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London Borough of Harrow



# Annual Report

OF THE

**Medical Officer of Health**

AND

**Principal School Medical Officer**

FOR THE YEAR

**1968**

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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

ANNUAL REPORT OF THE MEDICAL OFFICER  
OF HEALTH

## HEALTH AND WELFARE COMMITTEE

as at December 1968

HIS WORSHIP THE MAYOR (*ex-officio*)

THE DEPUTY MAYOR (*ex-officio*)

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

COUNCILLOR CAPT. E. W. H. FEAKINS, M.INST.M.S.M.

(*Vice-Chairman*)

COUNCILLOR MISS C. A. BEDNELL

COUNCILLOR MRS. J. P. BRADY

COUNCILLOR MRS. M. R. CRICK, S.R.N.

COUNCILLOR MISS J. GOULD

COUNCILLOR MRS. M. M. HASLAM, J.P.

COUNCILLOR C. G. HENNING BRODERSEN

COUNCILLOR CAPT. T. DONALD JONES

COUNCILLOR F. L. LE FRANC, M.B.E.

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

COUNCILLOR H. A. MAUN, A.F.I.C.D.

COUNCILLOR MRS. N. REES

COUNCILLOR D. J. SKINGLE

COUNCILLOR B. C. A. TURNER, A.C.C.S.

COUNCILLOR N. WATSON, LL.B.

COUNCILLOR W. E. N. WORMALD

Representing Middlesex Local Medical Committee

Dr. H. T. Foot

## CHILDREN'S COMMITTEE

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THE DEPUTY MAYOR (*ex-officio*)

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as at December 1968

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The Deputy Mayor (ex-officio)	COUNCILLOR Mrs J. F. BRADY
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COUNCILLOR Capt. E. W. H. PARKER, M.B.E., M.A.M.	COUNCILLOR Mrs J. GOULD
(Vice-Chairman)	COUNCILLOR Mrs M. M. HARRAM, I.R.
COUNCILLOR C. R. J. LOW, S.E.S.	COUNCILLOR C. G. HERRING BROTHERS
COUNCILLOR H. A. MANN, A.L.C.D.	COUNCILLOR Capt. T. DONALD JONES
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COUNCILLOR W. E. M. WICKFIELD	

# 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 1968.

This year of nineteen hundred and sixty eight will, no doubt, be known as "the year of Seebohm" because the long awaited Report of the Committee on Local Authority and Allied Personal Social Services was published in July. It is peculiar in that having produced much evidence of the need to keep health and social services together—stating that "the present barriers between departments and specialisms should be broken down"—it then finally comes out with a recommendation that the health and social services should function as separate entities! This Borough could be said to have in a way anticipated Seebohm when, upon its formation in April, 1965, it decided to amalgamate all its social services into one department and abolish the former "tripartite system" of administration with separate health, welfare and children's departments.

The majority of cases dealt with by the department, be they individuals or family groups, have problems with a socio-medical background. Naturally in order to give assistance, all aspects of the case, social and medical, must be considered. These various aspects are so closely interwoven with each other that they must, of necessity, be considered in the conglomerate and not in the particular. Therefore, full co-operation and consultation between all types of social worker is a *sine qua non*, and how better can this be achieved than in a combined health, welfare and children's department as we have in the London Borough of Harrow.

It is pleasing to report that during the year 1968, the department carrying out the various statutory services prescribed for a local authority by the National Health Service Act, the National Assistance Acts and the Children's Acts, continued to work as a closely knit unit. No service is perfect but I think it can be said that the Borough provides very reasonable personal social services for its 208,220 burgesses. Weaknesses in the service are acknowledged but "Rome was not built in a day" and given time and money these will undoubtedly be corrected and improved.



Consideration of the vital statistics for 1968 shows a population increase of 20 to the figure of 208,220 with falls recorded in the infant, neo-natal, early neo-natal and peri-natal mortality rates—the latter in spite of a higher still-birth rate. The birth and death rates were both higher than last year at figures of 15·2 and 10·8 per 1,000 population respectively. There were no maternal deaths during 1968 and in general the local statistics compare favourably with the national rates.

Progress with new developments for the health and social services was made during 1968. The new assessment unit at the Junior Training School was opened at the beginning of the new term in January, and has amply proved its worth during the year. Again in the field of mental health, in June a start was made on the construction of the long awaited adult training centre in South Harrow. The resolution of the problems associated with the development of the Day Centre for the younger mentally-ill at Marlborough Hill, allowed a start to be made on certain necessary preliminary works in preparation for the actual construction of the new centre in 1969. The new purpose built home for the elderly at Sancroft Hall, Sancroft Road, Harrow Weald, was finally completed during the year and started admitting its residents in September. This is the third such home opened by the Borough since 1965 in pursuance of a policy of providing new Part III accommodation in or as near to the Borough as possible. Unfortunately construction work at the Children's Reception Home in Honeypot Lane, Queensbury, was held up, but by December it became clear that this would probably begin early in 1969. Minor improvement works were carried out during the year on several buildings—the most important being the modernisation of the washing and toilet facilities at the Headstone Drive Day Nursery and the conversion of several double rooms into single rooms at Tanglewood Hostel.

During the year the Health Centre Sub-Committee of the Health and Welfare Committee met on several occasions together with representatives of the Middlesex Executive Council and the Middlesex Local Medical Committee to discuss the response to the Executive Council's circular letter sent to all general practitioners to ascertain their wishes in the matter of health centre provision. It was finally decided to re-circularise the general practitioners, but this time on a more definite district basis. The result of these enquiries are expected to be available early in 1969.

In July, 1968, the Health Service and Public Health Act, 1968, received the Royal Assent. This Act provides that different dates may be appointed by the Minister for the coming into operation of various provisions which will amend certain services provided under the National Health Service Act, the National Assistance Acts, and the Nurseries and Child Minders Regulations. In addition important provisions are made regarding notifiable diseases and food poisoning. With regard to the latter in October, 1968, the new Infectious Diseases Regulations came into force. These are quite comprehensive and consolidate, with amendments, all previous regulations relating to the notification and prevention of infectious diseases.



Consideration of the infectious diseases notified during the year shows a relatively satisfactory position with reductions in several of the more common infections. As expected in the year following an epidemic one, the incidence of measles was low. Normally one would expect the incidence to rise again in 1969, but in view of the fact that vaccination against measles was introduced during the year it will be interesting to see the effect this will have on the figures for 1969. Mention was made last year of the special investigation survey carried out in conjunction with the Central Public Health Laboratory to identify the serotypes responsible for cases of whooping cough (which appear to be on the increase). Changes in the antigenic structure of the epidemic strain organism were thought to be the probable cause of the rise in incidence, but in order to make quite sure, it was decided that further research was necessary and this will begin in 1969. During the year there was a slight increase in the number of cases of dysentery mainly affecting children, which lead one to stress once again that a high standard of hygiene is of paramount importance in controlling this disease. There was only one case of enteric fever during the year and this was acquired abroad. The only death due to infectious disease was caused by tuberculosis.

In the Clean Air programme two further Smoke Control Orders became operative during the year and three further Orders were confirmed by the Ministry of Housing and Local Government to come into operation during 1969.

With regard to the fluoridation of water supplies the Minister of Health in circular 24/68 removed altogether the time limit on the indemnity against proceedings on the grounds of injury to health. This has had no effect locally as although the Council has adopted a recommendation that arrangements be made for the addition of fluoride to the water supplies of the Borough, no further action can be taken until such time as there is unanimity among the various local authorities within the water undertakers' statutory area of supply.

A Health and Social Service Department is never static—the more services provided, the more the demand. Cognizance must also be taken of changing patterns in the various services and arrangements made to meet these changes. As a result there must be a continuing brief in the Department preparing for increased demands, anticipating changing patterns and above all trying to improve service to the public in general. During the year expansion in the chiropody, home help, health visiting and welfare services necessitated increases in the establishment, while on the other hand due to changing patterns, modifications were made in the domiciliary nursing and midwifery services—fuller details of which are incorporated in the main report.

No major changes were introduced into the school health services during the year as the routine measures of inspecting and advising already set up as standard procedures in past years still work very well. As



mentioned in previous reports, the detection of defects in children at as early an age as possible, is now well established. The problems of the future education of handicapped or potentially handicapped children are considered from the time of diagnosis of the defect—the pre-school era being utilised in the full as an assessment period for each child. This assessment carries on into school life, thus allowing appropriate changes to be made in line with each child's medical, social and educational progress. Some difficulty was experienced with the school eye clinics during the year due to the Regional Hospital Board being unable to fill the vacancy for an ophthalmic surgeon. The services of a locum surgeon were provided during the year and it is hoped there will be a more permanent appointment in 1969.

It was with deep regret that on the 7th September, 1968, we heard of the death of Dr. E. W. Caryl Thomas, and I feel that this annual report should contain some record of a man who, for 28 years, was Medical Officer of Health for Harrow.

Eric Caryl Thomas was born in 1896 and received his medical education at St. Bartholomew's Hospital, London, graduating M.B., B.S., in 1921 proceeding to M.D., and taking the D.P.H. in 1923. He first worked as an Assistant School Medical Officer to the London County Council, was later appointed Medical Officer of Health for Dagenham and then became the first Medical Officer of Health to the new Harrow Urban District Council in 1934. He became a barrister-at-law, Middle Temple in 1928 and the Area Medical Officer of Health, Area 5, Middlesex County Council, in 1948. Dr. Thomas retired in 1962.

During his period of office, Dr. Thomas built up a public health department of which the Borough could be justifiably proud. Actively engaged in the years before the war in developing the various branches of the health services for which the Council was responsible, it was a great disappointment to him when the National Health Service Act transferred the personal health services to the County Council in 1948. Nevertheless, he continued his good work in this field, having been appointed Area Medical Officer of Health under the County Council's scheme of decentralisation of certain of the personal health services. He saw many changes in the field of public health during his term of office, but at all times coped in his usual calm and efficient manner. His retirement seven years ago left a considerable gap in the ranks of the elder public health officers.

In June, 1968, Mr. Stuart Wharton, Chief Administrative Assistant in the Department, retired after 41 years of Local Government Service. Mr. Wharton's career in Local Government commenced in the service of the Wealdstone Urban District Council in March, 1927. With the amalgamation of districts, he was transferred to the Department of the Medical Officer of Health for the newly formed Harrow Urban District Council, on the 1st April, 1934. As a result of the National Health Service



Act, the responsibility for the personal health services passed to the Middlesex County Council on the 5th July, 1948, and Mr. Wharton was appointed as Chief Clerk in the Harrow Area with effect from the 4th April, 1949. With the last change brought about by the London Government Act, when the health services in the new London Borough of Harrow were joined in one department with the Children's and Welfare Services, Mr. Wharton was appointed to the post of Chief Administrative Assistant. I would like to place on record the appreciation of all his colleagues in the Department, for his long and loyal service and at the same time extend to both Mr. and Mrs. Wharton our best wishes for a long and happy retirement. In July we welcomed Mr. M. Powell as our new Chief Administrative Assistant. Mr. Powell soon settled in and already has made his mark!

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

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It is hard to say how long it will take to read this report as it is so long. It is a report which gives 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. P. D. and I have had a very busy year in Harrow and 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's various services.

During his office, Dr. Thomas built up a public health department of which the Borough could be justly proud. He was engaged in the years before the war in developing the various branches of the health services for which the Council was responsible. It was a great disappointment to him when the National Health Service Act transferred the personal health services to the County Council in 1948. Nevertheless, he continued his work in this field, having been appointed Area Medical Officer of Health under the County Council's scheme of personal health services. He saw many changes in the field of public health during his term of office, but at all times coped in his usual calm and efficient manner. His retirement seven years ago left a considerable gap in the ranks of the elder public health officers.

In June, 1958, Mr. Stuart Wharton, Chief Administrative Assistant in the Department, retired after 44 years of Local Government Service. Mr. Wharton's career in Local Government commenced in the service of the Wealdstone Urban District Council in March, 1927. With the amalgamation of districts, he was transferred to the Department of the Medical Officer of Health for the newly formed Harrow Urban District Council, on the 1st April, 1934. As a result of the National Health Service

# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Statistics

Area in acres	12,500
Population (Registrar General's estimate)	208,220
Estimated number of inhabited houses	68,725
Rateable Value	£12,063,754
Sum represented by a penny rate	£48,000

## Vital Statistics

Live Births:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,546	1,392	2,938
Illegitimate	106	117	223
<b>Total</b>	<b>1,652</b>	<b>1,509</b>	<b>3,161</b>

Live Birth rate per 1,000 population	15.2
Adjusted Live Birth rate	15.5
Birth Rate for England and Wales	16.9
Illegitimate live births per 1,000 total live births	7.1

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Stillbirths:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	20	21	41
Illegitimate	1	1	2
<b>Total</b>	<b>21</b>	<b>22</b>	<b>43</b>

Still Birth rate per 1,000 Live and Still Births	13.6
Total Live and Still Births	3,203
Still Birth rate for England and Wales	14.0

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	18	19	37
Illegitimate	1	1	2
<b>Total</b>	<b>19</b>	<b>20</b>	<b>39</b>

Infant mortality rate per 1,000 live births	12.3
Legitimate Infant mortality rate per 1,000 legitimate live births	12.6
Illegitimate Infant mortality rate per 1,000 illegitimate live births	8.9
Infant mortality rate for England and Wales	18.0



STATISTICS  
AND  
SOCIAL CONDITIONS  
OF THE AREA

## STATISTICS AND SOCIAL CONDITIONS OF THE AREA

### General Statistics

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Population (Registrar General's estimate) .. .. .	208,220
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### Vital Statistics

Live Births:-	Male	Female	Total
Legitimate ..	1,546	1,392	2,938
Illegitimate	106	117	223
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Total ..	1,652	1,509	3,161
Live Birth rate per 1,000 population .. .. .	15.2		
Adjusted Live Birth rate .. .. .	15.5		
Birth Rate for England and Wales .. .. .	16.9		
Illegitimate live births per cent of total live births .. .. .	7.1		

Stillbirths:-	Male	Female	Total
Legitimate	20	21	41
Illegitimate	—	1	1
<hr/>	<hr/>	<hr/>	<hr/>
Total ..	20	22	42
Still Birth rate per 1,000 Live and Still Births .. .. .	13.1		
Total Live and Still Births .. .. .	3,203		
Still Birth rate for England and Wales .. .. .	14.0		

Infant Deaths (under 1 year of age):-	Male	Female	Total
Legitimate	18	19	37
Illegitimate	1	1	2
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Infant mortality rate per 1,000 live births .. .. .	12.3		
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Illegitimate Infant mortality rate per 1,000 illegitimate live births .. .. .	8.9		
Infant mortality rate for England and Wales .. .. .	18.0		



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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	12	14	26
Illegitimate	1	1	2
<b>Total</b> ..	<b>13</b>	<b>15</b>	<b>28</b>

Neo-natal mortality rate per 1,000 live births	8.9
Neo-natal mortality rate for England and Wales	12.3
Early Neo-natal mortality rate (first week) per 1,000 live births	7.6
Peri-natal mortality rate per 1,000 live and still births	20.6

## 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>
	1,060	1,115	2,175

## Death rate per 1,000 population:-

Crude Death Rate	10.4
Comparability Factor	1.04
Adjusted Death Rate	10.8
Death rate for England and Wales	11.9

**Population**

The estimated mid-year population was 208,220 which was an increase of 20 as compared with the figure for 1967. The natural increase in population—excess of births over deaths—was 986 and the number of occupied houses and flats rose by 279 to 68,725.

**Births**

During the year 3,161 live births (1,652 male and 1,509 female) were registered, giving a crude birth rate of 15.2 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 15.5 as compared with the birth rate of 16.9 per 1,000 population for England and Wales. 223 of the live births were illegitimate giving a percentage of total births of 7.1.

Total number of live and stillbirths	3,203
Local births (domiciliary confinement)	485







### Still Births

A total of 42 still births was registered during the year giving a still birth rate of 13.1 per 1,000 live and still births, which compares favourably with the rate of 14.0 for England and Wales.

### Infant Mortality

During the year 39 (19 male and 20 female) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was a decrease of 14 on the figure for 1967 and with 3,161 live births gives an infant mortality rate of 12.3 compared with that of 17.0 in 1967. The rate for England and Wales was 18.0.

Twenty-eight or approximately 72% of these infant deaths occurred during the first four weeks of life giving neo-natal mortality rate of 8.9 per thousand live births. Twenty-four 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 perinatal mortality rate of 20.6 per thousand, live and still births, compared with a rate of 23.9 for 1967.

### Maternal Mortality

No deaths occurred during 1968 due to causes associated with pregnancy and childbirth.

### Deaths

The total number of deaths of residents of the Borough was 2,175 giving a death rate of 10.4 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 10.4 gives an adjusted death rate of 10.8 which then compares with the death rate of 11.9 per 1,000 population for England and Wales. The main causes of death were as follows:-

1. Diseases of the circulatory system	754
2. Cancer	504
3. Vascular diseases of the central nervous system	302

A total of 986 deaths registered were of people over 75 years of age, i.e. 45% of the total deaths registered in the district.

Consideration of the 'Cause of Death' tables will show that the former short list of 36 causes (Registrar General's Abridged List) used for analysis of mortality has been replaced by a new classification. This new Cause List is basically the International Abbreviated List of 50 causes (B List) from the eighth revision of the International Classification with some further sub-divisions which will make each section of the List complete in itself. This will improve comparability with the existing Abridged List and so facilitate the statistical study of disease phenomena.



**Deaths from Cancer**

In 1968 the number of deaths from cancer was 266 males and 238 females. Deaths from lung cancer increased by 6 to a total of 152 for the year, or a rate per 100,000 of 72.99. Sixty-seven 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.

**Death from Accidents**

Motor vehicle and other accidents caused the deaths of 46 residents during 1968. The equivalent figure for the previous year was 51. 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**

Eighteen people committed suicide during 1968, an increase of six compared with the figure for 1967.

**Deaths from Infectious Diseases**

There were six deaths from tuberculosis during 1968, with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.

TABLE I

## Summary of Vital Statistics 1944-1968

	<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>
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
1968	208,220	15.2	10.4	12.3	8.9	Nil	13.1

TABLE II

## Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1958-1968

<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>
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
1968	15.5	16.9	10.8	11.9	12.3	18.0



TABLE III

## Deaths of Harrow Residents during 1968 — Registrar General's Return

	Causes of Death		Males	Females	Total
1	B.1	Cholera .. .. .	—	—	—
2	B.2	Typhoid Fever .. .. .	—	—	—
3	B.3	Bacillary Dysentery and Amoebiasis .. .. .	—	—	—
4	B.4	Enteritis and other Diarrhoeal Diseases .. .. .	—	—	—
5	B.5	Tuberculosis of Respiratory System .. .. .	5	1	6
6	B.6	Other Tuberculosis, including Late Effects .. .. .	—	—	—
7	B.7	Plague .. .. .	—	—	—
8	B.8	Diphtheria .. .. .	—	—	—
9	B.9	Whooping Cough .. .. .	—	—	—
10	B.10	Streptococcal Sore Throat and Scarlet Fever .. .. .	—	—	—
11	B.11	Meningococcal Infection .. .. .	—	—	—
12	B.12	Acute Poliomyelitis .. .. .	—	—	—
13	B.13	Smallpox .. .. .	—	—	—
14	B.14	Measles .. .. .	—	—	—
15	B.15	Typhus and Other Rickettsioses .. .. .	—	—	—
16	B.16	Malaria .. .. .	—	—	—
17	B.17	Syphilis and its sequelae .. .. .	—	1	1
18	B.18	All Other Infective and Parasitic Diseases .. .. .	1	2	3
19	B.19	(1) Malignant Neoplasm, Stomach .. .. .	19	18	37
20	B.19	(2) Malignant Neoplasm, Lung, Bronchus .. .. .	117	35	152
21	B.19	(3) Malignant Neoplasm, Breast .. .. .	—	52	52
22	B.19	(4) Malignant Neoplasm, Uterus .. .. .	—	14	14
23	B.19	(5) Leukaemia .. .. .	7	4	11
24	B.19	(6) Other Malignant Neoplasms, inc. Neoplasms of Lymphatic & Haematopoietic Tissue .. .. .	123	115	238
25	B.20	Benign and Unspecified Neoplasms .. .. .	1	3	4
26	B.21	Diabetes Mellitus .. .. .	8	9	17
27	B.22	Avitaminoses and Other Nutritional Deficiency .. .. .	—	—	—
28	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases .. .. .	—	4	4
29	B.23	Anaemias .. .. .	1	4	5
30	B.46	(2) Other Diseases of Blood and Blood-forming Organs .. .. .	1	1	2
31	B.46	(3) Mental Disorders .. .. .	1	—	1
32	B.24	Meningitis .. .. .	—	—	—
33	B.46	(4) Other Diseases of Nervous System & Sense Organs .. .. .	8	13	21
34	B.25	Active Rheumatic Fever .. .. .	—	—	—
35	B.26	Chronic Rheumatic Heart Disease .. .. .	19	19	38
36	B.27	Hypertensive Disease .. .. .	25	34	59
37	B.28	Ischaemic Heart Disease .. .. .	305	231	536
38	B.29	Other Forms of Heart Disease .. .. .	47	74	121
39	B.30	Cerebrovascular Disease .. .. .	111	191	302
40	B.46	(5) Other Diseases of the Circulatory System .. .. .	33	57	90
41	B.31	Influenza .. .. .	4	14	18
42	B.32	Pneumonia .. .. .	55	72	127
43	B.33	(1) Bronchitis, Emphysema .. .. .	63	29	92
44	B.33	(2) Asthma .. .. .	4	3	7
45	B.46	(6) Other Diseases of the Respiratory System .. .. .	12	10	22
46	B.34	Peptic Ulcer .. .. .	7	8	15
47	B.35	Appendicitis .. .. .	4	1	5
48	B.36	Intestinal Obstruction and Hernia .. .. .	4	5	9
49	B.37	Cirrhosis of Liver .. .. .	—	1	1
50	B.46	(7) Other Diseases of the Digestive System .. .. .	9	11	20
51	B.38	Nephritis and Nephrosis .. .. .	4	3	7
52	B.39	Hyperplasia of Prostate .. .. .	4	—	4
53	B.46	(8) Other Diseases of the Genito-Urinary System .. .. .	3	11	14
54	B.40	Abortion .. .. .	—	—	—
55	B.41	Other Complications of Pregnancy, Childbirth and Puerperium .. .. .	—	—	—
56	B.46	(9) Diseases of the Skin and Subcutaneous Tissue .. .. .	—	—	—
57	B.46	(10) Diseases of the Musculo-Skeletal System and Connective Tissue .. .. .	3	10	13
58	B.42	Congenital Anomalies .. .. .	10	6	16
59	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions .. .. .	4	5	9
60	B.44	Other Causes of Perinatal Mortality .. .. .	4	8	12
61	B.45	Symptoms and Ill-defined Conditions .. .. .	—	4	4
62	B.47	Motor Vehicle Accidents .. .. .	19	7	26
63	B.48	All Other Accidents .. .. .	8	12	20
64	B.49	Suicide and Self-inflicted Injuries .. .. .	7	11	18
65	B.50	All Other External Causes .. .. .	—	2	2
		TOTAL ..	1,060	1,115	2,175



TABLE IV

## Causes of Deaths (Males) at various ages, 1968

Causes of Death	All Ages	Under 1 <sup>1</sup> Month											
		4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-	
1 B. 1 Cholera .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
2 B. 2 Typhoid Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
3 B. 3 Bacillary Dysentery & Amoebiasis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
4 B. 4 Enteritis & Other Diarrhoeal Diseases .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
5 B. 5 Tuberculosis of Respiratory System .. .. .	5	—	—	—	—	—	—	—	—	2	2	1	—
6 B. 6 Other Tuberculosis, including Late Effects .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
7 B. 7 Plague .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
8 B. 8 Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
9 B. 9 Whooping Cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
10 B.10 Streptococcal Sore Throat & Scarlet Fever .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
11 B.11 Meningococcal Infection .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
12 B.12 Acute Poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
13 B.13 Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
14 B.14 Measles .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
15 B.15 Typhus & Other Rickettsioses .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
16 B.16 Malaria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
17 B.17 Syphilis and its Sequelae .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
18 B.18 All Other Infective and Parasitic Diseases .. .. .	1	—	—	—	—	—	—	—	1	—	—	—	—
19 B.19 (1) Malignant Neoplasm, Stomach .. .. .	19	—	—	—	—	—	—	—	2	6	6	5	—
20 B.19 (2) Malignant Neoplasm, Lung, Bronchus .. .. .	117	—	—	—	—	—	—	—	13	34	42	28	—
21 B.19 (3) Malignant Neoplasm, Breast .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
22 B.19 (4) Malignant Neoplasm, Uterus .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
23 B.19 (5) Leukaemia .. .. .	7	—	—	—	2	1	1	—	—	—	2	1	—
24 B.19 (6) Other Malignant Neoplasms, incl. Neoplasms of Lymphatic & Haematopoietic Tissue .. .. .	123	—	—	—	2	—	2	3	12	33	38	33	—
25 B.20 Benign & Unspecified Neoplasms .. .. .	1	—	—	—	—	—	—	—	—	—	1	—	—
26 B.21 Diabetes Mellitus .. .. .	8	—	—	—	—	—	—	—	1	2	1	4	—
27 B.22 Avitaminoses & Other Nutritional Deficiency .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
28 B.46 (1) Other Endocrine, Nutritional & Metabolic Diseases .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
29 B.23 Anaemias .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1
30 B.46 (2) Other Diseases of Blood & Blood-forming Organs .. .. .	1	—	—	—	—	—	—	—	—	—	—	—	1
31 B.46 (3) Mental Disorders .. .. .	1	—	—	—	—	—	—	—	—	—	—	1	—
32 B.24 Meningitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Carried forward</i>	284	—	—	—	4	1	3	3	29	77	93	74	—



TABLE V

Table iv continued Causes of Death (Females) at various

Causes of Death	All Ages	Under 1 Month										
		4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Brought forward	284	—	—	—	4	1	3	3	29	77	93	74
33 B.46 (4) Other Diseases of Nervous System & Sense Organs ..	8	—	—	—	—	1	—	1	—	1	3	2
34 B.25 Active Rheumatic Fever ..	—	—	—	—	—	—	—	—	—	—	—	—
35 B.26 Chronic Rheumatic Heart Disease ..	19	—	—	—	—	—	—	1	3	4	5	6
36 B.27 Hypertensive Disease ..	25	—	—	—	—	—	—	—	2	4	10	9
37 B.28 Ischaemic Heart Disease ..	305	—	—	—	—	—	—	3	29	84	96	93
38 B.29 Other Forms of Heart Disease ..	47	—	—	—	1	—	1	—	1	7	10	27
39 B.30 Cerebrovascular Disease ..	111	—	—	—	—	—	—	—	3	24	38	46
40 B.46 (5) Other Diseases of the Circulatory System ..	33	—	—	—	—	—	—	—	—	8	8	17
41 B.31 Influenza ..	4	—	—	—	—	—	—	—	—	—	1	3
42 B.32 Pneumonia ..	55	—	3	2	—	—	—	1	1	6	8	34
43 B.33 (1) Bronchitis, Emphysema ..	63	—	—	—	—	—	—	—	2	11	28	22
44 B.33 (2) Asthma ..	4	—	—	—	2	1	—	—	—	—	1	—
45 B.46 (6) Other Diseases of the Respiratory System ..	12	1	2	1	—	—	—	—	1	1	1	5
46 B.34 Peptic Ulcer ..	7	—	—	—	—	—	—	—	—	1	3	3
47 B.35 Appendicitis ..	4	—	—	1	—	—	—	1	—	—	1	1
48 B.36 Intestinal Obstruction & Hernia ..	4	—	—	—	—	—	—	—	—	—	1	3
49 B.37 Cirrhosis of Liver ..	—	—	—	—	—	—	—	—	—	—	—	—
50 B.46 (7) Other Diseases of the Digestive System ..	9	—	—	—	—	—	—	—	1	1	1	6
51 B.38 Nephritis & Nephrosis ..	4	—	—	—	—	—	—	—	2	1	—	1
52 B.39 Hyperplasia of Prostate ..	4	—	—	—	—	—	—	—	—	2	—	2
53 B.46 (8) Other Diseases of the Genito-Urinary System ..	3	—	—	—	—	—	—	—	—	2	—	1
54 B.40 Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—
55 B.41 Other Complications of Pregnancy, Childbirth & puerperium ..	—	—	—	—	—	—	—	—	—	—	—	—
56 B.46 (9) Diseases of the Skin & Subcutaneous Tissue ..	—	—	—	—	—	—	—	—	—	—	—	—
57 B.46 (10) Diseases of the Musculo-Skeletal System & Connective Tissue ..	3	—	—	—	—	—	—	—	1	—	1	1
58 B.42 Congenital Anomalies ..	10	4	1	1	1	—	—	—	1	2	—	—
59 B.43 Birth Injury, Difficult labour, & Other Anoxic & Hypoxic Conditions ..	4	4	—	—	—	—	—	—	—	—	—	—
60 B.44 Other Causes of Perinatal Mortality ..	4	4	—	—	—	—	—	—	—	—	—	—
61 B.45 Symptoms & Ill-defined Conditions ..	—	—	—	—	—	—	—	—	—	—	—	—
62 B.47 Motor Vehicle Accidents ..	19	—	—	—	—	7	2	1	1	4	1	3
63 B.48 All Other Accidents ..	8	—	—	—	1	1	—	1	2	—	1	2
64 B.49 Suicide & Self-Inflicted Injuries ..	7	—	—	—	—	—	—	—	3	2	1	1
65 B.50 All Other External Causes ..	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL—All Causes ..	1,060	13	6	5	9	11	6	12	82	242	312	362





Table v continued

	Causes of Death	All Ages	1 Under Month to 1 year										
			4 Weeks	1-	5-	15-	25-	35-	45-	55-	65-	75-	
	<i>Brought forward</i>	263	—	—	—	—	1	5	12	30	71	69	75
33	B.46 (4) Other Diseases of Nervous System & Sense Organs	13	—	—	—	1	1	1	—	2	5	—	3
34	B.25 Active Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—
35	B.26 Chronic Rheumatic Heart Disease	19	—	—	—	—	—	1	—	—	5	4	9
36	B.27 Hypertensive Disease	34	—	—	—	—	—	—	—	—	3	8	23
37	B.28 Ischaemic Heart Disease	231	—	—	—	—	—	—	—	4	23	59	145
38	B.29 Other Forms of Heart Disease	74	—	—	—	1	—	—	—	—	1	9	63
39	B.30 Cerebrovascular Disease	191	—	—	—	—	—	—	2	7	20	30	132
40	B.46 (5) Other Diseases of the Circulatory System	57	—	—	—	—	—	—	—	1	2	11	43
41	B.31 Influenza	14	—	—	—	—	—	—	—	—	—	1	13
42	B.32 Pneumonia	72	—	2	1	—	—	1	—	1	2	16	49
43	B.33 (1) Bronchitis, Emphysema	29	—	—	—	—	—	—	—	1	4	5	19
44	B.33 (2) Asthma	3	—	—	—	—	—	—	—	1	—	2	—
45	B.46 (6) Other Diseases of the Respiratory System	10	—	1	—	1	—	—	1	—	—	—	7
46	B.34 Peptic Ulcer	8	—	—	—	—	—	—	—	—	1	3	4
47	B.35 Appendicitis	1	—	—	—	—	—	—	—	1	—	—	—
48	B.36 Intestinal Obstruction & Hernia	5	—	—	—	—	—	—	—	—	—	—	5
49	B.37 Cirrhosis of Liver	1	—	—	—	—	—	—	—	—	—	1	—
50	B.46 (7) Other Diseases of the Digestive System	11	—	—	—	—	—	—	—	—	1	1	9
51	B.38 Nephritis & Nephrosis	3	—	—	—	—	—	—	—	—	—	1	2
52	B.39 Hyperplasia of Prostate	—	—	—	—	—	—	—	—	—	—	—	—
53	B.46 (8) Other Diseases of the Genito-Urinary System	11	—	—	—	—	—	—	—	—	3	—	8
54	B.40 Abortion	—	—	—	—	—	—	—	—	—	—	—	—
55	B.41 Other Complications of Pregnancy, Childbirth & puerperium	—	—	—	—	—	—	—	—	—	—	—	—
56	B.46 (9) Diseases of the Skin & Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	—	—	—
57	B.46 (10) Diseases of the Musculo-Skeletal System & Connective Tissue	10	—	—	—	—	—	1	—	1	2	2	4
58	B.42 Congenital Anomalies	6	2	2	—	—	1	—	—	—	—	1	—
59	B.43 Birth Injury, Difficult labour, & Other Anoxic & Hypoxic Conditions	5	5	—	—	—	—	—	—	—	—	—	—
60	B.44 Other Causes of Perinatal Mortality	8	8	—	—	—	—	—	—	—	—	—	—
61	B.45 Symptoms & Ill-defined Conditions	4	—	—	—	—	—	—	—	—	—	—	4
62	B.47 Motor Vehicle Accidents	7	—	—	—	2	1	—	—	—	1	1	2
63	B.48 All Other Accidents	12	—	—	—	—	1	1	—	2	—	3	5
64	B.49 Suicide & Self-Inflicted Injuries	11	—	—	—	—	2	—	2	2	2	3	—
65	B.50 All Other External Causes	2	—	—	—	—	—	—	—	1	—	1	—
	TOTAL—All Causes	1,115	15	5	1	5	7	10	17	54	146	231	624

TABLE VI

## Deaths of Harrow Infants under 1 year of age, 1968

Causes of Death	AGE										
	Under 1 day	1-7 days	1-2 weeks	2-3 weeks	3 weeks to 1 month	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Broncho Pneumonia ..	—	—	—	—	—	—	2	1	2	—	5
Acute Bronchiolitis ..	—	—	—	1	—	1	3	—	—	—	4
Prematurity ..	7	—	1	—	—	8	—	—	—	—	8
Encephalomeningocele	—	1	—	—	—	1	1	1	—	—	3
Ancephaly ..	—	1	—	—	—	1	—	—	—	—	1
Cerebral Haemorrhage	—	—	1	—	—	1	—	—	—	—	1
Congenital Heart Disease	—	2	1	—	—	3	—	—	—	—	3
Atelectasis ..	3	4	—	—	—	7	—	—	—	—	7
Respiratory Distress Syndrome	1	1	—	—	—	2	—	—	—	—	2
Multiple Congenital Deformities	1	1	—	—	—	2	1	—	—	—	3
Rhesus Incompatibility, Extreme Prematurity	1	—	—	—	—	1	—	—	—	—	1
Severe Mongolism ..	1	—	—	—	—	1	—	—	—	—	1
<b>TOTAL ..</b>	<b>14</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>—</b>	<b>28</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>—</b>	<b>39</b>

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths  
with Rate per 100,000 Population, 1958-1968

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
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
1968	208,220	6	2.88	152	72.99



## 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 line with the changing pattern of ante-natal care from local authority clinic to hospital and/or general practitioner surgery, the number of sessions for ante-natal and post-natal care were further reduced during the year. Facilities were still provided at several centres for those patients who were either referred by hospital or general practitioner for routine surveillance or who, for some other reason, preferred to attend a local authority clinic. Eventually it is expected that all ante-natal services will be provided at hospital and at doctor/midwife sessions in general practitioner surgeries.

The local authority's work in this sphere is now mainly directed at preparing the mother for her confinement. This preparation takes the form of mothercraft and relaxation classes which are held at the various clinics throughout the Borough. Each preparation course lasts between 8/9 weeks and starts during pregnancy.

## PERSONAL HEALTH SERVICES

Advice on the feeding, health and management of the infant was made available at eight clinics throughout the Borough. These sessions have a high education value and are much appreciated by the young nursing mother who receives sympathetic guidance and encouragement with her new responsibilities. Special emphasis is laid on the importance of observing the developmental progress of each child—special surveillance being instituted when any deviations from the norm are noted. Special toddlers' sessions are also held where mothers of older children are seen by appointment. Here the mother has 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 1964 to 1968.

Year	Number of Children Attending Clinics
1964	10,527
1965	11,647
1966	12,224
1967	11,963
1968	10,833

### 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 interest of the mother and child.





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The local authority's work in this sphere is now mainly directed at preparing the mother for her confinement. This preparation takes the form of mothercraft and relaxation classes which are held at the various clinics throughout the Borough. Each preparation course lasts between 8/9 weeks and starts during the fifth month of pregnancy.

Advice on the feeding, hygiene and general management of the infant was made available at eighteen centres throughout the Borough. These sessions have a high education value and are much appreciated by the young nursing mother who often requires much sympathetic guidance and encouragement with her new responsibilities. Special emphasis is laid on the importance of observing the developmental progress of each child—special surveillance being instituted when any deviations from the norm are noted. Special toddlers' sessions are also held where mothers of older children are seen by appointment. Here the mother has 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 1964 to 1968.

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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 1968 the number of applicants seeking help and advice dropped to 84 from 107 for the previous year.

This decrease would appear to be general in all areas and is thought to be due mainly to the more readily available oral contraceptive and new legislation relating to abortion.

In May 1968 a meeting of all the London Boroughs was called by the Borough of Camden to discuss the general effect of the drop in applications for places in mother and baby homes. Two homes run by voluntary organisations had already closed and it was felt that there might be a need for others to do likewise, or to offer a different service such as hostel accommodation for the working mother and her child. The main difficulty regarding this changeover is the financial cost of converting and maintaining an establishment of this kind. Nevertheless it was hoped that some move could be made in this direction as the need was great.

The 84 applications received are accounted for in the following way:—

Admitted to mother and baby homes .. .. .	41
Kept baby .. .. .	19
Cancelled application, moved away .. .. .	13
Fostered from hospital pending adoption .. .. .	6
Mother arranged private adoption .. .. .	3
Received into care .. .. .	1
Stillbirth .. .. .	1

### 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 places |
| (b) Walton Avenue, South Harrow .. .. . | 60 places |

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.

Accordingly during the year it was decided to look into the question of having the nursery at Walton Avenue recognised as suitable for the training of nursery nurses. Officials from the Ministry of Health made several inspection visits and it is hoped that arrangements will be finalised ready for the new intake of students in 1969.

The work of modernising the washing and toilet facilities at the Headstone Drive Nursery was completed during the year—the improvements being much appreciated by both children and staff.

### **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 1968 the number of applications for registration under the above Act continued to increase and the numbers registered rose to 68 from 61 in 1967.

Section 60 of the Health Services and Public Health Act, 1968, amends the Nurseries and Child Regulation Act, 1948, and the Ministry of Health (now the Department of Health and Social Security) issued two relevant circulars during the year.

*Circular 36/68* brought Section 60 into operation on the 1st November, 1968, from which date the 1948 Act is extended to premises in which one or more children under the age of five years are minded for two or more hours per day for reward. The original Act referred to an undefined "substantial part of a day" and operated when more than two children were minded for reward.



*Circular 37/68* reviewed day care facilities for children under five and the Minister indicated that the responsibility of local health authorities should continue to be limited to arranging for day care where there are special needs.

- viz:—
- (a) Only one parent
  - (b) Mother's illness
  - (c) Mother inadequate
  - (d) To prevent breakdown of mother or family
  - (e) Bad home conditions.

The necessity for provision of safe play areas in new housing estates is emphasised.

Local health authorities may make greater use of their powers to provide for day care for children in special need in facilities provided privately or by voluntary organisations.

The Minister is prepared to give approval for local health authorities to:—

(a) Pay child minders a small weekly sum in return for their willingness to accept priority children placed by the authority and to pay the minding charges in appropriate cases.

(b) Pay reasonable charges for children in priority groups to receive day care in groups run by private or voluntary bodies.

This circular also included a memorandum of guidance in relation to the standards for day care of young children and the standards already imposed in Harrow follow very closely the standards that are now being recommended.

Following consideration of these circulars the Council decided that single-handed minders undertaking full day care should mind only 3 children under 5, including their own children. With a full-time assistant 7 children could be minded. That single-handed minders undertaking sessional care should mind up to 5 children. After this the ratio to be 1 adult to 8 children. In addition formal approval under section 22 of the National Health Service Act, 1946, was sought from the Minister to enable the Authority to arrange and pay a reasonable charge for children in the priority groups to receive day care in nurseries or part-time nursery groups run by private or voluntary bodies.

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	.. .. .	26
(ii) Private Day Nurseries	.. .. .	42

### Priority Dental Services

The number of children under 5 years of age that were inspected and treated in the year follows very closely the pattern of 1967. The ratio of teeth filled to teeth extracted, however, shows a distinct improvement in favour of fillings. This indicates that more of these young children have been brought for treatment when decay is in the early stages. In the new year a dental health education talk has been arranged for a young mothers' group. It is hoped that this activity can be extended to more groups so that these mothers will be made aware of the importance of the early examination of their children.

### Marriage Guidance

The Marriage Guidance Council have a local office in the Borough. This is at 88/98 College Road, Harrow, Telephone: 427 8964.

### 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 1967 with an additional evening session from October, 1968, at the Alexandra Avenue Clinic.

The present sessions are as follows:-

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



## Section 23 — Midwifery

**Establishment**

The total establishment of midwives at 31st December 1968, was as follows:-

Superintendent	
Deputy Superintendent	
Midwives (whole-time equivalent)	.. 13

The domiciliary midwives working in close co-operation with the general practitioner obstetricians provide ante-natal, intra-natal and post-natal care for mothers who are to be confined at home or whose social conditions permit them to be nursed at home. The present national decrease in the birth rate has been reflected in the domiciliary field by an overall reduction in the number of home confinements and bookings, but as the following table shows, the number of planned early discharges from hospital is continuing to rise.

Attendances during the year:-	1967	1968
Total domiciliary bookings .. .. .	798	602
Home confinements .. .. .	556	483
Emergency admissions to hospital ..	126	63
Discharged to the district .. .. .	82	83

**Planned early discharge:-**

Cases booked and discharged .. .. .	316	452
Cases booked and not discharged ..	131	149
Unbooked discharges .. .. .	36	54

The pattern of midwifery is continuing to change and there are now almost as many mothers delivered in hospital and then discharged to be nursed at home by the domiciliary staff as are delivered at home by the practitioner and the domiciliary staff. In view of this tendency towards hospital deliveries and as there is new statutory authority for the domiciliary midwife to deliver in hospital as well as in patients' homes, all the domiciliary midwives have spent three days in the maternity department of Edgware General Hospital in order that they may become familiar with the labour ward lay-out and the techniques in use. This three day attachment was of great benefit to the domiciliary midwifery staff and sincere thanks are due to the Matron and the staff at Edgware General Hospital.

The establishment of midwives has remained the same and they have been fully occupied. They work in groups of four and have a weekly rota system which operates to the mutual benefit of the patients and midwifery staff. The night calls continue to be assigned to the midwives by the Harrow Hospital switchboard staff, with extreme efficiency. During the year one midwife left the service of the Council and was replaced from a total of five applicants.



### **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 four times by the domiciliary midwives during the year; two of the calls were of a preventative nature, but the response on all four occasions was immediate and the service is very much valued and appreciated.

### **Liaison with Group Practice**

During 1966 a pilot scheme was started at a group practice in the Edgware district of the Borough, it has worked well since its inception, and another attachment was started this year.

This liaison with group practice is a desirable feature of domiciliary midwifery but to work efficiently it needs to be associated with reasonably large units which are only now being formed.

### **Post Certificate Training**

One midwife attended a refresher (G1) course, as required by the rules of the Central Midwives Board.

The midwifery staff attended a lecture at Edgware General Hospital given by the Orthopaedic Consultant Surgeon on congenital dislocation of the hip of the new born and the importance of testing for this as soon after delivery as possible was stressed.

All the midwives now carry a supply of local anaesthetic, as resolved by the Central Midwives Board for use, when time permits, prior to performing an episiotomy.

### **Training**

The Education Officer of the Central Midwives Board paid a routine examining visit to the Borough in May this year and it was stated that the facilities in Harrow were excellent for the training of pupil midwives.

Eleven of the midwifery staff are approved teachers. Twenty-five pupils from Bushey Maternity Hospital and from Edgware General Hospital were attached to the department for the completion of their midwifery training. Each pupil works with a teaching midwife who supervises their domiciliary training in preparation for Part II of the examination of the Central Midwives Board.



The pupils receive practical instruction on the district and as a stimulus to interest, they have lectures on public health matters together with visits to such places as the Colne Valley Water Works and a dairy farm.

Twenty-one obstetric students visited the department as part of their training programme and they spent a day with the midwives, observing District techniques on home visits and at ante-natal clinics.

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

Sixteen midwives notified their intention to practice within the Borough as is required under the rules of the Central Midwives Board. All were midwives employed by the Local Health Authority.

## **Section 24 — Health Visiting**

### **Establishment**

The total health visiting establishment at 31st December, 1968, was as follows:-

Superintendent Health Visitor	
Deputy Superintendent Health Visitor	
Group Advisors	— 2
Fieldwork Instructors	— 3
Health Visitors	— 25

### **Training**

Harrow is responsible for the training of integrated students in health visiting. During their training as state registered nurses, district nurses and health visitors, which takes four years for the three certificates, students receive practical training in the local authority services under the supervision of a fieldwork instructor. Wherever possible the same fieldwork instructor provides tuition for the whole course to give support and continuity of instruction.

Meetings with the tutors of the Chiswick Polytechnic and the fieldwork instructors take place at regular intervals to discuss the progress of the students and to link theoretical and practical experiences.

The training of fieldwork instructors has been increased and three fieldwork instructors were seconded for their second fourteen days training for this very responsible post. Students return from various training schools to their sponsoring authority for the three months' practical period of supervised work.

To enable full supervision to be given to the training programme a second group advisor received four weeks' training and attended a residential administrative course divided into two periods of two weeks.

During the three months' practical training, a hundred families are in the care of each student.



In future Harrow will undertake responsibility for the practical three months' supervised training of integrated students, and will help with some fieldwork placements.

Health visitors attend refresher courses every five years to keep up to date with new trends in their work. During 1968 three health visitors were seconded and a case presentation course was attended by one health visitor for eight days at Chiswick Polytechnic.

### **Discussion Groups**

Discussions with a psychiatrist have continued for the whole year. Informal discussions in groups of 6-8 health visitors, child care officers and other social workers take place once a week. These discussions give the staff the opportunity to receive special guidance with family problems in the community and have proved to be of great value to the health visitors. All health visitors attend in turn, on a rota system, the group remaining the same over a period of twelve months. Each group attends every six weeks.

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 together with representatives of the probation service and mental welfare officers.

### **Liaison with Group Practices**

A health visitor has continued to visit a group practice weekly in the Edgware district of the Borough. She attends the practitioners' baby clinic, and carries out geriatric visits.

Further health visitor liaison arrangements have been made with general practices in North and South Harrow. Closer understanding and co-operation, benefiting the patients, has been established through these liaison arrangements.

### **Preparation for Confinement**

Mothercraft and relaxation classes continue to be held in all clinics by the health visitors, and 8-9 classes are given to expectant mothers during their pregnancy in preparation for the confinement. Full instructions to the expectant mothers in the skills of baby management, different stages of labour, analgesia, diet, immunisation, etc., are given.

Film evenings are arranged in three clinics during the year for expectant mothers and their husbands, to show the birth of a baby. The health visitor introduces the film and answers questions after the film. Sixteen evening films have been shown in 1968.

As in previous years, fathercraft classes are arranged at the Caryl Thomas Clinic and Cecil Park Clinic. The course consists of three lectures in preparation for the new duties of the husband in the management of a small baby. Husbands are prepared for emergencies in the home and receive advice to support the young mother following the confinement.



### **Mothers' Clubs**

Three Mothers' Clubs have been running during 1968; one in the Northolt Road Clinic — a very active group under the supervision of a health visitor. This club has a meeting once a fortnight and attendances of 20/30 mothers at each meeting are usual.

A new club was started by the health visitor at the Caryl Thomas Clinic on 19th November, 1968. This is very popular and well attended.

### **Liaison Schemes with Local Hospitals**

A health visitor has continued to attend the paediatric clinic at Edgware General Hospital. She is able to inform the other health visitors concerned of the progress of patients in the care of the hospital, mainly 'at risk' babies, and of difficulties during confinement which are followed up by the paediatric clinic after discharge from hospital.

A 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 also continued for a further year. Two health visitors attend for a series of four weeks during the paediatric out-patients clinic held by Dr. Barrie, the paediatrician from the Charing Cross Hospital Group. Discussions take place in conjunction with the clinic involving medical students, health visitors and pupil midwives. Valuable information can be exchanged between the specialist and the health visitors, both being concerned with the same patients. Information is given to other health visitors and clinic doctors in the Borough.

A rota system, allowing all health visitors to attend, makes it possible to keep in touch with new drugs and hospital techniques.

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.

Study days, arranged by the geriatric department of Edgware General Hospital, were attended by a group of health visitors and found to be most instructive.

### **Student Visits to the Area**

During the year 24 students from the Harrow Technical College, taking a pre-nursing course, attended 1 day a week for 4 weeks in groups of 5-6 students, to have an introduction to the Local Authority's work in the community. They visited infant welfare clinics, day nurseries and accompanied health visitors during their home visits to new babies and visits to old people in the Borough.

A written report was presented by all students in a seminar during their last session as visitors in the London Borough of Harrow. The students found this experience most useful.



Programmes were arranged for groups of student nurses to observe activities in community care. Students from the Middlesex Hospital visit Harrow four times a year for three days and 20/30 students attend at clinics for infants and toddlers. They visit, with a health visitor, homes in the Borough with children from birth to school age, ante-natal patients, elderly and obtain experience with all types of family problems in the community. The programme is followed up by a discussion morning at the hospital, together with their tutors and representatives from the health visiting team.

Similar programmes are arranged for the student nurses at the Egdware General Hospital and case discussions attended by the group advisors follow these visits.

Integrated students from Hillingdon Hospital, and senior pupils at Heathfield School have been visitors to the department, also student health visitors from other parts of the country.

### **Health Education in Schools**

Classes were given to school leavers in home making, health and personal hygiene, human relationships and responsibilities.

The lectures included information and brief description of world health in the developing countries, control of world epidemics with the help of vaccination and immunisation, also a description of the welfare state in England.

Discussions with the help of visual aids took place on the problems of adolescence in girls and boys, physical and emotional development, reproduction and the development of the foetus.

The headmaster of a junior school asked for a series of talks to children ages 10/11 years old. One of the talks was to be on physical change at puberty and reproduction. Three classes were given. During the third class boys and girls were separated for sex education. The girls continued with the health visitor. The boys had a class given by Mr. Anderton, Health Education Officer.

The third class started with a film on physiology of puberty and reproduction. This was shown to parents the previous day. All the parents expressed the wish for the film to be shown to their children. The children were interested and asked many questions. More time was given to the onset of puberty and menstruation than reproduction. These classes were given as an experiment in the junior school. In view of the interest and their success, the headmaster asked that they be repeated the following year.

Evening lectures were given by the health visitors to young people's groups on accidents in the home, prophylactic medicine, home nursing, child care and on nursing subjects to mothers' clubs, young wives' groups, Girls' Brigade, church organisations and Territorial Army Cadets.



### Clinic Nurses

All ten base clinics have a state registered nurse attached to assist the health visitor with clinic duties and allow the health visitors more time for their specialised work in the community.

The clinic nurses are in charge of minor ailment sessions, immunisations, toddlers' clinics, cytology clinics, school hygiene inspections, foot inspections, treatment of verruca, and routine medical examinations at schools.

Vision testing with the Keystone Telebinocular Vision Screener is carried out by the clinic nurse. She also helps with routine visiting of the elderly under the supervision of the health visitor.

## Section 25 — Home Nursing

### Establishment

The total establishment of home nurses at 31st December 1968, was as follows:-

Superintendent  
Deputy Superintendent  
Home Nurses (whole-time equivalent) 22

The home nursing staff continued to attend patients in their homes and carried out all types of nursing care ordered by the patients' doctors and as the following tables show, completed another busy year, with a rise of 208 in the total number of persons nursed compared with 1967, but a reduction in the actual number of visits.

	1967	1968
(1) Total number of persons nursed during the year	1,922	2,130
(2) Number of persons under 5 years old at first visit	46	50
(3) Number of persons 65 years or over at first visit	1,286	1,467
(4) Total number of visits made during the year ..	62,915	62,745
(5) Number of visits of over one hour's duration ..	1,829	1,872
(6) New cases referred during the year .. ..	1,300	1,495

### TYPE OF ILLNESS INVOLVING THE ABOVE VISITS

Category	Male	Female	Total
Medical .. ..	541	1,354	1,895
Surgical .. ..	104	104	208
Infectious diseases .. ..	—	—	—
Tuberculosis .. ..	3	8	11
Maternal complication ..	—	16	16
<b>TOTAL ..</b>	<b>648</b>	<b>1,482</b>	<b>2,130</b>



As the number of persons over sixty-five years at first visit continues to increase and, as they often require just a bathing treatment and not a full nursing treatment, and also as the visits occupying the nurse for over one hour continues to increase, arrangements have been made to employ two auxiliary nurses on a part-time basis, and they will be used for non-nursing attention, such as bathing as required. This has been achieved without increasing the home nurses establishment.

### **Training**

The refresher training of the staff has been maintained at a high standard and included visits to the burns unit at Mount Vernon Hospital, lectures on community care, arranged by Hillingdon Local Health Authority, and courses at the Chiswick Polytechnic College, during which three of the staff were awarded the National District Nurses' Certificate.

### **Student Training**

A total of 116 pre-nursing students from the Chiswick and Harrow Polytechnic Colleges, and general nursing students from the Edgware, the Harrow, and the Middlesex Hospitals accompanied home nurses on domiciliary visits, and were given lectures on the personal health services provided by the Borough.

During the year Harrow was selected by the Chiswick Polytechnic to undertake the practical training of some of their integrated students, and this was accepted.

### **Practice Attachment**

In order to improve the communication between the general practitioner and the home nurse, a pilot scheme was started in 1967 with the approval of the Ministry, which attached some home nurses to a general practitioner group practice. This scheme worked well, and in September, 1968 statutory authority was given for the home nurses to practice anywhere needed, including hospitals, health centres and general practitioners' surgeries.

As the practice attachment is working satisfactorily, another is being started, and some of the improvements noted to date are as follows:-

- (a) improved communication between the home nurse and the general practitioner.
- (b) more continuity in the care of the patient,
- (c) the ambulant patient is treated in the surgery, thus decreasing the nurse's travelling time.
- (d) records and consultations are more readily available.

### **Services for the Incontinent Patient**

At the request of doctors and/or hospitals, incontinence pads, pants and interlinings are supplied to patients who require them, and this service is fulfilling a very real need. The incontinent laundry service helps with the problem of nursing this type of patient at home, and the assistance of the Edgware Group Hospitals in organising the service is very much appreciated.



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

The Foundation nurses continue to provide a much appreciated day and night service in terminal cases of malignancy. The department has had available the services of three Foundation nurses and 23 cases were nursed in 1968. These were all night nursings, and provided the relatives with much needed assistance.

### Section 26 — Vaccination and Immunisation

In January, 1968, following a review of the schedules of immunisation in childhood the Joint Committee on Vaccination and Immunisation recommended that these be replaced by a single schedule. In accordance with the recommendations of the Joint Committee the following procedure was adopted with effect from the 29th January, 1968:-

Diphtheria/Tetanus/Pertussis and oral Polio	1st dose at 3 months
	2nd dose at 5 months
	3rd dose at 9 months
Smallpox vaccination	15 months
Diphtheria/Tetanus and oral Polio	4½ years
Smallpox re-vaccination	5 years.

The boosting dose of triple vaccine and polio vaccine previously recommended to be given during the second year of life is now considered to be unnecessary if the primary three dose schedule spaced as above is followed. The new schedule recommends a later starting age, extends intervals between doses, eliminates the 18 month booster and recommends smallpox re-vaccination at age 5 years.

In May, 1968, vaccine to prevent measles was made available and arrangements were made to offer vaccination to all children between the ages of 13 months and 15 years who were susceptible to an attack of measles because they had neither been immunised nor had natural measles. In the first instance as the amount of vaccine was not sufficient to meet all demands, only susceptible children who were between their 4th and 7th birthdays and children attending day nurseries and nursery schools were immunised. However, as vaccine supplies increased other groups in the agreed age range were offered immunisation during the year.

Management of vaccination and immunisation procedures by computer was introduced during 1967 and continued to work well during the year. The procedure works in the following way:-

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 magnetic tape. 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 is 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. Details of the procedures were sent to all general practitioners during the year and twelve came into the scheme in November, 1968. 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 1968. The figures compare favourably with those for 1967.

#### Vaccination against smallpox during 1968

	<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	89	1,559	529	249	2,426
Re-vaccination	—	20	57	396	473

#### Immunisation against Diphtheria/Whooping Cough/Tetanus/Poliomyelitis/Measles

	<i>Year of birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1968	1967	1966	1965	1961-1964		
<b>Diphtheria</b>							
Primary course	647	1,356	99	52	51	32	2,237
Reinforcing dose	—	742	1,333	151	1,918	146	4,290
<b>Whooping Cough</b>							
Primary course	645	1,351	95	47	31	20	2,189
Reinforcing dose	—	727	1,246	138	710	56	2,877
<b>Tetanus</b>							
Primary course	647	1,355	99	55	61	159	2,376
Reinforcing dose	—	743	1,338	153	1,924	366	4,524
<b>Poliomyelitis</b>							
Primary course	494	1,613	201	54	70	64	2,496
Reinforcing dose	—	425	384	66	1,765	184	2,824
<b>Measles</b>	4	491	479	385	1,212	205	2,776



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

**Chiropody**

A chiropody service is available to expectant mothers, handicapped persons and the elderly, but is almost exclusively used by elderly persons. The British Red Cross Society deals exclusively with domiciliary cases and is paid a per capita fee for each treatment provided by them.

During the year 43 sessions per week were held in various clinics, throughout the Borough, and the British Red Cross provided two sessions of domiciliary treatment each week. The staff establishment was 4 chiropodists (whole-time equivalent) and in post there were 2 full-time chiropodists and 6 part-time chiropodists (sessional) providing a total whole-time equivalent of 3.8. Clerical support was provided from the departmental staff in Hanover House. In respect of persons unable to travel by other means to clinic premises transport was provided upon production of a note from a doctor. The number of persons provided with the transport service amounted to 171.

The service was reviewed in September, 1968, and in view of the substantial increase in the number of applicants for this service since 1965, and the extent of the current waiting list, it was decided to increase the establishment from 4 to 5 chiropodists. In addition as it was felt desirable that in a service of this nature there should be a professional person responsible to the Medical Officer of Health for overall organisation, the additional post was designated, Chief Chiropodist. Also in view of the fact that there seemed to be a need to increase domiciliary sessions it was decided that the Council's direct service should extend to domiciliary work leaving the British Red Cross Society to continue with its present case load.

Details of attendances for the year 1968:-

<i>Category of Patient</i>	<i>New Cases, first attendance</i>	<i>Old Cases first attendance</i>	<i>Re-attendances</i>	<i>Total</i>
Elderly persons .. .. .	368	1,667	8,784	10,819
Physically handicapped .. .. .	2	7	33	42
Expectant and nursing mothers .. .. .	11	15	22	48
School children .. .. .	78	82	329	489
Others .. .. .	3	17	36	56
Total number of treatments .. .. .			11,454	
Number of sessions .. .. .			1,867	

During the year, 1968, the local branch of the British Red Cross Society carried out 1,092 treatments which were all 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-four applications were received and suitable holidays arranged for these patients—of this number 66 were adults and 8 school children. In 8 cases the arrangements were cancelled at the patient's request. The 8 school children were recommended under Section 48 of the Education Act 1944.

## Cervical Cytology

Sessions for the taking of cervical smears continued during 1968 and in April it became necessary for a second session to be held each week as one session only was not sufficient to deal with new patients in addition to those who had had their first test the previous year and were returning for retesting after twelve months. The usual procedure for this service is to carry out a second examination twelve months after the initial test and a further examination is then made after a further interval of three years.

Nine hundred and sixty five patients were examined during the year and ninety seven of these were given a second test about three months later after receiving treatment from their general practitioners. Approximately eighty per cent of all 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 1968.

## 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 . . . 1,139

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 2,327 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 three 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 1968 were as follows:-

Contact Scheme	.. .. .	320
School Children and Students	.. .. .	1,619

The total number of persons on the tuberculosis register for the district on 31st December, 1968 was 1,958 as compared with 2,023 on 31st December, 1967.

### Advisory Clinics 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 person found on examination to have a condition requiring attention is referred with a letter, to his own medical practitioner. Ten new cases were seen during the year. The total number on the register was 50 and a total of 176 visits were made during the year.

A second clinic for the elderly was started in August at Tenby Road Clinic. This Clinic appears to serve a very useful purpose and is well attended. There is a luncheon club next door to the clinic and most of the 'patients' also attend this club. At the end of the year there were 34 persons on the clinic register.

Referrals to the clinics come from health visitors, chiropodists, W.R.V.S. Clubs, and through other persons already attending the clinics. Transport to the clinic is arranged by voluntary services and referrals from the clinics were made to other services, including chiropody, home-help, home nursing, meals-on-wheels and the cytology clinics.

### Intermittent Haemodialysis in the Home

Recently there has been an increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. Hospital authorities provide and maintain the intermittent haemodialysis equipment and provide the relevant medical services. They can also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. They have not, however, powers to make adaptations to the home. Any adaptations required in the home preparatory to the installation of the dialysis machine can be carried out by Local Health Authorities under section 28 of the National Health Service Act, 1946 subject to the approval of the Minister of Health.

In 1967 such a case presented itself and the Council sought and obtained the Minister's approval to making arrangements under Section 28 for the adaptations necessary to install equipment for home renal dialysis.



In Circular 2/68 the Minister of Health stated that the expansion of the programme for the treatment of patients with chronic renal failure by intermittent haemodialysis was dependent on more patients being treated at home: gave guidance about the scheme, and also issued a general approval to local health authorities to carry out the adaptations necessary for home renal dialysis under Section 28 of the National Health Service Act, 1946.

### 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 1,522 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 8 full-time and 84 part-time, being an equivalent of 48 full-time home helps.

Assistance was given as follows during the year:-

Maternity cases	.. .. .	160
Acute illness	.. .. .	181
Chronic sick and Tuberculosis	.. .. .	157
Mentally disordered	.. .. .	22
Aged and infirm	.. .. .	1,002
	TOTAL	<u>1,522</u>

### Neighbourly Help Scheme

During the year, eleven neighbourly helps were engaged to provide assistance to eleven 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.



## HEALTH EDUCATION

Following last year's comments on health education of the adult male, retirement health was featured in the health department exhibit at the C.C.S. Delegate Conference. Statistics for Harrow showed that in the age group 45-55 years the percentage of total male deaths from all causes in 1956, which were due to cardio-vascular diseases was 46.25%, compared with a figure of 17.4% in 1937. Obesity, heavy smoking, excess alcohol and lack of exercise, are four contributory factors, all of which can be controlled by the individual.

By comparison the proportion of deaths in women of the same age group from the same causes has dropped from 17.7% to 12.3%—perhaps an indication that the fashion conscious woman of today is more diet conscious than her husband, who probably pays more attention to the inner workings of his automobile than his own body.

Mental Health Week was inaugurated with a coffee morning in Sopers restaurant—again a "sell out" when the Mayor and 180 representatives of local organisations met the serious side of Mr. Derek Nimmo, who opened the week. This year it was decided to take the exhibition to the public, and thanks to the generous co-operation of Messrs Kodak Limited a mobile exhibition and information centre toured the Borough, spending a day in each district to lure the public in, although those interested were often surprised to learn what the department was doing in the field of community care. All the Council's mental health establishments held open days during the week and visits were arranged to Shenley and Leaveston Mental Hospitals. Talks were also given to senior students at local secondary schools.

## HEALTH EDUCATION

Further progress was made in health education in schools, most of which took advantage of the talks or displays which were available from health department personnel. In the past most of these have been directed to secondary students, but during the year, two year pupils in two primary schools received instruction in personal health and hygiene from the health visitors, which involved sex education. Sex education is never dealt with in isolation, but is always integrated with such a course. Parents at one primary school who were invited to preview the films shown were most enthusiastic, and no-one took the opportunity of seeing their child out of the talk. Their comments showed that some were only too pleased to have the onus removed from themselves. There is no doubt that the age 10-11, before menstruation and other changes associated with puberty occur, is a good time to introduce this subject, the child not being emotionally involved.

The Principal School Dental Officer extended what is now an annual dental campaign to cover a further eight thousand children of all ages in the Edgware, Kenton and Stanmore districts, involving ninety-six talks by a team of speakers from dental clinics within the Borough. Miss Land from

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Practical visits to make such courses alive can be and were arranged, to which nursing students were also invited.

Nursing students and social workers were frequent visitors to the Department where they receive an insight into the personal, community, and environmental health services as part of their training and student teachers were often given information and material to assist in the preparation of their thesis if this dealt with health education.

In view of the public's change in attitude to Clean Air, which now is not "why are we going clean air?" but "when are we going clean air?", it was decided not to hold a Clean Air week but advance publicity was featured in those areas which were about to become smoke-controlled.

Expectant mothers and parents of young children are the target of much health education by the health visitors who carry out a continual programme of health education in the clinics, both in theory and practice.

The sixteen film evenings on child birth and infant care and development were usually well supported. The film on child birth, "To Janet—A Son?", is ever popular and the husbands who are invited to attend with their wives often contribute much to the discussions which follow the films. One object of such films is to install confidence in the expectant mother and it is rarely that any express regret at having previewed their forthcoming experience.

Many talks were given on request to local organisations of all kinds on every aspect of the department's work. These are usually undertaken by senior officers, often in their own time in the case of evening talks—the audiences ranging from young cubs and youth clubs to women's organisations and pensioners clubs.

The Borough was represented by Councillor Low and Mr. Anderton on the Greater London Home Safety Council at their quarterly meetings. This is a very active Committee and many recommendations are referred for consideration by the National Home Safety Council of R.O.S.P.A.

The year 1968 saw the formation of the new Health Education Council which represents the amalgamation of the old Central Council for Health Education and that section of the Ministry of Health which previously dealt with health education promotional functions.



## MENTAL HEALTH SERVICES

### Establishment

Principal Officer for Social Work (Mental Health and Welfare Services)	
Deputy for Mental Health Services	
Mental Welfare Officers	9
Trainee Mental Welfare Officers	2
Mental Health Social Workers	2

During the year, expansion of the community services for the mentally disordered continued with the opening of the assessment unit at the junior training school and commencement of work on the erection of a purpose-built adult training centre.

The last in the cycle of three Mental Health Weeks was held on 9th-15th June, 1968, the theme for the week being "Targets for Tomorrow - Research, Education, Prevention, Treatment and Care". As in previous years, a full programme of events for the Week was arranged in conjunction with the voluntary societies and Shenley and Leavesden Hospitals.

Messrs. Kodak Ltd., of Wealdstone, kindly loaned their demonstration trailer for a mobile exhibition of work carried out by the local authority and voluntary societies in various parts of the Borough. Messrs Kodak also kindly arranged its necessary removal from site to site.

## MENTAL HEALTH SERVICES

The Week and Exhibition was officially opened by Derek Nimmo on Monday, June 10th, 1968, and Sopars of Harrow Ltd., Station Road, Harrow, kindly allowed the use of their restaurant for this purpose.

Open days and evenings were held at the mental health establishments maintained by this Authority and the sports clubs held within the Borough were also open to the public.

The Harrow Branch of the League of Friends of Shenley Hospital held a garden party at Letchford House, Headstone Lane, Harrow, on Wednesday afternoon, 12th June, 1968. Also on that day, the local catchment hospital for the mentally ill was opened to the public.

Events on Thursday, 13th June, 1968, included the formal opening of the new assessment unit at the junior training school by the Deputy Mayor, Councillor W. E. Jones, and in the evening, a new Gateway Club was inaugurated at the Youth Centre, Great Road, Wealdstone. This club is intended principally for educationally subnormal children.

Two very successful barbecues were held in the course of the week, one on Monday night run by the Friends of Tanglewood for the children who attend the Club held at Tanglewood Hostel, Common Road, Stanmore, and the other which was held on Saturday evening, 15th June, by the Harrow Association for Mental Health and to which all who participated in making the week such a success were invited. This also was held in the grounds of Tanglewood Hostel.

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Posters and leaflets detailing the programme of events were distributed throughout the Borough and, as in previous years, the local press gave excellent coverage.

### **Community Care—Mental Illness**

The number of referrals from all sources during 1968 totalled 714—see Table IV. The number of patients actually under care at the end of the year was 613—see Table I. Of these 5 (2 men and 3 women) were addicted to drugs and 10 (6 men and 4 women) were alcoholics. Table III gives details of the number of cases dealt with by the social workers during the year.

The team of mental welfare officers in addition to their statutory duties under the Mental Health Act 1959, also arrange admissions informally to hospital when necessary, and close collaboration is maintained with the catchment hospital, Shenley, as well as general practitioners and other social work agencies.

A 24-hour service continues to be maintained and officers “on call” out of office hours, including weekends and bank holidays, are contacted through the duty telephonist at Harrow Hospital.

A psychiatric out-patient clinic which was started in December 1965 continues to be held on Thursday afternoons at this Authority’s Caryl Thomas Clinic, Headstone Drive, Wealdstone, in association with Shenley and Harrow Hospitals and at which a psychiatrist and his team of staff from Shenley Hospital attend.

### **Hostels**

**TANGLEWOOD HOSTEL**—This establishment, which was first opened in February 1964, is a large house, converted to accommodate 27 residents (11 male and 16 females).

The main criterion for admission is that patients should be capable of working in the community.

During 1968 two of the twin-bedded rooms on the female side were converted to make four single bedded rooms.

Frequent discussions take place between the medical and social work staff of this Authority and Shenley Hospital concerning the residents’ progress, general welfare and future placement.

The number of patients admitted in 1968 totalled 21 (9 men and 12 women) and 19 patients were discharged of whom 6 returned to hospital, 6 returned to their own homes and 7 went to other accommodation.

At the end of the year there were 22 patients in residence.

Approximately 64 visitors were shown over the premises during the year.



**NON-MAINTAINED HOSTELS**—During 1968 9 patients were placed in either other local authorities' or voluntary associations' hostels as it was felt to be in the patients best interest to do so.

At the end of the year 10 patients were still so placed.

**DAY CENTRE FOR THE ELDERLY MENTALLY ILL**—This establishment consists of a large house which has been converted for the reception of suitable cases on a daily basis, 9.0 a.m.—5.0 p.m. Mondays to Fridays inclusive, with the exception of Bank Holidays. Transport is provided to and from the centre for those elderly persons who are unable to travel on public transport. The work at the centre is of an occupational therapy nature and no charge is made for the facilities provided except for 1/6 which covers the cost of providing a mid-day meal. Referrals are received mainly from general practitioners, hospitals and various social work agencies. A chiropodist attends regularly to give advice and treatment.

A total of 75 patients was referred for admission to the Centre during the year. Of these 9 patients (4 men and 5 women) were referred by general practitioners, 7 by mental hospitals, 14 by general hospitals, 33 by social workers, 8 by the Harrow Old Peoples Welfare and 4 from other sources.

The number of patients discharged from the centre during the same period was 61 of which 21 were admitted to mental hospitals, 6 to general hospitals, 6 to welfare homes, 11 improved or left the district and 10 refused to continue to attend. Also during this period 7 patients died.

Of the patients accepted 18 were admitted from the London Boroughs of Brent, Barnet, Ealing and Westminster.

At the end of the year there were 59 patients on the register (22 men and 37 women)—11 of these being cases from adjacent Boroughs.

There were also 4 patients awaiting admission (1 man and 3 women) 3 of these being from other Boroughs.

Approximately 123 visitors were shown over the centre during the year.

**DAY CENTRE FOR THE YOUNGER MENTALLY ILL**—Patients from Harrow recommended to attend such a centre continue to attend the one at Belton Hall, Bertie Road, Willesden, run by the London Borough of Brent.

During 1968, 3 patients were referred to this centre all of whom were admitted, plus one patient who was originally referred in December 1967.

During the year a patient, who proved unsuitable for the Brent Day Centre, was discharged. Subsequently, arrangements were made for this patient to attend Shenley Hospital Occupational Therapy Department, the fares involved being reimbursed by this Authority.



At the end of the year, the total number of Harrow patients still in attendance there was 3.

In addition, one patient, resident in a Surrey County Council Welfare Home, was admitted to that authority's day centre at Epsom in April, and was still in attendance there at the end of the year.

**BOARDING OUT SCHEME**—Under this scheme suitable lodgings are found in the community for those mentally disordered persons whom it is felt are capable of fending for themselves provided adequate social work support is given. The Authority guarantee rents up to £6 6s. 0d. per week and, in the event of a patient having to return to hospital for a period of treatment, provided the landlady concerned is willing to accommodate the patient on discharge from hospital, the Authority will also pay a retaining fee of up to 50% of the rent for the period involved.

At the end of 1968 there was 1 patient placed in such accommodation.

**MENTAL NURSING HOMES**—There is only one registered mental nursing home within the Borough which accommodates 47 patients. This was visited at periodic intervals during the year and found to be satisfactory.

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

With the support of the Authority's services which are provided under Section 28 of the National Health Services Act, 1946, and the Mental Health Act, 1959, many subnormal and severely subnormal patients are able to live in the community. Assistance is also given wherever possible to the relatives with any problems they may have concerning the patients.

All new referrals are seen initially by the Principal Medical Officer after which arrangements are made for one of the mental health social workers to visit the relatives at regular intervals, with the exception of those patients under five years of age, who continue to be visited by one of the health visitors.

The total number of subnormal and severely subnormal patients under community care at the end of the year was 401 (187 females and 214 males—see Table II). The number of cases referred for care during 1968 was 76 (See Table IV).

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

**GUARDIANSHIP—INFORMAL FOSTER CARE**—This Authority has no patients placed under guardianship although such orders give 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, it has been found preferable to make placements informally as far as possible. Accordingly, 5 patients



were so placed during 1968, either in homes or hostels run by voluntary organisations. At the end of the year the total number of patients under informal foster care was 34. Of these, 5 were placed in private homes within the Borough, the remainder in various homes run by voluntary societies throughout the country.

The Borough is fortunate in having 5 private homes within its boundaries which accept patients for long term care and the total number of patients placed in these homes at the end of the year was 10, 5 of whom were placed by other local health authorities.

All homes used by the Authority were visited during the year by the Principal Medical Officer, Mental Health, and found to be satisfactory.

**ADMISSIONS TO HOSPITALS**—During the year, 17 patients were admitted to hospitals for permanent care, of these only 4 were formal admissions.

At the end of the year there was 1 patient awaiting admission to hospital.

**TEMPORARY CARE**—One way in which parents can be given some relief (especially in those cases awaiting a permanent hospital bed) is by arranging for patients to receive short term care for periods of up to eight weeks. A total of 49 requests were received in 1968 for such care, of these 25 were placed in hospital and the remainder in private homes or hostels.

**HARROW JUNIOR TRAINING SCHOOL**—This modern purpose built establishment caters for those mentally handicapped children within the Borough between the ages of 2-16 years. At the end of the year there were 107 children on the register, including 17 children from neighbouring boroughs. Coach transport is provided to take the children to and from the school during term time, which corresponds with that of other schools within the Borough.

The children receive tuition in elementary 3-R work, basic social training, simple cooking, sewing and domestic work. Speech therapy and physiotherapy is available and the children are medically examined at regular intervals. The school dentist also visits the school at regular intervals and, if necessary, treatment can be arranged at Leavesden Hospital, Abbots Langley, Nr. Watford, Herts.

In addition to the main building there is a special care unit attached to the school which caters for those children with both physical and mental handicaps.

Open days and evenings are held at which parents can discuss their child's progress with the staff and any other problems they may have with the Principal Medical Officer and social worker concerned. Parents are also supplied with reports each year.



In January 1968 a new Assessment and Diagnostic Unit was opened to cater for those children within the Borough between the ages of two to six years who are in need of observation, assessment and basic training before going on to either the junior training school or another educational establishment. The accommodation consists of two classrooms, together with adjoining cloakroom and toilet facilities for both children and staff.

Over 300 visitors were shown over the school during the year, including a number of people from overseas.

**TRANSITION CLASS**—The aim of this class, which is held in the games hut, at the rear of Tanglewood Hostel, Common Road, Stanmore, is to make children as independent as possible and to bridge the transition from school to adult training centre. Tuition in simple 3-R work is given as well as in woodwork, laundry, handicrafts and domestic work. Outings to places of interest as well as large shopping stores are also arranged, the children travelling on public transport and obtaining their own fares, thus helping them to realise the use and value of money. Like the junior training school, open days are held at regular intervals and parents supplied with reports on their child's progress.

At the end of the year there were 21 children on the register, including 7 from neighbouring authorities.

Approximately 100 people visited the class during the year and saw the children at work.

**ADULT TRAINING CENTRES**—In June, construction work commenced on a 120 place adult training centre at Stanley Road, South Harrow. Work on this project is due to be completed in the Autumn of 1969. Until this centre is opened the older subnormal patients have to continue to travel considerable distances to attend centres run by other authorities. At these establishments the trainees undertake light industrial work, gardening and other activities for which a small monetary award is made.

At the end of the year there were 45 trainees attending the London Borough of Hillingdon's centre at Uxbridge and 1 attending Acton Lodge, London Road, Brentford, run by the London Borough of Hounslow. There were also 25 patients awaiting admission to such centres.

In addition, there are a number of patients in the community who would benefit by attendance at such a training centre but their parents prefer to keep them at home rather than let them undertake the long journeys that are involved, and it will be possible to offer them places at the new Harrow centre, once it is open.

**ANNUAL CAMPS**—A party of 62 children and staff from the Harrow Junior Training School under the leadership of the Principal Medical Officer, Mental Health, attended a summer camp for two weeks from 27th July—10th August, 1968. The camp was again held at this Authority's



residential school, Elmers Court, Lymington, Hants. Arrangements for the adult camps were again made by the London Borough of Hillingdon. These were held at St. Mary's Bay, Dymchurch, Kent,—the girls from 30th August—10th September, 1968 and the boys from 10th—20th September, 1968. Five girls and five boys resident in Harrow attended.

**SOCIAL CLUBS**—The social club for the mentally handicapped continues to flourish under the leadership of members of the Borough's mental health staff. It meets on Monday evenings in the Games Hut, Tanglewood, Common Road, Stanmore.

The usual club activities include dancing, table tennis, snooker, darts etc., and in addition from time to time, outings are arranged of a socio-educational nature.

Early in 1968, the Harrow Association for Mental Health offered to run a therapeutic social club for persons recovering from mental illness or suffering from loneliness. This club held its first meeting on 23rd April, 1968. It takes place on Tuesday evenings at the Harrow Day Centre for the Elderly Mentally Ill, 76 Marlborough Hill, Wealdstone.

In view of the fact that this establishment is easier to reach by public transport, it was decided to close the 'Outlook Club' run by the mental welfare officers on Wednesday evenings at Tanglewood, Common Road, Stanmore, Middlesex, and to transfer the members to the one run by the Harrow Association for Mental Health. Accordingly, the last meeting of the 'Outlook Club' was on 3rd April, 1968.

**STUDENTS**—During 1968 five students from various universities and colleges were received into the department for practical experience in the mental health field including a student from Malta.

**COURSES**—During the year one supervisor teacher at the junior training school was sponsored for the one-year course which commenced in September for mature students, leading to the Diploma for Teachers of the Mentally Handicapped.

Two trainee social workers were sponsored for courses at the Lanchester College of Technology, Coventry, leading to appropriate social service qualifications.

**VOLUNTARY BODIES**—Close liaison is maintained with the following voluntary Bodies in the field of mental health within the Borough:-

- The Harrow Association for Mental Health
- The Harrow Society for Mentally Handicapped Children
- The Friends of Leavesden Hospital
- The League of Friends of Shenley Hospital (Harrow Branch)
- The Friends of Tanglewood.



TABLE I

Mentally Ill Patients under Local Authority care at 31st December, 1968.

	Mentally Ill					Elderly Mentally Infirm		Total
	Under age 16		Over age 16		Total	M.	F.	
	M.	F.	M.	F.				
1. Number of patients under care at 31st December, 1968 .. ..	1	4	145	268	418	82	113	195
2. (a) Attending day training centre ..	—	—	3	—	3	19	29	48
Awaiting entry thereto .. ..	—	—	—	—	—	1	3	4
(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 .. ..	—	—	6	5	11	—	—	—
Awaiting residence in L.H.A. home/hostel .. ..	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels .. ..	—	—	3	4	7	—	—	—
Resident at L.H.A. expense by boarding out in private household .. ..	—	—	—	—	—	—	—	—
Receiving home visits and not included (a) to (d) .. ..	1	4	124	253	382	62	81	143
3. No. of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.68:								
In urgent need of hospital care .. ..	—	—	—	—	—	2	3	5
Not in need of hospital care .. ..	—	—	—	—	—	1	5	6
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1968:								
To N.H.S. Hospitals .. ..	—	—	—	2	2	14	14	28
Elsewhere .. ..	—	—	6	10	16	5	6	11



TABLE II

Subnormal and Severely Subnormal Patients under Local Authority Care  
at 31st December, 1968.

	Subnormal					Severely Subnormal				
	Under age 16		Over age 16		Total	Under age 16		Over age 16		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1. Number of patients under care at 31st December, 1968 ..	44	23	85	82	234	48	45	37	37	167
2. (a) Attending day training Centre .. .. .	32	6	14	14	66	42	35	21	15	113
Awaiting entry thereto ..	3	2	8	9	22	3	9	7	13	32
(b) Resident in a residential training centre .. .. .	—	—	—	—	—	1	—	—	—	1
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel .. .. .	—	—	2	2	4	—	—	—	—	—
Awaiting residence in L.H.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels .. .. .	1	—	2	6	9	4	1	—	3	8
Resident at L.H.A. expense by boarding out in private household .. .. .	5	2	2	2	11	2	1	2	1	6
Receiving home visits and not included (a) to (d) ..	6	15	59	53	133	2	—	7	6	15
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.68:										
In urgent need of hospital care .. .. .	—	—	—	—	—	1	—	—	—	1
Not in urgent need of hospital care .. .. .	—	—	—	—	—	—	—	—	—	—
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1968:										
To N.H.S. Hospitals .. .. .	1	4	1	—	6	7	5	2	5	19
Elsewhere .. .. .	3	3	2	3	11	1	5	2	5	13

TABLE III

Work of Mental Welfare Officers and Mental Health Social Workers.  
1st January—31st December, 1968.

(a) <b>Mental Illness</b>		
Visits made by mental welfare officers		7,729
Compulsory Admissions		162
Informal Admissions		215
(b) <b>Mental Subnormality</b>		
Visits to those under community care by mental welfare officers and mental health social workers		1,812
Compulsory Admissions		4
Informal Admissions		15

TABLE IV

Number of Patients Referred During Year Ended 31st December, 1968.

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	—	90	174	265	2	1	1	—	4
Hospitals, on discharge from In-Patient treatment .. .. .	—	—	20	20	40	4	2	3	1	10
Hospitals, after or during Out-Patient or day treatment .. .. .	—	—	26	53	79	3	6	—	—	9
Local Education Authorities .. .. .	—	—	—	—	—	5	4	1	—	10
Police and Courts .. .. .	1	—	15	18	34	—	—	—	—	—
Other sources .. .. .	—	1	126	169	296	13	9	8	13	43
<b>TOTAL .. .. .</b>	<b>2</b>	<b>1</b>	<b>277</b>	<b>434</b>	<b>714</b>	<b>27</b>	<b>22</b>	<b>13</b>	<b>14</b>	<b>76</b>



## WELFARE SERVICES

### Establishment

The staff establishment of the Welfare Section at 31st December, 1968, was as follows:-

Principal Officer for Social Work (Welfare and Mental Health Services)		
Deputy for Welfare Services	Home Teachers for the Blind	3
Professional Case Worker	Industrial Work Organiser	
Social Welfare Officers	Handicraft Organiser	6
Trainees	Work Centre Assistant	2

The demands of the Welfare Services continue to increase and this is most evident in the care of the elderly and physically handicapped.

Efforts are continually being made to collect information concerning the actual and potential problems of the elderly. The acquisition of this knowledge is still extremely difficult but the compilation of a comprehensive register is steadily progressing.

### Provision of Temporary Accommodation for Families rendered homeless

The number of applications for temporary accommodation received during 1968 was greater than for the previous year and domestic dissension remained the main cause of families breaking up. Professional advice and assistance in many ways prevented a few families reaching the stage where the provision of accommodation was essential.

Close liaison is maintained between the departments of the Council so that where possible the need for accommodation is made known before eviction becomes 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 introduced when a family is falling into arrears with 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 payment of rent is regarded as a priority.

Of the 29 cases referred to the Rent Arrears Sub-Committee of the Housing Committee, 9 cleared their arrears with the help and advice of the social worker, 1 left the district, 6 showed some improvement in managing their affairs, 6 unfortunately showed no progress towards recovery from their difficulties and efforts are being continued to assist the remainder to clear their arrears.

### Accommodation

Additional intermediate accommodation in the form of 2 units in Greenhill Road and 2 units in Oxford Road was made available during the year for intermediate accommodation. Re-allocation of the temporary accommodation, where possible, led to arrangements which allowed five husbands to be re-united with their families. The total provision of units of accommodation at the end of 1968 was 19.

TABLE III

Work of Mental Welfare Officers and Mental Health Social Workers,  
1st January—31st December, 1968.

(a)	Mental Illness	
	Visits made by mental welfare officers	7,729
	Compulsory Admissions	162
	Informal Admissions	215
(b)	Mental Subnormality	
	Visits to those under community care by mental welfare officers and mental health social workers	1,812
	Compulsory Admissions	4
	Informal Admissions	15

WELFARE  
TABLE IV  
SERVICES

Number of Patients Referred During Year Ended 31st December, 1968.

Referred by	Mentally ill					Subnormal and severely subnormal				
	Under age 15		Aged 15 and over		Total	Under age 15		Aged 15 and over		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
General Practitioners	1	—	90	174	265	2	1	1	—	4
Hospitals, on discharge from In-Patient treatment	—	—	20	20	40	4	2	3	1	10
Hospitals, after or during Out-Patient or day treatment	—	—	26	53	79	5	6	—	—	9
Local Education Authorities	—	—	—	—	—	5	4	1	—	10
Police and Courts	1	—	15	18	34	—	—	—	—	—
Other sources	—	1	126	169	296	13	9	8	13	43
TOTAL	2	1	277	434	714	27	22	13	14	76



## WELFARE SERVICES

### Establishment

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Principal Officer for Social Work (Welfare and Mental Health Services)		
Deputy for Welfare Services		Home Teachers for the Blind 3
Professional Case Worker		Industrial Work Organiser
Social Welfare Officers	6	Handicraft Organiser
Trainees	2	Work Centre Assistant

The demands of the Welfare Services continue to increase and this is most evident in the care of the elderly and physically handicapped.

Efforts are continually being made to collect information concerning the actual and potential problems of the elderly. The acquisition of this knowledge is still extremely difficult but the compilation of a comprehensive register is steadily progressing.

### Provision of Temporary Accommodation for Families rendered homeless

The number of applications for temporary accommodation received during 1968 was greater than for the previous year and domestic dissension remained the main cause of families breaking up. Professional advice and assistance in many ways resulted in relatively few families reaching the stage where the provision of accommodation was essential.

Close liaison is maintained with relevant departments of the Council so that where possible the need for assistance is made known before eviction becomes 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 into arrears with 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 payment of rent is regarded as a priority.

Of the 29 cases referred to the Rent Arrears Sub-Committee of the Housing Committee, 9 cleared their arrears with the help and advice of the social worker, 1 left the district, 6 showed some improvement in managing their affairs, 6 unfortunately showed no progress towards recovery from their difficulties and efforts are being continued to assist the remainder to clear their arrears.

### Accommodation

Additional intermediate accommodation in the form of 2 units in Greenhill Road and 2 units in Oxford Road was made available during the year for intermediate accommodation. Re-allocation of the temporary accommodation, where possible, led to arrangements which allowed five husbands to be re-united with their families. The total provision of units of accommodation at the end of 1968 was 19.



Table I gives details of the 81 applications for temporary accommodation received during the year and Table II shows details of the causation and solutions for the individual family's problems.

TABLE I

<i>Action taken</i>	<i>Number of Families</i>
Provided with temporary accommodation .. .. .	17
Children taken into care by Children's Committee .. .. .	—
Found accommodation elsewhere .. .. .	10
Application withdrawn .. .. .	2
Advised .. .. .	52
<b>TOTAL .. .. .</b>	<b>81</b>

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 .. .. .	12	2	1	7	2	—
Arrears of mortgage .. .. .	4	1	2	1	—	—
Possession required by landlord .. .. .	3	1	—	2	—	—
Service Tenancy expired	1	—	—	1	—	—
<b>Evicted other than by order of court</b>						
Arrears of rent .. .. .	4	—	—	4	—	—
Possession required by landlord .. .. .	17	3	4	10	—	—
Unauthorised tenants .. .. .	10	2	1	7	—	—
Bankruptcy .. .. .	1	—	—	1	—	—
Domestic dissension .. .. .	20	4	2	14	—	—
Service tenancy expired	3	—	—	3	—	—
No fixed abode .. .. .	5	4	—	1	—	—
Fire .. .. .	—	—	—	—	—	—
Expiry of lease .. .. .	—	—	—	—	—	—
Harassment .. .. .	1	—	—	1	—	—
<b>TOTALS .. .. .</b>	<b>81</b>	<b>17</b>	<b>10</b>	<b>52</b>	<b>2</b>	<b>—</b>



## Welfare Services for the Handicapped

The care of handicapped persons is one of the main services for which the Welfare Section is responsible and the demand for assistance has been steadily increasing for several years. 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 approximately 80 different types of appliances and 316 items were issued during the year. Records show that the majority of aids issued were those designed to assist the handicapped in bathrooms and toilets. To increase further the degree of independence it is often necessary to make minor adaptations to handicapped persons' homes such as installing handrails in toilets or bathrooms or on staircases. Less frequently major alterations are considered necessary and these range from the construction of ramps to the provision of downstairs showers and toilets. Twenty-five major and minor adaptations to homes were completed during the year.

The work centre for handicapped persons continued to be fully attended by those unable to work in open industry or sheltered employment. Arrangements are being completed to provide accommodation suitable for expanding this service and it is hoped that the work centre will be able to move to its new building early in 1969.

The need for social activities is predominant in the lives of handicapped persons and the Happy Circle Club and the Arrow Club organised by the Borough have proved to be very successful. The Arrow Club is exclusively for the younger handicapped, and has 35 members, while the Happy Circle membership has increased to 40.

With the co-operation of the British Red Cross Society a weekly handicraft class is held, attended by approximately 50 handicapped persons. In addition the Borough provides transport for a number of voluntary organisations who organise regular social functions, classes and clubs for handicapped persons in Harrow.

Holidays were arranged for 80 handicapped persons who would not otherwise have been able to manage 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.

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



On the 1st January, 1968, there were 659 handicapped persons on the register and the position at 31st December, 1968 is shown in the table below:—

**Handicapped Persons**  
**Numbers on Register on 31st December, 1968**

		<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	—	3	1	4
	Female	1	1	2	4
Deaf without speech ..	Male	—	8	1	9
	Female	1	5	1	7
Hard of Hearing ..	Male	—	2	—	2
	Female	—	—	1	1
General Classes ..	Male	6	169	96	271
	Female	11	208	238	457
TOTAL		19	396	340	755

**Residential Homes and Care for the Aged**

With the completion of Sancroft Hall, Sancroft Road, during 1968 the Borough has 10 residential homes providing accommodation for 445 persons in need of care and attention.

The following table gives details of these 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
Knightscode, Harefield ..	Designated	50	Mixed
The Retreat, Eastcote ..	Non-designated	18	Females
Sancroft Hall, Harrow ..	Designated	54	Mixed
Vernon Lodge, Harrow ..	Designated	52	Mixed
Whyteways, Harrow Weald ..	Designated	60	Mixed
Willerton, Weybridge ..	Non-designated	30	Females
		445	



During the year a total of 185 applications for residential accommodation were approved and from these 171 were admitted to Borough homes. In addition Harrow residents were admitted to various homes administered by voluntary organisations and other local authorities. Where appropriate the Borough becomes financially responsible for those residents under the provision of Section 26 of the National Assistance Act 1948 and 38 such cases were admitted during 1968.

It is preferable and desirable for elderly persons to remain in their own or relatives' homes for as long as possible with the help of supportive services such as district nurses, home helps, meals-on-wheels, luncheon clubs, social clubs, chiropody, home visitors and health visitors. To enable relatives to be relieved for holidays and to ease pressures and tension the Borough operate a short stay scheme. The demand for this service is increasing annually and 130 elderly persons were admitted during the year. The short stay scheme, together with the full support of other services, can delay or entirely prevent permanent admission to a residential home.

Through their good relationship with statutory bodies such as the Department of Health & Social Security and church organisations, the social workers are able to arrange financial and other assistance for those in need.

These preventative measures plus community care form an increasing and important 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 8 cases were dealt with and property in one case was stored by the Borough.

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

Because of staff movements only two home teachers were available for eight months of the year. Despite the shortage 2,248 home visits were made and 66 handcraft and 98 Braille or Moon Classes provided.

Social activities play a vital part in the lives of blind persons and with the assistance of voluntary organisations many outings, dances and shows were arranged.

The Middlesex Association for the Blind arranged a dinner and dance at Brent Town Hall for all the social clubs for the blind in Middlesex and also organised the annual handcraft exhibition. To celebrate its centenary the Royal National Institute for the Blind arranged for each blind person of Harrow to receive a greetings card and £1 gift voucher. The Harrow Social Club for the Blind, which has been in existence for 18 years, continues to flourish, ably supported by voluntary organisations.

Holidays were arranged by the Borough for 56 blind persons accompanied by 16 guides.



On 31st December, 1968, there were 441 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 accommodations 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, 1st Jan., 1968..	131	226	357	30	53	83	440
No. of cases transferred in ..	2	8	10	2	3	5	+15
No. of new cases added ..	13	33	46	8	13	21	+67
No. of P/S transferred to Blind register* ..	0	3	3	0	3	3	— 3
No. of cases transferred out ..	6	8	14	1	7	8	—22
No. of deaths ..	12	34	46	4	6	10	—56
No. on Register, 31.12.67 ..	128	225	353	35	53	88	441

\* 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 ..	26	67	2	8
Local Authority Homes ..	13			
Private Homes ..	9			
Geriatric Units ..	15			
Nursing Homes ..	4			
<b>Employment</b>				
Unemployed ..	232	278	49	72
Employed in open industry ..	30			
Sheltered workshops ..	5			
Home workers ..	11			
<b>Education</b>				
(a) University ..	1	8	—	8
(b) Schools ..	—			
(c) Special Schools ..	6			
(d) Sunshine Homes ..	—			
(e) At home (under 4 years) ..	1			
<b>GRAND TOTALS ..</b>		353		88



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+	Un-known	Total	
M.	-	-	-	-	-	-	-	-	1	-	1	-	1	2	4	2	2	-	-	-	13
F.	-	-	-	-	-	-	-	-	-	1	-	1	3	3	14	4	6	1	-	-	33
Total	-	-	-	-	-	-	-	-	1	1	1	1	4	5	18	6	8	1	-	-	46

TABLE IV

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

	0-1	2-4	5-15	16-20	21-49	50-64	65+	Total
M.	—	—	3	—	—	1	4	8
F.	—	—	—	—	—	1	12	13
Total	—	—	3	—	—	2	16	21

TABLE V

## Diagnostic Details of New Cases Registered in 1968

	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 ..	3	7	0	6	36	52
(b) Treatment (medical, surgical or optical) ..	5	3	0	0	9	17

## 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 five luncheon clubs in the Borough. 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. At Tenby Road Assembly Hall meals are cooked and served on the premises.

(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, Wealdstone, Coles Crescent, South Harrow and at the communal centre for the new housing estate at Stonegrove, Edgware. 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.

**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
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	Dr. T. E. T. Weston
"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
156/158 Whitchurch Lane .. .. .	952-5777	Mrs. M. R. Crick
170 Whitchurch Lane .. .. .	952-3135	Mrs. Ross
"Kestrel Grove", Hive Road, Bushey Heath .. .. .	950-4329	Mr. Tripp
<b>Voluntary</b>		
Valley Field, Mount Park Rd., Harrow	422-9172	Middlesex Association for the Blind
Pinner House, Church Lane, Pinner ..	866-0122	Harrow Homes for the Aged
Priory Close, Common Road, Stanmore	950-1812	Wembley Eventide Homes Ltd.
"Silverlands", Wellington Road, Hatch End .. .. .	428-7552	Alderman Sheldrake, Eventide Homes Ltd.





## CHILDREN'S SERVICES

### Establishment

The establishment of the Children's Section at 31st December, 1968 was as follows:—

Children's Officer	Senior Child Care Officer
Deputy Children's Officer	4 Child Care Officers

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, and also supervises children placed for adoption or placed in foster homes by their parents. There is an advisory clinic once a week for parents who are worried about their teenage children.

The year 1968 was the fourth in which the Children's services in Harrow functioned under the direction of a Commissioner of the London Borough of Harrow. There have been no staff changes during this period among child care officers or the administrative staff.

Arrangements were made for a total of 16 children from the Children's Homes at 7a Gaylor Road to go on a fortnight's summer holiday at St. Mary's Bay, Kent. The children enjoyed their holiday very much indeed. Through the generosity of several associations to arrange with the local clubs and the Welfare Section to give some families a chicken for Christmas dinner, together with a parcel of toys.

During the year there were enquiries from 350 parents, relatives and guardians about 540 children, which resulted in 93 being received into care. A total of 11 were discharged from care. Of the 3 Fit Person Orders made by the Courts committing children to the care of the Borough, it was possible to rehouse a young couple, so that the Fit Person Orders made in respect of their two children could be revoked and the children are now once more in the care of their parents. One of the children committed on a Fit Person Order was left in a vegetable box in a doorway, but he is now thriving and making excellent progress. A total of 85 children were supervised by this section during the probationary period required by the Adoption Act, 1958, pending adoption.

Fifteen 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 Harrow Child Care officers for 12 children.

The Parents' Advisory Clinic is continuing to prove a great support. Of the 43 cases referred, it was not necessary for any child to be brought before the Court during this period.

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Arrangements were made for a total of 16 children from the Children's Homes at 7a Gaylor Road and 229 The Heights to go for a fortnight's summer holiday at St. Mary's Bay, Kent, and the children enjoyed their holiday very much indeed. It was possible through the generosity of several associations to arrange, in co-operation with the health visitors and the Welfare Section to give some families a chicken for Christmas dinner, together with a parcel of toys.

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The Parents' Advisory Clinic is continuing to prove a great support. Of the 43 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 1, was by way of 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 56.

During the year foster parents have continued to give great assistance and support and to give loving and efficient care to the children. Returns which cover the period from 1st April, 1967, to 31st March, 1968, revealed the fact that Harrow, equally with another London Borough, had the highest boarding out figures amongst the London Boroughs, i.e. 63%. Foster parents have in several cases shown great patience, tolerance and understanding in dealing with difficult teenagers and difficult parents.

There were a number of meetings between the Children's Officers of the London Boroughs, which proved to be very helpful and provided an opportunity for comparing experience and airing points of view. Personal consultation between members of the staff is carried out at all levels and, as a result, it is possible to take very swift action, and all the members of the staff are becoming very well known to each other.

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

There has been no change in the staff of the Children's Homes.

Although the plans for the Reception Unit for Boys were passed by the Home Office, it was not possible for the building to be commenced, but it is hoped that building will be started in 1969, and that it will be in use in 1970.

The relationship with the Probation Department and the Juvenile Court still continues to be a very happy and helpful one, and in view of the impending changes, this is of great importance to the work of this Department.

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 various circumstances.





Statistics for the Period 1st January to 31st December, 1968

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

Children committed to care during the period

Children who ceased to be in care during the period

Children in care on 31st December, 1968

Children in the care of other local authorities

Supervision Authority Harrow: During the period

On 31st December, 1968

Number of children concerning whom enquiries were made

Children for whom parents sought advice as being beyond control

Brought before the court

Received into care

Foster parents have in several cases shown great patience, tolerance and understanding in regard to their children's behaviour.

Reasons for Acceptance of Children into Care

- 1 There were a number of meetings between the parents and guardians of children in the London Boroughs, and children who were described by another, that enabled to care for children.
- 2 Mother's confinement during the period of the year, it is possible to take very serious action if necessary.
- 3 Short-term illness of mother has to work well known and mother unable to provide child legitimate and mother unable to provide.
- 4 At Christmas it was possible for the child to be placed in custody.
- 5 Family homeless because of eviction.
- 6 Unsatisfactory home conditions.
- 7 Parents apprehended by police.
- 8 Beyond control of parents.
- 9 Fit Person Order made in the interests of the child.

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Children Act, 1958—Child Protection

The relationship with the Probation Department and the Children's Department during the period

On 31st December, 1968

Department of the work of this Department.

Adoption Act, 1958

Inter-departmental relationships remain excellent and the Children's Department continues to receive a number of enquiries from various departments of the Home Office.

On 31st December, 1968

Adoption Orders granted



## 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:—

Name of Home	Owner	No. of Beds	Type of Care
Bermuda House, Mount Park, Harrow.	Mrs. A. M. Elphick Mr. A. E. Elphick	12	Medical or Chronic
Bowden House Clinic, London Road, Harrow-on-the-Hill	Bowden House Nursing Home Association Ltd.	25	General
Brockhurst Nursing Home, 1224 Hinder Road, Harrow.	Mrs. T. O. Dwyer	12	General
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	20	Medical or Chronic
Raywood Nursing Home, Lantons Road, Stanmore.	Mrs. M. Gray	4	Medical
Hillside Nursing Home, 1 Lindotown Road, Harrow.	Mrs. J. Hill	12	General
St. Michael's Nursing Home, 11 Hinder Road, Harrow.	Mrs. J. Hill	8	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 235 of the Metropolitan 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 proposal 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 premises. Those in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually. It is the premises which are licensed and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

At the beginning of the year 26 establishments were licensed and at the end of the year the number licensed was 29, there being 3 additions during the year.

### 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

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
Brockenhurst Nursing Home, 82/84 Hindes Road, Harrow.	Mrs. T. O'Donnell	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	48	Medical or Chronic
Heywood Nursing Home, London Road, Stanmore.	Mrs. M. Guyatt	4 1	Medical Maternity
Hillmede Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. T. O'Donnell	8	Medical or Chronic

### Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 355 of the Middlesex County Council Act 1944 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 in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually. It is the premises which are licensed and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

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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 interest of the person to remove him without delay. Under the Amendment 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.

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

### 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 .. .. .	29
India .. .. .	57
Pakistan .. .. .	22
Other Asian .. .. .	7
African .. .. .	62
Other .. .. .	16
<b>Non Commonwealth Countries:</b>	
European .. .. .	74
Other .. .. .	8
<b>TOTAL .. .. .</b>	<b>275</b>

All addresses were visited and in 47 cases no knowledge of immigrants was known.



Seventy-five of the immigrants came under either au pair arrangements or to take up posts (generally domestic) at either a hospital or at a school. Thirty-two of the immigrants, mainly of Caribbean or Asian origin, left the district almost as soon as they arrived. This was generally for an address unknown to the householder or, if known, not divulged—invariably one of the Midland towns was named. Forty-seven notifications were received where either the wrong address was given to the Immigration Authorities or the fact that an immigrant had arrived was not admitted.

In seven cases the arrival of immigrants caused the premises to become overcrowded—in these cases, action appropriate to the circumstances was taken.

At one time, whenever a person from Cyprus wished to enter the country their legation in London wrote enquiring if the accommodation to which the immigrant intended to proceed was satisfactory.

It is a pity that something on these lines could not be introduced in respect of the present flow of immigrants, for many appear to be giving either a false or an accommodation address simply to satisfy the requirement of one or other of the Authorities concerned.

It is, in fact, questionable if the time and effort involved in endeavouring to contact immigrants is worthwhile, as in the majority of cases their entry is organised for them by relatives or business friends well versed in local and other health service matters. The small minority who enter as “unknowns” appear to become lost from the moment they arrive—these, so far as Harrow is concerned, are among the 47 giving wrong addresses to the Port Authorities.

### 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	..	..	..	1,186
Number of medical examinations	..	..	..	71
Number of medical examinations carried out for other authorities	..	..	..	27
Number of medical examinations carried out under Ministry of Education Circular 249/52:				
(a) Teachers first appointment	..	..	..	59
(b) Training College Entrants	..	..	..	208





## 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 is of great importance as once the information is received enquiries can be made by the staff of the Department at the homes of persons 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.

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 they involve work with young children or the handling of food or drink. Infection by typhoid or paratyphoid bacilli tends to result in the prodromic or 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 whenever necessary by the Department, as is the destruction of contaminated articles of food.

INFECTIOUS  
DISEASES



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



**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 ..	-	15	32	6	1	1	-	-	-	-	-	1	56
Pneumonia Primary ..	-	-	-	1	-	-	1	1	-	-	4	-	7
Pneumonia Influenzal ..	-	-	1	-	-	-	-	-	-	-	3	-	4
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery ..	-	5	6	3	-	-	1	2	1	-	-	-	18
Erysipelas ..	-	-	-	1	-	-	-	1	3	1	-	-	6
Meningococcal Infection ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Non ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Infective ..	-	1	-	-	-	-	-	-	-	-	-	-	1
Measles ..	5	227	103	3	1	2	3	-	-	-	1	4	349
Whooping Cough ..	1	25	10	-	-	-	-	2	1	-	-	-	39
Paratyphoid Fever ..	-	-	-	-	-	1	-	-	-	-	-	-	1
Typhoid Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning ..	-	2	1	-	-	-	-	-	-	1	-	-	4
Malaria ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice ..	-	-	1	2	2	3	-	1	1	-	-	-	10

### DIPHTHERIA, POLIOMYELITIS AND SMALLPOX

Fortunately these infections only rarely cause illness in this country and it is many years since a resident of Harrow was affected. This satisfactory position must be attributed to immunisation and vaccination. Because many young parents have never experienced the severity of these diseases their fear has been lessened to the point where they seriously consider the wisdom of subjecting their children to immunisation procedures. Herein lies the danger of the present situation, because unless the majority are protected, the population, as a whole, is open to attack. The number of small outbreaks in recent years have indicated that the risk is far from academic. Moreover with increasing travel both for leisure and commerce, passengers frequently return from places where these diseases are endemic. Air travel has also meant that an infected person could have lived in this country for several days before developing symptoms. Consequently efforts are being made by all members of the Department to foster the desire to have suitable protection.

In an endeavour to prevent smallpox being imported, those travellers coming from countries where smallpox is endemic and who are not in possession of valid international certificates of vaccination against disease, are placed under surveillance for a period of 14 days after their disembarkation. Forty such persons proceeding to addresses in the Borough were notified and kept under surveillance for the statutory period during the year.



## MEASLES AND WHOOPING COUGH

During the year there were 349 cases of measles notified, compared with 2,052 the previous year. The corresponding figures for whooping cough were 39 and 94 respectively.

Whilst it is gratifying to look back on a year when there have been fewer notifications, these reductions are almost entirely due to natural fluctuations in the infectivity of the causative agent.

## 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 been tended to increase during the "sixties" although the actual number fluctuates widely from year to year.

It is therefore fortuitous that during 1968 only one case of paratyphoid was notified. This person became ill after his return from a holiday on the continent. 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

There were 4 cases of food poisoning and 18 cases of dysentery notified during 1968. This is a reduction compared with 1967, when there were 15 notifications of food poisoning. Whilst this is gratifying, this kind of information should be weighed against the large number of working days lost through "intestinal upsets". Here the position would appear to be less satisfactory and all concerned should redouble their efforts as eradication of these diseases is possible and control lies in the hands of the public themselves. All that is required are simple routine hygiene measures.

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

## 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 tuberculosis register gives valuable information as to the age and sex distribution of those who are currently infected and resident in the district. In addition inter-authority co-operation ensures that when an infected person moves into a district, not only are their names added to the new authority's register but such residents can be speedily informed of the local treatment facilities. Names are deleted from the register on the removal of persons from the district, or on death or recovery, and an accepted standard of recovery being a lapse of 5 years in the pulmonary cases and 3 in non-pulmonary cases from the date the disease was arrested.

The following table give 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 and also a summary of changes in the register.

	<i>Primary Notification</i>				<i>Brought to notice other than Primary Notification</i>			
	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Under 1	—	—	—	—	—	—	—	—
1—4	—	2	—	—	—	—	—	—
5—9	—	—	—	—	—	—	—	—
10—14	—	—	1	—	—	—	—	—
15—19	2	2	—	1	1	—	1	—
20—24	3	2	—	—	1	—	—	1
25—34	3	5	—	5	3	4	—	—
35—44	3	1	1	—	3	1	—	—
45—54	4	4	—	—	2	—	2	—
55—64	10	1	—	1	1	—	—	—
65 & over	1	1	—	—	4	—	—	—
	26	18	2	7	15	5	3	1

### Summary of changes in register—1968

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
No. on Register January 1st, 1967 ..	941	832	100	150
No. of new cases added .. .. .	26	18	2	7
No. of cases other than on a Form "A" ..	15	5	3	1
No. of cases restored to Register ..	—	—	—	—
No. of cases removed .. .. .	75	56	4	7
No. on Register December 31st, 1968 ..	907	799	101	151



### Details of cases removed from register

	Pulmonary		Non-Pulmonary	
	M	F	M	F
Left District	28	25	1	2
Deaths	6	5	—	—
Recovered	40	23	3	4
De-notified	—	—	—	—
Lost Sight of	1	3	—	1

#### Deaths

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

#### Prevention

As forecast in 1967 negotiations with the North West Metropolitan Regional Hospital Board were satisfactorily concluded and each month on the 2nd and 4th Thursday mornings from 11.00 a.m. to 1.0 p.m., a mobile mass x-ray unit operates in the playground of the Bridge School, Station Road, Wealdstone. Here, any person over 14 years of age can attend without appointment or medical note and without the payment of a fee. In addition a permanent mass x-ray unit is available at the Central Middlesex Hospital, Park Royal, N.W.10 and is open from 9.0 a.m. to 5.0 p.m., Mondays to Fridays and 9.0 a.m. to 12 midday on Saturdays. The chest clinics at Station Road, Harrow and Edgware General Hospital, also 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.

However, it is pleasing to be able to record that no school child was reported as having contracted tuberculosis during 1968.

Besides the routine B.C.G. inoculation offered to all 13 year-old school children, the Chest Clinic have also tested 1,117 contacts of actual cases and found 532 to be negative reactors. Inoculation was offered where appropriate and 320 have been vaccinated. All those found to be positive were investigated by the Chest Clinic.



## INFECTIVE JAUNDICE

The Public Health Act 1936 empowers the Minister of Health to make regulations relating to the notification of infectious diseases and the prevention of their spread. On the 29th May the Jaundice Regulations 1943 were revoked and new provisions made which came into operation on the 15th June, 1968.

Previously there had been a growing medical opinion that Infective Jaundice should be generally notifiable and this was already the case throughout 8 counties, 4 county boroughs and 80 other local authority areas. The Minister felt that general notification would assist medical officers of health to obtain more precise information as to the ways and means whereby the infection was being spread. In turn this could possibly indicate suitable control measures.

The authority was asked to inform all doctors practising in the area the reasons why Infective Jaundice was being made notifiable and, subsequent to this, during the remainder of the year there were 10 such notifications.

### Laboratory Facilities

The examination of clinical material of public health significance is carried out by the Public Health Laboratory, Neasden Hospital, Brentfield Road, London N.W. 10 (Telephone: 459-1422). 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	.. .. .	10
Faeces	.. .. .	381
Sputum	.. .. .	—
Others	.. .. .	4



# ENVIRONMENTAL HEALTH SERVICE

## WATER SUPPLY

Apart from a small area in the extreme south-west part of the district which is supplied by the Rickmansworth and Uxbridge Valley Water Company, the Borough is supplied by the Colne Valley Water Company. Nearly all the water supplied by them is obtained from a series of wells 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, six samples were taken by the department. The following is a copy of the report received on a sample submitted for chemical analysis during December, 1968:—

## ENVIRONMENTAL HEALTH SERVICE

Appearance	Clear and bright
Colour	Normal
Reaction pH	7.4
Total dissolved Solids	430 parts per million
Chlorine as Cl	41 " " "
Ammoniacal Nitrogen	0.26 " " "
Albuminoid Nitrogen	0.16 " " "
Nitrate Nitrogen	Absent
Nitrite Nitrogen	Absent
Potmanganate Value	0.16 parts per million
Total Hardness as CaCO <sub>3</sub>	262 " " "
Total Alkalinity as CaCO <sub>3</sub>	232 " " "
Non-Carbonate Hardness	27 " " "

The chemical results on this sample are satisfactory and in this respect the supply it represents is suitable for domestic purposes.

There are no houses in the Borough supplied with water by a stand pipe, all the dwellings in the district having a supply direct from the Company's main.

No evidence exists that the water is plumbic-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).

## INFECTIVE JAUNDICE

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Previously there had been a growing medical opinion that Infective Jaundice should be generally notifiable and this was already the case throughout 8 counties, 4 county boroughs and 80 other local authority areas. The Minister felt that general notification would assist medical officers of health to obtain more precise information as to the ways and means whereby the infection was being spread. In turn this could possibly indicate suitable control measures.

The authority was asked to inform all doctors practising in the area the reasons why Infective Jaundice was being made notifiable and, subsequent to this, during the remainder of the year there were 10 such notifications.

## ENVIRONMENTAL

The examination of clinical material of public health significance is carried out by the Public Health Laboratory, Broadfield Road, London N.W. 10 (Telephone: 459-1422). 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, oil, 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	10
Faeces	26
Sputum	—
Others	4



## ENVIRONMENTAL HEALTH SERVICE

### WATER SUPPLY

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

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Throughout the year samples were taken by the Colne Valley Water Company and in every case the report received was satisfactory. In addition, six samples were taken by the department. The following is a copy of the report received on a sample submitted for chemical analysis during December, 1968:—

#### Chemical Results in parts per million

Appearance	.. .. .	Clear and bright
Odour	.. .. .	Normal
Reaction pH	.. .. .	7.4
Total dissolved Solids	.. .. .	420 parts per million
Chlorine as Cl	.. .. .	41 " " "
Ammoniacal Nitrogen	.. .. .	0.26 " " "
Albuminoid Nitrogen	.. .. .	0.16 " " "
Nitrate Nitrogen	.. .. .	Absent
Nitrite Nitrogen	.. .. .	Absent
Permanganate Value	.. .. .	0.16 parts per million
Total Hardness as CaCO <sub>3</sub>	.. .. .	212 " " "
Total Alkalinity as CaCO <sub>3</sub>	.. .. .	115 " " "
Non-Carbonate Hardness	.. .. .	97 " " "

"The chemical results on this sample are satisfactory and in this respect the supply it represents is suitable for domestic purposes."

There are no houses in the Borough supplied with water by a stand pipe, all the dwellings in the district having a supply direct from the Company's main.

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



## 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 83,000 bins. Nearly 70,000 of these come from residential units and the remainder from school and commercial premises. The number of bulk containers now in use in the district is approximately 600. This is an encouraging figure, as each bulk container in use means a reduction at the premises concerned of perhaps 6-10 of the standard type of bin.

## 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.

More than 639 bodies were interred in Council controlled cemeteries and burial grounds during the year.

### Mortuary

The mortuary for the district is situated in Peel Road and is under the care of a full-time mortuary attendant. During the year 329 post-mortem examinations were undertaken and inquests were held on 31.

## SWIMMING BATHS

There are two open-air swimming baths in the district, one in Central Harrow and one in Wealdstone. Attendances at the Harrow Baths were 44,614 and at Wealdstone 51,377.

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



## STATISTICAL SUMMARY

### PART I

#### INSPECTIONS MADE AND CONDITIONS FOUND

##### HOUSING

###### VISITS

(i)	On complaint of dampness or other housing defects .. .. .	890
(ii)	On complaint of other nuisances .. .. .	673
(iii)	Routine inspections .. .. .	512
(iv)	Revisits arising from defects found .. .. .	2,662
(v)	Surveys under S.157 Housing Act, 1936 .. .. .	62

###### CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found .. .. .	1,563
(ii)	Number of cases of overcrowding revealed .. .. .	16

##### PUBLIC HEALTH

###### VISITS

(i)	On complaint or request .. .. .	975
(ii)	Routine inspection of premises .. .. .	698
(iii)	Revisits arising from defects found .. .. .	1,345
(iv)	Surveys arising from Rats or Mice complaints .. .. .	1,587
(v)	Inspection of Factories .. .. .	109
(vi)	Inspection of Outworker's Premises .. .. .	121
(vii)	Inspection of Cinemas and Places of Entertainment .. .. .	42
(viii)	Inspection of Licensed Premises .. .. .	38
(ix)	Visits under Shops Act .. .. .	1,341
(x)	Sunday observations—Shops Acts .. .. .	10
(xi)	Observations made for Smoke Nuisances .. .. .	103
(xii)	Surveys under Clean Air Act .. .. .	3,614
(xiii)	Pet Shops .. .. .	18

##### FOOD HYGIENE

###### VISITS

(i)	Slaughterhouses .. .. .	475
(ii)	Butchers' Shops .. .. .	203
(iii)	Cowsheds .. .. .	11
(iv)	Dairies .. .. .	56
(v)	Fish Shops .. .. .	102
(vi)	Bakehouses .. .. .	82
(vii)	Cafes and Restaurants .. .. .	375
(viii)	Ice Cream Premises .. .. .	139
(ix)	Provision Merchants .. .. .	371
(x)	Greengrocers .. .. .	234
(xi)	Other Food Premises .. .. .	305





## FOLLOWING PUBLIC HEALTH ACT NOTICES:

(i) S.24—Public sewers repaired	43
(ii) S.39—	
(a) By owners	6
(b) By local authority in default of owners	1
(iii) S.45—	
(a) By owners	1
(b) By local authority in default of owners	—
(iv) S.56—	
(a) By owners	—
(b) By local authority in default of owners	—
(v) S.75—	
(a) By owners	—
(b) By local authority in default of owners	—
(c) By occupier	—
(vi) S.93—Nuisances abated	12
(vii) Nuisances abated and/or other work carried out by owners on receipt of informal notice	1,599

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

Number of Notices	26
(a) by owners	22
(b) by local authority	1

**SUMMARY PROCEEDINGS**

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

Pursuant to the Food and Drugs Act, action was taken in respect of nine cases following foreign matter being found in foodstuff, and in one case where a food handler was found smoking while handling food. Fines totalling £125 were imposed and costs of £36 8s. 0d. were allowed.

Under the Food and Drugs Act action was also taken in respect of a restaurant where the standard of cleanliness failed to measure up to that required by the Food Hygiene Regulations. A fine of £192 was imposed. Costs totalling 31 guineas were also allowed and these included those incurred in dealing with an appeal (subsequently withdrawn) to the Middlesex Quarter Sessions.

Action was also taken pursuant to the Food and Drugs Act in respect of unsound food that was delivered to one of the school kitchens. In this case the defendants were fined £50 plus 21 guineas costs.



## HOUSING

During the year seven properties were made the subject of Closing Orders pursuant to Sections 16, 17 or 18 of the Housing Act, 1957 (an Order under the latter section relates to a part of a building only), and over the same period, five properties were reported to the Committee for action pursuant to these Sections.

The number of unfit properties demolished during the year was eleven, and four properties the subject of Closing Orders were reconditioned and the Orders lifted.

The number of families rehoused by the Council from dwellings in respect of which action under the Housing Acts has been taken was fifteen.

### Housing Standards

"Harrow today, by comparison with the conditions that exist in many Boroughs, has no problem, either as regards statutory overcrowding or the unfit dwelling". These words appeared in the Annual Report for 1967 and while, 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, unfit dwellings are not likely, at least in the foreseeable future, to involve the Council in any major Clearance or Rehousing Schemes.

No doubt housing standards will continue to rise, and, at both national and local level, strenuous efforts are made to encourage owners to undertake the improvement and modernisation of properties and, to this end, grants are available for such facilities as hot water, a bath, a wash basin and an internal water closet.

While few owners have found the grants sufficiently attractive for them to incur the expenditure involved in providing these facilities for tenants, a number of owner-occupiers have done so and in many of these cases (often following owners selling to sitting tenants) properties have been transformed from a drab unit of accommodation into warm, bright and lively homes.

At the same time an increasing number of properties are deteriorating in what are often described as "twilight areas". These are areas which for one reason or another are scheduled to be redeveloped. Uncertainty as to when or how redevelopment will materialise makes progress almost impossible and, in consequence, things deteriorate. While this is inevitable, it is a sad thought today, thirty-eight years after the Housing Act of 1930, which it was hoped would result in the slums of the country being cleared away, that so many remain. Even in Harrow there are properties which were represented for action under the Clearance provisions of the Housing Acts some fifteen years ago that are still occupied.



### **Overcrowding**

During the course of the year details of sixteen cases of statutory overcrowding were added to the register while, over the same period, entries relating to ten cases were deleted.

The overcrowding in one of the cases removed from the register was abated by the Housing Committee rehousing the family concerned, and in the nine other cases it was abated through other channels.

The number of cases on the register at the end of the year was eleven, the highest figure recorded being 628 on the 1st January, 1949.

## **RENT ACT, 1957**

### **CERTIFICATE OF DISREPAIR**

Seven applications were received during 1968 from tenants of property for a Certificate of Disrepair and three Certificates were issued. No Certificates were cancelled but, in four cases, undertakings were accepted from the owners agreeing to carry out the repairs required.

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**

During the course of the year routine and other visits were made to work places, cinemas, licensed premises and many other centres and reference to the statistical summary will indicate the wide field over which the work of the public health inspector extends.

Though mainly concerned with ensuring that the requirements of the various Acts and regulations relative to the environment are being complied with, the health inspector plays a big part in securing improved conditions generally and in the raising of standards both in respect of particular premises and the district as a whole.

Unfortunately, the apathy of so many individuals to the presence of litter and waste prevents it being recorded that the problems of rubbish dumping (a subject referred to in Annual Reports over many years) have been overcome. Alas, in spite of the efforts that have been made and the publicity drives exhorting individuals to "Keep Britain Tidy", the quantity of litter and waste material in hedgerows, on common land, and on undeveloped sites is as great as ever.

Rubbish and litter, plus the problems they bring in their wake, namely rats and flies, are among the unsolved health hazards of the age.



## RODENT CONTROL

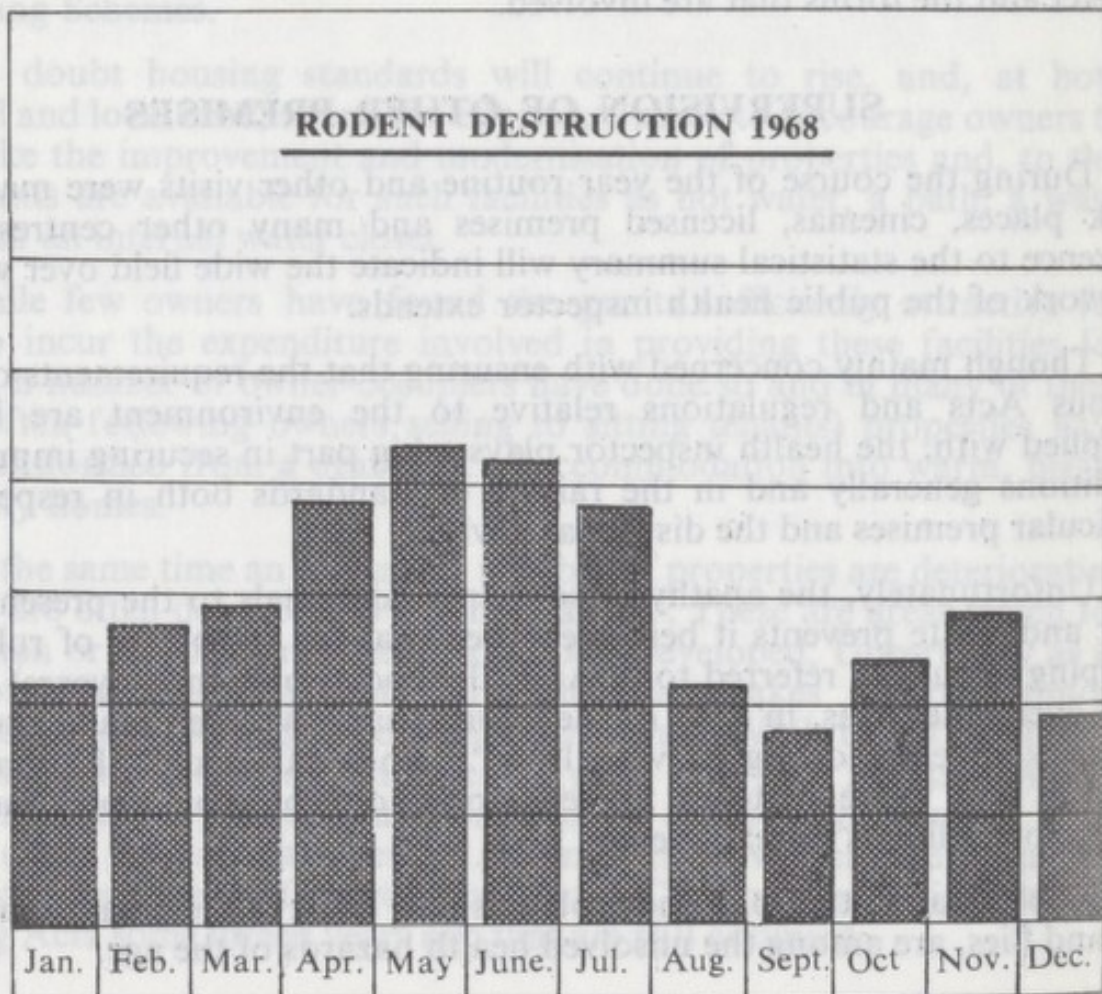
During the year a total of 1,587 infestations of rats or mice were dealt with; a reduction of 342 on the previous year. The rodent operatives in the course of the work involved in dealing with these infestations made 8,203 visits and, in addition, undertook surveys and the treatment of particular sites such as Old Redding and the local watercourses.

The sewers in the district were baited at selected points and, of 160 manholes dealt with, 20 were found to be infested.

During 1967, by reason of the difficulties experienced in obtaining the services of rodent operatives, the treatment of infestations in parts of the Borough was placed in the hands of a contractor. This continued throughout the year and the arrangement, whereby some of the infestation work is undertaken by Council-employed operatives and some by a private contractor, has proved to be very satisfactory. Greater mobility (the contractor uses a van, with the advantage of better facilities for the carrying of materials and equipment, against cycles (2) and a motor cycle) has revealed the benefit of easy movement which, in turn, has often enabled the contract service to be given more quickly and often more effectively.

Retirements in the coming year may make it necessary to either extend the area covered on a contract basis, or compel consideration being given to improved forms of transport being provided for the operatives employed by the Council.

The following graph illustrates the complaints received month by month throughout the year:—





The rise and fall of complaints has followed this pattern over the past decade which suggests, as the winter draws to a close and people begin to give more attention to gardens and other outdoor pursuits, the rat is noticed and the curve of complaints can be expected to rise.

The records, over a number of years, also indicate that the rodent population of a district bears a relationship to the amount of food that is available and the cover that exists for nesting. The food supply is generously provided by the many well-meaning bird and animal lovers who so regularly cast food scraps around without a moment's thought of either rats or other vermin, while the indiscriminate dumping of rubbish and litter and the hoarding of unwanted material in yards and around sheds provides the cover. The situation is not likely to alter until there is a marked change as regards these two basic factors.

### PIGEONS

Throughout 1968 work continued in connection with the control of feral pigeons in the Borough and towards the end of the year there was a noticeable reduction in the number of birds, particularly in central Harrow. During July a new contractor was appointed and from the date of the new contract trapping was the principal method used. From July to the 31st December, some 675 birds were taken.

The number of complaints received during the year totalled thirty-six. These were about pigeons fouling footways, choking gutters, damaging buildings, or otherwise creating unpleasant and objectionable conditions. Twenty-five of these were from private dwellings and, in these cases, it was invariably found bird-loving neighbours were feeding and encouraging the pigeons to the area. Many of these became problem cases as, once established, it is extremely difficult to dislodge a colony, particularly when a suitable breeding and roosting area is nearby.

During 1969 it is hoped that the feral pigeon population of the district will be reduced to very reasonable limits and that thereafter this position will be maintained, but it is surprising how rapidly areas that have been cleared of pigeons can become reinfested and, if the district is to remain free, then there is no doubt regular surveys and treatment will remain an essential service.

### WASPS

The treatment of nests is undertaken by the Department, subject to the nest being accessible and those concerned being prepared to pay ten shillings towards the cost of the service.

The number of complaints received during the year about wasps was 202, 194 fewer than during 1967. No serious difficulties were encountered in dealing with the nests, apart from those located in spaces difficult of access, e.g. under eaves and in confined roof spaces.



## NOISE

The intrusion of noise from industrial and commercial installations, from mobile ice cream vans, from road constructional and similar works and from the activities of neighbours, continued to give rise to complaint.

During 1968 sixty complaints concerning noise problems were received, an increase of ten over the previous year. All of these were dealt with by the giving of advice or by informal action. Where appropriate, the firm concerned was advised to utilise the services of a noise consultant. As noise producing activities became more noticeable when the general background noise drops, investigations are often necessary during the evening or at night.

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.

In the summer of 1968 posters publicising the problem of noise were displayed on public notice boards throughout the Borough and leaflets offering advice on this subject were placed in the public libraries and in the Council's Information Office.

Attention was given again to the noise created by the use of unsilenced road breaking equipment and noisy and inefficient compressor units. In addition to the sixteen complaints received, action was taken on ten other occasions when unsilenced or inefficiently silenced equipment was found to be in use.

The Minister of Housing and Local Government called the attention of local authorities to the question of noise control on building sites and an advisory leaflet on this subject was issued by the Minister of Public Building and Works. Before this, however, an appropriate clause had been included in civil engineering and similar contracts let by the Council. The Council also resolved during the year to draw the attention of the statutory undertakers to the need to ensure that road breaking equipment used by themselves or their contractors are suitably silenced as far as is practicable.

The use of ice cream chimes outside the permitted hours, or, unreasonably during these hours, continued to be troublesome although it is surprising to note that only three complaints were received on this subject throughout the year.

The following is a summary of the complaints received:—



**Summary of complaints and visits (1967 figures in brackets).**

<i>Source of Noise</i>	<i>No. of Complaints</i>	<i>Visits made</i>
Noisy Animals .. .. .	6 (10)	4 (13)
Factory processes and machinery in shops	24 (18)	76 (90)
Road and construction work .. ..	16 (11)	43 (22)
Clubs and other places of public entertainment .. .. .	1 (1)	5 (1)
Ice cream vendors' chimes .. .. .	3 (1)	6 (3)
Neighbours activities .. .. .	10 (9)	12 (13)
Total .. .. .	60 (50)	146 (142)

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

Section 60 of this Act requires Local Authorities to submit to the Minister of Labour an Annual Report relative to their district and the administration of this Act.

The report submitted for 1968 contained the following information. The figures for 1967 are shown in brackets:—

**TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS**

<i>Class of Premises</i>	<i>No. of premises newly registered during the year</i>	<i>Total No. of registered premises at end of year</i>	<i>No. of registered premises receiving one or more general inspections during the year</i>
(1)	(2)	(3)	(4)
Offices .. .. .	18 (28)	524 (519)	47 (38)
Retail shops .. .. .	85 (60)	1,328 (1,353)	355 (130)
Wholesale shops, warehouses ..	2 (2)	36 (36)	10 (2)
Catering establishments open to the public, canteens .. .. .	9 (14)	136 (132)	25 (25)
Fuel storage depots .. .. .	— (—)	— (—)	— (—)
<b>TOTALS ..</b>	<b>114 (104)</b>	<b>2,024 (2,040)</b>	<b>437 (195)</b>

TABLE B—NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES (INCLUDING GENERAL INSPECTIONS)

856	(786)
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TABLE C—ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

<i>Class of workplace</i>	<i>Number of persons employed</i>	
(1)	(2)	
Offices .. .. .	8,073	(7,821)
Retail shops .. .. .	6,667	(6,936)
Wholesale departments, warehouses .. .. .	403	(375)
Catering establishments open to the public .. .. .	995	(939)
Canteens .. .. .	190	(191)
Fuel storage depots .. .. .	—	(—)
<b>TOTALS .. .. .</b>	<b>16,328</b>	<b>(16,262)</b>
<b>TOTAL—Males .. .. .</b>	<b>7,049</b>	<b>(6,884)</b>
<b>TOTAL—Females .. .. .</b>	<b>9,279</b>	<b>(9,378)</b>

## ANNUAL REPORT 1968

### Offices, Shops and 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 .. .. .	—	6	2	—	—	—	2
Shops .. .. .	—	28	3	—	—	—	3
Warehouses .. .. .	—	—	—	—	—	—	—
Catering .. .. .	—	2	1	—	—	—	1
Fuel Storage Depots .. .. .	—	—	—	—	—	—	—
<b>TOTALS .. .. .</b>	<b>—</b>	<b>36</b>	<b>6</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>6</b>



### 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 .. ..	1	—	—	—	—
Transport .. ..	—	1	—	—	—
Falls of persons ..	5	11	—	2	—
Stepping on or striking against object or person .. ..	—	2	—	—	—
Handling goods ..	—	3	—	—	—
Struck by falling object	—	2	—	—	—
Fires and Explosions ..	—	—	—	—	—
Electricity .. ..	—	—	—	—	—
Use of hand tools ..	—	7	—	—	—
Not otherwise specified	—	2	—	—	—

### General Observations

It will be seen from this return that while 114 premises were registered during the year, the total number registered is 16 below the 1967 figure. Likewise, the number of persons employed in retail shops that are registered with the Council is 269 fewer than the previous year, while the number employed in offices increased by 252.

It is difficult to explain these trends, though a study of the figures recorded over the past few years indicates that today there is a tendency in all retail shops of any size to employ fewer assistants.

The following summary indicates the contraventions found during the course of the visits made and the number remedied.

CONTRAVENTIONS FOUND 1968

CONTRAVENTIONS REMEDIED 1968

	<i>Offices</i>	<i>Shops</i>	<i>Catering/ Canteens</i>	<i>Whole- sale</i>	<i>Total</i>	<i>Offices</i>	<i>Shops</i>	<i>Catering/ Canteens</i>	<i>Whole- sale</i>	<i>Total</i>
Cleanliness—Working Areas ..	—	19	2	1	22	—	13	—	—	13
Ventilation .. .. .	—	6	1	—	7	1	7	—	1	9
Temperature .. .. .	2	6	—	—	8	—	10	—	—	10
Lighting .. .. .	—	4	—	—	4	—	1	—	—	1
Seating Facilities .. .. .	—	—	—	1	1	—	7	—	1	8
Seating—Sedentary Work ..	—	2	—	—	2	—	—	—	—	—
Overcrowding .. .. .	—	—	—	—	—	—	—	—	—	—
First Aid .. .. .	5	37	2	2	46	5	38	3	—	46
Sanitary Accommodation—										
(i) Insufficient .. .. .	1	1	—	—	2	—	1	—	—	1
(ii) Unsatisfactory .. .. .	1	19	—	4	24	2	15	—	1	18
Washing Facilities—										
(i) Insufficient .. .. .	—	6	1	—	7	—	6	—	—	6
(ii) Unsatisfactory .. .. .	2	14	—	1	17	3	16	—	1	20
Drinking Water .. .. .	—	—	—	—	—	—	1	—	—	1
Staff Clothing .. .. .	—	7	—	—	7	—	12	—	—	12
Eating Facilities .. .. .	—	2	—	—	2	—	2	—	—	2
Thermometer .. .. .	5	39	2	—	46	4	28	4	—	36
Abstract .. .. .	10	44	3	4	61	1	49	3	1	54
Stairs, etc. .. .. .	2	15	4	2	23	—	25	4	3	32
Unguarded Machines .. .. .	—	11	1	—	12	—	3	1	—	4
	28	232	16	15	291	16	234	15	8	273



## SHOPS

At the end of the year there were 2,176 occupied shops on the register, 45 fewer than at the end of the previous year. Many of the premises that fell vacant were re-opened for business purposes other than retail trade, for example, as launderettes, betting shops or as agencies. This has, in fact, been the trend over a period of many years. At the end of the year over 80 shop premises were vacant.

Two new large food stores opened up during the year and the number of small food businesses in the Borough fell by 30.

The following is a list of the various types of shops in the Borough, classified under their principal trades. (The figures in brackets indicate the 1954 position).

Antiques .. .. .	14 (9)	Motors & Accessories ..	132 (99)
Boot repairs .. .. .	35 (61)	Musical .. .. .	9 (4)
Boots and Shoes .. .. .	46 (52)	Newsagents .. .. .	109 (125)
Builders' Merchants .. .. .	22 (25)	Opticians .. .. .	18 (20)
Butchers .. .. .	109 (133)	Ladies' Outfitters .. .. .	103 (93)
Chemists .. .. .	58 (77)	Gents' Outfitters .. .. .	77 (81)
Coal Order Offices .. .. .	23 (36)	Photographic .. .. .	20 (15)
Confectioners/Cafes .. .. .	151 (172)	Pet Stores .. .. .	13 (6)
Drapers .. .. .	27 (55)	Public Houses .. .. .	54 (56)
Radio, T.V. & Electrical .. .. .	91 (62)	Second-hand Wardrobes .. .. .	4 (6)
Fish and Fried Fish .. .. .	40 (63)	Sewing Machines .. .. .	7 (—)
Florists .. .. .	19 (27)	Stationers .. .. .	24 (6)
Fruiterers & Greengrocers	101 (144)	Tobacconists .. .. .	116 (144)
Furnishers .. .. .	70 (50)	Toys, Sports Equipment .. .. .	24 (14)
Glass & China .. .. .	13 (14)	Paint & Wallpaper .. .. .	35 (12)
Grocers .. .. .	158 (229)	Wines & Spirits .. .. .	44 (41)
Hairdressers .. .. .	147 (129)	Wools .. .. .	22 (22)
Hardware .. .. .	64 (68)	Timber, woodwork .. .. .	25 (—)
Jewellers .. .. .	27 (30)	Large mixed stores .. .. .	27 (14)
Leather goods .. .. .	10 (11)	Miscellaneous .. .. .	88 (95)
TOTAL —		2,176	

During the year 1,341 visits were made for purposes connected with the administration of Shops Acts 1950/1965; Sunday and evening observations were also made.

Many minor contraventions were noted and dealt with. Summary proceedings were only necessary in one case, namely, where a trader persisted in selling non-exempted goods on a Sunday. He was fined £5 plus five guineas costs.

## OIL HEATERS REGULATIONS AND

### HEATING APPLIANCES (FIREGUARDS) REGULATIONS

Visits were made to premises pursuant to these regulations, particular attention being given to shops selling second-hand appliances. As a result, several appliances were withdrawn from sale and scrapped.

The London Fire Brigade reported two fires at homes in the Borough where oil heaters were involved, but the investigations made failed to reveal any fault or deficiency in the appliances.

### 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 .. .. .	48	31	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	443	189	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. .. .	38	27	—	—
TOTAL ..	529	247	7	—



## 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")

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	11	8	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3) .. .. .	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6).. .. .	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. .. .	1	1	—	1	—
(b) Unsuitable or defective	9	7	—	—	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to outwork) .. ..	—	—	—	—	—
TOTAL ..	23	18	—	1	—

## Part VIII—OUTWORK

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

Nature of Work	No. on August list
Wearing Apparel .. .. .	101
Cardboard boxes .. .. .	1
Brush making .. .. .	4
Cosaques, Christmas stockings .. .. .	6
TOTAL ..	112

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

## CLEAN AIR

## Smoke Control

Three further Smoke Control Orders came into operation during the year, bringing the total to sixteen. These cover an area of 4,035 acres and affect 28,591 premises, including 26,524 dwellings. About 39% of the dwellings in the Borough are now within areas covered by operative Smoke Control Orders.

It is hoped that during 1969 a further 5,800 dwellings will be added, which will raise the total to approximately 48%.

During 1968, 3,610 visits were made by the staff engaged on the survey and inspection of premises and work of adaptation to the value of £40,120 in some 686 dwellings was inspected. In addition, the necessary certificates were issued to enable the grants to be claimed.

The following statistical summary indicates the position at the end of the year.

## SMOKE CONTROL ORDERS—Position at 31st December, 1968

Order No.	Date of Operation	No. of Dwellings		Area in Acres	Claims for Grant	Total cost Work £	Total cost to Local Authority	
		Private	Corporation				Grant Paid £	ity £
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	747	34,124	13,577	5,819
12.	1. 7.67	1,643	126	288	385	19,454	7,989	3,424
13.	1.10.67	2,085	123	800	282	14,472	6,319	2,708
14.	1. 7.68	1,355	171	180	193	13,611	4,960	2,126
15.	1. 9.68	2,150	190	548	234	15,879	5,796	2,484
16.	1.12.68	1,323	57	126	78	4,108	2,105	902
17.	1. 7.69	1,775	171	216	44	2,575	1,112	477
18.	1. 9.69	1,694	356	573.6	—	—	—	—
		27,741	2,778	4,824.6	6,837	223,281	100,336	43,323

## Smoke from Industrial Chimneys

Harrow is fortunate that no serious problems arise from the emission of smoke from industrial chimneys. Most of the boiler plant installed in factories in the district is of modern design and much of it has fully automatic control, while factory managements have, in general, realised the advantage to be gained from efficient (smokeless) methods of combustion and have readily co-operated with the Department to the advantage of all concerned.



Only one hand-fired coal burning boiler remains and, although wood waste is used as an additional fuel, by careful stoking this plant rarely gives cause for complaint. In the case of another large coal burning plant, which for some years has been troublesome in respect of smoke emission, an assurance has been obtained that during 1969 the plant will be completely renewed.

### **Smoke from Domestic Chimneys**

The amount of pollution from domestic sources continued to fall. In fact it has done so year by year since the Clean Air Act, 1956 brought Smoke Control Areas/ Orders into being.

The general desire of the public for more efficient forms of home heating has also been of tremendous help, as the various appliances involved are invariably smokeless in operation, using either electricity, gas, oil or a solid smokeless fuel.

### **Smoke from Rubbish Burning**

The reduction in the amount of smoke from industrial boiler plants and domestic fires has made more obvious the smoke which is produced from the burning of rubbish and, while incineration is probably the best way to deal with unwanted waste material, either thoughtlessness on the part of persons disposing of rubbish or their complete disregard for the feelings of neighbours is often the cause of considerable annoyance and inconvenience.

Shopkeepers and tradesmen, too, who have bonfires in small yards can also cause annoyance to persons occupying adjoining premises, though in their case, it must not be overlooked that the disposal of trade waste often presents a trader with problems. The only answer to the trade waste issue, apart from removal from the premises, is the use of carefully sited purpose-made incinerators and more and more of these appliances are now being installed.

Garden bonfires, too, often give rise to complaints. Here again, a little thought could obviate much of the trouble as most garden refuse and kitchen waste can be composted to provide a very useful garden material, while even in quite small gardens a suitable site for a compost heap can nearly always be found.

## **FOOD HYGIENE**

Throughout the year inspections were made of premises where food was prepared, manufactured or retailed and, with comparatively few exceptions, it was found that satisfactory standards were being maintained.

The trend towards the large self-service type of store continued and two new centres of this kind opened during the year. At these, and in fact at all grocers shops, little unwrapped food is handled and such hygiene problems as exist are associated more with the store and stock rooms and stock rotation than with the foodstuff itself.



During the course of the year use was made of what is known as 'agaroid sausage'. This is a gelatinous substance made in the form of a sausage on which organisms will multiply to a degree that enables colonies to be seen by the naked eye within a matter of 24-36 hours. The agaroid is used by pressing it on to work surfaces in a kitchen or on to pieces of equipment before and after cleansing. The bacterial growth which develops enables staff and others to see quite clearly the effects of their efforts in cleaning. Similarly, impressions taken from the hands before and after washing after using the toilet demonstrates evidence of a kind which has a striking effect on those concerned and is yet another step in the raising of standards of hygiene.

### Complaints

The number of complaints received about the condition of foodstuff or about the presence of foreign matter was sixty—twenty-four fewer than during 1967. Bread accounted for fourteen of the sixty complaints and pies for six. Ten of the complaints were the subject of action in the Court, resulting in fines totalling £125 being imposed.

The foreign matter found included a rubber glove in pineapple, a gramophone needle in chewing gum, a rubber band in a doughnut and a pencil in a tea roll.

## CONSUMER PROTECTION

Reference has been made in previous Annual Reports to the growing importance of consumer protection and to the fact that much of the work that is undertaken by the health inspector pursuant to the Food and Drugs and allied Acts and Regulations is in this ever-widening field.

The visits that are made relative to the hygiene of premises where food is prepared, stored, or handled, can be included under this heading. Likewise, the sampling and the informal purchasing that is done in order to ascertain whether the required standards of quality are being observed or that false or misleading claims are not being made in advertisements or on labels.

Resulting from the samples that were taken and the reports received from the Public Analyst, thirteen incidents involving the quality or description of foodstuffs were raised with either manufacturers or importers. Experience indicates that the "trades" concerned are invariably anxious to co-operate and to comply with the requirements of the various Orders that are involved and the incidents coming to light were all dealt with without recourse to statutory action. In matters concerning the description and labelling of products that are being distributed over the whole country, it will be appreciated that many authorities are involved and dealing with points of difference is often time consuming. Nevertheless, the effects of the Labelling of Food Order 1967 are becoming apparent and will become more so as the years pass.



## Sampling

During the year 653 samples of foodstuff were taken and 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	345	331	14
	Drugs	31	31	—
	Milk	24	24	—
Department	Food	82	80	2
	Drugs	—	—	—
	Milk	171	171	—
	Total	653	637	16

In connection with the examination of samples and specimens, I would like to record our thanks to Mr. Voelcker and his staff for the help and assistance we have received. Likewise, I would like to thank the Director of the Public Health Laboratory and the staff at Colindale and Neasden 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

The number of farms at which milk was produced remained at five. These were Pinner Park Farm, Pinnerwood Farm, Oxhey Lane Farm, Harrow School Farm and Bradleys, College Hill Road. The number of cattle being slightly in excess of four hundred.

Samples taken at intervals throughout the year at these points of production were satisfactory.

### Processing

There was no change in the number of dairies licensed for the pasteurisation of milk. This remained at two, namely, Messrs. Braziers of Kenton Lane Farm and Messrs. Hall & Sons of Pinner Park Farm. Both operate plant of the high temperature short time (H.T.S.T.) type.

## Distribution

Pursuant to the Milk and Dairies Regulations, premises and/or persons are registered or licensed as follows:—

Registered as Distributors	.. ..	125
Registered as Dairymen	.. ..	3

The majority of the milk retailed within the Borough is processed and bottled elsewhere and is distributed mainly by the wellknown companies from their local receiving depots. These are located at Northolt Road (Express Dairy Co. Ltd), Station Road, Harrow, and West End Lane, Pinner (United Dairies Ltd.) and Pinner Road (London Co-operative Society Ltd.). In addition, milk is retailed in parts of the Borough by Messrs. Hall & Sons, Pinner Park Farm, by Messrs. J. H. Brazier from their Kenton Lane Depot and by Messrs. S. Brazier from premises in the area controlled by the Watford Rural District Council.

## Inspection and Sampling:

Visits were made at intervals throughout the year to all farms and establishments handling or retailing milk. All were found satisfactory, both structurally and as regards the maintenance of standards of hygiene.



(A) — MILK—BACTERIOLOGICAL

Type	No. Taken	Meth. Blue			Phos.		A/B	M.R.T.		Turb.	U.H.T. Colony Count Sat.	Salmonella Sat.	Shigella Sat.
		Sat.	Unsat	Void	Sat.	Unsat	Sat.	Pos.	Neg.	Sat.			
Pasteurised .. ..	20	20	—	—	20	—	—	—	—	—	—	—	—
Channel Island .. ..	20	20	—	—	20	—	—	—	—	—	—	—	—
Homogenised .. ..	12	12	—	—	12	—	—	—	—	—	—	—	—
Sterilised .. ..	2	—	—	—	—	—	—	—	—	2	—	—	—
Separated (Sterilised) ..	2	—	—	—	—	—	—	—	—	2	—	—	—
Separated (Pasteurised)	5	4	1	—	5	—	—	—	—	—	—	—	—
U.H.T. .. ..	4	—	—	—	—	—	—	—	—	—	4	—	—
Untreated .. ..	125	62	27	1	—	—	9	23	3	—	—	36	36
School .. ..	5	5	—	—	5	—	—	—	—	—	—	—	—
Machines .. ..	2	2	—	—	2	—	—	—	—	—	—	—	—
<b>TOTALS ..</b>	<b>197</b>	<b>125</b>	<b>28</b>	<b>1</b>	<b>64</b>	<b>—</b>	<b>9</b>	<b>23</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>36</b>	<b>36</b>

The following Table indicates the samples taken during the year:—

## Inspection and Sampling

Reference was made in the Annual Reports for 1966 and 1967 to the presence of brucella abortus in two herds within the Borough. The milk from the herds in question is all subjected to heat treatment and will continue to be so treated until the infection has been cleared.

From time to time, samples are submitted for examination and the Animal Health Division of the Ministry of Agriculture, Fisheries and Food is aware of the position. It is hoped that the herds concerned will, before long, be brought into the scheme that the Ministry has for the eradication of this condition.

## Complaints

During the year thirty-three complaints were received about milk or about the presence of foreign matter in milk bottles. All were investigated and action taken with the companies concerned with a view to preventing a repetition. The number of complaints represents no improvement on the 1967 figure, which is disappointing, but it is hoped that improved plant now being installed at one centre bottling milk for Harrow and designed to detect foreign matter in bottles will bring about a marked drop in the 1969 figures. The piece of equipment concerned has, in fact, proved very effective elsewhere.

## ICE CREAM

The number of premises registered for the sale or manufacture of ice cream at the end of the year was 420. At two of the establishments concerned ice cream was manufactured by the heat treatment process, while at two others a cold mix was used.

During the year there was a marked increase in the number of vehicles operating in the district and dispensing soft ice cream. This product, which is obtained in a part-prepared state from registered manufacturers, is converted into the finished product within equipment carried on the vehicle. It appears to be a very popular product and, while the number of vehicles operating in the district varies from time to time, the majority are well-maintained and operate on well-established rounds.

During the year 100 samples of ice cream were taken and, of these, 73 were reported as satisfactory, being either Grade 1 or Grade 2.

The twenty-seven that were reported as either Grade 3 or Grade 4 (i.e. unsatisfactory) were all the subject of further investigation.

A Grade 4 product does not mean that the sample is unfit for human consumption, but 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 materials. In all of these cases follow-up samples were taken.



## PHARMACY AND POISONS

At the end of the year the number of persons listed as sellers of poisons (i.e. poisons to which Part II of the Pharmacy and Poisons Act, 1933 relates) was 155. This is ten fewer than the number for 1967.

The types of shops from which articles containing poisons could be obtained are as follows:—

The figures in brackets relate to the year 1967.

Builders, Builders' Merchants	.. .. .	9	(11)
Hardware Stores	.. .. .	46	(42)
General Provisions	.. .. .	84	(95)
Nurseries, Corn Merchants, Pet Stores	.. .. .	10	(11)
Hairdressers	.. .. .	1	(1)
Photographers	.. .. .	2	(2)
Laboratory/Druggists	.. .. .	3	(3)

The articles that contain poisons to which Part II of the Act refers are in the main, cleansing materials, disinfectants, gardening aids, and, being normally stable in type and manufacture, require little if any sampling.

## FERTILISERS AND FEEDING STUFFS

Pursuant to the legislation relating to fertilisers and feedingstuffs, sixteen samples were taken and submitted for analysis. Thirteen of these were satisfactory. The three samples on which adverse reports were received were followed up and the enquiries made revealed that in each case the cause of the trouble was prolonged storage.

### Slaughterhouses

There are three licensed slaughterhouses in the district situated at 7 Northolt Road, 46 High Street, Wealdstone, and 87 Stanmore Hill. No killing, however, was carried out at the Northolt Road premises and this contributed to a drop in the number of animals slaughtered during the year. The 6,632 compared with 7,736 in 1967 representing a desirable decrease of 14%.

Of this total, 6,145 (93%) were killed at 46 High Street, Wealdstone, the future of which is under review. When, as is hoped, it is found possible to close these premises, the volume of slaughtering in Harrow will be negligible.

All animals are killed by licensed slaughtermen, of whom there are ten such persons licensed to operate within the Borough.



## Meat Inspection

All animals slaughtered in the district received a post-mortem examination and the following is a summary of the extent of disease found:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed .. ..	650	8	241	3,586	2,147	—
Number inspected .. ..	650	8	241	3,586	2,147	—
All diseases except Tuberculosis and Cysticerci—whole carcasses condemned ..	—	—	1	—	2	—
Carcasses of which some part or organ was condemned ..	173	3	1	264	426	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticerci ..	26.6	37.5	0.4	7.4	19.8	—
Tuberculosis only — Whole carcasses condemned ..	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	—	—	—	—	31	—
Percentage of the number inspected affected with Tuberculosis .. ..	—	—	—	—	1.44	—
Cysticercosis—Carcasses of which some part or organ was condemned .. ..	16	—	—	—	—	—
Carcasses submitted to treatment by refrigeration ..	4	—	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—	—

Once again for the seventh successive year no evidence of tuberculosis in cattle was found, a direct result of the establishment of tuberculin-tested herds in this country.

In those cases where tuberculosis was diagnosed (31 pigs) all lesions were confined to the head. The percentage of 1.4 is low compared with a pre-war figure of 10.9.



Evidence of *cysticercus bovis*, the cystic stage of a tape worm communicable to man, was found (1967 percentage in brackets) in 2.46% (1.48%) of cattle. Most of the lesions were non-viable, but in four cases it was necessary to submit the carcase to freezing in accordance with the Meat Inspection Regulations. The most common disease necessitating the condemnation of some part or organ in cattle was infestation by liver fluke, whilst in pigs the most common causes were associated with the respiratory system: pneumonia, pleurisy or congestion of the lungs. In sheep, fluke and other parasitic infestations of the liver were the major cause of condemnation.

All condemned meat was voluntarily surrendered for disposal by incineration at the Brent destructor under Council supervision.

SCHOOL  
HEALTH  
SERVICE





EDUCATION COMMITTEE

Members of the General Education Committee  
as of December 1919

Chairman

COUNCILLOR H. A. MARR

ALDERMAN MRS. E. A. MARR

ALDERMAN LT. COL. J. S. MARR

COUNCILLOR MRS. E. A. MARR

COUNCILLOR MRS. E. A. MARR

COUNCILLOR F. L. MARR

COUNCILLOR D. MARR

COUNCILLOR

**SCHOOL**

COUNCILLOR

COUNCILLOR **HEALTH**

**SERVICE**

COUNCILLOR G. MARR

COUNCILLOR A. B. MARR

Committee Members

THE REV. D. C. MARR

MR. A. T. MARR

Director of Education

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





## EDUCATION COMMITTEE

Members of the General Sub-Committee  
as at December 1968

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COUNCILLOR F. L. LE FRANC, M.B.E.

COUNCILLOR D. MESSIAS, F.C.A.

COUNCILLOR D. J. SKINGLE

COUNCILLOR N. WATSON, LL.B.

COUNCILLOR MRS. D. E. WELLS

### *Ex-officio*

COUNCILLOR G. COLBORNE HILL

COUNCILLOR A. B. C. TURNER, M.J.INST.E.

### *Co-opted Members*

THE REV. D. C. RITCHIE

MR. A. T. STODHART

### *Director of Education*

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

## 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 1969 was 28,103. The numbers attending each group of schools were as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Grammar .. .. .	2,437	2,465	4,902
Secondary Modern .. .. .	2,866	2,619	5,485
Primary .. .. .	8,827	8,461	17,288
Nursery .. .. .	68	97	165
Day Special School .. .. .	41	35	76
Hospital School .. .. .	37	63	100
Residential Special Schools .. .. .	64	23	87
	14,340	13,763	28,103

### 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 1968, 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	..	..	..	..	..	6,054
Special inspections	..	..	..	..	..	1,474
Re-inspections	..	..	..	..	..	3,048

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	..	..	..	..	6,046
Percentage	..	..	..	..	99.9

(b) Unsatisfactory:

Number	..	..	..	..	8
Percentage	..	..	..	..	0.13

### PERSONAL HYGIENE

Inspections totalling 30,009 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 134. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 31 pupils. No cleansing orders under Section 54 (3) were required during the year.

### PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1968, the total number of meals served was 3,863,424 of which 234,227 were free.

Sixty-five departments were served by kitchens on the premises and 7 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. As from September this was limited to primary school children.

## 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, 1968

<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 .. .. .	7
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 .. .. .	7
8. Whittlesea Road Clinic, Whittlesea Road, Harrow Weald.	
Minor ailment .. .. .	1
Dental .. .. .	6
Speech .. .. .	2
*Chiropody .. .. .	2
9. Tenby Road Clinic, Tenby Road, Edgware.	
Minor ailment .. .. .	1
Dental .. .. .	4
Speech .. .. .	1
*Chiropody .. .. .	1



<i>Type</i>	<i>No. of Weekly Sessions</i>
10. Cecil Park Clinic, Cecil Park, Pinner.	
Minor ailment .. .. .	1
Dental .. .. .	4
Speech.. .. .	2
*Chiropody .. .. .	7
11. Caryl Thomas Clinic, Headstone Drive, Wealdstone.	
Minor ailment .. .. .	1
Dental .. .. .	8
Dental (orthodontic) .. .. .	8
Ophthalmic .. .. .	2
Orthoptic .. .. .	2
Speech.. .. .	14
*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 105 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. During the year 968 cases were seen and in 249 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	43
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 special 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, 14 pupils received treatment at the Centre.

### Speech Therapy

During 1968 the Speech Therapy Service in the London Borough of Harrow was staffed by three speech therapists all working full time. In February 1968 one therapist left the area, and was replaced a month later. During that period her clinics were taken over by the other two therapists, and the number of sessions worked at the Caryl Thomas Clinic reduced. The number of sessions worked at the other clinics was changed during 1968 to fit in with the number of referrals at each clinic. All the clinics were kept open during the whole of 1968, and from March, 1968 sessions were arranged as follows:—

Caryl Thomas Clinic	.. ..	15 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	.. ..	1 session per week
Tenby Road Clinic	.. ..	1 session per week
Kenmore Road Clinic	.. ..	2 sessions per week
Shaftesbury School	.. ..	2 sessions per week
Stanmore Orthopaedic Hospital	.. ..	1 session per week
Whittlesea Road Training School	.. ..	2 sessions per week



School visits were made during the sessions shown as worked at Caryl Thomas Clinic. Twenty schools were visited during 1968, and good co-operation with the teachers continued. Children were referred to the speech clinics 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.

The total number of children referred to the Speech Therapy Department during 1968 was 169 (106 school age, 63 pre-school). There were another 42 children referred for an opinion who did not require treatment. Most of the children were seen during school visits. In addition, there were 263 children admitted during 1967 or earlier still having treatment. Total case load during 1968 was 474. The number of cases discharged during 1968 was 211 (159 school age, 52 pre-school). The majority of these children now have normal speech. However, 14 children left the area before treatment was finished. Most of these were seen at the Stanmore Orthopaedic Hospital. Another 25 children were discharged because of non-attendance, and 3 children were not suitable for treatment.

Principals of two of the speech therapy training schools in London sent students to observe speech therapy treatment in the clinics. A total of eight students came during 1968.

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

(3) 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.

(4) 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.

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

Number of new cases	.. .. .	106
Other attendances	.. .. .	2,275

(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 : 2,487

(1) Pupils	.. .. .	1,091
(2) Parents	.. .. .	1,313
(3) Other	.. .. .	83

Diagnostic cases seen by Psychiatrist :

Total number of cases seen	.. .. .	106
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REASONS FOR REFERRAL :

Nervous Disorders (Fears, Depression, Anxiety, Refusal to attend school)	.. .. .	38
Behaviour Disorders	.. .. .	28

Psychosomatic Disorders (Asthma) .. .. .	4
Anti-Social Behaviour .. .. .	15
Habit Disorders (Enuresis, Soiling, Speech difficulties, Sleeping difficulties, Eating difficulties, Masturbation)	16
Lack of School Progress/Backwardness .. .. .	5
<b>SOURCE OF REFERRAL :</b>	
Medical Officer of Health .. .. .	17
General Practitioner .. .. .	43
Children's Officer .. .. .	7
Educational Psychologist .. .. .	9
Probation Officer .. .. .	2
Hospital Paediatrician/Psychiatrist .. .. .	7
Director of Education .. .. .	4
Head Teacher .. .. .	10
Parent .. .. .	6
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 .. .. .	153
(b) Number of interviews with children .. .. .	995
(c) Number of interviews with parents and other res- ponsible adults .. .. .	268
(d) Number of visits to schools .. .. .	247
(e) Number of children referred to psychiatrist .. .. .	8
(f) Number of children receiving individual remedial teaching at C.G.C. .. .. .	27
(g) Number of children in treatment by psychologists .. .. .	26
(h) Number of children recommended and placed in special boarding schools.. .. .	4



- (i) Number of children referred for group teaching (Mrs. Newton, Specialist Teacher) .. .. 12
- (j) Number of children attending the word blind centre 4

(3) SOURCES OF REFERRAL :

Director of Education (including education welfare officers) .. .. .	20
Principal School Medical Officer (including principal medical officer mental health) school medical officers; children's department .. .. .	20
Head Teachers .. .. .	86
Outside (probation officers; youth employment officer; general practitioners; hospitals, etc.) .. .. .	13
Direct by parents .. .. .	14
	— 153
Consultant Psychiatrists to educational psychologists for psychological assessment .. .. .	13
Total number of interviews with children :	
At Child Guidance Centre .. .. .	882
At Schools .. .. .	111
At Home .. .. .	—
In hospitals .. .. .	2
	— 995

(4) REMEDIAL TEACHING :

The amount of individual remedial teaching by the Educational Psychologists increased during this year in an attempt to cater for children for whom suitable facilities did not exist within their schools. Some extra tuition was available during the winter and spring terms as a teacher taking a one-year course in Special Education was attached to the Centre for one morning each week, and she undertook remedial work with three children, working under the supervision of the Educational Psychologists.

(5) TEACHING GROUPS :

Mrs. Newton has continued her work at the Child Guidance Centre for 15 hours each week. Her main task has again been with phobic children unable to attend school, but remedial teaching with children both in groups and individually has also continued.

	<i>Phobic Children</i>	<i>Remedial Cases</i>
January .. .. .	2	9
December .. .. .	4	10

During the year the number of phobic children rose to 7, but by December 31st, 3 children had been able to return to school.

- (6) **SPECIAL EDUCATION :**  
 Number of children admitted to Shaftesbury Special School following formal ascertainment .. .. 5  
 Number of children admitted informally .. .. 8  
 Both Psychologists continued to make regular visits to the school.
- (7) **VISITS TO SPECIAL SCHOOLS (excluding Shaftesbury School) :**  
 Boarding Schools .. .. 4  
 Day Schools .. .. 1
- (8) **LECTURES :**  
 Pre-school Play Groups .. 4  
 Parent/Teacher Meetings .. 2  
 Youth Service Training .. 2

(9) **CONCLUSIONS :**

1968 proved to be an extremely busy year. The school population now stands at over 27,000 and the resources of the School Psychological Service proved barely equal to the demands made on it. It has not yet been possible to increase our remedial teaching facilities and more difficult problems still have to be catered for elsewhere, e.g., at the Word Blind Centre in London. This is also true of emotionally disturbed children, where, in a number of cases, school placements (both day and boarding) have had to be sought outside the borough.

### 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 .. ..	2
Total number of blind pupils in special schools for the blind as at 31st December, 1968 .. ..	5



(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 .. .. .	3
Number of partially-sighted pupils admitted to special schools during the year .. .. .	3
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December, 1968	6

(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 .. .. .	3
Number of deaf pupils admitted to special schools during the year .. .. .	1
Total number of deaf pupils in special schools for the deaf as at 31st December, 1968 .. .. .	5

(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 .. .. .	3
Number of partially deaf admitted to special schools during the year .. .. .	3
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1968 .. .. .	9

(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 .. .. .	10
Number of educationally subnormal pupils admitted to special schools during the year .. .. .	9
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December, 1968 .. .. .	58



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

Number of epileptic pupils newly assessed .. .. .	Nil
Number of epileptic pupils admitted to special schools during the year .. .. .	Nil
Total number of epileptic pupils in special schools for epileptic children as at 31st December, 1968 ..	3

(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 .. .. .	4
Number of maladjusted pupils admitted to special schools/classes during the year .. .. .	5
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December, 1968 ..	19

(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 of ordinary schools.

Number of physically handicapped newly assessed .. .. .	11
Number of physically handicapped admitted to special schools/classes during the year .. .. .	4
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1968 .. .. .	25

(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 .. .. .	1
Total number of children with speech defect in special schools as at 31st December, 1968 .. .. .	1



(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 .. .. .	11
Total number of delicate pupils in open-air schools as at 31st December, 1968 .. .. .	22

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

	<i>Residential 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 ..	1	5	1	—	1	8
Deaf .. .. .	1	4	—	—	—	5
Partially Deaf ..	—	9	9	—	—	18
Educationally Subnormal ..	8	50	3	—	—	61
Epileptic .. .. .	3	—	—	—	—	3
Maladjusted ..	15	5	11	—	1	32
Physically Handicapped	5	20	2	1	2	30
Speech .. .. .	1	—	—	—	—	1
Delicate .. .. .	21	1	5	—	—	27

### Children "At Risk" of Developing a Handicap

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

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

### **Day Nurseries—Admission of Handicapped Children**

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

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

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

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

One child from Class I and two from Class IV were admitted to a day nursery during 1968.

### **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. Six children were receiving home tuition at the end of 1968.

### **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. Six children were recommended and placed for a recuperative holiday in 1968.



## INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5-14 during 1968:-

Scarlet Fever .. .. .	42
Acute Pneumonia .. .. .	2
Dysentery .. .. .	9
Measles .. .. .	106
Whooping Cough .. .. .	19
Food Poisoning .. .. .	1
Tuberculosis: Pulmonary .. .. .	—
Non-pulmonary .. .. .	1
Infective Jaundice .. .. .	3

### 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 4½ years, i.e. before starting school, when special emphasis is placed on ensuring that children are fully protected against poliomyelitis, diphtheria and tetanus. 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 1968 :-

(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 ..	1,087	795	715	55
Secondary Grammar ..	754	637	568	45
Independent .. .. .	495	380	332	25
Special .. .. .	8	8	5	—
Junior Training School ..	9	7	5	1
<b>TOTAL</b> ..	<b>2,353</b>	<b>1,827</b>	<b>1,625</b>	<b>126</b>
(1967) ..	(2,538)	(1,932)	(1,682)	(133)

For comparison, the final figures for 1967 are shown in brackets.



(B)	1968	1967
No. eligible .. .. .	2,353	2,538
No. accepting .. .. .	1,827	1,932
Acceptance rate .. .. .	77.6%	76.1%
Positive reactors .. .. .	126	133
Percentage positive .. .. .	7.2%	7.3%
Negative reactors .. .. .	1,625	1,682
No. given B.C.G. vaccination .. .. .	1,619	1,674

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
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### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During the year there were several changes in the sessional dental officer staffing situation, but continuity of treatment was maintained. The appointment of an additional orthodontist in July made it possible for the rather long waiting list for this form of treatment to be reduced to normal proportions.

#### Radiological Protection :

An inspection was carried out in June by Mr. D. E. A. Jones, B.Sc., Chief Physicist of Mount Vernon Hospital, of those clinics in which X-ray apparatus had been installed since his inspection last year. The report on the three clinics concerned was satisfactory.

#### Dental Health Education :

Following the success of previous campaigns, a further fortnight from 11th - 22nd November was allocated to a dental health campaign in those schools in Edgware, Kenton and Stanmore served by Honeypot Lane, Tenby Road and Elmwood clinics. The programme covered 20 school departments, made up of 5,453 primary and 1,080 secondary pupils.



A team of speakers, led by Mr. A. G. Brown, Principal School Dental Officer, and Mr. Anderton, Health Education Officer, took the pupils in groups, varying in size from 40 in the case of infants to 150 in secondary moderns. Miss Land of the Oral Hygiene Service again gave her support in the opening stages of the campaign.

The talks were followed by a film suited to the age group concerned, and the older children took full advantage of the question and answer session which concluded the programme.

All children received an apple donated by the Fruit Producers' Council, and in addition the infants were given a dental pack, comprising tooth brush, tooth paste and a "four rules of health" card, all of which were supplied by the various dental manufacturers.

In some cases parents attended talks and a further example of their interest is the request for talks received from young mothers' groups and the Harrow play groups association.

Finally, an exhibition featuring the story of dental health was staged in co-operation with Mr. Horton-Fawkes of the Oral Hygiene Service in the windows of a large dental equipment firm. Sited in Harrow's main shopping area, the exhibition attracted considerable attention from the general public.

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)
1964 and later	94	94	—	—	2	20	18
1963	1,174	1,172	2	—	56	220	257
1962	786	783	3	—	33	167	178
1961	173	173	—	—	9	39	45
1960	141	141	—	—	9	30	37
1959	139	138	1	—	8	19	25
1958	108	108	—	—	11	16	25
1957	126	126	—	—	9	26	34
1956	1,005	1,005	—	—	32	129	155
1955	497	496	1	—	24	76	94
1954	133	132	1	—	7	27	33
1953 & earlier	1,678	1,678	—	—	63	237	285
TOTAL ..	6,054	6,046	8	—	263	1,006	1,186

Column (3) total as a percentage of Column (2) total: 99.87%

Column (4) total as a percentage of Column (2) total: .13%



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

Number of Special Inspections .. .. .	1,474
Number of Re-inspections .. .. .	3,048
<b>TOTAL ..</b>	<b>4,522</b>

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	30,009
(b) Total number of individual pupils found to be infested .. .. .	134
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) .. .. .	31
(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	39	66	66	171	338
		O	6	—	3	9	2
5	(a) Vision	T	93	61	109	263	56
		O	131	26	65	222	14
	(b) Squint	T	13	—	5	18	1
		O	4	—	3	7	—
	(c) Other	T	2	1	5	8	2
		O	—	1	—	1	1
6	(a) Hearing	T	36	6	30	72	80
		O	4	—	1	5	62
	(b) Otitis Media	T	3	1	3	7	1
		O	4	—	1	5	—
	(c) Other ..	T	6	1	9	16	5
		O	2	—	—	2	3

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	91	29	41	161	25
		O	62	1	13	76	15
8	Speech	T	15	1	8	24	12
		O	11	-	3	14	4
9	Lymphatic Glands	T	6	-	3	9	2
		O	16	-	2	18	1
10	Heart	T	8	7	5	20	5
		O	14	1	13	28	1
11	Lungs	T	32	7	16	55	12
		O	10	-	7	17	9
12	Developmental: (a) Hernia	T	5	1	3	9	1
		O	3	-	1	4	-
	(b) Other	T	23	53	64	140	27
		O	46	2	26	74	4
13	Orthopaedic: (a) Posture	T	1	12	11	24	5
		O	6	1	2	9	-
	(b) Feet	T	17	25	30	72	50
		O	7	-	8	15	14
	(c) Other	T	20	8	30	58	12
		O	14	-	5	19	1
14	Nervous System: (a) Epilepsy	T	3	2	5	10	2
		O	2	-	3	5	-
	(b) Other	T	38	2	17	57	83
		O	19	-	11	30	19
15	Psychological: (a) Development	T	3	-	3	6	10
		O	14	3	9	26	3
	(b) Stability	T	8	7	10	25	8
		O	15	2	17	34	1
16	Abdomen	T	1	2	4	7	2
		O	1	1	1	3	-
17	Other	T	12	13	12	37	29
		O	7	3	2	12	10

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 .. .. .	105
Errors of refraction (including squint) .. .. .	864
TOTAL ..	969
Number of pupils for whom spectacles were prescribed	249

### 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 .. .. .	4
(b) for adenoids and chronic tonsillitis .. .. .	82
(c) for other nose and throat conditions .. .. .	2
Received other forms of treatment .. .. .	93
TOTAL ..	181
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1968 .. .. .	2
(b) in previous years .. .. .	52

### ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	59
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	59

## DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table III)

	<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp .. .. .	—
(b) Body .. .. .	—
Scabies .. .. .	1
Impetigo .. .. .	12
Other skin diseases .. .. .	413
<b>TOTAL ..</b>	<b>426</b>

## CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics .. .. .	435

## SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists .. .. .	474

## OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments .. .. .	133
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	6
(c) Pupils who received B.C.G. vaccination .. .. .	1,619
(d) Other than (a), (b) and (c) above:	
Heart .. .. .	2
Lungs .. .. .	8
Nervous System: (i) Epilepsy .. .. .	4
Psychological: (i) Development .. .. .	10
(ii) Stability .. .. .	6
<b>TOTAL (a) to (d) ..</b>	<b>1,788</b>



TABLE VI

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY  
THE AUTHORITY

## ATTENDANCES AND TREATMENT

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit .. .. .	1,886	1,406	324	3,616
Subsequent Visits .. .. .	3,308	2,906	864	7,078
Total Visits .. .. .	5,194	4,312	1,188	10,694
Additional courses of treatment com- menced .. .. .	295	139	35	469
Fillings in permanent teeth .. .. .	1,623	3,517	823	5,963
Fillings in deciduous teeth .. .. .	3,917	329	—	4,246
Permanent teeth filled .. .. .	1,379	2,229	690	4,298
Deciduous teeth filled .. .. .	3,129	256	—	3,385
Permanent teeth extracted .. .. .	58	402	152	612
Deciduous teeth extracted .. .. .	978	237	—	1,215
General anaesthetics .. .. .	508	221	38	767
Emergencies .. .. .	101	58	8	167
Number of Pupils X-rayed .. .. .	..	..	171	
Prophylaxis .. .. .	..	..	941	
Teeth otherwise conserved .. .. .	..	..	922	
Number of teeth root filled .. .. .	..	..	17	
Inlays .. .. .	..	..	1	
Crowns .. .. .	..	..	7	
Courses of treatment completed .. .. .	..	..	3,056	

## ORTHODONTICS

Cases remaining from previous year .. .. .	..	..	..	81
New cases commenced during year .. .. .	..	..	..	91
Cases completed during year .. .. .	..	..	..	37
Cases discontinued during year .. .. .	..	..	..	17
No. of removable appliances fitted .. .. .	..	..	..	311
No. of fixed appliances fitted .. .. .	..	..	..	29
Pupils referred to Hospital Consultant .. .. .	..	..	..	1

## 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) .. .. .	—	—	—	—
Number of dentures supplied .. .. .	—	—	—	—

## INSPECTIONS

(a) First inspection at school. Number of Pupils .. .. .	..	..	..	19,474
(b) First inspection at clinic. Number of Pupils .. .. .	..	..	..	967
Number of (a)+(b) found to require treatment .. .. .	..	..	..	8,181
Number of (a)+(b) offered treatment .. .. .	..	..	..	6,378
(c) Pupils re-inspected at school clinic .. .. .	..	..	..	1,890
Number of (c) found to require treatment .. .. .	..	..	..	968

## SESSIONS

Sessions devoted to treatment .. .. .	..	..	..	2,080
Sessions devoted to inspection .. .. .	..	..	..	207
Sessions devoted to Dental Health Education .. .. .	..	..	..	29







