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London Borough of Harrow



Annual Report

OF THE

Medical Officer of Health

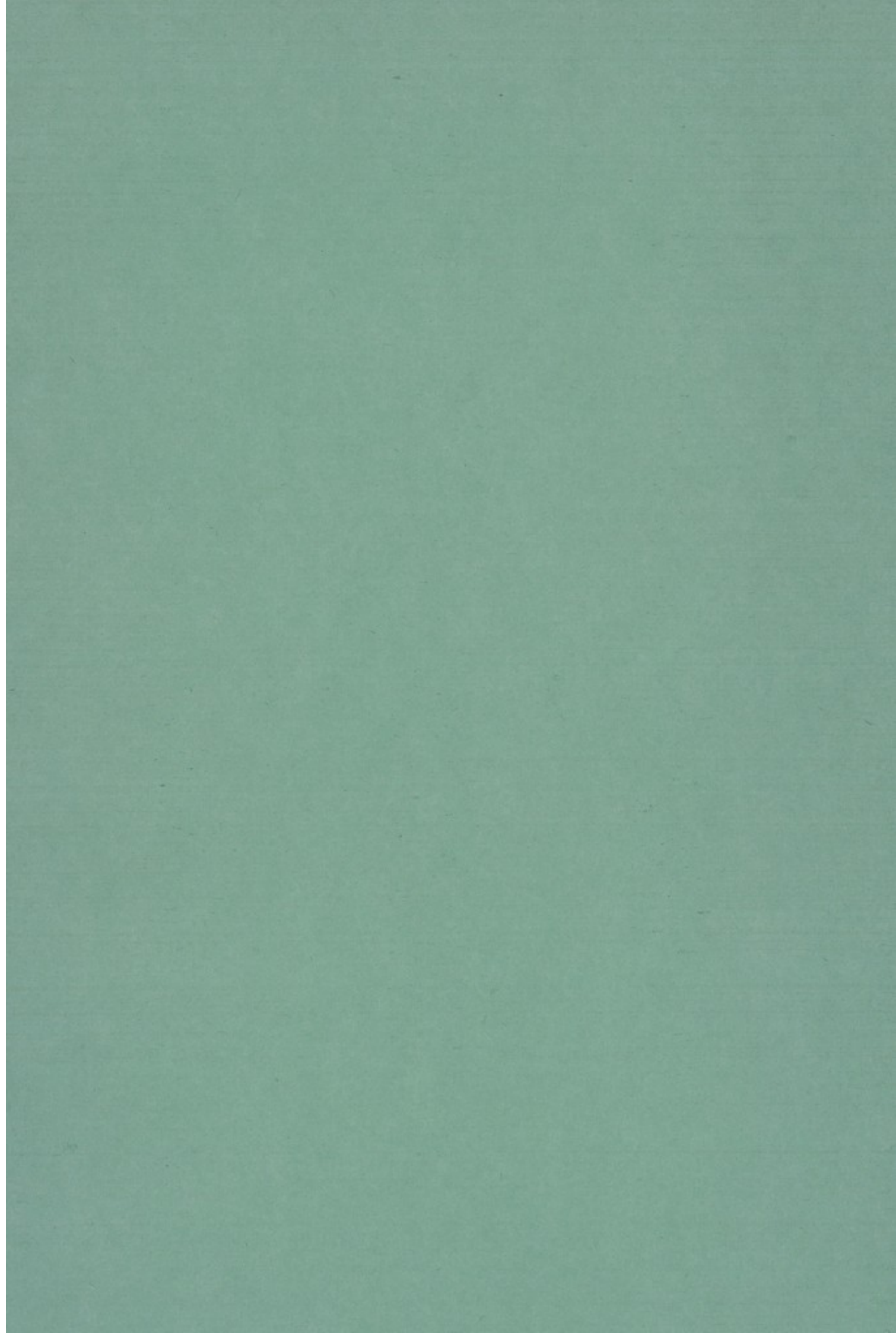
AND

Principal School Medical Officer

FOR THE YEAR

1970

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



London Borough of Harrow



Annual Report

OF THE

Medical Officer of Health

AND

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HEALTH AND WELFARE COMMITTEE

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<p>The Worshipful the Mayor (Alderman Frank Reed) (ex-officio) The Deputy Mayor (Alderman Mrs. M. M. HANAM, I.R.) (ex-officio) COUNCILLOR CAPT. E. W. H. PEAKINS, M.B.E., M.D. (Chairman) COUNCILLOR CAPT. T. DONALD JONES (Vice-Chairman) COUNCILLOR C. P. J. LOW, F.R.C. COUNCILLOR M. A. MURPHY, R.N.</p>								<i>Page</i>
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COUNCILLOR N. WATSON, M.B., F.R.C.P.

COUNCILLOR W. E. N. WORMOLD

LONDON BOROUGH OF HARROW

HEALTH AND WELFARE COMMITTEE

as at December 1970

THE WORSHIPFUL THE MAYOR (ALDERMAN FRANK REES) (*ex-officio*)
THE DEPUTY MAYOR (ALDERMAN MRS. M. M. HASLAM, J.P.) (*ex-officio*)
COUNCILLOR CAPT. E. W. H. FEAKINS, M.INST.M. (*Chairman*)
COUNCILLOR CAPT. T. DONALD JONES (*Vice-Chairman*)

COUNCILLOR MISS C. A. BEDNELL	COUNCILLOR C. F. J. LOW, F.S.S.
COUNCILLOR MRS. J. P. BRADY	COUNCILLOR M. A. MURPHY, B.A., dip. ed.
COUNCILLOR J. A. CAMPBELL	COUNCILLOR MRS. NAN REES (<i>The Mayoress</i>)
COUNCILLOR MRS. M. R. CRICK, S.R.N.	COUNCILLOR D. J. SKINGLE, M.INST.M., L.M.R.S.H., A.I.B.S.T.
COUNCILLOR MISS J. E. GOULD	COUNCILLOR B. C. A. TURNER, K.S.G., A.C.I.S., M.B.I.M.
COUNCILLOR C. G. HENNING BRODERSEN	COUNCILLOR N. WATSON, LL.B., A.C.A.
COUNCILLOR MRS. J. R. KEEN	COUNCILLOR W. E. N. WORMALD
COUNCILLOR F. L. LE FRANC, M.B.E., F.I.M.L.T., F.I.S.T., F.R.S.H., S.R.M.L.T.	

Representing the Middlesex Local Medical Committee
DR. H. T. FOOT

CHILDREN'S COMMITTEE

THE WORSHIPFUL THE MAYOR (ALDERMAN FRANK REES) (*ex-officio*)
THE DEPUTY MAYOR (ALDERMAN MRS. M. M. HASLAM, J.P.) (*ex-officio*)
COUNCILLOR B. C. A. TURNER, K.S.G., A.C.I.S., M.B.I.M. (*Chairman*)
COUNCILLOR MRS. M. R. CRICK, S.R.N. (*Vice-Chairman*)

COUNCILLOR MISS C. A. BEDNELL	COUNCILLOR F. L. LE FRANC, M.B.E., F.I.M.L.T., F.I.S.T., F.R.S.H., S.R.M.L.T.
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COUNCILLOR CAPT. T. DONALD JONES	COUNCILLOR W. E. N. WORMALD
COUNCILLOR MRS. J. R. KEEN	

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Health, Welfare, and Children's Department,
Hanover House,
Lyon Road,
Harrow, Middlesex, HA1 2EH.

*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 1970.

Consideration of the vital statistics for 1970 show the normal variations seen from year to year. There was a population decrease of 1,640 to a figure of 206,060 and a birth and death rate of 14.5 and 10.3 per 1,000 population respectively, these being approximately the same as for 1969. There was an increase in the infant mortality rate from 12.0 to 14.0 per 1,000 live births, which compares with a figure of 18.0 for England and Wales. The majority of infant deaths as usual occurred in the early neo-natal period and were due in the main to congenital defects and prematurity. There were no maternal deaths and in general local statistics compare favourably with the national rates.

In the case of infectious diseases, the incidence of measles during the year was fairly high. This fact is of interest because of the high incidence occurring in what would normally have been a "fallow" year for the disease. Obviously variations in the epidemiology of the disease must be related to the vaccinations carried out in 1968 and 1969. Difficulties with vaccine supplies in 1969 caused some interruption in the immunisation programmes and this may have resulted in the higher incidence in the disease during 1970. However, every effort is made to achieve and maintain a high acceptance of vaccination against measles of all susceptible children up to and including the age of 15 years.

In general, there was very little else of note in the infectious diseases during the year but, on the other hand, a very important event occurred in relation to a non-notifiable infectious disease, namely, the start of a vaccination programme against Rubella (German Measles). This mild illness of childhood can have serious effects if contracted by a woman in the early stages of pregnancy and can result in damage to the foetus. Vaccination was offered to all girls between their 11th and 14th birthdays with initial priority to those in their 14th year and this procedure will now become part of the routine immunisation programme.

The Borough and the Department in particular were greatly honoured when Her Majesty the Queen Mother visited and officially opened the Adult Training Centre on the 28th March 1970. The other two projects from the Council's Development Plan—the Day Centre for the Younger Mentally Ill and the new Community Home for the Children's Services—were also opened for service early in the year, all soon proving their value in helping the community services in the Borough.

Starts were also made on two new capital projects during 1970. The first was the extension of the Special Care Unit at the Junior Training School and the second, the improved accommodation for health visitors at Elmwood Clinic. In addition, several minor improvement schemes were initiated and completed during the year. These include adaptations to improve the internal layout of the Broadway and Whittlesea Road Clinics, modernisation of the washing and toilet facilities at Walton Road Day Nursery and improved oil storage facilities at the Junior Training School and Tanglewood Hostel. Plans were discussed and finalised for improved facilities at the kitchen at Tenby Road Assembly Hall and also for the new Workroom and Kitchen at the new Community Building in Rayners Lane Estate, Phase 5. These last two projects will allow expansion in the meals service for the elderly residents in the Borough some time in 1971.

Finally, the up-dated return of proposed capital projects submitted to the Department of Health and Social Security contained the following items:-

1971/72—Home for the Elderly, Stanmore, and conversion of the heating at two Children's Homes and Haydon Hill Home for the Elderly.

1972/73—Hostel for Subnormal Adults and conversion of heating at Coleshill House Home for the Elderly.

1973/74—Day Nursery on the eastern side of the borough.

As in past years, the general theme of the Department's work was expansion in order to keep pace with current demands. This was particularly noteworthy in the case of providing help for the elderly with special emphasis on the chiropody and home help services.

On a more general theme, the development of liaison schemes with geriatric and paediatric departments in hospitals and general practitioners in the field necessitated an increase in the Health Visitors establishment.

The appointment of a Consultant Psychiatrist during the year to advise and have casework discussions with social workers will be invaluable in strengthening the services provided for the support and maintenance of patients in the community.

On the environmental side of health services, in addition to the routine work of the section, progress was made in the Clean Air programme with another smoke control order and the Borough should be completely covered by the target year of 1975.

During the year, the Department of Health and Social Security published a report of a Sub-Committee of the Standing Maternity and Midwifery Advisory Committee. This Committee, under the Chairmanship of Sir John Peel, considered and reported on the future of the domiciliary midwifery service and the question of bed needs for maternity patients. The message of the report can be summarised as follows:-

The integration of the three branches of the health service in relation to the provision of maternity services and the aim towards 100% hospital confinement. This report, together with the commissioning of the large new Maternity Department at Northwick Park Hospital, seemed to offer an excellent opportunity to discuss the pros and cons of setting up an integrated midwifery service. As a result, a maternity steering group was constituted to discuss and eventually report on the matter to the various authorities concerned.

Twice monthly visits of the mobile miniature radiography unit continued during the year with good attendances. In addition, the usual triennial survey visit of the mass x-ray service took place in the Borough during March and April. Once again, full publicity by means of posters, leaflets and press notices was given and a reasonable response from the public was achieved. During the year, it was indicated that, due to the low incidence of new cases now being found by means of the mobile mass x-ray service nationally, other means of meeting the needs of chest x-ray services in the regions might be required, eg., by means of static units in hospitals. The Council indicated to the North West Metropolitan Regional Hospital Board its strong preference to the retention of a mobile unit in Harrow, bearing in mind the statutory duties to arrange for the periodic x-ray of all personnel working with children and also of course, the very considerable preventative value of the service to the public in general.

During the course of this year, several circulars were issued by Government Departments on various aspects of the service.

Circular 1/70 set out the timetable for the implementation of the Local Authority's Social Services Act 1970, which instructs Local Authorities to set up Social Services Departments to deal with the Welfare and Children's Services, the Mental Health Services, the Home Help Services and the day care of children. Traditionally, these last three services have been more or less "health services" but under the Act will now join the new Social Services Department. These artificial barriers have never existed in Harrow, which, since 1965, has had a combined Health, Welfare and Children's Department. It is to be hoped that, even with the setting up of the new Social Services Department, the excellent team effort and mutual co-operation built up over the years in the various sections of the old Health, Welfare and Children's Department will continue to flourish to the benefit of the community services in the Borough in general.

Circular 5/70 suggested ways of improving Meals-on-Wheels Services and asked Local Authorities to review their arrangements. A full report

was considered by the Health and Welfare Committee and, as a result, certain amendments and improvements were made to the scheme.

Circular 13/70 recommended a new management structure in the Local Authority Nursing Service with three levels of nursing management—top, middle and first line. The top post to be designated Chief Nursing Officer, who would co-ordinate and direct health visiting, home nursing and domiciliary midwifery in the area. Appropriate action was taken to comply with the circular with effect from the 1st April 1971.

A joint Circular 15/70 set out the timetable for the implementation of the Education (Handicapped Children) Act of 1970. This Act provides for local Education Authorities to assume as from the 1st April 1971, responsibility for the mentally handicapped children when local Health Authorities will cease to have power for the training of these children. The Health and Social Services Departments will, of course, still maintain an interest in the children and all will work in unison to mobilise as soon as possible the services for the treatment and care of the handicapped child and for the support of the family in general.

Finally, the Chronically Sick and Disabled Act 1970 brings together a number of provisions with regard to the welfare of chronically sick and disabled persons. Most of the services, which are now made mandatory by the Act, are already provided by the Council under permissive powers having been taken over from the Middlesex County Council in 1965. These include the provision of practical assistance in the home, provision of adaptations in the home to provide greater safety, comfort or convenience, assistance in relation to wireless, television, library or similar recreational facilities, assisting travel in certain circumstances and provision of meals in the home or elsewhere. The new provisions are the ascertaining of information with regard to the numbers and needs of chronic sick and disabled persons and the provision or assistance in obtaining a telephone.

All-in-all, a formidable battery of legislation, which, with the expectation of more to come in 1971, will definitely keep all departments of the Council extremely busy for some time to come!

I regret to report that the water supply to the Borough is still deficient in fluoride to the extent of about 0.9 p.p.m.(F)!

The standard procedures of inspecting and advising set up in past years in the School Health Service still works very well. Consideration was given to the gap in time in inspection services for the junior schools and, to cover this, it is hoped to introduce a selective medical examination about the 8-9 year level some time in 1971. Great emphasis is placed on the early detection of defect in a child so that remedial work can be instituted in order that the maximum benefit can be derived by the child from the education provided. This detection of defects begins in infancy and comes under the terms of developmental paediatrics and can be likened to a routine screening process. Links with the assessment units in hospital play

an important part in this screening process and in this sense we are fortunate indeed in having a very good working liaison with the Paediatric Departments at Northwick Park and Edgware General Hospitals.

I would like to offer my grateful thanks to all who have helped in the preparation of this report 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 would wish to thank the Chairman and the Members of the Committees for their understanding and support during the year and, at the same time, acknowledge with grateful thanks the ready help and co-operation of my colleagues and their respective staffs in other Departments of the Council.

I have the honour to be,

Your Obedient Servant,

WILLIAM CORMACK,

Medical Officer of Health
Principal School Medical Officer

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,535
Population (Registrar General's estimate)	206,060
Estimated number of inhabited houses	69,293
Ratable Value	£12,199,128
Sum represented by a penny rate	£49,287

Vital Statistics

Live Births:-	Male	Female	Total
Legitimate	1,399	1,394	2,793
Illegitimate	75	75	150
Total	1,472	1,469	2,941

Live Birth rate per 1,000 population	14.2
Adjusted Live Birth rate	14.5
Birth Rate for England and Wales	16.0
Illegitimate live births per 1,000 legitimate live births	5.0

Stillbirths:-	Male	Female	Total
Legitimate	17	17	34
Illegitimate	—	—	—
Total	17	17	34

Still Birth rate per 1,000 Live and Still Births	11.0
Total Live and Still Births	2,965
Still Birth rate for England and Wales	13.0

Infant Deaths (under 1 year of age):-

	Male	Female	Total
Legitimate	21	19	40
Illegitimate	2	—	2
Total	23	19	42

Infant mortality rate per 1,000 live births	14.0
Legitimate Infant mortality rate per 1,000 legitimate live births	14.9
Illegitimate Infant mortality rate per 1,000 illegitimate live births	14.0
Infant mortality rate for England and Wales	18.0

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

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General Statistics

Area in acres	12,555
Population (Registrar General's estimate)	206,060
Estimated number of inhabited houses	69,295
Rateable Value	£12,199,128
Sum represented by a penny rate	£49,287

Vital Statistics

Live Births:-	Male	Female	Total
Legitimate ..	1,399	1,384	2,783
Illegitimate-	73	75	148
	<hr/>	<hr/>	<hr/>
Total ..	1,472	1,459	2,931

Live Birth rate per 1,000 population	14.2
Adjusted Live Birth rate	14.5
Birth Rate for England and Wales	16.0
Illegitimate live births per cent of total live births	5.0

Stillbirths:-	Male	Female	Total
Legitimate ..	16	15	31
Illegitimate ..	1	2	3
	<hr/>	<hr/>	<hr/>
Total ..	17	17	34

Still Birth rate per 1,000 Live and Still Births	11.0
Total Live and Still Births	2,965
Still Birth rate for England and Wales	13.0

Infant Deaths (under 1 year of age):-

	Male	Female	Total
Legitimate ..	21	19	40
Illegitimate ..	2	—	2
	<hr/>	<hr/>	<hr/>
Total ..	23	19	42

Infant mortality rate per 1,000 live births	14.0
Legitimate Infant mortality rate per 1,000 legitimate live births	14.9
Illegitimate Infant mortality rate per 1,000 illegitimate live births	14.0
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 ..	14	12	26
Illegitimate ..	—	—	—
Total ..	14	12	26

Neo-natal mortality rate per 1,000 live births ..	9.0
Neo-natal mortality rate for England and Wales ..	12.0
Early Neo-natal mortality rate (first week) per 1,000 live births ..	8.0
Peri-natal mortality rate per 1,000 live and still births ..	19.0

Maternity Mortality:-

Maternal deaths ..	Nil
Maternal mortality rate per 1,000 live and still births ..	Nil
Maternal mortality rate for England and Wales ..	0.18

Deaths:-

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,046	1,077	2,123

Death rate per 1,000 population:-

Crude Death Rate ..	10.3
Comparability Factor ..	1.03
Adjusted Death Rate ..	10.6
Death rate for England and Wales ..	11.7

Population

The estimated mid-year population was 206,060 which was a decrease of 1640 as compared with the figure for 1969. The natural increase in population—excess of births over deaths—was 808 and the number of occupied houses and flats rose by 279 to 68,725.

Births

During the year 2,931 live births (1,472 male and 1,459 female) were registered, giving a crude birth rate of 14.2 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 14.5 as compared with the birth rate of 16.0 per 1,000 population for England and Wales. 148 of the live births were illegitimate giving a percentage of total births of 5.0.

Total number of live and stillbirths ..	2,965
Local births (domiciliary confinement) ..	378

Congenital Malformations

Information concerning congenital malformations or abnormalities apparent at birth was collected and supplied to the Registrar General. The following is a summary and analysis of the information received during the year.

Incidence of Congenital Malformations.

A. Summary of Notifications

(i) Number of notifications received during year	78
(ii) Number of live births included in (i) above	65
(iii) Number of still births included in (i) above	13
(iv) Total number of malformations notified as apparent at birth	90
(v) Number of children with multiple malformations	11

B. Analysis of Malformations Notified

Code Number	Number of cases	Code Number	Number of cases
0 Central Nervous System		3 Reduction deformity leg or foot	1
·1 Anencephalus	3	4 Unspecified reduction deformity of limbs	1
·8 Spina bifida	5	5 Talipes	16
·4 Hydrocephalus	2	6 Congenital dislocation of hip	4
·5 Microcephalus	2	9 Unspecified limb malformation	1
·6 Other specified malformations of brain or spinal cord ..	1	7 Other Parts of Musculo-Skeletal System	
·9 Unspecified malformations of brain spinal cord and nervous system	1	·0 Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	1
1 Eye and Ear		8 Other Systems	
·3 Cataract and corneal opacity	1	·1 Other malformations of face and neck	1
·8 Accessory auricle	1	·9 Exomphalos, omphalocele (excluding umbilical hernia)	1
2 Alimentary System		·2 Other unspecified malformations of muscles, skin and fascia	1
·1 Cleft lip	5	·3 Pigmented naevus	1
·2 Cleft palate	4	·4 Other specified malformations of skin including ichthyosis	1
3 Heart and Circulatory System		9 Other Malformations	
·9 Specified malformations of heart and circulatory system	5	·0 Other and unspecified congenital malformations ..	1
·0 Unspecified malformations of heart and circulatory system	1	·9 Multiple congenital malformations not specied ..	7
5 Urino-Genital System		·6 Down's syndrome (mongolism)	4
·7 Hypospadias, epispadias ..	5	·5 Other syndromes specified due to chromosomal abnormality	1
·2 Undescended testicle ..	1		
·4 Malformations of male external genitalia	1		
·3 Hydrocele	4		
·5 Malformations of female vagina and external genitalia	1		
6 Limbs			
·0 Polydactyly	1		
·1 Syndactyly	3		
·2 Reduction deformity hand or arm	1		

Still Births

A total of 34 still births was registered during the year giving a still birth rate of 11.0 per 1,000 live and still births, which compares favourably with the rate of 13.0 for England Wales.

Infant Mortality

During the year 42 (23 male and 19 females) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was an increase of 5 on the figure for 1969 and with 2,931 live births gives an infant mortality rate of 14.0 compared with that of 12.0 in 1968. The rate for England and Wales was 18.0.

Twenty-six or approximately 62% of these infant deaths occurred during the first four weeks of life giving neo-natal mortality rate of 9.0 per thousand live births. Twenty-three of these neo-natal deaths occurred during the first week of life, prematurity being the main cause of death. These early neo-natal deaths combined with the still births give a peri-natal mortality rate of 19.0 per thousand, live and still births, compared with a rate of 20.0 for 1969.

Maternal Mortality

No deaths occurred during 1970 due to causes associated with pregnancy and childbirth.

Deaths

The total number of deaths of residents of the Borough was 2,123 giving a death rate of 10.3 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 of 10.3 gives an adjusted death rate of 10.6 which then compares with the death rate of 11.7 per 1,000 population for England and Wales. The main causes of death were as follows:-

1. Heart Disease	..	..	..	700
2. Cancer	..	..	..	497
3. Cerebrovascular disease	..	..	..	267

Deaths from Heart Disease

This disease complex accounted for 700 deaths during 1970. Once again the principal "Cause of Death" was ischaemic heart disease, which accounted for 549 deaths. Until the actual cause is known, one cannot define precisely any particular preventive measure. As mentioned in last

year's report, suspicion has fallen on obesity, raised blood pressure, raised blood lipids, lack of exercise and cigarette smoking, as several factors which could have a possible bearing on the actual etiology of the condition. Therefore, it would appear to be good practice to control one's diet, to make sure of a certain amount of exercise each day and above all to stop smoking forthwith. The main problem, of course, is to get people to practise these straightforward recommendations.

Deaths from Cancer

In 1970, the number of deaths from cancer was 250 male and 247 female. Deaths from lung cancer increased by 23 to a total of 159 for the year or a rate per 1,000 of 77.16. Of these deaths 90% occurred in the age groups 55-57 years with more men involved than women. This follows the pattern of cigarette smoking of 30-40 years ago. Two reports, one from the World Health Organisation and one from the Royal College of Physicians, emphasised yet again the dangers from the effects of smoking tobacco. Full use was made of anti-smoking health education display material during the year and reinforced by word of mouth on every suitable occasion. From personal observations, it would appear that there has been a definite reduction in the amount of cigarette smoking but it will be some time yet before the effects of this reduction can be demonstrated in the statistics of the disease. In the meantime, every opportunity must be taken to change the public's attitude towards smoking.

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 51 residents during 1970. The equivalent figure for the previous year was 30. 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 houses.

Deaths from Suicide

Eleven people committed suicide during 1970 a decrease of three compared with the figure for 1969.

Deaths from Infectious Diseases

There were seven deaths from pulmonary tuberculosis during 1970, with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.

TABLE I

Summary of Vital Statistics 1946—1970

	<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>Materna Mortality Rate per 1,000 live and still births</i>	<i>Still Birth Rate per 1,000 live and still births</i>
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
1969	207,700	14.6	10.4	12.0	9.0	Nil	13.0
1970	206,060	14.5	10.3	14.0	9.0	Nil	11.0

TABLE II

Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1960—1970

<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>
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
1969	14.9	16.3	10.8	11.9	12.0	18.0
1970	14.5	16.0	10.6	11.7	14.0	18.0

TABLE III

Deaths of Harrow Residents during 1970 — Registrar General's Return

		<i>Causes of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1	B.1	Cholera	—	—	—
2	B.2	Typhoid Fever	—	—	—
3	B.3	Bacillary Dysentery and Amoebiasis	—	—	—
4	B.4	Enteritis and other Diarrhoeal Diseases	2	1	3
5	B.5	Tuberculosis of Respiratory System	7	—	7
6	B.6	Other Tuberculosis, including Late Effects	2	2	4
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	2	8	5
19	B.19	(1) Malignant Neoplasm—Buccal Cavity	1	7	8
20	B.19	(2) Malignant Neoplasm—Oesophagus	4	6	10
21	B.19	(3) Malignant Neoplasm—Stomach	20	12	32
22	B.19	(4) Malignant Neoplasm—Intestine	17	42	59
23	B.19	(5) Malignant Neoplasm—Larynx	1	1	2
24	B.19	(6) Malignant Neoplasm—Lung, Bronchus	124	85	159
25	B.19	(7) Malignant Neoplasm—Breast	2	51	53
26	B.19	(8) Malignant Neoplasm—Uterus	—	13	13
27	B.19	(9) Malignant Neoplasm—Prostate	12	—	12
28	B.19	(10) Leukaemia	6	7	13
29	B.19	(11) Other Malignant Neoplasms	63	73	136
30	B.20	Benign and Unspecified Neoplasms	2	1	3
31	B.21	Diabetes Mellitus	8	8	16
32	B.22	Avitaminoses and Other Nutritional Deficiency	—	—	—
33	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	1	3	4
34	B.23	Anaemias	1	1	2
35	B.46	(2) Other Diseases of Blood and Blood-forming Organs	—	1	1
36	B.46	(3) Mental Disorders	1	1	2
37	B.24	Meningitis	1	—	1
38	B.46	(5) Other Diseases of Nervous System & Sense Organs	6	7	13
39	B.25	Active Rheumatic Fever	—	—	—
40	B.26	Chronic Rheumatic Heart Disease	15	16	31
41	B.27	Hypertensive Disease	18	28	46
42	B.28	Ischaemic Heart Disease	317	231	548
43	B.29	Other Forms of Heart Disease	24	49	73
44	B.30	Cerebrovascular Disease	97	170	267
45	B.46	(5) Other Diseases of the Circulatory System	46	63	109
46	B.31	Influenza	5	9	14
47	B.32	Pneumonia	71	99	170
48	B.33	(1) Bronchitis, Emphysema	64	26	90
49	B.33	(2) Asthma	2	5	7
50	B.46	(6) Other Diseases of the Respiratory System	9	11	20
51	B.34	Peptic Ulcer	6	5	11
52	B.35	Appendicitis	—	1	1
53	B.36	Intestinal Obstruction and Hernia	3	6	9
54	B.37	Cirrhosis of Liver	—	7	7
55	B.46	(7) Other Diseases of the Digestive System	9	15	24
56	B.38	Nephritis and Nephrosis	3	6	9
57	B.39	Hyperplasia of Prostate	2	—	2
58	B.46	(8) Other Diseases of the Genito-Urinary System	2	7	9
59	B.40	Abortion	—	—	—
60	B.41	Other Complications of Pregnancy, Childbirth and Puerperium	—	—	—
61	B.46	(9) Diseases of the Skin and Subcutaneous Tissue	1	1	2
62	B.46	(10) Diseases of the Musculo-Skeletal System and Connective Tissue	2	8	10
63	B.42	Congenital Anomalies	10	6	16
64	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions	8	5	13
65	B.44	Other Causes of Perinatal Mortality	2	1	3
66	B.45	Symptoms and Ill-defined Conditions	1	2	3
67	B.47	Motor Vehicle Accidents	22	6	28
68	B.48	All Other Accidents	12	11	23
69	B.49	Suicide and Self-inflicted Injuries	8	3	11
70	B.50	All Other External Causes	—	4	4
71	B.46	(4) Multiple Sclerosis	2	1	3
TOTAL ..			1,046	1,077	2,123

TABLE IV

Causes of Deaths (Males) at various ages, 1970

Causes of Death		Under 1 Month												
		All Ages	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	2	-	1	-	-	-	-	-	-	-	-	1	
5 B.5	Tuberculosis of Respiratory System	7	-	-	-	-	-	-	-	-	1	2	4	
6 B.6	Other Tuberculosis, including Late Effects	2	-	-	-	-	-	-	-	1	-	-	1	
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 ..	1	-	-	-	-	-	-	-	-	1	-	-	
18 B.18	All Other Infective and Parasitic Diseases	2	-	-	-	-	-	-	-	-	-	-	2	
19 B.19	(1) Malignant Neoplasm, Buccal Cavity, etc. ..	1	-	-	-	-	-	-	-	-	-	1	-	
20 B.19	(2) Malignant Neoplasm, Oesophagus	4	-	-	-	-	-	-	-	1	2	-	1	
21 B.19	(3) Malignant Neoplasm, Stomach	20	-	-	-	-	-	-	3	1	6	7	3	
22 B.19	(4) Malignant Neoplasm, Intestine	17	-	-	-	-	-	-	2	-	4	3	8	
23 B.19	(5) Malignant Neoplasm, Larynx	1	-	-	-	-	-	-	-	-	1	-	-	
24 B.19	(6) Malignant Neoplasm, Lung, Bronchus	124	-	-	-	-	-	-	2	10	42	45	25	
25 B.19	(7) Malignant Neoplasm, Breast	2	-	-	-	-	-	-	-	-	1	-	1	
26 B.19	(8) Malignant Neoplasm Uterus	-	-	-	-	-	-	-	-	-	-	-	-	
27 B.19	(9) Malignant Neoplasm, Prostate	12	-	-	-	-	-	-	-	-	3	3	6	
28 B.19	(10) Leukaemia	6	-	-	-	1	-	1	-	-	1	-	3	
29 B.19	(11) Other Malignant Neoplasms	63	-	-	2	-	2	-	2	5	18	17	17	
30 B.20	Benign & Unspecified Neoplasms	2	-	-	1	-	-	-	-	-	1	-	-	
31 B.21	Diabetes Mellitus	8	-	-	-	-	-	-	-	1	2	3	2	
32 B.22	Avitaminoses & Other Nutritional Deficiency ..	-	-	-	-	-	-	-	-	-	-	-	-	
33 B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	1	-	-	-	-	-	-	-	-	1	-	-	
34 B.23	Anaemias	1	-	-	-	1	-	-	-	-	-	-	-	
35 B.46	(2) Other Diseases of Blood & Blood-forming Organs ..	-	-	-	-	-	-	-	-	-	-	-	-	
Carried forward ..		276	-	1	3	2	2	1	9	19	84	81	74	

Table IV continued

Causes of Death		1 Under Month											
		All Ages	4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Brought forward ..		276	-	1	3	2	2	1	9	19	84	81	74
36 B.46	(3) Mental Disorders ..	1	-	-	-	1	-	-	-	-	-	-	-
37 B.24	Meningitis ..	1	-	1	-	-	-	-	-	-	-	-	-
38 B.46	(4) Other Diseases of Nervous System & Sense Organs ..	6	-	-	-	-	-	-	-	2	1	1	2
39 B.25	Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-	-
40 B.26	Chronic Rheumatic Heart Disease ..	15	-	-	-	-	-	-	-	3	6	4	2
41 B.27	Hypertensive Disease ..	18	-	-	-	-	-	-	-	1	7	8	3
42 B.28	Ischaemic Heart Disease ..	318	-	-	-	-	-	-	6	26	85	110	90
43 B.29	Other Forms of Heart Disease ..	24	-	-	-	-	3	-	1	1	3	5	11
44 B.30	Cerebrovascular Disease ..	97	-	-	-	-	-	-	-	3	11	41	42
45 B.46	(5) Other Diseases of the Circulatory System ..	46	-	-	-	-	-	-	-	2	6	17	21
46 B.31	Influenza ..	5	-	-	-	-	-	2	-	-	2	1	-
47 B.32	Pneumonia ..	71	-	3	-	-	1	-	-	1	5	17	44
48 B.33	(1) Bronchitis, Emphysema ..	64	-	1	-	-	-	-	-	1	8	32	22
49 B.33	(2) Asthma ..	2	-	-	-	-	-	-	1	-	-	-	1
50 B.46	(6) Other Diseases of the Respiratory System ..	9	-	1	-	-	-	-	-	-	1	1	6
51 B.34	Peptic Ulcer ..	6	-	-	-	-	-	-	-	-	-	4	2
52 B.35	Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-
53 B.36	Intestinal Obstruction & Hernia ..	3	-	-	-	-	-	-	-	-	1	1	1
54 B.37	Cirrhosis of Liver ..	-	-	-	-	-	-	-	-	-	-	-	-
55 B.46	(7) Other Diseases of the Digestive System ..	9	-	-	-	-	-	-	-	-	4	4	1
56 B.38	Nephritis & Nephrosis ..	3	-	-	-	-	-	-	-	-	1	1	1
57 B.39	Hyperplasia of Prostate ..	2	-	-	-	-	-	-	-	-	-	-	2
58 B.46	(8) Other Diseases of the Genito-Urinary System ..	2	-	-	-	-	-	-	-	-	-	-	2
59 B.40	Abortion ..	-	-	-	-	-	-	-	-	-	-	-	-
60 B.41	Other Complications of Pregnancy, Childbirth & Puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-
61 B.46	(9) Diseases of the Skin & Subcutaneous Tissue ..	1	-	-	-	-	-	-	-	-	-	-	1
62 B.46	(10) Diseases of the Musculo- Skeletal System & Con- nective Tissue ..	2	-	-	-	-	-	-	-	1	-	-	1
63 B.42	Congenital Anomalies ..	10	4	2	1	-	1	-	-	-	-	2	-
64 B.43	Birth Injury, Difficult labour & Other Anoxic & Hypoxic Conditions ..	8	8	-	-	-	-	-	-	-	-	-	-
65 B.44	Other Causes of Perinatal Mortality ..	2	2	-	-	-	-	-	-	-	-	-	-
66 B.45	Symptoms & Ill-defined Conditions ..	1	-	-	-	-	-	-	-	-	-	-	1
67 B.47	Motor Vehicle Accidents ..	22	-	-	-	1	8	4	1	2	1	1	4
68 B.48	All Other Accidents ..	12	-	-	1	1	1	2	1	4	2	-	-
69 B.49	Suicide & Self-inflicted Injuries ..	8	-	-	-	-	1	1	1	-	2	2	1
70 B.50	All Other External Causes ..	-	-	-	-	-	-	-	-	-	-	-	-
71 B.46	(4) Multiple Sclerosis ..	2	-	-	-	-	-	1	-	-	-	-	-
TOTAL—All Causes		1,046	14	9	5	5	17	11	21	66	230	333	335

TABLE V

Causes of Deaths (Females) at various ages, 1970

Causes of Death		1										
		All	Under Month	1-	5-	15-	25-	35-	45-	55-	65-	75-
		Ages	4	to	1 year							
		Weeks										
1 B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-
2 B.2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-
3 B.3	Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-
4 B.4	Enteritis & Other Diarrhoeal Diseases	1	-	-	-	-	-	-	-	-	-	1
5 B.5	Tuberculosis of Respiratory System	-	-	-	-	-	-	-	-	-	-	-
6 B.6	Other Tuberculosis, including Late Effects	2	-	-	-	-	-	-	1	-	-	1
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	3	-	-	-	-	-	-	-	2	-	1
19 B.19	(1) Malignant Neoplasm, Bucca Cavity, etc.	7	-	-	-	-	-	-	2	-	2	3
20 B.19	(2) Malignant Neoplasm, Oesophagus	6	-	-	-	-	-	-	1	2	1	2
21 B.19	(3) Malignant Neoplasm, Stomach	12	-	-	-	-	-	1	-	4	4	3
22 B.19	(4) Malignant Neoplasm, Intestine	42	-	-	-	-	-	-	3	3	13	18
23 B.19	(5) Malignant Neoplasm, Larynx	1	-	-	-	-	-	-	-	-	1	-
24 B.19	(6) Malignant Neoplasm, Lung, Bronchus	35	-	-	-	-	-	1	2	9	13	10
25 B.19	(7) Malignant Neoplasm, Breast	51	-	-	-	-	-	2	8	18	8	15
26 B.19	(8) Malignant Neoplasm, Uterus	13	-	-	-	-	-	1	4	2	4	2
27 B.19	(9) Malignant Neoplasm, Prostate	-	-	-	-	-	-	-	-	-	-	-
28 B.19	(10) Leukaemia	7	1	-	-	1	-	-	1	2	-	2
29 B.19	(11) Other Malignant Neoplasms	73	-	-	1	-	-	2	10	18	23	19
30 B.20	Benign & Unspecified Neoplasms	1	-	-	-	-	-	-	-	1	-	-
31 B.21	Diabetes Mellitus	8	-	-	-	1	-	-	-	-	3	4
32 B.22	Avitaminoses & Other Nutritional Deficiency	-	-	-	-	-	-	-	-	-	-	-
33 B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	3	-	-	-	-	-	-	2	1	-	-
34 B.23	Anaemias	1	-	-	-	-	-	-	-	-	-	1
35 B.46	(2) Other Diseases of Blood & Blood-forming Organs	1	-	-	-	-	-	-	-	-	-	1
Carried forward ..		267	1	-	1	-	2	-	7	34	67	83

TABLE VI

Deaths of Marrow Infants under 1 year of age, 1970

Table V continued

Causes of Death		1											
		All	Under 4	Month	1-	5-	15-	25-	35-	45-	55-	65-	75-
		Ages Weeks 1 year											
	Brought forward ..	267	1	-	1	-	2	-	7	34	67	72	83
36 B.46	(3) Mental Disorders ..	1	-	-	-	-	-	-	-	-	1	-	-
37 B.24	Meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-
38 B.46	(4) Other Diseases of Nervous												
	System & Sense Organs ..	7	-	-	-	-	-	-	-	1	1	2	3
39 B.25	Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-	-
40 B.26	Chronic Rheumatic Heart												
	Disease ..	16	-	-	-	-	-	-	-	-	-	8	8
41 B.27	Hypertensive Disease ..	28	-	-	-	-	-	-	-	1	1	4	22
42 B.28	Ischaemic Heart Disease ..	231	-	-	-	-	-	-	2	4	20	54	151
43 B.29	Other Forms of Heart												
	Disease ..	49	-	-	-	-	1	-	-	-	1	8	39
44 B.30	Cerebrovascular Disease ..	170	-	-	-	-	-	-	-	3	12	33	122
45 B.46	(5) Other Diseases of the												
	Circulatory System ..	63	-	-	-	-	-	-	-	1	3	13	46
46 B.31	Influenza ..	9	-	-	-	-	-	-	-	2	1	1	5
47 B.32	Pneumonia ..	99	1	2	1	-	-	-	-	-	3	14	78
48 B.33	(1) Bronchitis, Emphysema	26	-	-	-	-	-	-	-	-	3	6	17
49 B.33	(2) Asthma ..	5	-	-	1	-	-	-	-	2	-	-	2
50 B.46	(6) Other Diseases of the												
	Respiratory System ..	11	-	3	-	-	-	-	-	-	-	1	7
51 B.34	Peptic Ulcer ..	5	-	-	-	-	-	-	-	1	1	1	2
52 B.35	Appendicitis ..	1	-	-	-	-	-	-	-	-	-	-	1
53 B.36	Intestinal Obstruction &												
	Hernia ..	6	-	-	-	-	-	-	-	-	1	2	3
54 B.37	Cirrhosis of Liver ..	7	-	-	-	-	-	1	-	-	2	1	3
55 B.46	(7) Other Diseases of the												
	Digestive System ..	15	-	-	-	-	-	-	1	-	-	4	10
56 B.38	Nephritis & Nephrosis ..	6	-	-	-	-	-	-	-	-	4	-	2
57 B.39	Hyperplasia of Prostate ..	-	-	-	-	-	-	-	-	-	-	-	-
58 B.46	(8) Other Diseases of the												
	Genito-Urinary System ..	7	-	-	-	1	-	-	-	-	1	2	3
59 B.40	Abortion ..	-	-	-	-	-	-	-	-	-	-	-	-
60 B.41	Other Complications of												
	Pregnancy, Childbirth &												
	Puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-
61 B.46	(9) Diseases of the Skin &												
	Subcutaneous Tissue ..	1	-	-	-	-	-	-	-	-	-	-	1
62 B.46	(10) Diseases of the Musculo-												
	Skeletal System & Connec-												
	tive Tissue ..	8	-	-	-	-	-	1	-	-	1	2	4
63 B.42	Congenital Anomalies ..	6	4	1	-	-	-	-	-	-	-	-	1
64 B.43	Birth Injury, Difficult labour,												
	& Other Anoxic & Hy-												
	poxic Conditions ..	5	5	-	-	-	-	-	-	-	-	-	-
65 B.44	Other Causes of Perinatal												
	Mortality ..	1	1	-	-	-	-	-	-	-	-	-	-
66 B.45	Symptoms & Ill-defined												
	Conditions ..	2	-	-	-	-	-	-	-	-	-	-	2
67 B.47	Motor Vehicle Accidents	6	-	-	-	-	1	1	-	-	-	3	1
68 B.48	All Other Accidents ..	11	-	1	-	-	-	-	-	-	2	4	4
69 B.49	Suicide & Self-Inflicted												
	Injuries ..	3	-	-	-	-	-	1	-	-	1	1	-
70 B.50	All Other External Causes	4	-	-	-	-	1	-	-	-	2	-	1
71 B.46	(4) Multiple Sclerosis ..	1	-	-	-	-	-	-	-	-	-	1	-
TOTAL—All Causes ..		1,077	12	7	3	1	5	4	10	40	129	236	621

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1970

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
Placental Infarction ..	6	-	-	-	-	6	-	-	-	-	6
Cerebral Haemorrhage ..	1	-	-	-	-	1	-	-	-	-	1
Prematurity ..	4	3	-	-	-	7	-	-	-	-	7
Macerated Foetus ..	5	-	-	-	-	5	-	-	-	-	5
Influenzal Meningitis ..	-	-	-	-	-	-	-	1	-	-	1
Pneumonia ..	-	-	-	-	-	-	4	1	-	-	5
Asphyxia ..	-	-	-	-	-	-	-	1	-	1	2
Anencephaly ..	2	-	-	-	-	2	2	-	-	-	4
Foetal Anoxia ..	1	1	-	-	-	2	-	-	-	-	2
Rhesus Isoimmunisation ¹ ..	-	1	-	-	-	1	-	-	-	-	1
Congenital Heart Disease ..	-	-	-	-	-	-	1	-	-	-	1
Enteritis ..	-	-	1	-	-	1	-	-	-	-	1
Viral Pneumonitis ..	-	-	-	-	-	-	-	2	-	-	2
Leukaemia ..	-	1	-	-	-	1	-	-	-	-	1
Acute Tracheo Bronchitis ..	-	-	-	-	-	-	1	-	2	-	3
TOTAL ..	19	6	1	-	-	26	8	5	2	1	42

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population, 1960-1970

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
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
1969	207,700	3	1.44	136	65.47
1970	206,060	7	3.39	159	77.16

PERSONAL HEALTH SERVICES

These services are provided by the local health authority under Part 3 of the National Health Service Act 1946 as amended in Part 1 of the Health Services and Public Health Act 1968.

Care of Mothers and Young Children

Every local health authority makes arrangements for the care of expectant and nursing mothers and of children, who have not attained the age of 5 years and who are not attending primary schools maintained by the local education authority.

The changing pattern of confinement away from the domiciliary delivery to delivery in hospital with or without early discharge home continued during the year and was associated with a corresponding change in the pattern of ante-natal care of the expectant mother. This tended to take place more and more in either hospital ante-natal or patient departments of general practitioners' surgeries. Most of the Borough's midwives are now working in association with the general practitioners in their surgeries and, therefore, the number of hospital ante-natal clinics continues to fall and will soon disappear. In all probability, the day of 100% hospital confinement, which has been so far off, is not so far off.

PERSONAL HEALTH SERVICES

On the other hand, the work of preparing and advising the expectant mother regarding her confinement is very important and very worthwhile service carried out by the local health authority staff. Relaxation exercise classes to help the mother during the actual delivery are held, together with mothercraft courses at local clinics throughout the Borough. Each preparation course lasts between 4-6 weeks and starts during the fifth month of pregnancy.

Advice on the feeding, hygiene and general management of the infant is made available at 18 centres throughout the Borough. These sessions have a high educational value and are much appreciated by the young nursing mother, who often requires much sympathetic guidance and encouragement with her new responsibilities.

Particular attention is paid to the developmental progress of each child, special surveillance being instituted when any deviations from the norm are noted.

Simple screening tests are performed and the main task is geared to the detection of defects in children as early as possible, particularly those on the observation register, their general development being carefully watched and a social assessment made. The problems of the future education of handicapped children are considered from the time of diagnosis of the defect and the pre-school phase is utilized as an assessment period for each child, the initial assessment carrying on into school life. The progress of these children is carefully observed and the mother

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On the other hand, the work of preparing and advising the expectant mother regarding her confinement is still a very important and very worthwhile exercise carried out by the local health authority staff. Relaxation exercise classes to help the mother during the actual delivery are held, together with mothercraft courses at local clinics throughout the Borough. Each preparation course lasts between 8-9 weeks and starts during the fifth month of pregnancy.

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supported and counselled as to how best she can help her child.

Facilities for vaccination and immunisation are available at child welfare sessions. The following table gives the number of children attending infant welfare and toddler sessions from 1966 to 1970:-

<i>Year</i>	<i>Number of Children Attending Clinics</i>	
1966	..	12,224
1967	..	11,963
1968	..	10,833
1969	..	10,986
1970	..	11,486

Assessment Centres

Whereas the early detection of physical, mental and emotional defects is a normal function of the child health clinics conducted by the local authority and also by the general practitioners in their own surgeries, in certain cases a more comprehensive assessment is sometimes required. In view of the more complicated tests and examinations required, these assessments should really be carried out in association with the hospital services. Accordingly, Dr. B. Priestley, Consultant Paediatrician at Northwick Park Hospital, was approached in this matter and, as a result, an assessment centre for handicapped children is now held once a week at the hospital. The two Principal Medical Officers in the Health Department and a social worker assist Dr. Priestley at this clinic. They are able to bring their knowledge of the families and of the local supportive services to the "assessment" and one Medical Officer assists in the psychological testing of the children. In addition, local health authority records are made available to the paediatrician. This has proved a stimulating link and there will be even greater opportunities when the maternity department at the hospital opens as this should help to bring children to the assessment clinic at an earlier stage. The orthopaedic consultant, the specialist in physical medicine and the ophthalmologist are all available on the same afternoon as the assessment clinic if their advice is required and other para-medical staff—physiotherapist, speech therapist, occupational therapist and orthoptist can also be called in.

"Battered Babies" Syndrome

During the year, a meeting was held to discuss Circular CMO 2/70 from the Department of Health and Social Security. This circular requested that discussions be arranged between the local authority staff and others involved locally with the problems of young children injured by their parents. Representatives of the local authority, paediatricians and consultants from the accident and emergency department of the local hospitals, representatives of the local medical committee, the National Society for the Prevention of Cruelty to Children, police and probation service, attended this meeting.

The main points that came out of discussion were the question of an early warning system, the machinery for removing a vulnerable child to a place of safety and the arrangements for ensuring that the family could have support and guidance in the future. The meeting was also helpful in evolving the teamwork structure necessary to deal with the cases of battering presenting difficulty either in the community or in the hospital. It was thought that the keeping of a central register of vulnerable families might be a worthwhile exercise and also that the group could have a continuing function in reviewing the local situation from time to time.

It is interesting to note that, following this meeting, two cases came to light and the agreed machinery was successfully put in motion for the protection of the child and the follow up rehabilitation of the family.

Care of the Unsupported Mother and her Child

Once again there was a drop in the number of total applications during 1970 but there was a marked increase in the number of very young mothers. There were 35 applicants seeking help and advice in 1970 as against 64 in 1969. Of the 35, 15 were under 18 years at the time of referral.

The post of medical social worker is shared with the London Borough of Brent and she deals with referrals from many quarters including medical social workers at local hospitals, general practitioners and voluntary societies.

The duties of a medical social worker include counselling and advice, hostel placement before and after delivery, fostering and adoption, after-care of the mother and child. The one voluntary Mother and Baby Home in the area was closed in June 1970 and now all mothers seeking Mother and Baby Home accommodation are found hostel places outside the Borough.

The trend for mothers to keep their babies continued during 1970 and the main problem these mothers faced was that of accommodation as it is especially difficult for an unsupported mother to find suitable accommodation for herself and her child.

The 35 applications were dealt with in the following way:-

Admitted to Mother and Baby Home	18
Kept baby and made own arrangements on leaving hospital	6
Cancelled applications	2
Fostered from Hospital pending adoption.. ..	7
Mother arranged private adoption.. .. .	1
Moved out of the area	1
	<hr/>
	35
	<hr/>

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 |

A high standard of care is given at both our local authority day nurseries. The full quota of staff has been maintained at both nurseries, the aim being to have fully trained N.N.E.B. staff nursery nurses. This has obtained at one of our day nurseries. A nursery assistant who has worked for some years at the other nursery was accepted by Waltham Forest Technical College to commence a year's course as a mature student in September and she made a brilliant start. There were 12 nursery students at the nurseries in their first and second year attending either Kilburn or Chiswick Polytechnic for the theoretical part of their training.

There is always a waiting list of priority cases, mainly unsupported mothers, but many of these women find child-minders or relatives or friends to care for their children whilst they go to work.

The nurseries attempt to give an environment as near like home as possible. The children are in family groups and, when the children start in the nursery, the mothers are encouraged to stay with their children for a good part of the time during the first week. The students or staff have their meals with the children, using large tables and chairs, which were introduced during the year. There is a keen warden at each nursery and they supervise the staff and students ensuring that the children receive the right play stimulation. It becomes increasingly noticeable that these children are frequently emotionally disturbed due to their home circumstances, the majority coming from one parent families.

It has been possible to find places for all emergency cases. There have been more short term cases of children, whose mothers have been admitted to hospital and where other arrangements have not been possible. An effort has been made to encourage mothers to stay with their children for a few hours on one or two occasions before their admission to hospital and they are also encouraged to telephone their children from hospital and speak to them in the nursery. In certain cases where it is considered attendance at a day nursery would be beneficial to progress, certain handicapped children are admitted without charge. The present categories are deaf, partially deaf, children of deaf and dumb parents where talking environment is desirable, children showing behaviour problems, and suitable physically handicapped children.

Private Day Nurseries and Registered Child Minders

Private day nurseries and child minders are registered under the Nurseries and Child Minders Regulations Act 1948 as amended by Section 60 of the Health Services and Public Health Act, 1968. Section 60 extended the requirements of registration to all premises in which one or more children under the age of five years are minded for two or more hours per day for reward.

A large number of women continue to apply to become child-minders and the standard of these women is generally good. Unfortunately, there still seem to be a number of children, who are daily-minded, who do not receive continuity of care by one child-minder but mainly for one reason or another move from one to another. This seems to happen with a number of the immigrant children. All child-minders are told how important continuity of care is for young children.

Due to lack of accommodation suitable for play groups—most church halls, scout huts, sports pavilions, etc., having already been registered, there were only a comparatively small number of premises registered. Many more small home groups are starting, the women running them being registered as child-minders giving part-day care.

When applying for registration, the child-minder or play group leader is sent notes for child-minders "Looking after Children". The applicants are 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 and also to discuss the standards required by the Council. The child-minders and play groups are supervised quarterly by the health visitors and periodic visits are made by the Medical Officer to ensure that the conditions of registration are being maintained and also to advise on the wellbeing of the children.

The Harrow pre-school Play Group Association runs courses for women interested in the care of young children and also courses for play group leaders. Child-minders and play group leaders particularly are encouraged to attend a course if they have not already done so. With the help of the Department of Further Education and support from the Health Department, a play group leaders course, run by the Association, was started at the Harrow Technical College.

The Harrow pre-school Play Group Association have been of assistance in helping to start two play groups in needy areas of the Borough. One was started for a housing estate where there was no suitable, safe, outdoor play area for young children and the Education Department allowed a play group to be run in the local youth club. The Association provided a play group leader to launch the project and then enthusiastic local mothers, attending the play group leaders course, took over. The second play group was started in the Community Centre in one corner of the Borough where there is a high proportion of difficult or problem

families. The Association provided a play group leader, who has managed to get mother participation and young mothers now work as assistants and help to run the play group.

Under Section 65 of the Health Services and Public Health Act 1968, a grant of £100 was made to this play group. This was to meet the play group's special need because of the relative isolation of the children in this area and the lack of stimulation in the homes and environment. The grant helped the play group to remain solvent in allowing the mothers to pay cheaper fees.

Ministry approval had been given under Section 22 of the National Health Services Act 1946 and in pursuance of Section 20(3) of the same act for the Council to provide a day nursery and child-minding service for children under the age of 5 years, who have special need of care on health and welfare grounds and for the Council to pay reasonable charges and to recover them from the parents according to their ability to pay. A nil assessment was made in the case of one handicapped child attending a play group.

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

(i) Child Minders	..	..	..	..	195
(ii) Private Day Nurseries	..	..	..	..	66

Priority Dental Services

The report of the Department of Education and Science, which resulted from a review of the dental services of the Borough in February, stated that the service provided for under fives is better than average on all counts, and that treatment is provided at a high level for those in need. I am pleased to say that this standard of service has continued in the current year.

Marriage Guidance

The Marriage Guidance Council have a local office in the Borough. This is at 88/89 College Road, Harrow. Telephone: 427 8964.

Family Planning

The Council continued the arrangement they already had with the Family Planning Association for the giving of a family planning service in the Borough. There has been a steady increase in demand for this. The Association had the use of two clinic premises rent-free at the beginning of the year and five sessions each were held, an evening session being held at each clinic. In April, a further check I.U.D. session was begun on alternate Fridays due to the increase in the number of I.U.D. insertions and in October a further evening session was started at a third clinic, Cecil Park, Pinner, for all methods of birth control except the I.U.D.

Per capita payments were made for persons referred on medical or social grounds by medical officers or social work agencies covering the cost of the medical examination and the supply of contraceptive substances and appliances. During the year, the Borough also agreed to be responsible for per capita payments in respect of Harrow residents in need of family planning on medical and social grounds seen in Kingsbury Hospital.

In September 1970, it was agreed to adopt the National Family Planning Agency Scheme No. 6 as corresponding to the present scheme in operation and this is to come into effect in April 1971.

In difficult cases where it seems of vital importance that the women receive family planning advice and where they are unwilling or unable to attend the clinic, arrangements are made by the social workers to convey the patients from their homes to the clinic and arrangements exist whereby any children may be cared for whilst the mother attends the clinic.

Family Planning sessions are available as follows:-

Caryl Thomas Clinic, Headstone Drive, Wealdstone.	Monday evening Wednesday afternoon Wednesday evening Friday morning (I.U.D. session)
Alexandra Avenue Clinic, Alexandra Avenue, South Harrow.	Tuesday morning Thursday evening
Cecil Park Clinic, Cecil Park, Pinner.	Friday evening

Midwifery

Establishment

The total establishment of midwives at 31st December 1970, was as follows:-

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

The domiciliary midwives continued to work in groups of four and had a duty roster system which operated to the mutual advantage of patients and staff. Night calls continued to be passed to the appropriate midwife by the switchboard staff of Harrow Hospital, which was of great assistance in maintaining an efficient service.

The excellent relationship, which exists between the Harrow midwives and the medical and nursing staff at Edgware General and Bushey Maternity Hospitals continued during the year. The midwives also continued to attend the general practitioners' surgeries where the expectant mother had ante-natal attention from the practitioner and the domiciliary midwife together. Mothers, who were not considered sufficiently risk-free to be confined at home were admitted to hospital for delivery by the local authority midwife and then returned as early as possible to their homes for post-natal nursing. This year the number of mothers delivered in these two hospitals under this scheme rose from some 120 in 1969 to 241 in 1970. The teaching domiciliary midwives, when taking patients into hospital, are usually accompanied by a pupil midwife, who is then able to observe the patient throughout her labour. This has the advantage for the mother of receiving constant attention throughout her labour and for the pupil of being able continually to observe the progress of labour, which is a very important part of midwifery training.

In June 1970, arrangements were made for a similar scheme to start at Kingsbury Maternity Hospital and, by September, all the domiciliary midwives had attended the hospital for three days in order to familiarise themselves with the labour wards and the midwifery techniques used within the hospital. A good liaison scheme was built up with the nursing staff at the hospital, which operates in the Charing Cross group but it was not possible to obtain permission to start the scheme from the controlling authority and, with regret, the scheme was abandoned.

Training

The Borough continued to assist with the training of pupil midwives and accepted pupils from Edgware General and Bushey Maternity Hospitals for their three months district training in preparation for Part II of the examination of the Central Midwives Board. Each pupil works with a midwife, who is a trained teacher and who supervises her domiciliary training. A total of 29 pupils received practical instruction on the district and, as a stimulus to interest, had lectures on various aspects of the local health authority's services, together with visits of interest to the Colne Valley Waterworks, a dairy, an ambulance station and a County Court.

Post Certificate Training

Three domiciliary midwives successfully undertook the G.1 training course as required by the Central Midwives Board.

Integration

In order to enhance the good working relationships between the domiciliary midwives and the staffs of the various hospitals, arrangements were made for the midwives to attend the hospitals for lectures and

demonstrations. The midwives found these visits both interesting and informative. The hospital midwifery sisters had reciprocal visits to the district and evidently found the practice of domiciliary midwifery a stimulating experience.

Screening for Phenylketonuria

From the 1st October, 1969 the phenistix method of testing for phenylketonuria was replaced by the more reliable Guthrie blood test, which estimates the level of phenylalanine in the blood. This test is carried out between the sixth and fourteenth day after birth. Hospital authorities are responsible for collecting blood from infants born in hospital and not discharged on or before the sixth day. Domiciliary midwives collect blood from infants born in hospital and discharged on or before the sixth day and also from those born at home.

Notification of intention to practice

Nineteen midwives notified their intention to practice within the Borough as is required under the rules of the Central Midwives Board.

Health Visiting

Establishment

The total health visiting establishment at 31st December, 1970, was as follows:-

Superintendent Health Visitor				
Deputy Superintendent Health Visitor				
Group Advisors	..	..	..	3
Fieldwork Instructors	..	..	..	5
Health Visitors	..	..	..	22
Clinic Nurses	..	..	..	9

Liaison with General Practitioners and full Attachment to Group Practices

Liaison with group practices has continued and proved to be most helpful and beneficial for the patients of the practices concerned. Liaison is based on a working arrangement between general practitioners and health visitors, who attend the practices once a week, for discussions, which are followed by visits to patients, as necessary.

Follow up work has widened the type of visit of the health visitor. She has been involved with marital problems, teenage problems, menopausal problems, early mental depressions and geriatric visits. This is changing the function of the health visitor to cover a wider range of visits to all members of the family who would benefit by the health visitor's supporting visit.

Liaison arrangements take place in Edgware, North Harrow, South Harrow, Wealdstone and Kenton.

Two pilot schemes of full group attachment have been started in 1970. Observations by health visitors on such attachment schemes include the following:-

District referrals from general practice are obviously more effective as help can be given much more quickly and in a variety of ways.

The health visitor will, through her personal knowledge and experience of Local Authority Services, use these to the full.

The benefit to the individual patient is permanent. The health visitor feels that the service to other individuals, who are not known to the general practice because of apparent good health or lack of obvious social, emotional or psychological crises or inadequacies, do in fact miss possible help. These are the families that the health visitor involved in the preventative work in a geographical area will normally be seeing from time to time arising from routine visiting. Routine visiting to all the patients in a group practice would be desirable but is an impossible task. The general practitioner receives some help with pressing problems. The health visitor is able to gain more knowledge about the individual from medical records.

Another group practice reports that the presence of the health visitor at ante-natal and post-natal sessions is a great advantage, also the link of the health visitor with immunisation programmes and the computer system appears to show better results with a full attachment of a health visitor in the group practice. The attendance for hearing tests in the group practice is 80-100%. Routine audiometric tests for children with frequent otitis media are arranged to the benefit of the patients. Visits to school children have been increased in the group practice, also the middle aged and elderly. The health visitor feels there is more job satisfaction in her new role and a better service to the community.

Preparation for Confinement

Mothercraft and relaxation classes continue to be given in all clinics by the health visitors and 8-9 classes are given to expectant mothers during their later weeks of pregnancy in preparation for the confinement. Full instructions are given to the expectant mothers in the skill of baby management, different stages of labour analgesia, diet, immunisation, etc. The physical and emotional changes in pregnancy are discussed. Film evenings are arranged in four 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 evenings have been arranged with films for the expectant mother and her husband during 1970.

Fathercraft classes were arranged in two clinics as in previous years. Three lectures were given during a short course in preparation for the new duties of the husband in the management of a small baby. The classes have proved to give practical support to young mothers and prepare husbands for possible emergencies in the home.

Liaison Schemes with Local Hospitals

A health visitor has continued to attend the paediatric clinic at Edgware General Hospital. She informs the health visitors concerned of any difficulties in the progress of patients in the care of the hospital. Many "At Risk" babies are followed up at the paediatric clinic after discharge from the hospital. The liaison health visitor visits the maternity ward weekly; she also visits the paediatric wards and attends a case conference weekly with the paediatrician, psychiatrist, social worker, ward sister and teacher to discuss special cases at present in the care of the hospital.

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

The liaison scheme with the geriatric unit at Edgware General Hospital has continued. This personal contact has meant that information could be easily and quickly transmitted from hospital to other health visitor colleagues, and vice versa.

The liaison health visitor has joined the geriatric team on several occasions, when they have been asked to speak about the problems of the aged to lay and professional groups, both locally and further afield.

The liaison scheme with Kingsbury Maternity Hospital has continued for a further year. Two Health Visitors attend for a series of four weeks at the paediatric out-patient clinic held by Dr. Barrie from the Charing Cross Hospital group.

Discussions take place in conjunction with the clinic between medical students, health visitors and pupil midwives.

Valuable information can be exchanged between the specialist and the health visitor, both being involved with the same patients and in turn this information is passed on to other health visitors and clinic doctors.

A rota system allowing all health visitors to attend, makes it possible to keep in touch with new teaching methods, new drugs and new hospital techniques. In October 1970, a health visitor was invited to attend the paediatric follow up clinic as a permanent member of the clinic team as an additional advisor to all the mothers at this clinic. The aim has been to narrow the gap between hospitals and home and to assist and support mothers with the problems associated with their new infants and with the assistance of the medical nursing and clerical staff in the hospital, the scheme is developing successfully.

This working relationship and personal contact between hospitals and health departments is a most useful one for both sides and a better service to the patients can be given with such a link.

Study days arranged by the Edgware General Hospital with the geriatric departments nursing sisters and study days arranged by the Hospital tutors have been attended by health visitors and found to be instructive and enjoyable.

Study days at Mount Vernon Hospital have also been attended by some representatives from the Harrow health visiting and nursing staff. Meetings between the Principal Tutor and senior health visiting staff have taken place to discuss the needs of student nurses and their programmes in the community health field.

Mothers Clubs

Three mothers clubs have continued during 1970, the eldest being the one at Kenmore Clinic. Northolt Road Clinic's mothers club is a most active group of mothers and runs under the supervision of a health visitor. This club has an attendance of 20-30 mothers at each meeting. Programmes are arranged by the mothers and organised by their own committees.

The third mothers club at Caryl Thomas Clinic has proved to be most popular and well attended. The mothers have arranged interesting programmes under the guidance of a health visitor. Very artistic posters advertising the club meetings and the central position of the clinic has helped to attract a large number of interested young mothers to this social function.

Discussion Groups

Discussion groups with a psychiatrist have continued for the greater part of the year. Informal seminars have been arranged in groups of 6-8 health visitors 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 helpful. Special attention has been given to support patients following bereavement; the special need for understanding of this type of support has been brought to light by the staff members in follow up work of the elderly following the loss of a partner over the age of 65 years.

During 1970, notified deaths of 1,056 people over the age of 65 were referred for follow up visits, of these, 69 had already been known to health visitors. Out of 732 households visited, 441 had elderly relatives or friends left; of these 159 were kept on record for further visiting. There was no access to 324 households.

Health Education in Schools

An extensive programme of health education topics was conducted by the health visitors in the junior and senior schools in the district. Films and visual aids were used in the teaching programme to illustrate the syllabus and health visitor students were given the opportunity to observe classes and prepare and give talks to the children.

During the year, the following schools participated:-

Cedar Junior School had a programme on general health and hygiene topics. Glebe Junior School had a series of talks to children aged 10-11 years and, in addition, a full discussion with all the parents concerning various aspects of sex education was part of the programme and proved to be most useful. Stag Lane Junior School received 16 sessions on health education during the year. Classes including lectures on home-making, health, personal hygiene, human relationships, family responsibilities, and also bringing in the dangers of smoking, infectious disease control and venereal disease in the community were given to about 300 pupils, boys and girls, at Blackwell Secondary School. A total of 80 girls, in the 13-14 year group, at Roxeth Manor Secondary School received a course of lectures spread over two terms during the year. At Whitefriars School, courses lasting six weeks were given to 11 year old pupils, and, in addition, 13 week courses were given to the 13 year old pupils, consisting of mixed classes of boys and girls. In all 110 teaching sessions were given at school. Chandos Senior School had a course of 12 sessions and in March 1970 health education classes were started at Shaftesbury School for educationally subnormal children, it being felt that these children needed special care and advice. A series of lectures were given to the girls at Harrow County School by the Deputy Superintendent Health Visitor. This was followed by discussions and some written work.

Evening lectures were given by the health visitors to groups of young people on various topics, such as, accident prevention, prophylactic medicine, child care, home nursing, infectious diseases and social services.

Other talks were arranged for mothers clubs, young wives groups and church organisations.

The Work with the Elderly

The health visitors are giving more time with the care of the elderly in the community. A register is maintained and the following statistics are of interest:

Old people on the register in 1970 under observation by the health visitor have increased from 784 in 1969 to 803 in 1970.

A total of 91 patients known to health visitors died during 1970.

Student Visits to the Area

During 1970, students from the Harrow Technical College taking a pre-nursing course attended one day a week for three weeks in small groups of five students to have an introduction to community health work in the London Borough of Harrow. They visited child health clinics, day nurseries and accompanied health visitors on some suitable home visits. An introductory lecture was given to the students in the Technical College before they started their observation visits and a written report was presented by all students in a seminar during their last session. The students and tutors found the experience most useful.

Student nurses from the Middlesex Hospital visited Harrow in January, April, July and October. A total of 24 nurses received this training to observe activities of community care, clinics for infants and toddlers, special hearing tests, home visits to mothers and babies, school children and senior citizens. The programme was followed up by a discussion at the hospital with their tutors and a senior representative from the health visiting team.

Similar programmes have been arranged for student nurses from the Edgware General Hospital and 39 students have visited the area in 1970. Senior pupils at Heathfield School, trainee medical social workers, student teachers, overseas senior nursing staff, senior pupils from Blackwell School, have visited the department, also health visitors from other parts of the country.

Training

Health visitors' training continues under the revised rules submitted by the Council for the Training of Health Visitors to the Minister in 1965 in accordance with Section 2 of the Health Visitors and Social Work Training Act 1962.

Harrow is responsible for the training of sponsored health visitor students and 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 health visiting training in the Local Authority under the supervision of a health visitor fieldwork instructor. In the third and fourth year, the same fieldwork instructor provides tuition for the student to give support and continuity of instruction. Meetings of tutors from various colleges for the training of health visitors and fieldwork instructors take place at regular intervals to discuss the progress of the students and to link theoretical and practical work. The fieldwork instructor submits written reports to the college of the progress of her students every term.

Harrow has taken part in the training of health visitors with three London training schools—Chiswick Polytechnic, North Western Polytechnic and the Royal College of Nursing. This has been the last training course of the Royal College of Nursing.

After completion of the theoretical training in the colleges and the written examination, three months supervised practical work is supported by the group advisors. Their final written report is evaluated as part of the practical examination.

Harrow has three group advisors, each one working in close liaison with one of the colleges. All group advisors have been trained in first line management and take responsibility in the introduction of the work of the health visitor appointments in the area. Each group advisor has a link with one-third of the geographical area of Harrow in a supporting role to all staff members. Regular meetings are arranged to discuss the problems in small groups.

One fieldwork instructor has been seconded for social work training in social administration for a two year course at the London School of Economics. A further fieldwork instructor has been trained to refill this post.

The training of fieldwork instructors is a period of six weeks with an examination and a certificate at the end of the training.

Refresher Courses

Health visitors attend refresher courses every five years to keep up-to-date with new trends in the work. During 1970, three health visitors attended refresher courses, one health visitor attended a health education course and one health visitor attended a geriatric course. All courses proved to be instructive and stimulating.

Clinic Nurses

All ten health clinics in Harrow have a state registered nurse attached to assist the health visitor team with clinic duties and allow the health visitor more time for her specialised work in the community. They are in charge of minor ailment sessions for school children, immunisation and toddlers clinics, cytology clinics, school hygiene inspections for head infestations, foot inspections, treatment of verruca, and routine medical examinations at school. Vision testing with the Keystone Telebinocular screener have been carried out by the clinic nurses. They have also assisted with routine visiting of the elderly under the supervision of the health visitor.

Home Nursing

Establishment

The total establishment of home nurses at 31st December 1970, was as follows:-

Superintendent
Deputy Superintendent
Home Nurses (whole-time equivalent) 26

Under the general direction of the patient's own medical practitioner, the home nursing staff continued to carry out nursing care in patients' homes during the year.

The table indicates a substantial increase in the amount of work undertaken by the nurses.

	1969	1970
(1) Total number of persons nursed during the year	2,041	2,265
(2) Number of persons under 5 years old at first visit	40	53
(3) Number of persons 65 years or over at first visit	1,437	1,613
(4) Total number of visits made during the year ..	66,848	74,365
(5) Number of visits of over one hour's duration ..	2,827	3,168
(6) New cases referred during the year	1,371	1,508

TYPE OF ILLNESS INVOLVING THE ABOVE VISITS

<i>Category</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical	535	1,493	2,028
Surgical	96	112	208
Infectious diseases	—	—	—
Tuberculosis	4	6	10
Maternal complication ..	—	19	19
TOTAL ..	635	1,630	2,265

A large number of the visits are solely for the bathing of patients, a task which can be carried out by less skilled staff working under the supervision of the home nurse. The number of auxiliary nurses employed to carry out these ancilliary duties was increased to three during the year.

The employment of two senior nurses at field level has worked very well and their first line management responsibilities included the day-to-day running of the service and the giving of support to more junior nurses.

Services for the Incontinent Patient

At the request of doctors and/or hospitals, incontinence pads and interlinings are supplied to patients, who require them and this service fulfills a very real need. An interesting feature of this service is the fact that the pads and interlinings are now being manufactured at the Adult Training Centre. This has many advantages in that modifications to the pads and interlinings, for example, degree of thickness, size and shape, etc., can now be easily arranged to suit individual patients' requirements. At

the same time, the trainees attending the Adult Training Centre have been provided with both a satisfying and worthwhile task. In addition to this service, the incontinent laundry service provided with the assistance of the Edgware Group of Hospitals helps with the problem of nursing the incontinent patient at home. The laundering of fouled laundry is always a tremendous problem and the help given by the Hospital Group in organising this service is very much appreciated.

Attachment to General Practice

Attachment to general practitioners which were started in 1967 are continuing to work well and during 1970 two more liaison schemes were started, making a total of 10.

Marie Curie Foundation—Day and Night Nursing Service

The Foundation nurses continue to provide a much appreciated day and night service, mainly confined to terminal cases of malignancy. The Department has had available the services of three Foundation nurses and 23 cases were nursed during 1970. These were all night nursings and provided the relatives with much needed relief and assistance.

Training

Seven students from the Integrated Nurse Training Course at Chiswick Polytechnic attended and undertook their practical district nurse training during the year.

The home nursing staff attended study days at Edgware General Hospital and also attended discussions with the students after they had made their visits on the districts. A total of 118 students from Edgware, Harrow and Middlesex Hospitals accompanied the district nurses during their home nursing visits.

Three of the home nursing staff attended a one weeks' course at the Chiswick Polytechnic on a day release basis on the subject to "The Teaching of Pupils".

Vaccination and Immunisation

The following schedule of immunisation recommended by the Joint Committee on Vaccination and Immunisation as introduced in January 1968 was used during the year.

Diphtheria/Tetanus/Pertussis and oral Polio	1st dose at 3 months 2nd dose at 5 months 3rd dose at 9 months
Measles	13 months
Smallpox vaccination	15 months
Diphtheria/Tetanus and oral Polio	4½ years
Smallpox re-vaccination	5 years

In July, authorisation was received from the Department of Health and Social Security for vaccination against rubella to be offered to all girls between their 11th and 14th birthdays, priority being given initially to girls in their 14th year, the purpose of the campaign being to ensure that girls are offered protection against rubella before child-bearing age because of the known association between the development of foetal abnormalities and rubella infection in pregnancy.

Management of vaccination and immunisation procedures by computer was introduced during 1967 and continued to work well during the year.

The following tables show the numbers of children under sixteen who completed vaccination or immunisation during 1970. The figures compare favourably with those for 1969.

Vaccination against smallpox during 1970

	<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>	
Smallpox					
Primary vaccination ..	42	1,724	229	147	2,142
Re-vaccination ..	—	—	19	501	520

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

	<i>Year of birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1970	1969	1968	1967	1963- 1966		
Diphtheria							
Primary course ..	343	2,027	204	48	22	23	2,667
Reinforcing dose ..	—	21	158	111	2,235	114	2,639
Whooping Cough							
Primary course ..	337	1,994	199	46	14	5	2,595
Reinforcing dose ..	—	20	149	102	420	35	726
Tetanus							
Primary course ..	343	2,027	204	49	25	195	2,843
Reinforcing dose ..	—	21	159	113	2,262	312	2,867
Poliomyelitis							
Primary course ..	319	1,973	223	47	17	29	2,608
Reinforcing dose ..	—	31	125	102	2,164	159	2,581
Measles	7	1,136	686	253	471	159	2,712

Prevention of Illness, Care and After Care

Chiropody

The chiropody service is available for elderly persons, handicapped persons, expectant and nursing mothers, and school children but in point of fact is almost exclusively used by elderly persons.

A total of 53 sessions per week are held in various clinics throughout the Borough and, in addition, as was reported in 1969, it was decided because the number of cases requiring domiciliary treatment had increased, to extend the Council's direct service to include domiciliary work, leaving the British Red Cross to continue with their present caseload. In February 1970, a further change was made when the British Red Cross Society's domiciliary work was discontinued and the grant money diverted to the Council's direct service. This entailed increasing the establishment by a further post of chiropodist to give a better yield in terms of number of treatments provided for a given expenditure. Accordingly, by the beginning of July 1970, the domiciliary service was run exclusively by the Borough, all cases formerly treated by the British Red Cross being handed over as from that date.

At the end of the year, a further survey was made of the service, which found that a new patient had to wait an average of 8 weeks before the first treatment. The average interval between each treatment was about 9 weeks, which in point of fact should not exceed 6-7 weeks. New applications were being received for treatment at the average rate of 20 per week. The demand for the service continued to increase steadily and, in order to meet this demand, a further two chiropodists were included in the establishment as from 1st April 1971. This will give an establishment of one Chief Chiropodist and 7 Chiropodists.

Details of attendances for the year 1970:-

<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	719	2,108	11,071	13,898
Physically handicapped ..	2	15	65	82
Expectant and nursing mothers	9	3	24	36
School children	84	17	428	529
Others	7	6	23	36
Total number of treatments	..	..	14,581	
Number of sessions	..	..	2,141	

During the year, 1970, the local branch of the British Red Cross Society carried out 531 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.

Eighty-six applications were received. Suitable holidays were arranged for 3 school children and 59 adults.

In the case of 20 adults and 4 school children the arrangements were cancelled at the patient's request.

The school children were recommended under Section 48 of the Education Act 1944.

Cervical Cytology

Sessions were held at the Caryl Thomas Clinic on Wednesday and Thursday mornings, five sessions a fortnight, and the women were seen by appointment. Encouragement is given by medical and nursing staff and by the help of leaflets. Due to the growing demand for the service, a further session was started towards the end of the year on alternate Friday mornings, increasing the number of sessions to six a fortnight. No woman is refused a smear test but the majority of women, who attend are over 25 years of age. A routine medical examination is made to include the breast, abdomen, pelvis and urine, and individual problems are discussed. 1,469 patients were examined during the year with one positive case only in 1970.

Resulting from encouragement from the Post Master General, the Harrow Post Office and the Harrow Telephone Exchange asked for facilities for their women employees to be given a smear test. The test was offered to these women and there was a good response. They were absorbed into the ordinary cervical cytology sessions.

Messrs. Kodak asked for a separate session for their employees but it was not found possible to provide an extra doctor session and many employees have been given appointments to attend the routine sessions already held.

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 ... 1,117

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 2,107 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

The Occupational Therapist based at the Chest Clinic works in close co-operation with the Clinic's Medical Staff, Medical Social Worker and Health Visitors. Her duties include home visits to long-term home-bound patients as well as terminal cases, and running a weekly class in the Clinic for those patients fit enough to attend. A new venture this year was a trip to Windsor by car which was greatly enjoyed by everyone.

B.C.G. VACCINATION

Part of the routine measures to prevent the spread of tuberculosis is the offer of B.C.G. vaccination to susceptible contacts of actual cases. The susceptible contacts are identified by means of a simple skin test, which indicates whether the additional protection of vaccination is required. During the year, 722 contacts of actual cases were tested and vaccination offered and accepted by 225 individuals.

Advisory Clinics for the Elderly

Weekly advisory clinics for the elderly continued during the year with sessions at Broadway Clinic, Wealdstone; Tenby Road Clinic, Edgware and Kenmore Road Clinic, Kenton.

These clinics offer advice on personal problems, diet, accident prevention and social welfare. Any person found, on examination, to have a condition requiring further investigation or treatment is referred with a letter to his own medical practitioner.

Referrals to the clinics come from health visitors, social workers, chiropodists, and the organisers of the various clubs for the elderly held throughout the Borough. Transport to the clinic is arranged by voluntary services and referrals from the clinic are made to other services including chiropody, home help, home nursing and meals-on-wheels.

During the year 67 new cases were seen. The total on the register was 202 and a total of 426 visits were made during the year.

Intermittent Haemodialysis in the Home

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. Hospital authorities provide and maintain the 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. Adaptations required in the home preparatory to the installation of the dialysis machine can be carried out by the local authority under Section 12 of the Health Services and Public Health Act, 1968.

During the year adaptations were carried out in one house in the Borough prior to the installation of home renal dialysis equipment.

Venereal Disease

Responsibility for the treatment of venereal disease is vested in the Regional Hospital Boards. Facilities are made available at various hospitals in the region. Patients from the Borough tend to use the clinics provided at the Central Middlesex and Hillingdon Hospitals although some make use of treatment facilities provided by London teaching hospitals.

The special services medical social worker shared with the Borough of Brent continued to assist in the follow-up of defaulters in treatment at Central Middlesex Hospital and, in addition, was also concerned with contact tracing and assisting patients with their social problems.

The subject of venereal disease has always been included as part of the health education programme offered to secondary school children in the Borough. However, in view of the general tendency to an increased incidence of sexually transmitted disease, special efforts were made by the Health Education Officer and the health visiting staff during the year to expand these health and hygiene lectures to schools. The subject of venereal diseases is not treated in isolation but is incorporated as part of a general course on personal health and human relationships.

Home Help Service

This service was again heavily committed during the year providing assistance in the home for a total of 1,791 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.

During the course of the year, it became evident that a large number of cases were only receiving partial help and yet the demand for the service still continued to grow. Partial help is really inadequate for people living alone and, as a result, a report was submitted to the Council advising about the situation, which had developed. As a result, it was agreed that a further 20 full-time home helps would be provided for the service from the 1st April 1971. This will give a labour force of the equivalent of 120 home helps, which is 0.57 per thousand of population.

Assistance was given as follows during the year:-

Maternity cases	..	..	..	178
Acute illness	..	..	..	274
Chronic sick and Tuberculosis	..	..	..	159
Mentally disordered	..	..	..	28
Aged and infirm	..	..	..	1,152
				<hr/>
TOTAL	..	..	..	1,791
				<hr/>

The problems associated with supervising a labour force ultimately approaching 200 helps, assessing and reviewing every case for need, and generally planning the weekly programme involving as it frequently does, daily and even hourly changes are extremely complex and it is with much pleasure that I acknowledge the exemplary way in which the Organiser and her staff cope with these various tasks.

Neighbourly Help Scheme

During the year, fourteen neighbourly helps were engaged to provide assistance to fourteen cases. In these cases the aid of a friendly neighbour is enlisted to keep a watchful eye and at the same time carry out a certain amount of helpful tasks in the home of an elderly or chronically disabled person. Arrangements are usually made for the help to call several times a day for short periods, helping out by lighting fires, preparing a meal, doing some shopping or some other household chore, but most important of all, keeping in contact with the patient. This scheme works well and neighbours are sometimes more willing to do this work for a person they know rather than join the general home help service. On the other hand, the old person concerned usually knows the neighbour quite well and thus an amicable liaison is more easily established.

HEALTH EDUCATION

Children are a priority target for Health Education and healthy habits inculcated at an early age can set a life long pattern. Courses and classes by Health Department personnel are therefore available on request from head-teachers and an increasing amount of time is being spent in this field. An example is a course on personal health to 11 year olds in primary schools, which with the earliest onset of puberty, incorporates the physical changes which will occur in the next two years of their lives, including the reproductive system. This is often referred to as sex education and it is unfortunate that, with some, this subject has become almost an emotive issue. In fact there is nothing new about formal sex instruction—as it has been quietly going on in our schools for some years, without too much fuss, and when in context is quite acceptable to the children, who show a lively and intelligent interest in the way their bodies work. Much of today's controversy has been due to the views of some ultra progressives and the production of some new visual aids, some good—some not so good. It must be stressed however, that a visual aid, such as a film, is only an aid, and the relationship built up between the speaker and class is still of prime importance. Experience has shown that those parents who have attended meetings on the subject are overwhelmingly in favour of their children receiving instruction.

HEALTH EDUCATION

Courses in their final years the problems of adolescence, human relationships and responsibilities, play a prominent role. The problem of venereal disease is discussed, and films on child birth are shown to both girls and boys—it is interesting that with the latter, the girls are far more sophisticated than the boys, some of whom do not always like what they see.

Having completed the cycle of all schools over the last four years, the annual Dental Health Campaign was concentrated on new school entrants starting since that time. There is no doubt that this campaign, involving such audience participation, has a considerable impact. All infants receive a dental hygiene pack consisting of a toothbrush, toothpaste and beaker, together with an apple as an encouragement, and most important, a letter to their parents asking them to continue the teaching within the home.

Talks were also given on smoking and health at secondary schools which should perhaps be extended to primary schools, as even at 12 years old some boys (and girls) are regular smokers. Again the questions asked indicate much interest and the younger age groups are most receptive, as opposed to some 15-16 year olds, perhaps already addicted, who are far more cynical and would seek an excuse to reject the evidence. Publicity was also given to the national campaign against smoking, sponsored by the Health Education Council. Anti smoking clinics are a possibility as there are some smokers who do accept the evidence, but

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need some form of stimulus and support—experience has shown that this form of therapy can help a minority but that the final decision still rests with the individual.

With new legislation pending, the major exhibition mounted this year featured the Community Health Services, which represented the Department at the Youth Delegate Conference in March and the Harrow Show in August. The theme could be called "From the Cradle to the Grave" and there are very few families who do not, at some time, have contact with one or more sections of the Department. In fact this contact precedes the cradle, as the health visitors carried out a continuous programme of health education for expectant mothers in respect of antenatal instruction and relaxation classes. The husbands are not excluded and 14 film evenings on child birth were arranged for expectant mothers accompanied by their husbands, who often contributed much to the discussion which follows the film. Mothercraft and Infant Welfare also form part of these courses and the modern mother should be far better informed and prepared than earlier generations.

The lecture and conference room at Hanover House is put to good use in respect of the professional meetings and in-service training by all sections of the department, and groups such as pupil midwives attached for practical training. It is also used as a projection room to assess films and other material relevant to health education.

The Council continued to be represented on the Greater London Home Safety Council which is the link between local authorities and the National Home Safety Council of R.O.S.P.A. Home accident fatalities are still running far too high but there is one field in which there has been a spectacular reduction in the number of accidents i.e. fireworks, which were the subject of a press release. R.O.S.P.A. has long campaigned against the dangers and indiscriminate sale of fireworks but it took a "horror" documentary on television to achieve any major impact. One is told that education by fear is bad, but in this case it appeared to be effective.

The comprehensive talks programme is available by speakers from all sections of the department on any aspect of their work. These can be arranged during the day or evening for any section of the community ranging from schools to pensioners. Courses can also be arranged for senior scouts and Duke of Edinburgh Award candidates for whom the Health Education Officer is often the examiner in respect of home safety. Women's clubs receive talks on food hygiene and there is no doubt that these talks, apart from being educational, are a useful form of public relations: an informed public are far more likely to make maximum use of the services available; an essential contribution if the health service is to achieve its aim.

MENTAL HEALTH SERVICES

Establishment

Principal Medical Officer

Principal Officer for Social Work (Mental Health and Welfare Services)

Deputy for Mental Health Services

Mental Welfare Officers — 9

Mental Health Social Workers — 2

Trained Mental Welfare Officers — 2

The development of comprehensive community services for the mentally disordered continued during 1970. Two establishments—a purpose built adult training centre and a purpose built day centre, both of which reached practical completion stage in November, 1969, opened for the reception of suitable persons in January, 1970. The total number of mentally disordered patients under care at the end of the year was 1,113 (655 mentally ill and 458 mentally handicapped) and the total number of referrals from all sources during the year was 1,436. These figures are increasing each year and a constant importance of ensuring that sufficient facilities and resources are available in the community so that the mentally disordered can receive care and support to enable them to lead full, stable and

MENTAL HEALTH SERVICES

While close collaboration is maintained with Stanley Psychiatric Hospital, with the opening of Northwick Park Hospital—the new district hospital for the area—and the appointment of a Consultant Psychiatrist there, discussions were held during the year as to the ways of improving liaison and enhancing the community after-care services provided by this Authority, and as a result early in 1971 the Consultant Psychiatrist is to be engaged for one session per week for case work discussion with the social workers in Harrow.

Community Care—Mental Illness

The number of referrals from all sources during 1970 totalled 964.—See Table IV. The number of patients actually under care at the end of the year was 655 (276 men and 379 women)—See Table I. Of these 11 (6 men and 5 women) were addicted to drugs, 2 of whom are registered as being heroin addicts. 16 (9 men and 7 women) were suffering from alcoholism. Table III gives details of the number of cases dealt with by the social workers during the year.

The field work in preventive care and after care of those persons requiring help in the Borough continues to be carried out by the Principal Medical Officer, the Principal Officer for Social Work, the Deputy for Mental Health Services and a team of Social Workers, i.e. Mental Welfare Officers.

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Mental Health Social Workers — 2

Trainee Mental Welfare Officers — 2

The development of comprehensive community services for the mentally disordered continued during 1970. Two establishments—a purpose built adult training centre and a purpose built day centre, both of which reached practical completion stage in November, 1969, opened for the reception of suitable persons in January, 1970. The total number of mentally disordered patients under care at the end of the year was 1,113 (655 mentally ill and 458 mentally handicapped) and the total number of referrals from all sources during the year was 1,036. These figures are increasing each year and are indicative of the importance of ensuring that sufficient facilities and resources are available in the community so that the mentally disordered receive all possible care and support to enable them to lead full, stable and useful lives.

Whilst close collaboration continues to be maintained with Shenley Psychiatric Hospital, with the opening of Northwick Park Hospital—the new district hospital for the area—and the appointment of a Consultant Psychiatrist there, discussions were held during the year as to the ways of improving liaison and enhancing the community after-care services provided by this Authority, and as a result early in 1971 the Consultant Psychiatrist is to be engaged for one session per week for case work discussion with the social workers in Harrow.

Community Care—Mental Illness

The number of referrals from all sources during 1970 totalled 964.—See Table IV. The number of patients actually under care at the end of the year was 655 (276 men and 379 women)—See Table I. Of these 11 (6 men and 5 women) were addicted to drugs, 2 of whom are registered as being heroin addicts. 16 (9 men and 7 women) were suffering from alcoholism. Table III gives details of the number of cases dealt with by the social workers during the year.

The field work in preventive care and after care of those persons requiring help in the Borough continues to be carried out by the Principal Medical Officer, the Principal Officer for Social Work, the Deputy for Mental Health Services and a team of Social Workers, i.e. Mental Welfare Officers.

The Mental Welfare Officers, in addition to their statutory duties under the Mental Health Act and arranging informal admissions to hospitals, also pay supportive visits to those discharged from Hospital and help patients to re-adjust to life in the community. To this end, close collaboration is maintained with the local catchment hospital, general practitioners, local branch of Department of Health and Social Security, and also all other social work agencies. A 24 hour service is maintained at all times and the officers "on call" out of office hours, including weekends and bank holidays can be contacted via the duty telephonist at Harrow Hospital.

The psychiatric out-patient clinic 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, as do mental welfare officers from this Authority.

Hostels

TANGLEWOOD HOSTEL—During the year 32 patients (16 men and 16 women) were admitted to this hostel which is a large converted house with extensive grounds and provides accommodation for 27 patients.

During the same period 34 patients (16 men and 18 women) were discharged. Of these 23, returned to hospital. 7 returned home and 4 went to other accommodation. At the end of the year there were 24 patients (11 men and 13 women) in residence.

Of the 32 patients referred for admission, 23 came from Shenley Hospital, 4 from mental welfare officers and 5 were referred from other sources.

Patients accepted for the hostel must generally be capable of working in the community and they are assessed to pay a weekly contribution towards their maintenance according to their earnings.

Frequent discussions, both formal and informal, continue to take place between the medical and social work staff of both Shenley Hospital and this Authority regarding patient's problems and future placement.

The residents had a number of outings arranged for them during the year and on each occasion were accompanied by staff from the hostel and some of the mental welfare officers.

Approximately 40 visitors were shown over the premises during the year.

Non Maintained Hostels

During 1970, 5 patients were placed in hostels run by voluntary associations as it was felt this would be in their best interests. At the end of the year there were 5 patients (1 man and 4 women) 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, 9.00 a.m.—5.00 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 7½p. which covers the cost of providing a mid-day meal. Referrals are received from general practitioners, hospitals and various social work agencies.

Because it has been necessary to carry out extensive building alterations to this establishment in order to provide an access road to the newly opened Day Centre for the Younger Mentally Ill which lies at the rear, this Centre now provides accommodation for up to 50 patients at any one time.

During 1970, 58 patients (12 men and 46 women) were referred for admission. Of these 21 (5 men and 16 women) were from general practitioners, 11 (2 men and 9 women) by mental hospitals, 8 (3 men and 5 women) by general hospitals and 17 (2 men and 15 women) by social workers and 1 woman from another source.

The number of patients discharged from the Centre during the year was 49 (13 men and 36 women). Of these 18 were admitted to mental hospitals, 3 to general hospitals, 3 to welfare homes, 3 improved or left the district and 16 refused to continue to attend. During the same period 6 patients (3 men and 3 women) died.

Of the number of patients accepted 3 were admitted from the London Borough of Brent.

At the end of the year there were 12 patients (3 men and 9 women) awaiting admission, 10 of these being from other Boroughs.

Some 155 visitors were shown over the Centre during the year.

Day Centre for the Younger Mentally Ill

This purpose built establishment which was erected in 1969 was opened for the reception of suitable patients on 5th January, 1970. It provides accommodation for 30 patients (both sexes) and caters for the needs of two main groups of patients—(a) On discharge from long stay in hospital and (b) Unemployed persons at home.

The Council's Department of Architecture and Planning designed the building which was erected at a gross cost of £28,060. This figure includes the cost of the alterations to the Day Centre for the Elderly and was officially opened by the Chairman of the Health and Welfare Com-

mittee on 14th June, 1970. The ceremony was followed by a successful chicken barbecue organised by the Harrow Association for Mental Health, with whom close links are maintained.

The Centre is opened Monday to Friday inclusive 9.00 a.m.—5 p.m. with the exception of Bank Holidays, and is the first stage towards rehabilitation and re-socialisation, thus encouraging patients towards resuming a full life in the community and to this end group activities are arranged.

The work of the Centre is of an occupational therapy nature and includes a kitchen as an aid in rehabilitating patients in household management. Close liaison is maintained with the local catchment hospital and a psychiatrist from the hospital takes a group therapy session at the Centre once a week, and at which the Supervisor of the Centre and one of this Authority's mental welfare officers also attend.

Many of the patients have progressed to employment, some through the assistance of the Disablement Re-settlement Officer whilst others have taken up part-time jobs while still continuing to attend the Centre. Since September 1970, six patients have been encouraged to embark on courses of further education to gain additional qualifications or develop specific skills. A number of outings have taken place, mainly to local factories and places of interest e.g. the Stock Exchange, St. Paul's, etc.

During 1970, 128 patients (36 men and 92 women) were referred for admission. Of these 38 (12 men and 26 women) were from mental hospitals, 67 (17 men and 50 women) from social workers, 18 (5 men and 13 women) from general practitioners, 3 women from general hospitals and 2 men from other sources.

The number of patients discharged from the Centre during the year was 61 (21 men and 40 women). Of these, 5 (2 men and 3 women) were admitted to mental hospitals, 2 women admitted to general hospitals 17 (8 men and 9 women) refused to continue to attend, 2 women improved or left the district, 3 women were transferred to other establishments, 1 patient died, 4 (1 man and 3 women) discharged for other reasons and 27 (10 men and 17 women) either resumed full or part-time employment.

The total number of patients on the register at the end of the year was 67 (15 men and 52 women) and there were 7 patients awaiting admission.

Some 158 visitors were shown over the Centre during the year.

Boarding Out Scheme

Under this scheme, suitable lodgings are found in the community for those persons who it is felt are capable of fending for themselves provided adequate social work support is given. Rents up to £6.6.0 per week

(even more in exceptional cases) are guaranteed and should a patient have to return to hospital for a period of treatment, provided the landlady concerned is prepared to accommodate the patient on discharge from hospital and also provided the patient concerned wishes to return to the same accommodation, the Authority pays a retaining fee of up to 50% of the rent for the period involved.

MENTAL NURSING HOMES—There is only one registered mental nursing home within the Borough which accommodates 56 patients. This was visited at periodic intervals during the year and found to be satisfactory.

Community Care—Mentally Handicapped

The total number of mentally handicapped patients under care in the community at the end of 1970 was 458 (252 males and 206 females). The number of cases referred for care during the year was 72 (45 males and 27 females). See Table IV.

Table III gives details of the number of home visits made by the social workers during the year. These figures are down somewhat from previous years due to two main factors—(a) difficulty was experienced for some 5 months in recruiting a suitably qualified social worker and (b) with the opening of this Authority's own adult training centre, social workers now regularly see the mentally handicapped placed there.

Close liaison is maintained with maternity and child welfare services with regard to all patients under five years, who continue to be visited by the health visitor after initial visits by the Principal Medical Officer and social worker.

Patients and their families are visited regularly in order that advice and assistance can be given with any problem that may arise. Social work support is also given to E.S.N. school leavers, e.g., assisting to find them suitable employment on leaving school. If they fail, however, to maintain employment then a period of training is offered at this Authority's Adult Training Centre in South Harrow.

Parents and relatives continue to find difficulty in obtaining the services of dentists in the community and practical help is therefore given by making appointments for patients to see the dental officer at Leavesden Hospital. 65 such appointments were made in 1970. With such medical and social work support, it is possible for many mentally handicapped patients of all ages to live and work in the community.

Eleven patients were admitted to hospital for permanent care during 1970, of this number, 2 were formal admissions.

At the end of the year there were 3 patients awaiting a permanent hospital vacancy and 2 of these cases were considered to be in urgent need

of admission. The total number of cases in hospital at the end of the year was 195 (105 male and 90 female), of these only 5 are considered suitable for eventual placement in a hostel in the community.

Temporary Care

To enable friends and relatives to go away on holiday and/or have some respite from their responsibilities, arrangements are made for mentally handicapped persons to receive short-term-care in either hospitals or private homes.

During 1970, 47 requests were received for such care, and of these, 31 patients were placed in hospitals and 16 in private homes or hostels.

Guardianship—Informal Foster Care

The policy of this Authority concerning Guardianship, is to avoid formal procedures and informal placements are, therefore, made whenever possible.

Patients who for one reason or another require residential care, are placed in homes run by voluntary societies, such as the Brighton Guardianship Society, private foster homes or hostels maintained by local health authorities.

There were 39 patients placed under informal foster care (20 males and 19 females) at 31st December, 1970.

Homes used by the Authority were visited during the year by the Principal Medical Officer (Mental Health) and found to be satisfactory.

Harrow Junior Training School

This purpose built school was first opened in November 1963 for mentally handicapped children between the ages of 2-16 years. There are 120 places and, at the end of the year, there were 96 on the register, including 9 from neighbouring boroughs. Some 126 visitors were shown around the school during the year.

The building consists of 3 classrooms, each of which is based on the educational ability of the children, not on their age. There is a nursery unit, an assessment unit and a special care unit for children, who suffer from both mental and physical handicaps and who need specialised care. In addition to these rooms, there is a domestic room for the teaching of simple domestic work, and a hall which, besides being the dining room for the older children, is well equipped with apparatus for physical exercises.



Her Majesty the Queen Mother signing the distinguished visitors book.

(Photo by Harrow Observer)



Her Majesty the Queen Mother unveiling the commemorative plaque.

(Photo by Harrow Observer)

The children are taught elementary 3R work, basic social training and simple sewing and cooking. Swimming lessons are also included in the curriculum. Coach transport is provided to take the children to and from the school during term times, which correspond with other schools in the area.

Opportunities are given for the parents to visit the school and discuss any problems they may have with the respective members of staff and also any other problems with the Principal Medical Officer and social workers concerned. Open days are held regularly and these are well supported by the parents.

The Ministry of Housing and Local Government Consent to Borrowing was received in November to the Special Care unit being extended and work on this project commenced on 30th December, 1970. When completed the unit will be able to cater for a further 12 children.

As from 1st April, 1971, in accordance with the Education (Handicapped Children) Act 1970, the Junior Training School will be transferred to the Director of Education's Department, and in this connection discussions were taking place with that Department at the end of the year to ensure that the transition may be smoothly effected.

Harrow Adult Training Centre

This purpose built establishment which was erected in 1969 opened for the reception of mentally handicapped persons on 5th January, 1970. It provides accommodation for 120 persons and is built on part of a 5 acre site acquired by the Council for the re-location of industry and is planned as part of a larger project for flatted factories and it is envisaged that eventually some of the industrial work activity on the estate, such as simple assembly work and finishing processes might be suitable for the trainees to do at the centre.

The Council's Department of Architecture and Planning designed the building which was erected at a gross cost of £136,000. It was officially opened on 25th March, 1970, by Her Majesty Queen Elizabeth the Queen Mother who after a tour of inspection signed the Distinguished Visitors Book and unveiled a commemorative plaque.

The building consists of two workshops, a carpentry shop, a concrete casting bay and a greenhouse. All the workshops are fully equipped for different skills, which are practised and the trainees are responsible for the cleanliness and tidiness of their own workshop but domestic staff are employed for the remainder of the building. There is also a domestic science unit, where simple domestic lessons are carried out and a physical education teacher is employed on a sessional basis to give P.E. classes. A chiropodist visits the centre in a voluntary capacity to attend to the trainees feet.

The activities that have been achieved by trainees who had previously attended the Junior Training School are not forgotten. They are given the opportunity to carry on with their 3R work, domestic training and social independence.

A single storey Pre-Vocational Unit is attached to the main building to provide trainees, who suffer from both mental and physical handicaps, with simple repetitive practices. This unit contains all the amenities to enable it to function as an independent section.

There is a system of monetary rewards in operation which is based on the trainees standard of behaviour, attendance and ability. This is to give them the incentive to improve at their particular skill and also in their social development. Some £2,700 was paid to the trainees during 1970. To enable them to have a better idea of money values, there is a small shop for the sale of drinks, sweets, etc., and mid-day meals are provided in the canteen and each trainee is responsible for collecting his own meal.

The Centre is registered under the Factories Act 1961 and in view of the fact that one of the requirements of this Act is that all trainees under the age of 18 have to be medically examined, one of the Department's Medical Officers is approved for the purposes of the Act. In addition all trainees over the age of 18 years of age are seen by the doctor from time to time.

At the end of December, there were 105 trainees on the register; 10 of these attended the Pre-Vocational Unit and 5 were from neighbouring boroughs.

Parents are invited to the Centre to discuss any problems with either members of the Centre staff, the Principal Medical Officer or the social worker concerned.

Over 1,265 visitors were shown around the Centre during the year.

Social Clubs

Under the leadership of the Borough's mental health staff, the Social Club for the Mentally Handicapped continues to be held each Monday evening in the Games Hut, at the rear of Tanglewood Hostel, Common Road, Stanmore.

Throughout the year, various outings and activities were arranged in addition to other club activities such as table tennis, dancing, snooker, darts, etc.

Transport is offered to members and they are conveyed to the club by minibus, supplemented by cars of voluntary helpers, relatives and friends.

The Gateway Club for E.S.N. school leavers continued to meet throughout the year at the Youth Centre, Grant Road, Wealdstone.

The Harrow Association for Mental Health have extended their activities by running a club on Thursday evenings for young people in the community who are mentally ill or find it difficult to mix with others socially. Young volunteers from the Borough help out at the Club and entertainment is given through a varied programme of events. This is in addition to the club run on Tuesday evenings catering for an older age-group. Both clubs are held at this Authority's Day Centre for the Younger Mentally Ill, 74A, Marlborough Hill, Wealdstone.

The Association proposes to start a Luncheon Club on Sundays at this Day Centre early in 1971.

Students

During the year 9 students from various universities, colleges and hospitals were received into the department for practical experience in the mental health field and also arrangements were made for some 150 other students—mainly nurses and health visitors—to see the various establishments.

Courses

One trainee social worker was seconded for a two year course at High Wycombe College of Technology to study for the National Certificate in Social Work.

TABLE I

Mentally Ill Patients under Local Authority care at 31st December, 1970.

	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, 1970	2	2	205	297	506	69	80	149
2. (a) Attending day training centre ..	—	—	16	54	70	18	39	57
Awaiting entry thereto ..	—	—	1	6	7	—	2	2
(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	—	—	7	13	20	—	—	—
Awaiting residence in L.H.A. home/hostel	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels	—	—	1	4	5	—	—	—
Resident at L.H.A. expense by boarding out in private household	—	—	—	—	—	—	—	—
Receiving home visits and not included (a) to (d)	2	2	180	220	404	51	39	90
3. No. of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.70:								
In urgent need of hospital care ..	—	—	—	—	—	1	4	5
Not in need of hospital care ..	—	—	1	2	3	1	9	10
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1970:								
To N.H.S. Hospitals	—	—	—	2	2	14	10	24
Elsewhere	—	—	—	—	—	—	—	—

TABLE II

**Mentally Handicapped Patients under Local Authority Care at
31st December, 1970**

	<i>Subnormal</i>					<i>Severely Subnormal</i>				
	<i>Under age 16</i>		<i>Over age 16</i>		<i>Total</i>	<i>Under age 16</i>		<i>Over age 16</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
1. Number of patients under care at 31st December, 1970 ..	43	26	109	91	269	54	48	46	41	189
2. (a) Attending day training Centre	21	14	24	28	87	34	34	25	17	110
Awaiting entry thereto ..	2	3	3	—	8	5	2	3	1	11
(b) Resident in a residential training centre	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein ..	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel	—	—	3	2	5	—	—	—	—	—
Awaiting residence in L.H.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels	2	1	4	8	15	4	—	2	3	9
Resident at L.H.A. expense by boarding out in private household	2	2	2	3	9	2	1	2	1	6
Receiving home visits and not included (a) to (d) ..	17	8	73	50	148	10	11	14	21	56
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.70:										
In urgent need of hospital care	—	—	—	—	—	—	2	—	—	2
Not in urgent need of hospital care	—	—	—	—	—	—	1	—	—	1
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1970:										
To N.H.S. Hospitals	—	—	4	1	5	6	11	6	3	26
Elsewhere	—	—	2	3	5	1	4	3	3	11

TABLE III

**Work of Mental Welfare Officers and Mental Health Social Workers
1st January—31st December, 1970**

(a) Mental Illness		
Visits made by mental welfare officers		7,886
Compulsory Admissions:	(a) Section 25	106
	(b) Section 26	9
	(c) Section 29	33
	(d) Section 60	1
	(e) Section 136	—
		<hr/> 149
	Informal Admissions	290
(b) Mentally Handicapped		
Visits to those under community care by mental welfare officers and mental health social workers		1,491
Compulsory Admissions:	(a) Section 60	2
	(b) Section 26	1
	(c) Section 136	1
		<hr/> 4
	Informal Admissions	12

TABLE IV

Number of Patients Referred During Year Ended 31st December, 1970

<i>Referred by</i>	<i>Mentally Ill</i>					<i>Mentally Handicapped</i>				
	<i>Under age 16</i>		<i>Age 16 and over</i>		<i>Total</i>	<i>Under age 16</i>		<i>Aged 16 and over</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
General Practitioners	1	—	139	270	410	1	—	—	—	1
Hospitals, on discharge from In-Patient treatment	—	—	22	14	36	—	2	1	1	4
Hospitals, after or during Out-Patient or day treatment ..	—	—	66	93	159	1	2	—	—	3
Local Education Authorities ..	—	—	—	—	—	8	3	6	—	17
Police and Courts	—	—	29	23	52	—	—	—	—	—
Other sources	—	—	124	183	307	16	9	12	10	47
TOTAL ..	1	—	380	583	964	26	16	19	11	72

WELFARE SERVICES

The staff establishment of the Welfare Section at 31st December, 1970 was as follows:-

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

It has been a year of little change although the demands for Welfare Services continued to increase as expected. Thousands of the Council's Booklet for the Elderly have been issued throughout the Borough over the past two years and this has brought the knowledge of services available to an ever increasing number of the general public. In addition the widespread publicity given to the Chronically Sick and Disabled Persons Act 1970 has also increased the dissemination of knowledge. It should be noted that with very few exceptions the Welfare Services required by the new Act are already being provided in the town under the permissive powers of the National Assistance Act 1948 and to the exceptions plans are already prepared to implement the requirements although it should be remembered that the Welfare Services must be decided in the light of resources available.

WELFARE SERVICES

The case load for social workers has therefore increased and although there has been difficulty in recruiting to fill vacancies every effort has been made to meet the demands of new referrals and maintain an efficient service.

Temporary Accommodation

During the period under review 33 applications were received from families requiring temporary accommodation. Of the many and varied causes of homelessness rent arrears and domestic disturbance produced the greatest number of applications. Close liaison over the years with the Council's Housing Manager, bailiff, etc. has enabled the social workers to receive early warning of families who are in difficulties resulting in possible eviction and by repeated visits, giving advice and assistance, eviction has been averted in many cases. The case load in this respect numbered 26 on 31st December, 1970 and in addition repeated visits were made to the 15 families already in temporary accommodation.

The following table gives details of the 33 applications received.

WELFARE SERVICES

The staff establishment of the Welfare Section at 31st December, 1970 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	10
Trainees	Work Centre Assistant	2

It has been a year of little change although the demands for Welfare Services continued to increase as expected. Thousands of the Council's Booklet for the Elderly have been issued throughout the Borough over the past two years and this has brought the knowledge of services available to an ever increasing number of the general public. In addition the widespread publicity given to the Chronically Sick and Disabled Persons Act 1970 has also increased the dissemination of knowledge. It should be noted that with very few exceptions the Welfare Services required by the new Act are already being provided in Harrow under the permissive powers of the National Assistance Act 1948. With regard to the exceptions plans are already prepared to implement the requirements although it should be remembered that the introduction of new services must be decided in the light of resources available.

The case load for social workers has therefore increased and although there has been difficulty in recruiting to fill vacancies every effort has been made to meet the demands of new referrals and maintain an efficient service.

Temporary Accommodation

During the period under review 83 applications were received from families requiring temporary accommodation. Of the many and varied causes of homelessness rent arrears and domestic dissension produced the greatest number of applications. Close liaison over the years with the Council's Housing Manager, bailiffs, etc. has enabled the social workers to receive early warning of families who are in difficulties resulting in possible eviction and by repeated visits, giving advice and assistance, eviction has been obviated in many cases. The case load in this respect numbered 26 on 31st December, 1970 and in addition repeated visits were made to the 15 families already in temporary accommodation.

The following table gives details of the 83 applications received.

Details of Applications for Temporary Accommodation

<i>Details of Cases Referred</i>	<i>No. of Families</i>	<i>Admitted to Temporary Accommodation</i>	<i>Children Accommodated by Children's Department Families</i>	<i>Advice</i>
Evicted by Court Order :				
Arrears of rent	22	8	1	14
Landlord requires possession	3	2	—	1
Landlord defaulted on mortgage	1	—	—	1
Service tenancy expired ..	3	1	1	1
Other reasons	14	1	—	13
Evicted Other than by Order of Court :				
Arrears of rent	2	2	—	—
Unauthorised occupants ..	1	—	—	1
Domestic dissension	18	2	2	14
Fire	2	1	—	1
Service contract ended ..	2	1	—	1
New to area	1	—	—	1
Other reasons	14	1	—	12
TOTALS ..	83	19	4	60

Welfare Services for the Handicapped

Due to the effect of increased publicity of the services available to handicapped persons it was envisaged that the number of persons on the register would increase and this proved to be the case. The number at the end of year was 1,057 which is an increase of 211 for the year.

The problems facing physically handicapped persons are numerous and varied and it is the Council's ultimate desire to provide services and assistance to enable them to be as independent as possible and lead a full and useful life. To achieve this aids of every description are issued, adaptations to homes carried out, and facilities made available for their social needs. During the year 559 aids were issued. These range from small items such as special cutlery to electrically operated hoists. Adaptations were provided in 72 handicapped persons homes.

For social activities the club for handicapped persons and the club for the younger handicapped persons were well attended and the British Red Cross weekly handcraft class is still very popular. In addition many of the handicapped persons attend the social activities provided by the various voluntary organisations in Harrow. The Education Department organises a choral class for handicapped persons and this continued to be well attended during the year. Transport still presents a problem which restricts the number able to attend social activities but it is anticipated that more vehicles will be available next year.

A total of 85 handicapped persons were provided with a holiday under the Council's scheme and thanks are due to the Shaftesbury Society and Maureens Oast House, whose holiday homes are specially adapted for the more severely handicapped persons and who were once again able to offer the Council vacancies. Block holidays were arranged in two private hotels for two separate parties, accompanied by Council social workers, and small parties were also accommodated in various other holiday homes. The success of these holidays is due in no small measure to the volunteer helpers who accompanied the various parties and gave invaluable assistance. The Council is grateful for their efforts.

Sopers Limited and Littlewoods Stores Limited kindly arranged to stay open after normal shopping hours once again this year and so provide an opportunity for handicapped persons to do their Christmas shopping in comfort, and the Council is once again indebted to the voluntary helpers who pushed wheelchairs and assisted generally.

The following table gives the details of the persons on the register on 31st December, 1970.

HANDICAPPED PERSONS
Numbers on Register on 31st December, 1970

		<i>Children under 16 years</i>	<i>Persons aged 16—64</i>	<i>Persons 65 and over</i>	<i>Totals</i>
Deaf with speech	Male	—	4	2	6
	Female	—	3	3	6
Deaf without speech	Male	—	10	1	11
	Female	—	8	2	10
Hard of Hearing	Male	—	4	6	10
	Female	—	7	9	16
General Classes	Male	12	180	164	356
	Female	11	231	400	642
TOTALS		23	447	587	1,057

Residential Homes and Care for the Aged

With the increasing publicity of services available the needs of the elderly are steadily increasing and while every effort is made to keep persons in their homes, by providing meals on wheels, home helps, home nurses etc. the demand for places in residential homes continues to increase. Plans for an additional residential home for 50 persons were finalised during the year and building work is expected to commence next year. This home is designed to cater also for 12 day residents which will relieve friends and relatives caring for the elderly and will provide bathing facilities, hairdressing and social contact.

During the year 1,268 referrals for all services were dealt with and of these 178 were considered to be in need of residential care. It was possible to admit 101 of these and in addition a further 33 were found accommodation in various voluntary organisation's homes and for whom the Council assumed financial responsibility.

In furthering the policy to keep elderly persons in their own homes and retain their usefulness to the community as long as possible, 128 short stay admissions were arranged. This provided much needed relief for relatives and friends caring for elderly persons in their homes. The demand for this service is greater than the places available and has been taken into account when planning future development programmes. Supporting services viz. home helps, home nurses, home visiting service, social clubs and work centres, all play their part in maintaining elderly in their homes who otherwise would need permanent residential care. It is worth mentioning here that the number of applications for residential care now received from men almost equals those received from women. Such a situation has not before been manifest and again the need for flexibility in the homes is vital to meet the changes in need.

Details of residential homes administered by the Council are given hereunder.

<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	65	Females
Coleshill House, Amersham ..	Non-designated	46	Females
Haydon Hill, Bushey ..	Designated	44	Males
Knightscote, 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
		439	

During the period under review all the Council residential homes were visited by the Fire Officer and recommendations for the prevention of fire and means of escape were accepted and implemented.

The social aspect and welfare of the residents is ensured by the Matrons' organising outings and social activities. In addition the Council employ a handcraft instructor to visit the homes and encourage the residents to take part in occupational therapy. This has been a successful venture and the quality of articles made has been encouraging.

Services for the Elderly

During the course of the year, the number of elderly persons on the register reached 605 which represents an increase of 30%. This does not of

course include the elderly who are registered for other reasons, such as physically handicapped and blind. It has been difficult for the social workers to absorb the increased case load but every effort was made to ensure that all new referrals were investigated and services provided as necessary.

As in previous years a holiday was arranged for 70 elderly persons at Cliftonville. Voluntary helpers accompanied the party and the success of the holiday is largely due to their efforts.

The 3 work rooms for the elderly are very popular and fully attended. There is a need to expand this service and the development programme includes the provision of an additional purpose built centre and more vehicles.

Suitable housing is a problem facing many elderly and handicapped persons. During the period under review 86 cases were investigated by social workers and with the co-operation of the Housing Manager many were re-housed in more suitable accommodation and the applications of others received the priority necessary to their needs.

Protection of Moveable Property

The Council is responsible under the National Assistance Act 1948 for the safeguarding of the personal property of persons admitted to hospital or residential homes. During the period under review no action was required under this section.

Welfare Services for the Blind and Partially Sighted

For the blind and partially sighted it was a year devoid of anything spectacular. The clubs and handcraft classes continued to be well attended and the high standard of craftsmanship was maintained. The wide range of articles they made, were exhibited at the annual sale of work which was very well attended and financially very successful.

By request a Braille and typing class was started which has proved to be worthwhile.

Once again a group holiday was arranged and, 64 blind persons were able to participate. Assisted holidays were also arranged for 26 persons.

Horticulture is a favourite pastime for many blind persons and many become quite proficient gardeners. To encourage this activity classes were once more held at Norwood Hall and transport was arranged for a group of Blind persons from Harrow to attend the course. Classes for the Deaf Blind, were continued with success, and the Harrow Blind Social Club which is self supporting and organized by its own members provides a very wide and interesting social programme. The Borough organises a weekly dancing class which is very popular and the Harrow Blind Club promotes dances during the year which are always well attended and illustrate the high degree of independence and mobility of blind people.

The following tables showing details of Blind and Partially-Sighted Persons on the register are self explanatory.

TABLE I
Registration of Blind Persons
Total Registrations and New Cases at year ending 31st December, 1970

<i>AGE</i> <i>at end of Year</i> <i>(Cols. 1-3) or at date</i> <i>date of registration</i> <i>(Cols. 4-6)</i>		<i>Blind persons registered</i> <i>at end of year</i>			<i>Blind persons registered as</i> <i>new cases (excluding re-</i> <i>certifications and transfers</i> <i>from other areas) during</i> <i>the year</i>		
		<i>Male</i> <i>(1)</i>	<i>Female</i> <i>(2)</i>	<i>Total</i> <i>(3)</i>	<i>Male</i> <i>(4)</i>	<i>Female</i> <i>(5)</i>	<i>Total</i> <i>(6)</i>
1	Under 1 ..	—	—	—	—	1	1
2	1	—	—	—	—	—	—
3	2	1	—	1	—	—	—
4	3	—	—	—	—	—	—
5	4	—	—	—	—	—	—
6	5-10	1	3	4	—	1	1
7	11-15	2	1	3	—	—	—
8	16-20	2	1	3	—	—	—
9	21-29	8	5	13	1	—	1
10	30-39	4	6	10	—	—	—
11	40-49	4	9	13	—	1	1
12	50-59	19	16	35	1	3	4
13	60-64	12	22	34	2	5	7
14	65-69	9	16	25	—	2	2
15	70-74	17	25	42	5	3	8
16	75-79	11	49	60	2	11	13
17	80-84	18	44	62	2	5	7
18	85-89	13	15	28	1	2	3
19	90 and over ..	7	28	35	—	8	8
20	Unknown ..	—	—	—	—	—	—
21	TOTAL ..	128	240	368	14	42	56

Movements during the year

Removed from Register .. 42 Added to Register 56

TABLE II

Registration of Partially-Sighted Persons

(New registrations during 1970 and total at end of year)

AGE at end of year (cols. 1-3) or at date of registration (cols. 4-6)		Partially sighted persons registered at end of year			Partially sighted persons registered as new cases (excluding recertifications and transfers from other areas) during the year		
		Male (1)	Female (2)	Total (3)	Male (4)	Female (5)	Total (6)
1	Under 1 ..	-	-	-	-	-	-
2	1 ..	-	-	-	-	-	-
3	2 ..	-	-	-	-	-	-
4	3 ..	-	-	-	-	-	-
5	4 ..	-	-	-	-	-	-
6	5-10 ..	5	1	6	2	-	2
7	11-15 ..	2	1	3	-	-	-
8	16-20 ..	2	4	6	-	-	-
9	21-29 ..	9	4	13	-	-	-
10	30-39 ..	3	4	7	-	1	1
11	40-49 ..	1	1	2	1	1	2
12	50-59 ..	3	5	8	1	1	2
13	60-64 ..	3	4	7	-	1	1
14	65-69 ..	1	1	2	-	-	-
15	70-74 ..	5	4	9	3	1	4
16	75-79 ..	3	3	6	3	-	3
17	80-84 ..	6	11	17	3	5	8
18	85-89 ..	2	8	10	1	-	1
19	90 and over ..	1	2	3	-	-	-
20	Unknown ..	-	-	-	-	-	-
21	TOTAL ..	46	53	99	14	10	24

Movements during the year

Removed from Register (including 8

transferred to Blind Register) .. 20

Added to P/S Register .. 27

Blind and Partially Sighted Persons

Under the provisions of the Council's scheme for welfare services for the blind and partially sighted it is necessary to arrange medical examinations in connection with the certification of such persons. The department arranged 80 examinations by consultant ophthalmologists during the year and transport was provided for persons as necessary.

Voluntary Services

The Harrow Old People's (Voluntary) Committee has a membership drawn from voluntary organisations interested in promoting the welfare of the elderly. The Committee, managing home visiting and meals services, receives a monetary grant from and reports to the Health and Welfare Committee of the Borough.

(i) 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.

(ii) Meals Service: (a) LUNCHEON CLUBS: (b) MEALS-ON-WHEELS SERVICE:

During the year, hot mid-day meals were served at six luncheon club centres in the Borough. The meals are cooked in a central kitchen and served in five halls; the Belmont and North Harrow Assembly Halls; the South Harrow Baptist Church Hall, Chapel Lane, Pinner; and Churchill Place, Wealdstone. At Tenby Road Assembly Hall, the meals are cooked and served on the premises.

In addition to supplying the luncheon clubs, the central kitchen prepares hot mid-day meals, which are served to housebound people in their own homes through the Meals-on-Wheels Service, which is staffed by members of the W.R.V.S. It was agreed that, from 1st October 1970, the Welfare Section of the Department would become responsible for this Meals-on-Wheels service, which was formerly administered by the W.R.V.S., whose members would however still drive the vehicles, collect and deliver the meals. This is a vital service and the Council is grateful for the invaluable assistance which the W.R.V.S. has given in the past and continue to provide. During the quarter ending 31st December 1970, 26,325 meals were prepared. At the end of the year, meals were being

provided for 202 Harrow residents and 44 persons were on the waiting list. Additional transport is needed to meet the increasing demands of this service and arrangements are on hand not only to provide another vehicle but increase kitchen capacities. Taking the two services together, approximately 114,470 meals were cooked and served during the year.

Inspection of Private and Voluntary Residential Accommodation

The Borough is responsible under the National Assistance Act 1948 for inspecting the private and voluntary establishments situated within the Harrow boundary. The following table gives details of the four voluntary and ten private homes in Harrow.

<i>Address</i>	<i>Telephone No.</i>	<i>Name of Owner</i>
Private		
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
Voluntary		
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 1970 was as follows:-

Children's Officer	2 Senior Child Care Officers
Deputy Children's Officer	5 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.

During the year plans have been put in hand to carry out the provisions of the Social Services Act 1970 and the Children & Young Persons Act 1969, both of which come into force on the 1st January 1971.

This legislation will strengthen the staff of the Department, and for this reason two additional child care officers were appointed to strengthen the staff. The staff has made it clear it is possible for a greater number of children to be advised and befriended, and it is hoped that this will reduce the likelihood of some family relationships breaking down, or children from these families, and others, coming before the Court.

As part of the increased preventive work being done with children who present problems in their own homes, group outings were arranged during the school summer holidays for a total of 50 children. The parents appreciated the support given them and next summer it is hoped that some of them may take an active part in some of the outings.

The number of children placed in the Borough for adoption, and subsequently adopted, has dropped by about one third, which appears to reflect the national trend.

The new Reception Home (Community Home) Haslam House was formerly handed over on the 20th January 1970, and the first child was admitted on the 16th March. The building which was officially opened by the Deputy Mayor on the 5th October, was fully staffed after difficulties by the end of the year and had admitted a total of 32 boys and 12 girls.

In the forthcoming year Haslam House will serve a dual purpose, functioning when necessary as a reception and assessment unit.

Bearing in mind the extent of the legislation coming into force in January 1971, close contact has been maintained with the Probation Department which has resulted in a certain number of children being

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During the year plans have been put in hand to carry out the provisions of the Social Services Act 1970 and the Children & Young Persons Act 1969, both of which come into force on the 1st January 1971.

This legislation will greatly extend the work of the Department, and for this reason two additional male child care officers were appointed to strengthen the staff. This increase in child care staff has made it possible for a greater number of families "at risk" to be advised and befriended, and it is hoped that this will reduce the likelihood of some family relationships breaking down, or children from these families, and others, coming before the Court.

As part of the increased preventive work being done with children who present problems in their own homes, group outings were arranged during the school summer holidays for a total of 60 children. The parents appreciated the support given them and next summer it is hoped that some of them may take an active part in some of the outings.

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Bearing in mind the extent of the legislation coming into force in January 1971, close contact has been maintained with the Probation Department which has resulted in a certain number of children being

dealt with by the Children's Department, when their supervision would otherwise have been commenced by the Probation Department and transferred to the local authority at a later date.

Similarly, close contact has been kept with the Principals of Approved Schools, which have been making a great number of changes in preparation for 1st January 1971 when Approved School orders will be abolished, and those children or young persons in Approved Schools, or on licence, will automatically become the subject of Care Orders to the local authority.

The weekly sessions held at the Department with the Social Psychiatrist are being continued and have proved of great value, 35 parents attended during the year for advice and guidance.

Foster parents have continued to give loving and efficient care to the children, and have dealt with difficult teenagers with great understanding. Figures published by the Home Office in December showed that the number of children boarded out in Harrow compared to other authorities remains high and was approximately 54%.

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

Statistics for the Period 1st January to 31st December, 1970

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

Children in the care of Harrow on 1st January, 1970	..	..	94
Children received into care during the period	..	..	145
Children committed to care during the period	..	..	6
Children who ceased to be in care during the period	..	..	162
Children in care on 31st December, 1970	..	..	83
Children in the care of other local authorities,			
Supervision Authority Harrow: During the period	..	..	13
On 31st December, 1970	..	..	8
Number of children concerning whom enquiries were made	..	..	649
Children for whom parents sought advice as being beyond control			35
Brought before the Court	..	..	—
Received into care	..	..	1

Reasons for Acceptance of Children into Care

No parent or guardian	..	..	..	..	..	..	1
Death of mother, father unable to cope	..	..	..	..	..	..	7
Deserted by mother, father unable to cope	..	..	..	..	..	..	7
Mother's confinement	..	..	..	..	..	..	9
Short term illness of mother	..	..	..	..	..	..	63
Long term illness of mother	..	..	..	..	..	..	2
Child illegitimate, mother unable to provide	..	..	..	..	..	..	4
Family homeless because of eviction	..	..	..	..	..	..	12
Family homeless through a cause other than eviction	..	..	..	..	..	..	11
Unsatisfactory home conditions	..	..	..	..	..	..	17
Fit Person Orders	..	..	..	..	..	..	6
Other reasons	..	..	..	..	..	..	12
Number of families involved: 86							151

Child & Young Persons Act, 1969—Child Protection

Children supervised during the period	76
Children supervised on 31st December 1970	..	..	..	..	25

Adoption Act, 1958

Children under supervision pending adoption during the period	..	..	..	61
Children under supervision pending adoption on 31st December 1970	..	..	..	12
Adoption Orders Granted during the period	..	..	..	54

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 1958, and the Nursing Homes Act 1953.

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

		Beds	Type of Care
Bermuda House, Mount Park, Harrow.	Mrs. A. M. Elphick } Mr. A. E. Elphick }	15	Medical or Chronic
Bowden House Clinic, London Road, Harrow-on-the-Hill	Bowden House Nursing Home Association Ltd.	47	Mental
Brookhurst Nursing Home, 1214 Hinder Road, Harrow	Mrs. M. A. Taylor	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	42	Medical or Chronic
Heywood Nursing Home, London Road, Sunbury	Mrs. M. Gynn	5	Surgical or Medical
Hilmore Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
St. Michael's Nursing Home, 21 Hinder Road, Harrow.		8	Medical or Chronic
Westwood Nursing Home, 22 Hinder Road, Harrow.	Mrs. D. M. Woodman	7	Medical or Chronic

GENERAL SERVICES

Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 355 of the Middlesex County Council Act 1944 as amended by the Local Law (North West London Boroughs) Order 1965, to obtain a licence from the District Council authorising them to do so. Before approving the licensing of any premises, the Council requires to be satisfied about the general suitability for the work to be carried out in it and also about the equipment. Those 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 25 establishments were licensed and at the end of the year the number licensed was 26, there being 2 deletions and 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. M. A. Taylor	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	42	Medical or Chronic
Heywood Nursing Home, London Road, Stanmore.	Mrs. M. Guyatt	5	Surgical or Medical
Hillmede Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. M. A. Taylor	8	Medical or Chronic
Westwood Nursing Home, 22 Hindes Road, Harrow.	Mrs. D. M. Woodman	7	Medical or Chronic

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At the beginning of the year 25 establishments were licensed and at the end of the year the number licensed was 26, there being 2 deletions and 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

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>
Commonwealth Countries:	
Caribbean	27
India	61
Pakistan	92
Other Asian	6
African	161
Other	17
Non Commonwealth Countries:	
European	84
Other	18
TOTAL	466

All addresses were visited and in 32 cases no knowledge of immigrants was known.

Medical Assessments and Examinations

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

Number of medical forms assessed	..	..	..	1,356
Number of medical examinations	..	..	..	52
Number of medical examinations—extensions of service				22
Number of medical examinations—heavy goods vehicle drivers	..	..	..	38
Number of medical examinations carried out for other authorities	..	..	..	17
Number of medical examinations carried out under Ministry of Education Circular 249/52:				
(a) Teachers first appointment	..	..	..	89
(b) Training College Entrants	..	..	..	196

INFECTIOUS
DISEASES

INFECTIOUS DISEASES

Disease	Under 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65+ yrs.	Sex Ratio	Total
Scarlet Fever	—	6	15	4	—	1	—	—	1	—	—	24
Diphtheria	—	—	1	—	—	—	—	—	—	—	—	1
Dysentery	1	2	2	2	—	1	—	—	1	—	—	7
Shigellosis (bacterial infection)	—	—	—	—	—	1	—	—	—	—	—	1
Gastroenteric (non-bacterial)	—	—	—	—	—	—	—	—	—	—	—	—
Poliovirus, Paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Poliovirus, Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—
Enterovirus infective	—	—	—	—	—	—	—	—	—	—	—	—
Measles	21	121	495	15	3	1	2	4	—	—	12	1080
Whooping Cough	3	5	2	—	1	—	—	—	—	—	—	11
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	2	1	—	4	2	4	4	2	—	—	24
Salmonella	—	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	—	1	2	2	2	2	2	2	2	1	—	21

It is pleasing to be able to report that 1970 was another year in which the Borough has remained free of serious infectious diseases.

INFECTIOUS DISEASES

During the year, there were two noteworthy features—firstly, the measles outbreak, which was the longest with the rest of the country and, secondly, a large number of cases of dysentery and food poisoning. With regard to the latter, whilst there are annual fluctuations in the number of notifications, it is regrettable to observe even a slight increase in conditions which could and should be eradicated by the general public themselves.

Measles

There were 1,080 cases of measles in 1970. This in itself was not abnormal but 1969 should have been the epidemic year and only 302 cases were reported. At that time, one had hoped that this unusually low incidence might have been due to the programme of measles vaccination. Had this been so it might have indicated that the eradication of the disease was imminent. However, the epidemic of 1970 showed that only the periodicity exhibited by the virus had been altered and that greater numbers of children must be protected before the community as a whole could benefit from vaccination. Unfortunately, far too many people think that measles is a harmless childhood infection, whereas it is of course a disease, which frequently leaves the patient with serious life-long disabilities and can even cause death.

Infective Jaundice

The returns for 1970 closely matched those of 1969, which was the first complete year during which infective jaundice was a notifiable

INFECTIOUS DISEASES

<i>Disease</i>	<i>Und. 1 yr.</i>	<i>1-4 yrs.</i>	<i>5-9 yrs.</i>	<i>10-14 yrs.</i>	<i>15-19 yrs.</i>	<i>20-24 yrs.</i>	<i>25-34 yrs.</i>	<i>35-44 yrs.</i>	<i>45-54 yrs.</i>	<i>55-64 yrs.</i>	<i>65+ yrs.</i>	<i>Un- known</i>	<i>Total</i>
Scarlet Fever	-	6	13	4	-	1	-	-	-	-	-	-	24
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	1	2	2	2	-	-	1	-	-	1	-	-	9
Meningococcal Infection	-	-	-	-	-	1	1	-	-	-	-	-	2
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Paralytic..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Non ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Infective ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	33	527	485	16	3	1	2	1	-	-	-	12	1080
Whooping Cough	3	5	3	-	1	-	-	-	-	-	-	-	11
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	2	1	-	4	2	4	4	7	-	-	-	24
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	-	1	5	2	2	7	2	2	2	1	1	-	25

It is pleasing to be able to report that 1970 was another year in which the Borough has remained free from the more serious infections.

During the year, there were two noteworthy features—firstly, the measles outbreak, which affected Harrow along with the rest of the country and, secondly, a slight increase in the number of cases of dysentery and foodpoisoning. With regard to the latter, whilst there are annual fluctuations in the number of notifications, it is regrettable to observe even a slight increase in conditions, which could and should be eradicated by the general public themselves.

Measles

There were 1,080 cases of measles in 1970. This in itself was not abnormal but 1969 should have been the epidemic year and only 302 cases were reported. At that time, one had hoped that this unusually low incidence might have been due to the programme of measles vaccination. Had this been so it might have indicated that the eradication of the disease was imminent. However, the epidemic of 1970 showed that only the periodicity exhibited by the virus had been altered and that greater numbers of children must be protected before the community as a whole can benefit from vaccination. Unfortunately, far too many people think that measles is a harmless childhood infection, whereas it is of course a disease, which frequently leaves the patient with serious life-long disabilities and can even cause death.

Infective Jaundice

The returns for 1970 closely matched those of 1969, which was the first complete year during which infective jaundice was a notifiable

disease. It is too soon to identify any patterns which the disease may exhibit but in due course notification will yield valuable information. There were 25 cases during 1970 and these were scattered throughout the age range. Three people were admitted to hospital suffering from the disease.

Diphtheria, Poliomyelitis, Smallpox

This was again a year when fortunately no resident contracted any of these diseases. The continuance of this satisfactory position must be attributed in part to two factors: firstly, to the constant pressure of health education by all members of staff, and, secondly to the good sense shown by parents in responding to the immunisation and vaccination facilities provided for their families by the local authority and general practitioner services. It is most important, however, for the feeling to be inculcated into the population that these infections could at any time be imported into this country, particularly as a result of air travel, thus presenting a risk to the unprotected.

In the control of any disease early recognition and notification are obviously of great importance. Consequently in an endeavour to prevent smallpox being brought into the country, and not recognised as such, all travellers coming from countries where smallpox is endemic and who are not in possession of valid international certificates of vaccination against the disease are placed under surveillance for a period of 14 days after their disembarkation. A total of 32 such cases proceeding to addresses in the Borough were notified and kept under surveillance for the statutory period during the year.

Whooping Cough

As was the case in 1969, only a few cases of Whooping Cough were notified during 1970. It is possible that there may have been more than the eleven cases notified because it is difficult to recognise patients who are suffering from only mild manifestations of the disease.

Dysentery and Food Poisoning

The details of the 24 cases of food poisoning notified during the year are set out in the tables overleaf:-

FOOD POISONING Incidents and Cases

<i>Causative Agent</i>	<i>General Outbreaks</i>		<i>Family Outbreaks</i>		<i>Sporadic Cases notified or ascertained</i>	<i>Total No. of outbreaks and sporadic cases cols. (1+3+5)</i>	<i>Total No. of cases columns (2+4+5)</i>
	<i>No. of separate outbreaks</i>	<i>No. of cases notified or ascertained</i>	<i>No. of separate outbreaks</i>	<i>No. of cases notified or ascertained</i>			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	—	—	1	—	1
2. Other <i>Salmonellae</i> (a)	—	—	—	16	2	—	18
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph aureus</i>	—	—	—	—	—	—	—
5. Other causes	—	—	—	1	3	—	4
6. Cause unknown	—	—	—	—	1	—	1
7. TOTAL	—	—	—	17	7	—	24

(a) Details of Food Poisoning due to Salmonellae other than *S. Typhimurium*

<i>Type of Salmonellae</i>							
Panama ..	—	—	—	3	—	—	3
Agona ..	—	—	—	2	—	—	2
Livingstone ..	—	—	—	3	—	—	3
Stanley ..	—	—	—	—	1	—	1
Muechen ..	—	—	—	—	1	—	1
Enteritidis ..	—	—	—	8	—	—	8

In addition, nine cases of dysentery were notified during 1970. Thus a combined total of 33 cases of dysentery and food poisoning was notified during the year. Although the increase over previous years is small, one has to go back to 1963 in order to find a year when more cases were notified—then 39 people were infected.

To these totals must be added the infections, which get labelled as “intestinal upsets” by the general public. Whilst mostly of a benign nature, nevertheless they cause unnecessary discomfort to the individual and the loss of a considerable number of working days to the population as a whole. These infections should not be tolerated by a modern society. Every case, which is notified, is investigated and wherever possible the cause identified but, by the time the notification is received, the damage is done. The only acceptable “remedy” is prevention, and these diseases can be eradicated only by the general public themselves. All that is required are simple routine hygiene measures, particularly in association with food handling and preparation.

Tuberculosis

The tuberculosis register is a valuable statistical weapon in the control of this infection. In this disease, the morbidity and infectious state can extend over considerable periods of time and accurate information is essential. These statistics show that over the last ten years, there has been a progressive reduction in number of residents afflicted. Inter-authority co-operation ensures, firstly, that incoming infected residents can be speedily informed of local treatment facilities and, secondly, that the register is an accurate summary of the local situation. In this way, information is provided as to the age and sex distribution of those residents who have become infected whilst living in Harrow or who have moved into the district already suffering from the disease.

The tables below are a summary of the changes which have taken place in the register during 1970:-

	<i>Primary Notification</i>				<i>Brought to notice other than on a Form 'A'</i>			
	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>
Under 1	—	—	—	—	—	—	—	—
1—4	—	—	1	—	—	—	—	—
5—9	—	—	—	—	—	—	—	—
10—14	1	1	—	—	1	—	—	—
15—19	2	—	1	—	—	—	—	—
20—24	—	—	1	—	—	—	—	1
25—34	2	7	1	—	1	—	—	—
35—44	4	3	—	1	1	—	—	—
45—54	2	3	—	—	—	—	—	—
55—64	7	—	1	—	—	—	—	—
65 & over	11	2	—	—	—	1	—	—
	29	16	5	1	3	1	—	1

Summary of changes in register—1970

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
No. on register January 1st, 1970 ..	878	798	95	153
No. of new cases added	29	16	5	1
No. of cases other than on a Form "A" ..	3	1	—	1
No. of cases restored to register ..	—	—	—	1
No. of cases removed	68	39	1	1
No. on register December 31st, 1970 ..	842	776	99	155

Details of cases removed from register

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Left District	28	17	1	—
Deaths	19	1	—	1
Recovered	17	18	—	—
De-notified	2	—	—	—
Lost Sight Of	4	3	—	—

Deaths

Tuberculosis caused the death of 9 male and 2 female local residents.

Prevention

For many years, three of the vital factors in the prevention of tuberculosis have been, firstly, epidemiological investigation of contacts of actual cases, secondly, routine vaccination of school children and, thirdly, the use of mass x-ray facilities in attempting to diagnose new cases of infection.

The epidemiological investigation of contacts of actual cases consists of routine medical examinations and tests carried out on all those with whom the patient has been in contact. These are carried out by the staff of the chest clinic. Those living with the patient are also helped by the social support given in their homes by the tuberculosis visitors attached to these clinics.

In addition, whenever a pupil, teacher or other member of the staff attending a school is found to have tuberculosis, then the question of the need for an epidemiological investigation at the school is discussed with the staff of the appropriate chest clinic. During the year a school caretaker was found to be suffering from pulmonary tuberculosis. Fortunately, the

infection was diagnosed very soon after it had been contracted. Although the risk to the pupils and teaching staff was considered minimal, nevertheless, a thorough investigation was carried out at the School. All the teachers and children in certain classes were examined and the school medical and nursing staff played a considerable part in this enquiry. I am pleased to be able to report that no further cases were discovered.

At this point, I would like to take this opportunity and record my 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 Mass x-ray units offer a free chest x-ray to any person over the age of 14 years. No appointment or medical note is required. Because the service is so freely available, it attracts patients, who would otherwise not "bother" their family doctor. It is amongst this section of the population that the mass x-ray provides its widest preventative role and, in addition to tuberculosis, a wide variety of other pathological conditions are identified. Nevertheless, as with all mass screening techniques, a great many examinations are carried out before an actual case of disease is found. This is, of course, costly but is surely the price one has to pay for preventive medicine. The question of cost effectiveness has been raised by the Department of Health and Social Secretary and they advised all regional hospital boards to review their arrangements. Consequently, in July 1970, the North West Metropolitan Regional Hospital Board submitted plans, which would curtail the mass x-ray service and sought the views of the Health and Welfare Committee. The Committee informed the Regional Hospital Board that they strongly favoured the retention of the existing service. In particular they wished to retain the mobile unit, which, in addition to its preventive role, also made it easier for teachers and others working in close contact with children, to have their routine x-ray which had been requested by Government Departments.

The location of the mass x-ray units and the times they are available are:-

Mobile Unit	The Car Park, Grant Road, Wealdstone.	2nd & 4th Thursdays of each month	} 10 a.m.- 12 noon
Static Unit	Central Middlesex Hospital, Park Royal, N.W.10	Monday-Friday	} 9 a.m.- 5 p.m.
		Saturdays	} 9 a.m.- 12 noon

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 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 & Throat Swabs	..	6
Faeces	.. ..	325
Sputum	.. ..	-
Miscellaneous	.. ..	18

ENVIRONMENTAL HEALTH SERVICE

The work undertaken by the Public Health Inspector is often influenced by the passing of new legislation and such was the case in 1970. The year was notable for the amount of work which resulted from the Housing Act, 1969. The particular feature being the requirements of the Act in relation to the conversion of one self-contained flat to another self-contained flat. It gave rise to the detailed inspection of some 1,730 dwellings. Most of the properties concerned had been let at low rents and it was not surprising to find many of them in need of extensive repairs. During the course of the survey the Public Health Inspector was often able to deal with other matters associated with environmental hygiene and the Act should result in far-reaching and worthwhile improvements.

Housing conditions in Harrow are, however, generally satisfactory. It was not found necessary to deal with any cases under the clearance provisions of the Housing Acts and the number of individual self-contained flats licensed to be let was relatively small. In order to ascertain whether any of the areas that were developed at the turn of the century were still in need of improvement, a series of preliminary surveys were made. Several points were noted and these will be receiving further attention. Other areas to be visited in the future will be those in which dwellings in the area were built before 1919.

ENVIRONMENTAL HEALTH SERVICE

Due to the amount of work undertaken under the Housing Act, there was a reduction in the amount of work undertaken in other fields, particularly in the matter of the routine inspections under the Offices, Shops and Railway Premises Act. A similar pattern is likely to continue during 1971.

All complaints received were, however, investigated and action was taken in respect of any shortcomings found. Likewise, investigations were carried out in respect of all notified cases of infectious diseases and in cases of food poisoning. Visits were also made to the addresses given by immigrants. In these cases advice was given on the health services available in the district and, where appropriate, the accommodation which they had acquired was checked.

In the matter of the control of foodstuffs and food hygiene, it is not without interest to note that during 1970 the last of the slaughterhouses in the Borough ceased to operate. Until recently there were three but improving standards made it difficult for the owner to meet present day requirements and when the licence in respect of the one in Stanmore expired it was not renewed. The other slaughterhouse was closed by voluntary agreement in previous years. In 1964 there were nine slaughterhouses in the district.

Yet another change is the entry into the district of meat and other foodstuffs from abroad in bulk containers. These often arrive without the contents being inspected at the ports of entry. In such cases, notification is

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The work undertaken by the Public Health Inspectors is often influenced by the passing of new legislation and such was the case in 1970. The year was notable for the amount of work which resulted from the Housing Act, 1969. The particular feature being the requirements of the Act in relation to the conversion of controlled tenancies to regulated tenancies. It gave rise to the detailed inspection of some 1,750 dwellings. Most of the properties concerned had been let at low rents and it was not surprising to find many of them in need of extensive repairs. During the course of the surveys that were made the Inspectors were often able to deal with other matters associated with environmental hygiene and this Act should result in far reaching and worthwhile improvements.

Housing conditions in Harrow are, however, generally satisfactory. It was not found necessary to deal with any areas under the clearance provisions of the Housing Acts and the number of individual unfit houses made the subject of Closing Orders was relatively small. In order to ascertain whether any of the areas that were developed at the turn of the century were suitable for action under the provisions of the Housing Act relating to general improvement areas a number of preliminary surveys were made. Several possibilities were found and these will be receiving further attention. Other surveys were made to find out the extent to which dwellings in the area were let in multiple occupation.

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given by the Port Health Authority and the meat and/or other food is examined at the consignees premises in Harrow.

Another matter of interest was fowl pest. It will be known that fowl pest was widespread throughout the country during 1970 and during the year, pursuant to the Diseases of Animals Acts, three suspected cases were investigated. The enquiries were made in conjunction with the veterinary officers of the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and action appropriate to the circumstances was taken to prevent the spread to other flocks.

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, eleven samples were taken by the Department—all were satisfactory.

Two samples were also taken of water from the deep boring at Messrs. Braziers, Kenton Lane, where the supply from this source is used for cooling and for other purposes within the dairy. Again, the results in each case were satisfactory.

The following is a copy of the report received on a sample submitted for chemical analysis.

Chemical Results in parts per million

Suspended Matter	.. .. .	Absent
Appearance	.. .. .	Clear and Bright
Colour	.. .. .	Less than 5 Hazen Units
Taste	.. .. .	Normal
Odour	.. .. .	Absent
Total Solid Residue dried at 105°C	.. .. .	322.
Chlorides as Chlorion	.. .. .	37
Nitrate Nitrogen	.. .. .	12
Nitrite Nitrogen	.. .. .	Absent
Ammoniacal Nitrogen	.. .. .	0.10
Albuminoid Nitrogen	.. .. .	0.03
Oxygen Absorbed, 4 hrs. at 27°C	.. .. .	0.12
Total Hardness as CaCO ₃	.. .. .	170
Non-carbonate hardness as CaCO ₃	.. .. .	77
Alkalinity as CaCO ₃	.. .. .	93
Poisonous Metals	.. .. .	Absent
pH	.. .. .	7.5

"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 fluoride 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 Service is controlled by the Borough Engineer and Surveyor and operates in the manner described in previous reports. For six weeks during the year refuse was not collected owing to the withdrawal of labour following a wage dispute and, as a result of this, accumulations of refuse built up in many parts of the district.

The public were advised how to deal with refuse on their own premises and plastic sacks were made available at various public buildings for collection by householders. The response from the public was excellent and only a small percentage of the refuse produced in the district was deposited on unofficial dumps. Even so, some of the dumps grew to large proportions, became rat infested and a nuisance, and action had to be taken in respect of those which were a health hazard. The effect on the rat population in the district will not be apparent until the next breeding season but it could be marked.

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.

554 bodies were interred in Council controlled cemeteries and burial grounds during the year.

MORTUARY AND DISINFECTING STATION

The Mortuary for the district is situated in Peel Road. During the year 346 post-mortem examinations were undertaken and inquests were held on 34.

The Council's disinfecting station is also sited in Peel Road and though the demands upon the plant are lighter today than at any time in the Council's history, when it is needed it performs a most useful service. It is under the control of Mr. Whitaker, who also assists the Health Inspectors whenever drainage or other work requiring assistance is being undertaken.

SWIMMING BATHS

There are three Council controlled swimming baths in the district, one in Central Harrow and one in Wealdstone. These are open-air baths. The third, an indoor bath (which opened on the 1st May 1968) is at Hatch End. Attendances at Harrow were 65,292, Wealdstone 60,335 and Hatch End 60,519.

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 Superintendant.

In addition there are baths at the following schools:-

Harrow County School for Boys, Gayton Road, Harrow.
Blackwell Secondary School, Headstone Lane, Harrow.
Cannon Lane Junior School, Cannonbury Avenue, Pinner.
Stag Lane Junior School, Collier Drive, Edgware.
Ayleward Infant School, Pangbourne Drive, Stanmore.

PRIVATE SCHOOLS

North London Collegiate School for Girls, Canons Park, Edgware.
Quainton Hall School, Hindes Road, Harrow (1 unsatisfactory sample).
Orley Farm Preparatory School, South Hill Avenue, Harrow.

Twenty six samples were taken of the water from the baths at these schools and all but one of the reports received were satisfactory.

Periodical checks were also made of the residual chlorine and pH value of the water.

STATISTICAL SUMMARY

PART I

INSPECTIONS MADE AND CONDITIONS FOUND

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects ..	1,780
(ii)	On complaint of other nuisances	916
(iii)	Revisits arising from defects found	4,002
(iv)	Surveys under S.157 Housing Act, 1936	264
(v)	Surveys Housing Act 1969—Qualification Certificates ..	2,215

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	4,208
(ii)	Number of cases of overcrowding revealed	3

PUBLIC HEALTH

VISITS

(i)	On complaint or request	402
(ii)	Routine inspection of premises	617
(iii)	Revisits arising from defects found	1,239
(iv)	Surveys arising from Rats or Mice complaints	1,908
(v)	Inspection of Factories	81
(vi)	Inspection of Outworker's Premises	79
(vii)	Inspection of Cinemas and Places of Entertainment ..	18
(viii)	Inspection of Licensed Premises	72
(ix)	Visits under Shops Act	1,233
(x)	Sunday observations—Shops Acts	9
(xi)	Observations made for Smoke Nuisances	73
(xii)	Surveys under Clean Air Act	3,595
(xiii)	Pet Shops	19

FOOD HYGIENE

VISITS

(i)	Slaughterhouses	54
(ii)	Butchers' Shops	248
(iii)	Dairies	29
(iv)	Fish Shops	89
(v)	Bakehouses	92
(vi)	Cafes and Restaurants	322
(vii)	Ice Cream Premises	98
(viii)	Provision Merchants	353
(ix)	Greengrocers	158
(x)	Other Food Premises	215

Accumulations of refuse	216
Animals causing a nuisance	16
Dampness and housing defects	307
Drains and sewers—choked	104
defective	145
Dustbins defective	10
Flooding—Gardens	16
Insect infestations	114
Overcrowding, alleged	8
Smoke nuisances	79
Watercourses	7
Other complaints	177
Food unfit (excluding requests received from shops to visit and inspect food)	42

UNDER HOUSING ACT, 1957:

Statutory Notices served under S.9 requiring execution of repair work	1
Dwellings reported under SS. 16/17 as being unfit for human habitation	13
Informal notices served under S.9	36

Statutory notices served under—					
(i)	S.24—work to a public sewer	79
(ii)	S.39—repair or renewal of drains	8
(iii)	S.45—repair or renewal of defective water closets	1
(iv)	S.93—abatement of a nuisance	16
(v)	Informal notices served	1,768

FOLLOWING HOUSING ACT NOTICES:

(i)	S.9 Housing Act 1957—dwelling rendered fit—	
	(a) By owners	1
	(b) By local authority in default of owners	Nil
(ii)	SS.16/17 Housing Act 1957, Demolition/Closing Order ..	23
(iii)	Number of properties demolished	10
(iv)	Dwellings rendered fit by owners after receipt of informal notice	24

FOLLOWING PUBLIC HEALTH ACT NOTICES:

(i)	S.24—Public sewers repaired	.. .. .	74
(ii)	S.39—		
	(a) By owners	.. .. .	9
	(b) By local authority in default of owners	.. .. .	2
(iii)	S.45—		
	(a) By owners	.. .. .	1
	(b) By local authority in default of owners	.. .. .	Nil
(iv)	S.93—Nuisances abated	.. .. .	14
(v)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	.. .. .	1,671

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

Number of Notices	.. .. .	14
(a) by owners	.. .. .	11
(b) by local authority	.. .. .	Nil

SUMMARY PROCEEDINGS

On only one occasion during the year was it necessary to apply to the Court for a Nuisance Order. This was granted.

Pursuant to the Food and Drugs Act action was taken in respect of three cases, namely two milk bottles found to contain foreign matter and a loaf of bread with foreign matter present.

Fines totalling £100 were imposed. The costs awarded amounted to £37.

HOUSING

During the year twenty-three properties were made the subject of Closing Orders. These were:-

119 Bessborough Road, Harrow; 79, 81, 83 Byron Road, Wealdstone; 92 Cecil Road, Wealdstone; 22 Frogna Avenue, Wealdstone; 38 Gordon Road, Wealdstone; 76, 78, 80, 82, 84 Graham Road, Wealdstone; 115, 117, 119, 121, 123, 125 Headstone Drive, Wealdstone; 52 Masons Avenue, Wealdstone; 13 Mead Road, Edgware; 155 Pinner Road, Harrow; 14 St. Kilda's Road, Harrow; 121 Vaughan Road, Harrow (Ground Floor);

Ten properties were demolished (the result of Orders made during previous years), namely:-

35, 37, 39 Canning Road, Wealdstone; 8, 9, 11, 12, 13, 14, 15 Victoria Terrace, Harrow.

Four properties the subject of Closing Orders were reconditioned and the Orders lifted, the properties being 73 Byron Road, Wealdstone; 27 Mead Road, Edgware; 157 Pinner Road, Harrow; 14 St. Kilda's Road, Harrow.

Over the period under review eleven families were rehoused by the Council from dwellings the subject of Orders made pursuant to the Housing Acts.

HOUSING ACT, 1969

Reference is made in the introduction to this section of the Report to the Housing Act of 1969 and to the volume of work that resulted from this particular Act. It is associated, among other things, with the conversion of controlled tenancies to regulated tenancies and is linked closely with the Rent Act of 1968.

By the end of the year 1,765 applications had been received in respect of the conversion of "controlled" to "regulated" tenancies—a term introduced by recent Housing and Rent Acts. The controlled tenancies in question being those that were not freed from control by the Housing Act, 1957. In the London area this included all properties which, at the time when the 1957 Act came into operation, had a rateable value of £40 or less.

The Housing Act, 1969 enables the owners of dwellings with controlled tenancies to apply to the Rent Officer to have a Fair Rent registered but before applying to the Rent Officer the owner must obtain a "Qualification Certificate" from the Local Authority, stating that the dwelling satisfies the qualifying conditions, namely:-

"that it is provided with all the standard amenities for the exclusive use of its occupants; that it is in good repair having regard to its age, character and locality, and disregarding internal decorative repair, that it is in all other respects fit for human habitation."

Of the 1,765 applications received, more than ninety-eight per cent of the properties concerned had all the standard amenities (bath, wash-hand basin, hot water, internal watercloset), but few were found to be in a good state of repair. Most applications, therefore, gave rise to meetings with owners and either agents or contractors and ultimately to works of repair and reconditioning being undertaken.

Generally speaking, owners were co-operative and a considerable amount of improvement work was carried out. There were some owners, however, who objected to meeting the requirements of the Department on the grounds that the work they were asked to carry out exceeded that which a Local Authority could demand under either the Housing or Public Health Acts, in respect of property let at a higher rent. While this is true, much was accomplished and the situation in respect of the maintenance of property should continue to improve.

Regarding those found without the standard amenities, there were instances where difficulties were met by reason of the reconditioning involving structural alterations or additions and it being necessary for planning consent to be obtained. It is not always possible, particularly with terraced houses, to meet present day planning requirements and the problems arising from cases of this type have yet to be resolved.

The Department was greatly helped in matters of procedure by the excellent circulars issued by the Ministry. The following tables indicate the action taken during the year:-

IMPROVEMENT CASES

1. No. of applications for qualification certificates under section 44(2) under consideration at end of period ..	18
2. No. of certificates of provisional approval issued ..	11
3. No. of qualification certificates issued under section 46(3)	Nil

STANDARD AMENITIES ALREADY PROVIDED

4. No. of applications for qualification certificates under section 44(1) under consideration at end of period ..	808
5. No. of qualification certificates issued under section 45(2) in respect of:-	
(1) dwellings with rateable value of £90 or more in Greater London or of £60 or more elsewhere ..	609
(2) dwellings with rateable value of £60 to less than £90 in Greater London or of £40 to less than £60 elsewhere	311
(3) dwellings with rateable value of less than £60 in Greater London or less than £40 elsewhere ..	8

EXEMPTION FOR LOW INCOME TENANTS FROM SECTION 54

6. No. of certificates issued under section 55	Nil
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CLEAN AIR

Survey of Air Pollution

Daily measurements of the amount of smoke and sulphur dioxide in the atmosphere continued to be made at the Councils two sampling stations. The readings were sent to the Warren Spring Laboratory of the Department of Trade and Industry where a computer collated similar readings covering the whole of the country.

Two reports based on this information, giving details of the trends in pollution in the Greater London Area, were received during the year. These reveal that since 1956, when the Clean Air Act was passed, there has been a continuing reduction in the concentration of smoke and sulphur

dioxide at ground level. The average yearly concentration of smoke in 1969 is said to be only 25% of what it was in 1956. The fall in the concentration of sulphur dioxide is not quite as dramatic but a decrease of 20-25% in the ten years before 1968-69 is recorded. The figures relative to the amount of smoke in the atmosphere are encouraging, the improved situation being among other things, the result of a fall of 80% in the consumption of coal for domestic use and the consequent changeover to other fuels, together with improved methods of combustion. The reduction in the emission of sulphur dioxide is less as the production of this pollutant is linked more with the type and amount of fuel used than with methods of combustion. The overall amount of fuel used is on the increase and the reduction in concentration of sulphur dioxide at ground level is perhaps due to this pollutant being discharged by industry at higher levels where it is more readily dispersed. Industry is the greatest user of fuels with a high sulphur content, while gas and electricity which are sulphur free are used more by the domestic consumer.

The measurements taken in Harrow show similar trends to those for Greater London.

The following points from the reports are worthy of note:-

1. 80.1% of premises in Greater London are affected by Smoke Control Orders. (30th September, 1970).
2. The reduction of smoke concentration in Central London has increased the duration of sunshine in Central London (during the winter months) by about 50 per cent in ten years.
3. The frequency and intensity of fog appears to have decreased in step with the progress of smoke control and no major fog has been reported in London since 1962.
4. The increase in sunshine and reduction of fog has led to a dramatic increase in visibility in London. From a suitable vantage point, on an average winter day, a distance of four miles can be seen compared with 1.4 miles in 1958.
5. The Medical Research Council have said that the improvement of visibility and cleanliness now apparent in London have contributed to the wellbeing of the Community. Also that there are encouraging signs that the acute effects of air pollution on the incidence and severity of chronic respiratory diseases previously observed are now less evident.
6. It is recorded that Londoners can now grow many more plant types successfully than 10 years ago and that 138 species of birds double the number 10 years ago can now be seen.

Smoke Control—Progress during 1970

One Smoke Control Order came into operation during the year, bringing the total of operative Orders up to twenty. An area of 5,788 acres with 37,369 premises, including 34,881 dwellings is now affected and this represents approximately 50% of the dwellings in the Borough.

The date of operation of a further Order (No. 21) was postponed from 1st November 1970 until 1st July, 1971, following a recommendation of the London Boroughs Association made after an investigation into the availability of solid smokeless fuel had found that demand was likely to exceed the supply. The suspension of Smoke Control Orders Nos. 1-8 from 1st November to 31st March 1971 was also necessary to meet the terms of this recommendation.

Three Orders confirmed by the Minister affecting 9,096 dwellings which will become operative in 1971 will raise the percentage to approximately 64.

During the year 3,595 visits were made by the staff engaged on the survey and inspection of premises. Completed work of adaptation to the value of £49,096 in some 693 dwellings was inspected and the necessary certificates were issued to enable the grants to be claimed.

The amount of money spent by householders continued to rise and on an average the cost of adapting fireplaces was £70. The grant paid averaged £28 per claim received. The following figures show the amount of grant paid over the past five years:-

	<i>Amount of grant Paid</i>	<i>No. of claims for grant</i>	<i>Average per claim (to nearest £)</i>
1966	£20,231	1,115	£18
1967	£19,742	975	£20
1968	£16,195	656	£24
1969	£23,341	877	£27
1970	£19,760	693	£28

The number and types of premises affected by Smoke Control Orders is as follows:-

<i>Year</i>	<i>Total No. Premises</i>	<i>Number of dwellings</i>	<i>Number of other premises</i>
1961/66	18,029	17,301	728
1967	4,377	3,977	400
1968	6,185	5,246	939
1969	6,130	5,831	299
1970	2,648	2,526	122
Total	37,369	34,881	2,488

The Council's programme to make a series of Smoke Control Orders until all the premises in the Borough are affected has now reached the half way stage and it is perhaps an appropriate time to look at costs. A total of £57,844 has been spent to date by the Council on the twenty operative orders and £75,679 by the Government on grants to private householders. Some 31,995 dwellings are affected which gives an average cost of £1.80 per house from local funds and £2.36 from the Exchequer. To this must be added the cost of adaptations in dwellings owned by the Corporation and

grants of £12,818 have been approved as the Health Committees share of the cost of this work in some 2,886 houses. The capital monies to meet these payments is borrowed from the Government with repayments over a period of years and it is therefore perhaps more satisfactory to look at the annual costs which also include some charges for professional staff and administrative expenses. The Borough Treasurer gives a cost of £15,887 for the year ending 31st March, 1970 which is equivalent to a rate in the pound of 0.134p and his estimate of the cost for the year 1970/71 is £17,815 or 0.151p.

Smoke from Industrial Chimneys

It can again be reported that no serious problems have arisen during the year from the emission of smoke from industrial chimneys. The larger boiler plants and furnaces are of modern design and the factory managements are aware that an efficient plant will rarely cause nuisance. When it has been necessary to seek the co-operation of those controlling such plants this has been readily given.

As regard the height of chimneys, the Clean Air Act, 1968 gave new powers to Local Authorities and during the year a number of applications under Section 6 of the Act were received. These were in respect of chimneys serving steam boiler plants, incinerators, and foundry furnaces.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

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

The report submitted for 1970 contained the following information.

The figures for 1969 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 a general inspection during the year</i>
(1)	(2)	(3)	(4)
Offices	22 (53)	578 (564)	59 (53)
Retail Shops	61 (86)	1,300 (1,300)	303 (358)
Wholesale Shops, Warehouses ..	— (1)	33 (33)	1 (12)
Catering establishments open to the public, canteens	6 (14)	142 (138)	24 (36)
Fuel Storage Depots	— (—)	— (—)	— (—)
TOTALS ..	89 (154)	2,053 (2,035)	387 (459)

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

596	(682)
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TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>	
(1)	(2)	
Offices	9,996	(9,944)
Retail Shops	6,472	(6,496)
Wholesale Departments, Warehouses ..	407	(411)
Catering establishments open to the public	993	(973)
Canteens	261	(192)
Fuel Storage Depots	—	(—)
TOTALS	18,129	(18,016)
TOTAL—MALES	8,290	(8,455)
TOTAL—FEMALES	9,839	(8,561)

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	—	7	1	—	—	—	1
Shops	—	33	4	—	—	2	2
Warehouses	—	1	—	—	—	—	—
Catering	—	1	—	—	—	—	—
Fuel Storage Depots	—	—	—	—	—	—	—
TOTALS	—	42	5	—	—	2	3

CONTRAVENTIONS FOUND 1969

CONTRAVENTIONS REMEDIED 1969

	<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 ..	1	3	—	—	4	1	6	—	—	7
Ventilation	2	—	—	—	2	—	1	—	—	1
Temperature	—	6	—	—	6	—	3	—	—	3
Lighting	—	—	—	—	—	1	2	—	—	3
Seating Facilities	—	—	—	—	—	—	—	—	—	—
Seating—Sedentary Work ..	—	—	—	—	—	—	—	—	—	—
Overcrowding	—	—	—	—	—	—	—	—	—	—
First Aid	19	23	2	—	44	4	9	—	—	13
Sanitary Accommodation										
(i) Insufficient	—	—	—	—	—	1	2	—	—	3
(ii) Unsatisfactory	1	10	—	—	11	2	4	—	—	6
Washing Facilities										
(i) Insufficient	—	—	—	—	—	—	1	—	—	1
(ii) Unsatisfactory	3	5	—	—	8	2	4	—	—	6
Drinking Water	—	—	—	—	—	—	—	—	—	—
Staff Clothing	—	2	—	—	2	—	—	—	—	—
Eating Facilities	—	1	—	—	1	—	—	—	—	—
Thermometer	3	12	1	—	16	3	6	1	—	10
Abstract	9	17	2	—	28	4	6	1	—	11
Stairs, etc.	4	5	1	—	10	2	4	—	—	6
Unguarded Machines	1	2	—	—	3	—	1	—	1	2
Lifts	1	2	3	—	6	1	2	1	—	4
TOTALS	44	88	9	—	141	21	51	3	1	76

SHOPS

At the end of the year there were 2,141 occupied shops on the register, 30 fewer than at the end of the previous year.

During the past ten years the number of occupied shops has fallen by 207, most of them food shops. The majority of these premises are now occupied as launderettes or as employment, travel, and other agencies. One new large foodstore opened during 1970.

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

Antiques	14	Mixed stores	30
Boot repairs	31	Motors and accessories ..	135
Boots and shoes	43	Musical	13
Builders' merchants	24	Newsagents	105
Butchers	98	Opticians	17
Chemists	57	Outfitters—Ladies	98
Coal-order offices	18	Outfitters—Gents	75
Cafes/restaurants	95	Photographic	20
Confectionery	60	Pet Shops	13
Drapers	28	Public Houses	54
Electrical	92	Second-hand Wardrobes ..	3
Fish Shops	38	Sewing machines	6
Florists	26	Stationers	19
Fruit and Greengrocery	99	Tobacconists	98
Furnishers	65	Toys and Sports	25
Glassware	13	Paint and Wallpaper	43
Grocers	139	Wines and Spirits	46
Hairdressers	148	Wools	19
Hardware	62	Woodwork, Timber	22
Jewellers	25	Miscellaneous	115
Leather Goods	10		
TOTAL ..		2,141	

During the year 1,233 visits were made for the purpose of administering the Shops Acts 1950/65. Sunday and evening observations were also made and a number of contraventions were noted and dealt with. No summary proceedings were taken during the year.

OIL HEATERS REGULATIONS AND HEATING APPLIANCES (FIREGUARDS) REGULATIONS

Visits were made to premises pursuant to these Regulations and particular attention was given to shops where second-hand appliances are sometimes offered for sale. On two occasions such appliances were found, and these were voluntarily withdrawn from sale and scrapped.

The London Fire Brigade reported three fires at premises in the Borough where oil heaters were involved. Investigations failed to reveal any fault or deficiency in the appliances concerned.

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 Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	43	26	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	461	206	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	28	22	3	—
TOTAL ..	532	254	19	—

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)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	10	7	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	7	5	—	4	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
TOTAL ..	19	14	—	4	—

PART VIII—OUTWORK

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

<i>Nature of Work</i>					<i>No. on August list</i>
Wearing Apparel ..	..	..	..	..	92
Cardboard boxes ..	..	..	..	..	3
Christmas crackers ..	..	..	..	..	14
Brush making ..	..	..	..	..	8
Boot making ..	..	..	..	..	1
TOTAL ..					118

Ninety-six visits were made to outworkers premises during the year and all were found to be satisfactory.

NOISE

During 1970 sixty-one complaints concerning noise problems were received, an increase of four over the previous year. These were dealt with by the giving of advice, by informal action, or, in appropriate cases, by referring the complaint to the Borough Architect and Planner for his consideration under planning legislation. In no case was it found necessary to take formal action by the service of a statutory notice.

Whereas the number of complaints concerning shop and factory processes almost halved, those concerning the activities of neighbours and about noisy animals more than doubled. These complaints ranged from noise and vibration from the circulating pump of a domestic water supply in an adjoining house, to disturbance in the early morning from movement of vehicles visiting or leaving nearby shopping parades or vehicle parks. In many cases this type of complaint is very difficult to deal with, although every effort is made to obtain some improvement if this is at all practicable.

There is little doubt people are becoming more and more conscious of noise and its attendant problems and it is encouraging to find greater attention is being given to insulation and other methods of sound-proofing. Big strides, for example, have been made with the quietening of modern road breaking and similar equipment.

Summary of Complaints and visits (1969 figures in brackets).

<i>Source of Noise</i>	<i>No. of Complaints</i>	<i>Visits made</i>
Neighbours activities	26 (11)	35 (12)
Noisy Animals	8 (2)	16 (4)
Clubs and other places of public entertain- ment	5 (3)	— (5)
Ice-cream vendors chimes	2 (5)	— (2)
Road construction work	5 (7)	8 (7)
Factory processes and machinery in shops ..	15 (29)	37 (87)
TOTAL ..	61 (57)	96 (117)

VERMIN AND OTHER PESTS

FOXES

There was a marked increase in the number of complaints received about foxes but no service is provided by the Department in respect of their destruction or control.

The reaction of the public to the destruction of the fox varies markedly—while some are most concerned about their presence—generally for the safety of some domestic pet—there are many who like to see them around.

To illustrate this point it can be said that one earth is known where members of a nearby office considered subscribing weekly for the purchase of tinned pet foods for the cubs.

SQUIRRELS

Complaints about squirrels were received throughout the year. These creatures, when they first appear, are often encouraged by householders but as their numbers increase they eat bulbs, fruit off trees, plants, etc. They nest in roof spaces and chimneys. It is at this stage when occupiers complain. The squirrel, once it finds means of access to a roof space, will often tear up insulation, chew woodwork, etc.

At present, eight traps are available for loan to persons who are prepared to trap the squirrels themselves. Generally, all are out on loan and often there is a waiting list. The name and address of a contractor is also given where an occupier does not wish to do the trapping. Alternatively, complainants are told where traps can be bought.

PIGEONS

Work in connection with the control of feral pigeons continued and it can be reported that their numbers were kept within reasonable limits. 1,546 birds were, in fact, taken by the operatives carrying out the trapping and other control work that is involved and, compared with 1969, there was a slight reduction in the number of complaints received.

The problem with these birds is that they are provided with food and water by well-meaning bird lovers, many of whom object to any steps being taken to reduce their numbers. Herein lies one of the difficulties in securing any reduction in the number of feral pigeons in the Borough.

It is felt that control and treatment work at its present level must remain an essential service.

RODENT CONTROL

Compared with the previous year, there was an increase in the number of complaints received about rats—1,851 against 1,753. Over the same period the complaints about mice dropped from 105 to 57.

No major infestation of rats or mice was found and the distribution of the complaints indicates that no part of the district can be singled out as being more heavily infested than another.

This is encouraging in one way as the records that have been kept over a period of many years suggest that the local rodent population is related to two factors: one, the amount of foodstuff to which the rat has access and the other is the cover necessary for nesting and harbourage.

Foodstuff is provided liberally and regularly by wellmeaning bird and animal lovers, while the widespread dumping of rubbish on undeveloped parcels of land and the hoarding of unwanted material in gardens provides more than is necessary in the way of cover. Until there is a change of outlook in respect of these important contributory factors, a reduction in the number of complaints is unlikely.

During the year sewers in various parts of the Borough were baited but only eight out of fifty-nine manholes, where there was evidence of a possible infestation, were found to be infested. These were dealt with and the follow-up surveys that were made revealed that the treatment had been effective.

INSPECTION AND SUPERVISION OF FOOD FOOD AND DRUGS

During the year 402 samples of foodstuff were taken for examination by the Public Analyst and 1,858 visits were made to food premises.

The Food and Drugs Act 1955 makes it an offence to sell, for human consumption, foodstuff that is not of the nature, substance or quality described. Foodstuff must also, in respect of its quality, composition and nutritional value be correctly described by labelling and in any advertisement. It is against this background that most of the samples were examined.

In the field of food hygiene, work continued in connection with the raising of standards in premises where foodstuff is manufactured, stored or sold. Unfortunately, the number of routine inspections fell away owing to the demands of the Housing Act, 1969. However, progress was made and generally throughout the food trade it was found there was a keen desire to improve and raise standards.

The principal problems experienced were (a) the disposal of tradewaste—during the period when the Council's Cleansing and Salvage Services were not operating this was a particularly difficult matter—(b) smoking by shop assistants—(c) customers taking dogs into food shops.

These are problems that will not be overcome until there is more earnest desire on the part of all concerned to improve conditions or desist from undesirable practices.

Having regard to the vast quantities of foodstuff handled and sold over a period of twelve months for a population in excess of 200,000, the number of complaints is remarkably low and reflects well on the efforts of all concerned with foodstuff and food hygiene.

The following is a summary of the samples taken and the complaints that were lodged with the Department. Whenever an adverse report was received action was taken with a view to finding the cause of the trouble, while in the case of complaints, enquiries were made in the hope that action could be taken to prevent a repetition.

SAMPLING REPORT
1970

(A) MILK

<i>Designation</i>	<i>No. Exam- ined</i>	<i>Methylene Blue Test</i>			<i>Phos. Test</i>		<i>Turb.</i>	<i>Milk Ring Test</i>		<i>A/B</i>	<i>U.H.T. Colony Count</i>	<i>Salmon- ella</i>	<i>Shigella</i>
		<i>Sat.</i>	<i>Unsat</i>	<i>Void</i>	<i>Sat.</i>	<i>Unsat</i>		<i>Pos.</i>	<i>Neg.</i>				
Untreated—Raw ..	48	31	17	—	—	—	—	7	19	6	—	6	6
Pasteurised	44	37	—	7	42	2	—	—	—	—	—	—	—
Homogenised	13	8	1	4	—	—	—	—	—	—	—	—	—
Channel Island ..	16	12	—	4	—	—	—	—	—	—	—	—	—
Sterilised	4	—	—	—	—	—	4	—	—	—	—	—	—
Separated (Pasteurised)	11	11	—	—	11	—	—	—	—	—	—	—	—
Ultra Heat Treated ..	2	—	—	—	—	—	—	—	—	—	2	—	—
School Milk (Pasteurised)	7	5	—	2	—	—	—	—	—	—	—	—	—
TOTALS ..	145	104	18	17	53	2	4	7	19	6	2	6	6

(B) CREAM

<i>Type</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Untreated	3	3	—
Past. Single	25	19	6
Past. Double	38	30	8
Whipping Cream	1	1	—
Whipped Cream	6	5	1
TOTALS ..	73	58	15

(C) SYNTHETIC CREAM

<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
4	3	1

(D) WATER

<i>Type</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Main Supply	9	9	—
Well Water	2	2	—
Dairy Main Supply	2	2	—
Dairy Well Water	2	2	—
TOTALS ..	15	15	—

(E) OTHER FOODS

<i>Type</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Meat Patties	1	1	—
Frozen Veal	1	1	—
Frozen Beef	1	—	1
Frozen Pork	1	1	—
Frozen Chickens	12	12	—
Frozen Egg Yolks	4	4	—
Minced Beef	1	—	1
Ice Lollies	5	5	—
TOTAL ..	26	24	2

TESTED BY PUBLIC ANALYST :
(F) FOOD AND DRUGS ACT, 1955

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
	338	320	18

(G) FERTILISERS AND FEEDINGSTUFFS ACT, 1926

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
	43	43	—

(H) PHARMACY AND POISONS ACT, 1933

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
	21	21	—

Complaints

The Department received 145 complaints in respect of food, an increase of forty-eight from 1969 (97):-

FOODS

Bread	..	..	25	Frozen Foods	..	4
Butter	..	..	2	Jam/Marmalade	..	6
Cake	..	..	5	Meat	..	25
Cheese	..	..	4	Nuts	..	2
Chocolate	..	..	3	Sausages	..	3
Cream	..	..	3	Tinned Food	..	11
Fish	..	..	4	Yoghurt	..	5
Flour	..	..	2	Miscellaneous	..	10

MILK

Foreign matter	..	13
Dirty bottles	..	6
Quality	..	3

OTHER BEVERAGES

Foreign Matter	..	9
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MILK

Production

The number of farms at which milk is produced remained at five. These being Pinner Park Farm, Hall & Sons (Dairy Farmers) Ltd., Pinnerwood Farm—Mr. D. Angold, Harrow School Farm—The Governors of Harrow School, Oxhey Lane Farm—Mr. J. J. Wiggett, College Hill Road—Mr. T. M. Bradley.

The number of cattle at these farms is slightly in excess of four hundred.

Processing

These are two dairymen in the Borough who are licensed to pasteurise milk. They are Messrs. J. H. Brazier of Kenton Lane Farm, Kenton, and Messrs. Hall & Sons of Pinner Park Farm, Pinner. They have been so licensed for many years and both establishments maintain high standards of hygiene and use modern equipment for the high temperature short time method of pasteurisation of milk.

Distribution

The four distribution centres of the major dairy companies remained in use throughout the year. The Express Dairy Co. (London) Ltd., at Northolt Road, South Harrow—United Dairies (London) Ltd. at Station Road, Harrow and West End Lane, Pinner, and also the London Co-operative Society at Pinner Road, North Harrow. Milk was also supplied, as in previous years, from a number of outside sources. The number of persons registered as distributors of milk was 137 (135 in 1969).

Inspection and Sampling

Throughout the year visits were made to the farms and milk processing plants and samples were taken for examination by the Public Analyst and by the Public Health Laboratory Service.

As in previous years, particular attention in the matter of sampling was paid to supplies entering the district for processing at the two pasteurising establishments. Seventeen of the samples taken failed to pass the test prescribed by the Milk (Special Designation) Regulations, 1963, namely the methylene blue test. This test gives a direct indication of the keeping quality of the milk and, in consequence, it is a guide to the standards of hygiene prevailing at the place of production. The adverse reports were referred to the County Dairy Advisory Officer of the Ministry of Agriculture, Fisheries and Food with a view to enquiries being made at the farm concerned.

In the Annual Reports of the past five years reference has been made to the conditions, brucella abortus, which during 1966 was found to be present in two local herds. Both herds are still the subject to control under Section 20 of the Milk and Dairies (General) Regulations, 1959 and the milk from these herds is collected and processed by heat treatment under arrangements controlled by the Milk Marketing Board. It is envisaged that when the proposed brucellosis eradication scheme is fully operational the associated problems with these two herds will be finally resolved.

Forty-eight samples were taken from local herds during the year, of which seven were found to be positive in the respect of the Milk Ring Test which is used to detect brucella in raw milk.

Milk Bottles

Periodic inspections and bacteriological tests were carried out on bottle washing plants at the two dairy bottling establishments within the Borough and, during the year forty-eight bottles were submitted for bacteriological examination. All were reported as being nearly sterile, which is an indication of the very high standards achieved at these two plants.

The misuse of milk bottles by the general public continued to be a cause for concern. This matter has been commented on in previous years and it is felt the "bottle problem" will only be resolved when the present glass bottle is replaced by a non-returnable milk container.

The undesirable practice of some roundsmen of stacking crates of empty milk bottles adjacent to highways and public footways was also the subject of many representations to managers of milk distribution centres. The position is improving but the 100% co-operation necessary from all concerned has not yet been achieved.

Complaints

During the year twenty-two complaints about milk or milk bottles were received and investigated. This is four fewer than during 1969. Thirteen of these complaints concerned the presence of foreign matter in milk, six being in respect of dirty bottles and the remainder in regard to the quality of the milk.

ICE CREAM

There are 433 premises registered for the manufacture, storage or sale of ice cream. Routine sampling of ice cream from manufacturers and from retailers was undertaken during the year. The results were as follows:-

Type	Number Taken	Grade			
		1	2	3	4
Heat Treated	26	20	3	1	2
Soft Mix	37	5	4	10	18
Bulk Ice Cream	43	34	3	5	1
Ice Cream Lolly	5	5	—	—	—
TOTALS ..	111	64	10	16	21

Grades 1 and 2 are accepted as satisfactory, Grades 3 and 4 as unsatisfactory. A sample listed as unsatisfactory, however, does not mean that the product is unfit for human consumption but is an indication that at some stage during either manufacture or handling the required standard of cleanliness has not been maintained, or that there is something amiss with either the plant or the materials. In all of these cases follow-up samples were taken.

FERTILISERS AND FEEDING STUFFS

Forty-three samples were examined by the Public Analyst during the year and all were reported to be satisfactory.

This Act and its allied regulations deal, among other things, with the control and composition of these products. In all matters concerning this legislation close liaison is maintained with the Ministry of Agriculture, Fisheries and Food for whom extremely helpful advice and assistance is always available.

PHARMACY AND POISONS

Twenty-one samples were examined by the Public Analyst—all satisfactory. During the year the number of persons listed as sellers of poisons (i.e. poisons to which Part Two of the Act relates) decreased by six to 127. The class of shops from which articles containing poisons in this category could be purchased were as follows—the 1969 figures are shown in brackets:-

Builders' Merchants	8 (9)
Hardware Stores	40 (40)
General Provision Stores	64 (69)
Nurseries, Corn Merchants	8 (6)
Hairdressers	1 (1)
Photographers	1 (2)
(Laboratory furnishers)	
(Pharmacists, Druggists)	4 (5)
Pet Stores	1 (1)
Total ..	127 (133)

Meat Inspection

The 85 beasts and 225 sheep killed at the slaughterhouse at 87 High Street, Stanmore all received a routine post mortem examination.

All were high quality butchers meat and no cases of Tuberculosis or Cysticercus Bovis were diagnosed.

Other diseases were diagnosed in nine beasts (10.6%) and 10 sheep (4.4%), all confined to the head or organs. The most common disease was liver fluke and all meat condemned was voluntarily surrendered for disposal under Council supervision.

EMPLOYMENT AGENCIES

The number of employment agencies in the Borough at the end of 1970 was 36. During the course of the year eight new licences were issued while over the same period, by reason of agencies changing hands or closing down, six were cancelled.

Visits were made to the agencies to ensure that the requirements of the byelaws relative to the keeping of records and other matters were being observed and no problems or difficulties calling for action by the Local Authority were found.

SCHOOL HEALTH SERVICE

The number of pupils attending maintained primary and secondary schools including nursery and special schools, on re-opening in January 1971 was 30,389. The numbers attending each group of schools were as follows:-

	Boys	Girls	Total
Secondary Grammar	2,496	2,496	4,992
Secondary Modern	3,129	2,879	6,008
Primary	9,487	9,152	18,639
Nursery	79	56	135
Day Special School	50	45	95
Hospital School	40	42	82
Residential Special Schools	58	17	75
Junior College	219	128	347
Assessment Unit	7	3	10
Special Class (Chantry)	2	4	6
	15,567	14,822	30,389

SCHOOL

HEALTH

SERVICE

The main function of the School Health Service is to promote the health and welfare of the children under that he may derive the maximum benefit from the education provided. The basic "instrument" used to achieve this end is the examination 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.

In the pre-school period arrangements are made to see and examine children with special emphasis on their general developmental progress. These examinations culminate in the important pre-school one carried out on as many children as possible at the age of 4½ years—special care being taken at this stage to ensure that each child has had all protective immunisations completed before starting school.

These pre-school medicals lead into the periodic medical inspections carried out under Section 48 of the Education Act 1944. This section 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 itself provides a legal obligation on the parent to submit the child for examination, the parent is free should he so desire to refuse treatment.

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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,
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Under the School Health Service and Handicapped Pupils Regulations 1953, the 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 for each child.

During the year 1970 in Harrow, the periodic medical inspections were carried out as follows:-

- (1) ENTRANTS—During the first year in infant school efforts are made to try and conduct these first school inspections during the second and third terms to allow the child a period to settle into the new and strange environment of school and also to give the staff an opportunity of observing and assessing the child before the actual inspection takes place. Observations offered by teaching staff to the medical officer can be of tremendous value when the actual examination is carried out.
- (2) INTERMEDIATES—During the first year of secondary school.
- (3) LEAVERS—During the 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	7,150
Special inspections	1,493
Re-inspections	3,578

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	7,146
Percentage	99.94
(b) Unsatisfactory:	
Number	4
Percentage	0.06

MEDICAL TREATMENT

Children with defects are referred to their family doctor, to hospital for special opinion or treatment, or to the school clinic for treatment for minor ailments and other special defects. 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 previously 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 69 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 868 cases were seen and in 248 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 rotating 'E' Cards and the Sheridan-Gardiner 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 special 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 37

Number of commercial hearing aids supplied during the year 11

Orthopaedic and Postural Defects

Children found at periodic school medical inspections or at the minor ailments clinics to have orthopaedic or postural defects are now referred for special advice to the Northwick Park Hospital Orthopaedic Department. Cases requiring physiotherapy are still dealt with at the Harrow Hospital Physical Treatment Centre. During the year, 22 pupils received treatment at the centre.

Speech Therapy

From April until September 1970, the speech therapy department was fully staffed by two fulltime and two part-time therapists. In September there was a change of part-time staff and one clinic had to be temporarily closed.

The clinic sessions were arranged as follows:-

Caryl Thomas Clinic	..	..	..	10 sessions per week
Honeypot Lane Clinic	..	..	..	3 sessions per week
Northolt Road Clinic	..	..	..	3 sessions per week
Kenmore Road Clinic	..	..	..	2 sessions per week
Cecil Park Clinic	..	..	..	2 sessions per week
Shaftesbury Assessment Unit	..	..	..	2 sessions per week
Tenby Road Clinic	..	..	..	1 session per week
Whittlesea Road Clinic	..	..	..	1 session per week
Shaftesbury School	..	..	..	1 session per week
Harrow Junior Training School	..	..	..	2 sessions per week

Twenty-eight schools and two of the nursery schools were visited during the year and good co-operation with the teachers continued.

Children were referred to the speech department by medical officers, health visitors, head teachers and general practitioners in the Borough. A number of children were also referred from paediatricians at the following hospitals:-

Great Ormond Street
Edgware General
Nuffield Hearing & Speech Centre, Gray's Inn Road

The total number of children admitted for treatment during 1970 was 235 (84 pre-school; 151 school-age). There were 289 children referred during 1969 or earlier still receiving treatment and in addition, 17 children at the Harrow Junior Training School. The total case load for 1970 was 541. Discharges totalled 185. Of these 133 completed their treatment, 21 ceased to attend and 31 left the district.

During the year, 5 students from the Speech Therapy Training Schools observed treatment in the clinics.

List of School Health Clinics as at 31st December, 1970

<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	..	..	..	5
3.	Elmwood Clinic, Francis Road, Kenton				
	Minor ailment	..	..	..	1
	Dental	..	..	..	6
	*Chiropody	..	..	..	2
4.	Honeypot Lane Clinic, Honeypot Lane, Stanmore.				
	Minor ailment	..	..	..	1
	Dental	..	..	..	8
	Ophthalmic	..	..	..	.5
	Speech..	..	..	..	3
	*Chiropody	..	..	..	6
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..	..	..	..	3
	*Chiropody	..	..	..	6
8.	Whittlesea Road Clinic, Whittlesea Road, Harrow Weald.				
	Minor ailment	..	..	..	1
	Dental	..	..	..	6
	Speech..	..	..	..	1
	*Chiropody	..	..	..	1

9. Tenby Road Clinic, Tenby Road, Edgware.						
Minor ailment	..	..	..	..	..	1
Dental	..	..	..	..	..	2
Speech..	..	..	..	..	..	1
*Chiropody	..	..	..	..	..	1
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)	..	..	..	..	..	7.25
Ophthalmic	..	..	..	..	..	1
Orthoptic	..	..	..	..	..	2
Speech..	..	..	..	..	..	10
*Chiropody	..	..	..	..	..	5

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

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICES

I am indebted to the Director of Education Mr. R. S. Ball, for the following reports on the work of the Child Guidance and School Psychological Services during the year.

Child Guidance Service

Dr. James Hood, Consultant Psychiatrist, North West Metropolitan Regional Hospital Board, to Harrow Child Guidance Clinic, reports and comments as follows.

The Child Guidance Centre at 82 Gayton Road increased its establishment of child psychotherapists (non-medical) during the year, to 1 7/10 whole-time equivalents. In December 1970 the sessions were shared between five therapists. The posts attracted suitable applicants from the Tavistock Clinic, and four of the five therapists also held part-time appointments there.

The Senior Social Worker establishment of three full-time was filled for only 7 months of the year, and social work has not kept pace with the other professional components of the service—psychiatry, educational psychology, child psychotherapy and specialist teaching. The special skills acquired by suitably qualified senior social workers (formerly psychiatric social workers) as a result of their experience of working in child guidance and child psychiatric clinics were in great demand as a result of the rapid expansion of professional social work and social work training, a demand stimulated by the Seebohm Report and subsequent legislation.

There is therefore a tendency for social work staff to gain rapid promotion outside the service as a result of experience gained in it, whereas to stay on entails a financial sacrifice which is often intolerable to the person concerned.

A too rapid turnover of social work staff, and delay in finding suitable replacements, leads to a deterioration in the services offered direct to clients, and often diminishes the scope of their colleagues' work as well.

The unique contributions of the Child Guidance Service are:-

- (1) child psychotherapy in close conjunction with family casework, and psychiatric supervision;
- (2) specialist teaching, with psychiatric support, for very severely disturbed children;
- (3) an economical approach to diagnostic and therapeutic consultations with children and their parents;
- (4) provision of a setting which brings together five professions intimately concerned with children's education, health and emotional development, these professions being readily available for joint case conferences and consultations;
- (5) training, consultation and supervision in a child-centred treatment approach to the family.

NUMBER OF CASES	101*
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SOURCE OF REFERRAL:

(a) Medical Officer of Health	12
(b) General Practitioner	38
(c) Children's Officer	..	..	..	..	4
(d) Educational Psychologist	..	..	..	..	11
(e) Probation Officer	..	..	..	..	4
(f) Parents	..	..	..	..	11
(g) Transfer from other Clinics/Agencies	..	..	..	..	3
(h) Hospital Paediatrician/Psychiatrist	..	..	..	..	4
(i) Head Teacher (through Educational Psychologist)	..	..	..	..	14

PRESENTING SYMPTOMS:

(a) NERVOUS DISORDERS (Fears, depression, anxiety, refusal to attend school)	34
(b) BEHAVIOUR DISORDERS	33
(c) PSYCHOSOMATIC DISORDERS (Asthma)	4
(d) HABIT DISORDERS (Enuresis, soiling, speech difficulties, sleeping difficulties, eating difficulties, masturbation) ..	11
(e) ANTI-SOCIAL BEHAVIOUR	14
(f) LACK OF SCHOOL PROGRESS/BACKWARDNESS ..	5
OTHER ATTENDANCES	2,345
TOTAL ATTENDANCES	2,547
CHILDREN	1,026
PARENTS	1,470
OTHERS	51

*These figures do not take account of case consultations in which professional workers from outside agencies were helped to deal with their own clients.

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.), A.B.Ps.S.
Educational Psychologist	Mrs. A. M. Williams, B.Sc. (Hons.).
Specialist Teacher	Mrs. C. Newton, B.A. (Hons.)
Peripatetic Remedial Teacher	Mrs. M. Zurawski. (From September 1970).
Assessment Unit	Mrs. J. M. Whitmarsh. (From September, 1970).
Chantry Unit (Class 6) ..	Mrs. Craig. (From September 1970).

(2) DETAILS OF REFERRALS:

			Boys	Girls
1. Number of Children referred	.. ..	209	135	74
2. Age Range of Referrals :				
(a) Under 5 years (pre School)	.. ..	18	10	8
(b) 5 - 7+ years (Infant School)	.. ..	77	54	23
(c) 7+ - 11+ years (Junior School)	.. ..	80	51	29
(d) 11+ - 16+ years (Secondary-Grammar and Modern)	.. ..	34	20	14
3. Source of Referral :				
(a) Director of Education	.. ..	9	8	1
(b) Principal School Medical Officer	.. ..	30	23	7
(c) Head Teachers	.. ..	141	85	56
(d) Parents	.. ..	19	14	5
(e) Other agencies	.. ..	10	5	5
4. Reasons for Referral :				
(a) Educational Difficulties	.. ..	142	90	52
(b) Behaviour Problems	.. ..	67	45	22

(3) OUTCOME OF REFERRAL:

(a) Number of children referred to Psychiatrist	.. ..	25	19	6
(b) Number of children seen for Psychiatrist	.. ..	32	26	6
(c) Number of children seen by Educational Psychologists for remedial training..	.. ..	4	4	-
(d) Number of children seen by Educational Psychologists for treatment/counseling	.. ..	22	19	3
(e) Number of children recommended for Day E.S.N. education	.. ..	27	16	11
(f) Number of children recommended for Boarding E.S.N. education	.. ..	3	3	-
(g) Number of children referred to Principal School Medical Officer and subsequently placed in boarding schools for delicate children	.. ..	4	3	1
(h) Number of children recommended for remedial teaching outside the School Psychological Service	.. ..	1	1	-
(i) Number of children referred to Specialist Teacher for individual/group remedial teaching	.. ..	8	8	-
(j) Number of children recommended for Assessment Unit	.. ..	11	8	3
(k) Number of children recommended for Class 6 (in collaboration with Psychiatrist)	.. ..	2	-	2

(4) PHOBIC CHILDREN

The number of such children attending the Centre remains fairly constant, and the rehabilitation of these children frequently proves a lengthy and difficult process. Details of attendances are as follows:-

January 7 children (6 girls, 1 boy). December 5 children (4 girls, 1 boy)

(5) THE ASSESSMENT UNIT:

In September 1970 an assessment unit for children aged 5-7 years was opened. The purpose of the unit is to assess the special needs of young children who might be expected to find it difficult to adjust to the life of the ordinary infant school with its larger classes, and to make special provision for these needs. Mrs. Williams, Educational Psychologist, has taken a special interest in the unit and in the selection of children likely to benefit from placement there. Particular attention has been paid to the language development of the children. Although it is much too early to make an adequate appraisal of the work of the unit the initial evidence is that the selection of the children attending has been very successful, and that the work of the unit is likely to prevent the children involved from developing educational difficulties later on. It should be emphasised that although the unit is at present sited in Shaftesbury School it functions relatively autonomously, and is not designed to cater for E.S.N. children.

(6) CLASS 6, CHANTRY SCHOOL:

This small unit for children informally assessed as emotionally disturbed was also opened in September 1970. It caters for children of junior school age and will aim at helping such children to return to normal schooling as quickly as possible, although other provision, e.g. residential special school may be necessary in some cases. The teacher maintains close links with the staff of the Child Guidance Centre, and regular meetings are held to discuss the progress of the children.

(7) REMEDIAL TEACHING:

The appointment of Mrs. Zurawski as Peripatetic Remedial Teacher has done a great deal of help with the problem of providing appropriate remedial teaching for children in need of it. In order to make the best use of her special knowledge, Mrs. Zurawski has spent most of her time visiting schools and advising teachers about teaching methods. She has also organised courses for teachers on the diagnosis and treatment of learning difficulties. Outside speakers have also visited Harrow and lectured to teachers on various aspects of remedial work. In addition Mrs. Zurawski has undertaken a limited amount of individual teaching herself.

Mrs. Newton has also continued to provide remedial teaching either individually or in small groups, in addition to her work with phobic children. The result of this increased provision is that it has only been necessary to recommend one child for special tuition outside the School Psychological Service.

(8) SPECIAL SCHOOLS:

Efforts continue to be made to keep in touch, and whenever possible, to visit, outside special schools, particularly boarding schools, where Harrow children are placed. This is a time consuming but important task, especially in the case of independent boarding schools where changes in staff can lead to major alterations in the policies and provision of the schools concerned.

Number of visits to special boarding schools	.. ..	8
Number of visits to special day schools	.. ..	2

(9) CONCLUSIONS:

From this report it will be seen that there has been a considerable expansion of the service during the year, and this expansion is likely to continue. The establishment for Educational Psychologists has been increased from two to three, and provision has been made for the appointment of a second remedial teacher. Plans are also going ahead for the setting up of a unit for partially-hearing children.

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	.. ..	—
Number of blind pupils admitted to special schools during the year	.. ..	—
Total number of blind pupils in special schools for the blind as at 31st December, 1970	.. ..	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, 1970	.. ..	13

(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	—
Number of deaf pupils admitted to special schools during the year	—
Total number of deaf pupils in special schools for the deaf as at 31st December, 1970	7

(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 of facilities, though not necessarily all the educational methods used for deaf pupils.

Number of partially deaf pupils newly assessed ..	8
Number of partially deaf admitted to special schools during the year	4
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1970.	18

(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 ..	5
Number of educationally subnormal pupils admitted to special schools during the year	12
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December, 1970	64

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

Number of epileptic pupils newly assessed	1
Number of epileptic pupils admitted to special schools during the year	—
Total number of epileptic pupils in special schools for epileptic children as at 31st December, 1970	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	5
Number of maladjusted pupils admitted to special schools/ classes during the year	4
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December, 1970 ..	27

(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 ..	7
Number of physically handicapped admitted to special schools/classes during the year	5
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1970	34

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

Number of pupils newly assessed for special educational treatment in special schools	—
Number of pupils with speech defects admitted to special schools during the year	—
Total number of children with speech defects in special schools as at 31st December, 1970	—

(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	10
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, 1970	31

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	2	11	—	—	—	13
Deaf	2	5	—	—	—	7
Partially Deaf ..	2	16	8	—	—	26
Educationally Subnormal ..	12	52	—	—	—	64
Epileptic	3	—	—	—	—	3
Maladjusted ..	24	3	8	—	1	36
Physically Handicapped	8	26	5	1	5	45
Speech	—	—	—	—	—	—
Delicate	31	—	8	—	—	39

DEVELOPMENT IN PROVISION OF SPECIAL EDUCATION

From the beginning of the autumn term 1970, three developments were made in the provision of special education:

(1) The appointment of a specialist peripatetic remedial teacher based on the Child Guidance Centre, whose main duties are to assist teachers with their problems in providing remedial education to provide up-to-date information on new methods and materials and to run courses. This appointment is in addition to the existing part-time specialist teacher (whose main task has been to deal with groups of phobic children and to provide some tuition for children with severe learning problems) and the part time peripatetic teacher of the deaf (who gives assistance to the partial hearing children in ordinary schools).

(2) The setting up of an assessment unit for children of infant school age. This unit will enable the School Medical Officer, Educational Psychologist and teachers to assess the needs of children in this age group, who require individual attention. It will thus be possible accurately to assess a child's potential in order to ensure his placement in the most appropriate educational establishment. The unit will provide a better environment for this assessment than is possible in infant schools with the larger classes.

(3) The setting up of a unit under the control of a suitably qualified teacher to cater for children with emotional and behaviour difficulties for whom boarding provision would not be recommended but for whom day provision would be considered the most appropriate form of specialist educational treatment. The unit will cater not only for children already identified as needing this provision but will also be invaluable as a holding unit for very short periods for children awaiting placement in a suitable boarding school. This unit is sited in an ordinary primary school in order to allow gradual integration into a normal class as the individual child's progress permits.

Circular 12/70, dated 30th July 1970, asked authorities to review their provision for children with serious impediments of sight and hearing. Only two children come into this category—one was already attending a residential school and one was under school age.

The above circular was followed later in the year by a joint circular from the Departments of Health and Social Security and Education and Science concerning the Chronically Sick and Disabled Persons Act 1970. This circular dealt with the provision of special educational treatment, so far as is practicable, for children suffering from the dual handicap of deaf/blindness, autism and other forms of childhood psychosis and acute dyslexia. Special remedial reading facilities are already provided for children diagnosed as suffering from dyslexia. These facilities are either available locally at the Child Guidance Centre or Word Blind Centre in London.

It is also proposed to open a small unit for severely emotionally disturbed children (that is, children displaying some symptoms defined as autistic) at the Whittlesea Road School.

A further provision in special educational treatment in the Borough will be the setting up of a unit for partially hearing children. This unit will be in a classroom in a primary school in order to provide the necessary integration with children and teaching staff alike. The provision of this unit will in addition provide a big advantage in the reduction of time that children will have to spend travelling to school.

During the year, the Department was asked by the Special Services Branch of the Department of Education and Science to help in a survey of physically handicapped children attending ordinary schools. The purpose of the survey was to determine.:

- (a) How many physically handicapped children are there in ordinary schools?
- (b) What is the nature and degree of their handicap?
- (c) Do they absorb too much of the teacher's time at the expense of non-handicapped children?
- (d) Are they deriving at least as much educational benefit and receiving as much medical and nursing attention as they might do in a special school?

Six children in the Borough come into this category and five local schools were involved. It is pleasing to report that all of these children were progressing satisfactorily in their schools.

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.

Two children from class 1 were admitted to a day nursery during 1970.

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. Nine children were receiving home tuition at the end of 1970.

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. Three children were recommended and placed for a recuperative holiday in 1970.

INFECTIOUS DISEASES

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

Scarlet Fever	..	..	..	..	17
Dysentery	..	..	..	..	4
Measles	..	..	..	..	501
Whooping Cough	..	..	..	..	3
Food Poisoning	..	..	..	..	1
Tuberculosis: Pulmonary	..	..	..	..	1
Infective Jaundice	..	..	..	..	7

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 independent schools.

The following is a summary of the work carried out under this scheme during the year 1969:-

(A)

<i>Type of School</i>	<i>No. of Pupils Eligible</i>	<i>No. of Acceptances</i>	<i>Negative Reactors</i>	<i>Positive Reactors</i>
Secondary Modern ..	1,339	969	865	41
Secondary Grammar ..	860	743	694	8
Independent ..	468	391	348	15
Special ..	6	5	3	1
Junior Training School ..	3	3	3	—
TOTAL ..	2,676	2,111	1,913	65
(1969) ..	(2,563)	(1,922)	(1,705)	(77)

For comparison, the final figures for 1969 are shown in brackets.

(B)

	1969	1970
No. eligible ..	2,563	2,676
No. accepting ..	1,922	2,111
Acceptance rate ..	75%	78.8%
Positive reactors ..	77	65
Percentage positive ..	4.3%	3.3%
Negative reactors ..	1,705	1,913
No. given B.C.G. vaccination ..	1,685	1,876

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

PERSONAL HYGIENE

Inspections totalling 38,265 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 194. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 97 pupils. No cleansing orders under Section 54(3) were required during the year.

PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1970, the total number of meals served was 3,348,000 of which 154,080 were free.

Forty-two schools were served by kitchens on the premises and seven by container meals.

The milk in schools scheme has continued and one-third pint bottles of milk are provided for all primary school children.

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 1970	282
------------------------------------------------------------------------------	-----

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During 1970 the dental treatment which was carried out in the clinics was firmly based on conservation. This is supported by an analysis of the annual statistics. The ratio of permanent teeth filled to each extracted was 7 to 1 and that of the deciduous teeth was 2.8 to 1. This compares favourably with the national averages of 6 to 1 and 0.8 to 1, respectively.

Staff Changes

On the 13th March we lost the services of a full-time Dental Officer, who had been with us for six years, working at the Honeypot Lane and Tenby Road Clinics but were fortunate in being able to appoint another Dental Officer who was able to take over the services without a break.

The service at Caryl Thomas clinic was increased by six sessions per week as a result of the appointment of a Dental Officer who also attended two days at Tenby Road clinic, this enabling the Honeypot Lane clinic to be worked full-time. Unfortunately, this Officer resigned for personal reasons after only three months service and up to the end of the year we were unable to secure a suitable replacement.

The difficulty in recruiting dental surgery assistants became apparent after the loss by illness and eventual retirement of a member of the staff who had been with us nineteen years and worked at the Whittlesea Road and Cecil Park clinics. Part-time assistance only could be supplied as the response to advertisements for full-time dental surgery assistants is very poor. This is the case generally in the London area owing to the fact that higher salaries are obtainable in other occupations.

Equipment

Provision was made in the estimates for replacement of 20 years old equipment at Caryl Thomas clinic by the modern low seater dentistry type of unit used in conjunction with a traditional type dental chair, which I consider better suited for the treatment of children.

Dental Health Education

In November a dental health campaign following our now well established pattern, was carried out in schools that had not been included in previous campaigns. Dental Officers and dental surgery assistants took an active part in the proceedings.

TABLE I—MEDICAL INSPECTION RETURNS

<i>Age groups inspected (By year of Birth)</i>	<i>No. of pupils having received a full medical examination</i>	PHYSICAL CONDITIONS OF PUPILS INSPECTED		<i>No. of pupils found not to warrant a medical examination</i>	<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satisfactory No.</i>	<i>Unsatisfactory No.</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	120	120	—	—	1	49	41
1965	723	723	—	—	28	167	173
1964	1,725	1,724	1	—	82	495	510
1963	528	528	—	—	27	195	196
1962	153	153	—	—	10	46	50
1961	136	136	—	—	13	39	47
1960	122	122	—	—	7	36	39
1959	98	98	—	—	14	27	37
1958	943	943	—	—	57	136	176
1957	616	616	—	—	39	101	131
1956	170	169	1	—	16	31	41
1955 & earlier	1,816	1,814	2	—	106	318	388
TOTAL ..	7,150	7,146	4	—	400	1,640	1,829

Column (3) total as a percentage of Column (2) total: 99·94 %

Column (4) total as a percentage of Column (2) total: 0·06 %

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	1,493
Number of Re-inspections	3,578
TOTAL ..	5,071

TABLE 111
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	38,265
(b) Total number of individual pupils found to be infested	194
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	97
(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)	Defects or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	88	76	88	252	461
		O	15	4	5	24	4
5	Eyes: (a) Vision	T	133	110	157	400	68
		O	116	21	63	200	16
	(b) Squint	T	63	4	7	74	3
		O	9	—	—	9	1
	(c) Other	T	15	2	7	24	2
		O	3	—	—	3	—
6	Ears: (a) Hearing	T	102	11	46	159	119
		O	13	—	4	17	36
	(b) Otitis Media	T	11	4	1	16	2
		O	1	—	—	1	—
	(c) Other	T	6	10	4	20	15
		O	1	—	—	1	—

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	109	22	44	175	13
		O	52	3	11	66	12
8	Speech	T	48	3	14	65	17
		O	31	—	8	39	8
9	Lymphatic Glands	T	9	—	1	10	3
		O	10	—	—	10	2
10	Heart	T	26	7	15	48	12
		O	31	2	13	46	1
11	Lungs	T	66	14	19	99	14
		O	16	—	4	20	13
12	Developmental: (a) Hernia	T	7	1	2	10	1
		O	—	—	—	—	—
	(b) Other	T	65	56	77	198	41
		O	39	12	27	78	20
13	Orthopaedic: (a) Posture	T	4	7	4	15	3
		O	3	—	3	6	—
	(b) Feet	T	57	32	45	134	73
		O	19	—	7	26	11
	(c) Other	T	34	13	41	88	10
		O	6	4	3	13	4
14	Nervous System: (a) Epilepsy	T	8	5	11	24	2
		O	4	—	—	4	7
	(b) Other	T	51	6	17	74	112
		O	19	3	4	26	17
15	Psychological: (a) Development	T	15	4	11	30	18
		O	25	1	12	38	6
	(b) Stability	T	20	11	7	38	10
		O	35	1	3	39	2
16	Abdomen	T	5	4	5	14	4
		O	1	—	—	1	—
17	Other	T	23	29	21	73	32
		O	4	2	3	9	7

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	69
Errors of refraction (including squint)	799
TOTAL ..	868
Number of pupils for whom spectacles were prescribed	248

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	5
(b) for adenoids and chronic tonsilitis	96
(c) for other nose and throat conditions	2
Received other forms of treatment	126
TOTAL ..	229
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1970	11
(b) in previous years	45

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	76
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	76

DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

	<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp	2
(b) Body	2
Scabies	—
Impetigo	—
Other skin diseases	509
TOTAL ..	513

CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	521

SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapist	541

OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	179
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination	1,876
(d) Other than (a), (b) and (c) above:	
Heart	8
Lungs	7
Nervous System: (i) Epilepsy	1
Psychological: (i) Development	15
(ii) Stability	8
TOTAL (a) to (d) ..	2,097

TABLE VI

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First Visit	2,513	1,661	322	4,496
Subsequent Visits	3,683	3,228	957	7,868
Total Visits	6,196	4,889	1,279	12,364
Additional courses of treatment commenced	386	175	37	598
Fillings in permanent teeth	2,106	3,022	608	5,736
Fillings in deciduous teeth	4,010	355	—	4,365
Permanent teeth filled	1,887	2,785	559	5,231
Deciduous teeth filled	3,709	344	—	4,053
Permanent teeth extracted	32	295	80	407
Deciduous teeth extracted	1,041	327	—	1,368
General anaesthetics	396	193	26	615
Emergencies	247	70	5	322
Number of Pupils X-rayed .. .. .	..	..	356	
Prophylaxis .. .. .	..	..	586	
Teeth otherwise conserved .. .. .	..	..	788	
Number of teeth root filled .. .. .	..	..	63	
Inlays .. .. .	..	..	4	
Crowns .. .. .	..	..	15	
Courses of treatment completed .. .. .	..	..	3,682	

ORTHODONTICS

New cases commenced during year .. .. .	..	..	81
Cases completed during year .. .. .	..	..	124
Cases discontinued during year .. .. .	..	..	6
No. of removable appliances fitted .. .. .	..	..	250
No. of fixed appliances fitted .. .. .	..	..	10
Pupils referred to Hospital Consultant .. .. .	..	..	2

PROSTHETICS

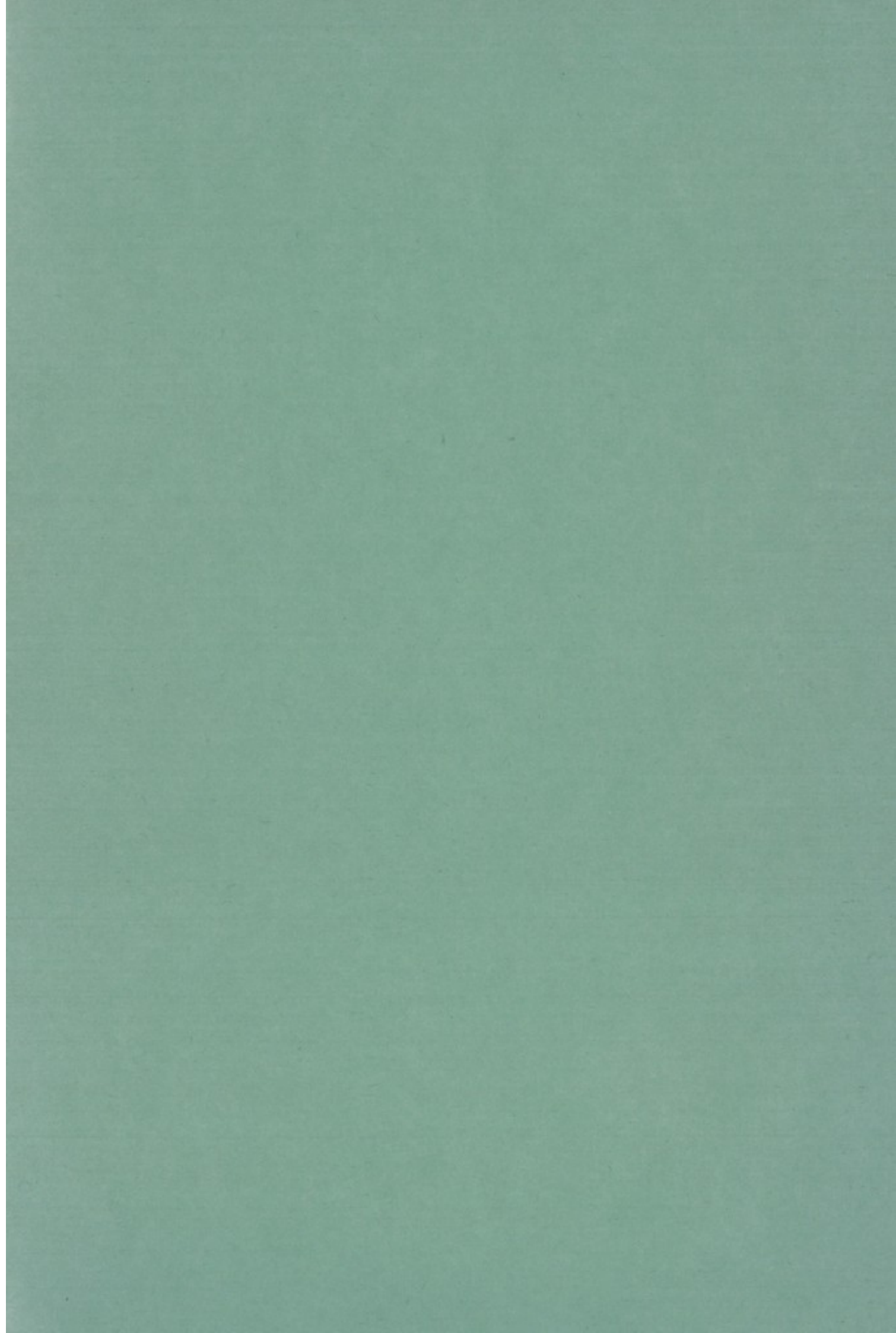
	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	2	1	5
Number of dentures supplied	2	2	1	5

INSPECTIONS

(a) First inspection at school. Number of Pupils .. .. .	..	..	20,925
(b) First inspection at clinic. Number of Pupils .. .. .	..	..	1,901
Number of (a)+(b) found to require treatment .. .. .	..	..	8,769
Number of (a)+(b) offered treatment .. .. .	..	..	6,969
(c) Pupils re-inspected at school clinic .. .. .	..	..	978
Number of (c) found to require treatment .. .. .	..	..	792

SESSIONS

Session devoted to treatment .. .. .	..	..	2,188
Sessions devoted to inspection	207
Sessions devoted to Dental Health Education	11



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