still Birth rate for England and Wales	...	...	16.4

### Infant Deaths (under 1 year of age)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	22	14	36
Illegitimate	2	3	5
	<hr/>	<hr/>	<hr/>
Total	24	17	41
	<hr/>	<hr/>	<hr/>

Infant Mortality Rate per 1,000 live births	...	...	12.2
Legitimate Infant Mortality rate per 1,000 legitimate live births	...	...	11.4
Illegitimate Infant Mortality rate per 1,000 illegitimate live births	...	...	24.6
Infant Mortality Rate for England and Wales	...	...	20.0



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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	15	9	24
Illegitimate	1	2	3
Total	16	11	27

Neo-natal mortality rate per 1,000 live births ...	8.1
Neo-natal mortality rate for England and Wales ...	13.8
Early Neo-natal Mortality rate (first week) per 1,000 live births ...	7.8
Peri-natal mortality rate per 1,000 live and still births	19.8

## Maternal Mortality:—

Maternal deaths ...	NIL
Maternal Mortality rate per 1,000 live and still births	NIL
Maternal Mortality rate for England and Wales ...	0.25

## Deaths:—

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,012	934	1,946

## Death rate per 1,000 population:

Crude Death Rate ...	9.3
Comparability Factor ...	1.08
Adjusted Death Rate ...	10.0
Death rate for England and Wales ...	11.3

**Population**

The estimated mid-year population for the Borough was 210,250, which was a substantial rise in the population as compared with 1963. The natural increase in population—excess of births over deaths—was 1,405, and the number of occupied houses and flats rose by 660 to 66,763.

**Births**

The total number of births registered during the year was 3,351 (1,758 male and 1,593 female). 203 of these births were illegitimate giving a percentage of total births of 6.1 as compared with a percentage of 5.2 for 1963.

Total number of live and still births ...	3,392
Local births ...	988
(a) domiciliary confinement ...	976
(b) nursing home confinement ...	12

2,404 birth notifications (2,367 live and 37 still) were transferred from other districts, being mostly births occurring to Harrow mothers in hospitals in Middlesex or in London. The birth rate was 15.9 per 1000 population, which when corrected by the application of the Registrar General's area comparability factor, gives a birth rate of 16.2 as compared with the birth rate of 18.4 per 1,000 population for England and Wales.



## Congenital Malformations

As mentioned earlier in this report, information concerning congenital malformations or abnormalities was collected and supplied to the Registrar General. The following is a summary and analysis of the information received during the year.

### INCIDENCE OF CONGENITAL MALFORMATIONS

#### A. Summary of Notifications

(i)	Number of notifications received during the year ... ..	69
(ii)	Number of live births included in (i) above ... ..	60
(iii)	Number of stillbirths included in (i) above ... ..	9
(iv)	Total number of malformations notified as apparent at birth	84
(v)	Number of children with multiple abnormalities ... ..	11

#### B. Analysis of Malformation Notified

Code Number	Number of cases	Code Number	Number of cases
<b>0 Central Nervous System</b>		<b>5 Uro-genital system</b>	
.1 Anencephalus ... ..	3	.2 Polycystic kidney	
.2 Encephalocele ... ..	1	all forms ... ..	1
.4 Hydrocephalus ... ..	2	.3 Obstructive defects	
.7 Defects of spinal cord	1	of urinary tract ... ..	1
.8 Spina bifida ... ..	1	.6 Hypospadias,	
<b>1 Eye, Ear</b>		epispadias ... ..	5
.8 Accessory auricle ... ..	5	.8 Defects of female	
.9 Other defects of ear ...	1	genitalia ... ..	2
<b>2 Alimentary System</b>		<b>6 Limbs</b>	
.0 Defects of Alimentary		.0 Defects of upper limb	
System NOS ... ..	1	NOS ... ..	1
.1 Cleft lip ... ..	4	.1 Defects of lower limb	
.2 Cleft palate ... ..	5	NOS ... ..	2
.9 Other defects of		.3 Polydactyly ... ..	1
Alimentary system ... ..	1	.4 Syndactyly ... ..	3
<b>3 Heart and Great Vessels</b>		.5 Dislocation of hip ...	5
.0 Congenital heart		.6 Talipes ... ..	20
disease NOS ... ..	3	<b>7 Other Skeletal</b>	
.6 Intraventricular		.5 Chondrodystrophy ...	1
septal defects ... ..	2	<b>8 Other systems</b>	
<b>4 Respiratory System</b>		.0 Bronchial cleft, cyst	
.5 Lung defect ... ..	1	or fistula etc. ... ..	1
<b>9 Other Malformations</b>		.4 Other defects of skin ...	1
.1 Multiple malformations			
NOS ... ..	2		
.6 Mongolism ... ..	6		
.9 Other ... ..	1		



## Still Births

41 still births were registered during the year, giving a still birth rate of 12.1 per 1,000 total births, which compares very favourably with the rate of 16.3 for the country as a whole.

## Infant Mortality

Last year, 41 (24 male and 17 female) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was a fall of eleven on the figure for 1963 and with 3,351 live births gives an infant mortality rate of 12.2 as compared with that of 16.3 in 1963. The rate for England and Wales was 20.0.

27, or approximately 65% of these infant deaths occurred during the first four weeks of life, giving a neo-natal mortality rate of 8.1 per 1,000 live births. 26 of these neo-natal deaths occurred during the first week of life, with congenital malformations and prematurity featuring as the cause of death. These early neo-natal deaths combined with the still births give a peri-natal mortality rate of 19.8 per 1,000 live and still births as compared with a rate of 27.4 for 1963.

## Maternal Mortality

No deaths occurred during 1964 due to causes associated with pregnancy and child birth.

## Deaths

The total number of deaths of residents of the Borough was 1,946 giving a death rate of 9.3 per 1,000 population. Liability to death varies at different ages and also between the sexes. Accordingly, to offset the effects of these variations and so produce a rate which can be used for comparison purposes with other districts in the country as a whole, the Registrar General calculates for each district a comparability factor which, when applied to the crude death rate of 9.3, gives an adjusted death rate of 10.0, which then compares with the death rate of 11.3 per 1,000 population for England and Wales. Again, the main causes of deaths were as follows: —

1. Diseases of the circulatory system	...	...	1,727
2. Cancer	...	...	471
3. Vascular diseases of the central nervous system	...	...	217

815 deaths registered were of people over 75 years of age, that is 41% of the total deaths registered in the district.

## Deaths from Cancer

In 1964, the number of deaths from cancer was 263 males and 208 females. Deaths from lung cancer increased by 23 to a total of 132 for the year or a rate per 100,000 of 62.73. Health education featuring anti-smoking propaganda directed mainly at the younger age groups, continued during the year. The actual effect is difficult to gauge but the



impression is gained that there is a swing away from the cigarette to the pipe and cigars in the adult population. Whether this impression is actual, it is difficult to ascertain statistically, but anyway one can only continue to point out the dangers inherent in cigarette smoking and watch the returns over the years.

### **Cervical Cytology**

The incidence of cancer of the cervix is comparatively low but it is a serious disease and yet is very amenable to treatment in its early stages, so much so that the early diagnosis of this condition is now a matter which is receiving more attention. This early diagnosis is made by the microscopic examination of cervical smears. The actual taking of the smears presents few difficulties but, on the other hand, the expert examination of the smears is a highly technical task, complicated by the fact that there is a shortage of suitably qualified cytologists to carry out this work. However, the Regional Hospital Boards are pushing rapidly forward with the training of cytologists and it is hoped that before very long, it will be possible to institute services for the routine two to three yearly examination of cervical smears from all women at risk, that is between the ages of 30 and 40 years, especially those who have given birth to several children.

### **Deaths from Accidents**

Motor vehicle and other accidents caused the deaths of 51 residents during 1964. In the classification of other accidents, a large proportion occurred in the elderly—no doubt due to accidents in the home. Are these accidents preventable? The answer is probably in the affirmative, but it means a great deal of work in advising and persuading old people to change their way of life in order to make their homes safer. One can easily imagine the numerous hazards to life in the bed-sitting room of the elderly person, piled high as it usually is with "treasures" collected over the years and all of tremendous sentimental value. The tidying up of these rooms, the removal or replacement of the worn bits of carpet, the removal of the oil stove, the installation of a proper fire guard and the general manoeuvres to get some clear living space, all take time and are usually only achieved after paying many visits and using much gentle persuasion.

### **Deaths from Suicide**

22 people committed suicide during 1964, a drop of 6 as compared with 1963.

### **Deaths from Infectious Diseases**

There were 12 deaths from tuberculosis and 2 from influenza during 1964, with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.



**TABLE I**  
**Summary of Vital Statistics 1940-1964**

	<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>
1940 ..	188,710	16.7	9.7	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
1963 ..	209,520	15.2	10.4	16.3	11.9	Nil	16.6
1964 ..	210,250	15.9	9.3	12.2	8.1	Nil	12.1

**TABLE II**  
**Comparative Vital and Mortality Statistics for the Borough of Harrow  
and for England and Wales for years 1954-1964**

<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>
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	21.4
1962 ..	16.1	18.0	12.1	11.9	22.5	20.7
1963 ..	15.5	18.2	11.2	12.2	16.3	21.6
1964 ..	16.2	18.4	10.0	11.3	12.2	30.0

**TABLE III**  
**DEATHS OF HARROW RESIDENTS DURING 1964**  
**Registrar General's Return**

<i>Cause of Death</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
1.	Tuberculosis, respiratory	..	..	..	9	1	10
2.	Tuberculosis, other	..	..	..	1	1	2
3.	Syphilitic disease	..	..	..	—	1	1
4.	Diphtheria	..	..	..	—	—	—
5.	Whooping Cough	..	..	..	—	—	—
6.	Meningococcal infections	..	..	..	—	—	—
7.	Acute Poliomyelitis	..	..	..	—	—	—
8.	Measles	..	..	..	—	—	—
9.	Other infective and parasitic diseases	..	..	..	3	1	4
10.	Malignant neoplasm, stomach	..	..	..	36	22	58
11.	Malignant neoplasm, lungs, bronchus	..	..	..	111	21	132
12.	Malignant neoplasm, breast	..	..	..	—	47	47
13.	Malignant neoplasm, uterus	..	..	..	—	13	13
14.	Other malignant and lymphatic neoplasms	..	..	..	116	105	221
15.	Leukaemia, aleukaemia	..	..	..	12	7	19
16.	Diabetes	..	..	..	1	6	7
17.	Vascular lesions of nervous system	..	..	..	65	152	217
18.	Coronary disease, angina	..	..	..	250	151	401
19.	Hypertension with heart disease	..	..	..	13	18	31
20.	Other heart disease	..	..	..	72	113	185
21.	Other circulatory disease	..	..	..	47	63	110
22.	Influenza	..	..	..	—	2	2
23.	Pneumonia	..	..	..	37	46	83
24.	Bronchitis	..	..	..	65	30	95
25.	Other diseases of respiratory system	..	..	..	13	3	16
26.	Ulcer of stomach and duodenum	..	..	..	14	7	21
27.	Gastritis, enteritis, diarrhoea	..	..	..	4	9	13
28.	Nephritis and nephrosis	..	..	..	9	8	17
29.	Hyperplasia of prostate	..	..	..	6	—	6
30.	Pregnancy, childbirth, abortion	..	..	..	—	—	—
31.	Congenital malformations	..	..	..	10	6	16
32.	Other defined and ill-defined diseases	..	..	..	77	69	146
33.	Motor vehicle accidents	..	..	..	17	3	20
34.	All other accidents	..	..	..	11	20	31
35.	Suicide	..	..	..	13	9	22
36.	Homicide and operations of war	..	..	..	—	—	—
TOTAL .. ..					1,012	934	1,946



**TABLE IV**  
**Causes of Death (Males) at various ages 1964**

Cause of Death	1 Under month to 1 year												
	All Ages	4 weeks	1- year	1- year	5- year	15- year	25- year	35- year	45- year	55- year	65- year	75- Over	Over
1. Tuberculosis, respiratory .. ..	9	—	—	—	—	—	—	—	3	2	2	2	2
2. Tuberculosis, other .. ..	1	—	—	—	—	—	—	—	—	1	—	—	—
3. Syphilitic disease .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	3	—	—	—	—	—	—	—	—	—	3	—	—
10. Malignant neoplasm, stomach ..	36	—	—	—	—	—	—	—	3	12	14	7	—
11. Malignant neoplasm, lungs, bronchus	111	—	—	—	—	—	—	1	14	53	34	9	—
12. Malignant neoplasm, breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms .. ..	116	—	—	—	1	2	2	7	7	30	38	29	—
15. Leukaemia, aleukaemia .. ..	12	—	—	—	—	—	—	1	3	4	2	2	—
16. Diabetes .. ..	1	—	—	—	—	—	—	—	—	—	—	—	1
17. Vascular lesions of nervous system ..	65	—	—	—	—	—	—	1	3	12	20	29	—
18. Coronary disease, angina .. ..	250	—	—	—	—	—	—	7	27	87	70	59	—
19. Hypertension with heart disease ..	13	—	—	—	—	—	—	—	—	1	3	9	—
20. Other heart disease .. ..	72	—	—	—	—	1	1	1	3	12	17	37	—
21. Other circulatory disease .. ..	47	—	—	—	—	—	1	—	3	7	12	24	—
22. Influenza .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia .. ..	37	—	4	—	—	—	—	—	1	4	7	21	—
24. Bronchitis .. ..	65	—	—	1	—	—	—	1	3	9	26	25	—
25. Other diseases of respiratory system	13	—	1	—	—	—	—	—	—	3	—	9	—
26. Ulcer of stomach and duodenum ..	14	—	—	—	—	—	—	—	1	4	3	6	—
27. Gastritis, enteritis, diarrhoea ..	4	—	—	1	1	—	—	—	—	—	1	1	—
28. Nephritis and nephrosis .. ..	9	—	—	—	—	—	—	—	1	3	2	3	—
29. Hyperplasia of Prostate .. ..	6	—	—	—	—	—	—	—	—	1	2	3	—
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations .. ..	10	3	2	—	1	1	—	1	2	—	—	—	—
32. Other defined and ill-defined diseases	77	13	1	—	—	3	2	2	5	8	16	27	—
33. Motor vehicle accidents .. ..	17	—	—	—	1	5	—	1	—	4	2	4	—
34. All other accidents .. ..	11	—	—	1	—	1	1	3	—	1	—	—	—
35. Suicide .. ..	13	—	—	—	—	2	2	1	5	2	1	—	—
36. Homicide and operations of war ..	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTAL</b> ..	<b>1,012</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>15</b>	<b>9</b>	<b>27</b>	<b>84</b>	<b>260</b>	<b>275</b>	<b>311</b>	

**TABLE V**  
**Causes of Death (Females) at various ages 1964**

Cause of Death	All Ages	Under 1 month				5-	15-	25-	35-	45-	55-	65-	75- Over
		4 weeks	to 1 year	1-	5-								
1. Tuberculosis, respiratory .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1
2. Tuberculosis, other .. .. .	1	—	—	—	—	—	—	—	—	1	—	—	—
3. Syphilitic disease .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1
4. Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	1	—	—	—	—	—	—	—	—	—	—	—	1
10. Malignant neoplasm, stomach .. .. .	22	—	—	—	—	—	—	—	—	2	4	3	13
11. Malignant neoplasm, lungs, bronchus	21	—	—	—	—	—	—	—	2	2	7	5	5
12. Malignant neoplasm, breast .. .. .	47	—	—	—	—	—	—	1	3	14	12	9	8
13. Malignant neoplasm, uterus .. .. .	13	—	—	—	—	—	—	—	—	—	1	8	4
14. Other malignant and lymphatic neoplasms .. .. .	105	—	—	—	—	1	1	3	7	22	29	42	
15. Leukaemia, aleukaemia .. .. .	7	—	—	—	1	—	1	1	—	—	—	1	3
16. Diabetes .. .. .	6	—	—	—	—	—	—	—	—	—	3	1	2
17. Vascular lesions of nervous system ..	152	—	—	—	—	—	—	—	1	10	10	36	95
18. Coronary disease, angina .. .. .	151	—	—	—	—	—	—	—	—	2	18	40	91
19. Hypertension with heart disease .. ..	18	—	—	—	—	—	—	—	—	—	1	2	15
20. Other heart disease .. .. .	113	—	—	—	—	—	—	1	2	3	11	23	73
21. Other circulatory disease .. .. .	63	—	—	1	—	—	—	—	—	4	2	9	47
22. Influenza .. .. .	2	—	—	—	—	—	—	—	—	—	—	1	1
23. Pneumonia .. .. .	46	—	1	—	—	—	—	—	—	2	—	7	36
24. Bronchitis .. .. .	30	—	—	—	—	—	—	—	1	2	3	7	17
25. Other diseases of respiratory system	3	—	1	—	—	—	—	—	—	—	—	1	1
26. Ulcer of stomach and duodenum .. ..	7	—	—	—	—	—	—	—	—	—	1	2	4
27. Gastritis, enteritis, diarrhoea .. .. .	9	—	—	—	—	1	—	—	—	1	—	3	4
28. Nephritis and nephrosis .. .. .	8	—	—	—	—	—	—	—	—	1	1	2	4
29. Hyperplasia of Prostate .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations .. .. .	6	2	2	—	1	—	—	—	—	—	—	1	—
32. Other defined and ill-defined diseases	69	9	2	1	1	—	3	2	6	4	14	27	
33. Motor vehicle accidents .. .. .	3	—	—	—	1	1	—	—	—	—	1	—	—
34. All other accidents .. .. .	20	—	—	—	—	—	—	1	5	1	3	3	7
35. Suicide .. .. .	9	—	—	—	—	—	—	1	2	—	2	2	2
36. Homicide and operations of war .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTAL</b> .. .. .	<b>934</b>	<b>11</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>9</b>	<b>22</b>	<b>58</b>	<b>106</b>	<b>209</b>	<b>504</b>	



**TABLE VI**  
**Deaths of Harrow Infants under 1 year of age 1964**

<i>Causes of Death</i>	<b>AGE</b>										
	<i>Under 1 day</i>	<i>1-7 days</i>	<i>1-2 weeks</i>	<i>2-3 weeks</i>	<i>3 weeks to 1 month</i>	<i>Total under 1 month</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-9 months</i>	<i>9-12 months</i>	<i>Total under 1 year</i>
Bronchopneumonia ..	—	—	—	—	—	—	—	3	2	—	5
Lung Abscess ..	—	—	—	—	—	—	—	—	—	1	1
Prematurity ..	3	7	—	—	—	10	1	—	—	—	11
Spontaneous Tension pneumo thorax (R) ..	—	—	—	—	—	—	1	—	—	—	1
Tentorial tear—prematurity ..	1	—	—	—	—	1	—	—	—	—	1
Acute perforation of colon—Mongol ..	—	1	—	—	—	1	—	—	—	—	1
Intracranial Haemorrhage ..	—	1	—	—	—	1	—	—	—	—	1
Respiratory failure ..	1	1	—	—	—	2	—	—	—	—	2
Congestive heart failure ..	—	1	—	—	—	1	—	1	—	—	2
Cerebral atrophy ..	—	—	—	—	—	—	—	1	—	—	1
Mongolism ..	—	—	—	—	—	—	1	—	—	—	1
Atelectasis—prematurity ..	3	5	—	—	—	8	—	—	—	—	8
Congenital abnormality ..	2	—	—	1	—	3	—	1	1	1	6
<b>TOTAL</b> ..	<b>10</b>	<b>16</b>	<b>—</b>	<b>1</b>	<b>—</b>	<b>27</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>41</b>

**TABLE VII**  
**PULMONARY TUBERCULOSIS: CANCER OF LUNG AND BRONCHUS DEATHS WITH RATE PER 100,000 POPULATION 1954 - 1964**

<i>Year</i>	<i>Population</i>	<i>Deaths/Pulmonary Tuberculosis</i>		<i>Deaths/Lung Cancer</i>	
		<i>Number</i>	<i>Rate per 100,000</i>	<i>Number</i>	<i>Rate per 100,000</i>
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
1963 ..	209,520	4	1.91	109	52.07
1964 ..	210,250	10	4.75	132	62.73



## HEALTH SERVICES OF THE AREA

### (A) PERSONAL HEALTH

The Middlesex County Council, as local health authority, continued during the year to provide within the Borough certain health services under Part III of the National Health Service Act and the Nurseries and Child Minders Regulation Act. The day to day administration of some of these services was delegated to a local Area Health Committee.

#### Section 22—Care of Mothers and Young Children

Clinic facilities are made available each week throughout the Borough where expectant mothers can receive ante-natal care throughout their pregnancy. Mothercraft classes offering advice and care of the expectant mother and child are available and, judging from the numbers attending, provide a worthwhile service. Ante-natal relaxation classes are now a well established feature of these clinics and the instruction and advice given is of value in helping the mother to have an easier confinement.

The infant welfare sessions at the clinics are the obvious follow-on to the ante-natal sessions. Here advice on the feeding, hygiene and general management of infants and toddlers is available, with facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis.

Dental treatment is available for all expectant and nursing mothers and children.

In addition to the above clinic sessions, many general practitioners are now holding their own infant welfare sessions and, in some cases, have approached the department regarding the possibility of having a Health Visitor to assist them at these sessions. It has not been possible to accede to these requests as yet but the matter is under consideration, and is tied up with the much bigger aspect of attachment of Health Visitors to a practice where the whole scope of their training would be available, rather than confined to the smaller field of infant welfare alone.

The service for taking blood specimens from expectant mothers at the local ante-natal clinics continued during the year but, in the light of experience, these sessions were finally amalgamated into one session per week, which is held on every Thursday afternoon at the Caryl Thomas Clinic, Headstone Drive. Appointments are made by telephoning the clinic—Tel: Harrow 4484.

#### Day Nurseries

Two day nurseries are provided by the Middlesex County Council for the needs of children aged 0-5 years for whom it is considered nursery provision is required on health grounds.



These nurseries are at (a) Headstone Drive, Wealdstone, with 50 places, and (b) Walton Avenue, South Harrow, with 60 places. The Headstone Drive nursery is recognised as a training nursery for the purposes of students seeking the qualification of the National Nursery Examination Board. Each year the number of applicants for training far exceeds the posts available.

In addition to the above, there are a number of privately run nurseries and also a large number of child minders, who are registered under the Nurseries and Child Minders Regulation Act. In these cases, application for registration is made to the authority and, after a full inspection, a report is submitted to the local Area Health Committee, who then decide whether the registration should be granted. In addition, the applicant has to obtain the approval of the Borough Council under the Town Planning Regulations.

All these premises are visited periodically by a Medical Officer, and routinely by the Health Visitor of the particular district. Most of them look after children for mornings only.

The numbers at present registered are: —

1. Child Minders ... ..	18
2. Private Day Nurseries ... ..	13

### Section 23—Midwifery.

The establishment of midwives was full during 1964, at sixteen for the area. Working in liaison with the general practitioners, the midwives provided ante-natal supervision of mothers expecting to be confined at home. Regular booking sessions are held by the midwives at most clinics and visits are made to homes to see that everything is in order for the home confinement. Expectant mothers are given instruction in the use of analgesia apparatus—gas and air and trilene. Sterilised maternity outfits are available to all, except those who have booked a hospital bed for their confinement. During the year, the midwives attended the confinements of 976 women in their homes.

The 48 hour Planned Early Discharge Scheme for certain patients delivered in hospital continued during the year and amounted to about fifteen cases each month. The majority of these cases were from Edgware General Hospital, with one or two from Kingsbury Maternity and the London Hospitals. The mothers like this scheme, which works very well, and no adverse effects to any mother or child have been observed.

Twenty-one pupil midwives attended during the year to undertake their three months domiciliary training in preparation for Part 2 of the examination of the Central Midwives Board.



The day and night rota system for midwives continued during the year and worked well to the mutual benefit of patients and the midwifery staff.

The work of the midwives is co-ordinated by the Non-medical Supervisor of Midwives, Miss R. C. Speaight, of 585 Honeypot Lane, Stanmore—Telephone: Wordsworth 5564.

### **Maternity Services—Catchment Areas**

During 1963, due to the shortage of maternity beds, many patients in need of hospital confinement could not be booked into any hospital and had to wait until they were in labour and be admitted to a hospital under the Emergency Bed Service. This was a most unsatisfactory state of affairs, and finally during the last few months of 1963, the Ministry of Health asked the Regional Hospital Boards to define maternity catchment areas in the Greater London Area, and a group of maternity beds to serve them. The idea was that each district would be linked to a particular maternity hospital or hospitals and it would be the hospital's responsibility to provide all the necessary services for its particular district. This would obviate the need for any patient to seek admission through the Emergency Bed Service.

The new areas were defined and brought into use in May, 1964. The Borough of Harrow is linked with the Boroughs of Brent and Barnet in Area 3 catchment area, and on a district basis receives its maternity hospital services from the Edgware General and Kingsbury Maternity Hospitals.

New liaison committees were set up to co-ordinate administrative and executive action.

The new scheme is working well but the only real answer to the problem is the provision of more maternity beds generally, and more specifically in relation to the Borough, the completion of the new hospital at Northwick Park, which will provide 100 new maternity beds.

### **Section 24—Health Visiting.**

During the year 1964, the Health Visiting establishment was once again under strength, even though it was possible to recruit seven new members of staff, including the two student Health Visitors who were appointed in 1963 to attend the Sponsored Health Visitors Training Course at Chiswick Polytechnic and who gained their certificates in July, 1964. This recruitment figure was offset by the resignations of seven Health Visitors on the staff—two to start their own families, one for further training and three moving away from the district. In addition to the above appointments, it was possible to recruit another student who started her certificate course at Chiswick in September and who it is hoped will join the staff in July, 1965.



The liaison scheme whereby a Health Visitor attends the Paediatric Department at Edgware General Hospital continued during the year and has proved to be of great value. The interchange of useful clinical and social information concerning the child patient acts for his or her benefit. This "getting together" of the hospital and the local health authority services is a first class idea and it is hoped that similar liaison schemes with other branches of the services may be instituted in the not too distant future.

Home visiting of the elderly increased greatly during the year, when 517 such visits were carried out following requests from general practitioners, medical social workers and voluntary organisations, etc. In some cases, one or two visits may be sufficient to sort out the problem or problems, but in other cases, the situation often demands a "regular call" to see that everything is satisfactory and that the old person is coping with life. These supported visits are of the utmost importance and are becoming more and more part of the routine work of the Health Visitor.

It will be remembered from last year's report, mention was made of the introduction, by way of experiment, of fathercraft classes at two clinics in the Borough. This year, the classes were held in the Caryl Thomas Clinic as being more central for the whole of the area. A course of four lectures was held six times during the year and 10 to 12 fathers attended the classes. Appreciation of these lectures from the husbands has been expressed and a more satisfactory understanding and management has followed the return of mother and child to the home after the confinement of the first baby in hospital. In addition, twelve film evenings were held for expectant mothers and their husbands on alternate months at Honeypot Lane Clinic and Cecil Park Clinic. Attendances ranged from 40 to 65 each evening. These film shows are of good value as, after the films, question and answer sessions usually ensue, thus presenting the ideal situation for health education.

Health classes on a variety of topics have also been held in some schools during the year. These classes were held during one term at Blackwell, Camrose and Roxeth Manor. In addition, a series of talks were given at Downer Grammar to a class of 10 to 12 girls, all interested in social careers, such as nursing, occupational therapy, welfare work, teaching and medicine.

In previous years, the Health Visitors helped out in the field work associated with medical and social research projects and in the latter part of the year were, and still are, very much involved in the Measles Vaccines Trials, details of which are given in the section on Infectious Diseases.

The routine work of health and advice to the family, and the general workings of the department, was explained to over one hundred student nurses from the Middlesex and Edgware General Hospitals. This was



in addition to field work instruction and training given to student Health Visitors from a variety of training schools. There is no doubt about the fact that the Health Visitor's life is a full and interesting one.

### **Section 25—Home Nursing.**

The home nursing staff, consisting of the 29 nurses, equivalent to 23 whole-time staff, completed another busy year carrying out 60,072 visits. These nurses work under instruction from the general practitioners and carry out general nursing duties with the acute and chronic sick in their homes. The work of the nurses can be extremely varied as it covers all age groups, from infancy to old age. Advice is sought on many problems and, judging by the letters of appreciation received in the office, they are providing a well worthwhile service to the community. Many of their visits are for general care of the elderly and I am sure their visits in support must be a great boon to the often very harassed relatives.

Four of the nurses attended the District Nurses Training Course at Chiswick Polytechnic and all were successful in attaining the National Certificate. The tutor's reports indicate that their standard of work was of a high order.

Mention must be made of the willing aid the Department receives from the St. John's Ambulance Brigade and the British Red Cross. Both these organisations have taken over some routine home nursing duties in certain cases. This is, of course, only arranged in consultation with the general practitioner. In addition, the British Red Cross run the loan of nursing equipment service on behalf of the County Council. This is an extremely useful service and helps in the task of caring for patients in their own homes. The Red Cross depot is at 39 Sheepcote Road, Harrow—Telephone: Harrow 8788.

The Department acts as agent for the night nursing service provided by the Marie Curie Foundation. This is made use of in terminal cases of malignancy and has been instrumental in giving some degree of respite to the relatives in these tragic and often prolonged nursing cases.

The home nursing of the incontinent patient always causes problems, especially during the winter months, with its associated difficulties of drying sheets, etc. With the assistance of the Edgware General Hospital, it has been possible to set up a laundry service which has been a great boon. In addition, the issue of incontinence pads has been greatly increased. These pads help in this problem of laundering sheets but raise other problems concerning their disposal. Burning is the obvious way if facilities are available and, at the present moment, no great problem seems to exist. However, with clean air zones now moving rapidly forward, and the increase in the number of flats in the district without the traditional type of kitchen stove, this method may soon have to be reviewed. It may be that consideration will have to be given in the future to instituting a special type of collection service for incineration at a central point—in the meantime, in certain cases, the gas incinerators installed at the various clinics in the district have been used in an emergency.



## Section 26—Vaccination and Immunisation.

Vaccination against smallpox and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis is available at all clinics and, of course, also through the general practitioner services. The maintenance of a high rate of immunity is of paramount importance and every effort is made to see that all children receive their full course of immunising agents. This is routine practice but, as mentioned last year, the second phase of the London and Home Counties Campaign was held during two weeks in April, 1964. It is difficult to assess the value of these campaigns. My own views can be summed up as—a great deal of work for very little return.

No major changes in immunisation schedules were made during the year. Results are still awaited on the Quadruple Vaccine Trial and, during the year, further work was carried out with the measles vaccine. Several hundred Harrow children took part in this first offer of measles vaccine and are being followed up over a period of months. Further details of this work is given in the section on Infectious Diseases.

## Section 28—Care and After Care.

### (1) Chiropody.

Once again the chiropody service was heavily committed during the year, dealing with numerous applications for treatment, mainly from the elderly. All resources—private, voluntary and local authority were kept very busy. We managed to maintain sixteen sessions each week at the local clinics for the people who could attend, either on their own, or with the help of ambulance transport. Again, the British Red Cross managed to continue the service for treating the home bound.

Since the scheme started, the following have applied for treatment:—

Elderly Persons	992	662 receiving treatment
Physically Handicapped	17	13 „ „
Other	24	19 „ „
Expectant and Nursing Mothers	6	3 „ „

91 school children received treatment mainly for verruca.

### (2) Recuperative Holidays.

Arrangements for sending patients for short stay convalescence continued during the year. These holidays are confined to those recovering from a recent acute illness and who require only rest, fresh air and good food to complete treatment.

The recommendations come from general practitioners and hospitals and, after assessment in the local Area Office are, if approved, passed to the County Medical Officer for placement in a suitable convalescent home.



## PROBLEMS OF THE AGED



Before Voluntary Help



After Aid By Sixth Formers







## Section 29—Domestic Help.

Again this service proved its value over and over again during the year. Help is given whenever possible to all cases—if not the full-time asked, at least several hours during the week. The heaviest demand comes from the elderly and this is often the heaviest type of work as so much needs to be done in this type of case. Cases of home confinement and acute illness of the mother with a young family receive special priority.

The average number of home helps employed was one full-time and 76 part-time, being an equivalent of 41 full-time home helps. Assistance was given as follows during the year:—

Maternity Cases	...	...	...	...	387
Acute Illness	...	...	...	...	216
Chronic Sick and Tuberculosis	...	...	...	...	104
Mentally Disordered	...	...	...	...	—
Aged and Infirm	...	...	...	...	746
TOTAL	...	...	...	...	1453

The neighbourly help scheme continued and through it help was given in 28 cases.

## (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 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. Children attend these clinics at the request of the parents or of the teachers or they are referred there by school medical staff. Treatment for minor ailments is available. In addition these clinics are used for follow-up observation examinations of specific defects noted at a previous periodic



medical inspection in school. Special clinics are run for defects of vision, hearing and speech and also provision is made for children requiring child guidance treatment. In certain cases by arrangement with appropriate hospital boards, specialists attend some of these special clinics.

6. Provision of audiometric sweep testing of all pupils in order to detect defects in hearing which can 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, Hounslow and Neasden. The Neasden unit opened in 1963 and has brought these facilities much nearer to the Borough of Harrow, thus saving much time before 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.
Caryl Thomas Clinic, Headstone Drive, Wealdstone ... ..	Mon. & Fri. p.m.
Baptist Church, 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 ...	Tues. & 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.
The Clinic, Honeypot Lane, Stanmore ...	Tue. p.m.
The Clinic, Kenmore Road, Kenton ...	Fri. p.m.
Caryl Thomas Clinic, Headstone Drive, Wealdstone ...	Mon. p.m.
The Clinic, Cecil Park, Pinner ...	Fri. p.m.
Methodist Church Hall, Walton Avenue, South Harrow ...	Alternate Thur. a.m.
St. Alban's Church Hall, North 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.
Caryl Thomas Clinic, Headstone Drive, Wealdstone ...	Alternate Thur. 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.
Broadway Clinic, The Broadway, Wealdstone	Thur. 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. 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.
Caryl Thomas Clinic, Headstone Drive, Wealdstone ...	Tue. 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, Caryl Thomas Clinic, Headstone Drive 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 Caryl Thomas Clinic.

### **Speech Clinics**

Speech clinics are provided at the Caryl Thomas Clinic, Headstone Drive, where two 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 seven centres: —

- Caryl Thomas Clinic, Headstone Drive.
- Elmwood Avenue Clinic.
- Roxeth Hill Clinic.
- Honeypot 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 36 College Road, Harrow.

## **(D) HOSPITALS**

### **Present 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



## **Future Development.**

The Northwick Park Hospital and Clinic Research Unit will provide much needed hospital and out-patient facilities for the Borough. Facilities are available at the Edgware General and Mount Vernon Hospitals but for a great number of Harrow residents, visits to these hospitals can be very tiresome due to the travelling distances involved. Certain services are available at Harrow Hospital but this unit is not large enough to cope with the needs of a Borough the size of Harrow.

Although there are no visible signs of the Northwick Park Hospital as yet, it is understood that planning is well advanced and there are hopes that some building will take place in the not too distant future.

## **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 for those suffering from this complaint.

## **Hospitals for Mental Illness and Mental Subnormality**

Hospital places for the severe cases of mental subnormality are taxed to capacity and there is a long waiting list for this type of case. It does not need much imagination to picture the problems and burdens the care of such a case within the community places on the individual family concerned. Occasionally short term care can be arranged in order to try and ease the home situation for a few weeks in the year. Helpful as this may be, it is really only a stop gap measure and it certainly seems that more hospital places are urgently needed.

The Regional Hospital Boards are in the process of defining catchment areas and allocating certain hospitals to these areas. These hospitals will have to try and cope with the cases from their respective catchment area and thus obviate the present situation where the names of patients may be down on several hospital waiting lists in the hope that this will increase their chances of securing a vacancy.

It is understood that the Borough of Harrow will be in the catchment area for the Leavesden Hospital, Abbots Langley.



## Maternity Hospitals

As already mentioned, under the new maternity catchment areas, expectant mothers from this district who wish to be confined in hospital and who manage to book a bed—this is apart from those who are admitted because of some medical or social reason—are dealt with at the Edgware General or Kingsbury Maternity Hospitals. Roughly speaking, eastern, northern, central and western districts of the Borough attend Edgware General whilst south and south-western districts attend Kingsbury.

## 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

These are private establishments which provide accommodation for various types of patients. Section 187 of the Public Health Act, 1936, requires that these homes shall be registered with the local health authority. The 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. Up to 1962 the responsibility of the local health authority in regard to nursing homes has been ill-defined, but this situation has been improved by the Nursing Homes Act, 1963.

Regulations made under this Act require the managers of nursing homes to provide accommodation, care and staffing of a satisfactory standard. As laid down in the regulations, authorities now have powers to specify in what respect the conduct of a home falls short and what needs to be done to satisfy the requirements. Failure to comply with the authority's requirements can lead to proceedings against the managers in a magistrates court. The regulations are wide enough to ensure that suitable and adequate facilities to meet the requirements of the differing types of patients are provided in the various nursing homes, empower an authority to define numbers to be received into a particular home and also protect private interviews between inspecting officers and patients, in order to investigate complaints.

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



		<i>Beds</i>	<i>Type of Case</i>
Bermuda House, Mount Park, Harrow.	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, 82/84 Hindes Road, Harrow.	Mrs. T. O'Donnell	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	48	Medical or Chronic
Heywood Nursing Home, London Road, Stanmore.	Mrs. M. Guyatt	4 1	Medical Maternity
Hillmede Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. T. O'Donnell	8	Medical or Chronic

#### (F) ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

By Section 355 of the Middlesex County Council Act of 1944, no person shall carry on in this district an establishment for massage or 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 Physiotherapy and for members of the medical profession.

Before approving the licensing of any premises, the Public Health Committee requires to be satisfied about the general suitability for the work to be done in it, and about the equipment. Those in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually.

It is the premises which are licensed. Anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

The Authority may refuse to grant a licence in respect of any establishment in which massage or special treatment is or may be administered by any person who does not possess such treatment qualifications as may be reasonably necessary. Unfortunately no minimum standards of qualification are laid down and when this Council applied some few years ago to be allowed to make a bye-law prescribing minimum standards, the request was not granted.



At the beginning of the year 27 establishments were licensed and at the end of the year the number licensed was 26, there being one deletion from the list. The deletion was due to the relinquishing of the practice. Two members of the Chartered Society of Physiotherapists were in practice at the beginning and the end of the year.

### **(G) PROVISION FOR SPECIAL CLASSES OF PERSONS**

Middlesex County Council made available services for certain special classes of persons, including:

- (a) deprived children;
- (b) those suffering from mental illness and mental subnormality;
- (c) those in need of care and attention.

These services were controlled centrally and were not delegated to a local Committee. However, the services for children, mental health and welfare will come under the jurisdiction of the new Borough on the 1st April, 1965. Much preparatory work was carried out during 1964, in order that the transfer of responsibility would be smooth and effected, if possible, with no interruption in the services.

### **National Assistance Act, 1948—Section 47.**

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.

It was not found necessary to take action under this Section of the Act during the year.

### **The Aged**

The problems of looking after the aged person within the community never seem to grow less. All services, statutory and voluntary, are fully committed in supporting and helping this section of the population. Many can cope quite well on their own but it is important to spot the signs of deterioration quickly and so bring in the supporting services at an early stage. This is why home visiting of the elderly is of such importance. It should be regular and not just a casual visit now and then. Apathy and loneliness are an old person's greatest enemies and anything which combats these is to be encouraged. A simple regular friendly chat probably does more good than all the welfare services put together!

The voluntary and statutory services in the Borough continued their efforts to help in the above problems through the provision of the following services:—



- (1) Luncheon clubs;
- (2) Meals-on-Wheels;
- (3) Holiday schemes;
- (4) Chiropody;
- (5) Laundry service;
- (6) Domestic help;
- (7) Home nursing;
- (8) Home visiting;
- (9) Social clubs;
- (10) Work shops for the elderly;
- (11) Advisory clinics for the elderly.

The work shops for the elderly scheme has proved to be an unqualified success. It seems to have a tremendous therapeutic effect on all who attend. They meet others, chat, do a job of work and all are seemingly given a new aim and interest in life. All in all, it is a really worthwhile project.

#### (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 examination of material from this district carried out during the year: —

Nose and Throat Swabs	...	1947
Faeces	... ..	283
Sputum	... ..	6
Others	... ..	12

#### (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 ten 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. Movements 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.



## HEALTH EDUCATION

"The aims of the health service will fall short of achievement if not supported by informed public opinion." vide 1955 Annual Report of the Ministry of Health.

Some sections of the community are a natural objective for the Health Educator, as with the young or expectant mother or the school leaver, who to-day are probably vastly better informed than were their grandmothers at the turn of the century.

Even so there is still some apathy, and there are often indications that not even a good educational and cultural background is always a guarantee of complete good health habits, and the combination of fantasy and half-truths which surround some aspects of health could be amusing if they were not so tragic.

Health education has many outlets, both formal, as in the case of talks and lectures to organised groups; and informal, as in personal contact with individuals. In the latter context the Doctors, Health Visitors, Midwives and Public Health Inspectors, with their access to the home and a person's confidence have a unique opportunity to propagate information, although probably the recipient is not aware that he or she is being educated at the time.

The report of the Committee of Enquiry into the unfortunate outbreak of typhoid fever in Aberdeen during the year brought to the fore the need for the health education of food handlers, as however good a food premises may be, they are no substitute for a high standard of personal hygiene and technique by the individual. Whilst nine of the twenty-two talks on food hygiene under the Environmental Health talks programme were to groups of professional food handlers, it was discovered that in many cases these were the first they had received on the subject. In 1965 an invitation will be extended to the staffs of all food premises in Harrow to attend a short course of lectures.

As already mentioned in other sections of this report, there is a continuous programme of Health Education by the Health Visitors in the Clinics, Mothercraft and Relaxation Classes, comprising a course of eight or nine lectures, taking place every week. Then too, recognising that the informed husband can be of great support to the mother during pregnancy, confinement, and the period of post-natal adjustment, the fathers are invited to attend a course of four Fathercraft lectures at the Caryl Thomas Clinic. Six such courses were held during the year. Finally the expectant mothers and their husbands are invited to attend a film evening together which takes place alternate months at Honeypot and Cecil Park Clinics. The husbands have often expressed their appreciation of the programme, and once they can be persuaded to overcome their initial shyness some interesting group discussions follow the talks.



The poster approach is also used in the Clinics, where the Health Visitors are encouraged to arrange displays and exhibits. One such project featured during April was in support of an immunisation campaign. With the decline in the incidence of some infant diseases it has been found that some mothers are neglecting to take advantage of the immunization services available. For example, Harrow has not had a case of Diphtheria since 1950, or a death since 1946, and to-day's young mother, perhaps having no personal knowledge of a case, may become apathetic.

The Children's Nightdress Regulations 1964 were also featured at the end of the year. Under these regulations it is an offence to sell a made-up children's nightdress which is not made of low flammability material, but the Public Health Committee expressed concern at the dangers of buying cheap fabrics for making up at home, and the limited scope of the regulations, as, for example, old people are also vulnerable. In addition to posters and a press release, local traders were invited to co-operate in publicity, and one local store devoted valuable window space to a special display on the subject. The excellent film "Fabrics and Fireguards" was also obtained for showing in connection with the talks on Home Safety of which sixteen were given during the year.

Our colleagues in the teaching profession doubtless integrate some aspects of health into normal teaching subjects, but specialist health education talks in the Schools are available on request, although with school time at a premium further demands for space in existing curricula can only be made at the expense of other subjects considered essential. Three Secondary Modern, one Secondary Grammar and one private Grammar School have taken advantage of a series of twelve talks to girls leaving School interested in careers associated with nursing, medicine or welfare, which are not so much a programme, more a preparation for life, embracing such subjects as Mothercraft, personal hygiene, budgeting, etc. In addition ten talks on environmental or food hygiene were given to Biology, Domestic Science or Civics classes.

Apart from the special courses mentioned, a total of 93 talks were given covering all aspects of the Health Department, many of which were to local women's organisations, youth groups or professional bodies.

At the Delegate Conference in February, the theme of the Health Department exhibit was Housing and Health which illustrated some of the improvements in amenities possible under Improvement Grants. The reduction of overcrowding in Harrow from a peak of 628 cases in 1949 to a figure of 19 in 1963 was also featured, as was the decline in the incidence of tuberculosis in which improved housing has played, and must continue to play, an important part. The section on clean air compared the efficiency of smokeless fuel burned on a modern stove, compared with smoky domestic coal on an old-fashioned register grate.



Although this is an era in which the individual can secure many new aids to health in time of need from the advances in medical science, prevention is still better than cure and this is where health education with its plan for healthy living comes into its own.

Preventive medicine is not spectacular, lacking as it does the drama and glamour of curative medicine—it is the Cinderella of medicine!—yet leaving aside the economic disparity between the two branches, surely the saying “Prevention is better than cure” must have some meaning. Health education is the means of promoting preventive medicine—a means which must be used to its utmost.

## 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 December:—

### CHEMICAL RESULTS IN PARTS PER MILLION

Appearance: Bright with a few particles	Turbidity	Nil
Colour ... Nil	Odour ... Nil	
pH ... 7.3	Free Carbon Dioxide ... 24	
Electric Conductivity ... 720	Dissolved Solids dried at 180°C ... 500	
Chlorine present as Chloride ... 80	Alkalinity as Calcium Carbonate ... 235	
Hardness: Total ... 255	Carbonate 235 non-carbonate... 20	
Nitrate Nitrogen ... 2.0	Nitrite Nitrogen ... Absent	
Ammoniacal Nitrogen ... 0.000	Oxygen Absorbed ... 0.20	
Albuminoid Nitrogen ... 0.000	Residual Chlorine ... Absent	
Metals—Iron, Zinc, Copper and Lead: —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 unduly so, it contains no excess of mineral constituents. 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 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.

In addition, samples of bath water are submitted for bacteriological examination. During the year 15 samples were submitted the results were all satisfactory.

## **DISPOSAL OF THE DEAD**

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.

During the year 326 post-mortem examinations were undertaken and inquests were held on 60.

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	...	987
(ii)	On complaint of other nuisances	... ..	741
(iii)	Routine inspections	... ..	496
(iv)	Revisits arising from defects found	... ..	2,812
(v)	Surveys under S.157 Housing Act, 1936	... ..	119

#### **CONDITIONS FOUND**

(i)	Number of dwellings or other premises where defects were found	... ..	1,377
(ii)	Number of cases of overcrowding revealed	... ..	10

#### **PUBLIC HEALTH**

##### **VISITS**

(i)	On complaint or request	... ..	284
(ii)	Routine inspection of premises	... ..	834



(iii)	Revisits arising from defects found	...	...	...	936
(iv)	Surveys arising from Rats or Mice complaints	...	...	...	1,625
(v)	Inspection of Factories	...	...	...	174
(vi)	Inspection of Outworkers' Premises	...	...	...	155
(vii)	Inspection of Cinemas and Places of Entertainment	...	...	...	48
(viii)	Inspection of Licensed Premises	...	...	...	140
(ix)	Visits under Shops Acts	...	...	...	1,057
(x)	Sunday observations—Shops Acts	...	...	...	15
(xi)	Observations made for Smoke Nuisances	...	...	...	177
(xii)	Surveys under Clean Air Act	...	...	...	4,008
(xiii)	Pet Shops	...	...	...	25

## FOOD HYGIENE

### VISITS

(i)	Slaughterhouses	...	...	...	...	...	354
(ii)	Butcher's Shops	...	...	...	...	...	296
(iii)	Cowsheds	...	...	...	...	...	14
(iv)	Dairies	...	...	...	...	...	43
(v)	Fish Shops	...	...	...	...	...	76
(vi)	Bakehouses	...	...	...	...	...	78
(vii)	Cafes and Restaurants	...	...	...	...	...	302
(viii)	Ice Cream Premises	...	...	...	...	...	275
(ix)	Provision Merchants	...	...	...	...	...	368
(x)	Greengrocers	...	...	...	...	...	363
(xi)	Other Food Premises	...	...	...	...	...	308

## COMPLAINTS RECEIVED

### Summary

Accumulations of Refuse	...	...	...	...	...	179
Animals causing a nuisance	...	...	...	...	...	31
Dampness and Housing defects	...	...	...	...	...	243
Drains and sewers—choked	...	...	...	...	...	103
—defective	...	...	...	...	...	143
Dustbins defective	...	...	...	...	...	20
Flooding—Gardens	...	...	...	...	...	9
Vermin	...	...	...	...	...	13
Insect infestations	...	...	...	...	...	43
Overcrowding, alleged	...	...	...	...	...	49
Smoke nuisances	...	...	...	...	...	59
Watercourse	...	...	...	...	...	7
Other complaints (wasps' nests, noise, fumes, etc.)	...	...	...	...	...	492
Food unfit (excluding requests received from shops to visit and inspect food)	...	...	...	...	...	61



## NOTICES SERVED

### Under Housing Act, 1957

Statutory Notices served under S.9 requiring execution of repair work	...	...	...	...	...	...	1
Dwellings reported under SS.16/17 as being unfit for human habitation	...	...	...	...	...	...	14
Dwellings reported under S.18 (closing orders)	...	...	...	...	...	...	2
Informal notices served under S.9	...	...	...	...	...	...	28

### Under Public Health Act, 1936

Statutory Notices under—							
(i) S.24—work to a public sewer	...	...	...	...	...	...	147
(ii) S.39—repair or renewal of drains	...	...	...	...	...	...	28
(iii) S.45—repair or renewal of defective water closets	...	...	...	...	...	...	2
(iv) S.56—undrained or badly drained yard area	...	...	...	...	...	...	2
(v) S.75—renewal of a dustbin	...	...	...	...	...	...	1
(vi) S.93—abatement of a nuisance	...	...	...	...	...	...	62
(vii) Informal notices served	...	...	...	...	...	...	1,540

## 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	...	...	...	...	...	...	1
(ii) S.16/17 Housing Act, 1957, Demolition/Closing Order	...	...	...	...	...	...	10
(iii) S.18 Housing Act, 1957, Closing Orders	...	...	...	...	...	...	1
(iv) Dwellings rendered fit by owners after receipt of informal notice	...	...	...	...	...	...	16
(v) S.28 Housing Act, Closing Order converted to Demolition Order	...	...	...	...	...	...	—

### Following Public Health Act Notices

(i) S.24—Public Sewers repaired	...	...	...	...	...	...	138
(ii) S.39—							
(a) By owners	...	...	...	...	...	...	14
(b) By local authority in default of owners	...	...	...	...	...	...	7
(iii) S.45—							
(a) By owners	...	...	...	...	...	...	2
(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	...	...	...	2
	(b)	By local authority in default of owners	...	...	...	—
	(c)	By occupier	...	...	...	—
(vi)	S.93—Nuisances abated	...	...	...	...	30
(vii)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	...	...	...	...	1,108

#### Following action under Clear Air Act—S.12(2)

Number of notices	...	...	...	...	...	24
Complied with by owners	...	...	...	...	...	19

### SUMMARY PROCEEDINGS

On only two occasions during the year was it necessary to apply to the Court for Abatement Orders. These applications followed the failure of owners to comply with Notices that had been served on them under Section 93 of the Public Health Act, 1936, calling for the execution of work necessary to abate a nuisance. In one case the Order was granted and in the other the work was completed before the date of the hearing. Costs were allowed in both cases and where the Order was granted a fine was also imposed.

Court action was also taken in respect of four cases involving contraventions of the Food and Drugs Act. In respect of the failure of the owner to maintain a proper standard of cleanliness in the kitchen of a restaurant in North Harrow fines totalling £122 0s. 0d. and costs were imposed. In two other cases involving foreign matter in food fines totalling £25 0s. 0d. were imposed. The fourth case was a smoking offence and in this instance the employee concerned was prosecuted. He was fined £5 0s. 0d.

It was also necessary to institute proceedings against a greengrocer for failing, after repeated warnings, to close his business on a Wednesday afternoon. The offence in this case was against a Local Closing Order. A fine of £5 0s. 0d. was imposed.

### HOUSING

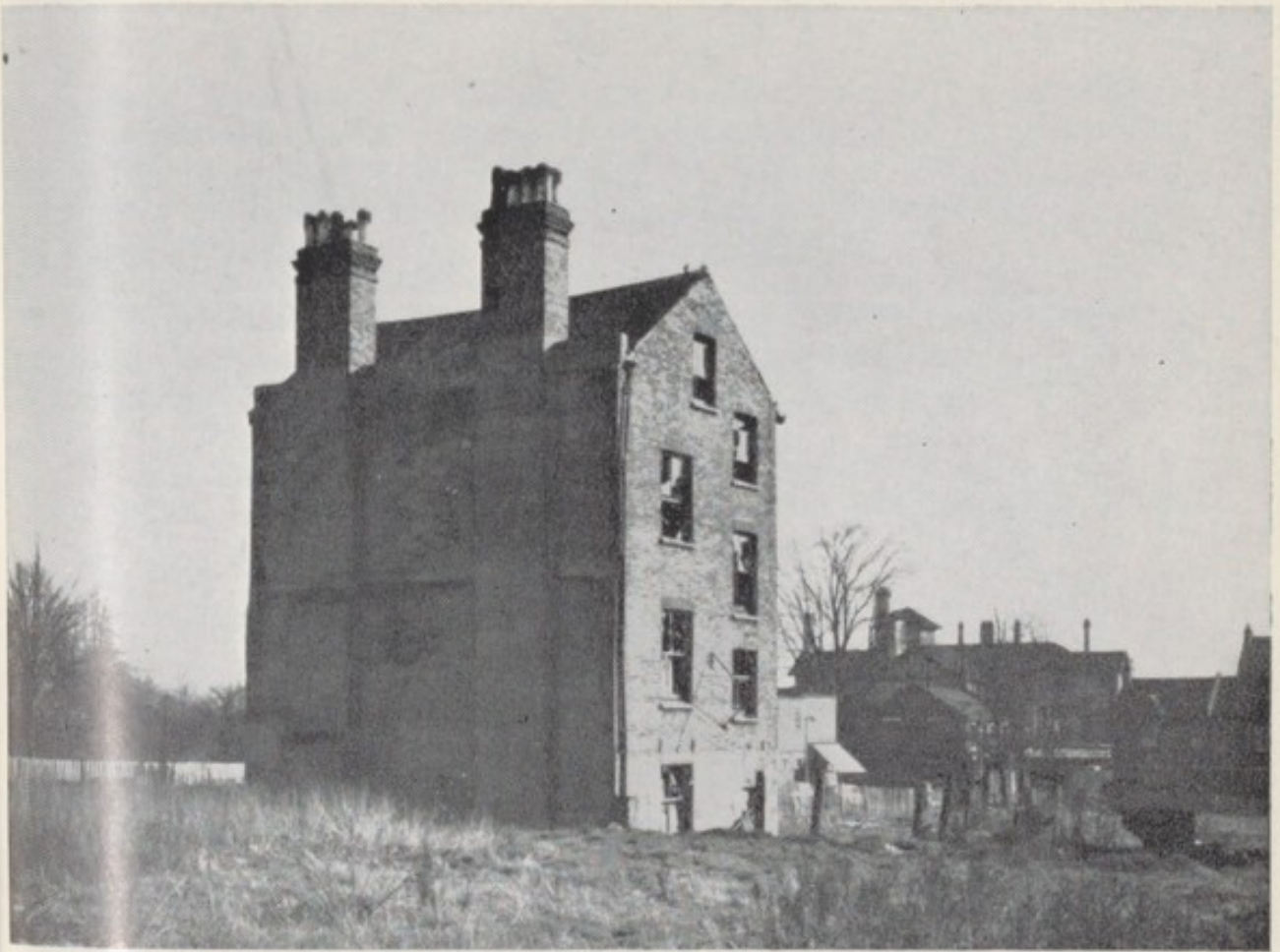
The following paragraph about the need for a constant supply of housing units appeared in the Annual Report for 1963:—

“The need for a constant supply of new houses within the financial means of the families displaced from unfit houses will remain a matter of importance and it is hoped that during 1964 and 1965 sufficient housing units will become available to ensure that all families from dwellings which are the subject of Closing or Demolition Orders will be rehoused within a reasonable period of an Order being made.”

The need is no less great to-day.



## SUB-STANDARD HOUSING



Damp and Worn Out Properties Prior to Site Clearance







Many of the problems arising from multiple occupation of dwellings, from overcrowding and from the continued occupation of properties that are unfit and beyond repair at a reasonable cost stem from the shortage of housing units within the means of those families most urgently in need of accommodation.

The number of families rehoused during 1964 from dwellings the subject of either a Clearance, a Closing or a Demolition Order was 16 and over the same period 10 properties were made the subject of Orders.

During the year 25 unfit properties were demolished and a further 5 the subject of Closing Orders were reconditioned and the Orders lifted.

The 25 properties demolished were: —

- 2-10 Alma Crescent, South Harrow.
- 2A-10A Alma Crescent, South Harrow.
- 259-271 Pinner Road.
- 3 and 4 Marsh Cottages, Pinner.
- 1 and 2 Albert Cottages.
- 8 and 9 Albert Place, Harrow.
- 12 Wordsworth Road, Wealdstone
- and The Chestnuts, Cornwall Road, Hatch End.

The 5 properties reconditioned were: —

- 9 and 13 Middle Road, Harrow.
- 18 and 20 Little Common, Stanmore.
- and 67 West Street, Harrow.

### Overcrowding.

On the 31st December, 1964, there were 12 known cases of overcrowding in the district. In two of these cases the accommodation was let so as to be overcrowded, 9 were the result of normal increases in the family, and 1 was due to a daughter after marriage continuing to live with her parents. Seven of the families were causing rooms to be overcrowded and in the other five the whole of the house concerned was involved.

In January, 1964, 19 families were known to be occupying overcrowded accommodation while during the year 10 new cases were added to the register. Over the same period 7 families from overcrowded accommodation were rehoused by the Council and in a further 10 cases the overcrowding was abated by other means. Of the cases outstanding at the end of the year 4 were overcrowded by a  $\frac{1}{2}$  unit; 4 by 1 unit; 2 by  $1\frac{1}{2}$  units and 2 by  $2\frac{1}{2}$  units.

Overcrowding was first defined by the Housing Act, 1935, and the number of cases on the register at the 1st January, 1965, namely 12, is the lowest recorded.



## CERTIFICATES OF DISREPAIR

While the operation of the provision of the Housing Act relating to certificates of disrepair has resulted in the improved maintenance of many rent controlled properties few tenants took advantage of the provisions of the Act. It appears that some have difficulty in understanding the procedure to be followed while others find even the listing of defects too much for them.

The following is a summary of the applications received during the year: —

Number of applications for certificates of disrepair	...	7
Number of undertakings accepted from owners	... ..	14
Number of certificates cancelled upon application	...	3
Number of applications for a certificate as to the remedying of defects	... ..	93

## SUPERVISION OF OTHER PREMISES

It will be seen from the statistical summary at the commencement of this section of the report that a great number of visits were made by the Public Health Inspectors to factories, offices, shops, hotels, clubs, schools and premises of entertainment.

To-day much of the work of the Inspector lies in the field of prevention and the objective of these visits was not only to see that standards were being maintained but to advise on ways and means of improving them. A good deal of help and advice was in fact given.

In the report for 1963 reference was made to the progress and changes that were to be seen throughout the district and it is pleasing to be able to report that generally throughout 1964 standards continue to rise.

At the same time there were disappointments and it is necessary to report that the dumping of rubbish and unwanted household articles on pieces of undeveloped land and in accommodation roads remained a serious problem and I make no apologies for repeating what I had to say on this matter in my report for 1963.

## ENVIRONMENTAL HYGIENE

“The dumping of refuse and unwanted household articles in accommodation and service roads and on parcels of undeveloped land continued throughout the year and gave rise to many complaints. That these were justified cannot be questioned for the evidence of this selfish unneighbourly and unhygienic practice was to be seen throughout the Borough. No ward was immune and in each from time to time could be found the discarded bottle, tin, tank, cistern, mattress, cardboard carton, box, metal frame, pile of garden waste or household article.



"The slovenly and thoughtless habits from which this dumping springs are a matter of serious concern for they reflect the standards of personal and general hygiene on which the health of the district and nation depends.

"Further, these rubbish deposits provide conditions conducive to the breeding of flies, mosquitoes, rats and other vermin and therefore present a challenge to the public health worker and indeed to all who appreciate cleanliness and strive for improved standards of living.

"Unfortunately there is no simple solution to this problem of dumping. Health education undoubtedly has a part to play and numerous ideas and suggestions could be put forward that might help, for example the establishment of centres where garden waste and unwanted bulky articles could be received, but until Local Authorities are able to adopt a more generous attitude to the removal of refuse it appears dumping will continue. I would like to see all the refuse a household produces taken without charge by the Local Authority. I would also like to see more refuse removed from business premises and the sweeping by the Council of all service roads. Far too much trade waste is disposed of by burning in small yards or in bins that are placed in service roads. Far too much is retained in boxes in the hope that it will be taken at a convenient time by one or other of the carriers calling to deliver goods.

"Refuse encourages rats, burning creates bad feeling amongst neighbours and litter begets litter and generally lowers standards. The urgent public health need at the moment is to make the public litter and refuse conscious."

Vandalism was another problem that had its effects upon the standards of environmental hygiene. The damage caused within the toilet accommodation provided by the local authority and by private persons at restaurants and places of entertainment can only be described as scandalous. At the conveniences provided by the Council where an attendant is engaged full time, the standard maintained is high indeed, but many of the unattended toilets suffer very badly at the hands of the hooligans with the result that it is only with difficulty that the minimum of essential facilities are kept in being.

I am aware that this matter is one to which a great deal of thought has been given but I am afraid until there is a different attitude to public and private property by that section of the community responsible for the destruction and damage, the provision of hand washing and other desirable facilities will continue to present many problems.

### **Factories**

The Medical Officer of Health by Section 153(i) of the Factories Act 1961 is required in his Annual Report to the Council to furnish in a set form prescribed particulars about the factories in the district.



## PART I OF THE ACT

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

<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 .. ..	56	29	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	404	269	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. ..	46	39	2	—
TOTAL ..	506	337	14	—

2. Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ..	22	18	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	3	3	—	—	—
(b) Unsuitable or defective	8	6	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	7	3	—	—	—
TOTAL ..	40	30	—	—	—



## 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 ... ..	128
Household Linen ... ..	1
Artificial Flowers ... ..	2
Brush making ... ..	9
Cosaques, Christmas stockings, etc.	15
Total ... ..	155

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

The preamble to the Offices, Shops and Railway Premises Act describes it as: —

“An Act to make fresh provision for securing the health, safety and welfare for persons employed to work in office or shop premises and provision for securing the health, safety and welfare of persons to work in certain Railway Premises; to amend certain provisions of the Factories Act, 1961; . . . . .”

The provisions of the Act relate, among other things, to overcrowding; temperature; ventilation; lighting; sanitary conveniences; washing facilities; drinking water; accommodation for clothing; seating; the fencing of machinery and fire precautions. The Act applies generally to all offices and shops and to most railway buildings and in addition its provisions also cover those parts of premises that are occupied together with the shop or office, i.e. stairs, passages, store rooms, entrances, etc.

It does not, however, apply to premises where only self-employed people work, or where the only persons employed are the immediate relatives of the employer.

A part of the Act came into operation during February, 1964, a part during May, and with the exception of Sections 24, 26 and 83 (2) which relates to first aid and Section 79 which concerns reports by the Minister, the remaining sections came into operation on the 1st August.

The registration of premises as required by the Act proceeded during the year and by the 31st December the register contained entries relating to 1,638 establishments.

The most interesting feature of this Act is perhaps its application to Offices. Office accommodation has not hitherto been covered by any special legislation such as that relating to factories and the amenities to be provided, and a marked improvement in the standard of office accommodation must result from this new piece of legislation.



## SHOPS

At the end of the year there were 2,310 shops on the register, 16 fewer than at the end of the previous year.

While the number of vacant shop premises has remained fairly constant, the number which have become occupied for purposes other than retail trade, e.g. betting shops, automatic launderettes, travel agencies—has increased. A number of new shops have been built and some of them are occupied, including two large stores.

The principal changes in the numbers of different types of trade, compared with the previous year are—an increase in television and electrical dealers, hairdressers and gent's outfitters, and a decrease in the number of foodshops, chiefly greengrocers.

During the year 1,057 visits were made for the purpose of administering the Shops Act. Sunday and evening observations were also made. The following is a summary of the contraventions found:—

**Closing Hours.**

Failing to close for weekly half-day ... ..	1
Failing to observe weekly half-day Closing Order ...	2
Failing to display alternative half-day notice ... ..	9
Failing to display mixed trade notices ... ..	22
Selling non-exempted goods after closing hours ... ..	2
Selling non-exempted goods on Sunday ... ..	7

**Conditions of Employment.**

Failing to keep records of Sunday employment ... ..	4
Failing to allow proper intervals for meals ... ..	2
Employing assistants on weekly half-holiday ... ..	1

**Health and Welfare arrangements.**

Failing to provide seats for female assistants ... ..	1
Unsatisfactory sanitary accommodation ... ..	12
Unsatisfactory washing facilities ... ..	2
Absence of or insufficient heating ... ..	4
Premises in need of cleansing and redecorating ... ..	18
Defective floors, plasterwork, etc. ... ..	3

Warnings were given in respect of all the above matters, and also in 108 other cases of failure to maintain prescribed notices. In one instance a retailer was fined £10 plus costs for failing to comply with a local Closing Order.

During the year the Sections of the Shops Act 1950 requiring the provision of suitable arrangements for the health and comfort of shop workers were repealed when similar though more extensive requirements contained in the Offices, Shops and Railway Premises Act 1963 came into force. Details of work carried out under this Act will be found elsewhere in this Report.



The existing legislation provided by the 1950 Act, imposes half-day and evening closing hour restrictions on all but a certain few types of business. Over many years this statutory control has been a big factor in maintaining some sort of equilibrium between traders, and despite some recent demands for more freedom in trading hours, there is very little evidence to suggest that a majority of traders would prefer to see the end of such control. Indeed, so far as the small shopkeeper is concerned, it is vitally important, for physical and economical reasons, that a limit on trading hours is maintained. Nearly all the general trading shops in Harrow are closed by or before 6 o'clock most evenings, which is two hours earlier than they are required to be closed by law, and this suggests that a reasonable balance exists as between shopkeepers, shop assistants and the shopping public.

Regarding half-day closing, there is a widespread appeal for the removal of restrictions imposed by local Closing Orders on numerous small groups of traders throughout the country; the repeal of these Orders, most of which were made over 50 years ago, would leave these shopkeepers like the remainder free to choose their own half-day for closing; there are several such Orders still in operation in some parts of the Harrow area.

The 5-day working week for employees, which has become so popular throughout most branches of industry and commerce, is now being accepted as inevitable by the retail trade. In a number of shops in Harrow, staff are being employed on a 5-day working rota without cutting down on normal trading hours, while in others the shop is being closed for a whole day per week instead of just the statutory half-day.

## VERMIN AND OTHER PESTS

### Pigeons.

During the early months of the year complaints about the presence of these birds were received from most parts of the Borough and at the same time there were signs of a build up in the pigeon population in the district. The shopping centres at Rayners Lane, Belmont and South Harrow were attracting large numbers and the fouling of the footways and buildings in these areas was not inconsiderable.

In order to deal with the situation, the Council, during July entered into a contract with a specialist firm and by the end of the year as a result of the action taken by them the problem was coming under control. Fewer complaints were being received and a noticeable reduction in the number of birds was to be seen in those areas where control measures by the contractor had been undertaken.

It is hoped that by the end of 1965 the feral pigeon population of the Borough will be reduced to negligible proportion although to achieve this desirable objective the co-operation of the general public will be necessary. These birds will remain and others will be attracted to sites where they are fed regularly and the feeding of them by the members of the public adds considerably to the problems of efficient control.



## Rats and Mice.

The Council's Rodent Operatives undertook during the year the treatment for the destruction of rats at 1,528 premises and for mice at a further 97.

No major infestations were found and action by a servicing company effectively prevented any build up of rats at the Council's Newton Farm site. This site was mentioned in the Report for 1963.

While the complaints that were received did not reveal one part of the Borough as being more seriously affected than another the work of investigation and treatment indicated quite clearly that the careless throwing out of food scraps for birds and the retention of waste matter in and around sheds provided the ideal conditions for the harbouring of rats. A supply of food plus cover and surroundings in which to breed are all that is required and the public can help the Local Authority in their efforts to deal with the rat problem by seeing that these two essentials are not provided.

## Wasps.

The year as regards complaints about these pests was below average, the number received being 335 as compared with 453 during 1963. The number of nests destroyed by the Department was 290, the remaining 45 were either dealt with privately or were found to require no treatment.

## CLEAN AIR

### SMOKE CONTROL

During the year two Smoke Control Orders became operative and these affected 3,072 dwelling in an area of 404 acres. This brings the total number of operative orders to eight and within the total area of 1,447 acres are 12,578 premises of which 12,071 are dwelling houses.

A statistical summary of the position at the end of the year is as follows:—

### SMOKE CONTROL ORDERS — 31st DECEMBER, 1964

	Order Number								
	1	2	3	4	5	6	7	8	Totals
<i>Date of Operation</i> ..	1/9/61	1/9/62	1/11/62	1/7/63	1/10/63	1/11/63	1/7/64	1/12/64	
Private Dwellings—									
Ante Act ..	1,981	744	1,009	1,518	1,642	935	1,367	1,444	10,640
Post Act ..	—	46	—	—	53	—	11	17	127
Corporation Dwellings—									
Ante Act ..	198	272	60	41	2	306	—	205	1,084
Post Act ..	—	57	—	—	—	135	—	28	220
Area in acres ..	225	105	132	208	212	161	176	228	1,447
Applications for Grant approved ..	711	233	397	494	684	316	498	685	4,018
Notice served (Sec. 12) ..	29	10	5	13	10	3	11	—	81
Grant claims settled ..	701	221	366	460	631	274	394	247	3,294
	£	£	£	£	£	£	£	£	£
Total cost of work ..	12,158	3,259	5,200	8,917	12,195	5,227	10,264	7,630	64,850
Grant paid ..	6,918	1,593	2,228	3,239	6,003	1,774	5,463	3,765	30,985
Total cost to Local Authority ..	3,015	713	972	1,420	2,704	773	2,412	1,681	13,690

\* N.B. The Council owned dwellings in the No. 6 Order are affected by the Harrow (Suspension of Smoke Control) Order 1963.



### Trends in Space Heating.

The following is an analysis of trends in space heating in private dwellings as indicated by works carried out in Smoke Control Areas.

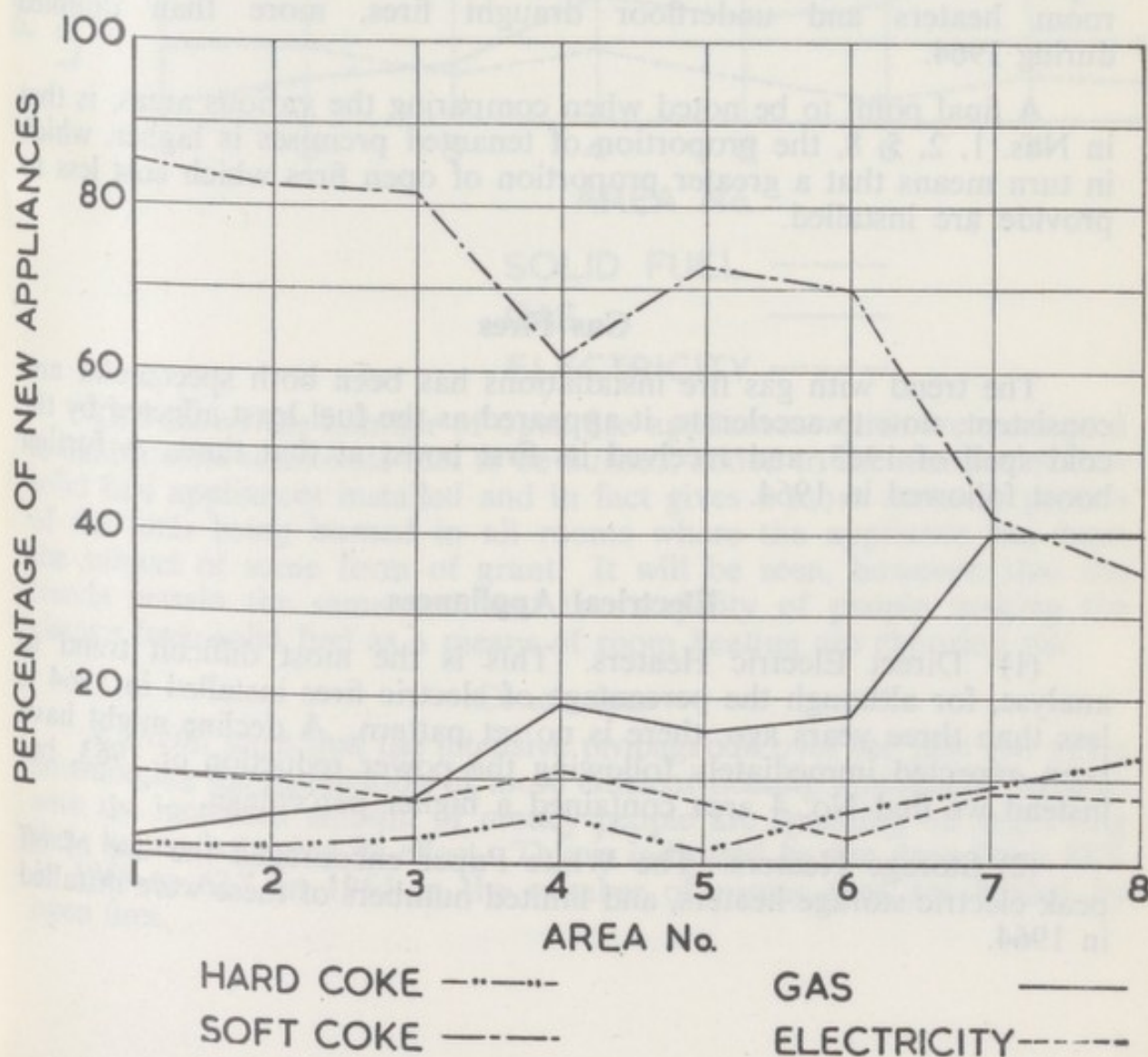
TABLE 1

This gives for each Area (a) the number of private dwelling houses erected before 5th July, 1956, for which applications for grant towards the cost of adaptations could have been made and (b) the number of premises where grant was actually paid. In considering these figures it is important to note that of the areas under review the properties in Nos. 1, 2, 3, 4, 6, 7 are of a similar age and type—i.e. mostly early or mid-nineteen-thirty construction, whereas in much of Nos. 5 and 8 areas, the properties are much older. This is reflected in the percentage of premises the subject of grant in Nos. 5 and 8 areas.

SMOKE CONTROL ORDER	No. 1 <i>Operative</i> 1/9/61	No. 2 <i>Operative</i> 1/9/62	No. 3 <i>Operative</i> 1/10/62	No. 4 <i>Operative</i> 1/7/63	No. 5 <i>Operative</i> 1/10/63	No. 6 <i>Operative</i> 1/11/63	No. 7 <i>Operative</i> 1/7/64	No. 8 <i>Operative</i> 1/12/64
No. of Private Premises erected before 5th July, 1956	1,981	744	1,009	1,518	1,642	935	1,367	1,444
Premises Subject of Grant	650	204	340	416	587	260	404	512
Percentage	30.3	27.4	33.7	27.4	35.7	27.8	29.6	35.5

FIG. 1

NO. OF NEW APPLIANCES INSTALLED





## Solid Fuel Appliances

A study of the figures relating to these appliances indicates that there was no significant downward trend in the number designed to burn open fire cokes which were fitted until No. 4 area was confirmed by the Minister. This was during the severe winter of early 1963 when difficulties arose in the distribution of solid fuels. An additional factor having a bearing on this point was that at this time portable firelighters became eligible for grant whereas previously an appliance not drilled for integral gas ignition ranked for replacement by a new appliance. It will be seen, however, that solid fuel appliances gained some of their lost ground in the two areas which became operative at the latter end of the "cold" year.

The next and most significant trend appeared in 1964, when the percentage of new open fires installed was nearly halved within little over a year. This was associated with the White Paper on "Domestic Fuel Supplies" published during December 1963 and which brought to light the decline in availability of open fire cokes and encouraged the installation of hard or industrial coke appliances. Whilst there had been a slight upward trend previously in the number of free standing and other stoves capable of burning hard cokes, the percentage of such appliances, i.e. room heaters and underfloor draught fires, more than doubled during 1964.

A final point to be noted when comparing the various areas, is that in Nos. 1, 2, 5, 8, the proportion of tenanted premises is higher, which in turn means that a greater proportion of open fires which cost less to provide are installed.

## Gas Fires

The trend with gas fire installations has been both spectacular and consistent, slow to accelerate, it appeared as the fuel least affected by the cold spell of 1963, and received its first boost at that time. A further boost followed in 1964.

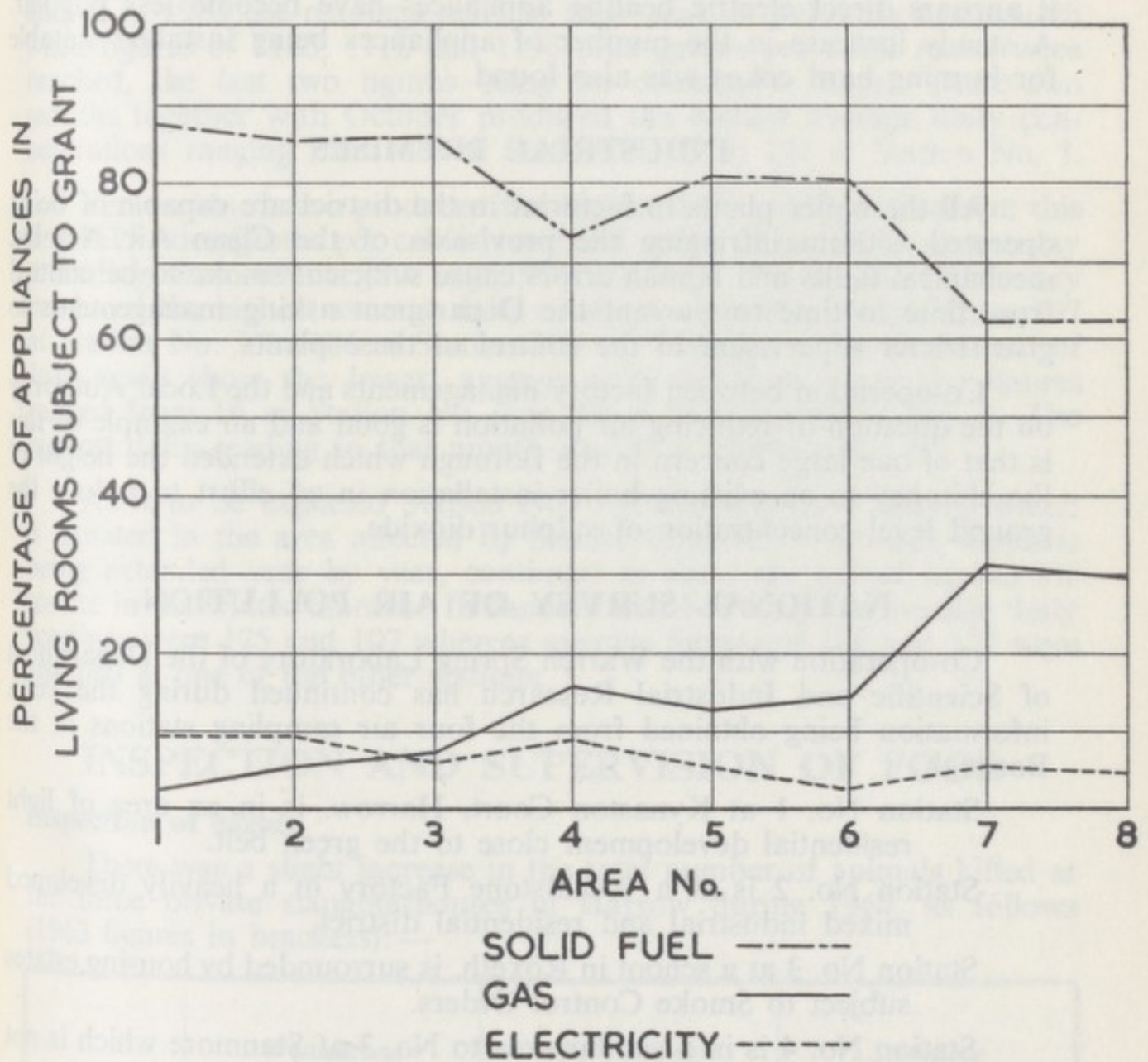
## Electrical Appliances

(1) Direct Electric Heaters. This is the most difficult trend to analyse, for although the percentage of electric fires installed in 1964 is less than three years ago, there is no set pattern. A decline might have been expected immediately following the power reduction of 1963, but instead we find No. 4 area contained a higher percentage.

(2) Storage Heaters. The White Paper encouraged the use of off peak electric storage heaters, and limited numbers of these were installed in 1964.



FIG. 2



This shows the number of open fire appliances which were adapted to enable solid smokeless fuel to be burned, added to the number of new solid fuel appliances installed and in fact gives a more accurate picture of the fuels being burned in all rooms where the appliance has been the subject of some form of grant. It will be seen, however, that the trends remain the same and that the majority of people making the change from solid fuel as a means of room heating are choosing gas.

### Conclusions

It would seem that the intensive propaganda over the past few years encouraging the installation of more efficient heating appliances together with the increased amount of money people are spending on improving their homes is having its effect. This is indicated by the drop from 88% in 1961 to 63% in 1964 in the number of rooms that are heated by open fires.



The majority of these rooms are now heated by gas fires, whereas it appears direct electric heating appliances have become less popular. A steady increase in the number of appliances being installed suitable for burning hard cokes was also found.

## INDUSTRIAL PREMISES

All the boiler plants in factories in the district are capable of being operated without infringing the provisions of the Clean Air Act but mechanical faults and human errors cause sufficient smoke to be emitted from time to time to warrant the Department asking managements to give stricter supervision to the control of these plants.

Co-operation between factory managements and the Local Authority on the question of reducing air pollution is good and an example of this is that of one large concern in the Borough which extended the height of the chimney to an existing boiler installation in an effort to reduce the ground level concentration of sulphur dioxide.

## NATIONAL SURVEY OF AIR POLLUTION

Co-operation with the Warren Spring Laboratory of the Department of Scientific and Industrial Research has continued during the year, information being obtained from the four air sampling stations in the Borough.

Station No. 1 at Kynaston Court, Harrow, is in an area of light residential development close to the green belt.

Station No. 2 is at a Wealdstone Factory in a heavily developed mixed industrial and residential district.

Station No. 3 at a school in Roxeth, is surrounded by housing estates subject to Smoke Control Orders.

Station No. 4 is in a similar area to No. 3 at Stanmore which is not smoke controlled.

Difficulty has again been experienced in maintaining consistent operation of all the stations. Illness and staff shortage at Station No. 2 led to a cessation of readings for two months; it has always been difficult to obtain an adequate number of valid readings here due partly to heavy week-end pollution. This invalidates some of them through excessive density even when a 2 inch clamp is used. A proportional timer has now been installed and will overcome this difficulty. It has also been difficult, especially during school holidays, to produce a monthly average at No. 3 station and an automatic 8-port valve was installed in September and has enabled daily readings to be maintained since.

The Department's thanks are again due to the factory laboratory staff and to the pupils and staff at the two schools for their continued assistance in operating these stations without which Harrow could not continue to play its part in this National Survey.



Station No. 2 again had the highest sulphur dioxide concentration and as in 1963 the readings reached their peak in February and March when figures of 1183, 1116 and 1196 micrograms per cubic metre were reached, the last two figures being on consecutive days. These two months together with October produced the highest average daily concentrations ranging from 415 at Station No. 2 to 131 at Station No. 1.

Station No. 2 also produced the highest daily reading of smoke; this was 1515 micrograms per cubic metre and occurred in March on the day preceding those which gave high SO<sub>2</sub> readings. January and February produced the highest average daily readings when they ranged from 107 at Station No. 3 to 186 at Station No. 4. The figures for the month of July again show the lowest average daily readings when the figures ranged from 16 at Station No. 3 to 18 at Stations No. 1 and 4. The highest daily reading in that month was 49 at Station No. 1.

As is to be expected Station No. 3 (Roxeth Manor School) which is situated in the area affected by Smoke Control Orders and which is being extended year by year, continues to show the lowest figures for smoke in the winter months. In January and February the average daily readings were 125 and 107 whereas average figures of 186 and 171 were reached at one of the other stations.

## INSPECTION AND SUPERVISION OF FOOD

### Inspection of Meat.

There was a slight increase in the total number of animals killed at the three private slaughterhouses in Harrow during 1964, as follows (1963 figures in brackets): —

	<i>Wealdstone</i>	<i>South Harrow</i>	<i>Stanmore</i>
Beasts ..	625 (663)	429 (425)	97 (113)
Pigs ..	1,615 (1,840)	—	—
Sheep ..	3,422 (2,640)	—	643 (531)
Calves ..	292 (363)	—	17 (41)
TOTAL ..	5,954 (5,506)	429 (425)	757 (685)

GRAND TOTAL: 7,140 (6,616)

One hundred per cent post mortem inspection, in accordance with the Meat Inspection Regulations, was carried out at all the slaughterhouses.

Of the animals killed some are sold outside the district and the remainder represent only a fraction of the meat consumed within Harrow. Most of the animals come to Harrow via Slough, Aylesbury and Bletchley markets and are of good quality, the cattle killed being



confined to steers and heifers. As a result of the quality of the animals purchased over 90% were found free from any disease or abnormal condition.

For the second year running all the cattle killed were found to be free from tuberculosis. The pre-war average incidence being 23.7 per cent in the case of cows and 12.6 per cent in cattle other than cows.

The incidence of tuberculosis in pigs showed an increase, the percentage infected being 3.03 per cent (1.96 per cent). All the cases found were localized in the head.

*Cysticercus bovis* in cattle, the larval stage of the tape worm *Taenia Saginata* in man, was isolated in ten carcasses, an incidence of 0.87 per cent (1.42 per cent). The predilection sites of the cyst are the muscles of mastication, the heart and diaphragm, all of which receive a routine examination and if a viable cyst is diagnosed the whole carcass is submitted to extreme refrigeration before release. Eight carcasses were so treated, the other two being cases where a single cyst had degenerated to a state of calcification.

It was found necessary to condemn the whole carcasses of three pigs due to (i) Pyrexia; (ii) Septic Pericarditis and Pleurisy; (iii) Septic Pneumonia; and two calves' carcasses were condemned due to (i) Pleurisy and Oedema; (ii) Pericarditis associated with emaciation. One sheep's carcass was also condemned due to emaciation and oedema.

The incidence of other diseases necessitating part condemnation showed little change, being 18.2 per cent (16.5 per cent) in cattle; 11.6 per cent (12.6 per cent) in pigs; 3.6 per cent (5.5 per cent) in sheep, and 1.6 per cent (one per cent) in calves. In cattle, the organ most affected is the liver due to liver fluke, or abscesses, as also with sheep, due to fluke or other parasitic affections. In pigs, however, diseases of the respiratory system and pleural cavity, affecting the lungs and heart, are the most common cause of condemnation of the affected organ.

There are no suitable disposal facilities in Harrow, and as in past years all condemned meat is taken to the Wembley Destructor where under supervision it is destroyed by incineration.

The following is a summary of the return to the Ministry of the post mortem examination of the animals in slaughterhouses: —



	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed .. .. .	1,151	Nil	309	4,065	1,615	—
Number inspected .. .. .	1,151	Nil	309	4,065	1,615	—
All diseases except Tuberculosis and Cysticerci—Whole carcasses condemned .. .. .	—	—	2	1	3	—
Carcases of which some part or organ was condemned .. .. .	210	—	5	134	188	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	18.2	Nil	1.6	3.3	11.6	—
Tuberculosis only Whole carcasses condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	—	—	—	—	49	—
Percentage of the number in- spected affected with tuberculosis	—	—	—	—	3.03	—
Cysticercosis Carcases of which some part or organ was condemned .. .. .	10	—	—	—	—	—
Carcases submitted to treatment by refrigeration .. .. .	8	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

## MILK

### Production and Processing.

The number of farms in the Borough remain at 5. Two of these are in Pinner—two in Harrow Weald and one in Harrow.

Two Dairies in the Borough are licensed for the pasteurising of milk, one being Messrs. J. H. Braziers of Kenton Lane and the other Messrs. Hall & Sons, of Pinner Park Farm. These establishments and the farms were visited during the year and at intervals samples of milk were taken. The number submitted for examination including samples from retailers was 30. All were satisfactory.

### Milk Bottles.

Seventeen complaints were received during the year about milk bottles. Thirteen concerned the presence of foreign matter and four were about the damaged condition of the actual bottles.

The number of complaints received is higher than the figure for 1963 but having regard to the number of bottles in circulation in the district and to the multiplicity of problems that the dairy trade experience with bottles, a figure of less than twenty is representative of a high standard of efficiency at bottle washing and filling centres.



Unfortunately it was necessary on several occasions during the year to write to Dairy Companies about the practice of stacking empty milk bottles on the highway, but at the same time it is encouraging to find that year by year the situation improves and fewer bottles are being left standing where they can be fouled by dogs or otherwise contaminated.

### **Ice Cream.**

The number of premises registered at the end of the year for the manufacture of ice cream was two, namely—Messrs. Della Mura of Village Way and Messrs. Notarianni of Pinner Road. Both of these firms have been registered with the Local Authority for many years.

During the course of the year 71 samples were taken and where the reports were other than Grade I or Grade II enquiries and investigations were made and follow up samples were submitted for examination by the Colindale Laboratory.

A considerable quantity of ice cream is retailed within the Borough but most of it is prepacked and is the product of one or other of the well known manufacturers.

## **OTHER FOODS AND FOOD HYGIENE**

Food Shops, Kitchen and other premises where food was prepared were visited by the Inspectors and in the very large majority of cases it was found that a high standard of cleanliness was being maintained.

The extent to which food stuff is sold pre-packed and the modern trend of self-service has undoubtedly played a large part in bringing about the standards that are found to-day. On the other hand the discerning attitude of the shopping public to food hygiene and their readiness to draw attention to unsatisfactory standards has also played a big part. Then again the keen desire of the trade to move towards improved conditions and to avoid adverse criticism has also helped and 1964 can be described as a year of steady progress. On the black side little progress was made with that section of the community who will persist in taking dogs into food shops and 1964 saw little diminution in the number of customers smoking while in food shops.

### **Complaints.**

There was an increase in the number of complaints received about the condition of food, the figure for 1964 being 74 as compared with 39 for 1963. Of the complaints received—27 were about tinned or packet food, 29 involved bread or bakehouse confectionery, 17 meat products, and 1 ice cream. All these complaints were investigated and reports on the circumstances were submitted to the Health Committee.



# 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 .. ..	—	21	36	4	1	1	—	—	—	—	—	—	63
Pneumonia Primary .. ..	—	3	1	2	1	—	—	4	2	4	4	1	22
Pneumonia Influenzal .. ..	—	—	—	—	—	—	—	2	2	1	—	—	5
Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery .. ..	—	1	2	1	—	1	1	—	—	—	—	—	6
Erysipelas .. ..	—	—	—	—	—	—	—	—	3	4	1	—	8
Meningococcal Infection .. ..	—	1	—	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia .. ..	—	—	—	—	—	2	1	1	—	—	—	—	4
Ophthalmia Neonatorum .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Paralytic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, Non-paralytic .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Infective .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .. ..	18	439	357	2	—	2	—	—	—	1	—	17	836
Whooping Cough .. ..	6	27	21	5	—	1	1	—	—	—	—	—	61
Paratyphoid Fever .. ..	—	—	—	—	—	—	—	—	—	1	—	—	1
Typhoid Fever .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning .. ..	—	2	1	—	2	1	—	—	1	—	2	—	9
Malaria .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—

## THE CONTROL OF INFECTIOUS DISEASES

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

- Notification.
- Enquiries by the staff of the department at the home, school, place of work or institution.
- Aids to diagnosis, such as the Public Health Laboratory Service, or the obtaining of a second medical opinion.
- Isolation either at home or in hospital.
- 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.
- Exclusion of carriers of enteric (Typhoid, Paratyphoid) fever, and dysentery from any work involving handling food or drink for human consumption.
- Exclusion from places of assembly.
- Disinfection.
- Cleansing.
- Destruction of articles of food.
- Immunisation.
- Propaganda.



## DIPHTHERIA

For many years there have been no cases of this disease in the Borough, but, of course, no complacency is permissible in the prevention of the condition. In recent years there has been a number of small outbreaks and this has demonstrated that only a high incidence of immunisation in the whole population can protect a community. There is a generation of young mothers which, because of the successful campaign against diphtheria initiated just over 20 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.

During the year 3,062 were immunised for the first time and booster doses were given to 2,544 children.

## SCARLET FEVER

In general scarlet fever nowadays is a relatively mild condition. In addition, the only difference between scarlet fever and acute tonsilitis of streptococcal origin is that the particular strain of the organism causing scarlet fever produces a toxin which causes a rash. Otherwise the treatment, possible complications, etc., are the same as for acute tonsilitis. Therefore any case of acute tonsilitis should be regarded as a potential case of scarlet fever, and the urine should be examined to exclude the possibility of kidney involvement.

## SMALLPOX

The ease and speed of foreign travel has meant that an increasing number of travellers from abroad have been exposed to the risk of infection with the smallpox virus. As a result there has been and will be a small number of cases of smallpox occurring in this country. Immediately each case is diagnosed the patient is carefully questioned and all those who have been in contact with them during this infectious state are kept under surveillance and offered vaccination.

This constant vigilance remains the backbone of the defence against smallpox and prevents this serious and highly infectious disease from becoming endemic in this country.

In addition, recent regulations provide that travellers from countries where smallpox is endemic must have been vaccinated recently, otherwise the local authority is responsible for keeping such travellers under surveillance for three weeks after their arrival in this country.

62 residents of Harrow were kept under surveillance during the year.

Vaccination of infants is a very valuable defence, but as the protection conferred only lasts a few years its value can only be regarded as secondary to that of constant vigilance.

During the year 1,878 primary vaccinations and 177 re-vaccinations were carried out.



## POLIOMYELITIS

As is the case with measles the notifications for poliomyelitis fluctuate greatly from year to year. In the past, however, a hot dry summer has meant a vast increase in the number of cases. Last Summer there was plenty of sunshine yet for the third year running no cases were reported in the Borough. I feel that this satisfactory state of affairs must be attributed to the successful immunisation programme. However, the return of this crippling disease will only be prevented whilst the majority of the population are protected.

The following table gives details of last year's immunisation programme: —

	<i>Number of persons who have received</i>	
	<i>Second injection SALK vaccine or third dose quadrillin</i>	<i>Third dose ORAL vaccine</i>
Children born in 1964 .. ..	53	412
Children born in 1963 .. ..	240	1,616
Children born in 1962 .. ..	69	344
Children born in 1961 .. ..	14	118
Children and young persons born 1943-1960 .. ..	22	300
Young persons born 1933-1942 ..	11	166
Others .. ..	24	95
TOTALS .. ..	433	3,051

Number of persons given reinforcing dose of SALK or  
quadrillin vaccine ... .. 966

Number of persons given reinforcing dose of ORAL vaccine 1,688

## WHOOPING COUGH

61 cases of whooping cough were notified compared with 105 cases in 1963. In 1962 only 18 cases were notified. This fluctuation is partly explained by the periodic variations in the virus's infectivity. However, few diagnoses are confirmed by laboratory investigation and, as other infective agents give rise to conditions which cause similar symptoms, the notifications themselves are therefore suspect.

In its natural form the disease can give rise to unpleasant sequelae, but fortunately deaths are rare. Most of these fatalities occur in children under the age of 3 years. The immunisation of babies gives great protection during this period. A booster at 18 months, whilst giving further protection during this period also seems to confer a partial degree of immunity for later years. This partial protection seems to modify the course of the infection so that a mild uncomplicated form of the disease results. A lifelong immunity is thereby gained.



It is perhaps worth while noting that it is suspected that many of these infections are so mild that medical advice is not sought and consequently notifications are not made.

### **Immunisation.**

3,022 primary immunisations and 1,852 "booster" doses were given during the year. The importance of the "booster" at 18 months is being emphasised.

## **ENTERIC FEVER**

The outbreak of typhoid in Switzerland, followed in 1964 by its occurrence in Aberdeen, emphasised the need for constant vigilance with regard to all aspects in the preparation of food.

During the Aberdeen outbreak, which was associated with a can of corned beef from the Argentine, certain consignments originating from the canning plant concerned had to be traced and withdrawn from stock in all food establishments in the country. In Harrow, details of the consignment code numbers were sent to all food establishments and followed up with a personal visit from the Public Health Inspectors. All suspect cans were removed.

The lady mentioned in previous reports still remains a carrier of para-typhoid and is excluded from filling her occupation as a cook.

There were no cases of typhoid in the Borough and only one case of para-typhoid was notified during the year.

## **MEASLES**

There were 836 notifications of measles in 1964, compared with 1,868 in 1963. As about 5% of cases develop one or other of the recognised complications of the disease, an effective vaccine would be a worth while advance.

The Medical Research Council had been carrying out trials with measles vaccine on a small scale. These trials were promising but gave no information on the protective efficacy of the two schedules used, viz:

- (1) one dose of live vaccine;
- (2) one dose of killed vaccine  
+ one dose of live vaccine.

It was considered that it was time to assess the capacity of the vaccines to reduce the incidence of measles, and to determine the duration of the protection. This required a trial in much larger numbers of children.

The timing of this new trial was critical since an epidemic was expected early in 1965 and, unless the trial was held in 1964, there would be no possibility in the future of gauging the efficiency of different vaccines or of investigating the associated epidemiological problems.



The investigation was undertaken by the Medical Officers of Health in several areas (including Middlesex) in the United Kingdom and was co-ordinated centrally by a Committee of the Medical Research Council. In all, several thousand children aged not less than ten months and up to two years of age were allocated at random to receive either killed followed by live vaccine, or live vaccine alone, or to remain unvaccinated as a control group. Enquiries about any vaccination reactions and subsequent enquiries on the incidence of measles were, and are still being made from the parents of each child during the nine months after vaccination. In addition, information is being obtained from the child's general practitioner. The measles notifications in the areas are being regularly checked against a central register of participants.

A decision regarding the long term follow-up (5-10 years) has yet to be made.

In Harrow, 3,265 registration cards were sent to the parents of eligible children and by the closing date for registration, 1,155 consents had been received.

The results of the survey are not yet available.

### DYSENTERY AND FOOD POISONING

All cases are followed up by the Department to try and trace sources of infection. Control of these diseases lies in the hands of the public themselves. Simple routine hygiene measures are all that are required but yet seem so difficult to obtain.

### 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	2	—	—	—	1	—	—	—
5-9	3	1	—	—	2	2	—	—
10-14	—	—	—	—	—	—	—	—
15-19	2	—	—	—	—	1	—	—
20-24	4	3	—	—	3	1	—	1
25-34	13	9	3	2	6	10	—	—
35-44	4	6	1	—	5	7	—	—
45-54	8	1	1	1	6	4	—	—
55-64	11	3	—	1	1	3	—	—
65 and over	4	1	—	—	1	1	—	—
TOTALS	51	24	5	4	25	29	—	1



## 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: —

	<i>Pulmonary</i>		<i>Non-pulmonary</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
No. on register, January 1st 1964	1,105	919	115	146
No. of new cases added .. ..	51	24	5	4
No. of cases other than on a Form "A" .. ..	25	29	—	1
No. of cases restored to register ..	—	1	—	—
No. of cases removed .. ..	100	58	9	4
No. on register December 31st 1964 .. ..	1,081	915	111	147

Details of cases removed from the register: —

	<i>Pulmonary</i>		<i>Non-pulmonary</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Left District .. ..	39	22	2	2
Deaths .. ..	11	4	—	1
Recovered .. ..	42	29	6	1
De-notified .. ..	2	—	1	—
Lost sight of .. ..	6	3	—	—

## Deaths

Tuberculosis caused the death of 12 local residents, 10 male and 2 female. All the deaths occurred in residents over the age of 45.

## 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.



A permanent Mass X-ray Unit is available at the Central Middlesex Hospital, Park Royal, N.W.10, and is open between 9-5 on Mondays to Fridays, and 9-12 on Saturdays. Here any person over fourteen 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 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. **TUBERCULIN TESTING OF SCHOOL ENTRANTS.** Mention was made in the 1963 report of the fact that routine testing of school entrants was of doubtful value in case finding and that consideration was being given to its discontinuation. In 1964, routine testing by the Heaf gun method was abandoned. 102 children were given the jelly test, and of these, none were found to be positive.

2. **EXAMINATION OF CONTACTS.** Whenever a case is notified either in a pupil or a teacher, or other member of school staff, the question of the need for epidemiological investigation in the school is discussed with the staff of the appropriate chest clinic. During the year four cases of primary tuberculosis were reported in children attending schools in the Borough.

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 1964: —

<i>Type of School</i>	<i>No. of Pupils Eligible</i>	<i>No. of Acceptance</i>	<i>Negative Reactors</i>	<i>Positive Reactors</i>
Secondary Modern ..	1,222	838	744	91
Secondary Grammar ..	817	611	542	66
Independent ..	526	429	370	54
Special ..	8	5	4	—
Junior Training School ..	14	7	6	—
TOTAL ..	2,587 (2,490)	1,890 (1,872)	1,666 (1,695)	211 (127)

For comparison, the final figures for 1963 are shown in brackets.

Of the negative reactors, 1,661 were given B.C.G. The acceptance rate was 73.1% and the percentage of positive reactors was 11.2%. 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 probable 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.

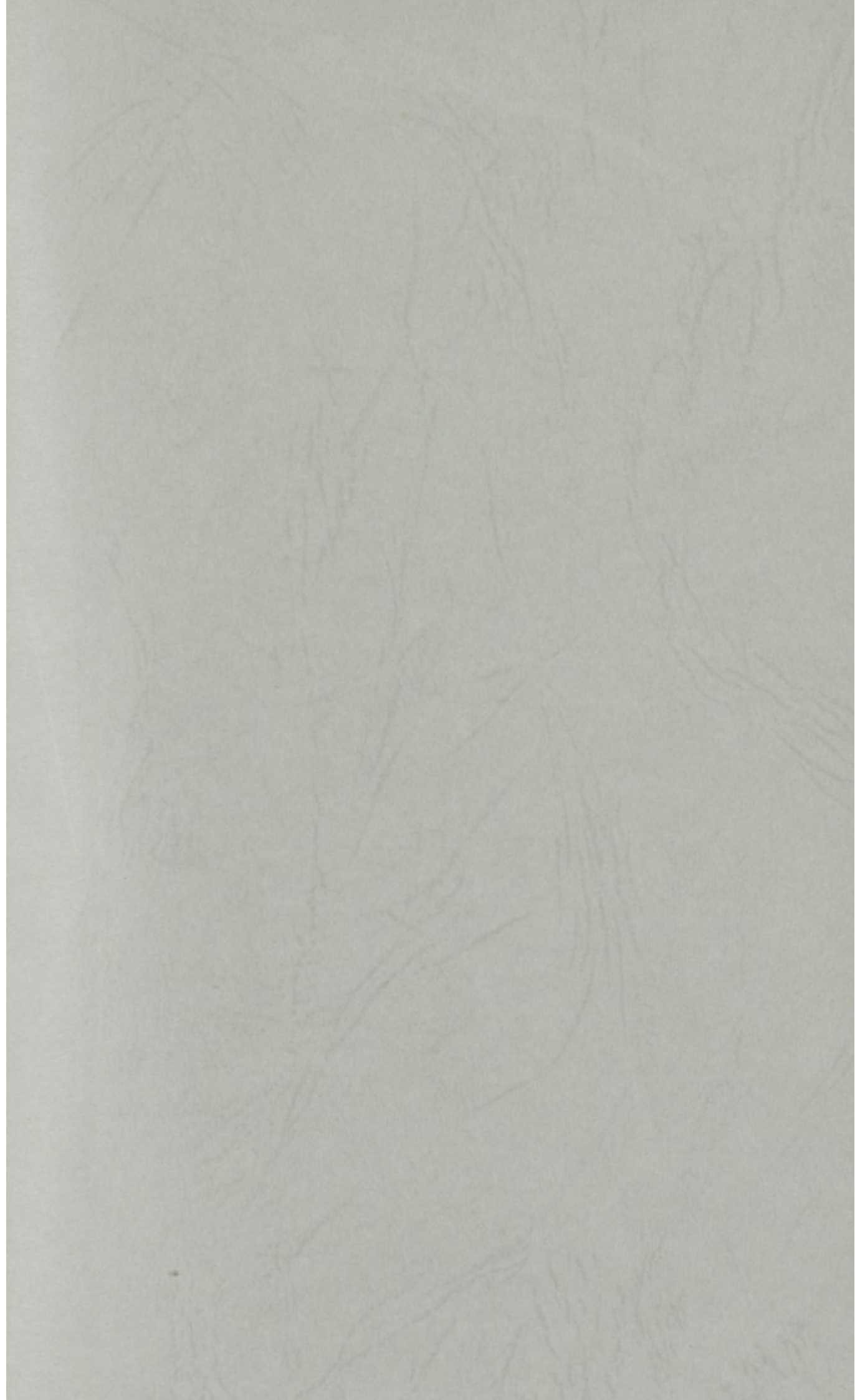
The only type of vaccine recommended is an inactivated influenza A + B Saline vaccine, and it should be given during the early part of the autumn.

## TETANUS

The "first aid" prevention of tetanus is usually by the administration of anti-tetanic serum. This is known to have certain disadvantages, whereas the prophylactic use of tetanus toxoid either separately, or in the combined form ("Triple" vaccine or Quadrillin) has no similar disadvantages. Ideally, if a child known to be protected with tetanus toxoid sustained an injury, all that should be necessary would be the administration of a booster dose of tetanus toxoid. Unfortunately, too often, the immunisation state of the child is unknown, at the time of the accident, and anti-tetanic serum has to be given in the absence of this information.

3,181 children were given a primary course of immunisation against tetanus and 2,471 were given a booster.





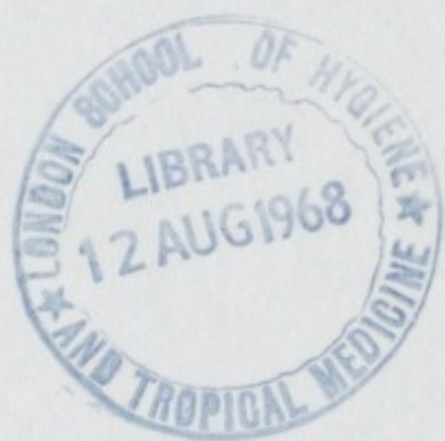














TR/g



