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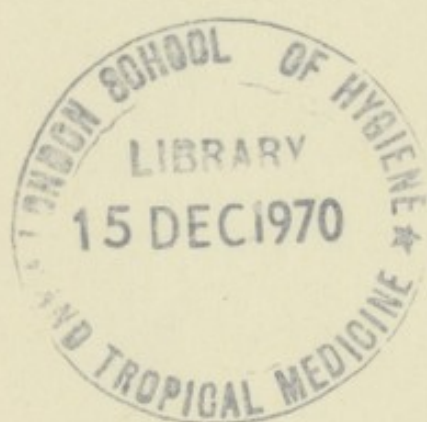
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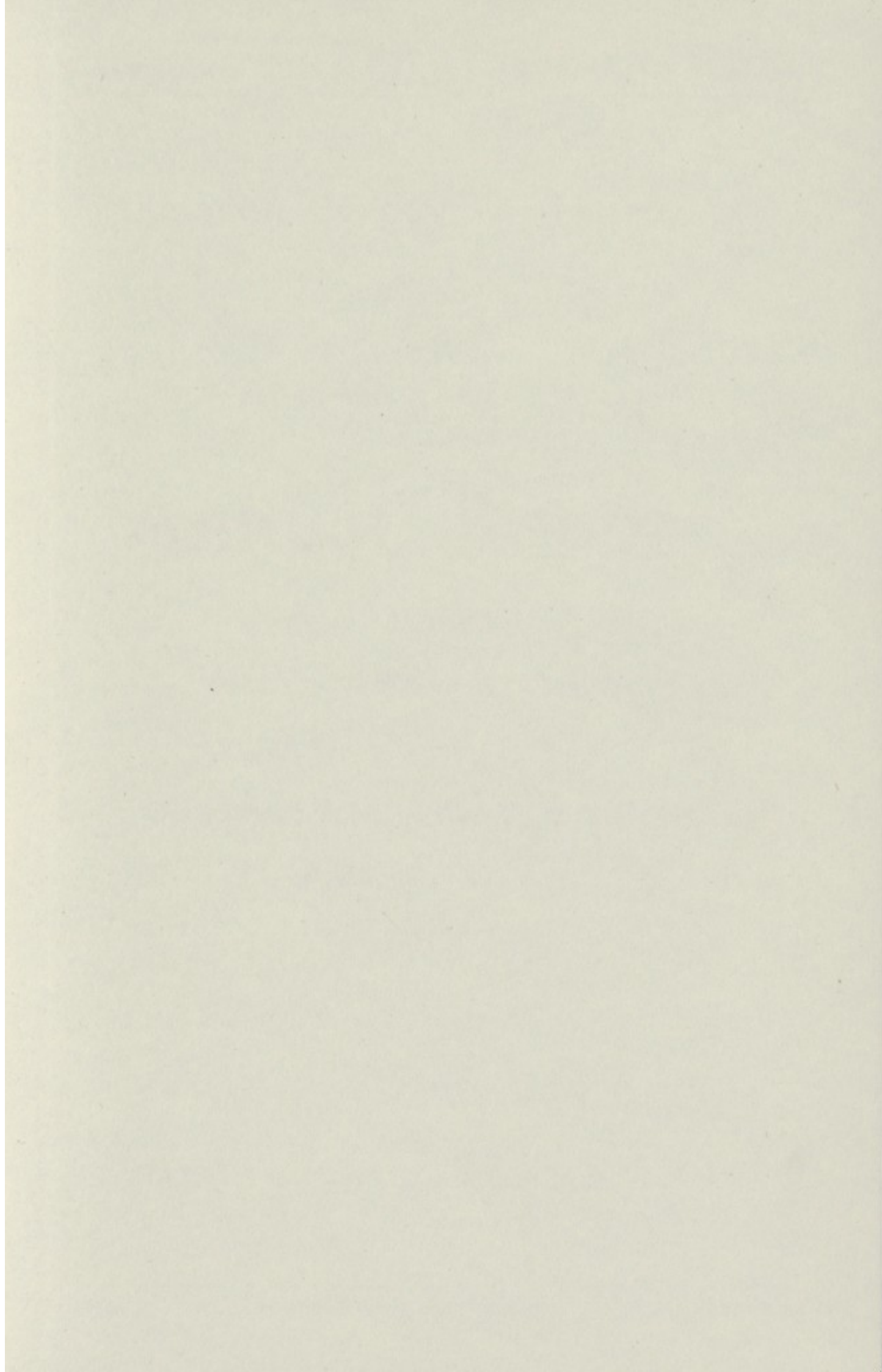


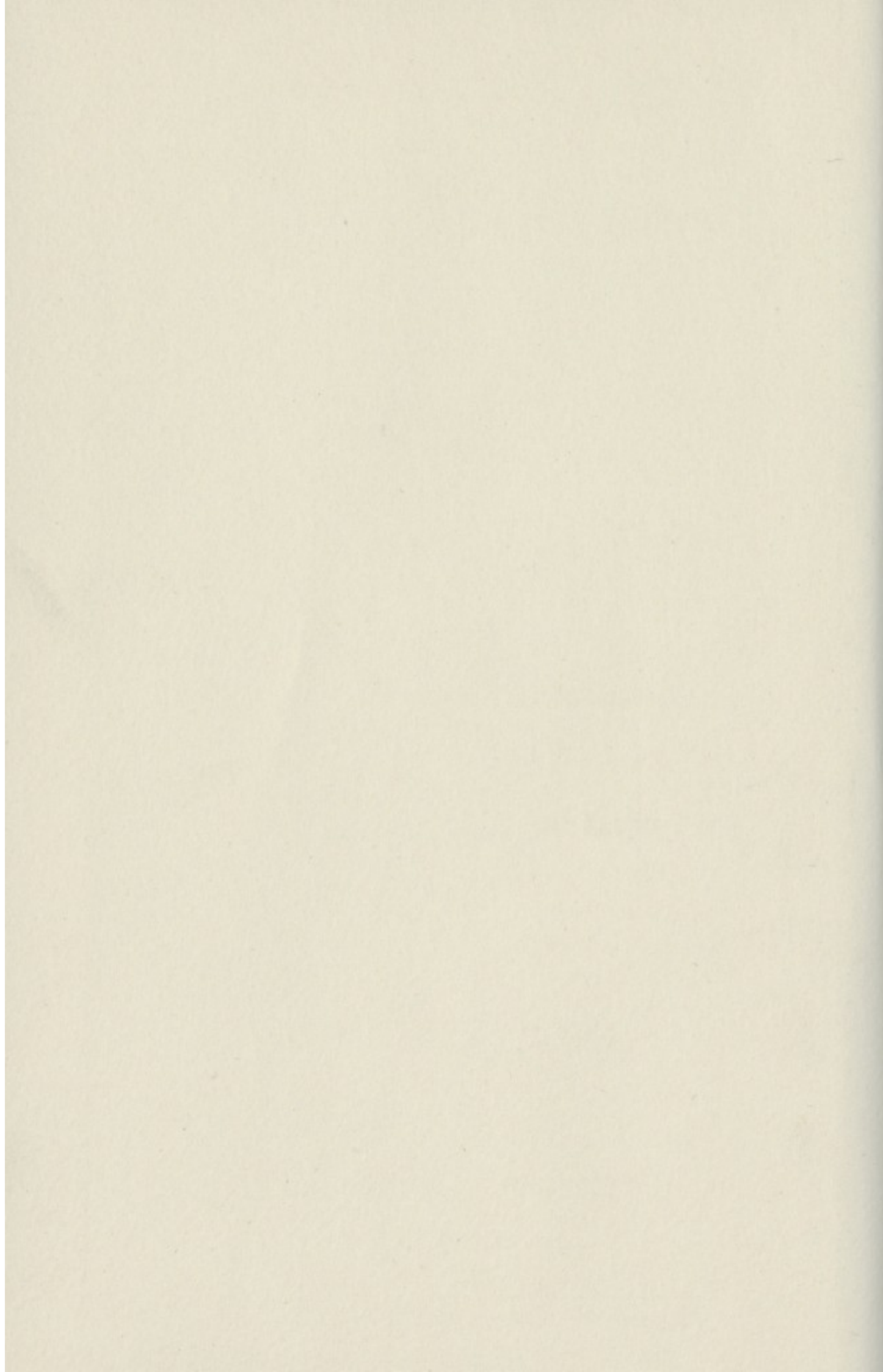
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London Borough of Harrow



Annual Report

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

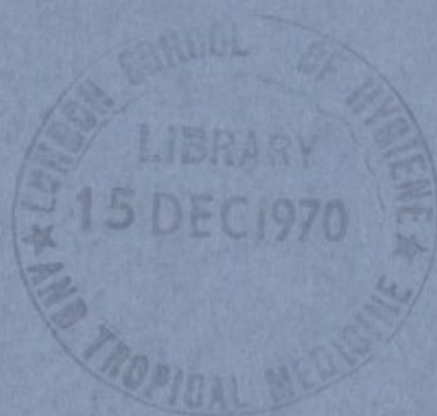
FOR THE YEAR

1965

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



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London Borough of Harrow



Annual Report

OF THE

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AND

Principal School Medical Officer

FOR THE YEAR

1965

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

London Borough of Harrow

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Annual Report

London Borough of Harrow

London Borough of Harrow

1983-84

WILLIAM CORNACK M.B. C.B. B.P.H.

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LONDON BOROUGH OF HARROW

HEALTH COMMITTEE

as at December 1965

HIS WORSHIP THE MAYOR (*ex officio*)

THE DEPUTY MAYOR (*ex officio*)

COUNCILLOR W. E. JONES, A.M.A.S.E.E. (*Chairman*)

COUNCILLOR D. H. J. HART (*Vice-Chairman*)

COUNCILLOR MRS. A. M. CAREY

COUNCILLOR A. C. COCKSEGE

COUNCILLOR B. M. COHEN

COUNCILLOR MRS. E. E. DAVIES

COUNCILLOR G. DAVIES, S.R.N., R.M.N., B.T.A.

COUNCILLOR A. J. ECKERT

COUNCILLOR E. W. H. FEAKINS

COUNCILLOR H. I. HARRIS

COUNCILLOR MRS. M. M. HASLAM

COUNCILLOR N. G. HINES

COUNCILLOR C. F. J. LOW, F.S.S.

COUNCILLOR I. W. MACKAY, LL.B.

COUNCILLOR D. S. O. SMITH, F.A.C.C.A

COUNCILLOR BARRY TURNER

COUNCILLOR R. J. WHITTOME, A.C.I.I.

COUNCILLOR W. E. N. WORMALD

Representing Middlesex Local Medical Committee

Dr. H. T. FOOT

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COUNCILLOR W. E. N. WORMALD

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COUNCILLOR B. M. COHEN

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COUNCILLOR MRS. N. REES

COUNCILLOR D. B. ROUSE

COUNCILLOR W. A. TACKLEY

COUNCILLOR BEN TURNER, A.C.C.S.

HEALTH COMMITTEE

as at December 1967

The Chairman and Members (as above)

The Deputy Mayor (as above)

Councillor W. E. Smith (as above)

Councillor D. H. A. Hunt (as above)

Councillor Mrs. M. M. H. Jones

Councillor N. G. Jones

Councillor C. H. J. Jones

Councillor I. W. Jones

Councillor D. S. G. Jones

Councillor Mrs. Jones

Councillor E. I. Jones

Councillor W. E. Jones

Representing: Harrow Local Medical Committee

Dr. H. T. Jones

WELFARE COMMITTEE

The Chairman and Members (as above)

The Deputy Mayor (as above)

Councillor D. H. A. Hunt (as above)

Councillor Mrs. E. M. Jones (as above)

Councillor R. W. Jones

Councillor Mrs. A. J. Jones

Councillor A. J. Jones

Councillor Mrs. E. M. Jones

Councillor Mrs. J. E. Jones

Councillor E. W. Jones

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The Deputy Mayor (as above)

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Councillor Mrs. M. M. H. Jones

Councillor Mrs. E. M. Jones

Councillor D. S. G. Jones

Councillor W. E. Jones

Councillor Mrs. Jones

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Health, Welfare & Children's Department,
Hanover House,
Lyon Road,
Harrow, Middlesex.

TO HIS WORSHIP THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
LONDON 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 1965.

The first three months of 1965 were mainly taken up with the final stages of the preparatory work involved in the "handover" operation when the Borough under the terms of the London Government Act of 1963 attained London Borough status on the 1st April 1965.

The Council had previously decided to set up a combined Health, Welfare and Children's Department and appreciating the increase in staff required to carry out the new functions of the London Borough, made arrangements in 1964 for extra office accommodation. As a result, the Public Health Department, together with the Middlesex County Council's Area Services of Personal Health, Welfare and Children's, moved to new quarters in Hanover House in February 1965.

This move definitely eased the formation of the new combined Department in April. The many useful "ante-natal" meetings and conferences held with the various County Council officers to work out and so facilitate the handover of functions—some even before the appointed day—were of tremendous value, so much so that I think it can be said that the birth of the new London Borough of Harrow, although rather long drawn out, was relatively painless!

Since 1948, Middlesex County Council had built up many services for the benefit of many differing age-groups within the community—these facilities were listed under Personal Health, Welfare and Children's Services. It was essential that these facilities continued without interruption and this, therefore, was the target aimed at by all concerned in the transfer operation. The fact that it was achieved says much for the efforts expended and thanks are due to all members of staff for their loyal and efficient services, without which the task would have been much more difficult.

The new London Borough of Harrow retained the original boundaries of the former Borough of Harrow without addition or subtraction. As a result, the comparison of vital statistics with those of previous years still remains valid. There was a population decrease of 650 to the figure of 209,600 and a birth and death rate practically the same as 1964—there being a 0.1 decrease in birth rate and a 0.1 increase in the death rate. It is pleasing to note that the downward trend in the infant mortality rate noted in 1963 and 1964 continued in 1965, with a fall from 12.2 to 10.0 per 1,000 live births. This reduction in infant mortality is also reflected in the lower neo-natal and early neo-natal mortality rates.

Health Education has always been considered to be of primary importance in the work of the department. In the period 1948 to 1965, the Borough Health Department concentrated on environmental hygiene, but at the same time worked in close liaison with the local staff of the County Council dealing with the delegated functions of the personal and school health services. The natural outcome of the amalgamation was the setting up of a health education section of the department and the provision in the establishment for a post of a health education officer. This section's activities permeate into all other sections and the resulting co-operative effort produces the material for the particular health education project. The new lecture room at Hanover House has proved to be invaluable in this work—being used for many purposes, such as the preparation of display material for outside projects, exhibition room, teaching and conference room—in fact it is the hub of the health education effort.

During the year, two projects initiated under the Middlesex County Council's ten-year development programme for Health and Welfare Services and taken over by the new Borough, were completed and brought into use. One was the new clinic in Northolt Road, built to provide clinic facilities in the South Harrow district and replace those previously provided in the Baptist Church Hall. At the same time, it was possible to re-organise the school clinic provision and bring the services into closer relationship with the local schools in the district. In addition, the dental clinic held in very unsatisfactory premises in Roxeth Hill was closed and the service transferred to Northolt Road. The second project was the Home for the Elderly opened in December at Vernon Lodge. This is a designated home for fifty-two residents of the Borough who on account of age and infirmity cannot manage to live in their own homes and require that extra care and attention provided by such a home. The intake of residents had to be very gradual, being geared to the number of staff available in the home. Recruitment of all categories of staff was, and unfortunately still is, very difficult. By the end of the year the number in residence was 17 and it certainly does seem a great pity that a scheme so worth while and so much needed cannot be brought into full operation simply because of the lack of staff. A further Home is scheduled to be completed in 1966. This is situated in Brookshill, Harrow Weald, and will provide accommodation for 60 residents. One sincerely hopes that the staffing situation will have improved by the time it is ready to receive its first guests!

The epidemic of measles made its anticipated appearance early in 1965 and a total of 2,469 cases were notified. Several hundreds of children, who had been given one or other of the two schedules of protective immunisation in the Medical Research Council's Measles Vaccine Trial, were followed-up during the year. Later, all the registered children who had not been immunised in the initial phase of the trial were offered, and in the main given, the protective vaccine using the second schedule of one dose of killed vaccine and one dose of live vaccine. A report on the efficacy of the new vaccine is expected early in 1966. Apart from a rise in the number of cases of dysentery notified, the general picture regarding notifiable diseases was satisfactory, with falls recorded in the number of cases of pulmonary tuberculosis, scarlet fever, pneumonia and whooping cough. The only deaths due to an infectious disease were caused by tuberculosis.

During the year, several projects were submitted for consideration by the appropriate Committee and, as a result, it is pleasing to report progress in the setting up of a pilot scheme for the taking of cervical smears, the holding of out-patient psychiatric clinics in collaboration with the North West Regional Hospital Board at one of the Borough's clinics, the formation of a psychiatric therapeutic social club to provide social activities for patients discharged from mental hospitals and also for people within the community whose needs would be met by the club. In addition, social club facilities were provided for the benefit of subnormal patients within the community.

The staff of the environmental hygiene section were fully engaged as usual during the year with routine inspection work, progress being made with registration and inspection under the Offices, Shops and Railway Premises and Clean Air Acts. During the year, No. 9 Smoke Control Order became effective, and in addition, the Minister of Housing and Local Government confirmed Smoke Control Orders No. 10 and 11, to come into operation on 1st July and 1st December 1966, respectively. From April, this section took over many additional duties arising out of the London Government Act 1963; details of the work involved are given in the main report.

The question of fluoridation of water supplies was considered by the Health Committee in the light of Ministry of Health Circular 15/65. The Committee met representatives of the Harrow Committee Against Fluoridation to hear their views on the matter, considered my full report and then resolved to recommend to the Council that arrangements be made for the addition of fluoride to the Borough's water supplies. This recommendation was fully debated and finally adopted by the Council. There, because it is technically impracticable for the Water Company to provide fluoridated water in only part of its area, the matter rests until such time as there is unanimity among the various local health authorities within the Water Undertakers statutory area of supply. When one considers the amount of time and money that must have been expended over the whole country

in arguing and publicising the "pros and cons" of fluoridation and then considers the monumental mass of scientific and medical evidence proving the efficacy of fluoride as a caries inhibitor, one wonders whether this should not have been decided centrally rather than left for local decision.

Ministry of Health Circulars 10/65 and 14/65 asked for a revision of the plans for the long term development of health and welfare services in the Borough. This revision covered the decade running from 1st April 1966 to 31st March 1976, and included information for the current year 1965/66 which was taken as the new starting point. The revised programme for 1965/66 included a Residential Home for the Elderly at Sancroft Road and for 1966/67 an Adult Training Centre, a Day Centre for younger mentally ill and an Assessment Unit for Pre-school children attached to the Junior Training School at Whittlesea Road.

I would like to take this opportunity of thanking the Chairmen and Committee Members of the various Committees for their interest and support during the year and, at the same time, acknowledge with grateful thanks the ready co-operation of my colleagues in other departments. Finally I would like to place on record my sincere appreciation for the able and willing assistance given by all members of the Department in this busy formative year of the London Borough of Harrow.

I have the honour to be,

Your obedient servant,

WILLIAM CORMACK,

Medical Officer of Health.

STATISTICS

AND

SOCIAL CONDITIONS

OF THE AREA

in 1954 and 1955. The results of the survey are given in Table 1. The results of the survey are given in Table 1.

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SOCIAL CONDITIONS OF THE AREA

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STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,500
Population (Registrar General's estimate)	209,600
Estimated number of inhabited houses	66,854
Rateable value	£11,363,091
Sum represented by a penny rate	£46,000

Vital Statistics

Live Births:—	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,582	1,540	3,122
Illegitimate	102	85	187
	<hr/>	<hr/>	<hr/>
Total	1,684	1,625	3,309

Live Birth rate per 1,000 population	15.8
Adjusted Live Birth rate	16.1
Birth Rate for England and Wales	18.1
Illegitimate live births per cent of total live births	5.7

Stillbirths:—	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	25	15	40
Illegitimate	2	0	2
	<hr/>	<hr/>	<hr/>
Total ..	27	15	42

Still Birth rate per 1,000 Live and Still Births	12.5
Total Live and Still Births	3,351
Still Birth rate for England and Wales	15.8

Infant Deaths (under 1 year of age)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	23	9	32
Illegitimate	0	1	1
	<hr/>	<hr/>	<hr/>
Total	23	10	33

Infant mortality rate per 1,000 live births	10.0
Legitimate Infant mortality rate per 1,000 legitimate live births	10.2
Illegitimate Infant mortality rate per 1,000 illegitimate live births	5.3
Infant mortality rate for England and Wales	19.0

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	15	9	24
Illegitimate	0	1	1
Total	15	10	25

Neo-natal mortality rate per 1,000 live births ..	7.6
Neo-natal mortality rate for England and Wales ..	13.0
Early Neo-natal mortality rate (first week) per 1,000 live births ..	6.9
Peri-natal mortality rate per 1,000 live and still births	19.4

Maternal Mortality:—

Maternal deaths ..	2
Maternal mortality rate per 1,000 live and still births	0.59
Maternal mortality rate for England and Wales ..	0.25

Deaths:—

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,057	975	2,032

Death rate per 1,000 population:

Crude Death Rate ..	9.7
Comparability Factor ..	1.04
Adjusted Death Rate ..	10.1
Death rate for England and Wales ..	11.5

Population

The estimated mid-year population was 209,600 which, in spite of a natural increase in population—excess of births over deaths—of 1,277 was 650 lower than the figure calculated for 1964. The number of occupied houses and flats rose by 91 to 66,854.

Births

The total number of births during the year was 3,309 (1,684 male and 1,625 female). 187 of these births were illegitimate, giving a percentage of total births of 5.7 as compared with a percentage of 6.1 for 1964.

Total number of live and still births ..	3,351
Local births ..	832
(a) domiciliary confinement ..	820
(b) nursing home confinement ..	12

2,519 birth notifications were transferred from other districts, being mostly births occurring to Harrow mothers in hospitals in Middlesex or in London. The birth rate was 15.8 per 1,000 population, which when corrected by the application of the Registrar General's area comparability factor, gives a birth rate of 16.1 as compared with the birth rate of 18.1 per 1,000 population for England and Wales.

Congenital Malformations

Information concerning congenital malformations or abnormalities apparent at birth 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	.. ..	62
(ii) Number of births included in (i) above	.. ..	59
(iii) Number of still births included in (i) above	.. ..	3
(iv) Total number of malformations notified as apparent at birth	.. ..	65
(v) Number of children with multiple malformations	.. ..	2

B. Analysis of Malformations Notified

Code Number	Number of cases	Code Number	Number of cases
0 Central Nervous System		4 Respiratory System	
.0 Defects of Brain NOS ..	1	.7 Defects of Diaphragm ..	1
.1 Anencephalus ..	1	.9 Other defects of Respiratory system ..	1
.4 Hydrocephalus ..	2		
.6 Other defects of Brain ..	2	5 Uro-genital System	
.8 Spina bifida ..	3	.1 Renal Agenesis ..	1
1 Eye, Ear		.6 Hypospadias, Epispadias	4
.8 Accessory auricle ..	1	.7 Other defects of Male Genitalia ..	3
.9 Other defects of ear ..	1		
2 Alimentary System		6 Limbs	
.1 Cleft lip ..	1	.3 Polydactyly ..	1
.9 Other defects of alimentary system ..	1	.5 Dislocation of hip ..	11
		.6 Talipes ..	23
3 Heart and Great Vessels		.7 Other defects of Shoulder, Girdle, Upper Arm and Forearm ..	1
.0 Congenital Heart Disease NOS ..	1	.8 Other defects of Hand ..	1
.6 Intraventricular Septal defects ..	1		
		8 Other Systems	
		.2 Defects of Muscles ..	1
		.3 Vascular defects of Skin	1

9 Other Malformations

.6 Mongolism ..	1
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Still Births

42 still births were registered during the year, giving a still birth rate of 12.5 per 1,000 live and still births, which compares favourably with the rate of 15.7 for the country as a whole.

Infant Mortality

During the year, 33 (23 male and 10 female) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was a fall of eight on the figure for 1964 and with 3,309 live births gives an infant mortality rate of 10.0 as compared with that of 12.2 in 1964. The rate for England and Wales was 19.0.

25, or approximately 75% of these infant deaths occurred during the first four weeks of life, giving a neo-natal mortality rate of 7.6 per 1,000 live births. 23 of these neo-natal deaths occurred during the first week of life, prematurity with congenital defects being the main cause of death. These early neo-natal deaths combined with the still births give a perinatal mortality rate of 19.4 per 1,000 live and still births, compared with a rate of 19.8 for 1964.

Maternal Mortality

There were two maternal deaths in 1965, giving a maternal mortality rate of 0.59 per 1,000 live and still births. A confidential investigation is conducted into each maternal death. The purpose of these investigations is regarded solely for scientific and public health purposes, in order to assist in the prevention of future maternal deaths.

Deaths

The total number of deaths of residents of the Borough was 2,032, giving a death rate of 9.7 per 1,000 population. Liability to death varies at different ages and also between the sexes. Accordingly, to offset the effect 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 9.7, gives an adjusted death rate of 10.1, which then compares with the death rate of 11.5 per 1,000 population for England and Wales. The main causes of death were as follows:—

1. Diseases of the circulatory system	.. .. .	765
2. Cancer	.. .. .	480
3. Vascular diseases of the central nervous system	.. .. .	261

857 deaths registered were of people over 75 years of age, i.e. 41% of the total deaths registered in the district.

Deaths from Cancer

In 1965, the number of deaths from cancer was 282 males and 198 females. Deaths from lung cancer increased by 23 to a total of 155 for the year or a rate per 100,000 of 73.95. Seventy per cent of these deaths occurred in the age group 55-75 years. Measures to bring the association of cigarette smoking with lung cancer to the attention of the public continued during the year.

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 46 residents during 1965. Again in the classification of other accidents 43 per cent of the deaths occurred in the elderly age group. All members of the staff are aware of these problems and every opportunity is taken to advise on home safety measures during the course of the many domiciliary visits paid during the year.

Deaths from Suicide

Seventeen people committed suicide during 1965, a decrease of five as compared with the figure for 1964.

Deaths from Infectious Disease

There were five deaths from tuberculosis and four from influenza during 1965 with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.

TABLE I

Summary of Vital Statistics 1941-1965

	<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>
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	24.5
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
1965	209,600	15.8	9.7	10.0	7.6	0.59	12.5

TABLE II

Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1955-1965

Year	Birth Rate		Death Rate		Infant Mortality Rate	
	Harrow	England and Wales	Harrow	England and Wales	Harrow	England and Wales
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
1965	16.1	18.1	10.1	11.5	10.0	19.0

TABLE III

Deaths of Harrow Residents during 1965
Registrar General's Return

Cause of Death	Males	Females	Total
1. Tuberculosis, respiratory	5	—	5
2. Tuberculosis, other	—	—	—
3. Syphilitic disease	1	2	3
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	33	21	54
11. Malignant neoplasm, lungs, bronchus	124	31	155
12. Malignant neoplasm, breast	—	55	55
13. Malignant neoplasm, uterus	—	5	5
14. Other malignant and lymphatic neoplasms	125	86	211
15. Leukaemia, aleukaemia	7	3	10
16. Diabetes	2	9	11
17. Vascular lesions of nervous system	90	171	261
18. Coronary disease, angina	295	174	469
19. Hypertension with heart disease	4	19	23
20. Other heart disease	62	114	176
21. Other circulatory disease	40	57	97
22. Influenza	4	—	4
23. Pneumonia	54	64	118
24. Bronchitis	65	29	94
25. Other diseases of respiratory system	12	5	17
26. Ulcer of stomach and duodenum	12	5	17
27. Gastritis, enteritis, diarrhoea	4	8	12
28. Nephritis and nephrosis	4	2	6
29. Hyperplasia of prostate	4	—	4
30. Pregnancy, childbirth, abortion	—	2	2
31. Congenital malformations	6	9	15
32. Other defined and ill-defined diseases	68	76	144
33. Motor vehicle accidents	14	11	25
34. All other accidents	13	8	21
35. Suicide	8	9	17
36. Homicide and operations of war	—	—	—
TOTAL	1,057	975	2,032

TABLE IV
Causes of Deaths (Males) at various ages, 1965

Cause of Death	<div style="text-align: center;"> ¹ Under month All 4 to 1- 5- 15- 25- 35- 45- 55- 65- 75- Ages weeks 1 year </div>												
1. Tuberculosis, respiratory ..	5	—	—	—	—	—	—	1	1	2	1	—	—
2. Tuberculosis, other ..	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ..	1	—	—	—	—	—	—	—	—	1	—	—	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective & parasitic diseases	1	—	—	1	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach ..	33	—	—	—	—	—	—	1	2	15	9	6	—
11. Malignant n'plsm, lungs, bronchus	124	—	—	—	—	—	—	1	10	43	46	24	—
12. Malignant neoplasm, breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ..	125	—	—	1	2	2	1	5	8	34	32	40	—
15. Leukaemia, aleukaemia ..	7	—	—	—	1	—	—	—	2	1	3	—	—
16. Diabetes ..	2	—	—	—	—	—	—	—	—	—	1	1	—
17. Vascular lesions of nervous system	90	—	—	—	1	—	—	—	6	14	29	40	—
18. Coronary disease, angina ..	295	—	—	—	—	—	—	9	36	90	84	76	—
19. Hypertension with heart disease ..	4	—	—	—	—	—	—	—	—	—	1	3	—
20. Other heart disease ..	62	—	—	—	—	—	—	—	3	8	17	34	—
21. Other circulatory disease ..	40	—	—	—	—	—	1	1	1	5	15	17	—
22. Influenza ..	4	—	1	—	—	—	—	—	—	—	—	3	—
23. Pneumonia ..	54	1	4	2	—	—	—	—	2	5	9	31	—
24. Bronchitis ..	65	—	1	1	—	—	—	—	3	22	23	51	—
25. Other diseases of respiratory system	12	—	—	—	—	—	—	1	—	3	4	4	—
26. Ulcer of stomach and duodenum	12	—	—	—	—	—	—	—	—	3	6	3	—
27. Gastritis, enteritis, diarrhoea ..	4	—	—	—	—	—	—	—	—	1	—	3	—
28. Nephritis and nephrosis ..	4	—	—	—	—	—	—	—	—	2	1	1	—
29. Hyperplasia of Prostate ..	4	—	—	—	—	—	—	—	—	1	1	2	—
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations ..	6	3	1	—	—	1	—	—	—	—	1	—	—
32. Other defined & ill-defined diseases	68	11	1	—	1	4	1	—	4	13	16	17	—
33. Motor vehicle accidents ..	14	—	—	—	—	5	4	—	3	2	—	—	—
34. All other accidents ..	13	—	—	2	—	—	—	—	1	2	3	5	—
35. Suicide ..	8	—	—	—	—	—	1	1	—	3	2	1	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	1057	15	8	7	5	12	8	20	82	270	304	326	—

TABLE V
Causes of Death (Females) at various ages, 1965

Cause of Death	<div style="text-align: center;"> ¹ Under month All 4 to 1- 5- 15- 25- 35- 45- 55- 65- 75- Ages weeks 1 year Over </div>												
	All	4	to	1-	5-	15-	25-	35-	45-	55-	65-	75-	Over
1. Tuberculosis, respiratory ..	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Tuberculosis, other ..	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ..	2	—	—	—	—	—	—	—	—	—	1	1	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective & parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach ..	21	—	—	—	—	—	—	—	—	5	3	21	—
11. Malignant n'plsm, lungs, bronchus	31	—	—	—	—	—	—	—	5	7	12	7	—
12. Malignant neoplasm, breast ..	55	—	—	—	—	—	—	3	8	18	16	10	—
13. Malignant neoplasm, uterus ..	5	—	—	—	—	—	—	—	1	3	1	—	—
14. Other malignant and lymphatic neoplasms ..	86	—	—	—	—	—	2	1	9	18	26	30	—
15. Leukaemia, aleukaemia ..	3	—	—	—	—	—	—	—	—	2	—	1	—
16. Diabetes ..	9	—	—	—	—	—	—	—	—	4	1	4	—
17. Vascular lesions of nervous system	171	—	—	—	—	1	—	1	3	16	44	106	—
18. Coronary disease, angina ..	174	—	—	—	—	—	—	—	6	22	48	98	—
19. Hypertension with heart disease ..	19	—	—	—	—	—	—	—	—	—	4	15	—
20. Other heart disease ..	114	—	—	—	—	—	—	—	1	8	17	88	—
21. Other circulatory disease ..	57	—	—	—	—	—	—	1	1	3	12	40	—
22. Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia ..	64	1	—	1	—	—	—	—	2	3	11	46	—
24. Bronchitis ..	29	—	—	1	—	—	—	1	1	3	4	19	—
25. Other diseases of respiratory system	5	—	—	—	—	—	—	—	1	—	1	3	—
26. Ulcer of stomach and duodenum	5	—	—	—	—	—	—	—	—	—	1	4	—
27. Gastritis, enteritis, diarrhoea ..	8	—	—	—	—	—	—	—	1	—	1	6	—
28. Nephritis and nephrosis ..	2	—	—	—	—	—	—	—	—	1	—	1	—
29. Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	2	—	—	—	—	—	1	1	—	—	—	—	—
31. Congenital malformations ..	9	2	—	—	—	—	1	—	2	1	1	2	—
32. Other defined & ill-defined diseases	76	7	—	1	—	2	2	5	3	10	14	32	—
33. Motor vehicle accidents ..	11	—	—	1	—	3	—	—	3	3	—	1	—
34. All other accidents ..	8	—	—	2	—	—	—	1	—	1	—	4	—
35. Suicide ..	9	—	—	—	—	1	1	—	1	4	2	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	975	10	—	6	—	7	7	14	48	132	220	531	—

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1965

Causes of Death	AGE										
	Under 1 day	1-7 days	1-2 weeks	2-3 weeks	3 weeks to 1 month	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Intra Cranial											
Haemorrhage ..	1	1	—	—	—	2	—	—	—	—	2
Atelectasis ..	3	4	—	—	—	7	—	—	—	—	7
Laryngo-tracheo											
Bronchitis ..	—	—	—	—	—	—	—	—	1	—	1
Pericarditis—Con-											
genital Abnormality	—	—	1	—	—	1	—	—	—	—	1
Bronchopneumonia ..	—	—	1	—	—	1	2	1	1	2	7
Congenital heart disease	—	3	—	—	—	3	—	—	—	—	3
Prematurity ..	5	1	—	—	—	6	—	—	—	—	6
Haemolytic Disease—											
Rhesus incompatibility	1	1	—	—	—	2	—	—	—	—	2
Cause undetermined											
Cot death—Syndrome	—	—	—	—	—	—	—	—	—	1	1
Renal Failure—(L)											
Hydro nephrosis ..	—	1	—	—	—	1	—	—	—	—	1
Bilateral renal agenesis	1	—	—	—	—	1	—	—	—	—	1
Erythroblastosis foetalis	1	—	—	—	—	1	—	—	—	—	1
TOTAL ..	12	11	2	—	—	25	2	1	2	3	33

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths
with Rate per 100,000 Population, 1955-1965

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
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
1965	209,600	5	2.39	155	73.95

TABLE VI

Deaths of Narrow Infants under 1 year of age, 1952

Cause of Death	Age Group						Total
	1-2	3-4	5-6	7-8	9-10	11-12	
Respiratory	1	1	1	1	1	1	6
Cardiovascular	1	1	1	1	1	1	6
Central Nervous System	1	1	1	1	1	1	6
Other	1	1	1	1	1	1	6
Total	4	4	4	4	4	4	24

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population, 1952-1955

Year	Population	Deaths	
		Number	Rate per 100,000
1952	217,100	13	5.99
1953	216,200	13	5.99
1954	215,000	12	5.58
1955	214,300	8	3.73
1956	213,700	6	2.80
1957	214,370	10	4.66
1958	209,550	9	4.29
1959	209,600	8	3.82
1960	209,750	4	1.91
1961	210,250	10	4.75
1962	209,600	8	3.82

PERSONAL HEALTH SERVICES

The Department of Health and Human Services is pleased to announce the opening of a new Personal Health Services Center in the heart of the city.

This new center will provide a wide range of health services to the community.

The services offered include:

• Physical examinations and health screenings

• Immunizations and vaccinations

• Health education and counseling

• Referrals to specialists and other health care providers

• Laboratory and diagnostic services

• Prescription and over-the-counter medications

• First aid and minor injury treatment

• Health insurance information and assistance

• Community health resources and referrals

• Health care interpreter services

• Health care interpreter services

• Health care interpreter services

• Health care interpreter services

• Health care interpreter services

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• Health care interpreter services

PERSONAL HEALTH SERVICES

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

Section 22

Care of Mothers and Young Children

Facilities for the ante-natal and post-natal care of expectant mothers are provided at fourteen centres throughout the Borough. The changing pattern noted over the last few years whereby more mothers attend hospital and/or their own general practitioner for ante-natal care is again evident in the decrease in attendances at ante-natal clinics. The work of the local authority is now much more in the realm of preparation for child birth and takes the form of mothercraft and ante-natal relaxation classes. Judging by the numbers attending these classes, this service seems to be worth-while and of value to the expectant mother. The classes are held in nine clinics by appointment, thirteen classes are given weekly. Each recommended course lasts between 8-9 weeks, starting during the 5th month of pregnancy.

The weekly haematology clinic for taking blood specimens from expectant mothers is now well established and great co-operation is maintained with the pathological department at Edgware General Hospital with immediate tests and reports. The clinic is held every Thursday afternoon at the Caryl Thomas Clinic, Headstone Drive. Appointments can be made by telephoning the clinic—TEL.: HARROW 4484.

Child welfare sessions are held at 18 centres. Attendance at these sessions is the obvious follow-on to the birth of the child, as advice on the feeding, hygiene and general management of the infant is available. Special toddlers' clinics are also held where the mothers of older infants are seen by appointment. Here the mother has ample opportunity to discuss with the clinic staff the general progress of her child. Facilities for vaccination and immunisation are available at all these child welfare sessions. The number of children attending infant welfare and toddlers' sessions increased from 10,527 in 1964 to 11,647 in 1965.

Care of the Unsupported Mother and her Child

With the break-up of the Middlesex County Council, the special services almoner department was de-centralised and the three Medical Social Workers appointed to different boroughs. Harrow shares a Medical Social Worker with the London Borough of Brent and the service for the unsupported mother and child continues as before.

During the year, a total of 77 unsupported mothers from the Harrow area were maintained in Mother and Baby Homes, 21 in homes run by voluntary organisations and 56 in local authority homes.

Day Nurseries

The day nursery service in the Borough provides accommodation in two nurseries for 110 children aged 0—5 years for whom nursery provision is required on health grounds.

These nurseries are at:

- (a) Headstone Drive, Wealdstone 50 place
- (b) Walton Avenue, South Harrow 60 place

and are of the type erected during the war-time emergency. Although still serviceable, they fall short of modern standards and provision has been made for their replacement in the Borough's ten year development plan.

The Headstone Drive Nursery is recognised as a training nursery for the purposes of students seeking the qualification of the National Nursery Examination Board. The students attend Chiswick Polytechnic for their theoretical work and carry out their practical training in the day nursery.

In certain cases where it is considered attendance at a day nursery would be beneficial to progress, certain handicapped children are admitted without charge. The present categories are deaf, partially deaf, children of deaf and dumb parents where a talking environment is desirable, children showing behaviour problems for whom absence from their home environment for some part of the day is advisable and finally for suitable physically handicapped children under the age of two years—the Education Committee usually accept financial responsibility for suitable physically handicapped children over the age of two years.

Nurseries and Child Minders Regulation Act

In addition to the nurseries run by the Borough, 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 Circular 5/65 the Minister of Health stated that in view of the considerable increase in the numbers of child minders registered under the Act since Circular 143/48 was issued, it was felt that some amplification and modification of the advice contained in that first circular was now required. All local health authorities were, therefore, asked to review their arrangements in force in their areas for the keeping of registers and the supervision of premises and persons and submit a report to the Minister on the result of this review.

The procedure at present carried out in the Borough is as follows:—

(a) REGISTRATION

Arrangements are made for the applicant(s) to be interviewed by a Medical Officer at the home or premises where it is proposed to carry out the daily care of children.

This gives an opportunity of assessing the applicant's qualifications and suitability to carry out this type of work, and also to discuss the standards which the Council would require in order to effect registration.

Following this, a general inspection of the premises is then carried out and a report submitted to the Committee, with appropriate recommendations.

If the application is approved by the Committee, a Notice of Intention to make an Order is then sent to the applicant. This notice gives details of the number of children to be received at any one time under the age of five years, and also itemises certain requirements which must be accepted in writing by the applicant before the Certificate of Registration is issued. Examples of these requirements are:—

- i) the ratio of staff to children;
- ii) the production of satisfactory evidence of medical fitness and x-ray of chest for all staff;
- iii) the age range of children to be cared for;
- iv) the maintenance at all times of adequate heating and ventilation of premises;
- v) the implementation of any safety precautions considered necessary, e.g. guard gates, fire guards, etc.

The local authority must register the premises or the minder, unless they decide to refuse registration on the grounds that any person who is employed, or proposed to be employed, in looking after the children is not fit to have the care of children, or that the premises or minder's home are not fit for that purpose.

(b) SUPERVISION

After the Certificate of Registration has been granted, periodic visits are made by a Medical Officer and, in addition, visits are frequently made by Health Visitors to all premises to ensure that the conditions of registration are being observed, and in general to give advice on the well-being of the children. If for any reason the Health Visitor is dissatisfied with the conditions found, a report is immediately made to the Medical Officer, who then visits and takes the necessary action. At least four times a year, a form of report is completed by the Health Visitor in regard to each of the premises and persons registered. Apart from these formal visits of inspection, the Health Visitors know the daily minders well and encourage them to make visits to the Infant Welfare Clinics, especially those who have the full day care of children.

In addition to the above, every applicant has to obtain the approval of the Borough Council under Town Planning Regulations.

Section I of the Act requires a local health authority to keep registers of premises or persons where children are looked after "for the day or substantial part thereof or for any longer period not exceeding six days". In play-groups the children normally attend for a few hours only at a time, and it is a matter for the local authority to decide whether a particular play-group as such needs to be registered. There is no precise interpretation of the words "or a substantial part" of the day and the Minister has advised that it rests with the Council to decide whether or not a particular group requires to be registered.

The Health Committee have now agreed that all regular child minders (including play-groups) in the Borough should be registered under the Act and supervised by the Council.

The numbers registered at the end of the year were as follows:—

(i) Child Minders	..	..	..	..	..	23
(ii) Private Day Nurseries	..	..	..	..	..	14

Priority Dental Service

In addition to the inspection and treatment of expectant and nursing mothers, and pre-school children, during March and April arrangements were made for Mr. M. A. Young, Lecturer in Children's Dentistry at the Royal Dental Hospital, London, to carry out a dental survey of 3 and 4 year old children in our three nursery schools. One of his findings was that 67.7% of the 3 year old children examined were caries-free, but in the 4 year old group this figure dropped to 49.5%. A system has now been introduced whereby all pre-school children attending the dental clinics are recalled at four monthly intervals until they enter an infants school and become eligible for the routine dental inspections.

Marriage Guidance

The Marriage Guidance Council have a local office in the Borough. This is at 36 College Road, Harrow, TEL.: HARROW 8694.

Family Planning

Previous arrangements made by the former Middlesex County Council with the Family Planning Association, whereby certain clinics were made available, without charge, to the Association to hold family planning sessions, were honoured by the Borough.

The present sessions are as follows:

Elmwood Avenue Clinic:	Monday evening 2nd and 4th Wednesday evening Thursday afternoon
Alexandra Avenue Clinic:	Tuesday morning

A grant is paid by the Borough for each patient referred by the Council's Medical Officer for contraceptive advice on medical grounds.

Section 23—Midwifery

The domiciliary midwife working in liaison with the general practitioner obstetrician provides 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. The ante-natal care includes instruction in the use of analgesia apparatus—gas and air and trilene.

Sterilised maternity packs are available to all, except those who have booked a hospital bed for their confinement. Following negotiations with the manufacturers, certain improvements were made in the contents of these packs, especially in the small emergency one issued in cases of early discharge from hospital.

During the year the establishment of midwives was fourteen full-time and three part-time and, in addition to the routine ante-natal and post-natal supervision of patients, the midwives attended 820 home deliveries. In addition, 340 mothers were discharged from hospital less than 10 days after delivery and were nursed at home by the domiciliary midwives. 114 of these cases were originally booked for home delivery but had to be admitted to hospital for medical reasons. 201 were booked under the 48 hour Planned Early Discharge Scheme and 25 were discharged early either due to death of infant or other reasons.

Planned Early Discharge of Maternity Patients

This scheme is working well and is expanding mainly due to the fact that it is much to the liking of the mothers concerned. During the year, 201 cases were nursed under the scheme and towards the end of the year the department was dealing with approximately 25—30 cases per month. No adverse effects to any mother or child have been observed.

Standard Ante-Natal Co-operation Card

The introduction of this card on a national basis was recommended by the Maternity Services (Cranbrook) Committee, who expressed the view that, if provided for every woman receiving maternity care, some of the present lack or duplication of care would be eliminated.

The main purpose of the card is to ensure that each member of the obstetric team is aware of the attention given by other members. It is retained and produced by the patient at every ante-natal examination until the final post-natal examination, when it should be passed to her general practitioner for inclusion in her medical records.

Such a card has now been introduced in the Borough and has been found to be most satisfactory in use.

Day and Night Duty Rota

This system for midwives has continued during the year and worked well to the mutual benefit of patients and the midwifery staff. The arrangements whereby the emergency night calls under the night duty rota system

were made through the Middlesex County Council's Ambulance Control ceased on the 31st March 1965. However, through the kind co-operation of the Harefield and Northwood Group Hospital Management Committee, all "Night Calls" are now made to Harrow Hospital. This arrangement is working very well and the kind action of the Hospital Management Committee is very much appreciated.

Training of Pupil Midwives

Arrangements for the training of pupil midwives continued during the year. The majority come from Bushey Maternity Hospital and are attached to a teaching midwife, who supervises their three months domiciliary training in preparation for Part 2 of the examination of the Central Midwives Board. Twenty pupils attended during the year.

Maternity Services—Catchment Areas

The maternity catchment areas brought into use in 1964 have worked well. The idea is that each district is linked to a particular maternity hospital or hospitals and it would be that hospital's responsibility to provide the necessary maternity services for its particular district. 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. As a result of this scheme, calls on the Emergency Bed Service seeking admission for a maternity patient have practically disappeared.

Section 24—Health Visiting

During the year 1965, the Health Visiting establishment was again under strength. Several appointments were made during the year but these gains are usually offset by other members of the team moving away to other districts. To relieve the health visiting staff of the more routine clinic duties and also some of the duties under the school health service, clinic nurses were appointed. When clinic nurses are appointed, efforts are made to select possible candidates for training as Health Visitors under the sponsored training scheme. Out of three nurses appointed, two were selected for training and commenced their studies in September 1965. One sponsored student completed her course during the year and started working as a Health Visitor in July 1965.

Training of Health Visitors

The new syllabus for the training of Health Visitors started in September 1965. The training is spread over one year instead of the previous period of nine months. In addition, the training requires more intensive practical training under the supervision of Field Work Instructors. These are Senior Health Visitors who have been specially selected as suitable practical teachers and have had an additional course of training for this

post. In order to give these Health Visitors the time for supervision and training of students, their normal family case load has been reduced to 300. In order that the Borough could undertake the training of Health Visitors, two members of the staff, after completing the special training course, were appointed as Field Work Instructors. A close liaison has been established between the training college tutors, fieldwork instructors and students.

A further new appointment for a Senior Health Visitor has been made as a Group Advisor. This involved attending a four week instruction course and then the assumption of a post where the duties are varied, including instruction to student nurses in the work of the Health Department and liaison with Hospital Tutors.

The Work of the Health Visitor

This grows in volume and variety each year, involving consultations of an advisory nature in the clinics to the field work of home visiting the whole range of age-groups from infancy to old age. Much has been said recently about the need for social workers to deal with the variety of problems which seem to beset families nowadays and many new certificate and diploma courses have been inaugurated. One wonders if there is too much theory about all this and whether the Health Visitor with her basic health training, plus her general health visitor's course, and above all her tremendous experience in field work, is not the person best equipped to deal with the social problems of the day. Is there not a danger of having too many "specialist" workers thus fragmenting the service?

Liaison Schemes with Hospitals

These schemes have been extended during 1965. A Health Visitor has continued to attend the Paediatric Department at Edgware General Hospital acting as a link between hospital and local authority services. Information is passed to the district staff regarding any difficulties in the progress and rehabilitation of patients. This interchange of useful clinical and social information concerning the child patient has proved to be extremely valuable.

A new liaison scheme with Kingsbury Maternity Hospital has started. Here two Health Visitors attend the lectures given to nursing and medical students by Dr. Jolly, Consultant Paediatrician. This again has proved to be of mutual benefit to all concerned. The Health Visitors also attend the "At Risk" clinic in the hospital and join in the ward teaching rounds. These lectures and studies are most interesting and valuable. All Health Visitors will be attending in time and a rota has been arranged for the complete staff.

A third liaison scheme has been started in the care of the elderly, between Roxbourne Hospital (Dr. Binks—Geriatrician) and a member of the health visiting staff, who visits there every 14 days. Information is

passed on to the rest of the staff and home visits are requested in preparation for the discharge of patients, or the follow-up of relatives of "in-patients" and also to report progress of discharged patients.

During the course of the year 757 home visits to the elderly were made following requests from general medical practitioners and medical social workers.

The routine work of health and advice to the family, and the general working of the department, was explained to over one hundred students from nurse training schools, secondary schools, district nurse training schools and some visiting nurses from overseas. In addition, four student Health visitors attended the Borough for their practical training.

Research Projects

In co-operation with the Department of Medicine of St. Thomas's Hospital Medical School, the Health Visitors took part in a research project into the susceptibility of respiratory disease of all babies born in six wards of the Borough. All siblings of these families were included and the health of both parents was considered at the same time. This survey was carried out over two years and finished at the end of June 1965. A follow-up of the health and development of these families will continue for several years but no new cases will be added.

In addition, under the Medical Research Council's Measles Vaccine Trials conducted in 1964, three groups of children have been contacted by the Health Visitors every three months and a progress questionnaire has been completed.

Health Education

Much of the Health Visitor's work is by way of education and many evening talks, film evenings, lectures on fathercraft for "expectant" fathers and general hygiene courses for senior school girls, were given during the year. Further details are contained in the general section on Health Education.

National Child Development Study

Under the aegis of the National Birthday Trust Fund a nation-wide Perinatal Mortality Survey was carried out in 1958. During this survey detailed information was collected and collated regarding over 17,000 births and over 7,000 stillbirths occurring during the week 3rd—9th March of that year. As a result of this study, a great deal has been learnt which has led to an improvement in maternity services and a saving of infant life.

In view of the fact that very little is known about the many things which affect children's development, the organisers of the above survey considered that a further study of the large and representative group included in the survey might make it possible to answer a lot of important questions about children's growth, health and education.

The department participated in this follow-up survey, questionnaires being completed by Health Visitors and full medical examinations were carried out on each child by the school doctors. A total of 53 children living in the Borough were included in this second study.

Section 25—Home Nursing

The home nursing staff, consisting of 26 nurses equivalent to 23 whole-time staff, completed another busy year, carrying out a total of 59,971 visits. The nurses work under instruction from the general practitioners and carry out general nursing duties with the acute and chronic sick in their homes.

The following table will give some idea of the type of illness involving the above visits.

<i>Category</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical	558	1,258	1,816
Surgical	91	44	135
Tuberculosis ..	3	4	7
Maternal complica- tions	—	24	24
Other	2	—	2
TOTAL	654	1,330	1,984

- (i) Total number of persons nursed during year .. 1,984
- (ii) Number of persons under 5 years old at first visit .. 56
- (iii) Number of persons 65 years or over at first visit .. 1,308
- (iv) Total number of visits made during the year .. 59,971
- (v) Number of visits of over one hour's duration .. 1,750

The service involves the nursing care of all age-groups, but by far the greatest number of cases lie in the elderly group suffering from chronic ill-health. Many of the visits to this group are for general nursing care and the nurse's visit to this type of case is not only good for the patient but also of great moral benefit to relatives.

Valuable assistance is received from the St. John's Ambulance Brigade and the British Red Cross, whose volunteers have taken over on occasions some of the routine nursing duties in certain cases.

Marie Curie Foundation

The Department acts as agents for the night nursing service provided by the Foundation. This is made use of in terminal cases of malignancy and there is no doubt about the fact that this service is greatly appreciated by the relatives concerned. The relief given during the night does offer them some respite from the constant nursing care this type of case requires.

Disposable Equipment

Much greater use is now being made of disposable equipment. All injections are now given by individual disposable syringes. This guarantees a sterile syringe for every injection and obviates the problem of trying to sterilise instruments in the unsatisfactory conditions sometimes found in domiciliary practice. Other "disposables" used by the nurses on the district include items such as caps, masks, gloves and razors.

Incontinence Pads

The use of these pads in the care of the incontinent patient is increasing rapidly. Nursing of this type of case is always a problem, especially during the winter months when drying of the sheets is difficult. The laundry service set up with the assistance of Edgware General Hospital has been invaluable in this work, but, of course, is not the complete answer to nursing the incontinent patient at home. Following the Ministry of Health Circular 14/63, a scheme for providing incontinence pads was introduced on a limited scale by the Middlesex County Council. This service has continued and the demand is heavy and increasing. Distribution is through the home nursing service, the home nurse taking this opportunity of explaining exactly how the pads should be used in the home. This supervision of use is considered necessary in order to ensure that the maximum benefit of an expensive item of equipment is achieved as economically as possible. During the year, approximately 6,000 pads were issued for use in the home.

Disposal of soiled pads has not presented a problem as yet. The usual method is by burning in the patient's home. However the increase in the number of flats and maisonettes with central heating and thus lacking the traditional kitchen stove or open fire, together with the spread of clean air zones in the Borough, may soon raise problems over disposal of soiled pads. Most of the new clinics are equipped with gas incinerators. These have already been used on odd occasions and, of course, could easily be brought into greater use if need be. This service is obviously going to expand further and it may be in the future that consideration will have to be given to instituting a special collection service for incineration at some central point.

Training Courses

One nurse attended the District Nurse Training Course at Chiswick Polytechnic and was successful in obtaining the National Certificate of District Nurse Training.

Section 26—Vaccination and Immunisation

Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough, tetanus and poliomyelitis were made available as in previous years at all clinics in the Borough and, of course, can be obtained through the general practitioner services if so desired. The main-

tenance of a high degree of immunity among the child population is of paramount importance and every opportunity is taken by the health staff to get this message over to all parents. For full protection, the full course of injections or oral doses must be completed and, in addition, booster or re-inforcing doses completed at the appropriate time. This exhortation of the public must go on without stopping because it is an unfortunate fact that if diseases disappear from the public image, interest tends to wane, only to be revived with a panic-like effect when a case does actually appear in the district. The personal day-to-day publicity practised by the staff is supported by Health Education projects on Immunisation in the clinics during the year and also periodically by general campaigns with help and support from the Ministry of Health.

During the year, the children included and vaccinated in 1964 against measles in the Medical Research Council's Vaccine Trials were followed up, special attention being paid to any reactions noted as a result of inoculation. In addition, the unvaccinated control group of children, together with those whose consent forms were received too late for inclusion in the previous arrangements, were offered vaccination against measles.

Apart from some modifications in the instructions regarding the timing of administering doses of oral poliomyelitis vaccine, no major changes in immunisation schedules were made during the year. The modifications agreed by the Standing Medical Advisory Committee on Poliomyelitis Vaccination were that:—

- (a) the recommendation that an interval of three weeks be allowed after a dose of oral vaccine before any other immunising procedure, should now be cancelled;
- (b) the simultaneous administration of oral poliomyelitis vaccine with triple vaccine for primary immunisation or with diphtheria and tetanus vaccine at school entry could now be recommended, and that
- (c) there was now no need to delay tonsillectomy when this operation was indicated, because of the season of the year or because of recent administration of oral vaccine.

Vaccination of persons under age 16 completed during 1965

	<i>Age at date of vaccination</i>				<i>Total</i>
	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-15 yrs.</i>	
Smallpox					
Primary vaccination	204	1,586	497	66	2,353
Re-vaccination ..	—	2	12	58	72

Immunisation of persons under age 16 completed during 1965

	Year of birth					Others under Age 16	Total
	1965	1964	1963	1962	1958- 1961		
Diphtheria							
Primary course ..	1,394	1,413	214	61	99	28	3,209
Reinforcing dose	—	565	971	326	1,624	122	3,608
Whooping Cough							
Primary course ..	1,394	1,403	212	58	59	22	3,148
Reinforcing dose	—	555	944	314	901	92	2,806
Tetanus							
Primary course ..	1,394	1,413	212	63	139	54	3,275
Reinforcing dose	—	568	974	327	1,670	174	3,713
Poliomyelitis							
Primary course ..	571	2,061	353	205	220	108	3,518
Reinforcing dose	—	39	99	85	2,221	219	2,663

Section 28—Prevention of Illness, Care and After Care

Chiropody

A chiropody service is provided by the Borough for the treatment of expectant mothers, handicapped persons and the elderly. The service is limited, however, by the shortage of chiropodists. Valuable assistance is given in this service through arrangements made with the British Red Cross, who in addition to providing facilities at centres, also continue a service for treating the home bound. Patients unable to travel by public transport because of some medical reason are collected by the ambulance car service—a supporting medical certificate is required in these cases. Unfortunately, due to the heavy demands on the ambulance service, delays do occur in picking up patients at the clinics for their return home. The possibility of using the Borough's own transport for this type of case is being investigated to try and obviate these difficulties. Nineteen sessions at the clinics were maintained each week during the year. These sessions were planned to try and give a service to most parts of the Borough.

Details of attendances for the year 1965:—

Category of Patient	New Cases, first attendance	Old Cases, first attendance	Re- attendances	Total
Elderly persons ..	357	555	4,188	5,100
Physically handicapped ..	3	7	42	52
Expectant and nursing mothers	8	1	11	20
School children ..	67	29	227	323
Others	6	7	16	29

Total number of treatments	.. ..	5,524
Number of sessions	.. ..	999

During the year 1965 the local branch of the British Red Cross carried out 1,866 treatments, 1,058 of which were domiciliary.

Cervical Cytology

Facilities for the early diagnosis of cancer of the womb by means of a cervical smear are available to a certain extent at the Mount Vernon and Harrow Hospitals. In addition, the examination is carried out on patients attending Family Planning Clinics. Due to the shortage of suitably qualified cytologists, it had not been possible to extend the service to local authority clinics in the area. However, in December 1965, following information that the pathological department of Mount Vernon Hospital were now in a position to deal with a considerable increase in the number of smears, the Health Committee considered a report to set up a pilot scheme for the taking of cervical smears. This scheme was agreed to in principle and after prior consultation with the appropriate Hospital Management and Local Medical Committees, a proposal to amend Section 28 of the National Health Service Act will be submitted to the Minister of Health. It is hoped to start the pilot scheme at the Caryl Thomas Clinic in 1966.

Recuperative Holidays

This scheme provides for sending certain categories of patients on short-term recuperative holidays. These holidays are restricted to those people recovering from a recent acute illness, no longer in need of nursing treatment and only requiring rest, fresh air and good food to complete their treatment.

Recommendations are received from hospitals and general practitioners. All applications are considered and, if agreed, arrangements made for placement in a suitable recuperative holiday home. During the year, 63 were admitted to such homes—of this number 54 were adults, 8 school-children and one child under school age. The 8 school-children were recommended under Section 48 of the Education Act 1944.

Loan of Nursing Equipment

The nursing of patients in their own homes can be greatly helped if certain items of nursing equipment are available for use in the home. Continuing the arrangements made by the Middlesex County Council, the local branch of the British Red Cross Society hold this stock of nursing equipment and now operate the loan scheme on behalf of the Borough.

A small hire charge is made for the loan of the equipment. This charge is collected by the Society and used to purchase replacement equipment as required. In cases where the patient is unable to pay the hire charge, it is paid by the Borough. Purchases of additional equipment are also made by the Borough to meet requests for loan of articles on the approved list.

Number of articles loaned during the year	1,275
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The Red Cross depot is at 39 Sheepcote Road, Harrow—Telephone HARROW 8788.

Tuberculosis

The Borough is served by two clinics—

- (i) the Harrow Chest Clinic, Station Road, Harrow (Chest Physician Dr. R. Grenville-Mathers) covering the main part of the district, and
- (ii) the Edgware Chest Clinic, Edgware Hospital (Chest Physician Dr. H. J. Trenchard) which includes in its catchment area the small remaining part of the Borough in the Edgware district.

The care and after-care service for persons suffering from tuberculosis evolved on the Borough as from the 1st April 1965, and following the pattern already established, the arrangements for this service continued to be centred on these two clinics, with the physicians being responsible for the general supervision of the Borough staff and also the general scheme for the welfare of patients.

The services provided include general welfare, home visiting, occupational therapy and vaccination against tuberculosis.

WELFARE

The advisory services of the Welfare Officer are available to all patients. This officer is mainly concerned with the many medical-social problems that can and do arise in households as a result of a case or cases of tuberculosis occurring there. Advice on the financial problems of the family, rehabilitation and training of the patient, arranging recuperative holidays, extra nourishment, etc.—all evolve on this section.

HOME VISITING

The home visiting of patients and the contacts of cases is carried out by the tuberculosis visitors. During the year, 1951 home visits were made advising on home care of patients, the prevention of spread of infection, encouraging known contacts to attend the clinic for x-ray and medical supervision and generally advising on care and after-care arrangements. In addition to home visiting, the nurses act as clinic sisters at diagnostic and treatment sessions in the Chest Clinics.

OCCUPATIONAL THERAPY

Occupational therapy is arranged for some patients in their own homes, while others attend classes at the clinic.

B.C.G. VACCINATION

Vaccination against tuberculosis (B.C.G.) is offered to contacts of known cases of tuberculosis, 13 year old school children and students of further education establishments. The numbers vaccinated during the year 1965 were as follows:—

Contact Scheme	.. .. .	328
School Children and Students	.. .. .	1,655

The total number of persons on the tuberculosis register for the district on 31st December 1965 was 2,174 as compared with 2,524 on 31st December 1964.

Advisory Clinic for the Elderly

The advisory clinic for the elderly opened in 1963 at the Broadway Clinic, Wealdstone, continued to function during the year. The general theme is the giving of advice on healthy living. The elderly very often become very set in their way of life and are extremely suspicious of any change. This often results in making everyday life quite a struggle. The only way to find out about their difficulties is first of all to try and gain their confidence through the informal interview. The chat over a cup of tea usually produces much valuable data and often opens the door to the reception of helpful advice on personal health problems, diet, accident prevention and social welfare. A medical examination is offered but no medical treatment is given. If any condition thought to require attention is found on examination, the patient is referred with a letter to his own medical practitioner.

At the end of the year, there were 67 on the clinic register and a total of 204 attendances were made to the clinic. The good response to follow-up attendances seems to strengthen the general comment that this type of service is appreciated. The main advantage being the fact that it offers a quiet, unhurried atmosphere, where there is plenty of time to listen and to examine—probably fundamental for any service dealing with the elderly.

Summary of advice given at the clinic:—

Referred to general practitioner	17
Referred to chiropodist	6
Referred to optician	6
Referred to Old People's Welfare (Holiday) ..	1
Referred to Health Department (Home Help) ..	1
Advised about diet	12
Reassurance about state of health	24

A new purpose-built clinic is expected to open in 1966 in Tenby Road, Edgware, and plans are in preparation to set up a second advisory clinic for the elderly at this centre.

Venereal Disease

The special services Medical Social Worker dealing with the care of the unsupported mother and child is also responsible for the follow-up of defaulters from the venereal disease clinic at Central Middlesex Hospital and any contact tracing that may be necessary in the area.

Section 29—Home Help Service

The calls made on this service during the year were once again extremely heavy, so much so that a word of praise must be given to the Home Help Organiser and her assistant, who have coped very well in their efforts to apportion their staff of domestic helps to the various types of

cases in the fairest way possible. Recruitment to this service is extremely difficult, there being so much other part-time work—probably not so arduous—available in the district. Every opportunity is taken to advertise the fact that more helpers are needed for this very essential service.

The average number of home helps employed was one full-time and 74 part-time, being an equivalent of 43 full-time home helps.

Assistance was given as follows during the year:—

Maternity cases	..	..	..	..	..	305
Acute illness	..	..	..	..	..	245
Chronic Sick and Tuberculosis	..	..	..	..	..	116
Mentally Disordered	..	..	..	..	..	6
Aged and Infirm	..	..	..	..	..	762
TOTAL	..	..	..	..	..	1,434

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.

Neighbourly Help Scheme

In several instances it has been possible to enlist the aid of a friendly neighbour to keep a watchful eye and at the same time carry out a certain amount of helpful tasks in the home of an elderly or chronically disabled person. Arrangements are usually made for the help to call several times a day for short periods, helping out by lighting fires, preparing a meal, doing some shopping or some other household chore, but most important of all, keeping in contact with the patient. This system works well and neighbours are sometimes more willing to do this work for a person they know, rather than join the general home help service. One important aspect of this is that the elderly person concerned usually knows the neighbour quite well and thus an amicable liaison is more easily established. This can be one of the greatest problems in providing help for the elderly, who very often are extremely independent and reluctant to accept help, even though it has reached a stage of being practically a necessity.

During the year, 10 neighbourly helps were engaged for this service, providing assistance to 23 cases.

HEALTH

HEALTH EDUCATION

HEALTH EDUCATION

"Less medicine and more advice" is a precept quoted in the Report of the Joint Committee on Health Education.

The Report also states that in addition to providing information, Health Education must seek to persuade people to take action on the advice given. This may be by:—

- (i) Specific action by the individual as in the case of vaccination and immunisation;
- (ii) Changing or inculcating a habit or attitude of mind, e.g. over-eating or heavy smoking: attitude to mental illness;
- (iii) Support for community action, e.g. Clean Air, Fluoridation, Health Services;
- (iv) Knowing when to consult a doctor, especially at the early stage of a serious disease, e.g. Cancer Education.

One obstacle to effective health education is that of external anti-pressures, often commercial, who, with financial resources which must be the envy of those interested in Health Education, sometimes make misleading claims, and perhaps, by emphasis on illness rather than health, encourage self medication.

It is both commendable and encouraging that the Government have secured the co-operation of the tobacco industry in the abolition of commercial advertising of cigarettes on television, which often tended to associate cigarette smoking with sophistication or excitement. Yet commerce can itself contribute to health education, an example being the Oral Hygiene Service who, although having an obvious vested interest in promoting the sale of toothpaste and brushes, are probably contributing more to dental education than the Government itself—they need to with annual sales allowing one toothbrush per person per annum.

The ultimate object of Health Education is perhaps summed up in the attainment of health, as defined by the World Health Organisation, namely, "a state of complete physical, mental and social well-being, and not simply the absence of disease or infirmity". This may well involve some facets of social education and often the two fields are inter-allied.

Inducing a change of habit is probably the most difficult task. One might think that the considerable publicity associating Lung Cancer with heavy cigarette smoking might be an effective deterrent, not that the induction of fear is the best approach—it seems to have little effect on young people in their physical prime who can hardly be expected to worry about what might happen to their lungs in forty years time. Perhaps more emphasis should be laid on the financial aspect, physical fitness, or just plain ridicule.

By comparison Clean Air is "selling" well, and once having been forced to change to a smokeless appliance even the most conservative of coal burners have admitted the many advantages. During the year a Clean Air Information Centre and Exhibition was held at Hanover House for one week. This proved a good exercise in public relations and it is hoped to make this an annual event, sited in those areas about to become smoke controlled.

The invitation extended to professional food handlers in the Borough to attend a short course of lectures resulted in a ten per cent response, and although at first this seemed disappointing, enquiries revealed that this was, in fact, quite encouraging. One of the problems here is that employees are not eager to attend in their own time and employers are sometimes loath to release staff during working hours. Those attending certainly thought it worthwhile, and were made to appreciate that they are part of a team—consisting of food handlers, the local authority and the general public, who all have a part to play in clean food. In fact, recent national figures indicate that whilst there has been a most encouraging reduction in the incidence of food poisoning outbreaks in catering establishments, the same cannot be said of cases occurring in the home. The food manufacturing industry have done much to put their house in order, but have no control over their products after distribution when mishandling or abuse by the consumer may lead to unpleasant consequences.

The attitude of the great majority of the community to mental health is still that of the ostrich. They would rather think that mental illness is not their concern and there is much scope to promote their awareness of the problem and let them know what can and is being done. Eleven talks on mental health were given during the year and in 1966 there will be a mental health week in Harrow.

The theme of the departmental exhibition at the Delegate Conference was based on past, present and future. A statistical comparison of the incidence of infectious disease, infant mortality, and maternal mortality between 1934 when Harrow as we now know it was formed and 1964 indicated the progress made in these important indices of the health of a community, and illustrated some of the reasons for the results achieved. The future showed a family tree of the Health Services to be taken over by the new Borough during the year, and photographs showed some of the premises and activities which have now been transferred to the direct control of the Borough. A further exhibit on Home Safety featured the Children's Nightdress Regulations, and the dangers associated with the use of flammable material for making up nightdresses within the home. Following a press release on firework accidents, there was a reduction in the number of cases treated in local hospitals, another example of voluntary co-operation between the Government and the Industry who have done much to make the modern firework basically safer, provided it is handled as instructed.

Mothercraft instruction in clinics and some senior school classes continued and the film evenings on child birth for expectant mothers and their husbands received good support, leading to their extension to additional meetings being arranged at the Northolt Road Clinic.

Excluding school courses, a total of one hundred and fifteen talks or lectures were given on all aspects of the work of the Health Department, and representatives of all sections are only too pleased to talk to any organisation or school, be it large or small, either during the day or evening about their work and the services available. In addition, educational visits can be arranged through the department to such places as Water Purification Works, Sewage Disposal Plants, or Dairies.

MENTAL HEALTH

MENTAL
HEALTH

MENTAL HEALTH SERVICES

This service is one of the functions transferred from the former Middlesex County Council under the London Government Act 1963.

The Mental Health Service forms part of the National Health Service and local health authorities have certain functions to perform under Section 28 of the National Health Service Act 1946, and Section 6 of the Mental Health Act 1959.

The Mental Health Act is considered to be one of the most important pieces of social legislation introduced in this century and it makes fresh provision for the treatment and care of mentally disordered persons, including attention to their property and affairs. The Act emphasises the care of the mentally disordered in the community and local health authorities are now required to provide full community care facilities as a complement to hospital services.

Prior to this Act, mental illness was dealt with under The Lunacy and Mental Treatment Acts, 1890—1930, and Subnormality under the Mental Deficiency Acts, 1913—1938. The 1959 Act repealed all these acts and dissolved the Board of Control. It also removed the terms 'mental deficiency', 'mental defectiveness' and 'defective'. The terms now used to describe mental disorder are 'mental illness', 'psychopathic disorder', 'subnormality' and 'severe subnormality'.

The functions of the local health authority include:—

- (a) the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in accommodation so provided;
- (b) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;
- (c) the appointment of mental welfare officers authorised to act on behalf of the local health authority and who have certain powers and legal obligations under the 1959 Act;
- (d) certain powers in respect of persons placed under Guardianship (whether placed under the guardianship of the local health authority or of other persons); and
- (e) the provision of any ancillary or supplementary services for or for the benefit of those persons suffering from or have been suffering from mental disorder.

The two main hospitals which cater for the mentally disordered in Harrow are Shenley Hospital, Nr. St. Albans, Hertfordshire, which accepts the mentally ill, and Leavesden Hospital, Abbots Langley, Hertfordshire, which accepts subnormal and severely subnormal patients, and the Hertfordshire County Council has authorised this Authority's Mental Welfare Officers to act within Hertfordshire for the purposes of the Mental Health Act 1959.

Every effort is made to integrate the local health authority and hospital services and close liaison is maintained with both them and the patients' general practitioners. The mental welfare officers attend meetings regularly at Shenley Hospital and the Principal Medical Officer for Mental Health serves on the Medical Advisory Committee of Leavesden Hospital.

As both these hospitals are situated some distance from the Borough's boundary and, as no out-patient facilities were available in Harrow, in June 1965, approval was given to the North West Regional Hospital Board being offered facilities at one of the Borough's clinics at a nominal rent so that an Out-Patients Department in association with Harrow Hospital could be held within the Borough. As a result, such a clinic is now held every Thursday afternoon at the Caryl Thomas Clinic, Headstone Drive, the first session of which was held on 2nd December 1965.

Close liaison is maintained with the general practitioners in the area and social work agencies, e.g. National Assistance Board, Ministry of Labour, Children's and Welfare Departments, Child Guidance Clinic and voluntary organisations.

Patients are referred to the Mental Health Service from all sources, e.g. general practitioner, hospitals, general public, courts, police and other social work agencies.

The field work in pre-care and after-care of persons requiring help in the Borough is carried out by a Principal Medical Officer, Chief Mental Welfare Officer, Psychiatric Social Worker and a team of mental welfare officers. Their work includes domiciliary visiting of patients who need not necessarily ever have been in a psychiatric hospital, but whose needs can be met by the service without recourse to hospital admission.

Under the former Middlesex County Council, mental welfare officers 'on call' out of office hours were contacted in cases of emergency through the Ambulance Control Headquarters, Kenton. With the transfer of the Ambulance Service to the Greater London Council, this Authority decided to discontinue this facility and alternative means for emergency calls had to be found. An approach was made to the Harefield & Northwood Hospital Management Committee and as a result, such calls are now channelled through the duty telephonist at Harrow Hospital. This arrangement is working satisfactorily.

The Borough also maintains a twenty-seven place hostel for the mentally ill, a hundred-and-four place junior training school and a ninety place day centre for the elderly mentally infirm.

Community Care—Mental Illness

The number of patients actually under care on 31st December 1965 was 194—see Table 'I'. Table 'II' gives details of the number of cases dealt with by the social workers from 1st April to 31st December 1965.

HOSTELS

TANGLEWOOD HOSTEL.—This establishment was first opened in February 1964 by the former Middlesex County Council. It is a large converted house with extensive grounds and provides accommodation for 27 patients (15 men and 12 women). During 1965, its 26 patients, mainly from Shenley Hospital, were referred for possible admission. Each patient was interviewed by the Chief Mental Welfare Officer and Warden to assess their suitability for the hostel. At 31st December 1965, there were 11 men and 9 women in residence and one patient awaiting admission.

Meetings are held at monthly intervals at the hostel at which senior staff from this Department and Shenley Hospital attend to discuss patients' problems. Frequent informal discussions also take place between the medical and social work staff of both the hospital and this Authority.

Approximately 50 visitors were shown over the hostel between April and December 1965.

NON-MAINTAINED HOSTELS.—Prior to the former Middlesex County Council opening their own hostels for the mentally ill, it was the practice to place patients recommended for such care in hostels run by voluntary societies.

On 1st April 1965, there were five Harrow patients in hostels run by the Mental After Care Association and one patient in a hostel run by the Richmond Fellowship.

As Harrow now maintains its own hostel, it is no longer the practice to use other hostels unless, on medical grounds, it is considered to be in the patients' best interests to do so, and during the period 1st April to 31st December 1965, only one patient was so placed—in a hostel run by the Jewish Welfare Board.

DAY CENTRE FOR THE ELDERLY MENTALLY ILL.—This establishment was opened by the former Middlesex County Council in September 1964. The premises consist of a large house which has been adapted for the reception of suitable cases on a day basis, 9.0 a.m. to 5 p.m., Monday to Friday, with the exception of Bank Holidays. Although it is regarded as a ninety place centre, it is not intended that the average daily attendance shall exceed fifty. Both sexes are catered for and transport is provided to bring them to the centre and return them home. Occupational therapy and other suitable activities are available and no charge is made for the facilities provided, except for the mid-day meal which costs 1/4d. per day.

Minor physical difficulties often complicate mental changes in the elderly and cases are admitted at the discretion of the Supervisor and no hard and fast age limits or psychiatric standards have been laid down.

The object of this project is to help as many as possible to continue to live in the community and by the provision of interesting occupations and the opportunity for mixing with others assist in preventing rapid deterioration with the inevitable request for hospital admission.

The centre took part in the Handicraft Competition and Exhibition for old people which was held in September, 1965, and one of the patients won a first prize of £5. 0s. 0d. The centre also received a number of commendations for work.

During 1965, thirty-four men and fifty-eight women were referred to the centre; of this total twenty-seven were referred by general hospitals, twenty-six by general practitioners, twelve by Old People's Welfare, twelve by mental welfare officers, six by mental hospitals and nine by other sources.

The number of discharges during the year totalled thirty-seven, of which fourteen were admitted to mental hospitals, seven to general hospitals, six to welfare homes, five refused to continue to attend after a short time, four improved or left the district and one transferred to the old people's workroom. Also during the same period nine patients died.

The number on the register at 31st December 1965 was thirty-five (twelve men and twenty-three women); of these twenty-four were attending on five days a week and eleven for three days or less. There were also seven patients awaiting admission.

In June approval was given to the London Borough of Brent being offered ten places at the day centre, subject (i) to the demand for places for Harrow residents and (ii) that they arrange transport for their cases and pay a per capita charge. Similar approval was given in November to the London Borough of Barnet being offered four places.

There were over 200 visitors to the Day Centre during 1965, including visitors from Denmark and Barbados.

BRENT DAY CENTRE

The younger mentally ill patients from Harrow have at present to travel to the Day Centre run by the London Borough of Brent at Belton Hall, Bertie Road, Willesden, N.W.10. This is a 30-place mixed centre which was first opened in October 1962. The centre is staffed by a senior occupational therapist in charge and two assistant occupational therapists. A lunch is not provided, but there is a small kitchen which is used by the patients for cooking mid-day snacks.

The centre is open five days a week (Mondays to Fridays) and provides a place where patients well enough to live in the community, but not fit enough to face the anxieties and strains of maintaining regular employment, can attend and at their own speed and within a sympathetic atmosphere begin to work out their problems and adjust their relationships with other people. The aim is to stimulate the patients by creating an interest in the work undertaken.

Patients are discharged when the doctor considers the patient fit for part-time or full-time work, or when the patient feels that he or she wants to return to work. The Disablement Resettlement Officer visits the centre once a week and arranges interviews for the patients when they are recommended for a course at the Industrial Rehabilitation Unit, a training scheme or direct to work.

During 1965 the total number of patients who attended the centre from Harrow was 19 and at the end of the year the number of patients from Harrow actually in attendance there was six.

PSYCHIATRIC THERAPEUTIC SOCIAL CLUB.—This club was formed in July 1965, and meets every Wednesday evening in the Games Hall at the rear of Tanglewood Hostel, and the Council made an initial grant of £40 towards the cost of equipment. The activities of the club include table tennis, billiards and snooker, shove half-penny, table skittles and dancing.

The aim of the club is to provide social activities for patients discharged from hospital and for those people within the community whose needs can be met by such a club, and is particularly beneficial to those living in bed-sitting rooms with no family ties to support them.

Club leadership and supervision is provided by the mental health staff.

Community Care—Mentally Subnormal

With the support of a Principal Medical Officer, social workers and other services, many subnormal and severely subnormal patients of all ages are able to live in the community. Every assistance is also given to relatives with any problems they may have concerning the patients.

Table II gives details of the number of cases dealt with by the social workers from 1st April to 31st December 1965. The total number of subnormal and severely subnormal patients under community care at the end of the year was 325.

GUARDIANSHIP.—By placing patients under guardianship orders, local authorities are empowered to place and maintain patients in the community. This type of care is useful when for some reason patients are unable to live at home, for it enables them to live in a normal family environment. However, since the coming into effect of the Mental Health Act, 1959, these statutory powers are seldom used as it is preferable to place such patients under Informal Foster Care whenever possible. This Authority only had one such case residing within the Borough at 1st April 1965, and this was discharged from Guardianship in August 1965, and re-classified as Informal Foster Care.

INFORMAL FOSTER CARE.—In order to avoid formal guardianship procedures, informal placements are made wherever practicable, although too few private foster homes are available. At the end of 1965 there were 24 cases under such care in homes or hostels run by voluntary organisations such as the Brighton Guardianship Society, or placed in private foster homes. Of these, four are placed in foster homes within the Borough.

ADMISSIONS TO HOSPITALS.—During 1965, five patients were admitted to hospitals for the subnormal. Of these, four were admitted informally and one under Section 60 of the Mental Health Act 1959.

There was only one patient awaiting a vacancy for psychiatric hospital care at the end of the year.

TEMPORARY CARE.—One way in which parents can be given a measure of relief (especially in those cases awaiting a permanent hospital bed) is to arrange for short-term care for periods of up to eight weeks. During 1965, 16 patients were cared-for in this way. Of these, 14 were placed in Regional Hospital Board Hospitals, and two in private homes.

RESIDENTIAL HOSTELS FOR THE SUBNORMAL.—At the end of the year this Authority had one patient placed in the London Borough of Brent's hostel for subnormal working boys at 191 Willesden Lane, N.W.2.

MOORCROFT WEEKLY BOARDING UNIT.—This establishment is run by the London Borough of Hillingdon and caters for 19 children of both sexes and between the ages of 4½ to 12 years. It is housed in the same building as the Hillingdon Junior Training School and the "Moorcroft" Adult Training Centre. The children reside at the Unit from Monday morning until Friday afternoon and return home at weekends and for the school holidays. During the week they attend the Hillingdon Junior Training School or Special Care Unit.

At the end of the year there was one boy from Harrow placed at this unit and one other boy awaiting admission.

SOCIAL CLUB.—In July 1965, the Council approved the formation of a social club for subnormal patients of 14 years of age and upwards and granted £40 towards the cost of equipment.

The first meeting of the club was held on 4th October 1965, and meets every Monday evening in the Games Hut at the rear of Tanglewood Hostel, from 7.0 to 9.0 p.m.

Club leadership is provided by the mental health staff.

SITTERS-IN-SERVICE.—In March 1963, the former Middlesex County Council approved of a scheme for the provision of "Sitters-in" which provided the parents of mentally handicapped children with a measure of relief and enabled them to perhaps go shopping, go out for an evening, to visit the hairdressers, etc.

The service was run by the Middlesex Society for Mentally Handicapped Children through its local societies. The payment for the service was 3/6d. per hour, according to the ability of the parents to meet the cost, the balance being paid by the Middlesex County Council.

On the re-organisation of London's Local Government, a request was received by this Authority from the Harrow Society for Mentally Handicapped Children for this service to be continued on the same terms, when one of their voluntary sitters-in was not available and approval was accordingly given to this arrangement in June 1965.

HARROW JUNIOR TRAINING SCHOOL.—This is a modern purpose-built establishment which was first opened in November 1963. It occupies a site behind the health clinic in Whittlesea Road, Harrow, and provides accommodation for 104 boys and girls up to 16 years of age.

The main building consists of three classrooms for senior, intermediate and junior children. There are also two nursery classes and a special care unit. This unit caters for 24 children and is divided into two sections so that physically handicapped children can be looked after separately. The school also has a well equipped domestic science room.

The hall is equipped with physical training apparatus and the older children also use it as a dining room. Those children in the special care unit and nursery group, however, lunch in their own rooms. The staff consists of a Supervisor, Deputy Supervisor, seven Assistant Supervisors, five General Duties Assistants, as well as domestic staff and coach guides. Three coaches are hired to take the children to and from the school during term time, which corresponds with that of other schools in the Borough. Four children (two from Hillingdon and two from Ealing) are conveyed to and from the school by ambulance.

SUMMER OUTINGS AND SCHOOL JOURNEYS.—So that the children from the junior training school could have the same opportunities as those in ordinary schools, approval was given in 1950 to them having a summer outing and to them visiting places of interest. Since then, the children have enjoyed numerous outings and excursions, the latest of which took place in June 1965, when a party of 36 children, accompanied by five members of the staff, visited the Zoo at Regent's Park. The outing proved a great success and it held considerable educational and social training value for the children, as indeed do all similar outings and school journeys.

EDUCATIONAL RHYTHMICS.—As well as elementary 3-R work and play activities, the curriculum of the junior training school includes sessions of educational rhythmic or practical exercises. Up until this year, there had been, in this country, no exercises designed specifically for mentally handicapped children and so staff had to adapt the methods of people such as Margaret Morris and Eileen Fowler. However, a Swiss couple, Ferris and Jennett Robins, have devised a series of exercises for such children of all ages and have visited various countries demonstrating their method. They came to England for the first time in 1965 and we were fortunate in obtaining their services at the junior training school for one day in May. They gave two demonstrations before an invited audience of supervisors from Junior training schools in adjoining boroughs, teachers of E.S.N. schools, organisers, physical education instructors, Head Teachers and Heads of Training Colleges, and a small group of children from the school took part, as did children from Shaftesbury E.S.N. School.

The demonstrations were of great interest to all who attended, and as a result, the National Society for Mentally Handicapped Children have agreed to sponsor the Robins in a Training Course for teachers of children in Junior Training Schools in April 1966.

OPEN DAYS.—These are held at the school one day each term and parents and other interested bodies are invited to see the children at work and parents are able to discuss their child's progress with the staff.

VISITORS.—During 1965 over 150 people visited the school, including visitors from America, Canada, Greece, Norway and Japan.

SUPPLY SUPERVISOR.—The former Middlesex County Council appointed four Supply Supervisors to cover the eight junior training schools in Middlesex during staff absences. One of these is based at the Harrow Junior Training School. In June 1965, the Council gave approval to this officer being seconded to other London Boroughs when staffing difficulties are experienced, subject to the Authority concerned agreeing to reimburse this Council in full all relevant expenditure in respect of the officer's salary and other expenses, e.g. travelling during time of secondment, etc. By the end of the year this officer had been seconded on two occasions, each time to the London Borough of Barnet to work in their Hendon Junior Training School.

CHRISTMAS ACTIVITIES.—Committee approval was obtained to the sum of 12/6d. per head being spent on the provision of Christmas extras at each of the three mental health establishments.

The junior training school utilised this money on a Christmas dinner and party for the children at which Father Christmas arrived, with a gift for each child.

The children also entertained their parents and relatives with a Carol Concert and tableaux from the Nativity story, one afternoon shortly before the end of term.

PHYSIOTHERAPIST AND SPEECH THERAPIST.—The former Middlesex County Council employed one physiotherapist to cover all the junior training schools in the County. Under the Local Government re-organisation this officer was transferred to the London Borough of Hounslow and reciprocal arrangements between Hounslow and the other London Boroughs covering the former Middlesex area have been made in order that she can continue to serve the junior training schools. Her salary and car allowance are now shared and Harrow contributes 12½%.

In December 1965, a speech therapist commenced sessions at the junior training school and this too is proving a most helpful and important service to the children.

DENTAL TREATMENT/MINOR AILMENTS/MEDICAL EXAMINATIONS.—Periodic dental inspections and treatment are carried out by the school dental officer either at the school or at the nearby Whittlesea Road Clinic. More difficult cases are seen at the Caryl Thomas Clinic. Minor ailments are dealt with at the Whittlesea Road Clinic, and periodic medical examinations are carried out by the Medical Officer of the department.

ADULT TRAINING CENTRES.—As this Authority does not yet possess a Training Centre to which the older subnormal patients may go, we have been allocated a percentage of places at the London Borough of Hillingdon's Centre, Fountains Mill, Uxbridge. At the end of 1965, the number of patients attending this Centre was: 25 Males and 20 Females. At the time of the London Government Re-organisation, there were also several Harrow patients in attendance at other Adult Training Centres and they will continue there until such time as Harrow has its own Centre. The numbers are as follows:—

Brentford Adult Training Centre . . . 2 Males, 1 Female
(Rantons & Co.)

Acton Lodge Adult Training Centre . . . 1 Male

The aim of all Adult Training Centres is to train those attending to function at their highest possible level, whether it be to work within the Centre or possibly in outside employment. In this way the trainees become more independent and are able to lead as full a life as possible.

Work with the adult subnormal is, therefore, of great importance and it is hoped that, when this Authority has its own Centre, the work may be continued on even more progressive lines.

ANNUAL CAMPS.—As in previous years, the Middlesex County Council made arrangements for a party of children from the Council's Junior Training Schools and Adult Training Centres to have an annual holiday during the summer months.

The Junior Camp was held at Park Place School, Henley-on-Thames, Oxfordshire from 26th July to 9th August. Dr. Fidler, Principal Medical Officer for Mental Health, was in charge of this camp and fifteen children from the Harrow Junior Training School were included in the party.

The Adult Camps were held at St. Mary's Bay, Dymchurch, Kent—the girls' from 20th to 31st August and the boys' camp from 31st August to 10th September. Ten girls and seven boys from the Harrow area attended these camps.

STUDENTS.—Application is often made by Universities and Colleges for students to receive practical experience within the mental health field and also for groups of students to visit and see something of the work that is carried out by the Borough.

From April to December 1965, 30 such students visited the department.

RESEARCH PROJECTS.—There is at the present time considerable research being carried out by various bodies in order to discover more about the causes of mental handicap.

During 1965 this Authority assisted, along with other local authorities, in the study of services for the Mentally Subnormal sponsored by the National Association for Mental Health, National Society for Mentally Handicapped Children and the Spastics Society, with University College Hospital in an investigation into attitudes of acceptance or rejection on the part of the mother towards a child suffering from mental subnormality.

At the end of the year arrangements were being made to co-operate with Leavesden Hospital in a research project being carried out under the direction of Professor Penrose.

The work of the mental health service progressed steadily during 1965, and the re-organisation consequent upon the coming into force of the London Government Act, whilst presenting many difficulties, was achieved relatively smoothly, and it is considered that the greater accessibility of social workers in particular gives a more efficient service to those patients and relatives who require assistance. It has also led to much closer liaison with the health visitors, home nurses, home helps, probation officers, welfare, children's and other social agencies, thus avoiding much duplication of work.

Closer links have also been forged with the general practitioners and the local voluntary societies in the mental health field.

During the latter part of the year much thought was given as to how the service should develop, and provision was made in the 10 year plan for the following establishments:

Adult Training Centre.

Day Centre for the younger mentally ill.

Assessment Unit.

Hostel for psychotic children.

Hostel for Subnormals.

Hostel for the Elderly Mentally Ill.

These, together with the three existing establishments, will provide a comprehensive service in Harrow.

TABLE I

Patients under Local Authority Care at 31st December 1965

	<i>Mentally Ill</i>					<i>Subnormal and severely subnormal</i>				
	<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Total</i>	<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
1. Number of patients under care at 31st December 1965 ..	1	1	58	134	194	56	42	114	113	325
2. (a) Attending day training centre	—	—	3	5	8	36	35	36	25	135
Awaiting entry thereto ..	—	—	—	—	—	2	3	1	3	9
(b) Resident in a residential training centre	—	—	—	—	—	2	—	2	1	5
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel	—	—	6	2	8	—	—	1	—	1
Awaiting residence in L.H.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels	—	—	2	5	7	—	—	2	11	13
Resident at L.H.A. expense by boarding out in private household ..	—	—	—	3	3	3	3	4	1	11
Receiving home visits and not included (a) to (d) ..	—	—	—	—	—	3	—	3	—	6
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.65:										
In urgent need of hospital care	—	—	—	8	8	—	—	1	—	1
Not in urgent need of hospital care	—	—	—	17	17	—	—	—	—	—
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1965:										
To N.H.S. Hospitals ..	—	—	1	3	4	3	2	3	5	13
Elsewhere	—	—	4	1	5	—	2	—	1	3

TABLE II

Table showing number of cases dealt with by Mental Health Social Workers
from 1st April to 31st December 1965

	No. of Patients assisted					Statutory Admissions to Hospital					Total No. of Visits			Office Inter- views
	Care	After Care	Hos- pital Leave	In- formal Foster Care	In- formal Admis- sions	Sec- tion 25	Sec- tion 26	Sec- tion 29	Sec- tion 33	Sec- tion 60	Pati- ent's Home	Hos- pital	Others	
New Cases:														
Mental Illness ..	428	98	6	—	71	37	10	27	—	1	602	158	121	38
Subnormality ..	58	1	—	—	1	—	—	—	—	—	69	1	10	2
TOTAL	486	99	6	—	72	37	10	27	—	1	671	159	131	40
Old Cases:														
Mental Illness ..	830	549	9	—	30	17	8	6	—	—	1375	234	342	150
Subnormality ..	393	43	2	7	5	—	—	—	—	1	420	20	94	20
TOTAL	1223	592	11	7	35	17	8	6	—	1	1795	254	436	170

WELFARE SERVICES

On the 14 April 1964 the Borough Council was responsible for the welfare services formerly provided by the County Council which had separate Health and Welfare Departments. During the year there were of course serious problems, but a good balance was struck between the need to meet the welfare needs of the community and the need to provide a high standard of service.

The Borough was fortunate in having a strong and effective committee of welfare services, which was responsible for the welfare services and for the welfare services. The committee was responsible for the welfare services and for the welfare services. The committee was responsible for the welfare services and for the welfare services. The committee was responsible for the welfare services and for the welfare services.

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WELFARE SERVICES

On the 1st April 1965, the Borough became responsible for the services formerly administered by the County Council which had separate Health and Welfare Departments. During the year, there were, of course, many teething problems, but it soon became evident that the ease of contact and removal of inter-departmental friction resulted in a co-operation which rendered the public a more united service.

The Borough was fortunate in some respects with the re-allocation of buildings and projects, but commenced its separate existence with no accommodation whatsoever for the homeless and this deficiency caused considerable anxiety during the year. As an emergency measure a large house in Bessborough Road was adapted and another small house in Angel Road borrowed from the Housing Committee. By the end of the year, with other projects in hand, the situation was easier, though far from solved.

With regard to welfare services for the handicapped, there were by 1st April 1965 a number of home adaptations waiting to be done. Considerable efforts were made to eliminate the long waiting list and, by the end of the year, it was reasonable to hope that most of the work would be in hand by the middle of 1966. During the course of the year many mechanical aids were provided both for the physically handicapped, the blind and the partially-sighted members of the community.

The Borough inherited from the former Middlesex County Council seven established residential homes, giving accommodation for two hundred and eighty-one persons, and two projects for purpose-built homes due to be completed within twelve months. Of the established homes all were outside the Borough save one, and this only provided accommodation for twenty women who were not infirm. Only three homes had facilities to care for infirm residents which provided seventy-one male and ninety-six female beds. One of the new projects, Vernon Lodge, opened on 6th December 1965.

Statistics in this section of the Report will only refer to the period following the 1st April 1965, and I am pleased to report that whilst much remains to be done, considerable progress has been made in the nine months of separate existence.

Provision of Temporary Accommodation for Families rendered homeless

It was the original intention of the National Assistance Act 1948 that accommodation of a temporary nature should only be provided for families rendered homeless by such causes as fire, flood, etc. This service has now been extended to provide help for families whose need has arisen through a variety of causes. Assistance is given in many ways and relatively few families actually require accommodation.

Social Work

Financial mismanagement and desertion are frequently the causative factors, whilst overcrowding and mental strain is likely to develop where relatives have had to provide shelter.

Families which have actually become homeless have often lost their initiative and sense of responsibility. Most authorities maintain that the longer the causative factors have existed the more unrewarding and time consuming will be the social workers' task of rehabilitation. Consequently efforts are more productive when directed towards families who have not actually become homeless.

In many instances, visits by the social worker to landlords and relatives result in some measure of agreement and eviction is prevented. In addition the better understanding obtained results in a lessening of tension for all concerned. On other occasions, preventive measures are indicated when, for example, a family is beginning to fall into arrear with their rent. On these occasions the social worker has worked closely with the family in order to obtain a more realistic use of the money available and ensure that the payment of rent is regarded as a priority.

All families in hostel accommodation are visited regularly and efforts are made to encourage them to pursue any course which may provide a solution to their problems. At the same time as the social worker advises on the immediate problem of accommodation, attempts are made to identify and then eradicate the causative factors. Whilst much has been achieved with the available staff, the impression is that a few families would benefit from the concentrated help of a social work team able to devote their entire energies to their problems.

Accommodation

When the Borough became responsible for homeless families in Harrow on the 1st April no accommodation whatsoever was made available by the former County Authority.

A house in Angel Road was borrowed from the Housing Committee and this provided accommodation for three family units. Considerable difficulties were experienced at this unit as all families were sharing the same kitchen. At first, husbands were also accommodated.

By June, a large empty house had been converted into six family units with kitchen facilities for four families. It was decided not to accommodate husbands and the first family moved into residence on the 24th June.

To enable the fullest possible use to be made of temporary accommodation available through the Borough, an agreement is signed on admission by the applicant to the effect that:—in the first instance the accommodation is available for one month and continued residence is subject to efforts being made by the applicant to obtain other accommodation.

Towards the end of the year, another property became available for use by homeless families as a "half-way house". This was loaned by the Housing Committee and whilst not up to the standard of housing normally provided by the Borough, this type of property enables families to be reunited. Moreover, whilst they are waiting their turn on the normal housing

waiting list, it will be possible for the social workers to assess their progress and give help under near normal conditions.

Table I gives details of the seventy applications for temporary accommodation which were received since April, whilst Table II shows details of the causation and solutions of the individual families' problems.

TABLE I

<i>Action taken</i>	<i>Number of Families</i>
Provided with temporary accommodation	9
Children taken into care by Children's Committee ..	6
Final accommodation elsewhere	20
Application withdrawn	5
Advised	30
TOTAL	70

TABLE II

Details of Cases (April to 31st December 1965)

<i>Details of cases referred</i>	<i>No. of families</i>	<i>No. of families accommodated (temporary)</i>	<i>No. of families accommodated elsewhere</i>	<i>Advised</i>	<i>Applications withdrawn</i>	<i>Children accommodated by Children's Department</i>
Evicted by Court Order						
Arrears of rent	17	3	6	3	4	1
Arrears of mortgage ..	1	1	—	—	—	—
Possession required by landlord	1	1	—	—	—	—
Evicted other than by order of court						
Arrears of rent	3	—	—	2	1	—
Possession required by landlord	8	—	2	6	—	—
Unauthorised sub-tenants	7	1	2	3	—	1
Birth of child or child nuisance	5	—	1	3	—	1
Domestic dissension ..	18	1	7	8	—	2
Property sold with vacant possession	2	1	1	—	—	—
Service tenancy	4	1	1	2	—	—
No fixed abode	2	—	—	1	—	1
Fire and flood	1	—	—	1	—	—
Tenancy voluntarily given up	1	—	—	1	—	—
TOTALS	70	9	20	30	5	6

Summary of results

In the short period under review, it has only been possible to form an impression of the values of the various types of accommodation, but from the evidence so far available it would seem that the conditions and accommodation at Bessborough Road have proved relatively successful. It is hoped that further accommodation will become available towards the middle of 1966.

It may be that as time goes on further accommodation of the "half-way house" type will be needed. This would be used by families who have progressed sufficiently for them to be re-united whilst they are awaiting their turn on the housing list. Whilst there they will doubtless continue to require help from the Social Worker.

In the light of experience there would appear to be a need to strengthen the social work team dealing with this problem type of family. The main target of the team would be preventative social work in the home.

Welfare Service for the Handicapped

Handicapped persons in Harrow may avail themselves of a wide range of services and their welfare is the concern of four social workers. They visit the handicapped in their own homes and by developing good relationships are able to discuss with them their various problems and so arrive at ways of enabling them to come to terms with their disabilities and lead as independent a life as possible within their capabilities. To assist them to this end the Borough provides mechanical aids of all descriptions and 62 were issued by December. They ranged from extending shoelaces and specialised cutlery to bed hoists, walking aids and easy chairs with devices designed to help a handicapped person get into the standing position when required.

Where necessary, adaptations to homes are made and seventeen major and minor applications were received during the year. A further nine, estimated to cost £4,156 were outstanding by the 1st April 1965. Adaptations may take the form of widening doorways, installing ramps and handrails, providing downstairs toilets or bathrooms and in fact cover any modification which will increase the degree of independence of the handicapped person.

For those handicapped persons who are unable to work in open employment or under sheltered conditions there is a work centre for 25 people. Here, for three hours a day, light assembly work is done five days a week, and workers can earn up to £1 19s. 11d. per week. Transport is provided by the Borough and early in its existence a special coach was provided which is equipped with a power-operated ramp which can lift wheelchair and patient into the coach. For those unable to attend the centre, work is provided at their homes.

With the co-operation of the British Red Cross Society, a weekly handcraft class is held, attended on an average by at least twenty handicapped persons. During the period from April to December a total of 764 persons attended this class.

Social activities play an important part in the lives of handicapped persons and apart from a choral class held twice a week, which is wholly

organised by the Borough, grants of £935 15s. 0d. have been made to thirteen voluntary bodies to provide social and recreational facilities for handicapped Harrow residents.

The Borough has followed the County Council's lead in making all the arrangements necessary in order to send handicapped people on holidays. Charges are made according to the individual means. This year most of the arrangements have been made by the former County Council and sixty-two persons were sent away.

The Borough services and those provided by voluntary societies are closely linked and mutual co-operation ensures that the needs of the handicapped are met whenever possible. The special coach, for example, is regularly loaned to voluntary organisations to convey registered handicapped persons to socials and outings organised by the voluntary societies.

In April 1965 there were 400 handicapped persons on the register and the position on the 31st December 1965 is shown on the chart below:—

Handicapped Persons
Numbers on Register on 31st December 1965

		<i>Children under 16 years</i>	<i>Persons aged 16—64</i>	<i>Persons 65 and over</i>	<i>Total</i>
Deaf with speech ..	Male	—	2	1	3
	Female	—	—	1	1
Deaf without speech	Male	—	5	—	5
	Female	—	—	—	—
Hard of hearing ..	Male	—	2	—	2
	Female	—	8	4	12
General Classes ..	Male	1	112	58	171
	Female	3	122	137	262
	TOTAL	4	251	201	456

If we are to fulfil our obligation to those who have the misfortune to be handicapped and ensure that admission to hospital is either delayed or postponed altogether, then the expansion of these services must be continued and full use made of the other departmental services designed to keep people in their own homes along with their relatives and friends.

Residential Homes for the Aged

Mention has already been made of the fact that on its inception the Borough had at its disposal residential accommodation for two hundred and eighty-one elderly persons. Of these, only seventy-one male and ninety-six female beds were suitable for those with physical and mental disabilities

requiring the supervision of a trained nurse in a suitably designed or adapted building. The majority of those requiring residential care fall into this category and the distribution of the categories of bed led to an imbalance which caused considerable difficulties for, and hardships to, elderly people during the year. The opening of such a designated home—Vernon Lodge—on the 6th December was a welcome relief and by the end of the year 17 residents had been admitted. As with all homes, considerable difficulty is being experienced in recruiting trained staff and it is possible that some time will elapse before a full complement of elderly persons is admitted to Vernon Lodge. The following table gives details of homes run by the Borough. The waiting list for this type of home grew during the year from seventy-four on 1st April to ninety-nine by the end of the year. Seventy-eight elderly people were admitted during the year.

Residential Homes

<i>Name and Location of Home</i>	<i>Type of Home</i>	<i>No. of Beds</i>	<i>Male or Female</i>
79 Bessborough Road, Harrow ..	Non-designated	20	Females
Breakspear House, Harefield ..	Designated	71	Mixed
Coleshill House, Amersham ..	Non-designated	46	Females
Haydon Hill, Bushey ..	Designated	46	Males
"Knightscode" Harefield ..	Designated	50	Mixed
"Willerton", Weybridge ..	Non-designated	30	Mixed
The Retreat, Eastcote ..	Non-designated	18	Females
Vernon Lodge, Harrow ..	Designated	52	Mixed

A further twenty-three were admitted for short periods and this short-term care provides one way of giving support so that elderly people are enabled to stay in their own homes amongst their relatives as long as possible. Examples of other agencies and services which are fully utilized are:—district nurses, home helps, meals-on-wheels, luncheon clubs, social clubs, chiropody. Health visitors play a big part in their care and in addition to dealing with other problems give advice on health matters such as diet. Through their good relationship with statutory and voluntary bodies such as The National Assistance Board and church organisations, the section's social workers are able to arrange financial and other help for those in need. Companionship is very often the root cause underlying the need for admission for residential care. The organizing officer for the Harrow Old People's (Voluntary) Committee arranges for friendly visits to those in need.

In these and every other way preventative measures and community care are forming an increasing aspect of the section's function and it is a service which will be expanded as rapidly as possible.

Inspection of Private and Voluntary Residential Accommodation

The duty for inspecting private and voluntary establishments under the National Assistance Act 1948 was also assumed by the Borough on its formation. The following table gives details of the three voluntary and nine private homes which are situated within the Borough.

<i>Address</i>	<i>Telephone No.</i>	<i>Name of Owner</i>
Private		
134 Pinner Hill Road, Pinner	Pinner 7957	Mrs. Gandy
4 Maxted Park, Harrow	Byron 2043	Mr. & Mrs. Crodzicki
14 Hindes Road, Harrow	Harrow 7659	Mrs. McInerney
Royston Lodge, Oakleigh Road, Hatch End	Hatch End 5550	Mrs. Goslett
"Westlands", South Hill Avenue, Harrow	Byron 2987	Mrs. Esselmont
"Clavering", Royston Grove, Hatch End	Hatch End 4223	Mr. D. Smith
59 Moss Lane, Pinner	ditto	Mr. D. Smith
"Greenways", 633 Uxbridge Road, Pinner	Wembley 3940 Pinner 3563	Mr. Ralph De Marco (Proprietor)
Convent of Our Lady of Lourdes, Oxhey Lane, Harrow	Hatch End 4077	Convent of Our Lady of Lourdes
Voluntary		
Valley Field, Mount Park Road, Harrow	Byron 9172	Middlesex Association for the Blind
Pinner House, Church Lane, Pinner ..	Pinner 122	Harrow Housing Society Ltd.
Priory Close, Common Road, Stan- more	Bushey Heath 1812	Wembley Eventide Homes Ltd.

Protection of Movable Property

The safeguard of personal property of patients in hospital or residential Homes is a responsibility undertaken by the Borough under Section 48 of the National Assistance Act, and during the period of April to December, 15 cases were dealt with and property in two cases was stored by the Borough.

Welfare Services for the Blind and Partially Sighted

In the nine months since 1st April 1965, the needs of blind and partially sighted persons were looked after by three home teachers, who made 1,757 home visits and provided 62 handcraft and 80 Braille lessons. In addition through their agency voluntary organisations are able to assist in many ways.

The Ministry of Labour, in association with various blind welfare agencies, operate a scheme whereby workers who are able to work as home workers or in sheltered work-shops have their weekly earnings augmented to nationally approved levels. Under this scheme further financial assistance is given with regard to equipment and in the case of sickness. The Borough is responsible for the payment of these fees.

During the period under review, fortnightly handcraft classes were arranged as well as courses in dancing, horticulture and cookery. These were well attended, as were the varied social functions organised by the local club for the blind. Financial assistance was provided and arrang-

ments made to enable 58 blind persons to have an enjoyable holiday. They were accompanied by 16 guides without whom the holidays would have been impossible.

On the 31st December 1965, there were 401 persons on the registers and Table I is a summary of the changes which have taken place during the year; Table II illustrates the occupations and accommodation of those registered as either blind or partially sighted. Tables III and IV show the age at registration of blind and partially sighted cases from which it is gratifying to note that no babies or young children were referred during year. Table V gives details of the diagnoses of those registered as either blind or partially sighted.

TABLE I

	<i>Blind</i>			<i>Partially-sighted</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
No. on register 1.4.65 ..	133	192	325	27	54	81	406
No. of cases transferred in ..	3	9	12	3	0	3	15
No. of new cases added ..	13	17	30	3	8	11	41
No. of P/S transferred to Blind register ..	3	2	5	—3	—2	—5	0
No. of cases transferred out ..	7	11	18	4	4	8	26
No. of deaths ..	14	16	30	1	4	5	35
No. on register 31.12.65 ..	131	193	324	25	52	77	401

TABLE II

	<i>Blind</i>		<i>Partially-sighted</i>	
		<i>Total</i>		<i>Total</i>
Residential Acc'dation				
Blind Homes ..	24	61	1	7
Local Authority Homes	15		4	
Private Homes ..	10		1	
Geriatric Units..	12		1	
Employment				
Unemployed ..	199	252	42	59
Employed in open industry ..	37		17	
Sheltered workshops ..	6		—	
Home workers ..	10		—	
Education				
(a) University ..	2	11	—	11
(b) Schools ..	2		3	
(c) Special schools ..	4		7	
(d) Sunshine Homes ..	1		—	
(e) At home (under 4 years) ..	2		1	
GRAND TOTALS ..		324		77

TABLE III

New Registrations—Age at Registration—Blind

	0	1	2	3	5	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+	unknown	Total
M.	-	-	-	-	-	-	-	-	-	1	-	-	2	2	6	4	1	-	-	16
F.	-	-	-	-	-	-	-	-	-	1	1	1	-	-	7	5	3	1	-	19
Total	-	-	-	-	-	-	-	-	-	2	1	1	2	2	13	9	4	1	-	35

New Registrations—Age at date of Registration—Partially Sighted

	0-1	2-4	5-15	16-20	21-49	50-64	65+	Total
M.	—	—	—	—	2	—	1	3
F.	—	—	—	—	—	—	8	8
Total	—	—	—	—	2	—	9	11

TABLE V

Diagnostic Details of New Cases Registered in 1965

	Cause of Disability					Total
	Cataract	Glaucoma	Retro-lental Fibroplasia	Myopia	Others	
No. of cases registered during the year in respect of which Para 7(c) of Form B.D.8 recommends:—						
(a) No treatment	—	5	—	2	18	25
(b) Treatment (medical, surgical or optical)	9	4	—	1	7	21

Voluntary Services

The membership of Harrow Old People's Welfare Committee is drawn from voluntary organisations interested in promoting the welfare of old people. It was set up in April 1950 at the instigation of the former Urban District Council, following a circular letter from the Ministry of Health making suggestions for developing co-operation between local authorities and local voluntary organisations.

On the assumption of their new powers, the Borough recommended that to avoid confusion the title of the Harrow Old People's Welfare Committee be changed to the Harrow Old People's (Voluntary) Committee. Three members of the London Borough were appointed to this voluntary committee which receives a monetary grant from and reports to the Welfare Committee of the Borough. The Voluntary Committee functions through three sub-committees: Meals Service; Workrooms; and Home Visiting Service. It was agreed that the day to day management of these services would be the responsibility of the Voluntary Committee who would advise and make recommendations to the Council.

(i) Meals Service:

(a) **LUNCHEON CLUBS:** There are four luncheon clubs in the Borough. Daily, on Mondays to Fridays, hot midday meals are cooked in a central kitchen and served in three halls:— the Belmont and North Harrow Assembly Halls and the South Harrow Baptist Church. In addition, at Tenby Road, meals are cooked and served on the premises. Associated Social Clubs have been organised so that not only can the elderly benefit from a wholesome meal but also attend social gatherings.

(b) **MEALS-ON-WHEELS SERVICE:** In addition to supplying the Assembly Halls, the central kitchen prepares hot midday meals which are served to housebound people in their own homes through the "Meals-on-Wheels Service". Three vans are used and staffed by members of the W.V.S.

(ii) Home Visiting Service:

Many elderly residents are visited regularly in their own homes by voluntary workers. Besides bringing friendship and companionship they also encourage a feeling of "being wanted" and help dispel loneliness and depression.

The elderly are often unaware of the services available and in many instances these voluntary workers have been able to alert the statutory services to problems readily capable of solution. It is a pity that this voluntary service is undermanned and many more helpers are urgently required.

(iii) Workrooms:

The Central Workroom at "Palmerston Centre", Palmerston Road is open daily Mondays to Fridays whilst Coles Crescent Communal Room, South Harrow is open mornings only, five days a week. At these units a wide variety of industrial work is undertaken. This service is being extended as rapidly as opportunity allows and it is hoped to open further units in the near future.

CHILDREN'S SERVICES

The Children's Service previously administered by the Middlesex County Council was handed over to the Borough on the 1st April 1963, and the Borough now has its own Children's Committee and Children's Officer. The section forms part of a combined Department, comprising Health, Welfare and Children's Services, all working under the Medical Officer of Health, who acts as co-ordinating officer for the three sections.

During the nine months commencing the 1st April 1963, the section has now been able to consolidate its position and was greatly assisted over the transfer by the fact that all the staff opted to remain and two long-standing vacancies for Child Care Officers have been filled. The move to Hamover House, coupled with the transfer of the service to the Borough, has produced much greater co-operation with all the other Borough services, with great advantage to all concerned both from an economic and a professional aspect.

During the period, 150 children were with foster parents and their excellent work in caring for the children and co-operating with the staff to return the children to their parents in the cases where rehabilitation of the family has been possible. Six of the children so placed were adopted.

CHILDREN'S

SERVICE

A great deal of effort is being made to implement the Children's and Young Persons' Act of 1963, in order to help children to remain in their own home and to prevent conditions arising which may necessitate children leaving their own home.

A trial plan of holding a parents' advisory clinic for a couple of hours once a week, when the services of a member of a Child Guidance Clinic have been available, is proving very successful and a benefit to both staff and parents alike.

The work of the Children's Service is affected not only by the physical living conditions but the moral and spiritual conflicts of today are also reflected in the problems that cause family breakdowns, and it seems as if the future pattern will be of more intensive work in the homes of the children at risk.

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Statistics for the Period 1st April to 31st December 1965

Children in Care, Received into Care and Ceasing to be in Care

Children in the care of Harrow on 1st April 1965	..	..	..	111
Children received into care during the period	..	..	..	90
Children committed to care during the period	..	..	..	1
Children who ceased to be in care during the period	..	..	..	104
Children in care on 31st December 1965	..	..	..	98
Children in the care of other local authorities,				
Supervision Authority Harrow: During the period	..	..	..	24
On 31st December 1965	..	..	..	19
Number of children concerning whom enquiries were made	..	..	..	394
Children for whom parents sought advice as being beyond control	..	..	..	45
Brought before the court	..	..	..	3
Received into care	..	..	..	3

Reasons for Acceptance of Children into Care

Abandoned	3
Deserted by mother, father unable to care for children	4
Mother's confinement	5
Short-term illness of mother	51
Mother receiving treatment for mental illness	1
Long-term illness of mother	6
Child illegitimate and mother unable to provide	6
Family homeless because of eviction	9
Family homeless through a cause other than eviction	1
Unsatisfactory home conditions	2
Committed to care on account of delinquency	1
Other reasons	2
Total	91

Number of families involved: 52.

Children Act 1958—Child Protection

Children supervised:	During the period	..	..	..	58
	On 31st December 1965	..	..	..	26

Adoption Act 1958

Children under supervision pending adoption:						
	During the period	..	..	..	..	100
	On 31st December 1965		..	..	..	33
Adoption Orders granted	..	..	..	..	..	67

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 and this responsibility for registration and inspection passed to the London Borough on 1st April 1965. Additional powers for supervision are exercised under the Mental Health Act 1959, and the Nursing Homes Act 1963.

Up to 1962, the responsibility of the local health authority in regard to nursing homes was ill-defined, but this situation was improved by regulations made under Section I of the Nursing Homes Act 1963. These regulations require managers of nursing homes to provide accommodation, care and staffing of a satisfactory standard. 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 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
Bowden House Clinic, London Road, Harrow-on-the-Hill.	Bowden House Nursing Home Association Ltd.	47	Mental
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

Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 355 of the Middlesex County Council Act 1944 to obtain a licence from the District Council authorising them to do so. Before approving the licensing of any premises, the Council requires to be satisfied about the general suitability for the

work to be done in it and also 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 and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

Prior to April 1965, an authority could refuse a licence if it was considered the person administering the treatment did not possess treatment qualifications as may be reasonably necessary. Unfortunately this was very difficult to act on as no minimum standards were laid down and when the Borough Council applied some years ago to be allowed to make a bye-law prescribing minimum standards, the request was not granted.

Furthermore, in April 1965, the Middlesex County Council Act 1944 was amended by the Local Law (North West London Boroughs) Order 1965, whereby an applicant for a licence no longer requires "technical qualifications" but merely "qualifications" or "experience" and that Bye-laws made under the Act may no longer prescribe technical qualifications to be possessed by any person at a Licensed Establishment.

The Health Committee were concerned with this lessening of the powers of control over qualifications required of applicants and sought the views of the Minister of Health.

The reply from the Minister stated that the policy adopted in the Professions Supplementary to Medicine Act 1960 was that state registration should set uniform standards for chiropody, physiotherapy, etc., in the National Health Service, but that unregistered persons should not be de-barred from practising privately. The same principle applies to massage and special treatment, and sections 356, 357 and 358 of the Act of 1944 were amended by the Local Law (North West London Boroughs) Order 1965, in pursuance of this policy. The reply went on to say that the relevant licensing powers of Local Authorities were introduced primarily to ensure that establishments were used for their avowed purposes and, in view of this it was not the Ministry's function to give guidance on the exercise of these powers, it being left to the Local Authority to decide whether their powers enable them to refuse a licence.

The vast majority of chiropodists practice their profession after undertaking a three-year course of instruction at a recognised school of chiropody. On the other hand, some people practice chiropody and offer by way of qualifications a variety of diplomas granted after taking courses of instruction of varying duration and content—in some the theoretical part is by means of correspondence courses, with a short practical course at the end. There is obviously no comparison between these two courses and one is naturally suspicious that the latter can be classified as "suitably qualified". No doubt some of these practitioners by dint of many years of practical experience become very skilled in their work, but basically I think it is wrong that persons, whose qualifications are not sufficient to enable them to get employment in the National Health Service, should be able to treat the public in their own private establishments.

At the beginning of the year 28 establishments were licensed and at the end of the year the number licensed was 28, there being one addition to the list and one deletion due to retirement from practice.

Laboratory Facilities

The examination of clinical material of public health significance is carried out free of cost to the patient and doctor by the Central Public Health Laboratory, Colindale Avenue, London, N.W.10 (Telephone: COLindale 7041). The routine work of the service is essentially bacteriological, virological and epidemiological.

Routine specimens fall under two main headings:

- (a) "Medical" specimens received from medical practitioners, infectious diseases hospitals and local authorities. These are specimens of faeces, throat swabs, blood samples, etc., taken for diagnostic examination from persons suspected of suffering from infectious disease.
- (b) "Sanitary" specimens received from medical officers of health, public health inspectors, and others concerned officially with the control of public health. They comprise specimens for bacteriological examination of water, shell-fish, milk, cream, sewage, etc., processed foods such as ice-cream, artificial cream and canned foods, imported products such as meat, fish, coconut and fertiliser.

Epidemiological work includes the investigation of outbreaks of infectious disease in co-operation with health departments.

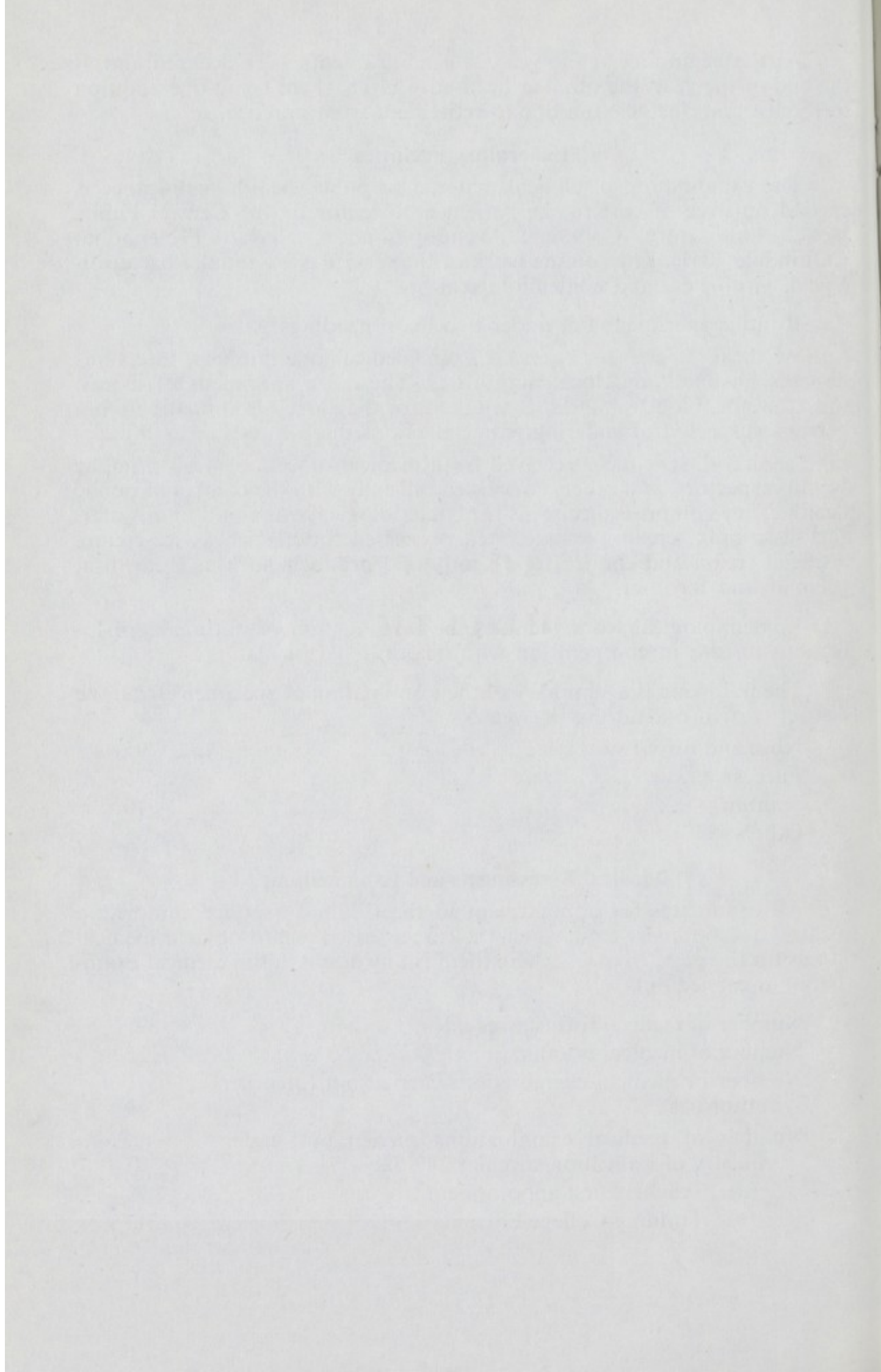
The following is a summary of the examination of specimens from the district carried out during the year:—

Nose and throat swabs	..	..	..	..	..	95
Faeces	..	..	..	..	..	576
Sputum	..	..	..	..	..	10
Others	..	..	..	..	..	35

Medical Assessments and Examinations

All candidates for appointment to the Council's service complete a medical questionnaire from which they are assessed regarding their medical fitness for the post. In cases where there is any doubt, a full medical examination is carried out.

Number of medical forms assessed	..	..	..	897
Number of medical examinations	..	..	..	125
Number of medical examinations carried out for other authorities	..	..	..	19
Number of medical examinations carried out under Ministry of Education Circular 249/52:				
(a) Teachers first appointment	..	..	..	73
(b) Training College Entrants	..	..	..	211



ENVIRONMENTAL HEALTH SERVICE

WATER SUPPLY

Water from a small area in the eastern 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 fed from gathering grounds in the Chilterns.

The supply has been satisfactory in quantity and quality and no adverse reports were received.

During the year 1,085 samples of raw water were submitted by the Colne Valley Water Company for examination and 2,623 samples of supply water examined by the Company, 100 were from points within the Borough. The results were satisfactory.

In addition to these samples twenty-two were taken by the Department from wells in various parts of the district and the following is a summary of the chemical analysis of a sample submitted for examination during the year:-

ENVIRONMENTAL

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Specific Gravity	about 1.000
Appearance	clear
Colour	less than 5 Hazen units
Taste	normal
Odour	absent
Total Solid Residue dried at 97°C.	395 parts per million
Chloride as Chlorine	52 " " "
Nitrate Nitrogen	3 " " "
Ammonia Nitrogen	about 1 " " "
Ammoniacal Nitrogen	0.23 " " "
Alkalinity as CaCO ₃	0.08 " " "
Oil & Grease 1/2 pint at 27°C.	0.30 " " "
Total Hardness as CaCO ₃	210 " " "
Non-carbonate Hardness as CaCO ₃	85 " " "
Alkalinity as CaCO ₃	125 " " "
Traceable Metals	absent
Radioactivity	2.4

This is a moderately hard water with a low total residue and a chemically balanced composition. It has a low iron content and is not objectionable for use as a domestic supply.

The Colne Valley Water Company advise that the average amount of water consumed per person per day is 100 gallons. The water is supplied by them to the area served by the Borough of Harrow at a constant pressure of 40-50 p.s.i. and a constant flow of 10-15 m.g.d.

ENVIRONMENTAL HEALTH SERVICE

HEALTH SERVICE

The Health Service is a branch of the Environmental Health Service which is concerned with the health of the community. It is responsible for the prevention and control of disease, and for the promotion of health. The Health Service is a part of the public health system, and is responsible for the health of the community as a whole.

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ENVIRONMENTAL

HEALTH

SERVICE

ENVIRONMENTAL HEALTH SERVICE

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In addition to these samples, twenty-four were taken by the Department from dwellings in various parts of the district and the following is a copy of the chemical analysis of a sample submitted for examination during December:—

Chemical Results in parts per million

Suspended matter	..	..	..	..	..	absent
Appearance	..	..	..	..	..	clear
Colour	..	..	..	..	..	less than 5 hazen units
Taste	..	..	..	..	..	normal
Odour	..	..	..	..	..	absent
Total Solid Residue dried at 99°C.	..	..	..	..	..	396 parts per million
Chlorides as Chlorine	..	..	..	..	..	55 " " "
Nitrate Nitrogen	..	..	..	..	..	3 " " "
Nitrite Nitrogen	..	..	..	..	..	absent
Ammoniacal Nitrogen	..	..	..	..	..	0.22 " " "
Albuminoid Nitrogen	..	..	..	..	..	0.08 " " "
Oxygen absorbed, 4 hrs. at 27°C.	..	..	..	..	..	0.30 " " "
Total Hardness as CaCO ₃	..	..	..	..	..	210 " " "
Non-carbonate Hardness as CaCO ₃	..	..	..	..	..	85 " " "
Alkalinity as CaCO ₃	..	..	..	..	..	125 " " "
Poisonous Metals	..	..	..	..	..	absent
Reaction (pH)	..	..	..	..	..	7.4

"This is a moderately hard water with a low total solids and is chemically suitable for use as a domestic supply."

The Colne Valley Water Company advise that the fluoride content of water supplied by them to the area served by the London Borough of Harrow is consistently less than 0.1 p.p.m. (F).

No evidence exists that the water is plumbo-solvent and before distribution the raw water is chlorinated and partially dechlorinated. A part of the supply is also filtered and most of it is submitted to partial softening.

The number of dwelling houses supplied is 68,659 for an estimated population of 209,600.

I am indebted to the Colne Valley Water Company for their help in the supplying of information for this part of the Report and I would also like to acknowledge the co-operation and assistance received from them throughout the year.

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 rainfall 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 rainwater downpipes. 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 in Central Harrow and one in Wealdstone. Because of poor weather conditions during the summer months, the number of bathers was less than in previous years. Even so, attendances at the Harrow Baths were 66,977 and at Wealdstone 59,506.

The water in each bath is filtered and chlorinated and samples taken at intervals throughout the season revealed a satisfactory standard was maintained. In addition, daily tests were made by the Bath Superintendent.

DISPOSAL OF THE DEAD

There are two cemeteries and five burial grounds situated in the district which are administered by the Council. The grounds under the control of the Church Authorities at Harrow, Roxeth, Pinner, Harrow Weald, Great Stanmore and Whitchurch, apart from reopenings, have little available space.

Less than six hundred bodies were interred in Council controlled cemeteries and burial grounds during the year.

Mortuary

The mortuary for the district is situated in Peel Road and is under the care of a full-time mortuary attendant. During the year, 323 post-mortem examinations were undertaken and inquests were held on 41.

STATISTICAL SUMMARY

PART I

INSPECTIONS MADE AND CONDITIONS FOUND

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects ..	944
(ii)	On complaint of other nuisances	802
(iii)	Routine inspections	518
(iv)	Revisits arising from defects found	2,916
(v)	Surveys under S.157 Housing Act 1936	92

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	1,661
(ii)	Number of cases of overcrowding revealed	9

PUBLIC HEALTH

VISITS

(i)	On complaint or request	242
(ii)	Routine inspection of premises	760
(iii)	Revisits arising from defects found	1,001
(iv)	Surveys arising from Rats or Mice complaints	1,676
(v)	Inspection of Factories	257
(vi)	Inspection of Outworkers' Premises	128
(vii)	Inspection of Cinemas and Places of Entertainment	36
(viii)	Inspection of Licensed Premises	92
(ix)	Visits under Shops Act	1,004
(x)	Sunday observations—Shops Acts	15
(xi)	Observations made for Smoke Nuisances	168
(xii)	Surveys under Clean Air Act	2,400
(xiii)	Pet Shops	25

FOOD HYGIENE

VISITS

(i)	Slaughterhouses	..	..	..	..	..	468
(ii)	Butchers' Shops	..	..	..	..	..	288
(iii)	Cowsheds	..	..	..	..	..	12
(iv)	Dairies	..	..	..	..	..	32
(v)	Fish Shops	..	..	..	..	..	82
(vi)	Bakehouses	..	..	..	..	..	132
(vii)	Cafes and Restaurants	..	..	..	..	..	320
(viii)	Ice Cream Premises	..	..	..	..	..	210
(ix)	Provision Merchants	..	..	..	..	..	320
(x)	Greengrocers	..	..	..	..	..	288
(xi)	Other Food Premises	..	..	..	..	..	297

COMPLAINTS RECEIVED

SUMMARY:

Accumulations of refuse	..	..	..	..	..	208
Animals causing a nuisance	..	..	..	..	..	12
Dampness and housing defects	..	..	..	..	..	179
Drains and sewers—choked	..	..	..	..	..	80
defective	..	..	..	..	..	81
Dustbins defective	..	..	..	..	..	29
Flooding—Gardens	..	..	..	..	..	7
Vermin	..	..	..	..	..	4
Insect infestations	..	..	..	..	..	48
Overcrowding, alleged	..	..	..	..	..	27
Smoke nuisances	..	..	..	..	..	59
Watercourse	..	..	..	..	..	7
Other complaints (wasps' nests, pigeons, noise, fumes, etc.)	..	..	..	..	..	986
Food unfit (excluding requests received from shops to visit and inspect food)	..	..	..	..	..	50

NOTICES SERVED

UNDER HOUSING ACT 1957:

Statutory Notices served under S.9 requiring execution of repair work	..	..	..	..	..	2
Dwellings reported under SS.16/17 as being unfit for human habitation	..	..	..	..	..	2
Dwellings reported under S.18 (closing orders)	..	..	..	..	..	Nil
Informal notices served under S.9	..	..	..	..	..	36

UNDER PUBLIC HEALTH ACT 1936:

Statutory notices served under—

(i)	S.24—work to a public sewer	..	..	..	..	87
(ii)	S.39—repair or renewal of drains	..	..	..	..	25
(iii)	S.45—repair or renewal of defective water closets	..	..	..	..	3

(iv)	S.56—undrained or badly drained yard area	..	Nil
(v)	S.75—renewal of a dustbin	.. ..	1
(vi)	S.93—abatement of a nuisance	.. ..	27
(vii)	Informal notices served	.. ..	1,460

ACTION TAKEN

FOLLOWING HOUSING ACT NOTICES:

(i)	S.9 Housing Act 1957—dwelling rendered fit—		
	(a) By owners	.. ..	1
	(b) By local authority in default of owners	.. ..	1
(ii)	SS.16/17 Housing Act 1957, Demolition/Closing Order	..	3
(iii)	S.18 Housing Act 1957, Closing Orders	.. ..	Nil
(iv)	Dwellings rendered fit by owners after receipt of informal notice	.. ..	162

FOLLOWING PUBLIC HEALTH ACT NOTICES:

(i)	S.24—Public sewers repaired (from 1964 — 9)	.. ..	90
(ii)	S.39—		
	(a) By owners (from 1964 — 8)	.. ..	14
	(b) By local authority in default of owners (from 1964—		
	6)	.. ..	9
(iii)	S.45—		
	(a) By owners	.. ..	1
	(b) By local authority in default of owners	.. ..	Nil
(iv)	S.56—		
	(a) By owners	.. ..	Nil
	(b) By local authority in default of owners	.. ..	Nil
(v)	S.75—		
	(a) By owners	.. ..	Nil
	(b) By local authority in default of owners	.. ..	1
	(c) By occupier	.. ..	Nil
(vi)	S.93—Nuisances abated (from 1964 — 32)	.. ..	47
(vii)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	.. ..	1,075

FOLLOWING ACTION UNDER CLEAN AIR ACT—S.12(2):

Number of notices	.. ..	21
(a) by owners (from 1964 — 5)	.. ..	20
(b) by local authority	.. ..	1

SUMMARY PROCEEDINGS

On only two occasions during the year was it necessary to apply to the Court for Abatement Orders. One of these applications was in respect of a nuisance arising from accumulation of rubbish and the other concerned a nuisance arising from housing defects.

In each case the Order was made and costs were allowed.

ENVIRONMENTAL HYGIENE

ADDITIONAL RESPONSIBILITIES

The change of Local Government structure in Greater London resulted in various subjects previously dealt with by the Middlesex County Council being taken over by the Environmental Health Section. The additional duties falling to the Public Health Inspectors included work in connection with the Diseases of Animals Act, Pharmacy and Poisons Act, Theatrical Employers Registration Act, Food and Drugs Act, Merchandise Marks Act, Performing Animals (Regulation) Act, Consumer Protection Act, Fertilisers and Feedingstuffs Act and all associated Regulations and Orders. The Department also became responsible for those parts of the Middlesex County Council Act relating to Employment Agencies.

Of these transferred services, the ones concerned with food provide the greatest increase in work.

Mr. Eric Voelcker, A.R.C.S., F.R.I.C., was appointed Public Analyst to the district and Mr. J. H. Shelton, F.R.I.C., as Deputy Analyst. A Senior Public Health Inspector, Mr. R. T. Govett, was appointed Food and Drugs Officer. His duties include matters arising from the Food and Drugs Act and those Acts relating to allied subjects which involve the taking of samples. Details of the work undertaken are referred to later in this Report.

The work falling to the Department as a result of the transfer of duties relating to the Diseases of Animals Acts, necessitates close co-operation with the Veterinary staff of the Ministry of Agriculture, Fisheries and Food, and the Department will be closely concerned in the event of an outbreak of a disease to which these Acts relate. These include, so far as they relate to animals, Cattle Plague, Pleuro-Pneumonia, Foot-and-Mouth Disease, Sheep-Pox, Sheep-Scab or Swine Fever; and so far as they relate to poultry, Fowl Pest and Fowl Plague, Pneumo-Encephalitis, Fowl Cholera, Contagious Bronchitis, Infectious Laryngo-Tracheitis, Bacillary Diarrhoea, Fowl Typhoid, Fowl Pox and Fowl Paralysis.

In addition to numerous Orders relating to specific diseases or conditions there are some ninety Orders concerning such matters as Exportation and Transit Orders, Importation Orders and Miscellaneous Orders.

In addition to work in connection with outbreaks of disease within the area, the Department is responsible for keeping under observation animals moved into the area as authorised by Movement Orders and for ensuring that waste foods used for animal or poultry food are treated in accordance with the provisions of the Diseases of Animals (Waste Foods) Order 1957.

HOUSING

Since the formation of the Harrow Urban District on the 1st April 1934, successive Annual Reports of the Medical Officer of Health have referred to "Housing". In fact, these Reports bear witness not only to the progress that has been made in this field, but to the difficulties and the problems of

the various years; to the growth and development of Council Estates; to overcrowding and the steps taken to deal with this social evil; to the unfit property and the measures taken to deal with it. They also provide a kaleidoscopic view of the changes that have taken place in housing standards. Quoting from earlier Reports, that of 1934 refers to the number of houses maintained by the Council. At this time it was about 1,800; today it exceeds 5,000.

The same Report refers to the provision of accommodation for the aged:

“Eighteen bungalows for the aged were erected at Kings Road, South Harrow, the formal opening taking place on October 4th. There is an undoubted demand for such accommodation and it is hoped that further similar habitations will be erected. Looking to the future, by reason of the altered age distribution of the population with the weighting of the proportion of the aged, brought about by the falling birth rate, it can be visualised that a much greater proportion of the building activity than has obtained in the past will, of necessity, be devoted to this type of habitation.”

(Today the number of units of accommodation for the aged exceeds 600).

The same Report goes on to say that by the end of the year the development of the Glebe and of the Berridge Estates, with their 46 and 68 houses, was well advanced and that towards the end of the year the Housing Committee were authorised to proceed with the development of the southern portion of the land comprised in the Harrow Urban (Rayners Lane Housing Confirmation Order 1936), the proposal being for 82 houses and 248 flats.

Unfit Properties

It is encouraging to be able to record in this 1965 Report that the London Borough of Harrow commences its municipal life in the fortunate position of having no serious “unfit housing” problem, and there can be few districts with more than 70,000 units of accommodation within their boundaries of which this can be said. While there are dwellings standing today that are beyond repair at a reasonable cost, they are comparatively few, and it is also unlikely that apart from isolated pockets, consideration will have to be given in the future to any action being taken under the Clearance provisions of the Housing Acts. This is satisfactory but, at the same time, the need to maintain and to improve property remains, for there is ample evidence that neglected properties can readily deteriorate to the stage of becoming beyond repair, and in consequence, become lost as housing units. Then too there are still far too many dwellings within the Borough without a bathroom or running hot water (the number is estimated at 2,000) and in this respect it is disappointing that more owners have not taken advantage of the Improvement Grant provisions of the Housing Acts. The importance of good maintenance cannot be over-emphasised.

One of the current problems with many of the older properties is, undoubtedly, the high cost of repairs, and in turn, the ease with which it is possible for an owner to prove, in cases where the rent is controlled, that the dwelling is beyond repair at a reasonable cost. In these cases a Closing Order often results which, in itself, assists the owner to obtain possession, leaving him with a property that is often capable of being modernised and available for either sale or letting at a decontrolled rental. Many dwellings that are providing useful and desirable accommodation today have, in fact, been modernised and thoroughly reconditioned following initial action under the Closing Order provisions of the Housing Acts.

The following is a summary of the results of the action taken during the year under the Housing Acts:—

(1)	No. of Dwellings Reported—Sec. 16/17 Housing Act ..	2
	29 Church Road—Vacated before Order made.	
	95 High Street, Edgware.	
(2)	No. of Closing Orders Made	3
	111A Headstone Drive.	
	Armoury Cottages, Stanmore Common.	
	17 Nelson Road.	
(3)	No. of Families rehoused from dwellings subject of a Clearance, Closing or Demolition Order	6
(4)	No. of Properties Demolished	3
	6 Canons Cottages.	
	37 Northolt Road.	
	30 Milton Road	
(5)	No. of Unfit Properties reconditioned and Closing Orders lifted	5
	2 Grove Hill Road.	
	8 Headstone Road.	
	25 Mead Road.	
	19 Little Common. . .	
	300 Everton Court, Honeypot Lane.	

Overcrowding.

During 1965 the position in respect of overcrowding continued to improve. Year by year since 1949, when the register contained details of 628 cases, the number has fallen, and on the 31st December 1964 it was 12. During 1965 10 cases of overcrowding were abated, 6 by the Council finding other accommodation for the family concerned and 4 by other means: 9 new cases were added to the register over this period, leaving 11 on the register at the end of the year.

In 4 of these cases the overcrowding results from families occupying rooms and in the other 7 the whole house is involved.

Multiple Occupation

The current "problem" with Housing is perhaps the property let in multiple occupation. Though the number in the Borough let in this way is at the moment few, there are indications that such lettings are on the increase. It is the older type of property, too large for occupation by one family, that is often so let.

Cases coming to light are investigated and in conjunction with the Town Planning Department such action as is possible is taken.

CERTIFICATES OF DISREPAIR

The number of applications for Certificates of Disrepair rose during the year to thirteen, (seven in 1964). Few tenants, however, took advantage of the provisions of the Act, which many appear to have difficulty in understanding, while others find even the listing of defects on a form too much for them.

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

Number of Applications received	13
Number of Undertakings accepted from Owners	8
Number of Certificates cancelled upon application	2
Number of Applications for Certificate, as to the Remedying of Defects	7

SUPERVISION OF OTHER PREMISES

In addition to the work undertaken in securing the execution of repair and improvement work in dwellings, routine inspections were made of factories, offices, cinemas, licensed premises and many other buildings and sites.

The number of inspections made is referred to in the summary at the beginning of this section of the report. As a result of these visits, many improvements were made and action taken to prevent nuisances arising.

DUMPING OF RUBBISH

In the Annual Report for 1963 and again in 1964, reference was made to the dumping of rubbish and unwanted household articles on pieces of undeveloped land and in accommodation roads. This remained a serious problem during 1965 and, unfortunately, there are no signs of the problem being solved or its magnitude reduced.

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.

Prescribed Particulars on the Administration of the Factories Act 1961

PART I OF THE ACT

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

<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	45	21	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	445	204	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	40	32	1	—
TOTAL ..	530	257	11	—

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) ..	14	12	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	4	—	2	—
(b) Unsuitable or defective	9	6	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	2	2	—	—	—
TOTAL ..	15	12	—	4	—

Part VIII—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	107
Household linen	1
Cardboard boxes	3
Brush making	7
Christmas crackers	16
TOTAL ..	134

128 visits were made to outworkers premises during the year, and all were found to be satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Offices

Most of the main provisions of this Act came into operation on the 1st August 1964, and whereas any observations about the work done during 1964 was for a part of the year, reports for 1965 reflect the first full year's operation of the Act.

During the course of the year 1,299 visits were made to registered premises and these revealed that the majority of those responsible for the management and running of offices and shops are now accepting their new responsibilities and co-operating in the matter of providing the amenities and facilities which the Act demands.

It is not easy or by any means a simple straightforward matter to secure on premises that have been in existence for many decades, the standards to be found in structures of modern design, but, nevertheless, a great deal has been accomplished and the fact that standards now exist for office accommodation and shops, is a very encouraging prospect for the future.

New development that includes structures intended for use as shops or offices can be expected to have from the moment of occupation the facilities necessary to meet the basic requirements of the Act and similarly in shop and office properties where major reconditioning or works involving structural alterations or extensions are being undertaken. It is the older office block and particularly the property which, at the time of construction, was probably a villa type residence, and where with passing years the front rooms have become a shop and the one-time bedrooms, offices, that present the problems. Here, well fitted shops may have behind them cramped accommodation for staff with offices over which are approached by narrow winding stairs and which no amount of camouflage can obscure the fact that they were one-time bed or living rooms.

Many premises of this kind are often, by reason of their location in relation to shopping and business centres, providing accommodation for a number of firms which in turn necessitates the sharing of toilet and washing accommodation. These are the conditions and situations that present the

problems, but progress is being made, and the extent will become more and more apparent as the years pass. At the same time, all the problems are not associated with the older properties, and some are met even with the new office blocks with their large expanse of glass. The particular trouble with some of these is that of glare and the overheating of rooms with a south aspect.

At the end of the year 1,977 premises were registered as required by the Act. The number of persons employed being 14,443 made up of 8,572 females, 5,871 males. These figures do not include offices within factory premises or those occupied for Central or Local Government purposes. These are inspected by H.M. Inspectors of Factories, by whom the various Registers, required by the Act, are maintained.

The following is an extract from O.S.R.14, the form upon which Annual Report information is supplied to the Ministry of Labour and from which the foregoing figures were taken:—

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of Premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
(1)	(2)	(3)	(4)
Offices	81	450	262
Retail shops	456	1,371	749
Wholesale shops, warehouses	12	37	16
Catering establishments open to the public, canteens	55	119	61
Fuel storage depots ..	—	—	—
TOTALS ..	604	1,977	1,088

TABLE B.—NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

1,299

TABLE C.—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>
(1)	(2)
Offices	6,039
Retail shops	6,940
Wholesale departments, warehouses	365
Catering establishments open to the public	968
Canteens	131
Fuel storage depots	—
Total	14,443
Total Males	5,871
Total Females	8,572

During the year thirty-six accidents were reported in offices and shops, and the following summary indicates the site of the accidents and the cause:—

Place where Accident occurred

Office	3
Retail Shop	28
Wholesale shop/warehouse	1
Catering establishments open to public	4

Accident caused by

Machinery	2
Fire or explosion	2
Hand tools	9
Striking against object	1
Handling goods	8
Struck by falling object	1
Falls	13

As regards falls, almost 50% were associated with stairs or the use of step ladders.

Shops

There were 2,293 occupied shop premises on the register at the end of the year, 17 fewer than at the end of 1964; this reduction is accounted for largely by the number of shops which became vacant, and either remained so, or became occupied for purposes other than retail trade, e.g. automatic launderettes, travel agencies, etc. Several new shops came into being, including a new departmental store and a new supermarket.

The principal changes in the various types of trade were: an increase in motor and motor cycle accessories, toys and sportsgear, and household equipment, and a decrease in foodstuffs, mainly grocers and greengrocers, and also shoe repairers.

During the year, 1,004 visits were made for the purpose of administering the Shops Acts 1950 to 1965. 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 display notice of half-day closing	18
Failing to display mixed trade notices on half-day	13
Failing to display mixed trade notices on Sunday	10
Selling non-exempted goods on Sunday	5
Selling non-exempted goods after evening closing hour	1

Conditions of Employment

Failing to keep records of Sunday employment	3
Failing to allow proper intervals for meals	3
Young person not allowed eleven hour consecutive interval	1

Warnings were given in respect of all the above matters, and also in eighty-five other instances of prescribed notices not being satisfactorily maintained. In general it was found that traders co-operate in complying with the requirements of the Acts, and no legal proceedings were instituted during the year.

The Shops (Early Closing Days) Act 1965 came into force on 5th August 1965; the main object of this new legislation was to enable all shopkeepers to choose their own early-closing day—the weekday on which a shop will be closed for the serving of customers by 1 p.m. and to change the day, if desired, after a period of at least three months. To this end, the power of local authorities to make orders fixing the day of the week for early closing was abolished, existing early-closing day orders which applied to non-exempted trades ceased to have effect on 5th November 1965, that is, three months after the date of commencement of the new Act, and orders which extended the requirement to observe an early-closing day to exempted trades were revoked immediately.

The effects of the new Act on Early Closing Day Orders which operated within the London Borough of Harrow were as follows:—

Revoked as from 5th August 1965:

The Wealdstone Exempted Trades (Fishmongers) Extension Order 1913.

The Kenton Fishmongers Weekly Half-holiday Order 1932.

The Butchers and Pork Butchers (Wealdstone) Weekly Half-holiday and Closing Order (insofar as it relates to the Weekly Half-holiday).

The Wealdstone Exempted Trades (Fruiterers and Greengrocers) Extension Order 1913.

The Butchers and Pork Butchers (Harrow on the Hill) Weekly Half-holiday and Closing Order (insofar as it relates to the Weekly Half-holiday).

Ceased to have effect from 5th November 1965:

The Edgware and Little Stanmore Shops Weekly Half-holiday Order.

The Barbers and Hairdressers (Wealdstone) Weekly Half-holiday Order.

VERMIN AND OTHER PESTS

Pigeons

During 1964 the Council engaged the services of a specialist firm for the control of pigeons in the Borough. The results were satisfactory and the contract was renewed again this year. Although the number of birds has been drastically reduced, there are still many sites that call for regular attention, and it appears that treatment over a number of years will be necessary before the overall position in the Borough is satisfactory. One of the problems in dealing with the pigeon menace is the well-meaning

individual who will feed the feral pigeon, but, fortunately for the district, most residents, realising the damage caused by these birds, co-operate and are appreciative of the efforts being made to deal with the situation. The public can help the local authority in this matter by refraining from feeding pigeons and also, where birds find their way into roof spaces, by having the openings effectively sealed.

Rats and Mice

During the year the Department received 1,576 complaints about either rats or mice and 1,272 premises were found to be infested by rats and a further 73 were treated for mice. No serious difficulties were encountered and no major infestations were found.

Constant research in an effort to find a more effective means of control has resulted in the development of a new rodenticide which is lethal only to rats, bringing about their death after a single feed. This was used in a number of cases with much success as an alternative to the usual treatment.

A supply of food, plus cover and surroundings in which to breed, are all that is required by the rat, and the public can help the local authority in their efforts to deal with the rodent problem by seeing these two essentials are not provided. Many of the complaints dealt with during the year were the result of the careless throwing out of foodstuff for birds and the retention of waste matter in and around garden sheds.

Wasps

The year, as regards complaints about these pests, was well above average, the number received being 859 as compared with 335 during 1964 and 453 during 1963.

CLEAN AIR

Smoke Control

On the 8th July 1965, it was agreed that the policy adopted by the Council's predecessors in respect of Smoke Control Areas should be continued, and at the end of the year a total of 14,015 premises were affected by Smoke Control Orders. This represents 18% of the total premises in the Borough and of these, 13,469 are dwelling houses, representing roughly 20% of the total dwellings. The employment of two full-time technical assistants to carry out the survey and inspection work, previously carried out as a part of their duties by the Public Health Inspectors, means that the rate of progress with Smoke Control Orders can be increased and it is expected that nearly 3,500 more dwellings will be affected by the end of 1966. This is more than double the number that it was possible to deal with during 1965.

The following statistical summary shows the position at the end of the year:—

SMOKE CONTROL ORDERS

Order No.	Date of Operation	No. of dwellings Private	Corporation	Area in Acres	Claims for Grant	Total cost of Work £	Grant Paid £	Total cost to Local Authority £
1.	1. 9.61	1,981	198	225	702	12,169	6,930	3,018
2.	1. 9.62	790	329	105	222	3,266	1,599	712
3.	1.11.62	1,009	60	132	369	5,215	2,236	973
4.	1. 7.63	1,518	41	208	471	9,079	3,338	1,463
5.	1.10.63	1,695	2	212	650	12,676	6,243	2,819
6.	1.11.63	935	441	161	289	5,562	1,907	877
7.	1. 7.64	1,378	—	176	455	11,939	6,300	2,792
8.	1.12.64	1,461	233	228	634	17,435	9,802	4,433
9.	1.12.65	1,396	2	171	299	11,194	5,813	2,517
TOTALS:		12,163	1,306	1,618	4,091	88,535	44,168	19,604

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

It will be seen that the total cost far exceeds the Grant paid. This is the result of many householders spending much more than the minimum necessary to adapt their fireplaces. The Grant paid is based on the lesser figure, which means that instead of seven-tenths of the cost being met from public funds, as envisaged by the Clean Air Act, applicants on an average are receiving about 50% of the cost of the work carried out.

Industrial Premises

Those concerned with the management of industrial boiler plants co-operated with the Department throughout the year and though from time to time trouble was experienced, the number of incidents arising was comparatively few. The complaints received about smoke emission were usually found to be associated with either a mechanical breakdown or to a failure on the part of those responsible for the plant.

Regarding new chimneys, recommendations regarding their height were made whenever necessary to the Borough Architect and Planner. In some cases, this resulted in the chimney height being amended, while in the case of two new schools, fuel with a lower sulphur content was brought into use.

Unfortunately, residents in the vicinity of some factories in the district were troubled from time to time by smuts and grit from nearby chimneys and though the action taken in some cases resulted in a marked improvement, there were others where the problem remains unsolved.

National Survey of Air Pollution

Operation of the four stations recording daily levels of sulphur dioxide and smoke in the atmosphere has continued and the Department is very grateful to the pupils and staff of the two schools and the laboratory staff of Winsor & Newton Ltd., as, without their assistance, this work could not be done.

The readings recorded are passed to the Warren Spring Laboratory of the Ministry of Technology and are included in the National monthly reports. These recorded figures are then converted into actual levels of pollution by a computer at the laboratory. These converted figures for the whole year are not yet available and, therefore, cannot be compared with those included in previous reports.

During the year, the recording apparatus at three of the stations was converted to the semi-automatic type, the other being previously adapted. These all operate continuously for up to eight days and means that it is now only necessary to attend the stations once a week instead of each day. This has considerably reduced the time spent by those persons who are operating the stations on our behalf.

FOOD AND DRUGS

On the 1st April 1965, by reason of the London Government Act of 1963, the London Borough of Harrow became a Food and Drugs Authority. The principal effect of the change is that the Council is now responsible for the enforcement of legislation dealing among other things with the composition of food and drugs. It is, in fact, for the general public, a form of consumer protection as the legislation relates to the composition, labelling and advertising of food, and the registration and licensing of food premises. Other responsibilities include those arising from the Pharmacy and Poisons Act, Fertilisers and Feedingstuffs Act and the numerous Orders and Regulations affecting specific articles of food and drink.

During 1965, the following Regulations came into force:—

Soft Drink Regulations 1964.

Dried Milk Regulations 1965.

Milk (Special Designation) (Amendment) Regulations 1965.

Eggs (Marking and Storage) Regulations 1965.

Meat Inspection (Amendment) Regulations 1965.

Agriculture (Miscellaneous Provisions) Act 1963 (Commencement) Order 1965.

SAMPLING OF FOOD

Pursuant to the Food & Drugs Act, sampling is undertaken and it is normal to allow annually three samples per thousand of the population, thus in a full year between six hundred and six hundred and fifty samples will be taken. In addition, certain samples are tested by the Department and the scope of this local testing will be increased in the future.

Listed below are the samples taken and submitted to the Public Analyst for examination:—

Confectionery/Preserves	..	..	..	..	..	8
Flavouring/Condiments/Colouring	..	..	..	..	..	22
Bread/Flour	..	..	..	..	..	18
Sweets	..	..	..	..	..	35

Prepared Meats	21
Drugs/Medicines	15
Packet Foods	37
Tinned/Bottled Foods	55
Milk	5
Dairy Produce	44
Wines, Spirits, Beers	11
Water	7
TOTAL ..	278

Samples examined by Department:

Milk	59
Cream	7
Dried Milks	7
Specified Foods	1
Artificial Creams	1
Technical Literature	1
Evaporated Milks	1
Chocolate Confectionery	1
TOTAL ..	78

Summary—Total Samples taken:

			<i>Satisfactory</i>	<i>Unsatisfactory</i>
Public Analyst ..	Formal ..	1	—	1
	Informal ..	277	259	18
Department ..	.. ..	78	69	9
	Total ..	356	328	28

Arising from the unsatisfactory reports, action was taken as appropriate to the particular case. The majority of the incidents involved misleading descriptions or incorrect labelling, and in all cases action on lines suggested was taken by the firms concerned. In one instance, demerara sugar was found to contain foreign matter and on the attention of the manufacturers being drawn to the incident, immediate steps were taken to prevent a recurrence.

On no occasion was it necessary to report an incident with a view to summary action being taken.

LABELLING OF FOOD

During the latter part of the year a survey was carried out under the following Regulations with regard to the labelling of certain products:—

Dried Milk Regulations 1965.

Skimmed Milk with non-milk fat Regulations 1960.

Labelling of Food Order 1953.

Food Standards (Cream) Order 1951.

Condensed Milk Regulations 1959.

Merchandise Marks Act 1926.

Commodities examined were dried milks; instant milks; evaporated milks; sweets and certain commodities on the market which resemble cream. In addition, advisory and technical literature about a number of products were also examined.

In all cases, except for the commodities resembling cream, any points arising were taken up with the Producers or Distributors concerned, and in all but one case, agreement was reached on the revised correct labelling. In the one case outstanding, the manufacturers concerned are in the process of revising the label and it is anticipated that this matter will also be carried to a successful conclusion. It is interesting to note that these labelling offences were not solely confined to the small manufacturer, but whether large or small, in all cases co-operation was readily forthcoming, and extremely useful information was gained by all concerned.

In respect of commodities resembling cream, there are at present certain products on the market which whilst not called cream, resemble cream in appearance and use; they are invariably sterilised; sterilised cream should contain 23% fat, whereas these commodities contain 18% butter-fat. Guidance on this matter was sought from the Labelling Division of the Ministry of Agriculture, Fisheries and Food, and their comments are awaited.

There is also certain chocolate confectionery on the market which resembles chocolate but, in fact, is not chocolate and it has been suggested to the Ministry of Agriculture, Fisheries and Food that steps should be taken to control the labelling of these products.

FERTILIZERS AND FEEDING STUFFS

The Fertilizers and Feeding Stuffs Act controls the composition of fertilizers and feeding stuffs.

Samples taken	..	7
Satisfactory	..	4
Unsatisfactory	..	3

Fertilizers are tested for the amounts of Nitrogen, Potash and Phosphoric acid present; and as a check against the declaration as shown on the packet or bottle.

In two cases declarations were not attached as required by the Act. This matter was taken up with the persons concerned and the guaranteed constituents declared. In the third case where a deficiency of nitrogen was reported, a formal sample was taken.

PHARMACY AND POISONS

There are 175 registered sellers of Part II poisons within the Borough, as listed below:—

Builders, Builders' Merchants	9
Hardware Stores	42
General Provisions	97
Nurseries/Corn Merchants	9
Hairdressers	4
Photographers	2
Laboratory/Druggists	2

<i>Samples taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
3	3	—

Invariably these poisons are well-known proprietary brands which rarely alter from year to year. They include disinfectants, many weed-killers and insecticides.

INSPECTION OF MEAT

Although there was an increase in the number of cattle and pigs killed at the three licensed slaughterhouses in Harrow, there was a reduction in the total number of animals killed during 1965. The figures are as follows (1964 figures in brackets):—

	<i>Wealdstone</i>	<i>South Harrow</i>	<i>Stanmore</i>	<i>Total</i>
Cattle	615 (625)	690 (429)	92 (97)	1,397 (1,151)
Pigs	2,013 (1,615)	—	—	2,013 (1,615)
Sheep	2,487 (3,422)	1 (—)	419 (643)	2,907 (4,065)
Calves	267 (292)	—	1 (17)	268 (309)
Total	5,382 (5,954)	691 (429)	512 (757)	6,585 (7,140)

Over 80% of the killing in Harrow is undertaken at the Wealdstone Slaughterhouse, which is the least favourably sited in the heart of a busy shopping centre, but it is hoped that eventually the three slaughterhouses now in use will be replaced by a modern abattoir. The provision of such an abattoir was in fact the subject of discussion with the trade during January 1960, but unfortunately, little progress has been made and the matter rests pending decisions about the siting and re-location of industry within the Borough.

Under the Meat Inspection Regulations a post-mortem examination of all animals killed was carried out by the Public Health Inspectors, all of whom are qualified Inspectors of meat and other foods. Some Authorities, where the volume of killing is great, employ "Authorised Officers" to carry out routine inspections under the supervision of a Public Health Inspector. Even with Authorised Officers some Authorities have difficulty in maintaining a hundred per cent inspection.

All animals are killed and dressed by Licensed Slaughtermen in accordance with the Slaughter of Animals (Prevention of Cruelty) Regulations, which demand the confinement of cattle in an approved type of stunning pen before stunning with a humane captive bolt pistol. Pigs, Sheep and Calves are stunned by means of an electro-lethalizer.

The great majority of cattle killed in Harrow are young and of high quality, destined for butchers meat, as opposed to the more aged cow, which is often sent away for manufacturing purposes. No beasts were condemned as unfit during 1965 and it is three years since Tuberculosis was found in a bovine carcase. This is undoubtedly a direct result of the tuberculin testing of herds and the eradication of reactors.

Cysticercus Bovis, the larval stage of a tapeworm in man, was isolated in 0.93% (0.87%) of cattle. This condition still remains a problem but the life cycle of this parasite is broken by extreme refrigeration and infested carcasses are held at 14° fahrenheit for fourteen days or 20° fahrenheit for twenty-one days, after which they may safely be released.

With regard to other conditions, the percentage of beasts' carcasses of which some part or organ was condemned was 17.9% (18.2%), the principal causes being fluke infestation or abscesses of the liver.

The incidence of Tuberculosis in pigs (all cases of which were localised to the head) was 1.49% (3.03%). This represents a big improvement on the situation before the war when the percentage was 8.1. Other diseases or conditions necessitating the condemnation of some part or organ were found in 18.1% (11.6%) of pigs killed, the lung, liver and heart being the most commonly affected in that order.

The carcasses of seven pigs had to be totally condemned due to such conditions as Pneumonia, Erysipelas and Bruising.

Three sheep carcasses, all ewes, were also totally condemned due to emaciation associated with oedema, whilst parasitic infestations of the liver were responsible for the great majority of the 5.6% (3.3%) of cases where some part or organ was condemned.

The public do not always appreciate what is done by local authorities to ensure that their meat supplies are free from disease and today complaints from the public in respect of the fitness of any meat purchased are very rare indeed.

In the absence of suitable disposal facilities in Harrow, all condemned meat is collected by the Health Department and taken to the Wembley Destructor where it is destroyed under supervision by incineration.

The following is a summary of the post-mortem examination of animals slaughtered in Harrow:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed	1,396	1	268	2,907	2,013	—
Number inspected	1,396	1	268	2,907	2,013	—
All diseases except Tuberculosis and Cysticerci— whole carcasses condemned	—	—	—	3	7	—
Carcases of which some part or organ was con- demned	250	—	2	164	365	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci ..	17·9	Nil	0·7	5·6	18·1	—
Tuberculosis only Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was con- demned	—	—	—	—	30	—
Percentage of the number inspected affected with Tuberculosis	—	—	—	—	1·49	—
Cysticercosis— Carcases of which some part or organ was con- demned	13	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration ..	9	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

MILK—PRODUCTION AND PROCESSING

The number of farms in the Borough remained at five. Two of these are in Pinner, one in Harrow Weald, one in Stanmore and one in Harrow.

Two dairies in the Borough are licensed for the pasteurising of milk, one being Messrs. Hall & Sons of Pinner Park Farm and the other Messrs. Braziers of Kenton Lane. Both the plants in use are of the High Temperature Short Time (H.T.S.T.) type. In addition, the major processing companies have six depots within the Borough.

Pursuant to the Milk and Dairies (General) Regulations 1959 and the Milk (Special Designations) Regulations 1963, premises and/or persons are registered or licensed, as follows:—

Number of Persons Registered as Distributors	83
Number of Persons Registered as Dairymen	3
Number of Dealers holding a (Pasteurised) Licence	2
(Untreated) „	2
Number of Dealers holding a (Pre-Packed) Pasteurised Licence	80
Sterilised Licence	41
Untreated „	24
Ultra Heat Treated Licence	13

The year saw the end of the designation “Tuberculin Tested” both in relation to raw and processed milk and in place the introduction of the designation “Untreated”. The passing of the designation “Tuberculin Tested” is an indication of the progress that has been made with the elimination of tuberculosis from the dairy herds of this country. It has, in fact, been eliminated and appears to be fast becoming a rarity in the animal world.

In October a new designation “Ultra Heat Treated” came into being. This is a process whereby the milk is heated to and maintained at a temperature of not less than 270° F. for a period of not less than one second and then packed into sterile containers in which it is sold or delivered to the consumer. Cartons are used in place of the conventional glass bottle and the keeping quality of the milk is enhanced to such a degree that fresh milk from this country is now obtainable in all parts of the world. A side issue on the value of this milk may well be that British tourists travelling on the continent can take a supply of fresh milk with them. With the keeping quality of milk so improved, the day will assuredly come when it is no longer necessary for the milk roundsman to make a daily call.

Sampling

The following table indicates the number of samples taken during the year and the results obtained:

Milk	No. Taken	Meth. Blue		Phos.		Turb.		Biolog.	Anti-Biotic
		Sat.	Unsat	Sat.	Unsat	Sat.	Unsat	Sat.	Sat.
Pasteurised	25	25	—	25	—				
Past., Homogenised	21	20	1	21	—				
Past., Channel Island	16	16	—	16	—				
Sterilised	21	—	—	—	—	21	—	—	—
Untreated	20	19	—	—	—	—	—	1	12
Separated, Sterilised	3	—	—	—	—	3	—	—	—
Separat'd Pasteurised	4	3	1	3	1	—	—	—	—
Past. (School Milk)	9	9	—	9	—	—	—	—	—
Total	119	92	2	74	1	24	—	1	12

In respect of the unsatisfactory samples, action was taken to ascertain the cause. The follow-up revealed these had been found and dealt with. The failure of the sample of Homogenised Milk to pass the Methylene Blue Test was the result of an oversight in the changing of the supply to a milk dispensing machine. The milk taken was, in fact, stale.

Milk Bottles

Nine complaints were received about the condition of milk bottles as compared with 17 during the previous year.

Having regard to the millions of bottles that were in use in the Borough during the year, this figure represents a very high standard of efficiency at the bottle washing and bottle filling centres.

ICE CREAM

There are four hundred and seventy-nine premises in the Borough registered for the retailing of Ice Cream and five registered for the manufacture of this product. In the case of two of these, the process involves pasteurisation and at the three other, a cold mix method is in use.

During the year, fifty-six samples were taken and of these, forty-two were graded as 1 or 2. The remaining fourteen were graded 3 or 4 and as such were below the standard expected. In these cases, enquiries were made as to the cause, and follow-up samples were taken. In addition to the foregoing samples, thirty-five were taken from mobile Ice Cream traders. Of these, thirty were reported as Grades 1 or 2 and five as Grade 3.

ICE LOLLIES

By arrangement with the Public Health Laboratory, spot checks were carried out by the Department at premises either selling or manufacturing ice lollies and tests were carried out. In three cases, lollies were sent to the laboratory for testing, and in each case were reported as satisfactory.

In all cases tested by the Department, the results revealed a satisfactory product.

FOOD HYGIENE

Visits were made throughout the year to food shops, kitchens and other premises where food is handled or stored and in all but a few cases it was found that a high standard of cleanliness was being maintained.

Local Authorities, manufacturers, traders, shop assistants, food handlers and the shopping public all have a part to play in the raising of food standards, and experience suggests success lies in thoughtful co-operation between all concerned. The discerning attitude of the shopping public to food hygiene has helped tremendously in the raising of standards and the keen desire of the trade to move towards improved conditions was again noticed throughout the year.

A number of establishments experience trouble with the removal of trade waste and unfortunately there are still far too many people taking dogs into food shops and smoking in these premises.

The following is a summary of food shops on the register at the end of the year:

Butchers	117
Confectioners	153
Fishmongers	44
Greengrocers	116
Grocers and Dairies	203
Mixed shops	21
Newsagents, Tobacconists retailing sweets	241
Licensed premises	54
Wine and Spirit merchants	47

All of these premises comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations.

Complaints

During the year forty-two complaints about the presence of foreign matter or the condition of foodstuff were reported to the Health Committee. Twenty-two of these complaints were about bread and cakes, thirteen about tinned or packet foods, six about meat products and one about soft drinks. The enquiries made into the circumstances giving rise to the presence of foreign matter often resulted in alterations and improvements being made at either the point of preparation or sale.

In a number of cases warning letters were sent, in addition there were two prosecutions for foreign matter in food, four in respect of unsatisfactory premises and one for a smoking offence.

The fines imposed in these cases totalled £192 plus the costs allowed, namely £45.

the year: the following is a summary of food shops on the register at the end of the year:

127	Butchers
122	Butchers
116	Butchers
103	Butchers
21	Mixed shops
241	Newsagents, Tobaccoists, Stationery shops
24	Licensed premises

The following is a summary of food shops on the register at the end of the year: the following is a summary of food shops on the register at the end of the year:

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**SCHOOL
HEALTH
SERVICE**

EDUCATION COMMITTEE

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W. H. J. KNIGHT, M.A.,

Director of Education

SCHOOL HEALTH SERVICE

School Health Department,
Hanover House,
Lyon Road,
Harrow,
Middx.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I have pleasure in presenting the first Annual Report of the School Health Service in the London Borough of Harrow.

Prior to 1st April, 1965, the Borough of Harrow as part of Middlesex received its local health authority services through arrangements made by the County Council. Since 1948, the school health service of Middlesex had been closely integrated with the other health services and, as this arrangement had worked extremely well, a similar pattern was perpetuated in the new London Borough. This integration of health services for the pre-school and the school age groups allows for the joint use of medical, dental nursing and other staff, as well as of clinic premises. Thus, apart from the advantages from the economic—both in money and in staff—point of view, a continuity of medical supervision throughout childhood is made possible. Not only is the preventive aspect of early diagnosis ensured, but any defect which might affect scholastic attainment is brought to light and treatment organised at a very early stage, thus ensuring that as far as possible most children are in a position to develop the maximum benefit from the education provided.

The continuation of a service already in being, with no major changes in its fundamental characteristics, all made the assumption by the London Borough of Harrow of its school health duties a relatively smooth procedure. During the year, there were some staffing difficulties, especially with doctors and dentists, resulting in some diminution in the actual numbers of school children receiving a medical and dental inspection. However, by the end of the year, there were signs of improvement, especially as regards dental staffing.

The various aspects of the school health service are dealt with in detail in the report itself and will, it is hoped, give some idea of the scope and content of the services provided to promote and maintain the health of the school child in Harrow.

In spite of what I have said above about the smoothness of the take-over of this new service, I must admit there were some problems which I am happy to say were all overcome as a result of the loyal and devoted service of the staff throughout the year—to them all I place on record my grateful thanks.

Finally, I would like to thank you, Mr. Chairman, and members of the Committee, for your interest and support during the year, and acknowledge, with thanks, the help and co-operation of my colleague the Director of Education.

I have the honour to be,

Your obedient servant,

WILLIAM CORMACK,

Principal School Medical Officer.

NUMBER OF CHILDREN ON ROLL

The number of pupils attending maintained primary and secondary schools, including nursery and special schools, on reopening in January, 1966, was 26,069. The figures for each group of schools were as follows:—

Primary Schools and Nursery Classes	..	15,569
Secondary Schools	.. .. .	10,286
Special Schools	.. .. .	214
Total	.. .. .	<hr/>26,069 <hr/>

MEDICAL INSPECTIONS

Under the provisions of the Education Act, it is the duty of a local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school maintained by them, and the authority may require the parent of any pupil, in attendance at such a school, to submit the pupil for medical inspection in accordance with arrangements made by the authority. Although the Act thus provides a legal obligation on the parent to submit the child for examination, the parent is free, should he so desire, to refuse treatment.

Under the School Health Service and Handicapped Pupils' Regulations, 1953, a local education authority is free to experiment in the ages at which periodic medical inspection shall be carried out, although a minimum of three general medical inspections is prescribed.

During the past few years some thought has been given to the question of introducing a type of medical inspection based on a "selective" technique rather than following the more usual process of medically examining *ALL* children.

"Selective" medical inspection implies visits by the school doctor on at least two occasions in each term to each school; the intelligent use of questionnaires to parents and others to enable all children to be brought under review; discussion with head and class teachers on children causing concern because of their health, lack of progress, truancy or absenteeism, and consultations with health visitors on home conditions. It is considered that this method allows concentration of attention and help on children who need it without wasting time and energy on the many children whose health and progress give rise to no anxiety. On the other hand, some are not in favour of abandoning the medical examination of every child, arguing that a child with a "masked" pathological condition could possibly be missed by a "selective" technique. There appear to be points for and against and some further investigation will be required. There is no doubt that the success or failure of the "selective" method depends entirely on good co-operation from all, on conscientious and high standards of work and on everyone understanding fully what is being done. Previous discussion with teaching staff on the method and what is being aimed at is essential.

It is hoped to introduce a fourth periodic medical examination at the age of 7—8 years and to try out the "selective" medical technique with this age group. This will be in the way of a pilot scheme and if successful could then be extended to other age groups.

During the year 1965, in Harrow the periodic inspections were carried out as follows:—

- (1) Entrants—on admission for the first time to school;
- (2) Intermediates—during the first year of secondary school;
- (3) Leavers—during last year at school.

Pupils who miss a medical inspection are automatically examined at the next routine medical inspection arranged at the school. All children who are found to have some defect or who require observation are seen again (Re-inspections) as necessary, either at the school or by special appointment at the school clinic. In addition to the routine school inspections, arrangements are made to carry out Special Inspections of pupils, usually at the request of a parent, doctor, nurse, teacher or other person.

The number of pupils inspected during the year at maintained schools was as follows:—

Periodic inspections	5,348
Special inspections	1,376
Re-inspections	1,092

Tables IV and V show the number of defects found at both periodic medical inspections and special inspections and the number of individual children found to require treatment or observation.

General Condition of Children Inspected

An estimate of the child's physical condition at the time of the inspection is made and the children classified as follows:—

(a) Satisfactory:

Number	5,336
Percentage	99.8

(b) Unsatisfactory:

Number	12
Percentage	0.2

PERSONAL HYGIENE

Selective inspections totalling 24,968 were made by school nurses or health assistants to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice was 122. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 39 pupils. No cleansing orders under Section 54 (3) were required during the year.

It has been the practice to examine all children attending primary, and a proportion of those attending secondary schools at least once each term. However, in view of the small numbers of children found infested, it was decided to reduce the head inspections to one term in the year and use the other terms for foot inspection, with special emphasis on the early detection and treatment of verruca (plantar warts) the incidence of which has undoubtedly increased over the past few years. Plantar warts are very slow growing and often are only noted by the individual after they have been present for some considerable time and become painful. During this "latent" period, they are a potential source of infection to others—hence the importance of regular foot inspections in order to detect the warts as early as possible.

PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1965, the total number of meals served was 3,541,192 of which 78,722 were free.

59 departments were served by kitchens on the premises and 13 by container meals.

The Milk in Schools Scheme has continued and one-third pint bottles of milk are provided for all primary and secondary school children who wish to have them.

The figures of the number of children in maintained schools taking meals and milk on a selected day are submitted for purposes of comparison.

<i>Selected Day</i>	<i>Number Present</i>	<i>Number taking Meals</i>	<i>Dinners %</i>	<i>Number taking Milk</i>	<i>Milk %</i>
1960	24,475	16,843	67.2	19,310	79.3
1961	24,711	17,473	70.7	19,580	79.2
1962	24,006	17,206	71.7	19,287	80.3
1963	23,598	17,701	75.0	19,273	81.7
1964	23,906	17,926	75.0	19,291	80.7
1965	24,403	18,432	75.5	19,383	79.8

MEDICAL TREATMENT

Children with defects are referred to their family doctor, to hospital for specialist opinion or treatment, or to the School Clinic for treatment for minor ailments and other special defects.

List of School Health Clinics as at 31st December 1965

1. Alexandra Avenue Clinic, Alexandra Avenue, South Harrow.

Type	No. of Weekly Sessions
Minor ailment	3
Dental	2
Ophthalmic	1
*Chiropody	2

2. Broadway Clinic, The Broadway, Wealdstone.

Type	No. of Weekly Sessions
Minor ailment	1
*Chiropody	3

3. Elmwood Clinic, Francis Road, Kenton.

Type	No. of Weekly Sessions
Minor ailment	1
Dental	5
*Chiropody	2

4. Honeypot Lane Clinic, Honeypot Lane, Stanmore.

Type	No. of Weekly Sessions
Minor ailment	1
Dental	10
Ophthalmic	1
Speech	2
*Chiropody	6

5. Harrow Child Guidance Centre, 82 Gayton Road, Harrow.

Type	No. of Weekly Sessions
Child Guidance	7

6. Kenmore Road Clinic, Kenmore Road, Harrow.

Type	No. of Weekly Sessions
Minor ailment	1
*Chiropody	1

7. Northolt Road Clinic, Northolt Road, South Harrow.

Type	No. of Weekly Sessions
Minor ailment	—
Dental	10
Speech	2
*Chiropody	5

8. Whittlesea Road Clinic, Whittlesea Road, Harrow Weald.

Type	No. of Weekly Sessions				
Minor ailment	1
Dental	6
Speech	1
*Chiropody	2

9. All Saints Church Hall, Roch Avenue, Edgware

Type					
Minor ailment	..	..	..	..	1

10. Cecil Park Clinic, Cecil Park, Pinner.

Type					
Minor ailment	..	..	..	..	1
Dental	..	..	..	..	4
Speech	..	..	..	..	1
*Chiropody	..	..	..	..	3

11. Caryl Thomas Clinic, Headstone Drive, Wealdstone.

Type					
Minor ailment	..	..	..	..	1
Dental	..	..	..	..	10
Dental (orthodontic)	..	..	..	..	6
Ophthalmic	..	..	..	..	2
Orthoptic	..	..	..	..	3
Speech	..	..	..	..	8
*Chiropody	..	..	..	..	5

*Shared with Section 28, National Health Services Act cases.

These clinics, in addition to being used as treatment centres are available for consultation purposes. Here children are seen at the request of the parents or of the teachers or for a more detailed examination of a particular child seen at a periodic medical inspection in school.

Minor Ailment Clinics

These clinics deal mainly with odd slight injuries, such as sprains, burns, cuts, a few of the common skin infections and minor defects of the eye and ear. Despite the growth in the school population, the number attending these "minor ailment" sessions has tended to fall over the past few years. However, as mentioned above, the sessions are also used much more for consultation and special examination purposes at which the medical and nursing staff can devote much more detailed attention to a particular child's problems.

Eye Diseases, Defective Vision and Squint

During the year, 287 cases of disease of the eye (including minor defects treated at minor ailment clinics) were treated. Through arrangements made with the Regional Hospital Board, children with defective vision are referred to either the Honeypot Lane Clinic, the Caryl Thomas Clinic or the Alexandra Avenue Clinic, where refraction is carried out by an ophthalmic surgeon. 1,043 such cases were referred during the year and in 293 cases glasses were prescribed.

Orthoptic Clinic

An Orthoptist attends the Caryl Thomas Clinic for sessions each week to deal with cases referred by the visiting ophthalmic surgeon. These cases include the pre and post-operative treatment of cases of squint.

Vision Testing

The accurate recording of a child's vision is of primary importance and every effort is made to obtain an as accurate as possible result in all school entrants. Both the rotating 'E' Card and the Sheridan-Pugmire Cards are used. Doubtful results are carefully followed up by repeat examinations either in school or at the clinic.

Vision is again tested at future periodic school medical inspections. Ideally a child's vision should be recorded annually but this is not possible at present. However, as a compromise, efforts are being made to conduct a biennial test of vision by having additional vision sweep tests carried out by the health visitor/school nurse or clinic nurse. In order to test vision by standardised procedures which are independent of the conditions of test, a Keystone Telebinocular Vision Screener is in use—this machine indicates near point and distance seeing ability easily and rapidly. Tests for colour vision can be introduced for screening of the 11 year age group. All pupils failing this screening procedure are referred to the ophthalmic surgeon. The test tends to be very selective but this is not considered to be a drawback.

Colour Vision

All children have a test for colour vision at their intermediate periodic medical inspection. The importance of this test lies in the fact that children with defective colour vision know at an early age that they will be unsuitable for certain occupations.

Diseases and Defects of Ear, Nose and Throat

Children suffering from these defects are examined and treated either at the minor ailment clinic or referred to family doctor or to hospital out-patient departments for specialist advice, after prior discussion with general practitioner.

Hearing in School Children

Gross defects of hearing are usually fairly obvious and appropriate arrangements are made for the child's education. Lesser defects are not

so easily identified and can, if missed, interfere with a child's educational progress. In order to find these children, audiometer sweep tests are carried out with the following criteria:—

- (1) Children to have their hearing tested three times in their school lives;
- (2) Each child to have its first routine check of hearing not later than the age of seven;
- (3) Special cases (e.g. children failing to develop proper speech, children suffering from cerebral palsy, children failing without apparent reason to make progress at school) to be seen as "specials".

Children failing a sweep audiometer test are called to the school clinic, where a full pure tone audiometric test is given, followed by a medical examination to exclude any pathological condition which might be the cause of deafness. Simple conditions, such as wax in ears, are dealt with at the clinic but a child with more serious defects is referred to hospital for specialist opinion. In cases where no obvious cause can be found, further investigation is arranged at the Audiology Unit at Neasden in the London Borough of Brent.

Children Wearing Hearing Aids in Ordinary Schools

Children wearing hearing aids in ordinary schools are kept under regular supervision. In addition, peripatetic teachers of the deaf attached to the Audiology Units act as links between the Unit and schools, and are also able to advise teachers over difficulties experienced with the children in class.

Number of children wearing hearing aids in ordinary schools 35

Number of commercial hearing aids supplied during the year 9

Orthopaedic and Postural Defects

Children found at periodic school medical inspections or at the minor ailment clinics to have orthopaedic or postural defects are referred for specialist advice to the Harrow Hospital Physical Treatment Centre. Cases requiring physiotherapy are dealt with at the Centre, working under the direction of the visiting orthopaedic surgeons. During the year, 62 pupils received treatment at the Centre.

Speech Therapy

During the year 1965, the speech therapy service was staffed by three speech therapists.

1 full-time (Therapist left in August 1965; a new therapist was appointed in October 1965);

1 part-time (6 sessions a week);

1 part-time (5 sessions a week; appointed in April 1965).

Therapists worked together one day a week at the Caryl Thomas Clinic, which is the centre of the area.

Clinics were held at the following centres:—

Caryl Thomas Clinic	8 sessions per week.
Honeypot Lane Clinic	2 sessions per week.
Pinner Clinic	1 session per week.
South Harrow Clinic	2 sessions per week.
Whittlesea Road Clinic	1 session per week.
Shaftesbury School	1 session per week.
Stanmore Orthopaedic Hospital ..	1 session per week.

Children came to the various clinics from 36 of the 43 schools in the area. They were referred by medical officers, head teachers, orthodontists, and general practitioners in the area.

Children were also referred by surgeons, neurologists and speech therapists at the following hospitals:—

The Hospital for Sick Children, Great Ormond Street, London, W.C.1.

Mount Vernon Hospital, Northwood.

Edgware General Hospital, Edgware.

During 1965, 25 schools were visited and the co-operation of the teachers enlisted. Very good liaison was established in the majority of schools. Head teachers from two of the schools visited the Caryl Thomas Clinic.

Hospital speech therapists in the area were contacted and three therapists from adjoining areas have visited the clinics.

Principals of two of the Speech Therapy Training Schools in London sent students for a period of a term each, to observe speech therapy clinics in the area. A total of six students came to the clinics in the area during 1965.

Very good liaison was established with the staffs of the Tyneholme Nursery School and Day Nursery adjoining Caryl Thomas Clinic and also with the health visitors working in the area.

The total number of children referred to the speech therapists in the area during 1965 was 147. In addition, there were 40 cases admitted in 1964 still under treatment.

Total case load during 1965 was 187 cases:

Pre-school	39 cases
School age	148 cases

The number of cases discharged during 1965 was 58.

The majority of these cases now have normal speech. However, 7 were discharged because the parents have left the area or the country and 5 were discharged because the parents of the children did not want further treatment.

Child Guidance Service

I am indebted to Dr. J. R. Hood, M.B., D.P.M., Consultant in Child Psychiatry, and his staff for the following report:—

The Child Guidance centre provides a consultative service to the School Health Service, headteachers, general practitioners, paediatricians and other hospital specialists, the Courts and the social agencies. Its chief agents are the Consultant Psychiatrist and the Educational Psychologists, to whom all formal requests for an opinion are addressed. The other members of the team—Psychiatric Social Workers and Child Psychotherapists provide a special form of psychological treatment, i.e. psychotherapy, as a means of dealing with emotionally disturbed children and their parents.

A Case Conference held weekly is formally orientated to teaching and it is open to those professional people who refer children or seek advice. The psychiatrist regularly has colleagues or visitors sitting in at consultations, notably teachers from the Senior Course for Teachers of Mal-adjusted Children, University of London, Institute of Education—all contribute significantly to the clinical work.

A pilot scheme by which the Centre provides a half-way house for a small number of children unable, for emotional reasons, to attend ordinary school, has been operating for the past year. It involves the informal attachment of a special teacher, who works alongside the clinical team. Altogether, eight children have attended, in classes varying from one to five in number. There has been virtually 100% attendance from children who had been out of school for some considerable time. The success of the above scheme depends on the closest possible co-operation between the clinical team, the special teacher, and the head teacher concerned with the child. Special educational and other treatment is focussed throughout on an early return to ordinary day school, which provides the only adequate socialising and, in the strict sense of the term, educational experience for the child.

Number of new cases	..	..	..	..	..	115
Other attendances	..	..	..	..	..	1,799

(This includes children seen for therapy and parents attending with them for advice, annual re-examinations of boarding school children; parents seen alone, apart from treatment sessions, and lastly interviews with representatives of medical, educational and Social Services, such as medical practitioners, school welfare officers, health visitors, etc.).

Total attendances 2,029:

(1) Pupils	..	..	..	..	..	972
(2) Parents	..	..	..	..	..	1,026
(3) Others	31

Diagnostic cases seen by Psychiatrist:

Total number of cases seen	115
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REASONS FOR REFERRAL:

Nervous Disorders (Fears, Depression, Anxiety, Refusal to attend school)	20
Behaviour Disorders	43
Psychosomatic Disorders (Asthma)	6
E.S.N. (Psychiatric Supervision)	1
Anti-Social Behaviour	18
Habit Disorders (Enuresis, Soiling, Speech difficulties, Sleeping difficulties, Eating difficulties, Masturbation)	14
Lack of School Progress/Backwardness	13

SOURCE OF REFERRAL:

Medical Officer of Health	10
General Practitioner	35
Children's Officer	5
Educational Psychologist	19
Probation Officer	2
Hospital Paediatrician/Psychiatrist	19
Health Visitor	2
Director of Education	2
Head Teacher	12
Parent	9

School Psychological Service

The School Psychological Service is widely used and all types of school, from Nursery to Grammar School, refer children for investigation. The Primary Schools make the largest number of referrals, most of these being children with learning difficulties, particularly in reading. Many of these children also present behaviour difficulties, and schools refer some children at the request of the parents. Some individual remedial work is carried out within the School Psychological Service, but in most cases recommendations are made to the school concerned. In almost all cases, visits to the school are made by the Educational Psychologist involved, and parents are always interviewed, usually before the child is seen. Full psychological reports are prepared and sent to the schools, with copies to the Director of Education and the Medical Officer of Health. The School Psychological Service also "screens" children in that children obviously in need of psychiatric help are referred on to the Consultant Psychiatrist, who, in turn, frequently refers children to the Educational Psychologist for psychological and educational assessment.

Number of cases referred and seen by psychologist .. 151

REASONS FOR REFERRAL:

- (1) Learning difficulties
- (2) Behaviour problems at home/at school
- (3) Refusal to attend school
- (4) Educational assessment as part of the clinical work of the Centre

- (5) Vocational Guidance
- (6) Advice on school placement
- (7) Psychological and Educational Assessments.

SOURCES OF REFERRAL:

Director of Education	12
Medical Officer of Health	10
Head Teacher	85
Outside sources (Hospitals; General Practitioners; Probation Officers; and other agencies)	6
Direct to Centre (by parent)	5
Consultant Psychiatrist	33
	<hr/>
	151
	<hr/>

HANDICAPPED PUPILS

The Local Education Authority have a statutory duty under the Education Act 1944, of ascertaining handicapped pupils in their area and of providing for the special educational treatment of such children.

Ten categories of pupils requiring special educational treatment are defined in School Health Service and Handicapped Pupils' Regulations. These are as follows:—

(a) BLIND PUPILS, that is to say pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight.

Number of blind pupils newly assessed	5
Number of blind pupils admitted to special schools during the year	3
Total number of blind pupils in special schools for the blind as at 31st December 1965	8

(b) PARTIALLY-SIGHTED PUPILS, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Number of partially-sighted pupils newly assessed ..	Nil.
Number of partially-sighted pupils admitted to special Schools during the year	Nil.
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December 1965	9

(c) DEAF PUPILS, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Number of deaf pupils newly assessed	1
Number of deaf pupils admitted to special schools during the year	Nil.
Total number of deaf pupils in special schools for the deaf as at 31st December 1965	4

(d) PARTIALLY DEAF PUPILS, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Number of partially deaf pupils newly assessed ..	5
Number of partially deaf admitted to special schools during the year	1
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December 1965	10

(e) EDUCATIONALLY SUBNORMAL PUPILS, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Number of educationally subnormal pupils newly assessed	15
Number of educationally subnormal pupils admitted to special schools during the year	15
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December 1965	64

(f) EPILEPTIC PUPILS, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Number of epileptic pupils newly assessed	Nil.
Number of epileptic pupils admitted to special schools during the year	Nil.
Total number of epileptic pupils in special schools for epileptic children as at 31st December 1965 ..	2

(g) MALADJUSTED PUPILS, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Number of maladjusted pupils newly assessed	9
Number of maladjusted pupils admitted to special schools/classes during the year	8
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December 1965	36

(h) PHYSICALLY HANDICAPPED PUPILS, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime or ordinary schools.

Number of physically handicapped newly assessed ..	6
Number of physically handicapped admitted to special schools/classes during the year	4
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December 1965	16

(i) PUPILS SUFFERING FROM SPEECH DEFECT, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Number of pupils newly assessed for special educational treatment in special schools	Nil.
Number of pupils with speech defect admitted to special schools during the year	Nil.
Total number of children with speech defect in special schools as at 31st December 1965	Nil.

(j) DELICATE PUPILS, that is to say, pupils not falling under any other category, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Number of delicate pupils newly assessed	12
Number of delicate pupils admitted to special open-air schools during the year	9
Total number of delicate pupils in open-air schools as at 31st December 1965	14

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:—

	<i>Residen- tial Special School</i>	<i>Day Special School</i>	<i>Ordinary School</i>	<i>Hospital School</i>	<i>At Home</i>	<i>Total</i>
Blind	8	—	—	—	1	9
Partially-sighted	2	7	—	—	1	10
Deaf	2	2	—	—	—	4
Partially Deaf..	4	6	4	—	2	16
Educationally subnormal ..	9	55	5	—	2	71
Epileptic ..	1	—	1	1	—	3
Maladjusted ..	33	3	17	—	2	55
Physically handi- capped ..	4	11	3	1	3	22
Speech.. ..	—	—	—	—	—	—
Delicate ..	11	3	8	—	2	24

Children "At Risk" of Developing a Handicap

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 parent as well. The whole exercise must be a combined operation between parent, general practitioner, specialist, local health authority and school health service personnel.

Registers of children who, because of some handicap may require special education at a later date, have been kept for some time now. The recently-instituted scheme for the notification to the Registrar General of any malformations observed at the time of birth, plus the information from the "At Risk" registers maintained of children who though apparently normal are at risk of developing some handicap because of some adverse factor during pre-natal, peri-natal or post-natal life, will all help towards this aim of early diagnosis and treatment.

Day Nurseries—Admission of Handicapped Children

In order to help in the work of rehabilitation of handicapped children, admission to a day nursery is arranged in certain cases.

The classes of handicapped children for whom these arrangements apply are as follows:—

- (1) Deaf and partially hearing children for whom continuation of auditory training in a hearing, and therefore, talking environment is advised;

- (2) Maladjusted children for whom absence from the home environment for some time daily is considered advisable;
- (3) Partially-sighted children whose need for training and companionship should be met in a sheltered environment;
- (4) Children over the age of one year of deaf and dumb mothers.

The cost of attendance is borne by the Education Committee under Section 56 of the Education Act 1944, for children over the age of two years. Those under two years of age are dealt with under Section 22 of the National Health Service Act 1946. No charge is made to the parents of either category.

One handicapped child was admitted to a day nursery during 1965.

Home Tuition

In certain cases where a child cannot attend either a day or residential school, arrangements are made for the provision of home tuition. Five children were receiving home tuition at the end of 1965.

Recuperative Holidays

These holidays are provided in certain cases where children, following some acute illness, are considered to need a period of convalescence, in order to make a full recovery. Eleven children were recommended and placed for a recuperative holiday in 1965.

INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5—14 during 1965:—

Scarlet Fever	20
Acute Pneumonia	1
Diphtheria	—
Dysentery	7
Erysipelas	—
Meningococcal Infection	1
Acute Poliomyelitis: Paralytic	—
Non-paralytic	—
Infective Encephalitis	—
Measles	972
Whooping Cough	4
Paratyphoid Fever	2
Typhoid Fever	—
Food Poisoning	1
Tuberculosis: Pulmonary	1
Non-pulmonary	—

Immunisation

Every effort is made to see that children receive full protection against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis in the pre-school period. Primary immunisation should be completed during the first twelve

months and booster doses given at 18 months and at 4½ years, i.e. before starting school, when special emphasis is placed on ensuring that children are fully protected against poliomyelitis and diphtheria. The immunisation state of all children is checked at the first periodic medical inspection and protective immunisation offered to all who require it.

B.C.G. Vaccination

The B.C.G. vaccination of school children aged 13 against tuberculosis continued during the year. This vaccination scheme is operated under Section 28 of the National Health Service Act and is, therefore, offered to children attending both maintained and private schools.

The following is a summary of the work carried out under this scheme during the year 1965:—

(A)

<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 ..	1,262	791	717	65
Secondary Grammar ..	817	664	592	63
Independent	437	374	338	29
Special	16	5	4	—
Junior Training School ..	18	8	7	—
TOTAL	2,550	1,842	1,658	157
(1964)	(2,587)	(1,890)	(1,666)	(211)

For comparison, the final figures for 1964 are shown in brackets.

(B)

	1965	1964
No. eligible	2,550	2,587
No. accepting	1,842	1,890
Acceptance rate	72.2%	73.1%
Positive reactors	157	211
Percentage positive	8.7%	11.2%
Negative reactors	1,658	1,666
No. given B.C.G. vaccination ..	1,655	1,661

All positive reactors are referred to the Chest Clinic for x-ray and investigation. These investigations include x-ray examination of all domiciliary contacts.

SPECIAL INVESTIGATIONS

Research into the Bacteriology of Normal Skin

During the year, the School Health Department was asked to assist in a research project being undertaken by Dr. W. C. Noble, M.Sc., Ph.D., Lecturer in Bacteriology at the Institute of Dermatology, London, W.C.2. Dr. Noble's project was concerned with a survey of the bacteriology of the human skin in disease and health and, whereas the examination of patients could easily be achieved, the more difficult task was to obtain samples from a "normal" population.

After obtaining parental consent, skin swabs were taken from twelve specified sites on the skin of 200 pupils attending two secondary schools in the Borough. Though the numbers tested were very small statistically, the preliminary results showed enough evidence to suggest marked differences in the micrococcus florae of boys and girls. In view of this, it was considered that the survey would have to be repeated, in order to extend the number of subjects. Approval was, therefore, obtained to test children in two other schools and arrangements made for this to be carried out early in 1966, when detailed results will be reported.

HEALTH EDUCATION IN SCHOOLS

The Health Education Officer, together with the health visitors, continued with the programme of health education projects in schools during the year. Special classes were arranged in some of the secondary schools for school leavers. The basic theme of the course was Home Making and included features on mothercraft, general health, personal hygiene and budgeting. The underlying aim of the course was to help girls to realise more fully their responsibilities as the future wives and mothers of the nation. In addition, special classes in child care were organised for several groups of girls who were preparing for the Duke of Edinburgh's Award. Advisory visits to the schools by health visitors in cases of outbreaks of minor infections are used to good advantage from the health teaching point of view.

The Health Education Officer gave several talks on a variety of subjects, such as general environmental health, food hygiene, clean food, water supply and sewage disposal, making use of film strips and films to illustrate salient points. Instructional visits were also made to Water Works and Sewage Disposal Works to illustrate vividly the points already made in the lectures.

It is pleasing to report what could be described as a practical exercise in health education. A new home for the elderly was opened in the Borough in June 1965, and was "adopted" by the girls of a local secondary school. Several of these girls have made regular weekly visits to the home and have made themselves extremely useful and helpful, carrying out a variety of tasks in the home. Their assistance has been very much appreciated by all, especially the elderly residents—to my mind a good start in helping in a problem which is growing in size and importance daily, viz., the care of the elderly!

EMPLOYMENT OF CHILDREN

Under Section 59 of the Education Act 1944, education authorities are empowered to prohibit or restrict the employment of a child if they consider it would be prejudicial to his health or otherwise render him unfit to obtain the full benefit of the education provided for him.

All children must, therefore, be medically examined before taking up employment.

Number of children examined and found fit for employment during 1965

459

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The year 1965 was a year of many changes, the principal one being the change-over on 1st April when the Dental Service ceased to be under the Middlesex County Council as Area No. 5, and became the service of the new London Borough of Harrow, as comprised in the plan for the re-organisation of the Greater London Government.

The Borough is also responsible for the dental care of the children at Elmer's Court Special School in Lymington, Hampshire, where arrangements have been made for a local dental surgeon to carry out inspection and treatment under the National Health Service scale of fees, in a surgery which had been fitted up in the school during the days of the Middlesex County Council regime.

The difficulty in obtaining the services of full-time dental officers was still an acute one, but the clinics were covered satisfactorily by the employment of part-time officers where full-time ones were not available. When we unfortunately lost the services of the full-time orthodontist, we were able to engage two part-time orthodontists to keep the service going. The staffing position at the end of December was:—

- 1 Chief Dental Officer
- 3 full-time Dental Officers
- 3 part-time Dental Officers
- 2 part-time Orthodontists
- 6 full-time Dental Surgery Assistants.

The clinic premises underwent certain changes. The oldest clinic which was in the grounds of Roxeth Hill School and which was originally the head teacher's house, built over a hundred years ago, was closed in August. The schools served by this clinic were catered for by the Alexandra Avenue Clinic until the new building in Northolt Road was ready for occupation in September. This new clinic is very adequately fitted with the latest equipment, including an x-ray machine. The Alexandra Avenue Clinic was temporarily closed but subsequently re-opened for two sessions a week in November to cater for the two schools in the immediate vicinity.

Provision was made in the estimates to replace the out-of-date equipment at the Honeypot Lane Clinic with a modern chair and unit, including x-ray facilities. When this is completed, all dental surgeries will be up to modern standards.

Work proceeded during the year towards the completion of the dental section of the new Tenby Road Clinic in Edgware. This will eventually serve the schools in the eastern part of the Borough.

The majority of the school children in the Borough were inspected once during the year in school. Where this was not entirely possible it was due in part to staff changes and in part to changes in clinic premises. The school inspections reveal that the majority of the children in Harrow receive regular dental treatment, either from the family dentist under the

National Health Scheme, or from the clinics. For those children who show a marked tendency to dental disease, the clinics are able to offer the recommended four-monthly check and treatment where necessary.

It is pleasing to note that the need some years ago to hold two gas extraction sessions per week in each clinic now no longer applies, as more teeth are being saved. It has also proved unnecessary for every clinic to hold regular weekly gas sessions as emergencies can now be catered for by one gas session per week in the Borough, so that no child need suffer prolonged pain. This emergency session is held at each dental clinic in turn on a rota basis. For those requiring more urgent attention, provision can be made for an immediate extraction with administration of the anaesthetic by individual arrangement.

From the point of view of dental care, it is very gratifying to know that the Borough Council has agreed to the fluoridation of water supplies when this is possible. Eventually, this should make a marked improvement in the state of dental health.

Priority Dental Service

In addition to the inspection and treatment of expectant and nursing mothers, and pre-school children, during March and April arrangements were made for Mr. M. A. Young, Lecturer in Children's Dentistry at the Royal Dental Hospital, London, to carry out a dental survey of 3 and 4 year old children in our three nursery schools. One of his findings was that 67.7% of the 3 year old children examined were caries-free, but in the 4 year old group, this figure dropped to 49.5%. A system has now been introduced whereby all pre-school children attending the dental clinics are recalled at four monthly intervals, until they enter infants' school and become eligible for the routine dental inspections.

Dental Health Education

Owing to the many changes taking place during the year, there was no special dental health education event. Advice on oral hygiene was given at routine dental inspections, and at the chairside, to patients and to parents if present.

In October, a talk was given by Mrs. A. Smith on care of the teeth in a programme of lectures given to senior girls at Blackwell Secondary Modern School. Considerable interest was shown by the many questions asked.

TABLE I—MEDICAL INSPECTION RETURNS

<i>Age groups inspected (By year of Birth)</i>	<i>No. of pupils having received a full medical examination</i>	PHYSICAL CONDITION OF PUPILS INSPECTED		<i>No. of pupils found not to warrant a medical examination</i>	<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satisfactory No.</i>	<i>Unsatisfactory No.</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	188	188	—	—	1	47	47
1960	708	703	5	—	46	137	168
1959	420	418	2	—	32	78	105
1958	104	104	—	—	10	22	28
1957	62	62	—	—	3	16	17
1956	60	60	—	—	4	11	13
1955	59	58	1	—	3	4	6
1954	82	82	—	—	2	17	19
1953	1072	1070	2	—	53	161	204
1952	569	568	1	—	27	78	99
1951	114	113	1	—	8	20	26
1950 & earlier	1910	1910	—	—	98	211	299
TOTAL	5348	5336	12	—	287	802	1031

Column (3) total as a percentage of Column (2) total: 99·78%

Column (4) total as a percentage of Column (2) total: 0·22%

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	1,367
Number of Re-inspections	1,092
Total	2,459

TABLE III
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	24,968
(b) Total number of individual pupils found to be infested	122
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	39
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act 1944)	—

TABLE IV
DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Periodic Inspections and Special Inspections

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	21	47	42	110	166
		O	12	6	5	23	2
5	Eyes: (a) Vision	T	82	100	105	287	76
		O	126	34	66	226	11
	(b) Squint	T	9	2	3	14	2
		O	3	—	1	4	—
	(c) Other	T	2	1	11	14	4
		O	—	1	—	1	—
6	Ears: (a) Hearing	T	12	7	19	38	81
		O	4	1	5	10	24
	(b) Otitis Media	T	6	1	—	7	—
		O	3	—	—	3	—
	(c) Other	T	6	—	1	7	3
		O	4	—	1	5	2

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPEC- TIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	67	28	53	148	27
		O	60	10	27	97	14
8	Speech	T	11	1	4	16	16
		O	8	1	5	14	15
9	Lymphatic Glands	T	—	1	1	2	1
		O	6	—	1	7	1
10	Heart	T	6	23	13	42	15
		O	11	4	6	21	5
11	Lungs	T	21	10	10	41	18
		O	15	1	9	25	8
12	Developmental: (a) Hernia	T	4	—	1	5	1
		O	1	—	2	3	—
	(b) Other	T	11	12	8	31	4
		O	25	5	12	41	4
13	Orthopaedic: (a) Posture	T	1	5	10	16	2
		O	2	3	4	9	—
	(b) Feet	T	11	15	48	74	48
		O	6	1	7	14	8
	(c) Other	T	13	12	11	36	9
		O	2	4	7	13	3
14	Nervous System: (a) Epilepsy	T	4	3	7	14	2
		O	2	—	—	2	1
	(b) Other	T	18	3	16	37	56
		O	18	—	2	20	13
15	Psychological: (a) Development	T	3	1	4	8	10
		O	2	—	1	3	4
	(b) Stability	T	2	1	3	6	17
		O	6	1	4	11	2
16	Abdomen	T	2	3	—	5	10
		O	4	—	—	4	2
17	Other	T	24	43	64	131	42
		O	18	1	10	29	14

T — Treatment

O — Observation

TABLE V

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(including Nursery and Special Schools)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	287
Errors of refraction (including squint)	1,043
TOTAL	1,330
Number of pupils for whom spectacles were prescribed ..	293

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	8
(c) for other nose and throat conditions	2
Received other forms of treatment	93
TOTAL	103
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1965	11
(b) in previous years	34

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments ..	62
(b) Pupils treated at school for postural defects	—
Total	62

DISEASES OF THE SKIN
(excluding uncleanness, for which see Table III)

							<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	2
Impetigo	..	..	..	..	..	..	2
Other skin diseases	..	..	..	..	..	..	213
TOTAL	..	..	..	..	..	..	217

CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	473

SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	261

OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	10
(b) Pupils who received convalescent treatment under School Health Service arrangements	11
(c) Pupils who received B.C.G. vaccination	1,655
(d) Other than (a), (b) and (c) above:	
Lymphatic Glands	1
Heart	8
Lungs	11
Developmental: (i) Hernia	1
(ii) Other	3
Nervous System: (i) Epilepsy	2
(ii) Other	50
Psychological: (i) Development	9
(ii) Stability	14
Abdomen	8
Other	32
TOTAL (a) to (d)	1,815

TABLE VI

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit	1,786	1,339	301	3,426
Subsequent Visits	2,983	3,378	1,037	7,398
Total Visits	4,769	4,717	1,338	10,824
Additional courses of treatment commenced	172	114	48	334
Fillings in permanent teeth	1,824	3,442	1,339	6,605
Fillings in deciduous teeth	4,034	477	—	4,511
Permanent teeth filled	1,504	2,836	907	5,247
Deciduous teeth filled	3,040	3,511	—	3,391
Permanent teeth extracted	75	239	77	391
Deciduous teeth extracted	986	323	—	1,309
General anaesthetics	445	177	25	647
Emergencies	131	76	16	223
Number of Pupils X-rayed .. .. .	..	..	..	225
Prophylaxis .. .. .	..	..	..	285
Teeth otherwise conserved .. .. .	..	..	..	329
Number of teeth root filled .. .. .	..	..	..	25
Inlays .. .. .	..	..	..	—
Crowns .. .. .	..	..	..	11
Courses of treatment completed .. .. .	..	..	..	3,065

ORTHODONTICS

Cases remaining from previous year	571
New cases commenced during year	106
Cases completed during year	48
Cases discontinued during year	23
No. of removable appliances fitted	300
No. of fixed appliances fitted	6
Pupils referred to Hospital Consultant	—

PROSTHETICS

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	2	4	6
Number of dentures supplied	2	5	7

INSPECTIONS

(a) First inspection at school. Number of Pupils	18,761
(b) First inspection at clinic. Number of Pupils	624
Number of (a)+(b) found to require treatment	8,198
Number of (a)+(b) offered treatment	6,621
(c) Pupils re-inspected at school clinic	575
Number of (c) found to require treatment	456

SESSIONS

Sessions devoted to treatment	1,946
Sessions devoted to inspection	214
Sessions devoted to Dental Health Education	8

