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# Annual Report

OF THE

**Medical Officer of Health**

AND

**Principal School Medical Officer**

FOR THE YEAR

**1967**

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





London Borough of Harrow



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# LONDON BOROUGH OF HARROW

## HEALTH AND WELFARE COMMITTEE

as at December 1967

HIS WORSHIP THE MAYOR (*ex officio*)

THE DEPUTY MAYOR (*ex officio*)

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

COUNCILLOR E. W. H. FEAKINS, M.Inst., M.S.M. (*Vice-Chairman*)

ALDERMAN MRS. I. M. POTTS, M.B.E.

COUNCILLOR MRS. A. M. CAREY

COUNCILLOR MRS. E. E. DAVIES

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

COUNCILLOR MRS. S. R. EDGEWORTH

COUNCILLOR MRS. M. M. HASLAM

COUNCILLOR M. D. HARTLEY HILL

COUNCILLOR T. D. JONES

COUNCILLOR A. J. LOVELL, B.E.M.

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

COUNCILLOR H. A. MANN, A.F.I.C.O.

COUNCILLOR MRS. M. REES

COUNCILLOR W. E. N. WORMALD

Representing Middlesex Local Medical Committee

DR. H. T. FOOT

## CHILDREN'S COMMITTEE

HIS WORSHIP THE MAYOR (*ex officio*)

THE DEPUTY MAYOR (*ex officio*)

COUNCILLOR MRS. M. M. HASLAM (*Chairman*)

COUNCILLOR BEN TURNER, A.C.C.S. (*Vice-Chairman*)

COUNCILLOR E. R. CHALKER

COUNCILLOR B. M. COHEN

COUNCILLOR MRS. D. I. EDWARDS

COUNCILLOR G. F. GIBBONS, J.P.

COUNCILLOR H. I. HARRIS

COUNCILLOR T. D. JONES

COUNCILLOR I. W. MACKAY, LL.B.





# 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 present my Annual Report on the health and sanitary conditions of the district and on the health, welfare and children's services provided by the Borough for the year 1967.

During the year the pattern of amalgamation of services commenced in 1965 and carried on into 1966 provided much evidence of the benefits arising from the integration of the various health and social services provided by the Borough to serve the needs of the community. Criticism has often been levelled at this idea of integrating community services, the "theory" being put forward that one service would tend to become "dominant" and swamp the others. To my mind this is definitely not true because these services all have a positive part to play and must of necessity be complementary to one another. Professional jealousy or parochialism, call it what you may, has no place in a combined department and once this fact is appreciated the benefits of mutual aid and co-operation of one worker with another of a different discipline soon make themselves evident and facilitate the common social work task of the department of assisting people to help themselves.

The once common feature of families being subjected to a spate of multiple visiting from a series of social workers of different disciplines is now a thing of the past. This technique only served to bamboozle the family with conflicting advice or, on the other hand, provided a golden opportunity for a particular family to play one worker off against another. The ease of consultation between the sections within the department and the resulting quick decision on a certain defined course of action by one particular social work group has made itself abundantly evident since April 1965 with, I think it can be truly said, much quicker action, better results and a definite saving in professional staff time which of course can then be applied to other problems.

Consideration of the vital statistics for 1967 shows the normal variations seen from year to year. There was a population decrease of 530 to a figure of 208,200 and a birth and death rate practically the same as 1966—there being a 0.2 decrease in the birth rate and a 0.1 increase in the death rate. There was an increased infant mortality rate of 17.0 per 1,000 live births comparing with a figure for England and Wales of 18.3. There



was also an increase in the neo-natal and early neo-natal mortality rates in spite of a lower stillbirth rate. The majority of infant deaths occurred in infants less than 4 weeks old and were due in the main to congenital defects and prematurity. Improvements in the care of the mother during pregnancy have resulted in more live births but some of these children although liveborn have such a poor hold on life that they do not survive beyond the neo-natal period. There were no maternal deaths during 1967.

Work on new projects in the development plan for health and welfare services progressed during the year. The new home for the elderly at Sancroft Road, Harrow Weald was not completed by the end of the year but will probably be ready for occupation in the spring of 1968. The new assessment unit at the Junior Training School was completed by the end of the year and will be admitting children at the beginning of the new term in January 1968. Certain difficulties concerning land delayed a start being made on the new Adult Training Centre and the Day Centre for younger mentally ill at Marlborough Hill but it is hoped these will be resolved early in 1968. Subject to the Council reaching agreement with the London Borough of Brent there are definite hopes that at long last a start may be made in 1968 on the much needed Children's Reception Home on part of the land formerly occupied by the old Isolation Hospital in Honeypot Lane, Queensbury. This new home will be of great value to the children's services in the Borough. Apart from some slight reorganisation of project dates, no changes were made in the general 10 year development plan for the health and welfare services. The question of health centre provision was discussed generally by the Health and Welfare Committee during the latter part of the year. It was decided to set up a small sub-committee to consider the question in detail in consultation with the Middlesex Executive Council and the Middlesex Local Medical Committee. The Executive Council undertook to circulate all general practitioners in the district in order to ascertain their wishes in the matter of health centre provision. The results of these enquiries are expected to be available early in 1968.

Points of interest from the infectious diseases notified during the year are the usual biennial rise in the incidence of measles and the increase in the number of cases of whooping cough. As mentioned in the report for 1966 the department continued to co-operate during the year with the Central Public Health Laboratory in a special investigation survey to identify the serotypes responsible for cases of whooping cough—in all probability the rise in the number of whooping cough cases is due to a change in the antigenic structure of the epidemic strain organism—the results of the survey will probably be available in 1968. There was only one case of enteric fever during the year and this was "imported"! The decline in the number of cases of tuberculosis noted in 1966 continued in 1967.

During the year two further Smoke Control Orders under the Clean Air Acts came into operation bringing the total number of dwellings affected in the Borough up to 34%. Two further orders were confirmed by the Minister of Housing and Local Government to come into operation during 1968.



As there was still no unanimity among the various local health authorities within the respective statutory areas of supply of the two water companies concerned, no progress was made in the matter of fluoridation of water supplies during 1967. It seems a great pity that this safe and well-proven method of preventing dental caries is still being denied to the youth of today and tomorrow!

As mentioned in the report for 1966 the question of the indiscriminate dumping of rubbish throughout the Borough received further consideration early in 1967. The problem of clearing these "dumps" is beset with many legal problems. The area of responsibility can depend on whether the accumulation is a statutory nuisance and detrimental to health or, again, whether it is detrimental to the amenities of the neighbourhood. The type and general content of the rubbish and the ownership of the actual land involved can add to the difficulties over clearance. These problems only result in delays over clearing the offending sites and it was finally decided that speedier action could probably be achieved if one department of the Council assumed an executive role to organise the actual clearance. This Department, through its Environmental Health Section, was given this task and, thanks to the efforts of Mr. King, the Chief Public Health Inspector, a marked improvement in the state of various sites in the Borough was soon evident. I think it can be said that the Council have done a tremendous amount to help keep the Borough neat and tidy—it is about time the people actually responsible for creating these dumps took an interest in the amenities of the Borough and stopped this unsavoury habit. There is too much of the thought that "the Council will clear it up eventually." It should be remembered that clearance costs money and this money comes out of the ratepayers' own pockets!

All the various services provided for the public continued and were used to capacity during the year. So much so that plans are under consideration for expansion in the cervical cytology and psychiatric outpatient facilities at the Caryl Thomas Clinic. A further social club for the younger handicapped was inaugurated in September and, judging by the enthusiasm of the club members, seems to be serving a real need. An active health education programme was carried out during the year with active participation from all sections. During the year the second Mental Health Week was held in June, and following the successful pilot Dental Health Exhibition held in 1966 the venture was repeated with a good reception in 1967.

The usual triennial visit of the mobile Mass X-Ray Service to the Borough took place during March and April. Wide publicity was given to this event by means of posters, leaflets and notices in the local press to try and encourage as many of the public as possible to take advantage of this simple and efficient instrument of preventive medicine. People working in close contact with children should have regular chest X-Rays and whereas the triennial visits of the Mass X-Ray Unit are very welcome, the period between visits is too long. Mass X-Ray facilities are available at a



static unit in the outpatient department of Central Middlesex Hospital, Park Royal and although the public are encouraged to make use of these facilities difficulties are experienced in getting public co-operation due to the distance from Harrow. It was felt that regular monthly visits of a Mass X-Ray Unit to the Borough would be of great value and negotiations were therefore opened with the North West Regional Hospital Board to see if this service could be arranged on a more regular basis. As a result it is pleasing to report that it is hoped to arrange a twice-monthly visit of a Mass X-Ray Unit to the Borough beginning early in 1968.

The second part of the in-service staff training dealing with mental illness was held during the period January to March and, in addition, members of staff attended various training lectures and seminars during the year. Two trainee social workers were seconded to undertake the two year training courses for the External Diploma in Social Studies and the Certificate in Social Work respectively.

The routine measures established to promote and maintain the health of the school child continued to work well during the year. The majority of children have no health problems which could affect their education progress but this does not mean that there should be any relaxation in the routine work of detection. The growing interest in the detection of defects at as early an age as possible in the pre-school years presents opportunities for any possible correction of defects and rehabilitation of the child in preparation for, if at all possible, entry to ordinary schooling at age five years. Every effort is made to achieve as normal a schooling as possible but if, due to the severity of a particular handicap this is not feasible, then arrangements are made to provide specialised education suitable to the child's specific disability. Special attention is directed towards the detection of defects of hearing and vision which obviously, if present, can have a considerable bearing on education progress. Routine sweep testing is carried out in these specialties and although in the case of vision these tests may tend to be too selective, this in itself is not a bad thing. The fact that we are now seeking to detect the finer and therefore more masked defects in the special senses is an indication of the progress achieved in the school health service over the past years.

Specialist opinion is sought in many cases found to have defects at routine examination. Unfortunately, due to the retirement of the two ophthalmic surgeons engaged by the Regional Hospital Board to cover the local school eye clinics, some difficulties were experienced during the year. In the new appointment the Board decided to link the school eye clinics with sessions in the ophthalmic department at Edgware General Hospital. The linking of the local clinics with the hospital is to be welcomed but, unfortunately, the grading of the post was such that the response was very poor. The person appointed only remained in fact for a few weeks and the post was readvertised. No appointment had been made by the end of the year, and as a temporary measure the Board were trying to secure a locum to cover the eye clinics.



This report is the work of many members of the Department and will, it is hoped, give some indication of the scope and content of the various services provided to promote and maintain a good state of health in Harrow. I would offer my grateful thanks to all who have helped in its preparation and at the same time record my great appreciation for the willing and able assistance given by all members of the Department throughout the year.

Finally, I wish to take this opportunity of thanking the Chairman and members of the various committees for their continued support during the year and, at the same time, acknowledge with grateful thanks the ready help and co-operation of my colleagues and their respective staffs in other departments of the Council.

I have the honour to be,

Your obedient Servant,

WILLIAM CORMACK,

Medical Officer of Health  
Principal School Medical Officer



# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Statistics

Area in acres	12,500
Population (Registrar General's estimate)	208,200
Estimated number of inhabited houses	68,446
Ratable Value	£11,874,074
Sum represented by a penny rate	£46,850

## Vital Statistics

Live Births:-	Male	Female	Total
Legitimate	1,443	1,463	2,906
Illegitimate	110	87	197
Total	1,553	1,550	3,103

Live Birth rate per 1,000 population	14.9
Adjusted Live Birth rate	15.2
Birth Rate for England and Wales	17.2
Illegitimate live births per 1,000 total live births	6.3

## Stillbirths

Legitimate	18
Illegitimate	18

Total	36
-------	----

Still Birth rate per 1,000 Live and Still Births	11.6
Total Live and Still Births	3,139
Still Birth rate for England and Wales	14.8

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

	Male	Female	Total
Legitimate	25	24	49
Illegitimate	3	1	4
Total	28	25	53

Infant mortality rate per 1,000 live births	17.9
Legitimate infant mortality rate per 1,000 legitimate live births	16.9
Illegitimate infant mortality rate per 1,000 illegitimate live births	20.3
Infant mortality rate for England and Wales	18.3





# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Statistics

Area in acres .. .. .	12,500
Population (Registrar General's estimate) .. .. .	208,200
Estimated number of inhabited houses .. .. .	68,446
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Total ..	1,553	1,550	3,103

Live Birth rate per 1,000 population .. .. .	14.9
Adjusted Live Birth rate .. .. .	15.2
Birth Rate for England and Wales .. .. .	17.2
Illegitimate live births per cent of total live births..	6.3

Stillbirths:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	17	17	34
Illegitimate	1	1	2
	<hr/>	<hr/>	<hr/>
Total ..	18	18	36

Still Birth rate per 1,000 Live and Still Births ..	11.6
Total Live and Still Births .. .. .	3,139
Still Birth rate for England and Wales .. .. .	14.8

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	25	24	49
Illegitimate	3	1	4
	<hr/>	<hr/>	<hr/>
Total ..	28	25	53

Infant mortality rate per 1,000 live births .. .. .	17.0
Legitimate Infant mortality rate per 1,000 legitimate live births .. .. .	16.9
Illegitimate Infant mortality rate per 1,000 illegitimate live births .. .. .	20.3
Infant mortality rate for England and Wales ..	18.3



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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	22	20	42
Illegitimate	3	1	4
Total ..	25	21	46

Neo-natal mortality rate per 1,000 live births ..	14.8
Neo-natal mortality rate for England and Wales ..	12.5
Early Neo-natal mortality rate (first week) per 1,000 live births ..	12.6
Peri-natal mortality rate per 1,000 live and still births ..	23.9

## Maternity Mortality:-

Maternal deaths ..	Nil
Maternal mortality rate per 1,000 live and still births ..	Nil
Maternal mortality rate for England and Wales ..	0.2

Deaths:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,021	1,037	2,058

## Death rate per 1,000 population:-

Crude Death Rate ..	9.9
Comparability Factor ..	1.04
Adjusted Death Rate ..	10.3
Death rate for England and Wales ..	11.2

## Population

The estimated mid-year population was 208,200 which, in spite of a natural increase in population—excess of births over deaths—of 1,045 was 530 lower than the figure calculated for 1966. The number of occupied houses and flats rose by 983 to 68,446.

## Births

During the year 3,103 live births (1,553 male and 1,550 female) were registered, giving a crude birth rate of 14.9 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 15.2 as compared with the birth rate of 17.2 per 1,000 population for England and Wales. 197 of the live births were illegitimate giving a percentage of total births of 6.3.

Total number of live and stillbirths ..	3,139
Local births (domiciliary confinement) ..	556



## 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 year .. .. .	63
(ii) Number of live births included in (i) above .. .. .	58
(iii) Number of still births included in (i) above .. .. .	5
(iv) Total number of malformations notified as apparent at birth	79
(v) Number of children with multiple malformations .. .. .	13

#### B. Analysis of Malformations Notified

Code Number	Number of cases	Code Number	Number of cases
<b>0 Central Nervous System</b>		<b>5 Uro-genital System</b>	
·1 Anencephalus .. .. .	4	·0 Defects of uro-genital NOS ..	1
·2 Encephalocele .. .. .	1	·1 Renal agenesis .. .. .	1
·4 Hydrocephalus .. .. .	2	·2 Polycystic kidney all forms ..	2
·8 Spina Bifida .. .. .	5	·5 Other defects of bladder and and urethra .. .. .	1
<b>1 Eye, Ear</b>		·6 Hypospadias .. .. .	7
·5 Defects of eye .. .. .	1	·7 Other defects of male genitalia	1
·8 Accessory auricle .. .. .	1	<b>6 Limbs</b>	
·9 Defects of ear .. .. .	1	·1 Defects of lower limb NOS ..	2
<b>2 Alimentary System</b>		·3 Polydactyly .. .. .	1
·1 Cleft lip .. .. .	8	·4 Syndactyly .. .. .	1
·2 Cleft palate .. .. .	6	·5 Dislocation of hip .. .. .	1
·9 Other defects of alimentary system .. .. .	1	·6 Talipes .. .. .	9
<b>3 Heart and Great Vessels</b>		·7 Other defects of shoulder girdle, upper arm and fore- arm .. .. .	1
·0 Congenital heart disease ..	2	·8 Other defects of hand .. .. .	3
<b>4 Respiratory System</b>		·9 Other defects of pelvic girdle and lower limb .. .. .	2
·5 Defects of lung .. .. .	1	<b>Other Skeletal</b>	
<b>8 Other Systems</b>		7 ·1 Defects of skull and face ..	1
·1 Other defects of face .. .. .	1		
·3 Vascular defects of skin and subcutaneous tissue .. .. .	2		
·4 Other defects of skin .. .. .	1		
·9 Exomphalos .. .. .	1		
<b>9 Other Malformations</b>			
·1 Multiple malformations NOS	2		
·6 Mongolism .. .. .	5		



### Still Births

A total of 36 still births was registered during the year giving a still birth rate of 11.6 per 1,000 live and still births, which compares favourably with the rate of 14.8 for England and Wales.

### Infant Mortality

During the year 53 (28 male and 25 female) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was an increase of fifteen on the figure for 1966 and with 3,103 live births gives an infant mortality rate of 17.0 compared with that of 12.0 in 1966. The rate for England and Wales as was 18.3.

Forty-six, or approximately 87%, of these infant deaths occurred during the first four weeks of life giving a neo-natal mortality rate of 14.8 per thousand live births. Thirty-nine of these neo-natal deaths occurred during the first week of life, prematurity being the main cause of death. These early neo-natal deaths, combined with the still births give a peri-natal mortality rate of 23.9 per thousand live and still births compared with a rate of 22.5 for 1966. Knowledge gained over the years and applied to the care of the expectant mother has been effective in reducing the overall mortality in infants. However, consideration of statistics shows that there has been little or no lowering in the percentage of deaths occurring in the neo-natal period. Here, as before, the main causes of death are given as prematurity and congenital malformations. An obvious danger period is during the first three months of pregnancy when any "interference" with the developing foetus by viral, drug or other toxic agents could have disastrous effects on the infant eventually delivered at term. Some of these problems may be overcome by even greater care in the early ante-natal period and also immediately prior to confinement, but much work and research is still required to try and elucidate the factors associated with the causation of congenital malformations.

### Maternal Mortality

No deaths occurred during 1967 due to causes associated with pregnancy and childbirth.

### Deaths

The total number of deaths of residents of the Borough was 2,058 giving a death rate of 9.9 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 9.9, gives an adjusted death rate of 10.3, which then compares with the death rate of 11.2 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	496
3. Vascular diseases of the central nervous system	282

A total of 878 deaths registered were of people over 75 years of age, i.e. 43% of the total deaths registered in the district.

### Deaths from Cancer

In 1967 the number of deaths from cancer was 253 males and 243 females. Deaths from lung cancer decreased by 4 to a total of 129 for the year, or a rate per 100,000 of 61.96. Sixty-four 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 51 residents during 1967. The equivalent figure for the previous year was 52. There was a rise in the number of deaths due to motor vehicle accidents and a fall in those due to other causes such as accidents in the home. In the latter category the percentage of incidents involving the elderly age group was reduced. All members of staff involved in the domiciliary services take every opportunity of advising on house safety measures during the course of their routine visits to the house.

### Deaths from Suicide

Twelve people committed suicide during 1967, a decrease of six compared with the figure for 1966.

### Deaths from Infectious Diseases

There were four deaths from tuberculosis during 1967, with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.



TABLE I

## Summary of Vital Statistics 1943-1967

	<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>
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
1966	208,730	15.1	9.7	12.0	8.6	Nil	15.9
1967	208,200	14.9	9.9	17.0	14.8	Nil	11.6

TABLE II

## Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1957-1967

<i>Year</i>	<i>Birth Rate</i>		<i>Death Rate</i>		<i>Infant Mortality Rate</i>	
	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>
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
1966	15.4	17.7	10.2	11.7	12.0	19.0
1967	15.2	17.2	10.3	11.2	17.0	18.3

TABLE III

## Deaths of Harrow Residents during 1967

## Registrar General's Return

<i>Cause of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1. Tuberculosis, respiratory .. .. .	3	1	4
2. Tuberculosis, other .. .. .	—	—	—
3. Syphilitic disease .. .. .	3	1	4
4. Diphtheria .. .. .	—	—	—
5. Whooping Cough .. .. .	—	—	—
6. Meningococcal Infections .. .. .	—	—	—
7. Acute Poliomyelitis .. .. .	—	—	—
8. Measles .. .. .	—	—	—
9. Other infective and parasitic diseases ..	1	2	3
10. Malignant neoplasm, stomach .. ..	23	23	46
11. Malignant neoplasm, lungs, bronchus ..	107	22	129
12. Malignant neoplasm, breast .. ..	—	50	50
13. Malignant neoplasm, uterus .. ..	—	17	17
14. Other malignant and lymphatic neoplasms	123	131	254
15. Leukaemia, aleukaemia .. .. .	3	3	6
16. Diabetes .. .. .	3	10	13
17. Vascular lesions of nervous system ..	92	190	282
18. Coronary disease, angina .. .. .	297	167	464
19. Hypertension with heart disease .. ..	6	13	19
20. Other heart disease .. .. .	46	127	173
21. Other circulatory disease .. .. .	45	64	109
22. Influenza .. .. .	—	2	2
23. Pneumonia .. .. .	37	61	98
24. Bronchitis .. .. .	68	19	87
25. Other diseases of respiratory system ..	9	6	15
26. Ulcer of stomach and duodenum .. ..	11	6	17
27. Gastritis, enteritis, diarrhoea .. ..	7	8	15
28. Nephritis and nephrosis .. .. .	3	4	7
29. Hyperplasia of prostate .. .. .	6	—	6
30. Pregnancy, childbirth, abortion .. ..	—	—	—
31. Congenital malformations .. .. .	6	7	13
32. Other defined and ill-defined diseases ..	84	78	162
33. Motor vehicle accidents .. .. .	17	12	29
34. All other accidents .. .. .	12	10	22
35. Suicide .. .. .	9	3	12
36. Homicide and operations of war .. ..	—	—	—
<b>TOTAL .. .. .</b>	<b>1,021</b>	<b>1,037</b>	<b>2,058</b>



**TABLE IV**  
**Causes of Deaths (Males) at various ages, 1967**

Cause of Death			1										
			All	Under	1-	5-	15-	25-	35-	45-	55-	65-	75-
			Ages	4 weeks	to 1 year								
1. Tuberculosis, respiratory ..	3	—	—	—	—	—	—	—	—	—	1	2	—
2. Tuberculosis, other ..	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ..	3	—	—	—	—	—	—	—	1	—	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 ..	23	—	—	—	—	—	—	1	—	2	6	8	6
11. Malignant n'plsm, lungs, bronchus	107	—	—	—	—	—	—	—	2	11	32	37	25
12. Malignant neoplasm, breast ..	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Malignant neoplasm, uterus ..	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Other malignant and lymphatic neoplasms ..	123	—	—	—	2	—	1	7	12	29	32	40	—
15. Leukaemia, aleukaemia ..	3	—	—	—	—	—	—	—	1	—	—	2	—
16. Diabetes ..	3	—	—	—	—	—	—	—	1	—	—	1	1
17. Vascular lesions of nervous system	92	—	—	—	—	—	1	3	5	9	26	48	—
18. Coronary disease, angina ..	297	—	—	—	—	—	1	6	36	93	92	69	—
19. Hypertension with heart disease ..	6	—	—	—	—	—	—	1	—	—	3	2	—
20. Other heart disease ..	46	—	—	1	—	—	1	—	3	8	11	22	—
21. Other circulatory disease ..	45	—	—	1	—	1	—	2	4	7	9	21	—
22. Influenza ..	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia ..	37	1	3	—	—	—	—	—	3	—	11	19	—
24. Bronchitis ..	68	—	—	—	—	—	1	—	5	11	29	22	—
25. Other diseases of respiratory system	9	—	—	—	—	—	—	—	1	4	1	3	—
26. Ulcer of stomach and duodenum	11	—	—	—	—	—	1	—	—	2	5	3	—
27. Gastritis, enteritis, diarrhoea ..	7	—	—	—	—	—	—	—	—	5	2	—	—
28. Nephritis and nephrosis ..	3	—	—	—	—	—	—	1	1	—	—	1	—
29. Hyperplasia of Prostate ..	6	—	—	—	—	—	—	—	—	1	1	4	—
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations ..	6	5	—	—	—	1	—	—	—	—	—	—	—
32. Other defined & ill-defined diseases	84	19	—	—	4	3	2	3	1	12	16	24	—
33. Motor vehicle accidents ..	17	—	—	—	3	5	3	—	1	2	3	—	—
34. All other accidents ..	12	—	—	—	1	1	1	3	3	3	—	—	—
35. Suicide ..	9	—	—	—	—	1	—	2	2	4	—	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—
<b>TOTAL</b> ..	<b>1,021</b>	<b>25</b>	<b>3</b>	<b>2</b>	<b>10</b>	<b>11</b>	<b>19</b>	<b>32</b>	<b>92</b>	<b>230</b>	<b>291</b>	<b>311</b>	<b>—</b>



TABLE V

## Causes of Death (Females) at various ages, 1967

Cause of Death	1											
	All	Under month	4	to	1-	5-	15-	25-	35-	45-	55-	65- 75- Over
Ages weeks 1 year												
1. Tuberculosis, respiratory ..	1	—	—	—	—	—	—	—	—	—	1	—
2. Tuberculosis, other ..	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ..	1	—	—	—	—	—	—	—	—	—	—	1
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective & parasitic diseases	2	—	—	—	—	—	—	—	—	—	—	1
10. Malignant neoplasm, stomach ..	23	—	—	—	—	—	—	—	1	6	8	8
11. Malignant n'plsm, lungs, bronchus	22	—	—	—	—	—	1	—	1	9	7	4
12. Malignant neoplasm, breast ..	50	—	—	—	—	—	—	6	5	15	11	13
13. Malignant neoplasm, uterus ..	17	—	—	—	—	—	—	1	1	2	6	7
14. Other malignant and lymphatic neoplasms ..	131	—	—	—	1	1	1	2	6	36	36	48
15. Leukaemia, aleukaemia ..	3	—	—	—	—	—	—	1	—	1	1	—
16. Diabetes ..	10	—	—	—	—	—	—	—	—	1	3	6
17. Vascular lesions of nervous system	190	—	—	—	—	—	—	4	7	12	37	130
18. Coronary disease, angina ..	167	—	—	—	—	—	—	1	5	13	51	97
19. Hypertension with heart disease ..	13	—	—	—	—	—	—	—	—	—	4	9
20. Other heart disease ..	127	—	—	—	—	—	—	—	6	4	16	101
21. Other circulatory disease ..	64	—	1	—	—	—	—	1	2	5	11	44
22. Influenza ..	2	—	—	—	—	—	—	—	1	—	—	1
23. Pneumonia ..	61	1	2	—	—	—	—	—	1	1	12	44
24. Bronchitis ..	19	—	—	—	—	—	1	—	1	3	4	10
25. Other diseases of respiratory system	6	—	—	—	—	—	—	—	1	1	3	2
26. Ulcer of stomach and duodenum	6	—	—	—	—	—	—	—	—	1	—	5
27. Gastritis, enteritis, diarrhoea ..	8	—	—	—	—	—	—	—	—	—	5	3
28. Nephritis and nephrosis ..	4	—	—	—	—	—	—	—	—	1	2	1
29. Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations ..	7	4	1	—	—	—	—	—	1	—	1	—
32. Other defined & ill-defined diseases	78	16	—	2	1	1	—	2	4	9	12	31
33. Motor vehicle accidents ..	12	—	—	1	2	1	3	—	1	2	2	—
34. All other accidents ..	10	—	—	1	—	—	—	2	—	2	3	2
35. Suicide ..	3	—	—	—	—	—	—	—	2	—	1	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	1,037	21	4	4	4	3	6	20	45	125	238	567

**TABLE VI**  
**Deaths of Harrow Infants under 1 year of age, 1967**

<i>Causes of Death</i>	<i>AGE</i>										<i>Total under 1 year</i>
	<i>Under 1 day</i>	<i>1-7 days</i>	<i>1-2 weeks</i>	<i>2-3 weeks</i>	<i>3 weeks to 1 month</i>	<i>Total under 1 month</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-9 months</i>	<i>9-12 months</i>	
Congenital Cystic Kidney	1	—	—	—	—	1	—	—	—	—	1
Pneumonia Acute Interstitial	—	—	—	—	—	—	—	1	—	—	1
Broncho Pneumonia ..	—	—	2	—	—	2	2	1	1	—	6
Respiratory Failure Mongolism	—	1	—	—	—	1	—	1	—	—	2
Meningitis .. ..	—	1	—	—	—	1	—	—	—	—	1
Atelectasis .. ..	5	2	—	—	—	7	—	—	—	—	7
Prematurity .. ..	7	10	—	—	—	17	—	—	—	—	17
Asphyxia Neonatorum Breech Presentation	1	—	—	—	—	1	—	—	—	—	1
Cerebral Damage Intrapartum Haemorrhage .. ..	2	—	—	—	—	2	—	—	—	—	2
Pulmonary Haemorrhage	—	1	—	—	—	1	—	—	—	—	1
Adrenal Haemorrhage	—	1	—	—	—	1	—	—	—	—	1
Respiratory Distress Syndrome	—	2	—	—	—	2	—	—	—	—	2
Hydrocephalus ..	—	1	—	1	—	2	1	—	—	—	3
Congenital Heart Disease	—	1	3	1	—	5	—	—	—	—	5
Subarachnoid Haemorrhage	2	—	—	—	—	2	—	—	—	—	2
Virus Myocarditis ..	—	1	—	—	—	1	—	—	—	—	1
<b>TOTAL ..</b>	<b>18</b>	<b>21</b>	<b>5</b>	<b>2</b>	<b>—</b>	<b>46</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>—</b>	<b>53</b>

**TABLE VII**  
**Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population, 1957-1967**

<i>Year</i>	<i>Population</i>	<i>Deaths/Pulmonary Tuberculosis</i>		<i>Deaths/Lung Cancer</i>	
		<i>Number</i>	<i>Rate per 100,000</i>	<i>Number</i>	<i>Rate per 100,000</i>
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
1966	208,730	8	3.83	133	63.73
1967	208,200	4	1.92	129	61.96



## 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

In spite of the drop in the number of domiciliary confinements, facilities for ante-natal and post-natal clinics were still required and were provided at fourteen centres throughout the Borough. The planned early discharge of maternity patients permitting delivery in hospital and discharge to own home after 48 hours is still proving popular with mothers. The tendency for more and more confinements to take place in hospital is increasing in pace and it may not be long before confinement in the home disappears. However, whether confinement takes place in the home or the hospital, good ante-natal care is of the utmost importance and as long as there is a demand these services will continue to be provided at local centres.

Preparation for confinement in the form of Mothercraft and Relaxation classes are provided in all clinics. Each course consists of 8-9 classes where expectant mothers receive instruction in preparation for confinement and also the new duties of the young mother following the birth of the baby.

## PERSONAL HEALTH SERVICES

Clinic sessions offering regular supervision of the health of the child together with advice on feeding, hygiene and general management were made available at all child welfare centres throughout the Borough. During the year 1967 the Borough Health published a report representing a review of the child health service administered by local authorities, and although certain recommendations for improving the service are made, it is pleasing to note that the basic principles of routine medical inspection and health education as practised at child welfare centres are fully endorsed. Special emphasis is laid on the importance of observing the developmental progress of each child. In addition to the formal child welfare sessions, special toddlers sessions are held where mothers with older children are seen by appointment. These sessions offer the mother ample opportunity to discuss with the clinic staff the general developmental progress of her child. Facilities for vaccination and immunisation are available at all child welfare sessions. The following table gives the number of children attending infant welfare and toddlers' sessions from 1963 to 1967.

Year	Number of Children Attending Clinics
1963	9,381
1964	10,327
1965	11,647
1966	12,724
1967	11,963





## PERSONAL HEALTH SERVICES

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

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Preparation for confinement in the form of Mothercraft and Relaxation classes are provided in all clinics. Each course consists of 8-9 classes where expectant mothers are prepared for their confinement and also the new duties of the young mother following the birth of the baby.

Clinic sessions offering facilities for the regular supervision of the health of the child together with advice on feeding, hygiene and general management were made available at eighteen centres throughout the Borough. During the year the Minister of Health published a report representing a review of the child health service administered by local authorities, and although certain recommendations for improving the service are made, it is pleasing to note that the basic principles of routine medical inspection and health education as practised at child welfare centres are fully endorsed. Special emphasis is laid on the importance of observing the developmental progress of each child. In addition to the normal child welfare sessions, special toddlers sessions are held where mothers with older children are seen by appointment. These sessions offer the mother ample opportunity to discuss with the clinic staff the general developmental progress of her child. Facilities for vaccination and immunisation are available at all child welfare sessions. The following table gives the number of children attending infant welfare and toddlers' sessions from 1963 to 1967.

<i>Year</i>	<i>Number of Children Attending Clinics</i>	
1963	..	9,381
1964	..	10,527
1965	..	11,647
1966	..	12,224
1967	..	11,963



## Care of the Unsupported Mother and her Child

This type of case presents many problems, many of which can be very difficult to resolve. There is no set pattern for dealing with them—each case being considered in the light of all circumstances and the best solution possible worked out in the interests of the mother and child. Many social work agencies can be involved and they all work in collaboration with the Medical Social Worker engaged specifically to deal with such problems and whose services are shared with the London Borough of Brent.

During 1967 a total of 107 applications for help was received from unsupported mothers. This was a slight increase on the previous year and included all age groups.

Out of 23 mothers who kept their babies and took them home, 9 were 16 years old or under; 12 applications were received from mothers in this age group and only 2 are known definitely to have sought adoption. Of the 9 who kept, all but 2 were accepted home with their babies. Of the remaining 2 mothers who were rejected by their families, one went to live with the putative father's family in very overcrowded conditions, and the other went to cohabit with the father of her child.

The very young mother who decides to keep her child has virtually no hope of doing so with any degree of success unless her family or the father of her baby agree to help her. The landlady who would accept such a young mother would be difficult to find and in most cases the mother's wage would be so low that she would be unable to support herself and her child.

The greatest difficulty facing the mother who keeps her baby, in any age group, is accommodation. More hostels for the working mother and her child, where the baby can be cared for are needed. Such hostels, although possibly only giving help to the mother for a limited period, usually two years, do provide a home and security for her at the time when this is needed most and allow her to adjust to her new role. In the whole of the Greater London area there are only two hostels of this kind.

The 107 applications for help are accounted for in the following summary:-

Admitted to Mother and Baby Homes .. ..	59
Kept baby .. .. .	23
Fostered from hospital pending adoption .. ..	5
Did not pursue application .. .. .	10
Miscarriage .. .. .	2
Stillbirth .. .. .	2
Taken into care .. .. .	3
Miscellaneous applications .. .. .	3



## Day Nurseries

There are two day nurseries in the Borough providing accommodation 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 |

Demand for places is high and admission is determined by a system of priorities. 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 talking environment is desirable, children showing behaviour problems, and suitable physically handicapped children.

Training facilities are available at the Headstone Drive Nursery for students seeking the qualification of the National Nursery Examination Board. Each year the number of applicants for training far exceeds the posts available.

During the year plans were prepared to modify and at the same time modernise the washing and toilet facilities at the Headstone Drive Nursery. This work is scheduled to start in 1968.

## Nurseries and Child Minders Regulation Act

Private day nurseries and child minders are registered under the Nurseries and Child Minders Regulation Act.

On receipt of requests for 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 registration, periodic visits are made by a Medical Officer to all premises and in addition visits are made by health visitors to ensure that the conditions of registration are being observed and in general to give advice on the well being of the children.

During 1967 the number of applications for registration under the above Act continued to increase and the numbers requested rose from 46 in 1966 to 61 in 1967. There continues to be a heavy demand for places at the play groups and the numbers of groups requesting registration is still increasing.



In Harrow it has been one of the conditions of registration that the adults responsible for minding children should have an X-ray of the chest to exclude any danger of pulmonary infection. However, following the Ministry of Health and Home Office Circular of October 1967, which asked for particular attention to be drawn to the X-rays of those responsible for the care of the children, all registered child minders and their assistants were urged to have a further X-ray of chest if three years had elapsed since the previous one.

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

(i) Child Minders	..	..	..	..	..	30
(ii) Private Day Nurseries	..	..	..	..	..	31

### **Priority Dental Service**

The number of first inspections of pre-school children during the year was 522 compared with 413 last year. Even when some of these small children are found to be dentally fit the very fact that they have sat in a dental chair and opened their mouths for examination does a lot to allay fears if on a subsequent visit some treatment is found to be necessary. The tooth consciousness of parents is very important. It is always distressing when a pre-school child is found to require a vast amount of treatment, including extractions, because the parents have not sought an earlier examination. Health education talks and films for expectant and nursing mothers, and the services of the Health Department, provide an effective means of encouraging parents to seek dental care for their children from an early age.

### **Marriage Guidance**

The Marriage Guidance Council have a local office in the Borough. This is at 88/98 College Road, Harrow, Telephone: 427 8694.

### **Family Planning**

In Circular 15/67 the Minister of Health drew the Council's attention to the National Health Service (Family Planning) Act, 1967 which confers on local authorities a general power, with the Minister's approval, to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances.

The Council agreed to continue the arrangements they already had with the Family Planning Association for the giving of family planning advice in the Borough and that these arrangements (under which per capita payments are made in respect of persons in need of family planning



advice on medical grounds) be extended to include all cases referred to the local clinics of the Family Planning Association on social grounds either by medical officers or by recognised social work agencies. The Family Planning Association were also advised that the Council as landlords would raise no objection to their giving of advice and treatment in any case where they considered it appropriate, subject to the safeguards in connection with parental consent suggested in Circular 15/67, with regard to unmarried persons under the age of 21 years.

Arrangements whereby the Family Planning Association have the use of certain clinic premises, without charge, to hold family planning sessions continued as for 1966.

Sessions were held at the Caryl Thomas Clinic, Headstone Drive and the Alexandra Avenue Clinic, South Harrow.

The present sessions are as follows:-

Caryl Thomas Clinic	Monday evening
Headstone Drive,	Wednesday afternoon
Wealdstone.	Wednesday evening
Alexandra Avenue Clinic	
Alexandra Avenue,	Tuesday morning.
South Harrow.	

### 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. The ante-natal care includes instruction in the use of analgesia apparatus—gas and air and trilene.

The present national decrease in the birth rate has been reflected in the domiciliary field by an overall reduction of home confinements. This overall reduction, coupled with a decrease in home confinement bookings and an increase in planned early discharge from hospital indicates that the pattern of domiciliary midwifery is continuing to change. This year the total domiciliary bookings fell from 913 in 1966 to 798, and the planned early discharge bookings rose from 389 to 447.

In order to cater for this change in pattern, the establishment of midwives has been revised and the number employed in 1967 was twelve full-time and one part-time, as opposed to fifteen full-time and two part-time in 1966. This reduction in staff was achieved without redundancy by not replacing four of the midwives who left this employment.

During the year two midwives were sponsored by the Borough to undergo health visiting training, two married and moved out of the district and one moved to Gloucester on promotion. The vacancies required to be filled were advertised in the normal way and two full-time midwives were appointed, again, no difficulty in finding suitable applicants was experienced.



The midwives work in groups of four and have a weekly rota system which is popular with them and which ensures that the patient receives maximum care.

Harrow Hospital switchboard staff continue to assign night calls from the patient to the appropriate midwife with extreme efficiency. This co-operation ensures that a midwife can be contacted on behalf of a patient very rapidly and by dialling only one telephone number instead of possibly several as before, and also ensures that off duty midwives are not constantly disturbed by night telephone calls. The help of the Harefield and Northwood Group Hospital Management Committee and staff concerned is very much appreciated.

Attendances during the year:-	1966	1967
Total domiciliary bookings ..	913	798
Home confinements .. .. .	657	556
Emergency admissions to hospital	163	126
Discharged to the district .. ..	83	82
Planned early discharge:-		
Cases booked and discharged ..	283	316
Cases booked and not discharged ..	106	131
Unbooked discharges .. .. .	44	36

### Maternity Packs

A sterilised maternity pack is issued to each expectant mother delivered at home, and a smaller and less comprehensive pack is supplied when the patient is delivered in hospital and nursed at home. These packs are extremely useful and continue to be well received.

### Emergency Assistance

The service of "The Flying Squad", a mobile emergency blood transfusion unit based at Edgware General, and staffed by that hospital, was requested by domiciliary midwives on two occasions.

The mobile resuscitation unit, a specially equipped ambulance, was called from Hammersmith Hospital to the district to intubate a premature baby on one occasion.

### Liaison with Group Practice

The pilot scheme started in November 1966 continues to work satisfactorily but there has been insufficient demand to warrant its extension at this stage.



### **Post Certificate Training**

Two midwives attended Refresher (G.1) courses as required by the rules of the Central Midwives Board.

During the year the Central Midwives Board resolved that a practising midwife should have available a supply of local anaesthetic when in attendance on a woman in labour, for use, when time permits, prior to performing an episiotomy.

In view of this, all the domiciliary midwives received instruction in the required techniques at Edgware General Hospital, given by the Consultant Obstetrician. The necessary additional equipment has been ordered.

### **Training.**

The Borough continues to assist with the training of pupil midwives and accepted the pupils from Bushey Maternity Hospital for their three month district training in preparation for Part II of the examination of the Central Midwives Board. The pupils work with a midwife who is an approved teacher and who supervises their domiciliary training. Eleven of the midwifery staff are approved teachers.

Lectures on various aspects of public health, including health visiting, are also given.

The pupils live in the district for the period of the training, but some difficulty is being experienced in finding sufficient and suitable accommodation for them.

In 1967 arrangements were completed to allow obstetric nurses receiving their training at Edgware General Hospital to visit the department as part of their training programme. Sixteen such students spent a day with the midwives, observing district techniques on home visits and at ante-natal clinics.

### **Notification of Intention to Practice**

Twenty-five midwives notified their intention to practice within the Borough as is required under the rules of the Central Midwives Board. All were domiciliary midwives.

## **Section 24 — Health Visiting**

During 1967 Miss McFarlane took up her duties as Deputy Superintendent Health Visitor in place of Miss Mitchell who resigned to take up a post in Government service abroad. Three health visitors were appointed to replace one who left to undertake training as a health visitor tutor and two who left on retirement. In addition the two student health visitors



sponsored for training in September 1966 completed their studies during the year and were appointed to the full-time staff in September, 1967. Five further student health visitors were recruited for the sponsored training scheme and commenced their training.

### **Training of Health Visitors**

The training period for health visitors has been increased to one full year's training. After nine months academic training with the practical help of the Fieldwork Instructors has been completed in one of the approved training centres, case studies have to be presented as part of the examination: five cases are studied in depth—two families with a new baby and other siblings; one family with school children; one family with a handicapped child; an elderly person. All other agencies involved are visited in connection with the case studies. This means visits to schools for information of the progress at school, and of the relationships at school with other children, also follow up work with hospitals for the handicapped child and liaison with the Welfare and Children's sections.

At the end of the academic training a three months' practical period with the sponsoring authority under the close supervision of a senior health visitor appointed as a group advisor has to be completed by the health visitor student.

A report has to be given after completion to the training college. If this period has been satisfactory and the examination has been passed, the health visitor's certificate is awarded to the student.

Health Visitors attend a refresher course every five years to keep up to date with new trends in their working life and during 1967 five health visitors were seconded.

Meetings are arranged with the Tutors of Chiswick Polytechnic and the Fieldwork Instructors to discuss the progress of the students who are receiving practical training in the London Borough of Harrow.

### **Discussion Groups**

Discussions with a psychiatrist have continued for the whole year for all health visitors. Informal discussions in groups of 6-8 health visitors take place once a week to receive expert advice in the support of difficult cases in the community. These classes have proved to be of great value to the health visiting staff. All health visitors attend in turn, on a rota system of monthly groups.

A further discussion group has been taking place in the Child Guidance Clinic under the guidance of the psychiatrist Dr. Hood. A small group of health visitors has attended fortnightly since 14th September, 1967, together with representatives of the Probation Service, and mental welfare officers.



## **Liaison with Group Practices**

A health visitor joined a group practice working in the Edgware district of the Borough on the 3rd March, 1967. She is attending once a week when the general practitioner has a baby clinic. This is most valuable for the patients as cases can be discussed with the general practitioner and the health visitor and no conflicting advice can occur. In this weekly meeting other cases in the area are brought to the notice of the health visitor and followed up—mainly concerning the care of geriatric patients in this area.

## **Liaison Schemes with Hospitals**

A health visitor has continued to attend the Paediatric Clinic at Edgware General Hospital and is informed of any difficulties in the progress and re-habilitation of patients in the care of hospitals and local authorities. This continues to be valuable to both services.

The liaison scheme for the elderly between Roxbourne Hospital and a member of the health visiting team has continued for a further year.

The liaison scheme with Kingsbury Maternity Hospital has continued. Two health visitors attend for a series of four weeks' lectures at the "At Risk" Clinic conducted at the Paediatric Department of the Charing Cross Hospital Group. A rota system has been worked out and all health visitors attend during the year.

The working relationship between Hospital and Health Department is a most useful one for both sides and a better service to the patients can be given with such a close link.

## **Research Projects**

In conjunction with general practitioners, the Department has been co-operating with the Public Health Laboratory at Colindale in a survey to investigate the serotypes currently responsible for cases of whooping cough and also to study the relation between serotypes isolated from patients and those present in current vaccines.

Pernasal swabs were taken of suspected cases of whooping cough reported to the Health Department by general practitioners, Pre-school contacts of the suspected cases were also swabbed. These swabs were passed to the Public Health Laboratory at Colindale for the necessary investigations. High nasal swabs had to be obtained and it was important to take these swabs as soon as possible after notification by the general practitioner and preferably before any antibiotic treatment had been started. Close liaison between the research team and the health visitors has been possible and helpful.



After one year 176 swabs were taken. (27th September, 1967).

The total number of families involved was 103.

The total number of positive cases found was 35.

### **Work of the Health Visitor**

The Council for the Training of Health Visitors has given the following definition for the function of the health visitor:-

The health visitor is a nurse with post-registration qualifications, who provides a continuing service to families and individuals in the community. Their work has five main aspects.

- (1) The prevention of mental, physical and emotional ill health and their consequences.
- (2) Early detection of ill health and the surveillance of high risks groups.
- (3) Recognition and identification of need and mobilisation of appropriate resources where necessary.
- (4) Health teaching.
- (5) Provisions of care. This will include support during periods of stress, and advice and guidance in cases of illness as well as in the care and management of children. The health visitor is not, however, actively engaged in technical nursing procedures.

With an increase in health visiting staff it has been possible to reduce the case load of some areas to a more workable size and more depth can be given to the care of mothers and children.

### **Mother's Club**

A new mothers' club has been started by the health visitor, at Northolt Road Clinic. A most active group of young mothers is meeting fortnightly in the clinic and a varied programme of activities has been arranged. Attendance of 20-30 mothers has shown the need of such a group.

### **Health Education in School**

Classes have been given to school leavers in home making, health and personal hygiene. The aim of the classes is to help girls more fully to realise their responsibilities as future wives and mothers. The schools concerned were:-

Blackwell Secondary Modern;  
Roxeth Manor Secondary Modern.



Evening lectures were given by health visitors to young people's groups (17 - 35 years old) on prophylactic medicine, also to mothers' clubs, young wives groups, Girls' Brigade, Church organisations. Many topics of health education were chosen by these groups.

### Student Visits to the District

Programmes were arranged for groups of students to observe activities in the local health authority field. These groups included student nurses from nurses training schools.

### Clinic Nurses

All 10 base clinics have a clinic nurse to help with clinic sessions, e.g.: Minor Ailment, Immunisation, Toddlers' and Cytology Clinics, School Hygiene Inspections, Foot Inspections, Treatment of Verruca and Routine Medical Examinations at school.

Vision testing with the Keystone Telebinocular Vision Screener is carried out by the clinic nurse, who is a state registered nurse. She is also helping with routine visiting to the elderly mainly during school holidays when the school work cannot be carried out.

## Section 25 — Home Nursing

The home nursing staff consisting of twenty full, and three part-time nurses completed another busy year and, as will be seen from the following table, in spite of a reduction in the number of new cases referred to the service and a consequent reduction in the number of patients nursed, the total number of visits made by the staff increased by 2,732 and the number of visits that occupied the nurse for longer than one hour, and which are generally the "heavier" cases, showed an increase of 166.

	1966	1967
(1) Total number of persons nursed during the year	2,061	1,922
(2) Number of persons under 5 years old at first visit	40	46
(3) Number of persons 65 years or over at first visit	1,386	1,286
(4) Total number of visits made during the year ..	60,183	62,915
(5) Number of visits of over one hour's duration ..	1,663	1,829
(6) New cases referred during the year .. ..	1,465	1,300

## TYPE OF ILLNESS INVOLVING THE ABOVE VISITS

<i>Category</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical .. ..	518	1,237	1,755
Surgical .. ..	72	62	134
Infectious diseases.. ..	—	—	—
Tuberculosis .. ..	6	3	9
Maternal complications ..	—	25	25
TOTAL ..	596	1,327	1,923

During the year three members of the staff resigned, one on retirement, one on removing from the area, and one for domestic reasons. The vacant positions were advertised in the normal way and the successful candidates were selected from nine applicants.

### Training

Arrangements were made for the staff to attend the following sessions during the year:-

- (1) Training film at the Caryl Thomas Clinic, subject "Bowel Management".
- (2) Training film at the Caryl Thomas Clinic, subject "Congenital Heart Defects in Young Children".
- (3) Relative discussion groups at Edgware General Hospital, subject "Stroke and Counter-Stroke".
- (4) Day studies at Edgware General Hospital, subject "Geriatric Care".

The above sessions were all well attended and found to be informative. The day studies on geriatric care were of particular interest to the nurses as two-thirds of the patients visited by them are over sixty-five years of age.

All the staff visited Harefield Heart Hospital and were given instruction on the cardiac pace maker.

One male nurse attended a refresher course.

### Student Visits on the District

A total of 103 pre-nursing students from the Chiswick and Harrow Technical Colleges and general nursing students from the Edgware, the Harrow and the Middlesex Hospitals visited the department, accompanied the home nurses on domiciliary visits and were given lectures on environmental health.



This is an important part of the training programme and enables the students to see at first hand the variety and scope of the local health authority's services.

### **Incontinence Pads**

In accordance with the Minister of Health's Circular 14/66, incontinence pads are now issued on a much wider scale to patients of all categories who suffer from incontinence. Requests are mainly received from general practitioners and hospitals. The overall demand for this service has shown a steady increase with 22,092 pads being issued during the year.

### **Incontinent Pants and Interlinings**

These items are now being provided on a doctor's request for the incontinent aged. They have proved very successful. One hundred pants and 6,600 interlinings were issued in 1967.

### **Incontinent Laundry Service**

This service helps with the problem of nursing the incontinent patient at home and the assistance of Edgware General Hospital in organising the service is much appreciated.

### **Marie Curie Foundation—Day and Night Nursing Service**

The department continues to act as agents for the Marie Curie Foundation and has available the services of three nurses. Twenty-five cases were nursed during the year, the majority being night nursings, thus providing the relatives with much needed and appreciated assistance when it is most needed.

## **Section 26 — Vaccination and Immunisation**

No changes were made in the immunisation schedules during the year and every opportunity was taken to advise parents of the importance of ensuring that all children were fully protected against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. To ensure that there is a high level of immunity in the population a system ensuring accurate recording of all immunisations carried out is essential. The system should be able to cope with "transfers" in and out of the district, provide accurate details of total and individual immunisation states at any given time and also cover the problems of advising when injections are actually due and "booster" doses required. Various methods are in use to try and cover these points but as the human element is nearly



always involved they are not infallible. Management of vaccination and immunisation procedures by computer having proved successful in other areas, arrangements were made to introduce the scheme in the Borough during 1967. On receipt of a birth notification or when details of a child moving into the Borough are received, the health visitor calls and completes a form. Details from this form are then transferred to the magnetic tapes. When a vaccination or immunisation session is prepared the computer produces a list of children showing name, reference number and which dose of a particular course is due. At the same time as the list is prepared appointment cards are printed showing name, reference number, details of dose due and date and time of appointment. Following the session the relevant details are recorded by the computer and any child not immunised at that particular session will be automatically given another appointment when the next list is prepared.

Each week an alphabetical list is printed showing details of all vaccinations and immunisations which have been given to date for all children born since 1st January, 1967. This is retained in the department so that at any time should any query concerning treatment be raised the necessary details can be obtained at once. All future immunisation procedures in the Borough clinics will be controlled by computer. Details of the procedures will be sent to all general practitioners early in 1968 when it is hoped all will take advantage of the scheme. No doubt as more and more authorities change to computer control of vaccination and immunisation procedures, a higher total of **fully** protected children will result.

The following tables show the numbers of children under sixteen who completed vaccination or immunisation during 1967. The figures compare favourably with those for 1965.

#### Vaccination against smallpox during 1967

	<i>Age at date of vaccination</i>				<i>Total</i>
	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 yrs.</i>	<i>5-15 yrs.</i>	
<b>Smallpox</b>					
Primary vaccination	220	1,648	491	185	2,554
Re-vaccination	—	1	18	208	227



# Immunisation against Diphtheria/Whooping Cough/Tetanus/Poliomyelitis

	Year of birth					Others under Age 16	Total
	1967	1966	1965	1964	1960- 1963		
<b>Diphtheria</b>							
Primary course . .	1,250	1,681	310	31	48	35	3,355
Reinforcing dose	—	729	1,134	213	1,781	124	3,981
<b>Whooping Cough</b>							
Primary course . .	1,250	1,666	308	25	40	22	3,311
Reinforcing dose	—	707	1,086	198	661	57	2,709
<b>Tetanus</b>							
Primary course . .	1,250	1,678	310	30	49	182	3,499
Reinforcing dose	—	729	1,134	214	1,787	218	4,082
<b>Poliomyelitis</b>							
Primary course . .	841	1,973	266	76	175	49	3,380
Reinforcing dose	2	129	201	84	2,053	88	2,557

## Section 28 — Prevention of Illness, Care and After Care

### Chiropody

The demand for chiropody services increases from year to year with the greatest need being treatment for the elderly. Forty-two sessions are provided each week at various clinic centres throughout the Borough. The British Red Cross provided facilities at their local centre until November 1967 when these were stopped, their service now being concentrated on dealing with patients confined to their homes.

Patients unable to travel by public transport can be collected by the ambulance car service. Unfortunately, due to heavy demands on this service, severe delays can occur in picking up patients again for their return home. In 1966 to try and overcome this problem a modified transport scheme was instituted. This is dealing with about 80 cases. As this type of case seems to be on the increase, consideration must be given to increasing the establishment of chiropodists and the possible introduction of a direct domiciliary service.



## Details of attendances for the year 1967:-

<i>Category of Patient</i>	<i>New Cases, Old Cases</i>		<i>Re-</i>	<i>Total</i>
	<i>first</i>	<i>first</i>		
	<i>attendance</i>	<i>attendance</i>	<i>attendances</i>	
Elderly persons .. .. .	377	1,177	6,663	8,217
Physically handicapped ..	2	16	43	61
Expectant and nursing mothers .. .. .	10	2	25	37
School children .. .. .	56	22	224	302
Others .. .. .	3	13	37	53
Total number of treatments .. .. .			8,670	
Number of sessions .. .. .			1,405	

During the year 1967 the local branch of the British Red Cross carried out 1,417 treatments, 1,030 which were domiciliary.

### Recuperative Holidays

During the year arrangements were made for the placement of patients in suitable recuperative holiday homes. This service is 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 were received from hospitals and general practitioners.

Seventy-eight applications were received and suitable holidays arranged for these patients—of this number 63 were adults and 15 school children. In 14 cases the arrangements were cancelled at the patient's request. The 15 school children were recommended under Section 48 of the Education Act 1944.

### Cervical Cytology

The first session for the taking of cervical smears to assist in the early diagnosis of cancer of the womb, was held at the Caryl Thomas Clinic, Headstone Drive, in January, 1967. This clinic has been well attended and during the summer it was found necessary to run a second session for a few weeks in order to reduce the waiting list. Six hundred and forty-six patients were examined during the year. Approximately half of these patients were referred to their own general practitioners for treatment or for further referral to hospital for other gynaecological conditions. There were no positive cases of cancer found during 1967.



## Loan of Nursing Equipment

The British Red Cross Society continued to operate the scheme for the loan of nursing equipment. This equipment helps in the nursing of patients in their own homes. A small hire charge is made but in cases where the patient is unable to pay the hire charge, it is paid by the Borough. Monies collected are used to purchase replacement equipment as required. In addition additional equipment is purchased by the Borough to meet requests for loan of articles on the approved list.

Number of articles loaned during the year . . 1,188

The Red Cross depot is at 39 Sheepcote Road, Harrow—Telephone 01-427 8788.

## Tuberculosis

The Borough is served by two clinics:-

- (1) the Harrow Chest Clinic, Station Road, Harrow (Chest Physician Dr. R. Grenville-Mathers) covering the main part of the district, and
- (2) 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.

## CARE AND AFTER CARE

The treatment, the preventive, and the after care services for this disease are all inter-related and in order to achieve the best results must of necessity work in close liaison. For this reason the arrangements for this service continue to be centred on the two chest clinics under the general supervision of the physicians in charge.

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

## WELFARE

The advisory services of a 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. Latterly with the fall in the incidence of tuberculosis, more cases with other chest complaints—chronic bronchitis and lung cancer—are being seen at the clinic. These cases also have many social problems and are helped by the welfare services. Financial advice, rehabilitation and training, recuperative holidays, extra nourishment, etc.—are all included in the welfare officers sphere of work.



## HOME VISITING

During the year 2,484 home visits were made by the tuberculosis visitors attached to the clinics. Their work includes advice on the home care of patients, the encouragement of known contacts to attend the clinic for X-Ray and medical supervision and general advice on care and after-care arrangements. They also act as clinic sisters at diagnostic and treatment sessions in the Chest Clinics.

## OCCUPATIONAL THERAPY

Occupational therapy in the home and in the clinic plays a part in the rehabilitation of patients. The services of a therapist are available for two sessions each week.

## B.C.G. VACCINATION

Vaccination against tuberculosis (B.C.G.) is offered to contacts of known cases of tuberculosis, thirteen-year-old school children and students of further education establishments. The numbers vaccinated during the year 1967 were as follows:-

Contact Scheme	.. .. .	289
School Children and Students	.. .. .	1,674

The total number of persons on the tuberculosis register for the district on 31st December, 1967 was 2,023 as compared with 2,075 on 31st December, 1966.

## Mass X-Ray Survey

The mobile mass X-Ray service visited the Borough during the year offering facilities to the personnel of local firms and holding sessions for the public at twelve different sites within the Borough. The visit was well advertised by means of posters, leaflets and notices in the local press. In all, 16,892 people took advantage of the service and had a chest X-Ray. A total of 108 was referred for further investigation.

## Advisory Clinic for the Elderly

The weekly advisory clinic for the elderly held at the Broadway Clinic, Wealdstone, continued during the year, offering advice on personal health problems, diet, accident prevention and social welfare. Any patient found on examination to have a condition requiring attention is referred, with a letter, to his own medical practitioner. Sixteen new cases were seen during the year. The total number on the register was 72 and a total of 184 visits were made during the year. Problems of every variety were discussed and appropriate advice given. Eleven cases were referred to their general practitioners. During the year plans for another advisory clinic were considered and arrangements made for this to start at Tenby Road Clinic in 1968.



## Venereal Disease

Responsibility for the treatment of venereal disease is vested in the Regional Hospital Boards and facilities are available at various hospitals in the region—Central Middlesex and Hillingdon. Many of the London teaching hospitals also offer treatment facilities. 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 is also concerned in contact tracing and assisting patients with their resulting social problems.

## Section 29 — Home Help Service

This service was again heavily committed during the year providing assistance in the home for a total of 1,439 cases. Again the heaviest demand came from the elderly but cases of home confinement and acute illness of the mother with a young family receive special priority.

The average number of home helps employed was 3 full-time and 80 part-time, being an equivalent of 45 full-time home helps.

Assistance was given as follows during the year:-

Maternity cases	.. .. .	185
Acute illness	.. .. .	212
Chronic sick and Tuberculosis	.. .. .	138
Mentally disordered	.. .. .	13
Aged and infirm	.. .. .	891
		<hr/>
TOTAL	.. .. .	1,439
		<hr/>

## Neighbourly Help Scheme

During the year, fourteen neighbourly helps were engaged to provide assistance to fourteen cases. In these cases the aid of a friendly neighbour is enlisted 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 scheme 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. On the other hand, the old person concerned usually knows the neighbour quite well and thus an amicable liaison is more easily established.

Responsibility for the treatment of venereal disease is vested in the Regional Hospital Board, and facilities are available at various hospitals in the region—Central Middlesex and Hillingdon. Many of the hospitals treating venereal disease also offer treatment facilities. The regional medical social worker dealing with the care of the unreported nursing and child is also responsible for the follow-up of delinquents from the venereal disease clinic at Central Middlesex Hospital and is also concerned in contact tracing and assisting patients with their resulting social problems. A special unit at Hillingdon is devoted to venereal diseases and its staff have an advisory role in the treatment of venereal diseases and in the follow-up of delinquents.

### Section 29 — Home Help Service

This service was again heavily committed during the year providing assistance in the home for a total of 1,430 cases. Again the heaviest demand came from the elderly but cases of some chronic and acute illness of the mother with a young family receive special priority. The average number of home helps employed was 2 full-time and 80 part-time, being an equivalent of 42 full-time home helps. Assistance was given as follows during the year:

Chronic sick and Tuberculosis	136
Mentally disordered	13
Aged and infirm	492
Other	1,430
<b>Total</b>	<b>1,671</b>

The year has again shown the heavy reliance placed on the voluntary help scheme. During the year, fourteen neighbours were engaged to provide assistance to fourteen cases. In these cases the aid of a friendly neighbour is enlisted 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 scheme 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. On the other hand, the old person concerned usually knows the neighbour quite well and this is an amicable relation is more easily established. In the past year, 1,671 cases were assisted by the home help service, of which 1,430 were assisted by the voluntary help scheme and 241 by the paid home help service.



## HEALTH EDUCATION

Although health education together with improvements in environmental health, nutrition, medicine and material wealth have, over the last 30 years, contributed towards the spectacular results achieved in some fields of health, such as that of maternity and child welfare, this improvement had not always been reflected in other fields where such factors have been counteracted by a growth of habits, often encouraged by persuasive advertising, which are thought to be injurious to personal health. This is particularly so in the case of men, whose expectation of life has increased but slightly. There is no doubt that, compared with women who are the target of a great deal of health education throughout their child bearing years, many adult men pay little attention to the maintenance of good health.

Mental Health Week in Harrow was inaugurated with a coffee morning in Sopore Restaurant, a function which was very well supported by the Mayor, M.P.'s and 180 representatives of local organisations who then visited the exhibition which was staged in the store for the week. In addition to those sections dealing with careers and Council establishments, the voluntary societies, who do much useful work, were also invited to contribute to the exhibition. Although Council mental health establishments held open days, the response from the general public was still somewhat disappointing. It was encouraging, however, that 6 local grammar schools accepted the offer of a talk to senior students on mental health.

## HEALTH EDUCATION

A mobile home safety exhibition organised by Messrs. Kodak toured council clinics for a week, another example of co-operation between progressive private enterprise and the Local Authority. During the year the "Standards for Carry-Cots (Safety) Regulations" became operative, as, in recent years, several babies left in carry-cots supported on open ended stands, were suffocated when the carry-cots slipped off the stands. The children's nightdresses regulations were also amended and incorporated in the new "Nightdresses (Safety) Regulations 1967", under which adult nightdresses which are not made of low inflammability material must now bear a warning notice to that effect. Home safety publicity is prominently displayed in all clinics, and arrangements were made for a speaker from RSPCA to address the Physically Handicapped Club on their special problems. Publicity was also given to a "Medicines—with Care" exhibition in Rushlip arranged by the Harrow Branch of the Pharmaceutical Society.

A further Clean Air Week was held in central Harrow, the exhibition at the Harrow School of Art incorporating both clean air and home heating, to which the gas, electricity, solid fuel and oil industries all contributed stands. In addition mobile exhibitions toured those areas about to become smoke controlled. In Harrow many households are

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already found to have converted to smokeless appliances in advance of becoming subject to a smoke control order, and in some areas only 1 in 3 houses applied for a conversion grant. The effectiveness of clean air is surely demonstrated in the reduction of the dense fogs once common in London which is now 61 % smokeless.

Following the success of last year's pilot dental health campaign in schools, a further campaign was held for two weeks in November covering some 6,000 school children, involving 74 talks to groups of all ages. A measure of the impact of such a campaign is that, given a free choice of any subject for their Christmas playlet, the children of one primary school actually chose dental health as a theme.

The health visitors carried out a continuous programme of health education in the clinics in respect of ante-natal instruction and relaxation classes for expectant mothers and mothercraft classes for young mothers. Fourteen film evenings on childbirth were also arranged for expectant mothers supported by films on dental care or home safety to which husbands are also invited to accompany their wives. The husbands often contribute much to the questions and discussion which follow the films. Finally the prospective fathers, who are vastly better informed than their forebears, had their own fathercraft classes at Caryl Thomas Clinic, where instruction is given in some of the more practical aspects of infant care.

In spite of improvements in techniques of food handling in this country since the war, statistics in respect of food poisoning outbreaks are still disappointing, and of these many family outbreaks occur in the home. One wonders if the British housewife is really food hygiene conscious. Domestic science classes in schools are the obvious starting platform for such propaganda and a one day seminar on food hygiene was organised for domestic science teachers in Harrow at which the principal speaker was Dr. Betty Hobbs from the Colindale Laboratories. Although held on Saturday the course was extremely well attended. A further inservice training course of eleven lectures on mental illness by Dr. Hayward, Consultant Psychiatrist at Shenley Hospital was well supported by the professional and other interested members of the department. Films of technical or educational interest were also shown at staff meetings.

A comprehensive talks programme is available by speakers from all sections of the department on any aspect of the health department or their work. The talks can be arranged during the day or evening for any section of the community from schools and youth or women's organisations to pensioners clubs. As examples two of the talks to the latter group were entitled "Growing Old" and "Health of the Ageing" subjects of growing significance in an ageing population, and a course for senior scouts was arranged in preparation for their public health badge. Women's clubs received talks on food hygiene and home safety. There is no doubt that these talks apart from their educational content do much for public relations: again an informed public are more likely to take advantage of the services available, an essential contribution if the health service is to achieve its aims.



Health education may vary in method from mass media such as television, a great power for good or evil, to lectures or informal discussion groups—good posters and leaflets can also contribute. All have their advocates, but very often a combination of one with another will achieve the best results. A final and effective means of communication is by person to person contact, in which context doctors, nurses, health inspectors and social workers have an unrivalled opportunity to propagate health education in their day to day dealings with the public.

The year 1967 was the last full year of existence of the Central Council for Health Education, whose activities will in future be integrated in the new Health Education Council being set up by the Ministry of Health. The new Council will ultimately take over those health education promotional functions previously exercised by the Ministry.

MENTAL  
HEALTH  
SERVICES





## MENTAL HEALTH SERVICES

During the year the community services for the mentally ill and the mentally subnormal were fully committed. As the facilities offered by the Council become more and more widely known so public demand for advice on mental health problems increases. This trend is to be welcomed in that correct advice and support given at an early stage can often prevent the development of a long term chronic problem. The general theme throughout the year was consolidation of services already functioning and forward planning for expansion in the future, with special emphasis on three schemes—the Assessment Unit at the Junior Training School, the Day Centre for the Younger Mentally Ill and the Adult Training Centre.

The second in the cycle of three Mental Health Weeks was held on 26-30th June, 1967, and the theme for the Week was "Mental Health—Work to be done," the aim being to stimulate interest in careers in mental health, to increase recruitment and encourage those already engaged in such work to give time to voluntary work in this field.

Talks were given by the service to pupils at various schools within the Borough and with the co-operation of the other services in this field the following programme was arranged for the Week:

## MENTAL HEALTH SERVICES

An exhibition featuring the services carried out by the Local Authority, hospital and voluntary agencies was held at Sopers, Station Road, Harrow. Prior to the opening on Monday, 4th June, 1967, the store kindly allowed the use of their restaurant for the purpose of holding a coffee morning at which Miss Valerie Hobson officially launched the Week and opened the exhibition.

The Harrow Branch of the League of Friends of Shenley Hospital held a garden party at Letchford House, Headstone Lane, Harrow, on Wednesday afternoon, 7th June, 1967. All-in-wrestling, including dinner-dance and cabaret was held at the Rest Hotel, Kenton on Wednesday evening. This was sponsored by the Kenton Sporting Club, proceeds in aid of The Harrow Society for Mentally Handicapped Children.

Open Days and evenings were held at the three mental health establishments run by the Local Health Authority and the three social clubs held within the Borough were also opened to the public. Films were also shown on Friday evening, 9th June, 1967, at the Day Centre for the Elderly, 76 Marlborough Hill, Wealdstone.

The Parent/Teacher Association at the Harrow Junior Training School held a barbecue at the school on Saturday evening, 10th June, 1967.

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Talks were given by the senior staff in the service to pupils at various schools within the Borough and with the co-operation of the other agencies in this field the following programme was arranged for the Week:—

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The Parent/Teacher Association at the Harrow Junior Training School held a barbecue at the school on Saturday evening, 10th June, 1967.



Various voluntary bodies were invited to send representatives to a meeting held at Hanover House on Thursday, 8th June, 1967 to discuss the setting up of a Harrow Association for Mental Health to be affiliated to the National Association for Mental Health. As a result of this meeting the Association was officially launched at the Victoria Hall, Sheepcote Road, Harrow, on Tuesday evening 28th November, 1967.

Posters and leaflets detailing the programme of events for the week were distributed throughout the Borough and as last year, the local press gave excellent coverage.

The week as a whole was most successful and this was largely due to the co-operation received from the voluntary bodies and Leavesden and Shenley Hospitals.

### **Community Care—Mental Illness**

The number of patients actually under care at 31st December, 1967, was 580—see table I. Of these, 9 (5 men and 4 women) were addicted to drugs, and 14 (11 men and 3 women) were alcoholics. Table III gives details of the number of cases dealt with by the social workers during the year. Table IV gives details of cases referred during the year. These figures do not include those patients who were admitted to hospital informally and where the general practitioners had made the necessary arrangements direct with the hospital.

The field work in preventative care and after care of persons requiring help in the Borough continues to be carried out by a Principal Medical Officer, Chief Mental Welfare Officer, a Psychiatric Social Worker and a team of Mental Welfare Officers. The cases referred come from various sources and many patients can be helped by domiciliary counselling, without hospital admission being necessary. The mental welfare officers are required to carry out certain statutory duties under the Mental Health Act, 1959, and in addition they arrange informal admissions to hospital when necessary. At all times a close liaison is maintained with the staff of Shenley Psychiatric Hospital, general practitioners and all other social work agencies. It is frequently found that supportive visits from a mental welfare officer to patients discharged from a psychiatric hospital give much help with their re-adjustment to life in the community. In many cases sympathetic assistance given in time can prevent a patient from having to enter hospital at all. Arrangements are also made for patients to be cared for on a short term basis in order to give families some respite, or to enable them to have a holiday. These temporary placements are arranged either in hospital, Part III accommodation or in voluntary homes.



## Hostels

**TANGLEWOOD HOSTEL**—During the year 27 patients were admitted to Tanglewood, which is a large converted house with extensive grounds and provides accommodation for 27 patients.

During the same period 34 patients were discharged of whom 9 returned to hospital, 20 returned home and 5 went to other accommodation. At the end of the year there were 19 patients in residence. Of the 27 patients referred for admission, 14 came from Shenley Hospital and 13 were referred by mental welfare officers. Of the referrals received during the year 3 were from other local authorities, all of whom were admitted and were still resident at 31st December, 1967.

Patients accepted for the hostel must generally be capable of working in the community and they are assessed to pay a weekly contribution towards their maintenance according to their earnings. As in previous years, meetings are held at the hostel to which medical and social work staff from this Authority and Shenley Hospital attend to discuss the general welfare and progress of the patients.

The hostel originally provided accommodation for 15 men and 12 women patients, but because many more referrals were received for women during the latter part of the year it was decided that a four-bedded dormitory on the male side of the hostel should be allocated to female residents. In addition, two bedrooms on the female side were in course of conversion into single rooms. When all conversion and re-decoration is completed the hospital will be able to accept 11 male and 16 female residents.

Approximately 50 visitors were shown over the hostel during the year.

**NON-MAINTAINED HOSTELS**—During the year 3 patients were placed in homes run by voluntary associations, as it was felt that this would be in their best interests. Some people, particularly the elderly, are not suitable for Tanglewood Hostel or Part III accommodation and yet need care on a long term basis. At 31st December, 1967, the number of such patients was 6.

This Authority has made provision in the ten year Health and Welfare Development Plan for a 35 place hostel for the elderly mentally infirm but until such time as this is opened it is necessary to utilise homes maintained by various voluntary associations.

**BOARDING-OUT SCHEME**—Under the scheme the social workers are responsible for finding suitable lodgings or foster homes for those mentally disordered patients considered suitable for such accommodation. This Authority guarantee rents of up to £6 6s. 0d. per week and patients are assessed to pay a weekly contribution out of their earnings. During the year, however, no patients were placed under this scheme, although



in December approval was given to the placement of one patient who was still resident in Shenley Psychiatric Hospital. Due to the particular circumstances in this case difficulty was experienced in finding the right type of accommodation and efforts in this direction were still being made at the end of the year.

**DAY CENTRE FOR THE ELDERLY MENTALLY ILL**—These premises consist of a large house which has been adapted for the reception of suitable cases on a daily basis, 9.0 a.m. to 5.0 p.m. Mondays to Fridays, inclusive, with the exception of bank holidays. 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. No charge is made for the facilities provided except for the mid-day meal which costs 1/4d. per day. Cases are admitted at the discretion of the Supervisor and no hard and fast limits or psychiatric standards have been laid down. Referrals come mainly from general practitioners, social workers and hospitals.

During the year 85 patients (40 men and 45 women) were referred for admission to the Centre. Of this total, 16 were referred by general practitioners, 8 by mental hospitals, 19 by general hospitals, 26 by social workers, 6 by the Harrow Old Peoples' Welfare and 10 from other sources.

The number of patients discharged from the centre during the year was 47, of which 14 were admitted to mental hospitals, 5 to general hospitals, 9 to welfare homes, 6 improved or left the district, 5 refused to attend after a short time and one patient was discharged on account of aggressive behaviour. Also, during the same period, 7 patients died.

Fifteen of the patients accepted were admitted from the London Boroughs of Brent and Barnet.

At the end of the year there were 63 patients on the register (28 men and 35 women)—10 of these being out-borough cases.

Arrangements were made in 1967 for a chirpodist to visit the centre regularly to give advice and treatment as necessary.

The pupils of a local grammar school now take an active interest in the centre and have presented a number of gifts, including potted plants and pictures.

Approximately 212 visitors were shown over the centre during the year under review.

**DAY CENTRE FOR THE YOUNGER MENTALLY ILL**—The younger mentally ill patients continue to attend the Day Centre at Belton Hall, Bertie Road, Willesden, which is run by the London Borough of Brent. During the year 6 patients were referred to this Centre and of these 5 were actually admitted. The total number of patients from Harrow in attendance there at the end of 1967 was 5.



Towards the end of the year, advice was received that a public enquiry would be held early in 1968 regarding the compulsory purchase order necessary to acquire certain land required for the site of the proposed Day Centre for the Younger Mentally Ill which this Authority wish to erect at the rear of 76 Marlborough Hill, Wealdstone, and to which various objections had been raised by local residents.

**MENTAL NURSING HOMES**—There is one mental nursing home within the Borough which is registered with this Authority and accommodates 47 patients. This home has been visited during the year and found to be satisfactory.

### **Community Care—Mentally Subnormal**

The total number of subnormal and severely subnormal patients under community care at the end of the year was 365 (172 females and 193 males (see Table II)). The number of cases referred for care during the year was 60 (see Table IV).

Table III gives details of the number of cases dealt with by the social workers during the year.

Close liaison continues to be maintained with the maternity and child welfare services and all cases referred to the department under 5 years of age are still visited by the health visitors after initial visits by the Principal Medical Officer and a mental health social worker. Many subnormal and severely subnormal patients are able to reside in the community provided they and their relatives receive every assistance and they are encouraged to discuss whatever problems they may have with the social workers who visit them.

School leavers and young adults are helped to obtain and maintain jobs in the community to help them fully to develop their capabilities. The attitude of both employers and employees is naturally very important but with sympathy and understanding it is possible for subnormals to undertake much wider fields of activities than is sometimes supposed.

**GUARDIANSHIP—INFORMAL FOSTER CARE**—Guardianship orders provide powers of control over a patient's place of residence and everyday life, either for the patient's welfare or for the protection of others. This Authority, however, has no patients placed under such orders as it is preferable to avoid formal procedures and, therefore, informal placements are made whenever possible. Accordingly during 1968, 4 patients were placed under informal foster care, bringing the total number of cases under such care to 37. Of these, 4 were placed in private homes within the Borough, 10 in private homes via the Brighton Guardianship Society, a voluntary society, and the remainder in various homes throughout the country.



There are 6 private homes within the Borough which have patients placed under informal foster care and at the end of the year they were caring for 12 subnormal and severely subnormal patients, 8 of whom were placed by other local health authorities. These homes were visited regularly during the year and found to be satisfactory.

**ADMISSIONS TO HOSPITALS**—During the year 10 patients were admitted to hospital for permanent care, only two of these being formal admissions. At the end of the year there were 2 patients awaiting admission to hospital.

**TEMPORARY CARE**—A total of 34 requests was received during the year for patients to receive short term care, in order that parents could have a holiday and/or have some respite from their responsibilities. Of these, 22 were placed in hospitals, the remainder in private homes or hostels.

**HARROW JUNIOR TRAINING SCHOOL**—This school is a modern purpose built establishment which was first opened in November, 1963, in Whittlesea Road, Harrow Weald, and provides accommodation for 104 children. At the end of the year there were 101 children on the register, including 24 children from neighbouring authorities.

The main building houses three classrooms for senior, intermediate and junior children. There are also two nursery classes and a special care unit which caters for 24 physically and mentally handicapped children. In addition, there is a domestic subjects room and a hall which is equipped with physical training apparatus and is also used by the older children as a dining room. Children in the special care unit and nursery classes, however, lunch in their own classrooms. Coaches are hired to take the children to and from the school during term hire. Holidays are the same as those at other schools in Harrow.

The children are taught basic social training, elementary 3-R work, simple cooking, sewing and domestic work. Open days or evenings are held regularly each term so that parents have an opportunity of not only discussing their child's progress with the staff but also any other problems they may have with the Principal Medical Officer and social worker concerned. Parents are also given a written report each year.

Over 170 visitors were shown over the school during the year, including a number of people from overseas.

**ASSESSMENT UNIT**—Construction work on this Unit, which is an extension to the Junior Training School commenced on 24th April, 1967, and is due to be completed early in 1968.

The accommodation will comprise of 2 classrooms, together with adjoining cloakroom and lavatory facilities for both children and staff.



The addition of the unit will allow 20 places to be offered at the school to those children in the Borough between the ages of approximately 2 to 6 years who are in need of skilled observation, assessment and basic training before either going on to the Junior Training School or other educational establishments.

In view of the very young age group which this Unit will be catering for, whilst not more than 20 children will attend on any one day the actual number on the register will be considerably higher as many of them will only attend for part of the week.

**TRANSITION CLASS**—This class, which was first opened in the Autumn of 1966, provides 20 places for children who are transferred there from the Junior Training School when they attain the age of approximately 14 years. It is held in the games room at the rear of Tanglewood Hostel, Common Road, Stanmore, and the garden and ground offer ample scope for games and other physical activities. Laundry, cooking, domestic, handicraft and woodwork are also undertaken in addition to simple 3-R work.

The aim of the class is to make children as independent as possible and to bridge the transition from school to adult training centre. Many visits are paid to large shopping stores, post offices, fire stations and farms as well as other places of interest. On such outings the children travel by public transport, obtaining their own fares, thus helping them to realise the value of money. Like the junior training school Open Days are held regularly and parents are supplied with reports on their child's progress each year. At the end of the year there were 16 children on the register, including 7 from other local authorities.

From time to time, older subnormals are also placed in this class if it is not possible to arrange their early admission to the London Borough of Hillingdon's Adult Training Centre at Uxbridge.

**ADULT TRAINING CENTRES**—On leaving the Transition Class at approximately 16 years of age, and as this Authority at present has no such Centre the older subnormal patients have to travel considerable distances to attend Centres run by other local authorities.

At these Centres, the trainees are taught light industrial work, gardening and other activities for which a small monetary award is made. The Centres are open all the year round from 9.0 a.m. to 5.0 p.m. Mondays to Fridays, inclusive, with the exception of bank holidays.

At the end of the year there were 46 trainees attending the London Borough of Hillingdon Centre at Uxbridge and 2 were attending centres run by the London Borough of Hounslow—one at Brentford, the other at Acton Lodge.



There are often patients awaiting places at these Centres and, in addition, some parents prefer their children to stay at home rather than undertake the long journeys that are involved although coach transport is arranged. Both these problems should however be overcome when the proposed Harrow Adult Training Centre is completed. It is anticipated that work on this project should be started during 1968.

**ANNUAL CAMPS**—A party of 56 children and staff from the Harrow Junior Training School under the leadership of Dr. R. Fidler, Principal Medical Officer, Mental Health, attended a successful summer holiday camp at this Authority's residential school Elmers Court, Lymington Hants., from 29th July to 12th August, 1967.

The adult camps were again held at St. Mary's Bay, Dymchurch, Kent—the girls' from 1st—8th September, 1967, and the boys' from 8th—15th September, 1967. Nine girls and 5 boys from Harrow attended these camps which were arranged by the London Borough of Hillingdon.

**SOCIAL CLUBS**—This Authority continues to run two social clubs, which are held in the Games Hut, Tanglewood, Common Road, Stanmore.

The Monday night club is for subnormals over the age of 15 years. Several interested young people who help at the club have formed a League of Friends, although the club leadership is still undertaken by the members of the Borough mental health staff. Two outings were arranged during the year, one to the Ice Show at the Empire Pool, Wembley on 6th February, for which 60 complimentary tickets were kindly donated by the box office manager, and the other outing took place on Saturday, 15th July, when a coach was hired to take a party round Windsor Castle and for a boat trip on the River Thames. This latter outing was arranged entirely by the League of Friends.

Members are conveyed to and from the club by mini-bus, supplemented by cars of staff helpers, relatives and friends.

Apart from the usual club activities such as table tennis, snooker, darts, dancing, etc., it is hoped to arrange further outings from time to time.

The Wednesday night club, known as the Outlook Club, is a therapeutic social club for persons suffering from loneliness or recovering from a psychiatric illness. The activities, which are arranged, are similar to those of the club held on Monday nights. A party was held to commemorate Guy Fawkes and this was also attended by members of the Monday club, residents of Tanglewood Hostel, as well as friends and relatives. Members also visited the annual Pinner Fair. Leadership is provided by the Borough's mental welfare staff. A club magazine was started in the spring of 1967 to which members contribute items of interest.



**STUDENTS**—During 1967 seven students from various universities and colleges were received into the department for practical experience in the mental health field.

**COURSES**—The very successful in-service course on "Mental Sub-normality," held during the autumn/winter of 1966 was followed up early in 1967 by an in-service course of lectures on "Mental Illness." Dr. Hayward, Consultant Psychiatrist, Shenley Hospital, very kindly gave the majority of these lectures, which covered manic-depressive illnesses, senile psychoses, psychoneuroses, personality disorders, schizophrenia, etc. The series was well attended by staff from all sections of the Department.

During the year, one assistant supervisor from the Junior Training School was sponsored for the one-year course which commenced in September, leading to the Diploma for Teachers of the Mentally Handicapped of the National Association for Mental Health. Two trainee social workers were also sponsored for courses which commenced in September at the Lanchester College of Technology, Coventry, leading to appropriate social service qualifications.

TABLE I

Mentally Ill Patients under Local Authority Care at 31st December, 1967.

	Mentally Ill					Elderly mentally infirm		Total
	Under age 16		Aged 16 and over		Total	M.	F.	
	M.	F.	M.	F.				
1. Number of patients under care at 31st December, 1967 ..	5	5	202	252	464	52	64	116
2. (a) Attending day training centre .. .. .	—	—	4	1	5	28	35	63
Awaiting entry thereto ..	—	—	1	—	1	7	4	11
(b) Resident in a residential training centre .. .. .	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel .. .. .	—	—	5	9	14	—	—	—
Awaiting residence in L.H.A. home/hostel ..	—	—	1	1	2	—	—	—
Resident at L.H.A. expense in other residential homes/hostels .. .. .	—	—	2	4	6	—	—	—
Resident at L.H.A. expense by boarding out in private household ..	—	—	—	—	—	—	—	—
Receiving home visits and not included (a) to (d) ..	5	5	185	234	429	17	25	42
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.67:								
In urgent need of hospital care .. .. .	—	—	—	—	—	—	2	2
Not in urgent need of hospital care .. .. .	—	—	—	1	1	2	5	7
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1967:								
To N.H.S. Hospitals ..	—	—	6	3	9	15	27	42
Elsewhere .. .. .	—	—	4	2	6	3	7	10



TABLE II

**Subnormal and Severely Subnormal Patients under Local Authority Care  
at 31st December, 1967**

	Subnormal					Severely Subnormal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1. Number of patients under care at 31st December 1967 ..	36	23	81	74	214	39	39	37	36	151
2. (a) Attending day training centre .. .. .	23	10	12	19	64	38	32	18	10	98
Awaiting entry thereto ..	5	6	2	—	13	1	7	3	2	13
(b) Resident in a residential training centre .. .. .	1	—	—	—	1	3	1	—	—	4
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel .. .. .	—	—	3	2	5	—	—	—	—	—
Awaiting residence in L.H.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels .. .. .	2	—	4	4	10	4	—	—	2	6
Resident at L.H.A. expense by boarding out in private household ..	4	3	2	2	11	3	2	2	1	8
Receiving home visits and not included (a) to (d) ..	2	4	58	47	111	—	—	14	21	35
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.67:										
In urgent need of hospital care .. .. .	—	—	—	—	—	2	—	—	—	2
Not in urgent need of hospital care .. .. .	—	—	—	—	—	—	—	—	—	—
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1967:										
To N.H.S. Hospitals .. .. .	1	—	2	2	5	8	2	5	2	17
Elsewhere .. .. .	—	2	4	—	6	1	4	1	—	6

TABLE III

Work of Mental Welfare Officers and Mental Health Social Workers.  
1st January—31st December, 1967.

## (a) Mental Illness

Visits made by mental welfare officers	7,942
Compulsory Admissions	58
Informal Admissions	263

## (b) Mental Subnormality

Visits to those under community care by mental welfare officers and mental health social workers	1,825
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TABLE IV

Number of Patients Referred During Year Ended 31st December, 1967.

Referred by	Mentally Ill					Subnormal and severely subnormal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
General Practitioners .. ..	3	—	137	245	385	1	1	—	—	2
Hospitals, on discharge from In-Patient treatment .. ..	—	—	23	39	62	2	—	1	—	3
Hospitals, after or during out-Patient or day treatment ..	—	2	26	70	98	3	1	2	—	6
Local Education Authorities ..	—	—	—	—	—	4	3	1	4	12
Police and Courts .. ..	—	—	23	13	36	—	—	—	—	—
Other sources .. ..	2	5	96	204	307	12	12	6	7	37
TOTAL .. ..	5	7	305	571	888	22	17	10	11	60



## WELFARE SERVICES

Since my last report, progression and expansion has been maintained in the field of welfare, and demands for the services have generally increased. The trend of expansion has been most evident in the care of the elderly, and provision for the blind and physically handicapped.

During the year a booklet entitled "Services for the Elderly of Harrow" was produced and distributed as widely as possible throughout the Borough. The main theme was to provide a guide to the various facilities and services available to preserve the health and promote the welfare of elderly residents. Another project investigated was the provision of welfare foods for the elderly. It was considered that distribution could best be carried out through the medium of the various voluntary clubs held for the elderly in the Borough and it is hoped to start this scheme early in 1968.

Knowledge of what actual and potential problems lie in fundamental in welfare work with the elderly. Acquiring this knowledge is difficult and as mentioned in the report for 1966 compilation of an "elderly persons" register seems one method of tackling the problem. All possible sources of information were used during the year to help build up as comprehensive a register as possible.

## WELFARE SERVICES

All social welfare officers were fully committed during the year. The advice and help given has enabled many persons being able to solve their own problems, without recourse to welfare amenities, thereby, relieving distress and enabling them to function independently in the community.

### Provision of Temporary Accommodation for Families rendered homeless

There has been no increase in the number of application for temporary accommodation as compared with 1966 and domestic dissension remains the main cause of families breaking up. Professional advice and assistance in many ways results in relatively few families reaching the stage where accommodation is essential.

The services have been further extended and where possible the need for assistance is made known to the Department before eviction become imminent. Domestic dissension and financial mismanagement remain the main causative factors and the timely intervention of the social worker giving advice, and appealing to landlords and relatives has in many instances resulted in some measure of agreement and eviction being prevented. Other preventative measures are indicated when a family is falling in arrears with their rent. In these instances the social worker works 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.

TABLE III

Work of Mental Welfare Officers and Mental Health Social Workers,  
1st January—31st December, 1967.

(a) Mental Illness	
Visits made by mental welfare officers	7,942
Compulsory Admissions	58
Informal Admissions	263
(b) Mental Subnormality	
Visits to those under community care by mental welfare officers and mental health social workers	1,825

TABLE IV  
MENTAL WELFARE  
SERVICES

Number of Patients Referred During Year Ended 31st December, 1967.

Referred by	Mentally Ill					Subnormal and severely subnormal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
General Practitioners	1	—	132	245	385	1	1	—	—	2
Hospitals, on discharge from in-patient treatment	—	—	23	39	62	2	—	1	—	3
Hospitals, after or during out-patient or day treatment	—	2	26	70	98	3	1	2	—	6
Local Education Authorities	—	—	—	—	—	4	3	4	4	12
Police and Courts	—	—	23	13	36	—	—	—	—	—
Other sources	2	5	96	204	307	12	12	6	7	27
TOTAL	3	7	305	571	788	22	17	10	11	50



## WELFARE SERVICES

Since my last report progression and expansion has been maintained in the field of welfare, and demands for the services have generally increased. The trend of expansion has been most evident in the care of the elderly, and provision for the blind and physically handicapped.

During the year a booklet entitled "Services for the Elderly of Harrow" was produced and distributed as widely as possible throughout the Borough. The main theme was to provide a guide to the various facilities and services available to preserve the health and promote the welfare of elderly residents. Another project investigated was the provision of welfare foods for the elderly. It was considered that distribution could best be carried out through the medium of the various voluntary clubs held for the elderly in the Borough and it is hoped to start this scheme early in 1968.

Knowledge of where actual and potential problems lie is fundamental in welfare work with the elderly. Acquiring this knowledge is difficult and as mentioned in the report for 1966 compilation of an elderly persons' register seems one method of tackling the problem. All possible sources of information were used during the year to help build up as comprehensive a register as possible.

All social welfare officers were fully committed during the year. The advice and help given has often resulted in persons being able to solve their own problems without recourse to welfare amenities, thereby, relieving distress and enabling them to function independently in the community.

### **Provision of Temporary Accommodation for Families rendered homeless**

There has been no increase in the number of application for temporary accommodation as compared with 1966 and domestic dissension remains the main cause of families breaking up. Professional advice and assistance in many ways results in relatively few families reaching the stage where accommodation is essential.

The services have been further extended and where possible the need for assistance is made known to the Department before eviction become imminent. Domestic dissension and financial mismanagement remain the main causative factors and the timely intervention of the social worker giving advice, and appealing to landlords and relatives has in many instances resulted in some measure of agreement and eviction being prevented. Other preventative measures are indicated when a family is falling in arrears with their rent. In these instances the social worker works 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 temporary accommodation are visited regularly and encouraged to discuss any problems with the social worker. In addition to helping with immediate problems the social worker attempts to identify and then eradicate the factors which caused homelessness.

Liaison with the Rent Arrears Sub-Committee of the Housing Committee is still maintained and of the 32 cases referred 19 cleared their arrears with the help and advice of the social worker, 5 showed some improvement in managing their financial and domestic affairs, 3 moved out of the Borough and 5 unfortunately showed no progress towards recovery from their difficulties.

### Accommodation

Towards the end of the year it was decided to arrange temporary accommodation so that husbands could be admitted with their families. With this in mind a scheme was initiated to obtain additional accommodation and it is hoped to include husbands in 1968.

Table I gives details of the 69 applications for temporary accommodation received during the year, whilst Table II shows details of the causation and solutions for the individual families' problems.

TABLE I

<i>Action taken</i>	<i>Number of Families</i>
Provided with temporary accommodation . . . . .	10
Children taken into care by Children's Committee . . . . .	2
Found accommodation elsewhere . . . . .	12
Application withdrawn . . . . .	2
Advised . . . . .	43
TOTAL . . . . .	69



TABLE II

## Details of Cases

<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 Childrens Department</i>
<b>Evicted by Court Order</b>						
Arrears of rent . . . .	7	2	2	3	—	—
Arrears of mortgage . .	2	—	2	—	—	—
Possession required by landlord . . . .	2	—	—	2	—	—
Service Tenancy expired	1	1	2	—	—	—
<b>Evicted other than by order of court</b>						
Arrears of rent . . . .	6	1	—	5	—	—
Possession required by landlord . . . .	8	1	1	6	—	—
Unauthorised tenants . .	2	1	1	—	—	—
Bankruptcy . . . .	1	1	—	—	—	—
Domestic dissension . .	27	3	1	19	2	2
Service tenancy expired	8	—	3	5	—	—
No fixed abode . . . .	2	—	1	1	—	—
Fire . . . .	2	—	—	2	—	—
Expiry of lease . . . .						
Harassment . . . .	1	—	1	—	—	—
<b>TOTALS</b> . . . .	<b>69</b>	<b>10</b>	<b>12</b>	<b>43</b>	<b>2</b>	<b>2</b>

## Welfare Services for the Handicapped

The number of handicapped persons requiring the services of the Welfare Department is steadily increasing. Their welfare is the concern of four social workers who visit the handicapped in their homes and by discussing their problems with them arrive at ways of enabling them to lead as independent and full a life as possible within their capabilities. To assist them the Borough provides aids of all descriptions and 209 were issued by December. There are approximately 80 different types of aids—the greatest demand being for walking aids. In order to increase the degree of independence it is often necessary to make minor adaptations to handicapped persons' homes such as installing a handrail in a toilet or bathroom or on a staircase. Less frequently major alterations are con-



sidered necessary and these range from the construction of a ramp to the provision of a downstairs shower and toilet. Sixteen major and minor adaptations of homes were completed during the year.

The Work Centre for handicapped persons maintained a full attendance throughout the year by those unable to work in open industry or sheltered employment. The Borough's special coach equipped with a power operated ramp is used to transport the more severely handicapped persons to and from the centre. There is a need to expand the Work Centre service and a scheme is under consideration which it is hoped may be implemented next year.

With the co-operation of the British Red Cross a weekly handicraft class is held, attended on an average by 55 handicapped persons.

The need for social activities continues to be a predominant need in the lives of handicapped persons and apart from weekly dancing classes and a choral class held twice a week and wholly organised by the Borough, grants were made to various voluntary organisations to provide social and recreational facilities for handicapped Harrow residents. The Happy Circle social club organised by the Borough and commenced last year was attended on average by 28 handicapped persons. The club is open to handicapped persons of Harrow whatever their disability and it soon became apparent that a demand existed for a similar type of social club exclusively for the younger physically handicapped. A proposal to form such a club was approved by the Health and Welfare Committee on 21st September 1967 and the club held its first meeting on 24th October. By December 35 members were on the register and they intend to expand activities to include films, shows, music sessions, amateur dramatics, etc. I am grateful for the assistance of voluntary helpers, including the British Red Cross, whose valuable services have contributed to the success of both the social clubs.

Holidays were arranged for 79 handicapped persons who would not otherwise have been able to arrange or afford a holiday. Various hotels and guest houses were utilized, some of which cater especially for handicapped persons. I am indebted to the volunteers who undertook the necessary escort duties and thus enabled the handicapped persons to have an enjoyable holiday.

In November the proprietors of Sopers of Harrow Ltd., and Littlewoods Stores were approached and very kindly agreed to open on a Wednesday afternoon exclusively for handicapped persons to do their Christmas shopping. This worthwhile venture was made possible by the volunteers, including members of the British Red Cross, who pushed wheelchairs, acted as escorts and generally assisted in every way. I am most grateful for the efforts of all concerned.



On the 1st January, 1967, there were 513 handicapped persons on the register and the position at 31st December, 1967 is shown in the table below:—

**Handicapped Persons**  
**Numbers on Register on 31st December 1967**

		<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	—	4	2	6
	Female	—	3	3	6
Deaf without speech	Male	—	6	1	7
	Female	1	3	3	7
Hard of hearing ..	Male	—	6	6	12
	Female	—	6	13	19
General Classes ..	Male	2	152	77	231
	Female	9	170	192	371
TOTAL		12	350	297	659

**Residential Homes and Care for the Aged**

The 9 Borough residential homes for those in need of care and attention provide accommodation for 391 persons. The new home under construction in Sancroft Road is expected to be completed during 1968 and this will accommodate an additional 54 persons.

The following table gives details of the homes run by the Borough:—

**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	Females
Coleshill House, Amersham ..	Non-designated	46	Females
Haydon Hill, Bushey ..	Designated	44	Males
Knightscote, Harefield ..	Designated	50	Mixed
Willerton, Weybridge ..	Non-designated	30	Females
The Retreat, Eastcote ..	Non-designated	18	Females
Vernon Lodge, Harrow ..	Designated	52	Mixed
Whyteways, Harrow Weald ..	Designated	60	Mixed
		391	



The demand for residential accommodation for those in need of care and attention remained fairly constant throughout the year. A total of 202 applications was approved and from these 163 persons were admitted. A number of homes administered by voluntary organisations also admitted Harrow residents and, where appropriate, the Borough becomes financially responsible for those residents under the provisions of Section 26 of the National Assistance Act 1948. During the year 38 such persons were admitted to voluntary homes.

In many instances the care and attention required by the elderly is provided by relatives in their own homes. In such cases it is preferable and desirable that elderly persons remain in their own or relatives' homes for as long as possible and to assist them the Borough short stay scheme, which was further expanded, admitted 71 persons during the year. These admissions enable relatives to be relieved for holidays and in many cases, are the means of easing pressures and tensions. The short stay scheme, together with the full support of other services can delay or entirely prevent permanent admission to residential homes.

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. Through their good relationship with statutory and voluntary bodies such as the Ministry of Social Security and church organisations, the section's social workers are able to arrange financial and other assistance for those in need. The Harrow Old People's (Voluntary) Committee arranges for friendly visits to those in need.

These preventive measures and community care services have been further expanded and form an increasing aspect of the section's function.

### **Protection of Moveable 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 22 cases were dealt with and property in two cases was stored by the Borough.

### **Welfare Services for the Blind and Partially Sighted**

Three home teachers for the blind carried out 3,442 home visits and provided 197 handcraft and 137 Braille or Moon classes. The number of lessons given was less than the previous year owing to the fact that for a period only two home teachers were available.

Voluntary organisations also assisted in many ways. The home teachers also ran a handcraft class and organised a special Christmas sale of work at Hanover House which was well patronised. The standard of workmanship was very high and very little was left unsold.



An outing was arranged during December when 41 members of the handicraft class with guides visited the Palace Theatre, Shaftesbury Avenue for the "Desert Song". Afterwards they had tea at Lyons Corner House, Strand.

The Blind Handicraft Exhibition, 1967 organised by the Middlesex Association for the Blind and open to all blind persons in the new London Boroughs, resulted in 24 entries from Harrow with awards being received as follows: 5 first prizes, 6 second prizes, 2 third prizes and 6 commendations.

The Royal National Institute for the Blind continued to supply wireless sets for the blind, the old mains sets gradually being replaced by transistor battery radios and these were distributed as and when needed.

On 31st December, 1967, there were 440 persons on the register and Table I is a summary of the changes which have taken place during the period under review. Table II illustrates the occupations and accommodation of those registered as blind or partially sighted; Tables III and IV show the age at registration of blind or partially sighted cases. Table V gives diagnostic details 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 Jan., 1967 ..	131	214	345	24	54	78	423
No. of cases transferred in ..	4	15	19	0	2	2	+21
No. of new cases added ..	20	29	49	10	10	20	+69
No. of P/S transferred to Blind register* ..	2	7	9	2	7	9	—9
No. of cases transferred out ..	8	11	19	0	2	2	—21
No. of deaths ..	16	21	37	2	4	6	—43
No. on register 31.12.66 ..	131	226	357	30	53	83	440

\*No. included in new cases.

TABLE II

	<i>Blind</i>		<i>Partially-sighted</i>	
		<i>Total</i>		<i>Total</i>
<b>Residential Acc'dation</b>				
Blind Homes .. ..	22	65	—	7
Local Authority Homes	13		3	
Private Homes .. ..	11		2	
Geriatric Units .. ..	19		2	
<b>Employment</b>				
Unemployed .. ..	232	285	49	68
Employed in open industry .. ..	37		19	
Sheltered workshops .. ..	6		—	
Home workers .. ..	10		—	
<b>Education</b>				
(a) University .. ..	2	7	—	8
(b) Schools .. ..	1		1	
(c) Special schools .. ..	3		7	
(d) Sunshine Homes .. ..	—		—	
(e) At home (under 4 years) .. ..	1		—	
<b>GRAND TOTALS</b> .. ..		357		83

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	—	—	—	—	—	—	1	1	3	1	—	4	4	2	—	3	—	20
F.	—	—	—	—	—	—	—	—	—	—	—	1	1	3	10	4	8	2	—	29
Total	—	1	—	—	—	—	—	—	1	1	3	2	1	7	14	6	8	5	—	49



## New Registrations—Age at date of Registration—Partially Sighted

	0—1	2—4	5—15	16—20	21—49	50—64	65+	Total
M.	—	1	1	1	—	1	6	10
F.	—	—	—	—	—	—	10	10
Total	—	1	1	1	—	1	16	20

TABLE V  
Diagnostic Details of New Cases Registered in 1967

	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	4	1	4	34	48
(b) Treatment (medical, surgical or optical) . .	2	6	0	0	13	21

## Voluntary Services

The membership of Harrow Old People's Voluntary 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 Health and 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 now five luncheon clubs in the Borough, the fifth being opened during 1967 at Chapel Lane, Pinner. Hot midday meals are cooked in a central kitchen and served in four halls:—the Belmont and North Harrow Assembly Halls, the South Harrow Baptist Church and Chapel Lane, Pinner. In addition, at Tenby Road, morals 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.R.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 to 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 benefits to be derived from being engaged in some constructive work are well illustrated among the elderly people who attend the workrooms at Palmerston Road, Wealstone and Coles Crescent, South Harrow. The fact that they get away from their homes, meet as a group and at the same time do a useful piece of work with a definite end product is without doubt of tremendous therapeutic value—in other words they have the feeling of once again being useful members of the community. A third workroom was opened during the year at Morecambe Gardens, Stanmore but this will move early in 1968 to more suitable premises being prepared in the new housing estate at Stonegrove, Edgware.

**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 four voluntary and eight private homes which are situated within the Borough.



<i>Address</i>	<i>Telephone No.</i>	<i>Name of Owner</i>
<b>Private</b>		
134 Pinner Hill Road, Pinner ..	866-7957	Mrs. Gandy
4 Maxted Park, Harrow .. ..	422-2043	Mr. & Mrs. Crodzicki
14 Hindes Road, Harrow .. ..	427-7659	Mrs. McInerney
Royston Lodge, Oakleigh Road, Hatch End .. .. .	428-5550	Mrs. Goslett
"Westlands", South Hill Avenue, Harrow .. .. .	422-2987	Mrs. Esselmont
"Clavering", Royston Grove, Hatch End .. .. .	428-4223	Mr. D. Smith
59 Moss Lane, Pinner .. .. .	866-5804	Mr. D. Smith
"Greenways", 633 Uxbridge Road, Pinner .. .. .	866-3563	Mr. Ralph De Marco (Proprietor)
<b>Voluntary</b>		
Valley Field, Mount Park Road, Harrow .. .. .	422-9172	Middlesex Association for the Blind
Pinner House, Church Lane, Pinner ..	866-0122	Harrow Homes for the Aged
Priory Close, Common Road, Stan- more .. .. .	950-1812	Wembey Eventide Homes Ltd.
"Silverlands", Wellington Road, Hatch End .. .. .	428-7552	Alderman Sheldrake, Eventide Homes Ltd.

(i) Men's Service: This is a voluntary service for men who are unable to work. It was started in 1967 at Chapel Lane, Harrow, and is now being expanded to other areas. The service is run by the Harrow Council and is open to all men who are aged 16 or over and who are unable to work. The service is run by a committee of men who are interested in the service. The service is open to all men who are aged 16 or over and who are unable to work. The service is run by a committee of men who are interested in the service. The service is open to all men who are aged 16 or over and who are unable to work. The service is run by a committee of men who are interested in the service.

(ii) Women's Service: This is a voluntary service for women who are unable to work. It was started in 1967 at Chapel Lane, Harrow, and is now being expanded to other areas. The service is run by the Harrow Council and is open to all women who are aged 16 or over and who are unable to work. The service is run by a committee of women who are interested in the service. The service is open to all women who are aged 16 or over and who are unable to work. The service is run by a committee of women who are interested in the service.

(iii) Workrooms: These are places where people who are unable to work can go to do some useful work. There are three workrooms in Harrow: one at Palmerston Road, one at Wealdstone and one at Cots Crescent. The workrooms are run by the Harrow Council and are open to all people who are aged 16 or over and who are unable to work. The workrooms are run by a committee of people who are interested in the workrooms. The workrooms are open to all people who are aged 16 or over and who are unable to work. The workrooms are run by a committee of people who are interested in the workrooms.

The benefits to be derived from being engaged in some constructive work are well illustrated among the elderly people who attend the workrooms at Palmerston Road, Wealdstone and Cots Crescent, South Harrow. The fact that they get away from their homes, meet as a group and at the same time do a useful piece of work with a definite end product is without doubt of tremendous therapeutic value—in other words they have the feeling of once again being useful members of the community. A third workroom was opened during the year at Morecombe Gardens, Starmore, but this will move early in 1968 to more suitable premises being prepared in the new housing estate at Stonegrove, Edgware.

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### Inspection of Private and Voluntary Residential Accommodation

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## CHILDREN'S SERVICES

The Children's Section receives into care children under the age of 17 who are without the care of parents or who have been lost or abandoned. The Children's Section also supervises children placed for adoption and children placed in foster homes arranged by their parents. The section also has an advisory clinic once a week for parents who are worried about their teenage children.

The year 1967 was the third in which the Children's Section in Harrow functioned under the direction of a Committee of the Borough of Harrow. There have been no staff changes during this period among the child care officers or the administrative staff. During this year the Home Office made one of their periodical reviews and reported favourably on the service being provided. They stressed the good relationship within the department amongst the staff and also with the staff of other departments. The Home Office inspectors made some useful suggestions and the future of the social services generally was discussed in the light of the forthcoming Seebohm Report.

### CHILDREN'S SERVICE

During the year the Children's Section received 466 children, which resulted in 113 being received into care, and 114 were discharged. Of the 7 Full Person Orders made by the Courts committed to the care of the Borough, 2 were for a period of 28 days, after which the Magistrates allowed the children to return to the care of their parents. Under a full Full Person Order the Borough has the responsibility of caring for the child until he or she reaches the age of 18 years unless the Order is revoked at the request of the parents or guardian. One Full Person Order made during the year was revoked as the girl in question had married the father of her baby. Two children under the age of two years were committed to care on the grounds that the lack of care, protection or guidance on the part of their parents was likely to cause them unnecessary suffering, or seriously to affect their health or proper development. A total of 26 children was supervised by this department during the probationary period required by the Adoption Act, 1958, pending adoption.

Fourteen children were committed to Approved Schools by the Courts. Requests from the Approved Schools, whose duty it is to appoint the after-care officers, were made for the after-care to be carried out by this section for 11 boys.

The Parents' Advisory Clinic is continuing to prove a great support and is providing advice not only for parents but also for the staff. Of the 45 cases referred it was not necessary for any child to be brought before the Court during this period.

CHILDREN'S  
SERVICE



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During the year there were 272 enquiries from parents, relatives and guardians about 466 children, which resulted in 115 being received into care, and 114 were discharged home again. Of the 7 Fit Person Orders made by the Courts committing children to the care of the Borough, 2 were for a period of 28 days, after which the Magistrates allowed the children to return to the care of their parents. Under a full Fit Person Order the Borough has the responsibility of caring for the child until he or she reaches the age of 18 years unless the Order is revoked at the request of the parents or guardian. One Fit Person Order made during the year was revoked as the girl in question had married the father of her baby. Two children under the age of two years were committed to care on the grounds that the lack of care, protection or guidance on the part of their parents was likely to cause them unnecessary suffering, or seriously to affect their health or proper development. A total of 86 children was supervised by this department during the probationary period required by the Adoption Act, 1958, pending adoption.

Fourteen children were committed to Approved Schools by the Courts. Requests from the Approved Schools, whose duty it is to appoint the after-care officers, were made for the after-care to be carried out by this section for 11 boys.

The Parents' Advisory Clinic is continuing to prove a great support and is providing advice not only for parents but also for the staff. Of the 48 cases referred it was not necessary for any child to be brought before the Court during this period.



The main help that was given to children in their own homes under the Children and Young Persons Act, 1963, Section I, was by way of the payment of fares for them to go to relatives who were in a position to look after the children during family crises. Otherwise, the chief problem still continues to be the inability of parents to control their children, largely due to unhappy marriages or co-habitation, and general lack of principles and self-discipline.

Children placed with foster parents by their own parents and supervised under the Children Act, 1958, numbered 59.

Foster parents during this year have continued to give loving and efficient care to the children, and returns which cover the period from 1st April, 1966, to 31st March, 1967, revealed the fact that Harrow had the second highest boarding out figure amongst the London Boroughs, namely, 66%. In addition to caring for young children who need care, both short and long term, foster parents have tackled difficult teenagers and have shown great insight and initiative.

Meetings between the Children's Officers of the London Boroughs have proved to be of such great practical value that it has been decided to continue them. Case conferences within the Borough's services have also been very helpful, but they appear to be even less necessary than before as the staff are becoming so closely integrated that swift action and personal consultation between members of the staff is carried out at all levels.

At Christmas it was possible for the Children's Home at 7a Gaylor Road to be closed and the Home at 229 The Heights remained open in case of emergencies, but all the children went away for the actual Christmas weekend.

During the summer holidays the staff and children of 7a Gaylor Road went away for a seaside holiday, whilst the staff and children of 229 The Heights remained at home, taking day trips. In addition holidays were arranged for several of the children.

There has been no change in the staff of the Children's Home at 7a Gaylor Road, but a part-time housemother was appointed to 229 The Heights.

The plan for the Reception Unit has been passed by the Home Office and it is hoped that building will be commenced in the Autumn of 1968.

The relationship with the Probation Department and the Juvenile Court still appears to be a very happy one and this is of great importance to the work of this department, especially for the adolescent group.

Inter-departmental relationships remain excellent and the Children's Section continues to receive co-operation and helpful advice from all the departments of the service which it has to call upon in varying circumstances.



### Reasons for Acceptance of Children into Care

Number of families involved: 69

Children under supervision pending adoption:				
During the period	..	..	..	86
On 31st December 1967	..	..	..	22
Adoption Orders granted	..	..	..	58





## GENERAL SERVICES

### 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. Additional powers for supervision are exercised under the Mental Health Act 1959, and the Nursing Homes Act 1963.

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:—

		Beds	Type of Care
Barnoda House, Mount Park, Harrow.	Mrs. A. M. Elphick Mr. A. E. Elphick	13	Medical or Chronic
Bowden House Clinic, Lanyon Road, Harrow-on-the-Hill	Bowden House Nursing Home Association Ltd.	47	Mental
Brackenhurst Nursing Home, 2224 Hinder Road, Harrow.	Mrs. T. O'Donnell	11	Chronic
Calvary Nursing Home, Redbury Hill, Harrow.	Mrs. M. E. Evans	48	Medical or Chronic
Hamwood Nursing Home, London Road, Stanmore.	Mrs. M. Evans	4	Medical
Offside Nursing Home, 1 Landowne Road, Harrow.	Mrs. M. Evans	1	Maternity
St. Michael's Nursing Home, 11 Hinder Road, Harrow.	Mrs. T. O'Donnell	11	Chronic
		3	Medical or Chronic

## GENERAL SERVICES

### 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 as amended by the Local Law (North West London Boroughs) Order 1965, 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 carried out in it and also about the equipment. Those to 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.

At the beginning of the year 26 establishments were licensed and at the end of the year the number licensed was 26, there being no additions or deletions during the year.

GENERAL  
SERVICES



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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
Bowden House Clinic, London Road, Harrow-on-the-Hill	Bowden House Nursing Home Association Ltd.	47	Mental
Brookenhurst 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

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## Section 47—National Assistance Act 1948

Section 47 of this Act enables the Court on the application of the Medical Officer of Health to grant an order for the removal of a person in need of care and attention to a welfare home or hospital. Seven clear days notice of an intended application must be given but the National Assistance (Amendment) Act 1951 permits immediate removal provided the Medical Officer of Health and another registered medical practitioner certify that it is in the interests of the person to remove him without delay. Under the amending Act the period for which a person can be detained in the first instance is three weeks. These Acts are usually invoked in the case of a person who (a) is suffering from grave chronic disease or, being aged, infirm or physically incapacitated, is living in insanitary conditions and (b) is unable to devote to himself and is not receiving from others proper care and attention.

In practice, every effort is made to solve the problem by using the home help service, the home nursing service and the help provided by voluntary bodies, etc. and only invoking action under the Acts as a last resort when everything else has failed.

During the year action under the above Act was considered is one case. This concerned an elderly lady who was living in very insanitary conditions. She was an extremely independent old person and very resistant to all offers of help. When it became obvious that her condition had deteriorated to such an extent that her health was in danger, it was decided that the only course of action left was to make application under Section 47 for her removal to a place where she could receive proper care and attention. Arrangements were practically completed when she suddenly agreed to go into hospital for treatment. Her condition soon improved and she was eventually transferred to a home for the elderly where she settled down and is now extremely happy in her new surroundings.

### Medical Arrangements for Long-Stay Immigrants

Long stay immigrants are often very unfamiliar with our customs and, in particular, ignorant of the scope and arrangements of the National Health Service. Accordingly at ports of arrival they are given a hand-out printed in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence. Destination addresses are also forwarded to the health department so that they can be visited to try and persuade them to act on the advice given in the pamphlet. Special emphasis is placed in trying to secure a chest X-Ray as soon as possible after their arrival in this country. This is particularly so from those whose country of origin has a high incidence of tuberculosis. Details of immigrant families with children are particularly noted so that a health visitor can call and advise.



<i>Country where Passport issued</i>	<i>Number of Immigrants</i>
<b>Commonwealth Countries:</b>	
Caribbean .. .. .	20
India .. .. .	26
Pakistan .. .. .	12
Other Asian .. .. .	9
African .. .. .	22
Other .. .. .	14
<b>Non Commonwealth Countries:</b>	
European .. .. .	86
Total .. .. .	<u>197</u>

All addresses were visited and in 36 cases no knowledge of immigrants was known.

### **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 .. .. .	1,014
Number of medical examinations .. .. .	107
Number of medical examinations carried out for other authorities .. .. .	21
Number of medical examinations carried out under Ministry of Education Circular 249/52:	
(a) Teachers first appointment .. .. .	51
(b) Training College Entrants .. .. .	189





## INFECTIOUS DISEASES

### The Control of Infectious Diseases

The effective control of any infection is only achieved by establishing a balance between the various weapons at the community's disposal and no one factor is of primary importance. Also, unless the Health Department maintains a good relationship with the general public it cannot confidently expect the individual members of the community to play their part and without their whole-hearted co-operation it is impossible to control any infection. Consequently, good public relations are an essential factor and to achieve this it is necessary to interfere as little as possible with the economic and social life, although from time to time restrictions have to be imposed upon individuals.

## INFECTIOUS DISEASES

Early recognition and isolation of infectious diseases is of great importance as once the information is obtained by the staff of the department at the home, school, or place of work and families alerted as to the dangers and necessary precautions to be taken, such as the Public Health Laboratory Service, or the obtaining of a second medical opinion are often invaluable in obtaining rapid and accurate diagnosis.

It is often necessary to isolate patients at their own homes or, should the occasion warrant it, in hospital. In all cases of infectious disease it is a prudent precaution for those affected to avoid crowds or places of assembly. Moreover some infections are severe enough to justify the exclusion of contacts from their occupations, especially if these involve contact with young children or the handling of food or drink. Infection by typhoid or paratyphoid bacilli tends to result in the production of the carrier state and individuals so affected must be prevented from any work involving the handling of food or drink intended for human consumption.

Disinfection and cleansing are carried out wherever necessary by the Department, as is the destruction of contaminated articles of food.

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Early recognition and notification are obviously of great importance as once the information is received enquiries can be made by the staff of the department at the home, school, or place of work and families alerted as to the dangers and necessary precautions. Aids to diagnosis, such as the Public Health Laboratory Service, or the obtaining of a second medical opinion are often invaluable in obtaining rapid and accurate diagnosis.

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**Infectious and Other Diseases**  
**Prevalence of Notifiable Infectious Diseases**  
**(Other than Tuberculosis)**

TABLE I

Disease	Und. 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65 + yrs.	Unknown	Total
Scarlet Fever .. ..	-	20	44	8	-	1	-	-	1	-	-	-	74
Pneumonia Primary ..	-	3	5	-	3	-	2	1	-	1	8	-	23
Pneumonia Influenzal ..	-	-	1	-	-	-	-	-	-	-	1	-	2
Diphtheria .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery .. ..	-	7	1	1	-	-	2	2	-	2	-	-	15
Erysipelas .. ..	-	-	-	-	-	-	-	1	2	1	3	-	7
Meningococcal Infection ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum ..	2	-	-	-	-	-	-	-	-	-	-	-	2
Poliomyelitis, Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Non .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Infective ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles .. ..	66	1,098	816	17	13	5	6	4	-	2	-	25	2052
Whooping Cough .. ..	6	51	31	4	1	-	-	1	-	-	-	-	94
Paratyphoid Fever .. ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever .. ..	-	-	-	-	1	-	-	-	-	-	-	-	1
Food Poisoning .. ..	-	3	5	-	-	2	4	-	1	-	-	-	15
Malaria .. ..	-	-	-	-	1	-	-	1	-	-	-	-	2

### DIPHTHERIA

The last two cases of diphtheria to be reported in the Borough occurred during the three years 1947-49. Consequently we are entering a period where the younger parents have neither seen nor heard of a case of diphtheria and it will become increasingly difficult to maintain the high levels of immunisation which are essential to protect the community. The number of small outbreaks of recent years have only served to indicate that constant vigilance alone will prevent the return of this killing disease.

### POLIOMYELITIS

Fortunately, during the last six years no cases of Poliomyelitis have been notified within the Borough. Prior to this period notifications had shown a steady decline since 1957 when the immunisation programme commenced. This satisfactory trend must be attributed to immunisation, but the return of this crippling disease will only be prevented whilst the majority of the population remain protected.



## WHOOPIING COUGH

A total of 94 cases of whooping cough was notified during 1967 compared with 28 cases in 1966. There are at least two reasons for this increase: one being the fluctuation in infectivity that has been particularly obvious since 1961; whilst the other is the wide interest aroused by the research project in which the Department has collaborated with the Public Health Laboratory service. This has now been completed but the detailed results are not yet available. The project was conceived because it was thought as other agents give rise to similar symptoms the infections being notified might not all be due to the whooping cough virus. All cases were visited and specimens taken for culture and analysis.

## MEASLES

The periodicity of measles epidemics was again demonstrated during 1967 when there were 2,052 cases notified compared with 716 the previous year. Although death is a rare occurrence, nevertheless complications are common and all too often there are unpleasant permanent sequelae. Consequently, it is hoped that in due course immunisation will be effective in reducing the severity of the disease. The Joint Committee on Vaccination and Immunisation of the Central and Scottish Health Service were invited by the Ministry of Health to consider the results of the Medical Research Council's evaluation of the measles vaccines. They reported in 1966 that the trials had shown that although the measles prophylactics were effective and acceptable procedures nevertheless they felt that local authorities should not yet seek to make arrangements under Section 26 of the National Health Service Act. They recommended that the services should be made available through family doctors who wished to use the vaccines for their patients. The year 1967 was the first full year in which immunisation was available.

## SMALLPOX

Immigration, commerce and holiday travel have all led to an increasing number of travellers arriving in this country, many of these originate from or pass through areas where smallpox is endemic. Air travel has also meant that an infected person could have lived in this country for several days before developing symptoms. As a result there has been and will be a small number of cases of smallpox occurring in this country. Immediately each case is diagnosed the patient is carefully questioned and all those who have been in contact during the infectious state are kept under surveillance and offered vaccination. Under the Public Health (Ships) Regulations, 1966 and the Public Health (Aircraft) Regulations, 1966 travellers from countries where smallpox is endemic and who are not in possession of valid international certificates of vaccination against the disease are placed under surveillance for a period of fourteen days after their disembarkation and 24 such persons proceeding to addresses in the Borough were notified and kept under surveillance for the statutory period during the year.



Constant vigilance is the main barrier which prevents this serious and highly infectious disease from becoming endemic in this country. Vaccination of infants is a very valuable defence, but as the protection conferred only lasts a few years its value can only be regarded as secondary to that of constant vigilance.

Primary vaccination can, and often does, give rise to local and constitutional disturbances such as pain and swelling of the arm accompanied by fever and headache. As travellers often have to leave at short notice their malaise tends to occur at the moment of departure. Vaccination for the second and subsequent occasions is usually without such side effects. An additional reason for recommending vaccination during infancy is that, as with all medical procedures, slight risks are involved. These risks are almost solely associated with primary vaccinations and the chances of complications occurring are increased with older patients.

### ENTERIC FEVER

During the last few years the growth of foreign travel has been associated with a number of travellers being infected abroad. Consequently, notifications have tended to increase during the "sixties" although the actual number fluctuates widely from year to year.

During 1967 one case of typhoid was notified. This lady came to this country on holiday from the continent and became ill the next day. All visitors to the household were contacted and, after observation, found to be free from infection.

Whilst immunisation against enteric fevers is undoubtedly a very valuable procedure, the protection conferred is not of a high order and, consequently, if the infection is heavy or its virulence high, inoculated persons may contract the disease. When these diseases do occur in previously immunised people the severity does not appear to be diminished.

Further disadvantages are that an ideal course consists of three doses spread over six months and, that for continued protection, a booster is required every 12 months.

### DYSENTERY AND FOOD POISONING

Thirty cases of dysentery or food poisoning were notified during 1967. Although this demonstrates an increase over 1966 when there were only 22 persons infected, the figures for 1967 are in keeping with the overall reduction in incidence which has been noted since 1961. Nevertheless, whilst this is a gratifying trend, it is far too early for any relaxation of effort. Control of these diseases lies in the hands of the public themselves in that all that is required are simple routine hygiene measures.

All cases are followed up by the Department to try to trace the source of infection.



## SCARLET FEVER

In general, scarlet fever nowadays is a relatively mild condition and the only difference between scarlet fever and acute tonsillitis of streptococcal origin is that the particular strain of the organism produces a toxin which causes a rash. With modern therapy the infection is usually controlled before the notification is received and there is a body of opinion which regards notification of this condition as valueless.

Consequently, it is more than probable that the 74 notifications received by the Borough form only a proportion of those cases actually infected. Moreover, due to its current mildness the risk lies in possible sequelae and, consequently, it would be more logical to regard any cases of acute tonsillitis as a potential case of scarlet fever and take precautions to avoid possible complications.

Notification of this disease would appear to be of doubtful value at the present, but no doubt one must always bear in mind the fact that the virulence of a particular germ can undergo changes and the present low grade virulence of the streptococcus could undergo revision and be the cause of an illness of much more serious consequence.

## TUBERCULOSIS

In order to control any infection it is essential to have exact information regarding the magnitude of the problem which faces the community. Moreover, with diseases such as tuberculosis where the morbidity and infectious state can extend over considerable periods of time it is essential to keep accurate and up to date records of everyone affected.

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

	<i>Primary Notification</i>				<i>Brought to notice other than Primary Notification</i>			
	<i>Pulmonary M</i>	<i>F</i>	<i>Non-Pulmonary M</i>	<i>F</i>	<i>Pulmonary M</i>	<i>F</i>	<i>Non-Pulmonary M</i>	<i>F</i>
Under 1	—	1	—	—	—	—	—	—
1—4	5	1	—	1	—	—	—	—
5—9	—	—	—	1	1	—	—	—
10—14	—	—	—	—	—	—	—	—
15—19	—	3	—	—	—	—	—	—
20—24	3	6	—	—	—	1	—	—
25—34	4	9	—	—	6	1	1	1
35—44	4	3	—	1	2	4	—	—
45—54	4	2	1	—	2	—	—	—
55—64	—	1	—	1	—	—	—	1
65 & over	2	—	—	—	1	—	1	—
	22	26	1	4	12	6	2	2

## Register

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

### Summary of changes in register—1967

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. on register January 1st 1966 .. ..	975	846	105	149
No. of new cases added .. ..	22	26	1	4
No. of cases other than on a Form "A" ..	12	6	2	2
No. of cases restored to register .. ..	2	2	—	—
No. of cases removed .. ..	70	48	8	5
No. on register December 31st 1967 ..	91	832	100	150

### Details of cases removed from register

	Pulmonary		Non-Pulmonary	
	M	F	M	F
Left District .. ..	29	23	4	2
Deaths .. ..	14	6	2	—
Recovered .. ..	52	41	3	3
De-notified .. ..	—	—	—	—
Lost Sight Of .. ..	7	5	—	—

## Deaths

Tuberculosis caused the death of 3 male and 1 female local residents.

## Prevention

The satisfactory slight but steady decline in the number of notifications continued during the year. In this context the work of the Chest Clinics and Mass X-ray unit must be mentioned as early recognition of infection in a person is of paramount importance.



As mentioned in the introduction to this report following negotiations with the North West Regional Hospital Board it is hoped to arrange a twice monthly visit of a Mass X-Ray Unit to the Borough beginning early in 1968. In the meantime a permanent Mass X-Ray Unit is available at the Central Middlesex Hospital, Park Royal, N.W.10 and is open between 9-5 p.m. on Mondays to Fridays and 9-12 on Saturdays. Here any person over 14 years can attend without appointment or medical note and without the payment of a fee. In addition, the Chest Clinics at Station Road, Harrow, and Edgware General Hospital provide ready facilities for the examination of all patients referred on suspicion of some chest trouble by hospital departments and also by their own doctors.

A vital factor in the control of the disease is the routine examination and re-examination of contacts, especially family contacts of a known case. This has been undertaken by the Chest Clinic and here one would like to record appreciation and grateful thanks to Dr. Grenville-Mathers and Dr. Trenchard, for their co-operation, help and advice which has been given so willingly at all times.

The school medical and nursing staff continue to play their part in controlling this infection and whenever a case is notified whether pupil, teacher or other member of staff the question of the need for an epidemiological investigation is discussed with the staff of the appropriate Chest Clinic.

During the year 2 school children were reported as suffering from primary tuberculosis. In one case the infection was confined to the neck glands whilst in the other no lesion could be demonstrated despite very extensive tests. Consequently epidemiological investigations were not considered necessary by the appropriate specialists. In addition to the routine B.C.G. inoculation offered to all 13 year old school children, the Chest Clinic have also tested 1069 contacts of actual cases and found 480 to be negative reactors. Inoculation was offered where appropriate and 289 have been vaccinated. All those found to be positive were investigated by the Chest Clinic.

### **Laboratory Facilities**

The examination of clinical material of public health significance is carried out 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	53
Faeces	685
Sputum	8
Others	7



## ENVIRONMENTAL HEALTH SERVICE

## WATER SUPPLY

Apart from a small area in the extreme south-west 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.

Throughout the year samples were taken by the Colne Valley Water Company and in every case the report received was satisfactory. In addition, ten samples were taken by the Department for bacteriological examination and the following is a copy of the report received on a sample submitted for chemical analysis:—

## Chemicals Result in parts per million

Suspended Matter	ENVIRONMENTAL	100
Appearance	HEALTH	clear and bright
Taste		normal
Colour	HEALTH	less than 5 hazen units
Odour		absent
Total Solid Residue dried at 100°C.	SERVICE	400 parts per million
Chlorides as Chlorine		50 " " "
Nitrate Nitrogen		absent
Nitrite Nitrogen		absent
Ammoniacal Nitrogen		0.10 " " "
Aluminium Nitrogen		0.03 " " "
Oxygen absorbed, 4 hrs. at 27°C.		0.30 " " "
Total Hardness as CaCO <sub>3</sub>		372 " " "
Non-Carbonate Hardness as CaCO <sub>3</sub>		128 " " "
Alkalinity as CaCO <sub>3</sub>		244 " " "
Poisonous Metals		absent
Reaction pH		7.3

"This is a hard water with a low solids in solution. It is chemically suitable for a domestic supply".

There are no houses in the district supplied with water by a stand-pipe, all the dwellings in the district having a supply direct from the mains of the Water Company.

No evidence exists that the water is plumbo-solvent and before distribution the new water is chlorinated and partially dechlorinated. The fluoride content of the water supplied is consistently less than 0.1 p.p.m. (F).

(d) "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 fertilizer.

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### HEALTH

### SERVICE



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Taste	..	..	..	..	normal
Colour	..	..	..	..	less than 5 hazen units
Odour	..	..	..	..	absent
Total Solid Residue dried at 105°C	..	..	..	..	468 parts per million
Chlorides as Chlorion	..	..	..	..	65 " " "
Nitrate Nitrogen	..	..	..	..	absent
Nitrite Nitrogen	..	..	..	..	absent
Ammoniacal Nitrogen	..	..	..	..	0.10 " " "
Albuminiod Nitrogen	..	..	..	..	0.03 " " "
Oxygen absorbed, 4 hrs. at 27°C.	..	..	..	..	0.50 " " "
Total Hardness as Ca CO <sub>3</sub>	..	..	..	..	372 " " "
Non-Carbonate Hardness as CaCO <sub>3</sub>	..	..	..	..	128 " " "
Alkalinity as CaCO <sub>3</sub>	..	..	..	..	244 " " "
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## **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.

## **PUBLIC CLEANSING**

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

## **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.

### **Mortuary**

The Mortuary for the district is situated in Peel Road and is under the care of a full-time attendant. During the year 285 post-mortem examinations were undertaken and inquests were held on 34.

## **SWIMMING BATHS**

Throughout the year the two open air swimming baths belonging to the Local Authority at Charles Crescent, Harrow and Christchurch Avenue, Wealdstone, were used by over 158,000 persons. 74,366 attended at Harrow and 83,681 at Wealdstone.

During the season samples of the water were tested and, at all times, found satisfactory. In addition, daily tests were made by the Bath Superintendent.



# STATISTICAL SUMMARY

## PART I

### INSPECTONS MADE AND CONDITIONS FOUND

#### HOUSING

##### VISITS

(i)	On complaint of dampness or other housing defects ..	990
(ii)	On complaint of other nuisances .. .. .	687
(iii)	Routine inspections .. .. .	454
(iv)	Revisits arising from defects found .. .. .	2,541
(v)	Surveys under S. 157 Housing Act 1936 .. .. .	39

##### CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found .. .. .	1,862
(ii)	Number of cases of overcrowding revealed .. .. .	6

#### PUBLIC HEALTH

##### VISITS

(i)	On complaint or request .. .. .	823
(ii)	Routine inspection of premises .. .. .	842
(iii)	Revisits arising from defects found .. .. .	1,283
(iv)	Surveys arising from Rats or Mice complaints .. .. .	2,060
(v)	Inspection of Factories .. .. .	189
(vi)	Inspection of Outworkers' Premises .. .. .	120
(vii)	Inspection of Cinemas and Places of Entertainment .. .. .	71
(viii)	Inspection of Licensed Premises .. .. .	60
(ix)	Visits under Shops Act .. .. .	1,121
(x)	Sunday observations—Shops Acts .. .. .	12
(xi)	Observations made for Smoke Nuisances .. .. .	119
(xii)	Surveys under Clean Air Act .. .. .	4,010
(xiii)	Pet Shops .. .. .	23

#### FOOD HYGIENE

##### VISITS

(i)	Slaughterhouses .. .. .	654
(ii)	Butchers' Shops .. .. .	207
(iii)	Cowsheds .. .. .	29
(iv)	Dairies .. .. .	62
(v)	Fish Shops .. .. .	117
(vi)	Bakehouses .. .. .	79
(vii)	Cafes and Restaurants .. .. .	399
(viii)	Ice Cream Premises .. .. .	174
(ix)	Provision Merchants .. .. .	377
(x)	Greengrocers .. .. .	262
(xi)	Other Food Premises .. .. .	341

## COMPLAINTS RECEIVED

### SUMMARY:

Accumulations of refuse	..	..	..	..	..	112
Animals causing a nuisance	..	..	..	..	..	18
Dampness and housing defects	..	..	..	..	..	289
Drains and sewers—choked	..	..	..	..	..	51
defective	..	..	..	..	..	102
Dustbins defective	..	..	..	..	..	16
Flooding—Gardens	..	..	..	..	..	22
Vermin .. .. .	..	..	..	..	..	12
Insect infestations	..	..	..	..	..	53
Overcrowding, alleged	..	..	..	..	..	12
Smoke nuisances	..	..	..	..	..	49
Watercourses .. .. .	..	..	..	..	..	4
Other complaints (wasps' nests, pigeons, noise, fumes, etc.)						402
Food unfit (excluding requests received from shops to visit and inspect food)	..	..	..	..	..	112

## NOTICES SERVED

## UNDER HOUSING ACT, 1967

Statutory Notices served under S.9 requiring execution of repair work	3
Dwellings reported under SS.17/17 as being unfit for human habitation	2
Dwellings reported under S.18 (closing orders)	Nil
Informal notices served under S.9	21

UNDER PUBLIC HEALTH ACT, 1936:

Statutory notices served under:—

(i)	S.24—work to a public sewer	..	..	..	..	112
(ii)	S.39—repair or renewal of drains	..	..	..	..	15
(iii)	S.54—repair or renewal of defective water closets	..	..	..	..	Nil
(iv)	S.56—undrained or badly drained yard area	..	..	..	..	Nil
(v)	S.75—renewal of a dustbin	..	..	..	..	2
(vi)	S.93—abatement of a nuisance	..	..	..	..	12
(vii)	Informal notices served	..	..	..	..	1,940

### ACTION TAKEN

FOLLOWING HOUSING ACT NOTICES:

(i)	S.9 Housing Act 1957—dwelling rendered fit—	
	(a) By owners .. .. .	Nil
	(b) By local authority in default of owners .. .. .	Nil
(ii)	SS.16/17 Housing Act 1957, Demolition/Closing Order ..	2
(iii)	S.18 Housing Act 1957, Closing Orders .. .. .	Nil
(iv)	Dwellings rendered fit by owners after receipt of informal notice .. .. .	14



## FOLLOWING PUBLIC HEALTH ACT NOTICES:

(i)	S.24—Public sewers repaired	.. .. .	29
(ii)	S.39—		
	(a) By owners	.. .. .	15
	(b) By local authority in default of owners	.. .. .	2
(iii)	S.45—		
	(a) By owners	.. .. .	—
	(b) By local authority in default of owners	.. .. .	—
(iv)	S.56—		
	(a) By owners	.. .. .	—
	(b) By local authority in default of owners	.. .. .	—
(v)	S.75—		
	(a) By owners	.. .. .	1
	(b) By local authority in default of owners	.. .. .	1
	(c) By occupier	.. .. .	—
(vi)	S.93—Nuisances abated	.. .. .	16
(vii)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	.. .. .	1,781

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

Number of notices	.. .. .	18
(a) by owners	.. .. .	6
(b) by local authority	.. .. .	Nil

## SUMMARY PROCEEDINGS

It was necessary on one occasion to apply to the Magistrates for an Abatement Order—this was granted and costs totalling seven guineas were allowed.

Pursuant to the Food and Drugs Act, action was taken in respect of five cases following foreign matter being found in foodstuff and in two cases where assistants were found smoking while handling food.

Fines totalling £75 5s. 0d. were imposed and costs of £34 6s. 0d. were allowed.

## HOUSING

The Clearance Order made during 1966 in respect of Nos. 27, 31 and 33 Sheepcote Road was confirmed by the Minister of Housing and Local Government on the 27th September. The rehousing of the families from No. 33 commenced during December and it is hoped that the site will be cleared during 1968.



During the year two properties, namely, 27 Roxborough Road, Harrow and 27 Burnt Oak Broadway, were made the subject of Closing Orders and two others were reported for action pursuant to Section 16/17 of the Housing Act, 1957. Two properties were demolished, namely, 31 Byron Hill Road, Harrow and 140 College Hill Road, Harrow Weald. One property, 92 Rickmansworth Road, was reconditioned and the Order lifted, as provided for by Section 27 of the Housing Act, 1957.

Over the period under review 14 families were rehoused from properties affected by either a Clearance, Demolition or Closing Order.

### **Housing Standards**

Over the years, and particularly during the past decade, many changes have occurred that have had a marked effect upon housing standards. Not the least of these changes has been the trend towards owner occupation and it is worthy of note that many dwellings, which when tenanted were the subject of regular complaints about condensation and minor housing defects, on becoming owner-occupied, ceased to be heard of again. There are, in fact, estates within the Borough where owner occupation has raised the general standard of conditions to a degree that has had beneficial effects far beyond the boundaries of the area concerned.

### **Present Position**

Harrow today, by comparison with the conditions that exist in many Boroughs, has no problem, either as regards statutory overcrowding or the unfit dwelling. By reason of ageing and normal wastage, there will always be a number of dwellings falling to be dealt with under the Closing Order provisions of the Housing Act, but, until there is an all-round raising of standards, these will be few in number—perhaps 10 to 12 per year.

### **The Current Problem**

The problem of today and the immediate future is linked with the property that is let to two or more families—in other words, let in multiple occupation.

No reliable estimate can be given of the number of houses that are let in this way, but the figure is perhaps much higher than is generally realised and, unfortunately, it is often the older and more commodious but inconveniently planned properties that are let in this way.

The maintenance of satisfactory standards within these properties is often extremely difficult and, without the co-operation of the tenants, it is impossible to prevent yards and gardens from deteriorating to nothing more than neglected and litter strewn areas. From this point it is but a short step to the stage when gates and fences become broken and missing, when dogs are able to roam at will around dustbins, in short to the time when neighbours become concerned and move, often leaving their vacated residence to be taken over to become yet another property let to a number of families.



While the Housing Acts contain many provisions relating to houses that are occupied in this way, the most satisfactory overall manner of dealing with multiple occupation is by lively and energetic action by all concerned in the matter of prevention.

### **Overcrowding**

On the 1st January, 1967, the number of cases on the register of overcrowding was 10. The number on the 31st December was five.

Since 1949, when the number of cases stood at 628, there has been a year by year fall and it is not likely that a further reduction will be seen for some time to come.

During the year details of six new cases were added to the register and 11 were removed. Of these 11 cases, four were removed following other accommodation being found for the families concerned by the Council, while seven other families found improved accommodation for themselves.

### **Overcrowding Standards**

While the foregoing figures relating to 1967 are both satisfactory and encouraging, the standard which overcrowding is based is not a high one and, in determining the permitted number for a dwelling, living rooms and bedrooms are taken into account. Nevertheless, the position in the Borough in relation to that prevailing in many parts of the country is satisfactory and this is due in no small measure to the help given to the overcrowded family by the Housing Committee.

## **RENT ACT, 1957**

### **CERTIFICATE OF DISREPAIR**

Seven applications were received during the year from tenants of property for a Certificate of Disrepair. Four undertakings were accepted from owners in respect of carrying out of works of repair, one certificate previously issued was cancelled, while eight applications were received for certificates relating to the remedying of defects.

As in previous years, few tenants took advantage of the provisions of the Rent Act, 1957 and it is felt that this is due to the fact that many tenants have difficulty in understanding the rather complex conditions of the Act and the forms that are involved.



## SUPERVISION OF OTHER PREMISES

Reference to the statistical summary at the commencement of this section of the report will give an indication of the wide field over which the work of the Health Inspector extends. It is work that is concerned in almost all its aspects with the raising of standards and the prevention of conditions likely to affect the health and welfare of the general public. To these ends, visits are made by the Health Inspector to places of public entertainment, to shops, to offices and work places, watercourses are inspected and likewise those centres likely to become attractive to rats and other vermin. In this same field considerable effort continues to be made towards improving the condition of the atmosphere and here I refer to the work undertaken in the creation of Smoke Control Areas. Then, like the Health Visitor, the Midwife and those other members of the staff of the Health Welfare and Childrens Department, whose duties bring them into contact with the public, the Health Inspector plays an important part in the matter of Health Education.

Reference is made elsewhere in this report to the importance of this subject for, as with many of the accidents that occur in the home, in the office and elsewhere, most environmental health problems could, with a little care and thought, be prevented. Health Education, among other things, explains how and why.

As regards the environment, reference has been made in successive Annual Reports since 1963 to the problems associated with the rubbish and the dumping that occurs throughout the district. The litter and rubbish that is strewn about many of the rear access roads and open areas within the Borough is nothing short of a disgrace and a reflection upon the whole community. The problems and difficulties of securing the clearance of this rubbish have to be experienced to be believed—issues arise such as responsibility for payment for the work involved—in the ownership of the land—whether the rubbish is trade waste or house refuse and whether or not it is a nuisance.

During May 1967 however authority was given by the Council for rubbish from certain sites to be cleared and, while this has enabled many areas to be cleared and has been of real help, a major problem remains. The provision by the Council of two collection centres, one at the Elmgrove Road Depot and the other at Rayners Lane, where ratepayers may deposit, free of charge, waste and rubbish, has also helped, but the biggest step yet taken in dealing with the rubbish and litter problem is the introduction of the Civic Amenities Act, 1967.

This Act, among other things, makes provision for the "orderly disposal of disused vehicles and equipment and other rubbish". Section 18 of this Act states "*it shall be the duty of a Local Authority to provide places where refuse, other than refuse falling to be disposed of in the course of a business, may be deposited at all reasonable times free of charge by persons*



resident in the area of the authority . . . . .”, while Section 23 of this Act states “where it appears to a Local Authority that any thing in their area, other than a motor vehicle, is abandoned without lawful authority on any land in the open air or on any other land forming part of a highway, the authority may if they think fit . . . . . remove the thing”.

It is hoped that, before long, the effect of this most useful piece of legislation will make itself apparent and that those with rubbish to dispose will take it to the centres available from which it can be collected and disposed of by the Local Authority without it giving rise to annoyance or the creation of a nuisance.

### VERMIN AND OTHER PESTS

During the year 260 complaints were received about either rats or mice and infestations were found at 1,929 premises. The complaints received, while the highest for some years, did not reveal one part of the area as being more seriously affected than another and no major infestations were found.

The feeding of birds by the scattering of food scraps on lawns and gardens and the retention of unwanted material which provides cover for vermin are factors that militate against a marked reduction in their numbers.

During the year, as a result of difficulties in obtaining the services of a Rodent Operative, the treatment of infestations in a part of the district was placed in the hands of a Contractor. This appears to be a most satisfactory arrangement and statistics are being kept that will enable comparisons to be made of the two methods that are now operating within the district.

### Pigeons

The services of the contractor engaged during 1964 to deal with feral pigeons in the Borough were retained and, while the marked reduction hoped for did not materialise, the number of birds was kept within reasonable limits.

The main centres of infestation were the shopping centres and the railway arches and it appears that while the public persist in feeding pigeons these birds are likely to remain a problem. The fouling of gutters and footpaths and the damage the birds cause to the fabric of buildings appears to mean little or nothing to some members of the public whose attitude towards any form of control is often hostile.

During the year one case of pigeon feeding created such appalling conditions that it became necessary to serve a Notice to abate a nuisance on the person concerned. The problem in this case was fortunately resolved satisfactorily without an application being lodged to the Magistrates for an Abatement Order, though action to this end was about to be taken.



## Wasps

The year was an average one for wasps, 396 complaints being received as compared with 223 in 1966 and 859 in 1965.

No serious difficulties were encountered in dealing with the nests, apart from those in inaccessible places such as under eaves and in confined roof spaces. In some cases of this kind evening visits were necessary.

## NOISE

The noise arising from the increasing use of power driven appliances in industry commerce and home has become one of the major environmental problems of this day and age and, like the noise from aircraft and the noise from heavy vehicles, it gives rise to problems that are not easy to resolve. There are, however, sources of noise that are equally disturbing, that need present no problems, for example; the slamming of car doors at night; the blaring of loud speakers; the careless use of transisters sets; the motor cycle enthusiasts whose spare time is devoted to the tuning and unnecessary revving up of engines; and the activities of many do-it-yourself enthusiasts. With a little thought for the comfort and welfare of others, no inconvenience or annoyance need arise from any of these; but they are matters of which complaints are received. It is surprising, too, how often these comparatively trivial or minor issues lead to the relationship between neighbours becoming strained, even to the point of retaliatory measures being taken, and this is always unfortunate.

During 1967, fifty complaints were received about noise problems. These were dealt with either by the giving of advice or by the taking of informal action and, by reason of intrusive noise becoming more noticeable and more troublesome as the general level of the noise created during the normal working day decreases, many of the enquiries and investigations into these complaints were made during the evening, and some during night hours.

In no case was it necessary to take statutory action under the provisions of the Noise Abatement Act 1960, or the appropriate byelaws of Good Rule and Government.

From the statistical summary at the end of this Report it will be seen that only one complaint was received about the use of chimes or similar devices by itinerant vendors of ice-cream. Nevertheless, a letter was sent to all such traders operating in the Borough, advising them of the relevant provisions of the Noise Abatement Act 1960 and seeking their co-operation in the proper use of amplified advertising appliances.

Increased attention was paid to the noise emitted by road-breaking equipment and, wherever possible, operators were asked to fit suitable mufflers, thus reducing the amplitude of the noise, particularly in the higher and more annoying frequencies. On this particular matter consultations are taking place with a view to the insertion of a clause in all contracts and permits issued by the Council, calling (unless there are special circumstances) for the use of suitable mufflers on road-breaking equipment.



The coin-operated launderette is another modern development that is giving rise to noise problems. In most cases the noise emitted by the appliances and ancillary equipment is not great, but it tends to start in the early morning and continue until a late hour and, sometimes, throughout the night. The closing of car doors by the night users of these twenty-four hour establishments is another noise problem that causes distress to nearby residents. In some of these cases, with the co-operation of the owners of the business, a marked improvement has been obtained by isolating the machinery from the structure and also by the adjustment of operating times.

The following is a summary of the complaints received:—

### Summary of Complaints and Visits

<i>Source of Noise</i>	<i>No. of Complaints</i>	<i>Visits made</i>
Noisy Animals .. .. .	10	13
Factory Processes and Machinery in Shops	18	90
Road and Construction Works .. ..	11	22
Clubs and other Places of Entertainment..	1	1
Ice-Cream Vendor's Chimes .. ..	1	3
Neighbours' Activities .. .. .	9	13
Total .. .. .	50	142

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

Working conditions in offices, shops and railway premises are regulated by the Offices, Shops and Railway Premises Act of 1963 and a number of regulations made thereunder. Pursuant to Section 60 of this Act, an Annual Report is submitted to the Minister of Labour and the following is an extract from the Report for the year under review:—

## Offices, Shops &amp; Railway Premises Act 1963

## Place where Accident Occurred

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 .. .. .	28	519	38
Retail shops .. .. .	60	1,353	130
Wholesale shops, warehouses .. .. .	2	36	2
Catering establishments open to the public, canteens .. .. .	14	132	25
Fuel storage depots ..	—	—	—
TOTALS ..	104	2,040	195

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

786

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 .. .. .	7,821
Retail shops .. .. .	6,936
Wholesale departments, warehouses	375
Catering establishments open to the public .. .. .	939
Canteens .. .. .	191
Fuel storage depots .. .. .	—
Total .. .. .	16,262
Total Males .. .. .	6,884
Total Females .. .. .	9,378



**ANNUAL REPORT 1967**  
**Offices, Shops & Railway Premises Act, 1963**  
**Place where Accident Occurred**

<i>Workplace</i>	<i>Number Reported</i>		<i>Total No. Investigated</i>	<i>Action Recommended</i>			
	<i>Fatal</i>	<i>Non Fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>Informal advice</i>	<i>No action</i>
Offices	—	8	5	—	—	2	3
Retail shops	—	42	8	—	2	3	3
Wholesale Shops Warehouses	—	—	—	—	—	—	—
Catering establishments open to public, canteens	—	7	2	—	—	1	1
Fuel storage depots	—	—	—	—	—	—	—
<b>TOTALS</b>	—	57	15	—	2	6	7

**Analysis of reported accidents**

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel storage depots</i>
Machinery	—	3	—	—	—
Transport	1	1	—	—	—
Falls of persons	4	10	—	4	—
Stepping on or striking against object or person	1	4	—	1	—
Handling goods	2	10	—	—	—
Struck by falling object	—	2	—	—	—
Fires and explosions	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	12	—	—	—
Not otherwise specified	—	—	—	1	—

## Part VIII—OUTWORK

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

<i>Nature of Work</i>	<i>No. on August list</i>
Wearing Apparel .. .. .	106
Cardboard boxes .. .. .	3
Brush making .. .. .	7
Cosaques, Christmas stockings .. .. .	16
<b>TOTAL .. .. .</b>	<b>132</b>

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

### Shops

At the end of the year there were 2,221 occupied shops on the register, 26 fewer than at the end of the previous year. There was a further reduction in the number of food shops, grocers being twelve fewer. Our records reveal that, over the past six years, 122 grocers have closed down and it is suggested that this is an indication, among other things, of the increasing popularity of the self-service store. One new large food store came into being during the year.

While some of the premises that fell vacant were reoccupied as retail shops, a number re-opened either as a launderette, a betting shop or as an agency.

During the year 1,121 visits were made for the purpose of administering the Shops Acts, 1950/1965 and Sunday and evening observations were also made. The following is a summary of the contraventions found:—

### Closing Hours

Failing to close on an early closing day .. .. .	5
Failing to observe the evening closing hour .. .. .	2
Selling non-exempted goods on early closing day .. .. .	5
Selling non-exempted goods on Sunday .. .. .	9
Failing to display mixed trade notices on early closing day .. .. .	14
Failing to display mixed trade notices on Sunday .. .. .	17
Failing to display notice of early closing day .. .. .	11

### Conditions of employment

Employing assistant on excessive number of Sundays .. .. .	1
Failing to allow holiday in lieu of Sunday employment .. .. .	1
Failing to keep record of Sunday employment .. .. .	1
Failing to allow assistant a weekly half day .. .. .	1

Warnings were given in respect of all the above matters and also regarding 71 other instances of prescribed notices not being satisfactory maintained.



## OIL HEATERS REGULATIONS AND HEATING APPLIANCES (FIREGUARDS) REGULATIONS

During the year inspections were made of a number of heating appliances covered by these Regulations, particular attention being given to the shops selling second-hand appliances.

One such appliance, an electric Radiant Fire which failed to meet the requirements of the Regulations in that it was not fitted with an effective guard, was found at a shop selling second-hand goods for charity. This appliance was removed and destroyed.

The London Fire Brigade reported four fires at homes in the Borough where oil heaters were involved. These were subsequently investigated by the Department.

## FACTORIES

Section 153(i) of the Factories Act 1961 required the Medical Officer of Health in his Annual Report to the Council to furnish in a set form prescribed particulars about 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	20	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . . . .	453	150	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) . . . . .	38	19	—	—
TOTAL . . . . .	536	189	5	—

## 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) ..	8	7	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	2	2	—	—	—
(b) Unsuitable or defective	9	5	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	2	2	—	2	—
TOTAL ..	21	16	—	6	—

## CLEAN AIR

## Smoke Control

During the year two Smoke Control Orders (Nos. 12 and 13) became operative affecting some 3,977 dwelling houses. A total of thirteen Orders are now in operation, covering an area of 3,181 acres and 22,406 premises, 21,278 of which are dwellings. Approximately 32% of the dwellings in the Borough are now within areas covered by operative Orders. It was hoped that the No. 14 Order would also be in operation during 1967, but an objection was lodged against its confirmation and the delay caused by this resulted in the number of dwellings affected by Smoke Control Orders being some 1,500 less than was intended. During 1968 it is hoped to bring under control a further 5,250 dwellings which will take the number affected up to 40%.



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

### SMOKE CONTROL ORDERS—Position at 31st December 1967

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	3,017
2.	1. 9.62	790	329	105	222	3,266	1,599	709
3.	1.11.62	1,009	60	132	369	5,215	2,236	972
4.	1. 7.63	1,518	41	208	471	9,079	3,338	1,458
5.	1.10.63	1,695	2	212	650	12,676	6,243	2,788
6.	1.11.63	935	441	161	289	5,562	1,907	838
7.	1. 7.64	1,378	—	176	456	11,942	6,303	2,778
8.	1.12.64	1,461	233	228	643	17,695	10,003	4,287
9.	1.12.65	1,396	2	171	609	22,209	11,425	4,896
10.	1. 7.66	1,429	2	171	463	19,245	8,494	3,640
11.	1.12.66	2,124	276	304	741	33,808	13,480	5,777
12.	1. 7.67	1,643	126	288	357	18,088	7,334	3,143
13.	1.10.67	2,085	123	800	189	10,665	4,324	1,853
14.	1. 7.68	1,355	171	180	20	1,542	525	225
15.	1. 9.68	2,150	190	548	—	—	—	—
TOTALS		22,949	2,194	3,909	6,181	183,161	84,141	36,381

The staff engaged on the survey and inspection of premises involved in this aspect of the work of this Department made 4,474 visits during the year and inspected and approved completed works of adaptation to fireplaces to the value of £48,422 in some 885 dwellings.

### FOOD AND DRUGS ACT, 1955

The inspection of food shops and premises where food is prepared or stored was maintained throughout the year and, in addition, 671 samples of foodstuff were taken for the purpose of examination and analysis.

The trend towards the large self-service store continued and today in the major supermarket there are few items of foodstuff that are not obtainable. Refrigeration and modern methods of packaging are among the things that have helped to make this possible. In some cases, too, the popularity of these centres is enhanced by adequate car parking facilities.

The supplying of food via the vending machine was also seen to be on the increase and what perhaps started as something dispensing a penny bar of chocolate had been developed into a piece of apparatus that will supply hot meals, sandwiches, pies or hot and cold drinks. Milk vending machines are also to be seen in most shopping centres, while at many garages they are to be found dispensing soups, hot chocolate, tea or coffee. At hospitals, too, these machines are giving a twenty-four hour service to visitors and whoever may wish to use them.



Also of interest is the increase in the popularity of foods that were at one time uncommon in this country. Whether this is the result of holidays abroad, or whether due to the increase in the number of persons from overseas who are now resident in this country, is not known, but aubergine and avocado pears are now commonplace articles in many greengrocery shops. In the delicatessen shops the variety of cheeses is almost legion, while tinned snails and chocolate ants are by no means uncommon.

Throughout the year the general standard of maintenance of food premises in the Borough was satisfactory, though there were occasions when it was found necessary to remind shopkeepers and others of their responsibilities in the matter of hygiene and of the requirements of the Food Hygiene Regulations.

What was particularly encouraging in this field was the improved standards being achieved by those stallholders at Pinner Fair who were retailing foodstuff. Those attending were advised beforehand to obtain a written statement from their home Authority about their food storage accommodation and they were also advised of local requirements. Similar procedure will be followed in future years.

### **Complaints**

Eighty-four complaints were received about the condition of food purchased from shops. When considered against the number and origin of the various articles of foodstuff that are now available and the quantities that are involved in supplying a population of some 200,000 people this figure is remarkably low and though it is known that many incidents are referred back to traders and manufacturers by customers without advising the Department, I feel it speaks well for the efforts that are made by all concerned in the manufacture, the handling, the storage and the retailing of food.

With the exception of bread, in respect of which twenty complaints were received, the incidents reported covered most articles of food. Court action was taken in respect of two of the cases that were reported and both of these involved foreign matter in bread. Fines totalling £35 were imposed and costs amounting to ten guineas were allowed.

### **CONSUMER PROTECTION**

While this term, when used in its widest sense, embraces everything that is purchased by the public from real estate and insurance to face powder and nail varnish, and includes services of all kinds including those provided by the Local Authority, it is the Local Authority on whom the responsibility generally rests when the issues arising from the efforts of the Consumer Council reach the state of some form of enforcement action being taken. The Consumer Council is, in fact, a form of ombudsman, drawing the attention of the general public and the government to matters which appear to be contrary to the interests of the public at large.



In the Annual Report for 1966 reference was made to this subject and to its importance in relation to much of the work that is undertaken by the Health Inspector. Important in this particular field are the Merchandise Marks Act and the many Statutory Instruments relating to the composition and labelling of foodstuff.

During the year 422 inspections were made in connection with matters arising from these Acts and Instruments and a number of cases involving the labelling of food were taken up with the manufacturers.

In the main, however, the foodstuff exposed for sale in shops in the in the Borough was well and truly marked. The cases dealt with included honey which was incorrectly labelled—old potatoes being sold prepacked and described as “selected new potatoes”—incorrectly labelled fruit juice and, similarly, sausages, milk powder, crumpets, liqueur chocolates and sweets.

The labelling of foodstuff is a very complex subject to which considerable thought has been given and is still being given by the Foods Standards Committee. Of the cases found, meetings with the trade resulted in appropriate action being taken and on no occasion was it necessary for proceedings to be instituted.

### Sampling

During the course of the year 671 samples of foodstuff were taken for examination and testing and 408 of these were submitted for analysis by the Public Analyst, Mr. Eric Voelcker, A.R.C.S., F.R.I.C.

The following is a summary of the samples taken and the results obtained:—

	Type	Taken	Satisfactory	Unsatisfactory
Public Analyst	Food	336	320	16
	Drugs	59	59	—
	Milk	13	12	1
Department	Food	72	62	10
	Drug	—	—	—
	Milk	191	189	2
	Total	671	342	29

On an unsatisfactory report being received, enquiries were made and follow-up action was taken and invariably the subsequent samples revealed that this had been successful. At the same time, a number of warnings were given and, in one case, legal proceedings were instituted.



I would like to take this opportunity of recording our thanks to Mr. Voelcker and his staff for the help and assistance received from them throughout the year. I would also like to thank the Director of the Public Health Laboratory at Colindale and, in particular, Dr. Betty Hobbs for the help and assistance we received from them in connection with the examination of the specimens submitted to them and for their help and advice in dealing with problem cases.

## **MILK—PRODUCTION AND PROCESSING**

The production of milk within the area is related to the following farms—Pinner Park Farm, Pinner Wood Farm, Harrow School Farm, College Hill Road Farm and Oxhey Lane Farm.

Hall and Sons Limited at Pinner Park Farm maintain a herd of some 250 fresian cattle, Harrow School also favour this breed and have a herd of 30, Messrs Angolds have Jersey cattle at Pinner Wood Farm where they maintain a herd of 70 while the cattle (Jerseys) at the other two farms total 6.

Throughout the year samples were taken at these farms and the results indicated that satisfactory standards were being maintained.

### **Processing and Distribution**

The number of pasteurising plants in the Borough remained at two. They are located at Kenton Lane Farm, Kenton and Pinner Park Farm. Several thousand gallons of milk are dealt with daily by the High Temperature Short Time plants installed at these centres and most of this is consumed locally.

In addition milk was distributed within the Borough from the four local depots of the Major Processing Companies and from many of their depots outside the district.

Two Distributing depots, first licensed by the Wealdstone Urban District Council closed during the year, one in Peel Road and the other in Masons Avenue. Both were closed as a result of re-organisation within the companies concerned.

The following summary indicates the position relative to the regulations affecting the distribution of milk and the retailing of milk the subject of a special designation:—

### **Milk and Dairies (General) Regulations, 1959**

Number of Persons Registered as Distributors

Number of Persons Registered as Dairymen

111  
3



### Milk (Special Designations) Regulations, 1963, as amended 1965

Number of Dealers holding a (Pasteurised) Licence	..	2
(Untreated) Licence	..	2
Number of Dealers holding a (Pre-Packed) Pasteurised		
Licence	..	106
Sterilised Licence	..	61
Untreated Licence	..	22
Ultra Heat Treated Licence		44

The sale of Ultra Heat Treated milk continues to increase. The long life of this commodity and the need for no special storage facilities make this milk particularly attractive to families or house-holders who are without a refrigerator.

### Inspection and Sampling

The Annual Report for 1966 contained the initial information about the finding of *Brucella Abortus* in two herds within the district. In one case the investigations proceeded to the point where it was possible to tell the actual secretors of the organism. This information was passed to the Ministry of Agriculture, Fisheries and Food (Animal Health Division) in the hope that this herd would be accepted for the Pilot eradication scheme. However, this was not to be so as the herd did not fulfil the requirements needed for this scheme.

Monthly tests continue to be made of the two herds in question and as the reaction is still positive, the measures taken under Regulation 20 of the Milk and Dairies (General Regulations, 1959 remain in force. The milk continues to be taken up by the Milk Marketing Board and is subjected to heat treatment as required by these regulations.

### Milk Bottles

The inspections and bacteriological tests carried out at the milk bottle washing plants at the two processing dairies within the area revealed that the high standard of previous years was being maintained. Eighty bottles submitted for examination were, in fact, reported as being almost sterile.



The year as regards complaints about the condition of milk bottles, was less satisfactory than 1966 when 18 complaints were received. Thirty three were investigated during 1967, 17 of these were about the presence of foreign matter and 16 about the state of the bottles.

Most of the complaints were well founded, but one where it was suggested a slug was present and another where the offending material appeared to be a blow fly were found to be sand from the bottle mould enclosed within the glass.

The presence of hardened cement in bottles collected from building sites and factory waste from bottles delivered to an engineering factory, gave rise to a number of complaints while an unusual number of problems were experienced with  $\frac{1}{2}$  pint bottles supplied to one of the local hospitals. In the case of the hospital and the factory, the difficulties were overcome by the introduction of non-returnable containers. The use of cartons was also advocated for supplies left on building sites.

As in past years the problem with the milk bottles is very largely the result of the use of which these containers are subjected. This can vary from being a holder for fireworks or flowers to a mixing vessel for paint.

During the year court action was taken in respect of 2 cases, where foreign matter was found in a milk bottle. One of these involved a razor blade and the other glass. The fines and costs imposed totalled £25 10s. 0d.



Throughout the year samples were taken and the following is a summary of the results obtained:—

# Sampling Returns for Year Ending 31st December, 1967

## Milk—Bacteriological

Type	Taken	Meth. Blue			Phos.		Turbidity		Milk Ring		Biological		Anti-Biotic		U.H.T. Test		Salmonella	
		Sat.	U/S	Void	Sat.	U/S	Sat.	U/S	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Sat.	U/S	Neg.	Pos.
Raw	240	69	26	19	—	—	—	—	23	24	5	6	80	—	—	—	36	—
Pasteurised	21	21	—	—	21	—	—	—	—	—	—	—	—	—	—	—	—	—
Channel Island	18	18	—	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—
Homogenised	10	10	—	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—
Sterilised	11	—	—	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—
Separated Pasteurised	2	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Separated Sterilised	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Ultra Heat Treated	6	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—
School	4	4	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	314	124	26	19	55	—	13	—	23	24	5	6	80	—	6	—	36	—

## ICE CREAM

There are 418 premises registered under the Food and Drugs Act for the storage and sale of ice cream and seven for the manufacture of this commodity. At four of these Soft ice cream is made, at two others the ice cream is made by the pasteurisation method and at one a Cold Mix is used.

Throughout the year samples were taken and the following is summary of the results obtained:-

### Ice Cream Samples

<i>Process</i>	<i>Taken</i>	<i>Grade</i>			
		1	2	3	4
Heat Treatment ..	98	64	21	10	3
Soft .. ..	46	15	16	8	7
Cold Mix .. ..	18	15	2	—	1
Total ..	162	94	39	18	11

<i>Process</i>	<i>Taken</i>	<i>Grade</i>			
		1	2	3	4
Cafe .. ..	3	3	—	—	—
Vehicles .. ..	45	21	11	8	5
Manufacturers .. ..	95	57	23	9	6
Retailers .. ..	19	13	5	1	—
Total ..	162	94	39	18	11

It will be seen this summary indicates the method of manufacture and the place at which the sample was taken and it will also be seen that the sampling undertaken was biased towards local manufacturers and to vehicles selling ice cream.

While it is difficult to assess the number of vehicles operating within the Borough at a particular time the majority follow regular rounds and invariably can be found at school entrances in the later afternoon. All were inspected.

In addition, samples were taken from the persons retailing ice cream at Pinner Fair and this year all were found up to standard.



Where the reports received from the Laboratory revealed a Grade III or Grade IV product enquiries were made and follow-up samples were taken. It should, perhaps, be pointed out that a Grade IV report does not mean that a sample is unfit for human consumption, but it is an indication that somewhere either the required standard of cleanliness is not being maintained or there is something wrong with either the plant or the material being used.

In addition to the samples referred to above, six Ice Lollies were forwarded to the Public Health Laboratory for examination. All were reported as satisfactory.

### FERTILISERS AND FEEDING STUFFS

The Fertilisers and Feeding Stuffs Act and Regulations control the composition of fertilisers and feeding stuffs. Among other things, this legislation provides for the taking of samples and, during the year, 16 were taken. Fifteen of these were of fertilisers and one of feeding stuff.

All but two were reported as satisfactory. In one of these the content of the fertilisers was not recorded correctly—this was rectified. The other failure was the result of the stock having aged—the remainder of the stock in question was withdrawn.

### PHARMACY AND POISONS

There are 165 registered sellers of Part II poisons within the area administered by the Local Authority, as listed below:—

Builders, Builders' Merchants	11
Hardware Stores	42
General Provisions	95
Nurseries/Corn Merchants	11
Hairdressers	1
Photographers	2
Laboratory/Druggists	3

Poisons sold in general are in the form of household aids, cleansing materials, disinfectants and gardening aids and, being normally stable in type and manufacture, require little if any sampling.

### THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

Ministry of Health circular 1/67 refers to these regulations.

There are no egg pasteurisation plants in use in the Borough, but liquid egg is used at a number of establishments.

Eight samples were taken during the year of supplies coming into the district and all were satisfactory. The countries of origin of the eggs being Australia, South Africa, China and the United Kingdom.



## FOOD HYGIENE (GENERAL) REGULATIONS, 1960

Reference is made earlier in this Report to the shops in the district and the number in the various categories. Almost without exception, food in each group comply with Regulation 16 and Regulation 19 of the Food Hygiene (General Regulations) of 1960.

## SLAUGHTERHOUSES

There are three slaughterhouses in use in the district, namely; at 7 Northolt Road, South Harrow, 46 High Street, Wealdstone, and 87 Stanmore Hill. Slaughtering at 7 Northolt Road is expected to cease during 1968, while the situation at 46 High Street, Wealdstone, will be reviewed when an abattoir, now under construction in the area of a nearby authority comes into use.

The number of animals slaughtered during the year total 7,736. This total represents an increase of 10% in last year's figure, and is the highest kill for 10 years.

Of this total, 6,829 (88%) were killed at the slaughterhouse situated in the rear of 46 High Street, Wealdstone, which, by reason of both situation and size, is the least suited for the wholesale trade. By comparison, the volume of killing at this slaughterhouse approached twice the total killed in the eight local slaughterhouses that were in use in the district in the year 1937.

The following table compares the local slaughtering statistics for 1967 with those of 10 and 30 years ago:—

	1937	1957	1967
Number of Slaughterhouses ..	8	4	3
Cattle (excluding cows) ..	161	1,931	1,152
Cows .. .. .	47	236	7
Calves .. .. .	250	741	291
Pigs .. .. .	2,425	2,177	2,122
Sheep .. .. .	1,203	3,933	4,164
Total .. .. .	4,086	9,018	7,736



### Meat Inspection

All the animals slaughtered in the district were inspected and the following is a summary of the post-mortem examinations that were made:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed .. .. .	1,152	7	291	4,164	2,122	—
Number inspected .. .. .	1,152	7	291	4,164	2,122	—
All diseases except Tuberculosis and Cysticerci—whole carcasses condemned	—	—	2	1	3	—
Carcases of which some part or organ was condemned .. .. .	349	2	Nil	276	391	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci ..	26·8	28·6	0·7	6·7	18·4	—
Tuberculosis only Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned .. .. .	—	—	—	—	17	—
Percentage of the number inspected affected with Tuberculosis .. .. .	—	—	—	—	0·8	—
Cysticercosis— Carcases of which some part or organ was condemned .. .. .	17	—	—	—	—	—
Carcases submitted to treatment by refrigeration ..	4	—	—	—	—	—
Generalised and totally condemned .. .. .	—	—	—	—	—	—

It will be noted that today Tuberculosis is almost non-existent.

The eradication of Tuberculosis from the cattle in this country since the war is one of the most spectacular achievements in modern animal husbandry, and it is now six years since evidence of Tuberculosis was diagnosed in a non-reactor on post mortem examination of cattle in a local Slaughterhouse.



There has been a corresponding decline in the incidence of Tuberculosis in the pigs that have been slaughtered, many of whom at one time had their diet supplemented by the strippings of milk from cows, which may have been tubercular. The sterilisation of swill for feeding has also played a part.

The following table illustrates the decline of Tuberculosis in animals killed in Harrow in the comparatively short space of 30 years.

	1937		1957		1967	
	<i>Cases</i>	<i>Percentage</i>	<i>Cases</i>	<i>Percentage</i>	<i>Cases</i>	<i>Percentage</i>
Cattle (excluding Cows)	27	16.1 %	113	5.85 %	Nil	Nil
Cows .. ..	11	23.4 %	36	15.25 %	Nil	Nil
Calves .. ..	2	.8 %	1	0.13 %	Nil	Nil
Pigs .. ..	271	10.9 %	31	1.42 %	17	0.8 %

Infestation by *Cysticercus Bovis*, the cystic stage of a tapeworm common to man, was diagnosed (1966 percentage in brackets) in 1.48% (10.9%) of cattle. In four cases where the lesion was considered viable, the carcasses were submitted to freezing, as recommended by the recently amended Meat Inspection Regulations, and in the other cases, consisting of a single degenerate cyst, the carcasses was released after condemnation of the affected part.

The carcasses of three pigs were totally condemned due to pyaemia or peritonitis. Other diseases necessitating the condemnation of some part or organ included; pneumonia, pleurisy or congestion of the lungs.

One ewe's carcase was condemned due to oedema, whilst infestation of the liver by fluke or other parasites accounted for the majority of the 6.7% (5.1%) of cases where some part or organ of sheep was condemned.

Two calves' carcasses were condemned due to immaturity and septicaemia.

As in past years, all the meat condemned was voluntarily surrendered and was taken for disposal to the Brent Destructor, where it was destroyed under supervision by incineration.

All animals killed in the district were handled by slaughtermen who are licensed under the Slaughter of Animals Act 1958. There are nine such persons operating within the Borough.



## DISEASES OF ANIMALS ACT, 1950

In January 1967 an outbreak of foot-and-mouth disease occurred in Hampshire. The disease was contained and the infected area released from restriction on 25th February.

On 4th September the area around Snitterfield, Stratford-upon-Avon, Warwickshire, was declared to be a foot-and-mouth disease infected area. The disease spread rapidly and on 16th November the whole of England and Wales was declared to be a Controlled Area. On 24th November this was extended to include the whole of Scotland, the Orkneys, Shetlands and all other Scottish islands.

Of the infected areas, Quinton in Northamptonshire was the nearest to Harrow.

The Control Order affecting the whole of England and Wales prohibited the movement of animals anywhere in the country unless authorised by a Movement Licence issued by the local authority. Most of the Movement Licences issued in Harrow related to animals brought into local slaughterhouses and during the period September to 31st December fifty such licences were issued.

Precautions were taken on the farms and at the dairies within the district to prevent the disease being carried into the premises on the wheels of vehicles and farmers and dairymen were advised as to the precautionary measures that could be taken. In these and other matters we had their active co-operation.

Part of the milk supply to one dairy farmer with a large milking herd came from the Newport Pagnall area on a direct farmer to farmer delivery basis. By co-operation with the dairymen and with the Milk Marketing Board, the possible chain of infection was broken by delivering the milk from the producer's farm to the Milk Marketing Board Station at Luton, and conveying the milk from there to Harrow on another vehicle.

Other precautions taken locally included control of the disposal of stomach contents and other waste from our slaughterhouses and the disinfection of vehicles used for the movement of animals to and from the slaughterhouses.

The first case of the disease was reported on 25th February 1954. It was a cow of the Friesian breed, aged 4 years, which had been kept in a field with other cattle. The disease was contained and the infected area isolated from the rest of the herd. The disease was contained and the infected area isolated from the rest of the herd.

On 25th February the first animal infected, a cow of the Friesian breed, was reported. The disease spread rapidly and on 28th February the whole of England and Wales was declared to be a Controlled Area. On 24th November this was extended to include the whole of Scotland, the Orkneys, Shetlands and all other Scottish islands.

Of the infected areas, Orkney in Northamptonshire was the nearest to Harrow. The following table shows the number of animals infected in each area.

Area	Number of animals infected
Orkney	1
Shetlands	1
Other Scottish islands	1
England and Wales	1

The Control Order affecting the whole of England and Wales prohibited the movement of animals anywhere in the country unless authorised by a Movement Licence issued by the local authority. Most of the Movement Licences issued in Harrow related to animals brought into local slaughterhouses and during the period September to 31st December fifty such licences were issued.

Investigations were taken out in the district and at the district within the district to prevent the disease being carried into the premises of the slaughterhouses and to prevent the disease being carried into the premises of the slaughterhouses. It was found that the disease was carried into the premises of the slaughterhouses by the movement of animals from the infected areas to the slaughterhouses.

Part of the milk supply to one dairy farmer with a large milking herd came from the Newport Farnall area on a direct farmer to farmer delivery basis. In co-operation with the dairyman and with the Milk Marketing Board, the possible chain of infection was broken by delivering the milk from the infected area to the Milk Marketing Board Station at London and conveying the milk from there to Harrow on another vehicle.

Other precautions taken locally included control by the disposal of stomach contents and other waste from our slaughterhouses and the destruction of vehicles used for the movement of animals to and from the slaughterhouses.

Two cases were confirmed as being infected by the disease. As in past years, all the meat condemned was sent to a central depot and destroyed as it was not fit for human consumption. The meat was destroyed as it was not fit for human consumption.

All the animals in the district were killed by the district authority. The animals were killed by the district authority. The animals were killed by the district authority.



## EDUCATION COMMITTEE

Members of the General Purposes and Finance Sub-Committee:—

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

*Chairman*

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ALDERMAN R. BAILEY, J.P.

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S.R.N., S.C.M., F.R.S.H.

**SCHOOL**

COUNCILLOR MISS D. T. EDWARDS

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**SERVICE**

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*Ex-officio*

ALDERMAN C. E. JORDAN

ALDERMAN A. E. P. F. MACRAE, R.N.V.R.,

A. Just M.S.M.

*Co-opted Members*

THE REV. C. W. BECKET

MR. M. A. MURPHY

MR. A. T. STODHART

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

*Director of Education*

SCHOOL  
HEALTH  
SERVICE



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## SCHOOL HEALTH SERVICE

### NUMBER OF CHILDREN ON ROLL

The number of pupils attending maintained primary and secondary schools including nursery and special school, on re-opening in January 1968 was 27,412. The numbers attending each group of schools were as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Grammar .. .. .	2,409	2,495	4,904
Secondary Modern .. .. .	2,806	2,551	5,357
Primary .. .. .	8,500	8,245	16,745
Nursery .. .. .	67	68	135
Day Special School .. .. .	43	42	85
Hospital School .. .. .	46	52	98
Residential Special Schools .. .. .	62	26	88
	<hr/> 13,993	<hr/> 13,479	<hr/> 27,412

### MEDICAL INSPECTIONS

The main function of the School Health Service is to promote the health and welfare of the school child in order that he may derive the maximum benefit from the education provided. The basic "instrument" used to achieve this end is the medical inspection of children with the purpose of:—

- (i) detecting actual defects present and,
- (ii) eliciting signs indicative of developing defect which could interfere with a child's educational progress.

Section 48 of the Education Act 1944 makes it 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 year 1967, 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	..	..	..	..	..	8,124
Special inspections	..	..	..	..	..	1,594
Re-inspections	..	..	..	..	..	3,429

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	..	..	..	..	8,108
Percentage	..	..	..	..	99.8

#### (b) Unsatisfactory:

Number	..	..	..	..	16
Percentage	..	..	..	..	0.2

### PERSONAL HYGIENE

Inspections totalling 26,130 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 123. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 63 pupils. No cleansing orders under Section 54 (3) were required during the year.

### PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1967, the total number of meals served was 3,769,385 of which 86,714 were free.

Sixty-one departments were served by kitchens on the premises and 11 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>
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
1966	25,190	19,440	77.2	19,504	77.4
1967	25,170	19,735	78.4	19,602	77.8

### 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 1967

<i>Type</i>	<i>No. of Weekly Sessions</i>
1. Alexandra Avenue Clinic, Alexandra Avenue, South Harrow.	
Minor ailment .. .. .	1
Dental .. .. .	2
Ophthalmic .. .. .	.5
*Chiropody .. .. .	3
2. Broadway Clinic, The Broadway, Wealdstone.	
Minor ailment .. .. .	1
*Chiropody .. .. .	4
3. Elmwood Clinic, Francis Road, Kenton.	
Minor ailment .. .. .	1
Dental .. .. .	6
*Chiropody .. .. .	2
4. Honeypot Lane Clinic, Honeypot Lane, Stanmore.	
Minor ailment .. .. .	1
Dental .. .. .	6
Ophthalmic .. .. .	.5
Speech .. .. .	2
*Chiropody .. .. .	8
5. Harrow Child Guidance Centre, 82 Gayton Road, Harrow.	
Child Guidance .. .. .	6



6. Kenmore Road Clinic, Kenmore Road, Harrow.	
Minor ailment .. .. .	1
*Chiropody .. .. .	1
Speech.. .. .	2
7. Northolt Road Clinic, Northolt Road, South Harrow.	
Minor ailment .. .. .	1
Dental .. .. .	10
Speech.. .. .	2
*Chiropody .. .. .	8
8. Whittlesea Road Clinic, Whittlesea Road, Harrow Weald.	
Minor ailment .. .. .	1
Dental .. .. .	6
Speech.. .. .	2
*Chiropody .. .. .	2
9. Tenby Road Clinic, Tenby Road, Edgwarre.	
Minor ailment .. .. .	1
Dental .. .. .	4
Speech.. .. .	2
*Chiropody .. .. .	1
10. Cecil Park Clinic, Cecil Park, Pinner.	
Minor ailment .. .. .	1
Dental .. .. .	4
Speech.. .. .	2
*Chiropody .. .. .	6
11. Caryl Thomas Clinic, Headstone Drive, Wealdstone.	
Minor ailment .. .. .	1
Dental .. .. .	7
Dental (orthodontic) .. .. .	6.25
Ophthalmic .. .. .	2
Orthoptic .. .. .	2
Speech.. .. .	12
*Chiropody .. .. .	7

\*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 231 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. As mentioned in the general introduction to the report, due to the retirement of two ophthalmic surgeons some difficulties were experienced in covering these clinics during the second half of the year. The Hospital Board had decided to link the new appointment with sessions in the ophthalmic department of Edgware General Hospital. Due to the grading of the post the response to advertisement was poor. No appointment had been made by the end of the year and the Board were endeavouring to secure the services of a locum to cover the sessions in the local clinics. 1,056 cases were seen during the year and in 259 cases glasses were prescribed.

### **Orthoptic Clinic**

An orthoptist attends the Caryl Thomas Clinic for two 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 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 puretone 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 Unit and school, and are also able to advise teachers over difficulties experienced with the children in class.

Number of children wearing hearing aids in ordinary schools 45

Number of commercial hearing aids supplied during the year 2

### **Orthopaedic and Postural Defects**

Children found at periodic school medical inspections or at the minor ailments 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, under the direction of the visiting orthopaedic surgeons. During the year, 47 pupils received treatment at the Centre.



## Speech Therapy

For the whole of the year 1967 the speech therapy service in the London Borough of Harrow was staffed by three speech therapists, all working full-time.

Therapists worked together one day a week at Caryl Thomas Clinic, and were able to keep in touch. Clinics were held at the following centres throughout 1967:—

Caryl Thomas Clinic	..	..	..	14 sessions per week
Honeypot Lane Clinic	..	..	..	2 sessions per week
Cecil Park Clinic	..	..	..	2 sessions per week
Northolt Road Clinic	..	..	..	2 sessions per week
Whittlesea Road Clinic	..	..	..	2 sessions per week
Tenby Road Clinic	..	..	..	2 sessions per week
Shaftesbury School	..	..	..	4 sessions per week
Whittlesea Road Training School	..	..	..	1 session per week
Stanmore Orthopaedic Hospital	..	..	..	1 session per week

In addition:

Kenmore Road Clinic was opened in July, 1967	..	..	..	..	2 sessions per week
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Children came to the clinic from 35 of the 43 schools in the area. They were referred by medical officers, head teachers and general practitioners in the area.

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

Great Ormond Street Hospital for Sick Children  
Mount Vernon Hospital  
Edgware General Hospital  
Gray's Inn Road Throat, Nose and Ear Hospital

During 1967, 25 schools were visited and good co-operation with the teachers continued. Good co-operation also continued with the staffs of the nursery schools in the area and with the health visitors.

During 1967 the head teachers in the area were invited to a talk on speech problems followed by discussion. Two meetings were held, one at Caryl Thomas Clinic and the other at Tenby Road Clinic. Both meetings were well attended and the opportunity to discuss speech problems was welcomed by the teachers. Thirty head teachers were able to attend, and a number accepted the invitation but were unable to come on the day.

Principals of two of the speech therapy training schools in London sent students to observe speech therapy treatment in the clinics. A total of six students came during 1967.



During 1967 two meetings were arranged for speech therapists working in the areas adjoining Harrow, or those working in the hospitals in or near the area. These meetings were well attended and greatly appreciated.

The total number of children referred to the speech therapy department during 1967 was 228 (172 school age, 56 pre-school).

There were another 36 children referred for an opinion who did not require treatment. Most of these children were seen during school visits. In addition there were 191 children admitted during 1966 still having treatment.

The total case load during 1967 was 455.

The number of cases discharged during 1967 was 156 (130 school age, 26 pre-school). The majority of these children now have normal speech. However, 15 children left the area before treatment was finished. Most of these were seen at Stanmore Orthopaedic Hospital. Another 20 children were discharged because of non-attendance and 4 children were not suitable for treatment.

## **CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICES**

I am indebted to the Director of Education Mr. W. H. J. Knight, M.A. for the following reports on the work of the Child Guidance and School Psychological Services during the year.

### **Child Guidance Service**

Dr. J. R. Hood, M.B., D.P.M. Consultant in Child Psychiatry reports as follows:—

The child guidance centre provides a consultative service to the school health service, head teachers, 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.

In addition to the consultative and psychotherapeutic treatment services provided by the permanent professional staff, the following activities should be noted:

(1) Case conferences held at least once weekly confined to staff members, or opened to include students and/or people referring children, such as medical officers, head teachers, general practitioners. These reach decisions, mediate responsibility and facilitate communication.



(2) Fortnightly group discussions with case-workers from the probation and mental health services, as a means of increasing their skills in work with their own clients.

(3) Co-operative work, with shared responsibility for cases, based on consultation and case discussions, with health visitors, mental welfare officers and probation officers.

(4) Establishment of the specialist teacher as an integral member of the centre staff. She now deals with emotionally disturbed and educationally retarded children who attend classes at the centre part-time, in addition to children who are unable to attend normal school in the usual way.

(5) Training through supervised work, child observation and participation in conferences, etc., of social work students, psychology students and students from the London University senior course for teachers of maladjusted children.

(6) Co-ordination and policy planning meetings with the assistant education officer, special services, and the principal medical officer, mental health.

Number of new cases . . . . . 104

Other attendances . . . . . 1,818

(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 2,026:

(1) Pupils . . . . . 763

(2) Parents . . . . . 1,205

(3) Other . . . . . 58

Diagnostic cases seen by Psychiatrist:

Total number of cases seen . . . . . 104

#### REASONS FOR REFERRAL:

Nervous Disorders (Fears, Depression, Anxiety, Refusal to attend school) . . . . . 41

Behaviour Disorders . . . . . 27

Psychosomatic Disorders (Asthma) . . . . . 5

Anti-Social Behaviour . . . . . 14



Habit Disorders (Enuresis, Soiling, Speech difficulties, Sleeping difficulties, Eating difficulties, Masturbation) .. .. .	11
Lack of School Progress/Backwardness .. .. .	6
SOURCE OF REFERRAL:	
Medical Officer of Health .. .. .	8
General Practitioner .. .. .	53
Children's Officer .. .. .	8
Educational Psychologist .. .. .	7
Probation Officer .. .. .	3
Hospital Paediatrician/Psychiatrist .. .. .	10
Director of Education .. .. .	1
Head Teacher .. .. .	8
Parent .. .. .	5
Transfers from other clinics .. .. .	1

### School Psychological Service

Mr. W. R. Wilson, M.A. (Hons.) Senior Educational Psychologist reports as follows:—

#### (1) STAFFING:

Senior Educational Psychologist	W. R. Wilson, M.A. (Hons.)
Educational Psychologist ..	Mrs. A. M. Fitzpatrick, B.A. (Hons.)
Specialist Teacher .. ..	Mrs. C. Newton, B.A. (Hons.)

#### (2) DETAILS OF REFERRALS:

(a) Number of children referred .. .. .	137
(b) Number of interviews with children .. .. .	802
(3) Number of interviews with parents and other responsible adults .. .. .	429
(d) Number of visits to schools .. .. .	271
(e) Number of children referred to psychiatrist ..	7
(f) Number of children receiving individual remedial teaching at C.G.C. .. .. .	13
(g) Number of children in treatment by psychologists ..	24
(h) Number of children recommended and placed in special boarding schools .. .. .	3
(i) Number of children referred for group teaching (Mrs. Newton, Specialist Teacher) .. .. .	10
(j) Number of children attending the word blind centre ..	4



## (3) SOURCES OF REFERRAL:

Director of Education (including education welfare officers) .. .. .	7
Principal School Medical Officer (including principal medical officer mental health) school medical officers; children's department .. .. .	16
Head Teachers .. .. .	86
Outside (probation officers; youth employment officer; general practitioners; hospitals, etc.) .. .. .	9
Direct by parents .. .. .	19
	— 137
Consultant Psychiatrist to educational psychologists for psychological assessment .. .. .	32

## (4) REMEDIAL TEACHING:

Both psychologists continue to undertake a limited amount of individual remedial teaching at the Centre. In addition, Mrs. Newton has found it necessary to see some children individually, particularly in cases where the child concerned is extremely retarded and/or discouraged by past failure. During the spring term a qualified teacher was also attached to the centre for one morning per week as part of a training course and she undertook remedial work with 4 children.

## (5) TEACHING GROUPS:

Mrs. Newton's work at the child guidance centre is proving of the utmost value. This work is particularly demanding as the nature of the problems facing her range from relatively straightforward remedial teaching to dealing with acutely disturbed children who may be unable to attend school.

Number of children admitted during 1967 .. .. .	10
Number of children attending at January Ast, 1967 .. .. .	9
Number of children discharged during 1967 .. .. .	9

## (6) SPECIAL EDUCATIONAL:

Number of children admitted to Shaftesbury Special School following formal ascertainment .. .. .	7
Number of children admitted informally .. .. .	11

Both psychologists continue to visit the school regularly. Regular visits are also made to Elmers Court School, and assessments and recommendations are made at the head master's request. In addition, 8 further special schools were visited in the course of the year in connection with Harrow children placed in them.



## (7) CONCLUSIONS:

The demands made upon the school psychological service continue to increase, although the establishment for educational psychologists remains the same. A newly establishment post of third psychiatric social worker has recently been created and efforts are being made to recruit a psychiatric social worker with an expressed interest in the school psychological service. Both psychiatric social workers at the centre have continued to work within the school psychological service when commitments within the clinical service have permitted this. Pressure of referrals inevitably tends to limit both the scope of individual investigations and the time spent on remedial measures. Cases of extreme reading difficulty have continued to receive remedial treatment at the word blind centre, a most costly form of remedial teaching, and the need exists for greater remedial teaching facilities in the Borough. Finance permitting, it is probable that a start will be made to increase these facilities in the next financial year. Plans are also going ahead for the provision of day-school education for maladjusted children.

The majority of children referred are of primary school age and present a wide range of problems varying from educational difficulties to character, personality and behaviour disorders. The limited counselling service available to adolescents appears to be appreciated by clients, and would certainly expand if more professional time were available.

### HANDICAPPED PUPILS

The Local Educational 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 . . . . .	1
Number of blind pupils admitted to special schools during the year . . . . .	1
Total number of blind pupils in special schools for the blind as at 31st December 1967 . . . . .	4

(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 ..	2
Number of partially-sighted pupils admitted to special schools during the year .. .. .	1
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December 1967 .. .. .	7

(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 .. .. .	Nil
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 1967 .. .. .	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 ..	2
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 1967 .. .. .	7

(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 .. .. .	14
Number of educationally subnormal pupils admitted to special schools during the year .. .. .	14
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December 1967 .. .. .	65

(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 .. ..	1
Number of epileptic pupils admitted to special schools during the year .. .. .	1
Total number of epileptic pupils in special schools for epileptic children as at 31st December 1967 ..	4

(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 .. ..	12
Number of maladjusted pupils admitted to special schools/classes during the year .. .. .	11
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December 1967 ..	25

(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 .. .. .	6
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December 1967 .. .. .	24

(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 1967 .. .. .	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 .. ..	11
Number of delicate pupils admitted to special open-air schools during the year .. .. .	10
Total number of delicate pupils in open-air schools as at 31st December 1967 .. .. .	13

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 .. ..	5	—	—	—	—	5
Partially-sighted	—	7	1	—	—	8
Deaf .. ..	2	2	—	—	—	4
Partially Deaf	—	7	9	—	1	17
Educationally subnormal ..	7	58	2	—	3	70
Epileptic ..	2	—	—	2	—	4
Maladjusted ..	21	4	18	—	1	44
Physically handi- capped ..	3	19	3	1	3	29
Speech .. ..	—	—	—	—	—	—
Delicate ..	10	3	6	—	1	20

### 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 thought 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 1967.

### 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 1967.

### 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. Seventeen children were recommended and placed for a recuperative holiday in 1966.

## INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5-14 during 1967:—

Scarlet Fever	..	..	..	..	52
Acute Pneumonia	..	..	..	..	9
Dysentery	..	..	..	..	2
Measles	..	..	..	..	833
Whooping Cough	..	..	..	..	35
Food Poisoning	..	..	..	..	5
Tuberculosis: Pulmonary	..	..	..	..	—
Non-pulmonary	..	..	..	..	1



## 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 1967:—

### (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 ..	1,233	858	761	53
Secondary Grammar ..	782	661	560	54
Independent ..	502	402	355	25
Special ..	14	8	4	1
Junior Training School ..	7	3	2	—
TOTAL ..	2,538	1,932	1,682	133
(1966) ..	(2,468)	(1,863)	(1,684)	(120)

For comparison, the final figures for 1966 are shown in brackets.

### (B)

	1967	1966
No. eligible ..	2,538	2,468
No. accepting ..	1,932	1,863
Acceptance rate ..	76.1%	74.6%
Positive reactors ..	133	120
Percentage positive ..	7.3%	6.4%
Negative reactors ..	1,682	1,684
No. given B.C.G. vaccination ..	1,674	1,681

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



## 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 1967 .. .. .

417

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The year 1967 was one of steady progress. We were fortunate in being able to replace part-time dental officers who left without any unduly long break. The orthodontic situation was eased when the orthodontist appointed at the end of the previous year commenced work in January. The dental surgery assistant position was made rather difficult by two unfortunate absences due to sickness—one of seven months duration and the other of two months. I am pleased to say that these two valued members of the staff returned to duty fully restored to health. The importance of dental surgery assistants of the right calibre cannot be over-stressed. Efficient chair-side assistance and day to day running of a clinic enables a dental officer to do his best work.

### Dental Health Education

In last year's report mention was made of a pilot dental health campaign in schools. As a result of the success of this, a similar campaign was carried out this year for schools mainly in the South Harrow area, involving some 6,000 children of all age groups in 18 school departments, including a nursery school and a junior training school for mentally subnormal children as part of their social training. As before we were grateful for the co-operation of the Oral Hygiene Service with demonstration talks, also for films and the donation of tooth cleaning packs for all junior children. Dental clinic staff took an active part in the demonstrations and student oral hygienists, some of whom participated, were invited to observe the campaign as part of their training. Once again a generous supply of apples was donated by the Fruit Producers Council.

An example of the interest stimulated was the choice of "Dental Hygiene" as the theme of an excellent playlet written and produced by children of Roxeth Manor Junior School at their end-of-term concert. Thanks are due to the Health Education Officer, Mr. D. J. Anderton, for his part in the organisation of the campaign.

### Radiological Protection

During the year, in accordance with Government regulations, an inspection of clinics possessing X-ray facilities was carried out by Mr. D. E. A. Jones, B.Sc., Chief Physicist of Mount Vernon Hospital, in his capacity of Radiological Protection Adviser. The report was satisfactory and some useful advice was obtained from him in connection with X-ray work.

TABLE I—MEDICAL INSPECTION RETURNS

Age groups inspected (By year of Birth)	No. of pupils having received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	120	120	—	—	4	24	25
1962	2028	2022	6	—	108	453	493
1961	1085	1082	3	—	60	254	283
1960	235	235	—	—	8	51	51
1959	180	180	—	—	20	29	45
1958	180	180	—	—	6	44	44
1957	157	157	—	—	15	16	30
1956	211	208	3	—	7	25	31
1955	1203	1200	3	—	64	184	234
1954	632	632	—	—	28	92	114
1953	258	258	—	—	6	21	18
1952 & earlier	1835	1834	1	—	58	264	277
TOTAL	8124	8108	16	—	384	1457	1645

Column (3) total as a percentage of Column (2) total: 99·8%

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



**TABLE II**  
**OTHER INSPECTIONS**

Number of Special Inspections .. .. .	1,594
Number of Re-inspections .. .. .	3,429
Total	5,023

**TABLE III**  
**INFESTATION WITH VERMIN**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	26,130
(b) Total number of individual pupils found to be infested .. .. .	123
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) .. .. .	63
(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	56	48	63	167	348
		O	12	6	5	23	3
5	Eyes: (a) Vision	T	167	57	160	384	65
		O	185	37	102	324	13
	(b) Squint	T	31	—	1	32	—
		O	7	—	2	9	—
	(c) Other	T	14	1	2	17	4
		O	1	—	1	2	—
6	Ears: (a) Hearing	T	62	15	33	110	89
		O	9	—	3	12	50
	(b) Otitis Media	T	12	—	4	16	2
		O	—	—	1	1	—
	(c) Other	T	2	1	1	4	2
		O	—	—	—	—	1

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPEC- TIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	143	36	57	236	36
		O	115	3	29	147	13
8	Speech	T	45	5	4	54	25
		O	17	—	4	21	9
9	Lymphatic Glands	T	3	2	—	5	1
		O	17	—	—	17	1
10	Heart	T	26	6	10	42	6
		O	29	2	11	42	2
11	Lungs	T	70	12	37	119	27
		O	37	—	18	55	12
12	Developmental: (a) Hernia	T	11	2	2	15	1
		O	6	1	2	9	1
	(b) Other	T	27	8	24	59	9
		O	44	—	12	56	5
	Orthopaedic: (a) Posture	T	6	9	8	23	3
		O	8	1	1	10	—
13	(b) Feet	T	32	33	55	120	70
		O	8	14	9	31	7
	(c) Other	T	25	15	28	68	11
		O	11	—	12	23	7
14	Nervous System: (a) Epilepsy	T	4	5	8	17	1
		O	1	—	2	3	2
	(b) Other	T	86	6	23	115	89
		O	31	—	7	38	25
15	Psychological: (a) Development	T	3	—	10	13	12
		O	11	—	6	17	4
	(b) Stability	T	9	2	11	22	16
		O	28	—	10	38	7
16	Abdomen	T	9	2	5	16	3
		O	2	—	2	4	2
17	Other	T	40	60	87	187	50
		O	24	4	24	52	16

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 .. .. .	251
Errors of refraction (including squint) .. .. .	951
<b>TOTAL</b> .. .. .	<b>1,182</b>
Number of pupils for whom spectacles were prescribed ..	259

## 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 .. .. .	82
(c) for other nose and throat conditions .. .. .	1
Received other forms of treatment .. .. .	116
<b>TOTAL</b> .. .. .	<b>199</b>
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1966 .. .. .	7
(b) in previous years .. .. .	57

## ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments ..	47
(b) Pupils treated at school for postural defects .. .. .	—
<b>Total</b> .. .. .	<b>47</b>

## (excluding uncleanness, for which see Table III)

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## OTHER TREATMENT GIVEN \_\_\_\_\_

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**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 .. .. .	2,242	1,528	307	4,077
Subsequent Visits .. .. .	2,911	2,902	855	6,668
Total Visits .. .. .	5,153	4,430	1,162	10,745
Additional courses of treatment commenced .. .. .	235	135	37	407
Fillings in permanent teeth .. .. .	1,818	3,731	1,084	6,633
Fillings in deciduous teeth .. .. .	4,374	415	—	4,789
Permanent teeth filled .. .. .	1,460	2,930	858	5,248
Deciduous teeth filled .. .. .	3,171	289	—	3,460
Permanent teeth extracted .. .. .	64	318	88	470
Deciduous teeth extracted .. .. .	952	294	—	1,246
General anaesthetics .. .. .	503	235	23	761
Emergencies .. .. .	79	51	7	137
Number of Pupils X-rayed .. .. .	..	..	..	346
Prophylaxis .. .. .	..	..	..	404
Teeth otherwise conserved .. .. .	..	..	..	712
Number of teeth root filled .. .. .	..	..	..	27
Inlays .. .. .	..	..	..	3
Crowns .. .. .	..	..	..	7
Courses of treatment completed .. .. .	..	..	..	3,288

**ORTHODONTICS**

Cases remaining from previous year .. .. .	..	..	..	80
New cases commenced during year .. .. .	..	..	..	82
Cases completed during year .. .. .	..	..	..	41
Cases discontinued during year .. .. .	..	..	..	19
No. of removable appliances fitted .. .. .	..	..	..	212
No. of fixed appliances fitted .. .. .	..	..	..	7
Pupils referred to Hospital Consultant .. .. .	..	..	..	6

**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) .. .. .	1	1	—	2
Number of dentures supplied .. .. .	1	2	—	3

**INSPECTIONS**

(a) First inspection at school. Number of Pupils .. .. .	..	..	..	21,391
(b) First inspection at clinic. Number of Pupils .. .. .	..	..	..	1,099
Number of (a) + (b) found to require treatment .. .. .	..	..	..	8,893
Number of (a) + (b) offered treatment .. .. .	..	..	..	7,542
(c) Pupils re-inspected at school clinic .. .. .	..	..	..	495
Number of (c) found to require treatment .. .. .	..	..	..	384

**SESSIONS**

Sessions devoted to treatment .. .. .	..	..	..	1,878
Sessions devoted to inspection .. .. .	..	..	..	216
Sessions devoted to Dental Health Education .. .. .	..	..	..	24







