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Contributors

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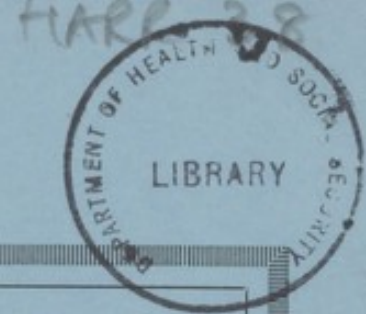
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London Borough of Harrow



Annual Report

OF THE

Medical Officer of Health

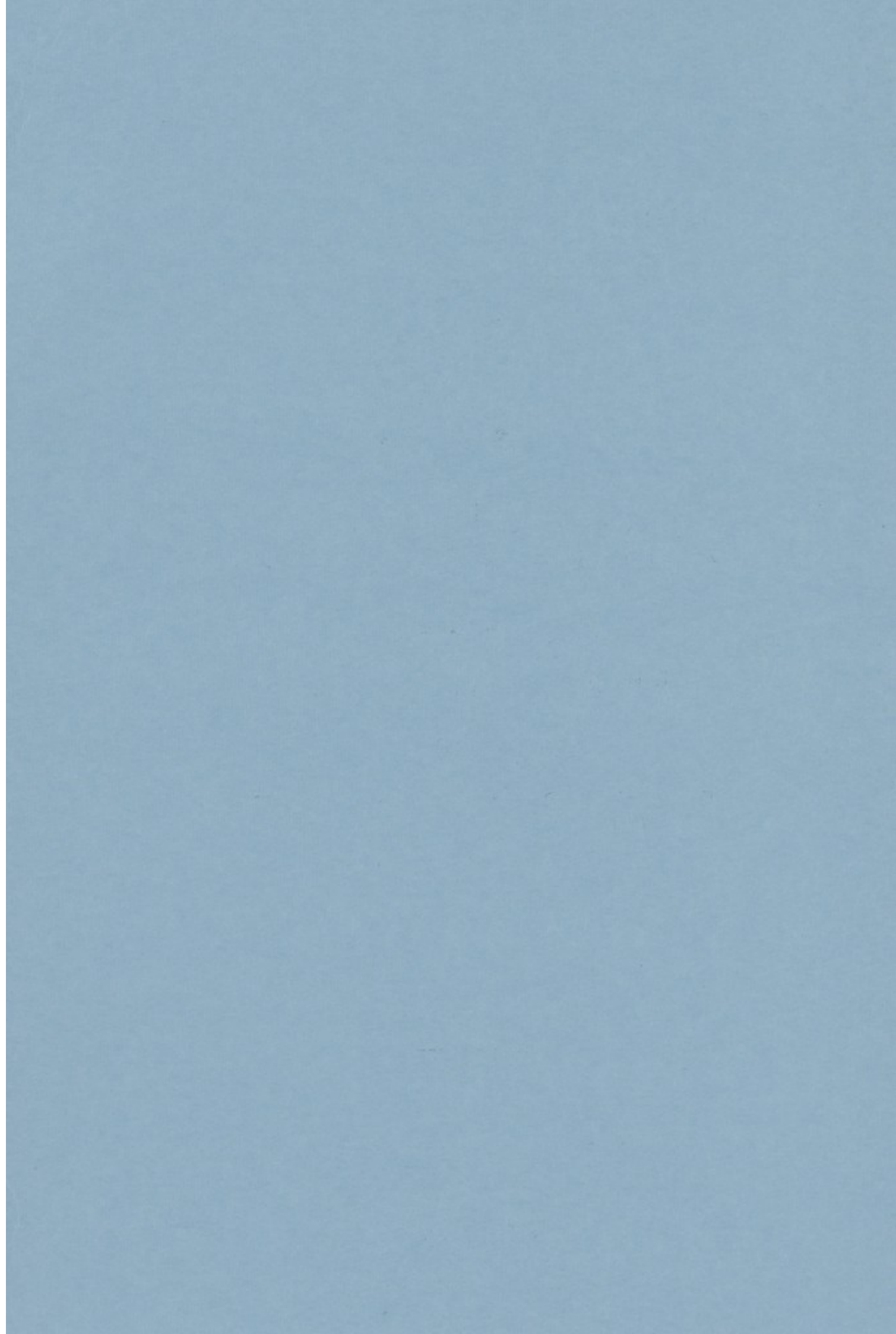
AND

Principal School Medical Officer

FOR THE YEAR

1971

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



London Borough of Harrow



Annual Report

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OF THE
Medical Officer of Health
AND
Principal School Medical Officer
FOR THE YEAR
1971

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



LONDON BOROUGH OF HARROW

HEALTH COMMITTEE

as at December 1971

THE WORSHIPFUL THE MAYOR (MRS. MARIE M. HASLAM, J.P.) (*ex-officio*)

THE DEPUTY MAYOR (COUNCILLOR G. COLBORNE HILL) (*ex-officio*)

ALDERMAN MRS. A. M. JOHNSON (*Chairman*)

COUNCILLOR MRS. P. D. LEAVER (*Vice-Chairman*)

ALDERMAN F. D. FLOWER, M.B.E., B.A., B.Sc.(ECON).

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A.F.Inst.Pet.

Representing the Middlesex Local Medical Committee

DR. H. T. FOOT

SOCIAL SERVICES COMMITTEE

THE WORSHIPFUL THE MAYOR (MRS. MARIE M. HASLAM, J.P.) (*ex-officio*)

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Department of Health Services,
Hanover House,
Lyon Road,
Harrow, Middlesex, HA1 2EH.

To The Worshipful the Mayor, Aldermen and Councillors of the London Borough of Harrow.

Madam Mayor, Ladies and Gentlemen,

I have the honour to present my annual report on the health and sanitary conditions of the district for the year 1971.

Consideration of the vital statistics again shows variations within the normal seen from year to year. There was a population decrease of 1,060 to a total figure of 205,000 and the birth and death rate of 14.4 and 10.3 per 1,000 population respectively were approximately the same as for 1970. It is pleasing to report that there was a decrease in the infant mortality rate from 14.0 to 12.0 per 1,000 live births, which compares with a figure of 18.0 for England and Wales. Once again the majority of infant deaths occurred in the early neonatal period and were due in the main to congenital defects and prematurity. There was one maternal death but in general local statistics compare very favourably with the national rates.

I commented a few years ago in an annual report that a Health and Social Services Department was never static. Changing patterns in services provided, increased demands from the public and above all the main criterion of trying to improve services to the burgesses, all serve to keep the department alive and active. New legislation, some of a very sweeping nature, can also have a tremendous influence and sometimes brings about drastic changes in the working pattern of the department !

In retrospect, 1971 can therefore be said to have been quite a year ! The Local Authority Social Services Act of 1970 was implemented, setting up new social services departments to deal with the welfare and children's services, the mental health service, the home help service and the day care of children—services which had traditionally been personal health service therefore moved into the sphere of activity of the personal social services. This was followed in May by the Secretary of State's Consultative Document, which described in outline the Government's proposal for the re-organisation of the administrative structure of the health services. The administration of the National Health Service is to be unified and will incorporate the personal health functions which have been carried out by local health authorities since 1948. This re-organisation of the National Health Service is scheduled to coincide with the re-organisation of Local Government outside London on the 1st April, 1974.

This move of unification can be welcomed in that, in theory, it does away with one of the major criticisms of the National Health Service Act 1946. This was the tendency for health services to work in a tri-partite arrangement of hospital, general medical and local health authority services, with resulting difficulties in communication between the three branches. Over the years, there has been much evidence of a "coming together" of these three services by means of liaison schemes and attachment of local authority personnel both to hospital departments and general practice. At the same time, there has also been a coming together of the health and the social services in realisation of the fact that case problems, be they individuals or family groups, usually have a socio-medical background and that the comprehensive care of the citizens depends very much on both services. Unification has been achieved in the personal social services by bringing them together under the new Social Services Committees of the local authorities and presumably this will also be achieved in the health service in 1974—the main difference being that the controlling body will not be the same—in other words, a bi-partite service will be set up ! It must therefore be very obvious that to realise and maintain a comprehensive care of the citizen as outlined above strong and binding links between the health and social services will be of fundamental importance. Matching boundaries between the new health authorities and the local authorities providing personal social services have been promised. Therefore, one would hope that in the London area, the area health authority will cover the boundary of one local authority only. At the present moment, these issues and others concerning the amalgamation of the health services are being considered by working groups set up by the Department of Health and Social Security and it goes without saying that the results of their deliberations are awaited with great interest by all staff concerned. This inter-dependence of the health service and the social services was stressed in L.A.S.S.L. 33/71 where the Secretary of State for Social Services brought to the special attention of local authorities the need for the preservation and extension at all levels of the close working relationships which are of the first importance to the effectiveness of both services.

In addition to the foregoing, during the year, several other circulars were issued by Government Departments on various aspects of the services.

Circular 8/71 set out the timetable for the Welfare Foods Order 1971, which implemented the Government's decisions on new arrangements for the provision of welfare milk and foods and revoked the Welfare Foods Order 1958. From the 1st April, 1971, the provision of cheap welfare milk for expectant mothers and young children ceased but entitlement to free milk and food was extended. Free cod liver oil and orange juice ceased to be available from the 30th April and 31st December 1971 respectively, being replaced by Vitamins A and D drops for children and a reconstituted A, D and C tablet for mothers.

Circular L.H.A.L. 17/71 enclosed a copy of a paper prepared by the Department of Health and Social Security in consultation with the Standing Medical and Nursing Advisory Committee and Central Health Service Council dealing with the planning and consultation with local authorities of a hospital service for children including the comprehensive assessment of those who were mentally and physically handicapped. Particular emphasis was made in both papers of the need for close liaison and also the need for a firm arrangement for the transfer of information from hospital not only to general practitioners but also to medical officers of health and, where appropriate, to Directors of Social Services about children who need their services. As outlined in previous reports, this department has made and continues to make every effort to foster liaison schemes with the Paediatric Departments of the local district hospitals.

Circular 36/71 on Family Planning outlined the Government's views on the need for family planning and their proposal to encourage the growth of local authority family planning including domiciliary service. The Secretary of State stressed that advice and examination should be free in all cases, that prescriptions and supplies should be free in medical cases but that a charge could properly be made for prescriptions and supplies in non-medical cases at the discretion of the authority. Appropriate action was taken to amend the Council's policy in regard to family planning services from 1st November, 1971 so that all patients now receive free advice and all medical and social cases free supplies also.

Pursuant to Circular 42/71, the Health Committee considered their capital building programme for the years 1972 to 1975 and agreed in principle to the establishment of a Health Centre in Stanmore and authorised the officers to enter into negotiations with the Middlesex Executive Council in regard to the proposal. At the same time, the Committee considered a preliminary list showing various parts of the Borough where sites might with advantage be earmarked for future health centre development. The Committee decided to set up a working party to consider these proposals in more detail in order that a firm recommendation could be made to the Council in respect of site acquisition for the future.

Other circulars issued during the year dealt with a variety of topics ranging from changes in the recommendations relating to vaccination against smallpox (CMO.12/71), prophylactic vaccination against rabies (55/71), the recall arrangement for Cervical Cytology (LHAL.33/71), a long term national surveillance to determine the effect of rubella vaccine on the incidence of congenital rubella defects (CMO. 7/71) to a circular on smoking and health, in which the Secretary of State drew attention to a report issued by the Royal College of Physicians entitled "Smoking and Health Now". He hoped that authorities would complement and support the Health Education Council by giving the maximum of publicity to the dangers of smoking. Fuller details on and action taken as a result of these circulars are incorporated in the main report.

Efforts to further the co-ordination and co-operation of the department's services with hospital and family doctor services continued during the year. Further liaison and attachment schemes between the domiciliary staff and the family doctors were initiated and it is considered produced not only a higher degree of job satisfaction to the professional staff but also as a corollary an improved service to the patient. During the year, the Maternity Steering Group, in considering the setting up of an integrated midwifery service for the district centred on Northwick Park Hospital, completed their work and their report was received and approved by the Hospital Management Committee, the local Medical Committee and the Council of the London Borough of Harrow. Details of the scheme have now been submitted to the Department of Health and Social Security for their consideration and, it is hoped, final approval.

Generally, the main theme of the department during the year was expansion in all spheres in order to meet increased demands. This included a new clinic for Cervical Cytology involving the consultant gynaecologist from Northwick Park Hospital—an increase in health visiting and home nursing personnel—a feature which will I am sure be a recurrent item in years to come with rapid expansion of schemes involving the early discharge of hospital patients back to nursing care within the community.

The health education section was at full stretch during the year coping with a variety of projects all aiming at achieving the double function of providing information and at the same time trying to persuade people to take positive action in line with the advice given.

The environmental health section was also at full stretch during the year still being involved with much work arising out of the Housing Act 1969. However, every effort was made to see that the basic supervisory work carried out by the section did not suffer. It is pleasing to report the steady progress being maintained in the Clean Air programme. Three new orders became effective in 1971 and by the end of 1972 approximately 75% of houses in the Borough will be under smoke control. The programme was started in 1960 with a 15-year target and there is every hope that this target date will be achieved. I think this fact is worthy of note and that the various members of the Health Committee of the Borough, who have been involved in this programme over the years, are to be both thanked and congratulated on the steadfastness of their intent to maintain the programme without interruption. This is good public health !

On the debit side, however, I very much regret to report that one of the best measures to prevent dental decay is still denied to the Borough in that no progress has been made in raising the level of the fluoride in the drinking water to the caries-preventing level of 1.00 p.p.m. (F.).

As forecast in last year's annual report, some modifications were introduced in the standard procedures for the inspecting and advising in the School Health Service. In the past, the periods between the Medical Officers' visits to the schools have tended to become too long resulting

in breaks in continuity in pupils' surveillance. Accordingly, in a few schools, it was decided on an experimental basis to change the spread of general medical inspections which resulted in the Medical Officer visiting the school more frequently, conducting fewer examinations per session and therefore having more time for parent/teacher/doctor discussion on selected pupils, whose progress in school was causing concern. Preliminary reports on this pilot scheme are favourable and it is hoped to extend and expand the service in 1972.

The departmental staff continued to work in close association with the paediatric departments of the local hospitals and in particular with the assessment of pre-school handicapped children. These children often have continuing problems associated with their general care in the community and, although the team approach may not solve all of them, it often does at least lead to the introduction of helpful measures. Placement in the most appropriate school environment for their particular disability is, of course, of fundamental importance.

Difficulties in staffing of the school eye clinics has been mentioned in previous reports and finally, in July 1971, the Council agreed to a recommendation that they employ their own consultant ophthalmologist to cover this service. The response to advertising was immediate and it is pleasing to report that the ophthalmic service has continued from this date without interruption.

The extremely low percentage of children found to be of an unsatisfactory physical condition is worthy of note and probably gives an indication of the generally good standard of health among local school children.

A few years ago, I said that these reports were the record of work of a department, which had many facets all geared in one way or another to help the individual enjoy a full and happy life within the community, the essential factor being teamwork, this teamwork not only being concerned with inter-departmental sections but also with colleagues in other departments. The report of 1971 deals with a much smaller department than hitherto as many of its previous functions are now the concern of the Social Services Department. However, the essential factor still remains and that is the teamwork already mentioned.

I sincerely hope that the links and bonds forged amongst the staff in the previous Health, Welfare and Children's Department during the period 1964 to 1971 will be maintained and liaison between the Health and Social Services Departments strengthened to produce a first class service to the Borough.

In conclusion, may I say that this will be my final report as your Medical Officer of Health as I will be seeking pastures new in South Africa. I have spent an interesting and at times hectic 10 years in Harrow. The opportunity of co-ordinating the work of a combined Health and Social Services Department presented to me in 1965 was welcomed and

I would be happy to feel that my efforts to integrate and to improve the various services of the Borough have been of benefit to the Burgesses and also helped the present structure to proceed from a good foundation. I look forward to my new work but must say it is with some regret that I part company with my colleagues in Harrow. If I have achieved anything in Harrow then it has been the result of teamwork and I would here record my very great appreciation of the willing and able assistance given to me at all times by all members of staff and finally I would wish to thank the various Chairmen and Members of Committees for their understanding and support during the last 10 years and at the same time acknowledge with grateful thanks the ready help and co-operation of my colleagues and their respective staffs in all 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	12,555
Population (Registrar General's estimate)	205,000
Estimated number of inhabited houses	69,516
Rateable Value	£12,328,273
Rate represented by a new penny rate	£120,500

Birth Statistics

Live Births :	Male	Female	Total
Legitimate	1,409	1,344	2,753
Illegitimate	107	83	190
Total	1,516	1,427	2,943

Live Birth rate per 1,000 population	14.4
Adjusted Live Birth rate	14.7
Birth Rate for England and Wales	16.0
Illegitimate live births per cent of total live births	6.0

Stillbirths :	Male	Female	Total
Legitimate	16	16	32
Illegitimate	—	—	—
Total	16	16	32

Still Birth rate per 1,000 Live and Still Births	12.0
Total Live and Still Births	2,975
Still Birth rate for England and Wales	12.0

Infant Deaths (under 1 year of age) :

	Male	Female	Total
Legitimate	22	11	33
Illegitimate	—	2	2
Total	22	13	35

Infant mortality rate per 1,000 live births	12.0
Legitimate Infant mortality rate per 1,000 legitimate live births	12.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births	11.0
Infant mortality rate for England and Wales	18.0

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,555
Population (Registrar General's estimate)	205,000
Estimated number of inhabited houses	69,516
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Live Births :	<i>Male</i>	<i>Female</i>	<i>Total</i>	
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Illegitimate	107	83	190	
Total	1,516	1,427	2,943	
Live Birth rate per 1,000 population				14.4
Adjusted Live Birth rate				14.7
Birth Rate for England and Wales				16.0
Illegitimate live births per cent of total live births				6.0

Stillbirths :	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	16	16	32	
Illegitimate	2	1	3	
Total	18	17	35	
Still Birth rate per 1,000 Live and Still Births				12.0
Total Live and Still Births				2,978
Still Birth rate for England and Wales				12.0

Infant Deaths (under 1 year of age) :

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	22	11	33	
Illegitimate	—	2	2	
Total	22	13	35	
Infant mortality rate per 1,000 live births				12.0
Legitimate Infant mortality rate per 1,000 legitimate live births				12.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births				11.0
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	..	15	5	20
Illegitimate	..	—	1	1
Total	.. ..	15	6	21

Neo-natal mortality rate per 1,000 live births 7.0

Neo-natal mortality rate for England and Wales 12.0

Early Neo-natal mortality rate (first week) per 1,000 live births 7.0

Peri-natal mortality rate per 1,000 live and still births .. 18.0

Maternity Mortality :

Maternal deaths 1.0

Maternal mortality rate per 1,000 live and still births .. 0.33

Maternal mortality rate for England Wales 0.18

Deaths :

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,069	1,042	2,111

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 11.6

Population

The estimated mid-year population was 205,000 which was a decrease of 560 as compared with the figure for 1970. The natural increase in population—excess of births over deaths—was 832 and the number of occupied houses and flats rose by 221 to 69,516.

Births

During the year 2,943 live births (1,516 male and 1,427 female) were registered, giving a crude birth rate of 14.4 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 14.7 as compared with the birth rate of 16.0 per 1,000 population for England and Wales. 190 of the live births were illegitimate giving a percentage of total births of 6.0.

Total number of live and still births 2,978

Local births (domiciliary confinement) 190

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	47
(ii) Number of live births included in (i) above	41
(iii) Number of still births included in (i) above	6
(iv) Total number of malformations notified as apparent at birth	57
(v) Number of children with multiple malformations	8

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	2	5 Talipes	17
8 Spina Bifida	3	6 Congenital Dislocation of Hip	2
5 Microcephalus	2	8 Other specified Malformations of Leg or Pelvis	2
1 Eye and Ear		7 Other Parts of Musculo-Skeletal System	
6 Unspecified Malformations of ear	1	0 Other Malformations of Musculo-Skeletal System (including Congenital Hernias except Hiatus Hernia)	1
8 Accessory Auricle	1	8 Other Systems	
2 Alimentary System		1 Other Malformations of Face and Neck	2
1 Cleft Lip	1	9 Exomphalos, Omphalocele (excluding Umbilical Hernia)	2
2 Cleft Palate	1	9 Other Malformations	
7 Rectal and Anal Atresia and Stenosis	1	9 Multiple Congenital Malformations not specified	1
5 Urino-Genital System		6 Down's Syndrome (Mongolism)	6
7 Hypospadias, Epispadias	3		
3 Hydrocele	2		
6 Limbs			
0 Polydactyly	3		
1 Syndactyly	2		
2 Reduction Deformity Hand or Arm	1		

Still Births

A total of 35 still births was registered during the year giving a still birth rate of 12.0 per 1,000 live and still births, which compares favourably with the rate of 12.0 for England and Wales.

Infant Mortality

During the year 35 (22 male and 13 females) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was a decrease of 7 on the figure for 1970 and with 2,943 live births gives an infant mortality rate of 12.0 compared with that of 14.0 in 1969. The rate for England and Wales was 18.0.

Twenty-one or approximately 60% of these infant deaths occurred during the first four weeks of life giving neo-natal mortality rate of 7.0 per thousand live births. Twenty of these neo-natal deaths occurred during the first week of life, prematurity being the main cause of death. These early neo-natal deaths combined with the still births give a perinatal mortality rate of 18.0 per thousand, live and still births, compared with a rate of 19.0 for 1970.

Maternal Mortality

One death occurred during 1971 due to causes associated with pregnancy and childbirth.

Deaths

The total number of deaths of residents of the Borough was 2,111 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 11.6 per 1,000 population for England and Wales. The main causes of death were as follows:-

1. Heart Disease	.. .. .	683
2. Cancer	.. .. .	494
3. Cerebrovascular disease	.. .. .	258

Deaths from Heart Disease

This disease complex accounted for 698 deaths during 1971 with once again the principal cause ischaemic heart disease accounting for 530 deaths.

Prevention of this disease complex is still very much theoretical but there seems to be no doubt about the fact that a certain amount of blame can be placed on obesity, raised blood pressures, raised blood lipids, lack of exercise and cigarette smoking. This being so, the practice of preventive measures should be a straightforward matter easily assimilated by all. However, as the general pattern of the present day affluent society seems

to be to partake of rich meals high in saturated fat content, followed by the relaxing cigarette or cigarettes and taking the car to post a letter, prevention appears to be fighting a losing battle ! Surely it must be more worthwhile to make a bit of an effort and be more abstemious in one's diet, foregoing the after-meal cigarettes and posting a letter while taking the dog for a walk.

The great problem with this disease complex is that everybody seems to think that it cannot or will not happen to them, but it does, as the mortality figures show year by year.

An added feature worthy of note is the increased tendency for this disease to affect people in the younger age groups. Could the reason for this be due to the faster pace of business life nowadays with the associated stepping up of nervous strain and tension—everything requiring to be done the day before it is even thought of ! This tension has to be relieved by some means and solace is often sought in the smoking of cigarettes and so a vicious circle is set up leading to increased smoking, over-feeding, and lack of exercise.

Preventive measures as is so often the case lie within the individual's jurisdiction. The great problem is to drive this point home in order that people do take some positive action to safeguard their health.

Deaths from Cancer

In 1971, the number of deaths from cancer was 281 male and 213 female. Deaths from lung cancer decreased by 27 to a total of 132 for the year or a rate per 100,000 of 64.4. Any reduction in mortality is to be welcomed but yearly fluctuations in numbers must not be confused with trends and unfortunately the downward trend in the mortality by this disease is taking a long time to materialise to any significant degree.

The Royal College of Physicians' report "Smoking and Health Now" published in 1971 drew attention to the urgency of the task confronting preventive medicine as a result of the damage to health caused by cigarette smoking. The report brings together and assesses the most recent evidence linking cigarette smoking with lung cancer, heart disease and bronchitis. It shows that the heavy smoker aged 35 has a 2 in 5 chance of dying before the age of 65 while for a non-smoker of that age the risk is only 1 in 5, and that an average smoker of 15 cigarettes a day aged 30 can expect to lose about $5\frac{1}{2}$ years of life. The report shows that the only certain protection from smoking-induced disease is not to smoke at all and that those who cannot completely give up the habit will be well advised to transfer from cigarettes to a pipe or cigars.

During the year, several steps were taken to tackle the problem of smoking and health. The Government concluded an agreement with tobacco manufacturers to place warning notices on cigarette packets and advertisements and provided extra funds for the Health Education

Council to mount a television campaign. In conjunction with this campaign, this Authority made wide use of the anti-smoking health education material by displays on public notice boards, libraries and clinics. The example set by health authorities and other public bodies can be particularly important. Education of the consequences of smoking in pregnant women is directed at patients attending the local ante-natal clinics, the reason being that there is evidence that babies of mothers who smoke during pregnancy are twice as likely to be aborted, to be stillborn or to die soon after birth as are the babies of non-smoking mothers and that babies of smokers are two or three times as likely to be born prematurely and on average to have lower birth weights.

Smoking is an anti-social habit. A change must therefore be brought about in public attitudes to smoking and any advice or publicity directed to the public should be presented in such a manner as to indicate that it is normal not to smoke.

Members of professions who can influence the public must set an example. I speak here particularly of medical practitioners and teachers. The medical profession can influence both individual cases and the general public whereas the teaching profession is uniquely placed to influence the young not to smoke. If by any chance members of these professions do find they have to smoke they should do so only in private.

To sum up, any public body should do all in its power to foster an awareness of the hazard of smoking and to set an example to the public. May I in conclusion say here, that now that the Committees of the Local Authority are held in public, the members of those Committees have a golden opportunity of setting a good example by refraining from smoking at these public sessions. Every little bit helps !

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 35 residents during 1971. The equivalent figure for the previous year was 51. 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

Nineteen people committed suicide during 1971, an increase of eight compared with the figure for 1970.

Deaths from Infectious Diseases

During 1971, there was one death from pulmonary tuberculosis and three deaths from enteritis. In the latter case, all were elderly residents. Once again, there was a nil return in the case of whooping cough, measles and acute poliomyelitis.

TABLE I

Summary of Vital Statistics 1947—1971

	Estimated Civilian Population	Birth Rate per 1,000 Population	Death Rate per 1,000 Population	Infant Mortality Rate—Deaths under 1 year per 1,000	Neonatal Mortality Rate—Deaths under 1 month per 1,000	Maternal Mortality Rate per 1,000 live and still births	Still Birth Rate per 1,000 live and still births
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
1971	205,000	14.7	10.3	12.0	7.0	Nil	12.0

TABLE II

Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1961—1971

Year	Birth Rate		Death Rate		Infant Mortality Rate	
	Harrow	England and Wales	Harrow	England and Wales	Harrow	England and Wales
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
1971	14.7	16.0	10.6	11.6	12.0	18.0

TABLE III

Deaths of Harrow Residents during 1971 — 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	—	3	3
5	B.5	Tuberculosis of Respiratory System	—	1	1
6	B.6	(1) Late effects of Tuberculosis	2	—	2
7		(2) Other Tuberculosis	—	1	1
8	B.7	Plague	—	—	—
9	B.8	Diphtheria	—	—	—
10	B.9	Whooping Cough	—	—	—
11	B.10	Streptococcal Sore Throat and Scarlet Fever	—	—	—
12	B.11	Meningococcal Infection	1	—	1
13	B.12	Acute Poliomyelitis	—	—	—
14	B.13	Smallpox	—	—	—
15	B.14	Measles	—	—	—
16	B.15	Typhus and Other Rickettsioses	—	—	—
17	B.16	Malaria	—	—	—
18	B.17	Syphilis and its sequelae	—	1	1
19	B.18	All Other Infective and Parasitic Diseases	1	—	1
20	B.19	(1) Malignant Neoplasm—Buccal Cavity and Pharynx	2	2	4
21	B.19	(2) Malignant Neoplasm—Oesophagus	7	4	11
22	B.19	(3) Malignant Neoplasm—Stomach	26	12	38
23	B.19	(4) Malignant Neoplasm—Intestine	36	34	70
24	B.19	(5) Malignant Neoplasm—Larynx	3	—	3
25	B.19	(6) Malignant Neoplasm—Lung, Bronchus	111	21	132
26	B.19	(7) Malignant Neoplasm—Breast	1	54	55
27	B.19	(8) Malignant Neoplasm—Uterus	—	12	12
28	B.19	(9) Malignant Neoplasm—Prostate	14	—	14
29	B.19	(10) Leukaemia	10	6	16
30	B.19	(11) Other Malignant Neoplasms	71	68	139
31	B.20	Benign and Unspecified Neoplasms	3	4	7
32	B.21	Diabetes Mellitus	7	8	15
33	B.22	Avitaminoses and Other Nutritional Deficiency	—	1	1
34	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	3	4	7
35	B.23	Anaemias	—	3	3
36	B.46	(2) Other Diseases of Blood and Blood-forming Organs	—	1	1
37	B.46	(3) Mental Disorders	1	—	1
38	B.46	(4) Multiple Sclerosis	2	3	5
39	B.24	Meningitis	—	—	—
40	B.46	(5) Other Diseases of Nervous System & Sense Organs	12	15	27
41	B.25	Active Rheumatic Fever	—	—	—
42	B.26	Chronic Rheumatic Heart Disease	9	29	38
43	B.27	Hypertensive Disease	21	24	45
44	B.28	Ischaemic Heart Disease	318	212	530
45	B.29	Other Forms of Heart Disease	27	43	70
46	B.30	Cerebrovascular Disease	99	159	258
47	B.46	(6) Other Diseases of the Circulatory System	41	64	105
48	B.31	Influenza	1	4	5
49	B.32	Pneumonia	69	100	169
50	B.33	(1) Bronchitis, Emphysema	66	27	93
51	B.33	(2) Asthma	3	1	4
52	B.46	(7) Other Diseases of the Respiratory System	9	16	25
53	B.34	Peptic Ulcer	5	7	12
54	B.35	Appendicitis	4	1	5
55	B.36	Intestinal Obstruction and Hernia	—	6	6
56	B.37	Cirrhosis of Liver	4	4	8
57	B.46	(8) Other Diseases of the Digestive System	14	16	30
58	B.38	Nephritis and Nephrosis	4	2	6
59	B.39	Hyperplasia of Prostate	1	—	1
60	B.46	(9) Other Diseases of the Genito-Urinary System	7	16	23
61	B.40	Abortion	—	—	—
62	B.41	Other Complications of Pregnancy, Childbirth and Puerperium	—	1	1
63	B.46	(10) Diseases of the Skin and Subcutaneous Tissue	—	4	4
64	B.46	(11) Diseases of the Musculo-Skeletal System and Connective Tissue	—	6	6
65	B.42	Congenital Anomalies	8	6	14
66	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions	7	3	10
67	B.44	Other Causes of Perinatal Mortality	4	—	4
68	B.45	Symptoms and Ill-defined Conditions	1	3	4
69	B.47	Motor Vehicle Accidents	12	9	21
70	B.48	All Other Accidents	7	7	14
71	B.49	Suicide and Self-inflicted Injuries	10	9	19
72	B.50	All Other External Causes	5	5	10
TOTAL ..			1069	1042	2111

TABLE IV

Carried forward . . .

TABLE V

Table IV continued

Causes of Death		Under 1										
		All Ages	4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65- 75-
<i>Brought forward</i>												
37 B.46	(3) Mental Disorders ..	1	-	-	-	-	-	-	-	-	-	1
38 B.46	(4) Multiple Sclerosis ..	2	-	-	-	-	-	-	1	1	-	-
39 B.24	Meningitis ..	-	-	-	-	-	-	-	-	-	-	-
40 B.46	(5) Other Diseases of Nervous System & Sense Organs ..	12	-	-	-	1	-	1	-	1	3	3
41 B.25	Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-
42 B.26	Chronic Rheumatic Heart Disease ..	9	-	-	-	-	-	-	-	-	1	5
43 B.27	Hypertensive Disease ..	21	-	-	-	-	-	-	1	-	5	7
44 B.28	Ischaemic Heart Disease ..	318	-	-	-	-	-	-	5	29	68	122
45 B.29	Other Forms of Heart Disease ..	27	-	-	-	-	-	-	-	1	5	6
46 B.30	Cerebrovascular Disease ..	99	-	-	-	-	1	-	1	3	17	29
47 B.46	(6) Other Diseases of the Circulatory System ..	41	-	-	-	-	-	-	1	-	7	17
48 B.31	Influenza ..	1	-	-	-	-	-	-	-	-	-	1
49 B.32	Pneumonia ..	69	2	3	2	-	-	1	-	-	8	14
50 B.33	(1) Bronchitis, Emphysema ..	66	-	-	-	-	-	-	-	2	12	24
51 B.33	(2) Asthma ..	3	-	-	-	-	1	-	-	-	-	2
52 B.46	(7) Other Diseases of the Respiratory System ..	9	-	1	-	-	-	-	-	-	1	3
53 B.34	Peptic Ulcer ..	5	-	-	-	-	-	-	-	-	1	2
54 B.35	Appendicitis ..	4	-	-	-	1	-	-	-	-	1	1
55 B.36	Intestinal Obstruction & Hernia ..	-	-	-	-	-	-	-	-	-	-	-
56 B.37	Cirrhosis of Liver ..	4	-	-	-	-	-	-	-	1	-	3
57 B.46	(8) Other Diseases of the Digestive System ..	14	-	-	-	-	-	-	-	3	6	2
58 B.38	Nephritis & Nephrosis ..	4	-	-	-	-	-	1	-	-	3	-
59 B.39	Hyperplasia of Prostate ..	1	-	-	-	-	-	-	-	-	-	1
60 B.46	(9) Other Diseases of the Genito-Urinary System ..	7	-	-	-	-	-	-	-	-	1	1
61 B.40	Abortion ..	-	-	-	-	-	-	-	-	-	-	-
62 B.41	Other Complications of Pregnancy, Childbirth & Puerperium ..	-	-	-	-	-	-	-	-	-	-	-
63 B.46	(10) Diseases of the Skin & Subcutaneous Tissue ..	-	-	-	-	-	-	-	-	-	-	-
64 B.46	(11) Diseases of the Musculo- Skeletal System & Con- nective Tissue ..	-	-	-	-	-	-	-	-	-	-	-
65 B.42	Congenital Anomalies ..	8	3	1	-	1	1	-	-	-	-	1
66 B.43	Birth Injury, Difficult labour & Other Anoxic & Hypoxic Conditions ..	7	7	-	-	-	-	-	-	-	-	-
67 B.44	Other Causes of Perinatal Mortality ..	4	3	1	-	-	-	-	-	-	-	-
68 B.45	Symptoms & Ill-defined Conditions ..	1	-	-	-	-	-	-	-	-	-	1
69 B.47	Motor Vehicle Accidents ..	12	-	-	-	1	1	3	-	2	3	1
70 B.48	All Other Accidents ..	7	-	-	-	-	-	-	-	1	3	3
71 B.49	Suicide & Self-inflicted Injuries ..	10	-	-	-	-	1	1	1	2	2	3
72 B.50	All Other External Causes ..	5	-	-	-	-	-	1	-	2	1	-
TOTAL—All Causes		1069	15	7	3	5	5	10	19	72	233	343

TABLE V

Causes of Deaths (Females) at various ages, 1971

Causes of Death	Under Month ¹										
	All	4	to	1-	5-	15-	25-	35-	45-	55-	65- 75-
	Ages	Weeks	1 year								
1 B.1 Cholera	-	-	-	-	-	-	-	-	-	-	-
2 B.2 Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-
3 B.3 Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-
4 B.4 Enteritis & Other Diarrhoeal Diseases	3	-	-	-	-	-	-	-	-	1	1
5 B.5 Tuberculosis of Respiratory System	1	-	-	-	-	-	-	-	-	-	1
6 B.6 (1) Late effects of Tuberculosis	-	-	-	-	-	-	-	-	-	-	-
7 (2) Other Tuberculosis	1	-	-	-	-	-	-	-	-	-	1
8 B.7 Plague	-	-	-	-	-	-	-	-	-	-	-
9 B.8 Diphtheria	-	-	-	-	-	-	-	-	-	-	-
10 B.9 Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
11 B.10 Streptococcal Sore Throat & Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-
12 B.11 Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-
13 B.12 Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
14 B.13 Smallpox	-	-	-	-	-	-	-	-	-	-	-
15 B.14 Measles	-	-	-	-	-	-	-	-	-	-	-
16 B.15 Typhus & Other Rickettsioses	-	-	-	-	-	-	-	-	-	-	-
17 B.16 Malaria	-	-	-	-	-	-	-	-	-	-	-
18 B.17 Syphilis and its Sequelae	1	-	-	-	-	-	-	-	-	-	1
19 B.18 All Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-
20 B.19 (1) Malignant Neoplasm, Buccal Cavity, etc.	2	-	-	-	-	-	-	-	-	-	1
21 B.19 (2) Malignant Neoplasm, Oesophagus	4	-	-	-	-	-	-	-	-	-	4
22 B.19 (3) Malignant Neoplasm, Stomach	12	-	-	-	-	-	-	-	1	3	3
23 B.19 (4) Malignant Neoplasm, Intestine	34	-	-	-	-	-	-	1	4	5	12
24 B.19 (5) Malignant Neoplasm, Larynx	-	-	-	-	-	-	-	-	-	-	-
25 B.19 (6) Malignant Neoplasm, Lung, Bronchus	21	-	-	-	-	-	-	-	-	10	8
26 B.19 (7) Malignant Neoplasm, Breast	54	-	-	-	-	-	1	3	5	13	18
27 B.19 (8) Malignant Neoplasm, Uterus	12	-	-	-	-	-	-	-	2	4	2
28 B.19 (9) Malignant Neoplasm, Prostate	-	-	-	-	-	-	-	-	-	-	-
29 B.19 (10) Leukaemia	6	-	-	-	2	1	-	-	-	1	1
30 B.19 (11) Other Malignant Neoplasms	68	-	-	-	-	-	-	5	9	16	20
31 B.20 Benign & Unspecified Neoplasms	4	-	-	-	-	-	-	-	2	-	1
32 B.21 Diabetes Mellitus	8	-	-	-	-	-	-	-	-	-	2
33 B.22 Avitaminoses & Other Nutritional Deficiency	1	-	-	-	-	-	-	-	-	-	-
34 B.46 (1) Other Endocrine, Nutritional & Metabolic Diseases	4	-	-	-	-	-	-	-	1	-	3
35 B.23 Anaemias	3	-	-	-	-	-	-	-	-	1	-
36 B.46 (2) Other Diseases of Blood & Blood-forming Organs	1	-	-	-	-	-	-	-	-	-	1
Carried forward ..	240	-	-	-	2	1	1	9	24	54	71

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1971

Table V continued

Causes of Death		Under 1 year										
		All Ages	4 Weeks	1 to 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75
Brought forward		240	-	-	2	1	1	9	24	54	71	78
37 B.46	(3) Mental Disorders	-	-	-	-	-	-	-	-	-	-	-
38 B.46	(4) Multiple Sclerosis	3	-	-	-	-	1	-	-	-	1	1
39 B.24	Meningitis	-	-	-	-	-	-	-	-	-	-	-
40 B.46	(5) Other Diseases of Nervous System & Sense Organs	15	-	-	-	-	-	1	2	2	4	6
41 B.25	Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-
42 B.26	Chronic Rheumatic Heart Disease	29	-	-	-	-	-	-	-	6	10	13
43 B.27	Hypertensive Disease	24	-	-	-	-	1	-	2	1	7	13
44 B.28	Ischaemic Heart Disease	212	-	-	-	-	-	-	3	22	59	128
45 B.29	Other Forms of Heart Disease	43	-	-	-	-	-	-	-	-	5	38
46 B.30	Cerebrovascular Disease	159	-	-	-	-	1	2	5	14	25	112
47 B.46	(6) Other Diseases of the Circulatory System	64	-	-	-	1	-	-	1	2	11	49
48 B.31	Influenza	4	-	-	-	-	-	1	-	1	1	1
49 B.32	Pneumonia	100	-	3	-	-	-	1	3	6	7	80
50 B.33	(1) Bronchitis, Emphysema	27	-	-	-	-	-	-	1	3	4	19
51 B.33	(2) Asthma	1	-	-	-	-	-	-	-	-	1	-
52 B.46	(7) Other Diseases of the Respiratory System	16	-	2	1	1	-	-	-	1	3	8
53 B.34	Peptic Ulcer	7	-	-	-	-	-	-	-	-	1	6
54 B.35	Appendicitis	1	-	-	-	-	-	-	-	-	1	-
55 B.36	Intestinal Obstruction & Hernia	6	-	-	-	-	-	-	-	-	1	5
56 B.37	Cirrhosis of Liver	4	-	-	-	-	-	-	1	-	3	-
57 B.46	(8) Other Diseases of the Digestive System	16	-	-	-	-	-	-	-	5	5	6
58 B.38	Nephritis & Nephrosis	2	-	-	-	-	-	-	1	-	-	1
59 B.39	Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-
60 B.46	(9) Other Diseases of the Genito-Urinary System	16	-	-	-	-	-	1	-	3	3	9
61 B.40	Abortion	-	-	-	-	-	-	-	-	-	-	-
62 B.41	Other Complications of Pregnancy, Childbirth & Puerperium	1	-	-	-	-	-	1	-	-	-	-
63 B.46	(10) Diseases of the Skin & Subcutaneous Tissue	4	-	-	-	1	-	1	-	-	-	2
64 B.46	(11) Diseases of the Musculo-Skeletal System & Connective Tissue	6	-	-	-	-	-	-	-	1	1	4
65 B.42	Congenital Anomalies	6	3	2	-	1	-	-	-	-	-	-
66 B.43	Birth Injury, Difficult labour, & Other Anoxic & Hypoxic Conditions	3	3	-	-	-	-	-	-	-	-	-
67 B.44	Other Causes of Perinatal Mortality	-	-	-	-	-	-	-	-	-	-	-
68 B.45	Symptoms & Ill-defined Conditions	3	-	-	-	-	-	-	-	-	1	2
69 B.47	Motor Vehicle Accidents	9	-	-	-	1	1	-	-	1	2	3
70 B.48	All Other Accidents	7	-	-	-	1	-	-	-	2	1	3
71 B.49	Suicide & Self-Inflicted Injuries	9	-	-	-	-	1	3	2	1	1	1
72 B.50	All Other External Causes	5	-	-	-	-	-	-	-	4	1	-
TOTAL—All Causes		1042	6	7	-	5	7	7	19	45	130	586

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1971

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
Prematurity ..	5	5	-	-	-	10	-	-	1	-	11
Viral Pneumonitis ..	1	1	-	-	-	2	3	4	-	-	9
Internal Hydrocephalus	1	-	-	-	-	1	-	-	-	-	1
Transposition of Great Vessels	-	-	-	-	-	-	1	-	-	-	1
Duodenal Atresia ..	-	-	1	-	-	1	-	-	-	-	1
Multiple Congenital Deformities	2	-	-	-	-	2	-	-	-	-	2
Neonatal Hepatitis ..	-	-	-	-	-	-	1	-	-	-	1
Spinabifida ..	-	1	-	-	-	1	-	-	-	-	1
Myelocoele ..	1	-	-	-	-	1	-	-	-	-	1
Truncus Arteriosus ..	-	-	-	-	-	-	1	-	-	-	1
Polycystic Kidneys ..	1	-	-	-	-	1	-	-	-	-	1
Neonatal Asphyxia ..	-	1	-	-	-	1	-	-	-	-	1
Severe Congenital Heart Disease	-	-	-	-	-	-	1	-	-	-	1
Neonatal Pneumonia ..	1	-	-	-	-	1	-	-	-	-	1
Respiratory Failure ..	-	-	1	-	-	1	1	-	-	-	2
TOTAL ..	12	8	2	-	-	22	7	5	1	-	35

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population, 1961-1971

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
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
1971	205,000	3	1.46	132	64.4

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

The 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 outpatient departments or in the home. The need for local authority ante-natal clinics continues to fall and will soon disappear. In all probability the day of 100% home confinement, especially in this area, is not so far off.

PERSONAL HEALTH SERVICES

The maternity unit at Northwick Park Hospital was opened in September 1971 and already many of Harrow's mothers are being cared for antenatally and are having their confinements in the hospital.

The work of preparing and advising the expectant mother regarding 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.

Advice on the feeding, hygiene and general management of the infant was made available at 17 centres throughout the Borough. These sessions have a high education value and are much appreciated by the young nursing mother, who often requires much sympathetic guidance and encouragement with her new responsibilities.

Particular attention is paid to the developmental progress of each child and special surveillance being instituted when the child is considered to be "at risk" or when any deviations from the norm are noted.

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Particular attention is paid to the developmental progress of each child and special surveillance being instituted when the child is considered to be "at risk" or 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 at as early an age as possible, particularly those on the observation register, their general development being carefully watched and a social assessment made. Pfook Cube Symbol tests were introduced for testing 3-5 year olds later in the year on the advice of the newly appointed ophthalmologist although the Sheridan-Gardener tests will continue to be used for suitable children of this age. 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 utilised as an assessment period for each child, the actual assessment carrying on into school life. The progress of these children is carefully observed and the mother supported and counselled as to how best she can help her child.

Facilities for immunisation are available at child welfare sessions, vaccination no longer being offered as advised by the Department of Health and Social Security in Circular 12/71.

The National Survey of Congenital Rubella Defects commenced during the year and the medical officers of local authorities are taking part. Children thought to have hearing losses under 5 years of age or at 5 years are given a Rubella screening test, which consists in searching for Rubella anti-body in blood samples collected from a finger prick. The main categories to be tested are children who have failed hearing screening tests, i.e., those picked up by health visitors and referred to the doctor who then confirms a possible hearing loss; those seen in welfare or toddler clinics in whom a hearing loss is suspected including those with speech problems; children born to mothers with a history of rubella or suspected rubella in pregnancy even when no abnormality is found; those seen at 5 years who are referred to the otologist and a hearing defect confirmed. It is said that perceptive deafness due to congenital rubella has been under-estimated and this prospective survey should determine whether the rubella immunisation programme is effective in the long term. This survey will also provide a potential diagnostic service for other conditions affecting the heart, eyes, growth, central nervous system, haemopoietic system, liver, lungs and bones, that might be due to congenital rubella.

There were 47 babies with a total of 57 abnormalities notified under the national scheme for the registration of congenital abnormalities.

Welfare foods are distributed at all the 17 child health centres in the Borough and the new vitamin drops supplied under the Welfare Food Order of 1971, which came into operation on the 4th April 1971.

Several changes were made to the ante-natal, toddler and associated clinics during the year following a review of these sessions. Two ante-natal clinics were cancelled, 4 other ante-natal clinics were designated as toddler/ante-natal clinics and one toddler clinic was cancelled. Two ante-natal clinics were combined with a geriatric clinic and one additional geriatric clinic commenced.

The following table gives the number of children attending infant welfare and toddler sessions from 1966 to 1971:-

<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
1971	11,036

Assessment Centres

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 general practitioners in their own surgeries. The weekly assessment centre at Northwick Park Hospital continued during the year. This was run by Dr. B. Priestley, Consultant Paediatrician. An Assistant Controller of Health Services and a social worker assisted by being able to bring their knowledge of the families and of the local supporting services. The medical officer also assists by carrying out the psychological testing. The clinic is now held near to the children's ward in the hospital and a two-way mirror in the examination rooms allows others to observe the child whilst he or she is being examined or tested. Apart from consultants of other specialities and para-medical staff being available to help in the assessment of particular children, local authority staff, health visitors and social workers especially often attend if they have been involved with a particular child or family.

The Health Department continued during the year to supervise the day nursery services and administer the Nursery and Child-Minders Regulations Act 1948 and will continue to do so until such time as the Social Services Department is geared staff-wise to accept responsibility for these services.

Day Nurseries

The Borough has two day nurseries, both being prefabricated buildings, which were erected during the Second World War and both now showing increasing signs of wear and tear, being past their reasonable length of life. They accommodate 110 children, aged 0-5 years:

- (1) Headstone Drive, Wealdstone ... 50 places
- (2) Walton Avenue, South Harrow ... 60 places

There have been increasing requests for day nursery places during the year, admission to the nurseries being determined by the usual system of priorities, that is, unsupported mothers; social grounds, especially

when the children for one reason or another are not being adequately cared for at home; illness of either parent, particularly mental illness. Physically handicapped children who are able to fit into a day nursery setting and who will benefit particularly from the stimulating atmosphere, such as, deaf children, are admitted without charge.

Several vacancies have been filled by children attending part-time on different days and this has helped a large number of families. Increasingly arrangements have been made for mothers to come to the day nurseries and observe the care of young children in the hope that they could assimilate some of this knowledge and put it to good use in their own homes. Provision has been made in the Capital programme to build a new day nursery in 1973/74 and in 1974/75.

During the year, the toy allowance was raised from 18/- to £1.50p per head which has enabled the nurseries to obtain some larger pieces of equipment. During the year, sunblinds were fitted at Walton Avenue and have proved to be of enormous benefit, protecting the prams from light rain and providing shade in the hot weather, so that meals outside have been possible. Other minor works carried out at Walton Avenue were the provision of an extra water closet, the fitting of a new long mirror in the children's bathroom and improvements to the sluice.

At Headstone Drive the Milk Room was fitted with a new sink and worktop, the kitchen, laundry and milk room were redecorated and two sandpits built for the children in the garden. At this nursery, the children enjoy growing their own tomatoes, beetroot and lettuce.

At Walton Avenue, two students passed their N.N.E.B.: a mature student who attended Waltham Forest Technical College and a college-based student attending Kilburn Polytechnic. 3 students also completed their first year at Kilburn Polytechnic. At Headstone Drive, one student passed her N.N.E.B., a second final year student resigned during the year, and 4 students attending Chiswick Polytechnic completed their first year of training.

Private Day Nurseries and Registered Child Minders

Private day nurseries and child minders are registered under the Nursery and Child-Minders Regulations Act 1948 as amended by Section 60 of the Health Services and Public Health Act 1968. The numbers registered at the end of the year were:

Child minders	.. ..	187
Day nurseries	.. ..	65

During the year, four new premises were registered for play groups and seven child minders, who wished to run play groups in their own homes, were also registered. These replaced 11 other play groups that for

one reason or another ceased to function so that the total number remained the same. The number of child minders registered at the end of the year has slightly fallen; 60 new child minders were registered, again replacing women who had ceased to be child minders.

Under Section 65 of the Health Services and Public Health Act 1968, a further grant of £100 was made to a play group held in the community centre in one corner of the Borough where there are many so-called problem families. This play group has met a real social need in the area and the local authority grant has again enabled the fees the mothers pay to be kept to a minimum.

In another play group, held in a youth centre, there was a considerable storage problem. The Director of Education was requested to provide storage facilities for the benefit of the play group and the cost was met through the Social Services estimates.

Following Ministry approval, which had previously been given under Section 22 of the National Health Services Act 1946 and in pursuance of Section 20(3) of the same Act, 8 children who had special need of care on health and/or social grounds were paid for by the Council to attend either a play group or be cared for by a child minder.

Negotiations were also commenced with the Harrow Pre-School Play Groups Association, who were asked if they could start another play group in a Council pavilion in a park in the north-west corner of the Borough. This was near a Council estate not served by any nearby play group. Here again there is a fairly high proportion of difficult family problems and there is no form of nursery provision in the area, which would benefit these children. It is hoped that this play group will commence early in 1972.

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 88/98 College Road, Harrow. Telephone: 427 8964.

Family Planning

In Circular 36/71, the Department of Health and Social Security urged local authorities to increase their provision of family planning services and, where appropriate, to continue to provide family planning services in partnership with voluntary bodies. The family planning services in Harrow continued to be provided by the Family Planning

Association acting on an agency basis for the local authority who provide free clinic facilities and equipment. Due to an increased waiting list there was an obvious need for more family planning clinics and, after discussions between the health department and officials of the local branch of the Family Planning Association, arrangements were made for two sessions to be held at an additional centre—Honeypot Lane Clinic, Stanmore. A morning I.U.D. session and an afternoon family planning session commenced in October 1971.

At the end of the year, therefore, clinics were being held in four centres providing 9 sessions a week, as follows:-

Caryl Thomas Clinic, Headstone Drive, Weadstone	Monday	7.00–8.00 p.m.
	Wednesday	1.30–3.00 p.m.
	Wednesday	7.00–8.00 p.m.
I.U.D. Session	Friday	10.00–12.00 noon
Alexandra Avenue Clinic, Alexandra Avenue, South Harrow	Tuesday	10.00–11.00 a.m.
	Thursday	7.00–8.00 p.m.
Cecil Park Clinic, Cecil Park, Pinner	Friday	7.00–8.00 p.m.
Honeypot Lane Clinic, Honeypot Lane, Stanmore	Thursday	1.30–3.00 p.m.
I.U.D. Session	Thursday	10.00–12.00 noon

A special clinic is held at Caryl Thomas Clinic for patients with marital difficulties. A domiciliary service is now available for cases referred for family planning who will not, for one reason or another, attend a family planning clinic. There has been little use made of this service where women can be visited by a family planning doctor in their own homes, as the alternative scheme whereby patients can be conveyed from their home to the clinic has been more frequently and successfully used. In this way the socially maladjusted and women with other problems, particularly those who are incapable of caring adequately for children where sterilisation has not been contemplated, have been successfully dealt with.

In order to get standardisation across the country, the Family Planning Association evolved a series of national agency schemes and Scheme No. 6, which corresponded to the existing arrangements, was applied in Harrow from the 1st April 1971. This provided free consultation and free supplies to medical and social cases at a charge to the local authority of £4.85, or £2.10 where supplies are not provided. The application of this scheme meant that in all cases other than medical and social a charge would be made to the patient. With the receipt of Circular 36/71, it was agreed to amend this policy from the 1st November 1971 by the adoption of Agency Scheme No. 5, which provides free advice for all and free supplies for medical and social cases. Thus by the end of the

year a very comprehensive service had been built up in the Borough and a total number of 5,213 patients had been seen, 1,652 being new patients. The Borough continued to make per capita payments for Harrow residents who received family planning advice or supplies at Kingsbury Hospital and Edgware General Hospital.

In-training talks on family planning were given to pupil nurses, midwives and health visitors.

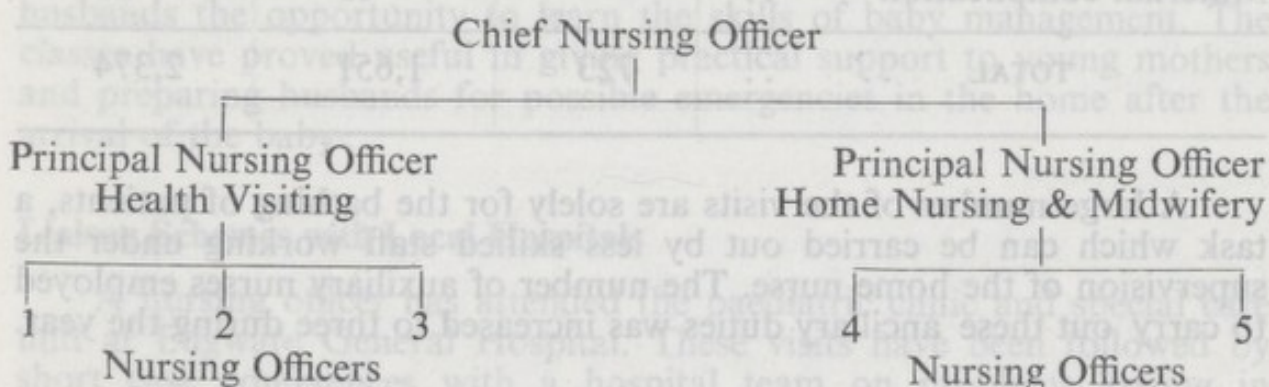
LOCAL AUTHORITY NURSING SERVICES

Establishment

Following the recommendations of the Mayston Report published in January 1970 by the Department of Health and Social Security, Harrow adopted a new management structure for the nursing services on the 1st April 1971.

The objectives of improved management are to ensure better patient care based on sound nursing policies and effective deployment of nursing staff; to give nurses of all levels an opportunity to participate more effectively in management in partnership with doctors and administrators.

In the new structure, a Chief Nursing Officer was appointed responsible to the authority for the co-ordination and direction of all community nursing services in the area supported by two levels of management—(1) a middle management level in which appointments of two Principal Nursing Officers were made to cover the functional responsibility for the whole Borough in the fields of health visiting, domiciliary midwifery and home nursing, and (2) a first line management level consisting of 5 nursing officers, three to support the health visiting service and two to work as senior officers in home nursing posts.



The Management team is supporting all other field workers consisting off:

Fieldwork Instructors	Health Visitors	6
Health Visitors		26 whole time equivalent
Clinic Nurses		10 full time equivalent
Midwives		13 full time, 1 part time
Home Nurses		21
Bathing Attendants		3 full time equivalent

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

The home nursing staff working under the direction of the patients own medical practitioner continue to carry out nursing care in patients homes during the year. The table indicates the amount and type of work undertaken by the nurses.

	1970	1971
(1) Total number of persons nursed during the year ..	2,265	2,374
(2) Number of persons under 5 years old at first visit	53	33
(3) Number of persons 65 years or over at first visit ..	1,613	1,690
(4) Total number of visits made during the year ..	74,365	81,056
(5) Number of visits of over one hour's duration ..	3,168	2,215
(6) New cases referred during the year	1,508	1,634

TYPE OF ILLNESS INVOLVING THE ABOVE VISITS

<i>Category</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical	534	1,481	2,015
Surgical	181	153	334
Infectious diseases	5	2	7
Tuberculosis	3	2	5
Maternal complication ..	—	13	13
TOTAL	723	1,651	2,374

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 ancillary duties was increased to three during the year.

Liaison with General Practitioners and full Attachment to Group Practices

New liaison and attachment schemes between the community nursing staff and general practices developed in all parts of the Borough during the year proved to be most beneficial by giving an improved service to the patients of all the practices concerned. At the same time the staff have enjoyed the increase in depth of work possible in group attachment and this fact in itself has given a much higher degree of job satisfaction leading in turn to a better service to the community.

Full attachments with group practices have shown so much additional work that both group practices needed the support of two health visitors. The work of the health visitor in group practice has involved the follow-up and care of the whole family; supportive work involving marital problems, teenage problems, menopausal problems, early mental depression and geriatric visits as well as the support to mothers and babies and handicapped children. Many patients have received visits following discharge from hospital.

District referrals from general practice are more effective as help can be given much more quickly in a variety of ways. The health visitor will, through her personal knowledge and experience of local authority services, use these services to the full.

Preparation for Confinement

Mothercraft and relaxation classes continue to be given in all clinics; 8-9 classes are given to expectant mothers during their later weeks of pregnancy in preparation for the confinement. A syllabus of talks has been arranged for these classes giving full instructions to expectant mothers in the skill of baby management, the three stages of labour, analgesia, diet, immunisation, etc. The physical and emotional changes in pregnancy are discussed fully. Expectant mothers enjoy the social contact with other expectant mothers and the opportunity to ask questions in an informal group. Film evenings are arranged in several clinics in different parts of the Borough for the expectant mothers and their husbands, to show the birth of a baby. The health visitor introduces the film evening and starts a discussion afterwards to clarify any points stimulated by the film. 16 evenings were arranged during 1971.

In addition, some fathercraft classes have been arranged to give husbands the opportunity to learn the skills of baby management. The classes have proved useful in giving practical support to young mothers and preparing husbands for possible emergencies in the home after the arrival of the baby.

Liaison Schemes with Local Hospitals

A nursing officer has attended the paediatric clinic and special care unit at Edgware General Hospital. These visits have been followed by short case conferences with a hospital team on problems arising in specific cases within the wards. Information on these cases is then passed to the health visitor responsible for the district in which the patient lives and so continuity in advice and care is maintained.

The liaison scheme with Kingsbury Maternity Hospital continued during the year. Here two health visitors attended for a series of four weeks at the paediatric out-patient clinic held by Dr. Barrie of Charing Cross Hospital. In addition a nursing officer attended weekly to advise mothers and offer support in cases exhibiting specific problems following

child birth. A need for such a service was expressed by the paediatrician and it proved to be extremely useful and continued during the whole year. Mothercraft classes were conducted at Bushey Maternity and Edgware General Hospitals.

A liaison scheme was started at Harrow Hospital for the benefit of the geriatric patients. A health visitor joined the medical team for ward rounds and general liaison duties once a week. This has proved to be a useful link between hospital patients and health staff in the community.

Case conferences have taken place in Edgware General and Northwick Park Hospitals discussing problem cases; for example, battered babies, admission to hospital and after-care in the community with support from members of the health and social services departments, together with the general practitioner concerned. All members of the community services make their contribution to full family support.

A similar liaison scheme with Roxbourne Hospital linking the care of the geriatric patient in hospital with care in the community, continued for a further year.

A working relationship and personal contact between hospital and health department is a most useful one for both sides leading to better service to the patient and the whole family. To further this contact, study days for nursing staff were arranged by Edgware General, Northwick Park and Mount Vernon Hospitals. Joint attendance by hospital staff and community nursing staff proves to be very useful providing as it does opportunities for an exchange of views and a discussion on the difficulties experienced by the domiciliary service as compared with hospital service and vice versa.

Meetings between the principal tutors and the senior health visiting staff have been arranged to discuss training schemes for students in the community health fields.

Mothers Clubs

These clubs have continued to function during 1971. Kenmore Clinic runs a very popular one where mothers and children enjoy the well-organised programme. The club is managed by its own committee and has a constant waiting list for new members. The club at Northolt Road Clinic has proved to meet the needs of young mothers in the area and continues to be most popular and well managed, supported by all the nursing officers. Programmes are arranged by the mothers and organised by their own committee. The third one at Caryl Thomas Clinic is well established and very well supported by the mothers in the central Harrow area. Most interesting programmes have been planned and a large number of mothers are involved. One of the nursing officers has supported this club from the beginning and the continuity of support has been most useful.

The Work with the Elderly

Health visitors are becoming more and more involved with the care and support of the elderly in the community and this becomes more meaningful with the development of attachment to group practices. The follow up work of the elderly after bereavement has continued for another year and has given comfort to those involved after the shock of the death of a partner. This has constituted a heavy load for the staff but the service has been much appreciated and has provided a source of referral of new patients at risk in the elderly group. The elderly people on the health visitors register have grown in numbers showing an increase of 234 to a total of 1,037 for 1971. One hundred and twenty old people who were under observation died during the year. An old peoples club was started once a week during the afternoon at Kenmore Clinic and has fulfilled a great need in this area, being well attended on all occasions.

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.

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 one Foundation nurse and 19 cases were nursed during 1970. These were all night nursings and provided the relatives with much needed relief and assistance.

Discussion Groups

The discussion groups lead by a Psychiatrist with wide experience in group work has once more proved to be supportive and instructive to the field staff especially to newly qualified staff and new health visitor appointments. These discussions give the staff the opportunity to receive special guidance with family problems in the community and have been most helpful and stimulating. The need for the guidance of staff in the supportive role to patients following bereavement has been part of the topics in

these seminars. However, due to more demand being made on the services of the Psychiatrist the time given to the health visitors had to be changed from a weekly seminar to a double session for two groups of health visitors once a month.

Health Education in Schools

Active health education programmes continued in Harrow junior and secondary schools during 1971 conducted by health visitors and other staff working in close liaison with head teachers to select teaching programmes most suited to the individual needs of the pupils. Films and visual aids were used in the programmes to illustrate the syllabus. These sessions were also used by the student health visitors for observation purposes and also at the same time used as a medium for gaining experience in practical teaching methods. In the junior schools, a varied programme of subject matter consisting of health, hygiene and sex education was used and in the senior schools the programme included for mixed classes of pupils topics in homemaking, health, personal hygiene, human relationships, family responsibility, venereal diseases in the community. In addition, some classes were given in school assembly to embrace more pupils on such topics as "Help in the Community after the pupils leave school", family planning advice and the welfare services. Groups of senior pupils are still visiting elderly people once a week helping with shopping, sitting-in for partially blind mothers on the request of health visitors and in addition senior girls have been on observation visits to the child health clinics. During the year many evening lectures were given by the community nursing staff to groups of young people on various topics, such as, child care, accident prevention, prophylactic medicine, infectious diseases and social services. Talks were also arranged for various mothers clubs, young wives clubs and geriatric clubs. Students from the Harrow Technical College studying home economics, after careful briefing from a health visiting team, visited chosen families in the district. This served to introduce to the students a practical element into their studies on the various problems met by a family living in the community.

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 is carried out by the clinic nurses.

One further appointment was made in June 1971 to support the task of eye testing of junior school children between the age of 7 and 8 years. This age group was found to be in need of special observation and most likely to show eye defects.

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 practise

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

Student Visits to the Area

Pre-nursing course students from the Harrow Technical College attended one day a week for three weeks in small groups to obtain some experience in community health care, an introductory lecture being given by a nursing officer. All students presented a written report of their observations at the last session, and it is understood that the students and tutors found the experience most helpful.

Groups of students from the Middlesex and Edgware General Hospitals visited Harrow for three days, four times a year, to observe activities of community care, child health clinics, toddlers clinics, special hearing tests carried out to infants at the age of six months, home visits to mothers and babies, school visits and geriatric care in the community. Similarly, the work of a district nurse was demonstrated to groups of students from these hospitals and also from Northwick Park.

Trainee medical social workers, student teachers, sister tutor students and health visitor students from other parts of the country have attended the health department at various times to receive a one week's course in community care.

Training

Harrow continues to provide training for sponsored health visitor students and for the integrated students from Hillingdon and West Middlesex Hospitals who are preparing to take their training as State Registered Nurses, District Nurses and as Health Visitors within a period of four years.

Students receive practical health visiting under the supervision of a qualified health visitor fieldwork instructor. Close liaison is established between tutors from technical colleges and the team of fieldwork instructors. The fieldwork instructors submit written reports to the colleges of the progress of the students every term. Harrow is giving

training support to two colleges, Chiswick and the North Western Polytechnics. Ten health visitor students were trained during the year.

Nursing officers are responsible for supervising practical work of student health visitors during their three months practical work experience taken at the end of the training year. Their final written report is evaluated as part of the practical examination for the Health Visiting Certificate.

The training of fieldwork instructors involves a six weeks academic course at a technical college followed by examination for the National Certificate.

Twenty-nine pupil midwives completed their three months training in the domiciliary field as part of their course for Part II of the examination of the Central Midwives Board.

Two district nurses completed the District Nurse Training Course at Chiswick Polytechnic during the year.

Further Training Courses and Refresher Courses

Every health visitor and midwife attends a refresher course once every five years to get "up-to-date" with new trends in the work. During the year, four health visitors and one midwife attended refresher courses.

The Chief Nursing Officer attended one week's course in management appreciation for senior officers, which was arranged by the Borough at the Harrow Technical College. Two health visitors undertook a year's tuition part-time course and were successful in obtaining the City and Guilds Teaching Certificate and one midwife attended a full-time course and was successful in obtaining the Midwives Teaching Diploma.

All educational opportunities have proved to be well planned and most helpful to the nursing staff.

Vaccination and Immunisation

The schedule of immunisation recommended by the Joint Committee on Vaccination and Immunisation and in use since January 1968 was used during the major part of the year. In August, the vaccination against smallpox on the recommendation of the Joint Committee ceased to be offered as a routine measure. The schedule now in use reads as follows:

Diphtheria/Tetanus/Pertussis and oral Polio	1st dose at 3 months
	2nd dose at 5 months
	3rd dose at 9 months
Measles	13 months
Diphtheria/Tetanus and oral Polio	4½ years.

In addition to the above schedule, vaccination against rubella is offered to all girls between their 11th and 14th birthdays, 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 1971. The figures compare favourably with those for 1970.

Vaccination against smallpox during 1971

	<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 ..	24	1,183	276	89	1,572
Re-vaccination ..	—	—	59	419	478

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

	<i>Year of birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964-1967		
Diphtheria							
Primary course ..	370	2,062	221	43	59	60	2,815
Reinforcing dose ..	0	10	83	46	2,726	119	2,984
Whooping Cough							
Primary course ..	352	2,017	217	40	31	8	2,665
Reinforcing dose ..	0	8	75	31	649	33	796
Tetanus							
Primary course ..	370	2,062	221	44	64	157	2,918
Reinforcing dose ..	0	10	84	46	2,739	252	3,131
Poliomyelitis							
Primary course ..	358	2,061	232	52	79	56	2,838
Reinforcing dose ..	0	8	61	41	2,457	130	2,697
Measles ..	0	1,307	695	253	279	271	2,805

Prevention of Illness, Care and After Care

Chiropody

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

From April 1971 two further chiropodists were appointed giving a total establishment of one chief and seven other chiropodists. This increased establishment was kept at full stretch during the year providing 57 sessions per week in various clinics throughout the Borough and in addition coping with the large number of homebound cases, which require domiciliary treatment. The demands on this service are extremely heavy and increase from year to year. In order that the treatment given is of value, it is essential that the period between treatments should not be too long. Careful watch must be kept on this factor and efforts made to reduce it, should it exceed 6-7 weeks.

Details of attendances for the year 1971:

<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	860	2,918	12,224	16,002
Physically handicapped ..	2	4	45	51
Expectant and nursing mothers	5	6	7	18
School children	73	48	447	568
Others	5	7	41	53
Total number of treatments	..	..	16,692	
Number of sessions	..	..	2,441	

Recuperative Holidays

During the year arrangements were made for the placement of patients in suitable recuperative holiday homes. This service is restricted to those people recovering from a recent acute illness, no longer in need of nursing treatment and only requiring rest, fresh air and good food to complete their treatment. Recommendations were received from hospitals and general practitioners.

Seventy-two applications were received. Suitable holidays were arranged for 3 school children and 69 adults.

In the case of 21 adults the arrangements were subsequently cancelled at the patient's request.

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

Cervical Cytology

The cervical cytology service has again steadily expanded during the year and 16 clinics are now being run, each month, 12 of which are held centrally at Caryl Thomas Clinic in Wealdstone.

The initial test is repeated one year later and again after a period of three years. The cervical cytology clinics first commenced in Harrow in 1967 so that the work load is increasing due to these repeat examinations together with the new "first" tests. In June a second centre was opened in the south of the Borough at the Northolt Road Clinic. The consultant in the Department of Obstetrics and Gynaecology at Northwick Park Hospital was interested to run the clinic and this has helped to give a closer working link between the local district hospital and the community services.

In addition to a smear test, an examination of the breasts, abdomen, pelvis, urine and blood pressure is performed routinely on each individual. 1,687 patients were examined during the year, of which 716 were new patients. 344 minor disorders were discovered and these patients were referred to their own general practitioners. One positive case and one highly suspicious case was discovered and referred to hospital through the general practitioner.

In addition, smear tests are also done in the Borough on patients attending the family planning clinics. All patients on the Pill and with an I.U.D. are given a smear test and others are done on demand. The family planning clinics performed 2,181 tests. There were no positive cases.

Facilities for smear tests continue to be made available for employees of Messrs. Kodak and other industrial business concerns such as the North Thames Gas Board. They were absorbed into the ordinary cervical cytology sessions.

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 . . . 882

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 than 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 1,909 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.

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, 686 contacts of actual cases were tested and vaccination offered and accepted by 240 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 all aspects of social welfare. A great deal of time can be given to each patient and their needs at these clinics. Small problems such as change of glasses and treatment by a chiropodist may make a great deal of difference to an elderly patient and give improvement in mobility and in general well-being. Any person found on examination to have a condition requiring further investigations or treatment is referred with a letter to his or her own medical practitioner. A health visitor and a medical officer support all clinics for the elderly. There is a very friendly atmosphere for all the elderly patients to enjoy during their visits to these clinic sessions. Further sessions were started at Whittlesea Road and Cecil Park Clinics in October 1971.

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.

Sexually transmitted diseases are definitely on the increase. There has been no change in the infecting organisms but there has been a radical change in people's behaviour. One obvious way of tackling this problem is attempting to trace the possible source of infection in the field, in other words, contact tracing, to ensure that infected persons are sought out, persuaded to have treatment and it is hoped rendered non-infective as quickly as possible. To achieve this end, co-operation between hospital, clinics, health departments and family doctors is absolutely essential. As a method of helping in this campaign, each authority has nominated a liaison officer who can be contacted by individual special treatment clinics, giving appropriate information and it is hoped organise individual members of the health department staff to make appropriate contact

with possible sources of infection within the community and, of course, at the same time make every effort to see that these individuals are persuaded to attend at the nearest special clinic for investigation and treatment if this is found to be necessary. The point of contact in this Borough is the Chief Nursing Officer.

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.

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HEALTH EDUCATION

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Education is an essential part of any preventive health service which will fall short of maximum achievement unless supported by an informed public who must be persuaded to:-

- (1) Take some positive action as a result of the information imparted, e.g. immunisation.
- (2) Accept community health measures, such as fluoridation or clean air.
- (3) Change a habit or behavioural pattern which is injurious to health, e.g. smoking.

Of the three categories the last is the most difficult. This was confirmed at the Harrow Show when the Departmental exhibition featured "smoking and health" and the opportunity was taken to invite those smokers who were unable to stop smoking to attend an anti-smoking clinic. The response was disappointing, but this experiment has proved successful in other Boroughs and it is hoped to arrange other clinics on a future date.

Vaccination and immunisation was also advertised at the Show, as although these have achieved spectacular results in the reduction of the incidence of infectious diseases, this very fact has led to some mothers becoming apathetic and not bothering to take advantage of the service provided. During the year special emphasis has been directed towards protection against Rubella. The known association between the development of foetal abnormalities and infection during pregnancy was the subject of a special campaign in the clinics. A film was also shown in some schools to those girls in the age groups to whom vaccination was being offered before child bearing age.

Exhibitions featuring the "Council's Health Services" were also staged at the Granada Cinema and the Greater London Council's Ambulance Service Championships at Stanmore Park.

The health visitors carried out a programme of health education in clinics in respect of ante-natal instruction and relaxation classes for expectant mothers and mothercare classes for mothers. Fourteen film evenings on child birth were also arranged for expectant mothers supported by films on such subjects as dental care and home safety. Their husbands were also invited and the men often contributed much to the discussions which followed the films and there is no doubt that the informed husband is better able to support his wife during pregnancy and the post natal period.

A number of schools took advantage of the offer of a programme of health education in both junior and senior schools. These courses were conducted by the health visitors and the subjects discussed in the junior

schools related mainly to general health and hygiene. In the secondary schools subjects ranged from human relationships, family responsibilities, child-birth, contraception, venereal disease to the control of infectious diseases. The courses incorporated what is sometime called "sex education".

Participation in special courses such as human biology and social studies were also maintained either by the provision of speakers or by departmental staff acting in an advisory capacity. Practical visits to local establishments were arranged to supplement the courses.

Talks were also given to schools on smoking and health. It was regrettable that due to the shortage of dental staff it was not possible to organise the usual dental health campaign. However talks were given on dental health on request from schools.

All talks are supported by visual aids. Often films prove helpful and these are reviewed in conjunction with the professional staff involved. One such new film, "Growing-Up" which attracted considerable national controversy was shown to groups of social workers, medical officers, health visitors and teachers. The overwhelming majority of the staff rejected the film as a teaching aid due to the omission of any reference to human relationships and family responsibilities.

The Lecture Room at Hanover House is equipped for film projection and was put to good use on 189 occasions by all sections of the department for group and professional meetings, in-service training, and for instruction given to external students attached to the department for training.

Speakers from all sections of the Department are available to discuss any aspect of the Health Department or its work. The talks can be arranged during the day or evening for any section of the community ranging from schools and youth or women's organisations to pensioners' clubs. Apart from their educational content there is no doubt that they do much for public relations.

The new Council gave notice of its intention to form a Home Safety Sub-Committee and the year was also notable for the many requests for discussions on this subject. These were given to local womens' and pensioners' clubs and clinics. Libraries were used as an outlet for a publicity campaign such as firework accidents, which fortunately appear to be on the decline. Nevertheless figures are still far too high and one can sympathise with those bodies, such as R.O.S.P.A., who seek to confine the sale of fireworks to organised displays.

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GENERAL SERVICES

HOME DIALYSIS

The treatment of chronic renal failure by means of artificial kidney machines is expanding rapidly. The treatment and initial training of a patient begins in hospital and then at the appropriate moment transfers to the patient's own home. Hospital authorities provide and maintain the home haemodialysis unit 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 health authority under Section 12 of the Health Services and Public Health Act 1968. The local authority is also entitled to recover whatever costs, if any, it thinks fit having regard to the patient's circumstances and the present scheme for financing these projects is in line with that for adaptations to the homes of handicapped persons, namely:

Tenants of rented property	No charge.
Owner-occupiers—Cost less than £100	No charge.
—Cost more than £100	Interest-free loan.

GENERAL

SERVICES

Since this policy decision was made many years ago, costs for adaptations have escalated and, as renal transplants are nowadays more readily available, the necessary adaptations to houses are now required for much shorter periods. In this connection and in cases where it is not possible to install a kidney machine within a house, a prefabricated unit (Portakabin) can now be provided and sited externally to be re-used for another patient as and when the original patient has a successful kidney transplant.

The present method of costing these adaptations could cause anomalies whereby some owner-occupiers are required to bear the full cost of adaptations and others only part of the cost. This matter was considered by the Health Committee and the Council has now been recommended to agree to provide adaptations to houses and Portakabins on free loan to owner-occupiers in the same way as provision is made for tenants.

Nursing Homes

These are private establishments which provide accommodation for various types of patients. Section 187 of the Public Health Act 1936 requires that these homes shall be registered with the local health authority. Additional powers for supervision are exercised under the Mental Health Act 1959, and the Nursing Homes Act 1963.

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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
Hillmede Nursing Home, 3 Landsdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
Westwood Nursing Home, 22 Hindes Road, Harrow.	Mrs. D. M. Woodman	7	Medical or Chronic

Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 355 of the Middlesex County Council Act 1944 as amended by the Local Law (North West London Boroughs) Order 1965, to obtain a licence from the District Council authorising them to do so. Before approving the licensing of any premises, the Council requires to be satisfied about the general suitability for the work to be carried out in it and also about the equipment. Those in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually. It is the premises which are licensed and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

At the end of the year 25 establishments were licensed.

National Assistance Act 1948 — Section 47

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	8
India	52
Pakistan	24
Other Asian	4
African	168
Other	28
Non Commonwealth Countries :	
European	22
Other	52
TOTAL ..	<u>348</u>
	<u>358</u>

All addresses were visited and in 43 cases no knowledge of immigrants was known.

OCCUPATIONAL HEALTH

An occupational health service offers the benefits of medical advice to employer and employee alike both before and during the latter's term of contract.

Most employees are medically assessed before they commence their employment with the Authority. The primary objectives of this assessment are to ensure that the candidates are fit to carry out the duties of the post without either risk to themselves or to others in the same environment; for example, freedom from any transmissible infection is extremely important especially in those working in close relationship with children. At the same time the Authority is protected from either employing people liable to suffer from an undue amount of sick leave or who would be an unacceptable risk for the superannuation fund.

The medical assessment takes the form of (1) completion of a medical questionnaire and (2) evidence of a recent satisfactory x-ray of chest. Occasionally further enquiries are necessary and these may be made by either an approach to the general practitioner concerned or by medical examination by local authority medical officer or, if necessary, hospital consultant.

A considerable amount of work is involved when employees are being considered for retirement on the grounds of ill health. This decision is only reached by medical staff after alternative employment has been considered and found to be unsuitable. Re-allocation of duties for employees no longer able to perform their previous employment ensures for them not only extra income compared with that of a premature pension but also offers general satisfaction of still being able to do a useful job of work. Naturally, the authority gains by retaining the services of loyal hard-working men and women.

Occasionally, employees when they reach their normal age of retirement express a wish to carry on working. In cases such as these, before any extensions of service are granted, each applicant has a medical assessment and their medical state and sick leave during the preceding year are considered in relation to the duties of the post.

The statistics set out in the table below give some indication of the amount of work which is expended in the Health Department in attempting to ensure that both employer and employee are protected:-

Number of medical forms assessed	.. .. .	1,585
Number of medical examinations	.. .. .	61
Number of medical examinations—extensions of service	..	8
Number of medical examinations—heavy goods vehicle drivers	.. .. .	67
Number of medical examinations carried out for other Authorities	.. .. .	27
Number of medical examinations carried out under Ministry of Education Circular 249/52 :		
(a) Teachers first appointments	.. .. .	98
(b) Training College Entrants	.. .. .	258

In conclusion, I would like to express my thanks to all my colleagues in the other branches of the health service who have so willingly helped with advice whenever the occasion demands.

During the year a small survey was carried out as an experiment related to working conditions and to individuals' general care of their health and also to assess whether, if certain facilities were available, the staff would make use of them. This survey consisted of carrying out eye tests on those staff in the Technical Services Department who were engaged on fine detail work. 110 officers were tested and 32 were recommended to visit their optician for further investigation. Whilst this may seem a high total of referrals, the vast majority of defects were of a very minor nature. Nevertheless, the sample survey undertaken amongst those who would be expected to take even greater care of their eyes than normal would appear to indicate that other staff would benefit from a similar type of survey, the early detection of minor defects before they become severe enough to give rise to symptoms being of paramount importance.

INFECTIOUS DISEASES

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During the year, there were changes in national policy concerning infectious disease control. In July 1971, the Joint Committee on Vaccination and Immunisation issued its recommendation regarding the indications for offering vaccination against smallpox. It expressed the opinion that, whilst vaccination remains the most reliable measure for the protection of individuals liable to be exposed to this disease, nevertheless the small but definite risk of serious complications contra-indicate the offering of vaccination to all persons as a routine measure at a time when the smallpox eradication programme of the World Health Organisation has made remarkable progress. In the light of this opinion Harrow, in concert with other local health authorities, gave notice that vaccination against smallpox would no longer be offered as a routine measure. At the same time, the Joint Committee on Vaccination and Immunisation recommended that certain people should continue to be protected; e.g., health service staff and overseas travellers to and from certain countries.

The second national policy change was contained in Circular 55/71 issued by the Department of Health and Social Security in November. This stated that prophylactic vaccination against rabies should be offered to all persons who are exposed to special risk of contracting this disease. There are only a few hundred such persons affected in the country and these include those working:

INFECTIOUS DISEASES

- (a) at quarantine kennels approved by the Ministry of Agriculture, Fisheries and Food for the accommodation of imported dogs and cats;
- (b) at quarantine premises in zoos and other establishments;
- (c) by carrying agents authorised to carry these animals;
- (d) at approved research and acclimatisation centres where primates and other imported mammals are housed;
- (e) at ports with regular traffic in imported animals.

No such place of employment exists in Harrow.

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The following table shows the incidence of infectious disease in the Borough during 1971 :-

Disease	Und. 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65 + yrs.	Un- known	Total
Acute Encephalitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis ..	1	-	-	-	-	-	-	-	-	-	-	1	2
Anthrax ..	-	-	-	-	-	-	1	-	-	-	-	-	1
Cholera ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery ..	-	1	-	-	-	1	1	-	-	-	-	-	3
Food Poisoning ..	-	2	-	-	-	9	-	-	-	-	-	-	11
Infective Jaundice ..	-	2	1	1	1	-	5	-	1	2	1	1	15
Leprosy ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles ..	8	133	134	6	3	-	1	-	-	-	-	6	291
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever ..	-	-	-	-	-	-	-	-	-	-	1	-	1
Plague ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ..	-	2	9	1	-	-	-	-	-	-	-	-	12
Smallpox ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis (Pulmonary) ..	-	-	-	-	2	4	5	4	11	12	7	1	46
Tuberculosis (Other) ..	-	-	-	-	-	2	4	2	-	-	1	-	9
Tuberculosis (Men.) ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever ..	-	-	-	-	-	1	-	-	-	-	-	-	1
Typhus ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough ..	2	10	12	-	1	-	-	-	-	-	-	-	25
Yellow Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ..	11	150	156	8	7	17	16	6	12	14	10	9	417

Measles

Only 291 cases of measles were notified in 1971. This compares with 1,080 the previous year. This is further evidence in support of the view, which was expressed last year that the periodicity exhibited by the measles virus has been altered by the vaccination programme. It is to be hoped that measles will be eradicated by vaccination but, although there was some improvement in the numbers of children presented for protection, far too many parents still think of measles as a harmless childhood infection whereas it is a disease which frequently leaves the patient with serious lifelong disabilities and can even cause death.

Infective Jaundice

Only 15 cases were notified this year compared with 22 and 25 in 1969 and 1970 respectively. This reduction is probably accounted for by either a natural variation in the infectivity of the disease or a failure to notify every case. Although this is the third full year during which the disease has been notifiable, it is too soon for conclusions to be drawn. However, although there still seems to be a fairly even spread of cases throughout the whole age and sex range, there was a slight predominance amongst young adults, noticeable this year.

Diphtheria and Poliomyelitis

This was again a year when fortunately no resident contracted either 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.

Whooping Cough

As was the case in 1970, only a few cases of Whooping Cough were notified during 1971. It is possible that there may have been more than the twenty-five cases notified because it is difficult to recognise patients who are suffering from only mild manifestations of the disease.

Enteric Fever

There were two cases notified during the year. One person became ill on returning to this country following a worldwide tour and was diagnosed in hospital as suffering from typhoid. The other resident was identified as a symptomless carrier of paratyphoid B when routine investigations were carried out following the surgical removal of gallstones.

Full investigation of the contacts of both cases were carried out and all were found to be non-infectious.

Whilst it is fairly common for travellers to be diagnosed as having contracted one of these infections overseas, it is always disturbing to identify residents of this country as symptomless carriers. It is fortunate that no-one else was infected by him especially as it is many years since he last visited a country where paratyphoid is endemic.

Cholera and Smallpox

Despite the undoubted successful progress towards the worldwide eradication of smallpox and cholera, outbreaks of both diseases continued to occur in various parts of the world. In an endeavour to prevent either disease being introduced into the country, and not recognised as such, all travellers coming from countries where either disease is endemic and who are not in possession of valid international certificates of vaccination against the diseases, are placed under surveillance. In the case of smallpox this period lasts for 14 days whilst in the case of cholera, it is for the much shorter time of 5 days.

During 1971, 33 persons proceeded to addresses in the Borough and were notified as having come from areas where smallpox was endemic. They were kept under surveillance as were the 240 travellers coming from areas where cholera was endemic. The vast majority of the latter came from Spain during the short period of September to November. This placed a considerable additional burden upon the Public Health Inspectorate and I am grateful to them for their willing co-operation in visiting every one of these families within a few days of their arrival in this country.

Dysentery and Food Poisoning

The details of the 13 cases of food poisoning which occurred during the year are set out in the tables below:

FOOD POISONING Incidents and Cases

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases notified or ascertained	Total No. of outbreaks and sporadic cases cols. (1+3+5)	Total No. of cases columns (2+4+5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	1	4	4	5	8
2. Other <i>Salmonellae</i> (a)	—	—	—	—	5	5	5
3. <i>CI. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph aureus</i>	—	—	—	—	—	—	—
5. Other causes	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	—	—	—
7. TOTAL	—	—	1	4	9	10	13

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

Type of <i>Salmonellae</i>							
Indiana	—	—	—	—	1	1	1
Enteritidis	—	—	—	—	2	2	2
Agona	—	—	—	—	1	1	1
Not Typed	—	—	—	—	1	1	1

In addition, three cases of dysentery were notified during 1971. Thus a combined total of 16 cases of dysentery and food poisoning were notified during the year. This compares with 33 during 1970. The reduction is welcome but merely represents a return to the normal annual total because 1970 was a year when the notifications were unusually high.

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 1971:-

	Primary Notification				Brought to notice other than on a Form 'A'			
	Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F	Pulmonary M	Pulmonary F	Non-Pulmonary M	Non-Pulmonary F
Under 1	—	—	—	—	—	—	—	—
1—4	—	—	—	—	1	—	—	—
5—9	—	—	—	—	1	—	—	—
10—14	—	—	—	—	—	—	—	—
15—19	2	—	—	—	—	—	—	—
20—24	3	1	—	2	—	—	—	—
25—34	3	2	1	3	4	—	—	—
35—44	2	2	—	2	1	2	—	—
45—54	10	1	—	—	—	1	—	—
55—64	10	2	—	—	—	—	—	—
65 & over	6	2	—	1	—	—	—	1
	36	10	1	8	7	3	—	1

Summary of changes in register—1971

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
No. on register January 1st, 1971 ..	842	776	99	155
No. of new cases added	36	10	1	8
No. of cases other than on a Form "A" ..	7	3	—	1
No. of cases restored to register ..	—	—	—	—
No. of cases removed	56	33	2	—
No. on register December 31st, 1971 ..	829	756	98	164

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	17	21	—	—
Deaths	7	2	—	—
Recovered	27	10	2	—
De-notified	5	—	—	—
Lost Sight Of	6	1	—	—

Deaths

Tuberculosis caused the death of 2 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. Whilst it is pleasing to be able to record that no school child was reported as having contracted tuberculosis during 1971, there were unfortunately two cases of tuberculosis at other educational establishments. One teacher at the Harrow Technical College was notified as suffering from the disease whilst the second case concerned a student at the Harrow College of Further Education, Hatch End. Surveys were carried out at both establishments and none of the contacts of these cases were found to be infected.

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.

Mass X-ray

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.

I reported last year that during 1970, the Department of Health and Social Security had raised the question of cost effectiveness of mass x-ray units and that all Regional Hospital Boards had been requested to record their arrangements. In consequence, the North West Metropolitan Regional Hospital Board sought the Borough's opinion, who expressed the view that local mass x-ray service should be retained. It is gratifying to be able to report that, although the mass x-ray will eventually be phased out, nevertheless the residents of Harrow have gained a considerable reprieve. However, in due course, mass x-ray facilities will only be available at the request of medical practitioners. This ultimate withdrawal of the mass x-ray service is also unfortunate for another reason, viz.: readily available, quickly reported on, free chest x-rays, are of considerable value to employers and this method of checking the health of existing and potential employees is obviously extremely valuable. However, chest clinics will continue to provide a free service to all those working in close contact with children in order to ensure that such employees are not suffering from infections which could be transmitted to children.

Throughout the year, mass x-ray units were available at the following places and locations:-

Mobile Unit—The Car Park, Grant Road, Wealdstone	2nd & 4th Thursday 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 and Throat Swabs	..	6
Faeces	.. .. .	325
Sputum	.. .. .	-
Miscellaneous	.. .. .	18

ENVIRONMENTAL HEALTH SERVICE

The work of the Public Health Inspector may be divided into five main parts viz.: House Inspection; Inspection and Supervision of other premises; Inspection and Supervision of food and food premises; matters arising from the Clean Air Act and measures to control certain infections.

Housing

Housing standards continue to improve due (i) to more and more properties becoming owner occupied; (ii) to the grants that are available for the improvement of properties and (iii) the repair and reconditioning work resulting from the Housing Act 1969.

The position in respect of overcrowding also improved—the number of cases of statutory overcrowding registered at the end of the year being four.

Other Premises

The inspection and supervision of other premises and places while revealing progress in many instances, was generally lacking in any forward movement towards an environment free of litter and rubbish. The following is an extract from the Report of 1968.

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

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

The position is similar today.

Food Hygiene

The work undertaken pursuant to the Food and Drugs Act and Food Hygiene Regulations was rewarding and the inspections made revealed in the main satisfactory progress. The result of the efforts made to improve standards of Food Hygiene of those traders attending Pioneer Fair was particularly pleasing and I would like to record my appreciation for the help we received in this matter from the Showmen's Guild.

Clean Air

In the field of Clean Air two further Smoke Control Orders came into operation. There appears to be no reason why the completion of the Council's programme by the end of 1973—the target set in 1960—should not be achieved.

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Other Premises

The inspection and supervision of other premises and places while revealing progress and improved conditions in many local offices, in shops and in working conditions generally was woefully lacking in any forward movement towards an environment free of litter and rubbish. The following is an extract from the Annual Report of 1968.

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The following tables summarise the visits made and the action taken :

STATISTICAL SUMMARY

PART I.

INSPECTIONS MADE AND CONDITIONS FOUND

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects	1,432
(ii)	On complaint of other nuisances	716
(iii)	Revisits arising from defects found	3,910
(iv)	Surveys under S.157 Housing Act 1936	266
(v)	Surveys Housing Act 1969—Qualification Certificates	1,112

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	3,683
(ii)	Number of cases of overcrowding revealed	6

PUBLIC HEALTH

VISITS

(i)	On complaint or request	348
(ii)	Routine inspection of premises	648
(iii)	Revisits arising from defects found	1,114
(iv)	Surveys arising from Rats or Mice complaints	2,030
(v)	Inspection of factories	52
(vi)	Inspection of Outworker's Premises	123
(vii)	Inspection of Cinemas and Places of Entertainment	13
(viii)	Inspection of Licensed Premises	116
(ix)	Visits under Shops Act	1,326
(x)	Observations made for Smoke Nuisances	66
(xi)	Surveys under Clean Air Act	3,216
(xii)	Pet Shops	14

FOOD HYGIENE

VISITS

(i)	Slaughterhouses	4
(ii)	Butchers' Shops	245
(iii)	Dairies	21
(iv)	Fish Shops	79
(v)	Bakehouses	75
(vi)	Cafes and Restaurants	504
(vii)	Ice Cream Premises	79
(viii)	Provision Merchants	278
(ix)	Greengrocers	180
(x)	Other Food Premises	196

Accumulations of refuse	168
Animals causing a nuisance	23
Dampness and housing defects	288
Drains and sewers—choked	86
defective	103
Dustbins defective	9
Flooding—Gardens	5
Insect Infestations	108
Overcrowding, alleged	13
Smoke nuisances	66
Watercourses	3
Other complaints	189
Food unfit (excluding requests received from shops to visit and inspect food)	102

UNDER HOUSING ACT 1957 :

Statutory Notices served under S.9 requiring execution of repair work	5
Dwellings reported under SS.16/17 as being unfit for human habitation	24
Informal notices served under S.9	32

Statutory notices served under :

(i)	S.24—work to public sewer	..	..	..	..	131
(ii)	S.39—repair or renewal of drains	..	..	..	..	11
(iii)	S.45—repair or renewal of defective water closets	..	..	..	..	3
(iv)	S.93—abatement of a nuisance	..	..	..	..	26
(v)	Informal notices served	..	..	..	..	2,118

FOLLOWING HOUSING ACT NOTICES :

(i)	S.9 Housing Act 1957—dewlling rendered fit—	
	(a) By owners	3
	(b) By local authority in default of owners	—
(ii)	SS.16/17 Housing Act 1957, Demolition/Closing Order ..	21
(iii)	Number of properties demolished	3
(iv)	Dwellings rendered fit by owners after receipt of informal notice	28

FOLLOWING PUBLIC HEALTH ACT NOTICES :

(i)	S.24 Public sewers repaired	133
(ii)	S.29—	
	(a) By owners	2
	(b) By local authority in default of owners	3
(iii)	S.45—	
	(a) By owners	2
	(b) By local authority in default of owners	1
(iv)	S.93—Nuisances abated	21
(v)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	1,784

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

	Number of Notices	25
(a)	By owners	20
(b)	By local authority	—

SUMMARY PROCEEDINGS

Three applications were made to the Harrow Court for Nuisance Orders and in each an order was granted.

Fines totalling £50 were imposed. The costs awarded totalled £30. Pursuant to the Food and Drugs Act, action was taken in respect of a cigarette end found in a loaf. A fine of £25 was imposed plus £8 costs.

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

Three 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.

Appearance	.. ..	Bright and Clear.
Odour	.. ..	Hydrocarbon similar to exhaust fumes.
Reaction (pH)	.. ..	7.5
		<i>Parts per million</i>
Dissolved solids	.. ..	409.2
Suspended solids	.. ..	Nil
Free Chlorine	.. ..	Not detected
Chlorion	.. ..	39.2
Sulphates (as SO ₄)	.. ..	47.7
Calcium (as Ca)	.. ..	102.0
Free and Saline Nitrogen	.. ..	Nil
Albuminoid Nitrogen	.. ..	Nil
Nitrate Nitrogen	.. ..	4.4
Nitrite Nitrogen	.. ..	Nil
Total Hardness	.. ..	280.0
B.O.D. (5 days)	.. ..	0.3
Permanganate Value	.. ..	0.51
Lead (Pb)	.. ..	0.10
Copper (Cu)	.. ..	Nil
Zinc (Zn)	.. ..	Nil

The odour is possibly a post sampling contamination since no complaint appears to have been made. Apart from the odour the water was perfectly satisfactory.

SWIMMING BATHS

There are three Council controlled swimming baths in the district namely—one in Central Harrow, one in Wealdstone and the third is an indoor bath at Hatch End.

The water in each bath is filtered and chlorinated. Eighteen samples were taken during the year, all were reported as satisfactory.

In addition daily tests were made by the Baths Superintendent.

There are also baths at the following schools :

Aylward Primary School, Pangbourne Drive..	Indoor—heated.
Blackwell Secondary School, Headstone Lane	Open Air—heated.
Cannon Lane Primary School, Cannonbury Avenue	Covered Open Air—heated.
Priestmead Primary School, Hartford Avenue	Open Air—heated.

Stag Lane Primary School, Collier Drive ..	Open Air—heated.
Harrow County Boy's Grammar School, Gayton Road	Open Air—heated.

In addition there are a number of private pools in the district including the following :

Quainton Hall School, Hindes Road	Covered—heated.
North London Collegiate School, Canons Drive	Open Air.
Orley Farm School, South Hill Avenue ..	Open Air—heated.
Whitegates School, Elms Road	Indoor—heated.
Green Shield Club, Brookshill	Open Air—heated.

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.

HOUSING

During the year 21 properties were made the subject of Closing Orders, these were :-

- 103 Canning Road, Wealdstone
- 35 and 35A Stanley Road, South Harrow
- 2 Rectory Cottages, Church Road, Stanmore
- 102A Cecil Road (first floor), Wealdstone
- 31 St. Kildas Road (ground floor), Harrow
- 13A Peel Road, Wealdstone
- 25 Headstone Road, Harrow
- 27 Aberdeen Road, Wealdstone

29 Aberdeen Road, Wealdstone
 34 Havelock Road, Wealdstone
 97 Graham Road, Wealdstone
 105 Graham Road, Wealdstone
 9 Elm Terrace, Church Road, Stanmore
 43 Lower Road, Harrow
 77 Masons Avenue, Wealdstone
 168 High Street, Wealdstone
 170 High Street, Wealdstone
 69 Bessborough Road, Harrow
 167 Pinner Road, Harrow
 169 Pinner Road, Harrow
 86 Cecil Road, Wealdstone

Three properties were demolished (the result of Orders made during previous years). These were :

32 Wolseley Road, Wealdstone
 848 Kenton Lane, Harrow Weald
 129 High Street, Edgware.

Seven properties, the subject of Orders, were reconditioned and the Orders lifted. These were :

69 Byron Road, Wealdstone
 12 Valentine Road, Harrow
 38 Gordon Road, Wealdstone
 300 Everton Court, Honeypot Lane
 22 Frognal Avenue, Wealdstone
 52 Masons Avenue, Wealdstone
 92 Cecil Road, Wealdstone.

During the year 16 families were rehoused by the Council from dwellings the subject of Orders made pursuant to the Housing Act.

Housing Act, 1969

Reference was made in the Annual Report for 1970 to the volume of work that resulted from this Act. There was little change during 1971 and the repair, reconditioning and improvement work undertaken by owners to meet the standards called for was considerable. The result was that during the year the general standard of housing and housing conditions continued to rise.

The following table indicates the action taken :

IMPROVEMENT CASES

1. No. of applications for qualification certificates under Section 44 (2) under consideration at the end of the period	14
2. No. of certificate of provisional approval issued	24
3. No. of qualification certificates issued under Section 46(3)	13

STANDARD AMENITIES ALREADY PROVIDED

- | | |
|--|-------|
| 4. No. of applications for qualification certificates under Section 44(1) under consideration at end of period | 588 |
| 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... | 1,027 |
| (2) dwellings with rateable value of £60 to less than £90 in Greater London or of £40 to less than £60 elsewhere | 495 |
| (3) dwellings with rateable value of less than £60 in Greater London or less than £40 elsewhere | 12 |

EXEMPTION FOR LOW INCOME TENANTS FROM SECTION 54

- | | |
|--|-----|
| 6. No. of certificates issued under Section 55 | Nil |
|--|-----|

Overcrowding

The number of known cases of statutory overcrowding on the 31st December was 4, three fewer than on the 31st December, 1970.

During the year 6 new cases were added to the register, while over the same period 9 cases of overcrowding were abated. Two of these as a result of re-housing by the Council and seven by other means.

Of the 4 cases on the register two involved families living in rooms and in the other two cases the overcrowding resulted from married children living at home with parents.

SMOKE CONTROL

Smoke Control Order No. 21 became operative on the 1st July, 1971 the date having been postponed for six months because of difficulties envisaged in the supply of solid smokeless fuels during the winter of 1970/71. Two further Orders, Nos. 22 and 23, also became operative during the year and an acreage of 6,787 with some 46,724 premises including 43,977 dwellings, is now affected. This represents approximately 64% of the total number of dwellings in the Borough. The confirmation of two more Orders by the Department of the Environment, to come into operation during 1972 which affect 7,430 dwellings will bring the percentage up to 74%.

The staff engaged on the survey and inspection of premises made 3,271 visits during the year, and also issued Certificates to enable householders to claim grants following the inspection of completed work of adaptation to the value of £42,847 in some 506 dwellings.

The average amount of money spent by householders on the adapting of fireplaces was £85. 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>
1967 ..	£19,742	975	£20
1968 ..	£16,195	656	£24
1969 ..	£23,341	877	£27
1970 ..	£19,760	693	£28
1971 ..	£14,517	506	£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>
1961/67 ..	22,406	21,278	1,128
1968 ..	6,185	5,246	939
1969 ..	6,130	5,831	299
1970 ..	2,648	2,526	122
1971 ..	9,355	9,196	159
Total	46,724	44,077	2,647

At the end of the year a three year programme was accepted by the Health Committee which will deal with the remaining properties in the Borough. This will mean that the whole of Harrow will be affected by Smoke Control Orders by the end of 1975 which was the target year set for completion in 1960, when the first Order was made by the present Authority's predecessor.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

It is becoming clear that there is an increasing awareness among employees in offices and shops of the provisions of this Act and it is also becoming clear that more and more employers are taking steps to ensure that the standards maintained in places of employment exceed the minimum that is called for by this statute.

Among the many changes noted was the trend for the shopping public to make greater use of supermarkets with their car parking and other facilities. This change appears to be taking its toll of many small traders for the records reveal that over the past ten years 207 shops within the Borough (mostly food shops) have closed. The majority of the premises concerned were reopened either as a launderette, as an agency of one kind or another, or as a betting shop.

While these premises remain affected by the provisions of the Offices Shops and Railway Premises Act. the number of persons employed was generally less, and staff moving to find employment often in the larger supermarkets found them provided with toilet and other facilities much more to their liking.

The larger establishments also appear to be more conscious of their responsibilities, e.g. in such matters as accident reporting, and the need for instruction in accident prevention.

While progress continues to be made in this field, staff shortages reduced the time that could be devoted to matters concerning the Offices, Shops and Railway Premises to a minimum and unfortunately the prospects of the position improving during 1972 are not good.

The figures submitted to the Department of Employment for 1971 were as follows :

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of Premises</i>	<i>No. of premises 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	42	598	78
Retail Shops	93	1,259	321
Wholesale Shops, Warehouses ..	5	37	5
Catering establishments open to the public, canteens	15	143	48
Fuel Storage Depots	—	—	—
TOTALS ..	155	2,037	452

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

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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	10,101
Retail Shops	6,157
Wholesale Departments, Warehouses ..	453
Catering establishments open to the public	998
Canteens	253
Fuel Storage Depots	—
TOTALS ..	17,962
TOTAL—MALES ..	8,504
TOTAL—FEMALES ..	9,458

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	—	15	4	—	—	—	4
Shops	—	24	5	—	—	2	3
Warehouses ..	—	—	—	—	—	—	—
Catering	—	4	1	—	—	—	1
Fuel Storage Depots ..	—	—	—	—	—	—	—
TOTALS ..	—	43	10	—	—	2	8

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to Public/Canteens</i>	<i>Fuel Storage Depots</i>
Machinery	—	—	—	—	—
Transport	—	—	—	—	—
Falls of persons ..	9	8	—	1	—
Stepping on or striking against object or person	3	7	—	1	—
Handling goods ..	1	5	—	1	—
Struck by falling object	3	1	—	—	—
Fires and Explosions ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	3	—	—	—
Not otherwise specified	—	—	—	1	—

CONTRAVENTIONS FOUND 1971

CONTRAVENTIONS REMEDIED 1971

	Offices	Shops	Catering/ Canteens	Whole- sale	Total	Offices	Shops	Catering/ Canteens	Whole- sale	Total
Cleanliness—Working Areas ..	—	13	3	—	16	—	2	—	—	2
Ventilation	2	2	1	—	5	—	1	—	—	1
Temperature	—	5	1	—	6	—	2	—	—	2
Lighting	—	1	—	—	1	—	—	—	—	—
Seating Facilities	—	2	—	—	2	—	—	—	—	—
Seating—Sedentary Work ..	—	—	—	—	—	—	1	—	—	1
Overcrowding	—	—	—	—	—	—	—	—	—	—
First Aid	7	30	6	2	45	1	12	3	—	16
Sanitary Accommodation										
(i) Insufficient	—	2	—	—	2	—	—	—	—	—
(ii) Unsatisfactory	—	17	4	1	22	—	3	—	—	3
Washing Facilities										
(i) Insufficient	—	—	—	—	—	—	—	—	—	—
(ii) Unsatisfactory	2	17	1	—	20	2	16	1	—	19
Drinking Water	—	—	—	—	—	—	—	—	—	—
Staff Clothing	1	7	1	—	9	—	3	—	—	3
Eating Facilities	—	3	—	—	3	—	1	—	—	1
Thermometer	8	11	3	1	23	—	10	2	—	12
Abstract	12	22	6	2	42	1	10	3	—	14
Stairs, etc.	2	17	3	1	23	1	10	2	—	13
Unguarded Machines	—	2	5	—	7	—	2	—	—	2
Lifts	—	1	4	—	5	—	1	1	—	2
TOTALS	34	152	38	7	231	5	74	12	—	91

SHOPS

There were 2,154 occupied shops on the register at the end of the year. An increase of 13 on the previous year. This figure included 25 individually occupied stalls in the Wealdstone covered market hall which opened earlier in the year. The trend for a number of vacated retail shop premises to become occupied for other business purposes such as offices or agencies continued.

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

Antiques	17 (14)	Mixed Stores	28 (30)
Boot repairs	30 (31)	Motors and Accessories ..	135 (135)
Boots and Shoes	44 (43)	Musical	15 (13)
Builders' Merchants	23 (24)	Newsagents	105 (105)
Butchers	96 (98)	Opticians	18 (17)
Chemists	57 (57)	Outfitters—Ladies	108 (98)
Coal Order Offices	17 (18)	„ Gents	75 (75)
Cafes/Restaurants	96 (95)	Paint and Wallpaper	43 (43)
Confectionery	68 (60)	Photographic	21 (20)
Drapers	25 (28)	Pet Shops	13 (13)
Radio and T.V.	93 (92)	Public Houses	54 (54)
Fish Shops	38 (38)	Second-hand wardrobes	3 (3)
Florists	26 (26)	Sewing machines	5 (6)
Fruit and Greengrocery	98 (99)	Stationers	18 (19)
Furnishers	67 (65)	Tobacconists	88 (98)
Glassware	14 (13)	Toys and Sports	23 (25)
Grocers	136 (139)	Wines and Spirits	46 (46)
Hairdressers	144 (148)	Wools	19 (19)
Hardware	58 (62)	Woodwork, Timber	24 (22)
Jewellers	24 (25)	Miscellaneous	132 (115)
Leather Goods	10 (10)		

TOTAL 2,154

1970 figures in brackets.

During the year 1,326 visits were made for the purpose of administering the Shops Act 1950/65 and Sunday and Evening observations were also made; a number of constructions were noted and dealt with; no summary proceedings were taken.

OFFICES, SHOPS AND RAILWAY PREMISES ACT FACORIES

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).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	41	30	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	446	199	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	25	20	1	—
TOTAL	512	249	16	—

2.—Cases in which DEFECTS were found.

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ..	12	9	—	—	—
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	1	1	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	1	1	—	1	—
TOTAL ..	14	11	—	2	—

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 ..	80
Christmas crackers ..	9
Artificial Flowers ..	1
Cardboard boxes ..	2
Brush making ..	2
TOTAL ..	94

One-hundred-and-twenty-three visits were made to outworkers premises during the year and all were found to be satisfactory.

OIL HEATERS REGULATIONS AND HEATING APPLIANCES (FIREGUARDS) REGULATIONS

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

The London Fire Brigade reported two fires at homes in the Borough where oil heaters were involved. In each case the cause of the trouble was found to be due to misuse rather than to any fault or deficiency in the appliance.

NOISE

During 1971, 91 complaints concerning noise problems were received, an increase of 30 over the previous year. These were dealt with by the giving of advice or by informal action. In no case was it found necessary to proceed further.

The increase in the number of complaints compared with the previous year draws attention to the growing awareness of people to intrusive noise and to the part it plays in their daily lives. It also reveals an increasing desire to seek a remedy where possible through the Local Authority. The largest number of complaints (33) concerned the activities of neighbours, which ranged from late-night "do-it-yourself" operations to the noise from oil fired boilers. Complaints of this kind are difficult to resolve, but the enquiries made often resulted in a reduction in the noise output. Regrettably disputes between neighbours about noise problems often lead to increasing acrimony whereas experience reveals that much of the annoyance arising from noise could so easily be avoided by a little thought and goodwill on the part of those responsible.

Summary of Complaints and visits (1970 figures in brackets).

<i>Source of Noise</i>	<i>No. of Complaints</i>	<i>Visits made</i>
Neighbours activities	33 (26)	55 (35)
Noisy Animals	11 (8)	12 (16)
Clubs and other places of public entertain- ment	4 (5)	4 (0)
Ice-cream vendors chimes	0 (2)	0 (0)
Road and Building Construction work ..	18 (5)	31 (8)
Factory processes and machinery in shops ..	22 (15)	74 (37)
Road traffic	3 (0)	3 (0)
TOTAL ..	91 (61)	179 (96)

VERMIN AND OTHER PESTS

FOXES

During the year 37 complaints were received about Foxes and there are no indications that their numbers are falling. In the absence of trained staff little can be done to deal with the Foxes and while there are members of the public who become most anxious about the presence of "Reynard" generally for the safety of some domestic pet—there are many who find Foxes attractive creatures and like them around.

The majority of the known "earths" in the Borough are on the Northern side of the district.

WASPS

The year as regards complaints about Wasps was above average (450) the number received being 618.

No serious difficulties were encountered in dealing with the nests apart from those located in spaces where it was difficult to gain access—under eaves and in confined roof spaces.

RODENT CONTROL

Compared with the previous year there was an increase in the number of complaints about rats 1,953—against 1,851. There was also an increase in the number of complaints about Mice—77 against 57.

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

Difficulties were experienced in obtaining the services of Rodent Operatives and at the end of the year the position in this respect remained unsatisfactory.

PIGEONS

Throughout 1971 work continued in connection with the control of Feral Pigeons and numbers were kept within reasonable limits. Messrs. Rentokil are the Council's contractors in this field and control and treatment work at its present level must remain an essential service, if the number of Feral Pigeons in the district is to be kept down.

During the year 1,042 Pigeons were taken.

SQUIRRELS

Many complaints were received about Squirrels being a nuisance and causing damage to trees and garden plants and to property. Squirrels in roof spaces can be particularly destructive creatures.

A service for the destruction of these pests is not provided by the Local Authority, but advice is tendered on methods of control and traps are loaned to individuals. These, if properly baited, are very effective. As a result of their use dozens of these creatures were destroyed.

FOOD AND DRUGS

The work undertaken in this field falls into two main parts—(1) the investigation of complaints and (2) the routine sampling of foodstuffs and other commodities.

The investigation of the complaints received and the organisation of the sampling programme was undertaken by a Senior Inspector, Mr. F. W. Fowler. The samples taken for chemical analysis were submitted to the Public Analyst, Mr. E. Voelcker, while those for bacteriological examination were sent to either the Public Health Laboratories at Park Royal or to Colindale. Others were dealt with within the Department.

Following is a summary of the samples taken and the results obtained:

	<i>Commodity</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Bacteriological	Milk ..	229	201	28
	Milk Bottles ..	5	5	—
	Other Foods ..	12	12	—
	Ice Cream ..	112	84	28
	Cream ..	183	115	68
	Water ..	47	47	—
	Miscellaneous ..	61	61	—
Chemical by Department	Milk ..	92	90	2
	Other Foods ..	—	—	—
Chemical by Public Analyst	Food and Drugs	221	217	4
	Fertilizers/ Feeding Stuffs	142	122	20
	GRAND TOTAL ..	1,104	954	150
	TOTAL BACTERIOLOGICAL	649	525	124
	TOTAL CHEMICAL	455	429	26

FOOD COMPLAINTS

The following is a summary of the complaints received about either the presence of foreign matter or the condition of foodstuff.

Complaints

MILK	Foreign matter ..	9
	Poor quality ..	6
	Dirty bottles ..	14
	—	29
	—	29

OTHER LIQUIDS

Orange drink	..	1
Water	..	1
Canned ale	..	1
Orange barley	..	1
Tinned milk	..	3
Tomato juice	..	1

8

8

FOODS

Biscuits	..	5	Fruit pies	..	2
Bread	..	22	Horlicks	..	1
Cakes	..	10	Ice cream/lolly	..	4
Cereals	..	8	Jams/Marmalade	..	5
Chicken	..	4	Milk products	..	19
Coffee	..	1	Nuts/raisins	..	2
Confectionery	..	9	Meat (tinned)	..	4
Cream	..	8	Meat (fresh)	..	13
Currants	..	1	Meat (frozen)	..	2
Fish (tinned)	..	2	Meat pies	..	5
Fish (fresh)	..	5	Pie filling	..	1
Fish (frozen)	..	4	Potato powder	..	1
Fish paste	..	1	Sugar	..	1
Flour	..	1	Vegetables (tinned)	..	7
Fruit (tinned)	..	17	Vegetables (frozen)	..	2
Fruit (fresh)	..	2			

169

169

206

MILK

Production

The number of farms at which milk was produced in the Borough remained at five. These were Pinner Park Farm, Pinner Wood Farm, Oxhey Lane Farm, Harrow School farm and Bradleys, College Hill Road.

Processing

The number of pasteurising plants in the Borough remained at two. They are located at Kenton Lane Farm, Kenton and Pinner Park Farm. High temperature, short time plant is in use at both of these centres and most of the milk dealt with by them is consumed locally. During the year new plant was installed at the Kenton Lane Farm and other major improvements were carried out.

Distribution

Most of the milk retailed within the Borough was processed and bottled outside the district by well known Companies. It was distributed from four local receiving depots. These are located at Northolt Road (Express Dairy Ltd.) Station Road, Harrow and West End Lane, Pinner, (United Dairies Limited), and Pinner Road (London Co-operative Society). In addition milk was retailed in parts of the Borough by Messrs. Hall & Sons, Pinner Park Farm, Messrs. H. B. Brazier, Kenton Lane Farm and by Messrs. S. Brazier, the latter operate from premises outside the Borough boundary.

The number of persons registered as distributors was 152. The number registered as Dairymen being 3.

Inspection and Sampling

At intervals throughout the year visits were made to the farms and establishments where milk was handled or retailed and the conditions found were generally satisfactory. In all 229 samples of milk were taken and of these 201 were reported as satisfactory. The 28 adverse reports which involved milk coming into the district were investigated and action taken appropriate to the circumstances. In most of these cases this involved consultations with the Local Authorities at the place of production.

In all of these cases follow up samples were taken until the cause of the adverse report had been found and dealt with.

Complaints

Twenty-nine complaints were received about the presence of foreign matter in milk bottles. All were investigated and action was taken with the companies concerned.

ICE CREAM

The number of premises registered for the sale and manufacture of ice cream at the end of the year was 444. During the year 112 samples of ice cream were taken. Of these 84 were reported as satisfactory, (either Grade 1 or Grade 2) and 28 as unsatisfactory, i.e. either Grade 3 or Grade 4.

While a sample that is graded 3 or 4 does not mean the product is unfit for human consumption it is an indication that at some stage during either manufacture or handling the required standard of cleanliness has not been maintained. In the case of all Grade 3 or Grade 4 reports received, investigations were made and follow up samples were taken until the cause of the trouble had been found and removed.

PHARMACY AND POISONS

During the year the number of persons listed as sellers of poisons to which Part II of the Pharmacy and Poisons Act 1933 relates decreased by 5 to 122. The shops listed from which articles containing poisons to which Part II of the Act relates were as follows:-

(For 1970 the figures are shown in brackets)

Builders, Builders' Merchants	..	6	(8)
Hardware Stores	.. ..	42	(40)
General Provisions	.. ..	58	(64)
Nurseries, Corn Merchants	..	8	(8)
Hairdressers	.. ..	1	(1)
Photographers	.. ..	-	(1)
Pharmacists/Druggists	.. ..	6	(4)
Pet Stores	.. ..	1	(1)
<hr/>			
Total	..	122	(127)
<hr/>			

Sampling

Fifty samples taken from premises of listed persons were examined by the Public Analyst—all were reported as satisfactory.

EMPLOYMENT AGENCIES

The number of employment agencies in the Borough at the end of 1971 was 37. During the course of the year 10 new licences were issued while over the same period, by reason of agencies changing hands or closing down 9 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 main function of the school health service is to promote the health and welfare of school children in order that they may derive the maximum benefit from the education provided. The basic "instrument" used to achieve this end is the medical inspection of children. These inspections have a two-fold purpose:

- (1) to detect actual defects present, and,
- (2) to elicit signs indicative of developing physical defect or emotional disturbances, which could interfere with a child's educational progress.

The staff involved in the school health service also deal with the children in the pre-school stage of the personal health service, thus there is a continuity in care beginning in the pre-school phase and continuing on into the period of school life.

In the pre-school period, arrangements are made to see and examine children with special emphasis on their general developmental progress. Children with obvious defects, for example, blindness, severe degree of deafness, paralysis, etc., are easily identified and appropriate measures can be instituted at an early stage. (a) training the child, (b) aiding the social adjustment often required within the family, and, (c) making suitable arrangements for education. On the other hand, many defects, which can have a disastrous effect on a child's future progress, both intellectual and emotional, are hidden and not readily identifiable. This being so, special arrangements are made in the pre-school period to monitor children's progress—special surveillance being instituted when any deviations from the norm are noted. In the past, particular attention was paid to those children who had been placed on the "observation register". These were children who were potentially at risk of developing some form of defect as a result of some factor having an effect in the prenatal period or during labour. Nowadays it is considered that developmental screening should be part and parcel of every child's pre-school care. These examinations must be completed in the important pre-school one carried out as a matter of course as possible at the age of 4½ years—special care being taken at this stage to ensure that each child has had all protective immunisation completed before starting school. This inter-relationship between the pre-school personal health and the school health services strengthens the argument that the school health service should definitely be within the restructured National Health Service.

PERIODIC MEDICAL INSPECTIONS

The 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

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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.

The number of pupils attending maintained primary and secondary schools including nursery and special schools, on re-opening in January 1972 was 31,401. The numbers attending each group of schools were as follows:-

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Grammar	2,524	2,493	5,017
Secondary Modern	3,364	3,036	6,400
Primary	9,655	9,403	19,058
Nursery	104	91	195
Day Special School	99	87	186
Hospital School	24	38	62
Residential Special Schools	54	26	80
Junior College	240	145	385
Assessment Unit	10	3	13
Special Class (Chantry)	3	2	5
	<u>16,077</u>	<u>15,324</u>	<u>31,401</u>

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 1971 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 the 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, particularly as warning signs of developing defects.
- (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	7,621
Special inspections	1,449
Re-inspections	3,405

As forecast in last year's annual report, some modifications were introduced in the standard procedures for the inspecting and advising in the school health service. In the past the periods between the medical officers' visits to school have tended to become too long resulting in breaks in continuity in pupil's surveillance. Accordingly, in a few schools, it was decided on an experimental basis to change the spread of the general medical inspections which resulted in the medical officer visiting the school more frequently, conducting fewer examinations per session and therefore having more time for parent/teacher/doctor discussion on selected pupils whose progress in school was causing concern. Preliminary reports on this pilot scheme were favourable and it is hoped to extend and expand the service in 1972.

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	7,618
Percentage	99.96
(b) Unsatisfactory:	
Number	3
Percentage	0.04

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

Children are referred from clinics and school medical inspections, for eye testing and for advice and treatment for diseases and minor defects of the eye. These children are seen at the following clinics:- Caryl Thomas, Honeypot Lane and Alexandra Avenue.

For many years the school ophthalmic service was staffed by the ophthalmologists from Edgware General Hospital. The service was provided under National Health Service Act, 1946 and no charge was made to the Authority by the North West Metropolitan Regional Hospital Board for the 4 sessions required.

This was an ideal arrangement for many years because it ensured that there was close co-operation between the local Authority Service and that provided by the Hospital service. However, during recent years difficulty has been experienced in maintaining the requisite number of sessions and in July of this year there was another complete breakdown in the service due to the resignation of the Assistant Ophthalmologist. At this point in time the Council decided to provide its own medical staff and on 6th October 1971 Dr. Banerji commenced his duties as the Borough's Ophthalmologist. I would like to take this opportunity to thank both Mr. Gibson-Moore and Mr. Kelsey at Edgware General Hospital for all their help during the years past and I am also indebted to the North West Metropolitan Regional Hospital Board for their great assistance both in the past and during the transition period. Mr. Jackson, the Consultant Ophthalmologist at Northwick Park Hospital, very kindly assisted with the establishment of the Borough's new service. I am pleased to be able to report that a close relationship is developing between the Borough's services and those provided by both Hospitals.

During the year 104 cases of disease of the eye (including minor defects treated at minor ailment clinics) were treated. 1,068 children were seen at the clinics and in 204 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 department 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	22
Number of commercial hearing aids supplied during the year	-

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, 19 pupils received treatment at the centre.

Speech Therapy

There have been a number of changes in staff during the year, but all the clinics have remained open.

The clinic sessions were arranged as follows:-

Caryl Thomas Clinic	.. .. .	7 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	.. .. .	3 sessions per week
Shaftesbury Assessment Unit	.. .. .	2 sessions per week
Tenby Road Clinic	.. .. .	1 session per week
Whittlesea Road Clinic	.. .. .	2 sessions per week
Shaftesbury School	.. .. .	1 session per week
Harrow Junior Training School	.. .. .	1 session per week
Whittlesea School	.. .. .	2 sessions per week

From September until March, one session per week was devoted to visiting schools. Good liaison was established with the head teachers and their staff. Children were referred to the speech department by medical officers, head teachers and general practitioners. A number of children were referred from Great Ormond Street, Northwick Park and Edgware General Hospitals.

At the beginning of the year, 350 children were already receiving treatment. New admissions throughout the year totalled 232 (pre-school 80; school 152). The total number of children attending the speech therapy clinic was 582.

The number of children discharged was 223. 196 were discharged with satisfactory speech, 26 left the Borough and one did not wish for therapy.

A number of speech therapy students have attended the Caryl Thomas and Northolt Road Clinics for observation and clinical practice.

The total number of children admitted for treatment during 1971 was 189 (65 pre-school; 124 school-age). There were 376 children referred during 1970 or earlier still receiving treatment and in addition, 17 children at the Harrow Junior Training School. The total case load for 1971 was 582. Discharges totalled 172.

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, 1971

Type	No. of Weekly Sessions
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	—
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 2

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 2

*Chiropody 1½

9. Tenby Road Clinic, Tenby Road, Edgware

Minor ailment 1

Dental 3

Speech 1

*Chiropody 1

10. Cecil Park Clinic, Cecil Park, Pinner

Minor ailment 1

Dental 4

Speech 3

*Chiropody 7

11. Caryl Thomas Clinic, Headstone Drive, Wealdstone

Minor ailment 1

Dental 8

Dental (orthodontic) 6

Ophthalmic 2

Orthoptic 2

Speech 7

*Chiropody 5

*Shared with Section 28, National Health Service 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 number of new cases seen by the Psychiatrist fell from 101 to 81 as compared with 1970.

The number of new cases referred by general practitioners fell, probably as a result of the opening of the new Paediatric Department at Northwick Park Hospital, to which some family doctors preferred to refer children in the first instance. After paediatric assessment, some of these children were referred on to the clinic for psychiatric opinion and treatment.

The figures otherwise reflect not so much a fall in demand for the clinic's services—this increased, if anything, during the year—but rather, an intake policy which is affected by such factors as the following:-

- (1) The difficulties in staffing the clinic on the social work side, referred to in detail in the report for 1970. These continued. Only two out of the three established posts were filled during the year, and for a short time there was only one social worker on the clinic staff. One exceptionally talented worker resigned on her appointment as casework organiser for a large Social Services Department.
- (2) The new Children's legislation and the setting up of a Social Services Department in Harrow were leading to the development of work with children and their families which overlapped with that formerly undertaken mainly by the Child Guidance Service Staff. Consequently, an increasingly selective intake policy could be pursued, with the object of taking on for investigation and treatment only those children and parents who were most likely to make good use of the specialised resources of the clinic.
- (3) A higher proportion of time was spent by the psychiatrist in case consultations with workers from other agencies, especially the Department of Community Services.
- (4) Individual child psychotherapy (in conjunction with casework with parents), therapeutic consultations with children, and family therapy with intact families—these continue to be the main areas of clinical concern for the psychiatrist. Numbers of cases were, by these criteria, inappropriately referred to him, but communications and discussion with referring agents led to clarification, and usually, referral elsewhere. In this way, the clinic's functions as a link and meeting ground between the general medical services for children, the educational services, and the Social Services Department (which has potentially so much more to offer emotionally and socially deprived children than the clinic itself) were demonstrated.

In order to examine the clinic's changing role, and to facilitate communication between the clinical service and the schools, a working party was set up. It recommended a series of meetings between representative clinic staff and the Head Teachers of the Local Authority schools in Harrow.

NUMBER OF NEW CASES 81*

SOURCE OF REFERRAL :

(a) Medical Officer of Health	10
(b) General Practitioner	34
(c) Hospital Paediatrician/Psychiatrist	7
(d) Children's Officer	1
(e) Director of Education	1
(f) Educational Psychologist	9
(g) Head Teacher (through Educational Psychologist)	18
(h) Parent	1

PRESENTING SYMPTOMS :

(a) NERVOUS DISORDERS (Fears, depression, anxiety, refusal to attend school)	22
(b) BEHAVIOUR DISORDERS	31
(c) PSYCHOSOMATIC DISORDERS (Asthma)	1
(d) HABIT DISORDERS (Enuresis, soiling, speech difficulties, sleeping difficulties, eating difficulties, masturbation)	18
(e) ANTI-SOCIAL BEHAVIOUR	7
(f) LACK OF SCHOOL PROGRESS/BACKWARDNESS	2

OTHER ATTENDANCES 2,387

TOTAL ATTENDANCES 2,549

CHILDREN 1,137

PARENTS 1,346

OTHERS 66

*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., A.B.Ps.S.
Educational Psychologist ..	Mrs. A. M. Williams, B.Sc.
Educational Psychologist ..	Mrs. J. H. Whitehouse, B.Sc. (from September 1st)
Specialist Teacher	Mrs. C. Newton, B.A. (Until August 31st)
	Mrs. D. Schiller (From Sep- tember 1st)
Peripatetic Remedial Teacher ..	Mrs. M. Zurawski
Assessment Unit	Mrs. J. M. Whitmarsh
Chantry Unit (Class 6)	Mrs. Craig (until April 7th)
	Mrs. D. E. Harper (from April 27th)

Mrs. Craig resigned as teacher of Class 6 having found that a full-time appointment was excessively demanding in view of her family responsibilities. We were fortunate in being able to appoint Mrs. Harper in time for her to take over from Mrs. Craig without a break, so that the class continued without interruption.

In the same way, when Mrs. Newton resigned her appointment on August 31st as she was leaving this area we were fortunate in being able to appoint Mrs. Schiller from September 1st. This enabled the work with phobic children to continue without a break. We were extremely sorry to lose the services of Mrs. Newton. She began the group work with phobic children at the Child Guidance Centre and was highly successful in getting the majority of these children back to school.

(2) DETAILS OF REFERRALS :

					Boys	Girls
1. Number of Children Referred	..	..	..	204	139	65
2. Age Range of Referrals:						
(a) Under 5 years (pre School)	..	..	13	9	4	
(b) 5-7+ years (Infant School)	..	..	57	40	17	
(c) 7+-11+ years (Junior School)	..	..	88	64	24	
(d) 11+-16+ years (Secondary—Grammar and Modern)	..	..	..	..	..	..
	..	..	..	..	41	23
(e) Over School Age	..	..	..	..	5	3
						2

3. Source of Referral

(a) Director of Education	20	14	6
(b) Director of Community Services	24	20	4
(c) Head Teachers	131	87	44
(d) Parents	14	11	3
(e) Other agencies	15	7	8

4. Reasons for Referral:

(a) Educational Difficulties	152	95	57
(b) Behaviour Problems	52	43	9

(3) OUTCOME OF REFERRAL :

(a) Number of children referred to Psychiatrist	17	15	2
(b) Number of children seen for Psychiatrist ..	9	6	3
(c) Number of children seen by Educational Psychologists for remedial teaching ..	4	2	2
(d) Number of children seen by Educational Psychologists for treatment/counselling ..	31	27	4
(e) Number of children recommended for Day E.S.N. education	10	4	6
(f) Number of children recommended for Boarding E.S.N. education	2	1	1
(g) Number of children referred to Specialist Teacher for individual/group remedial teaching	7	7	-
(h) Number of children receiving remedial teaching from Peripatetic Remedial Teacher	21	14	7
(i) Additional remedial teaching carried out by students from Maria Grey Training College	6	2	4
(j) Number of children recommended for Assessment Unit	10	8	2
(k) Number of children recommended for Class 6 (in collaboration with Psychiatrist) ..	3	3	-
(l) Young adults referred by Further Education and recommended for remedial teaching ..	5	3	2

(4) PHOBIC CHILDREN ATTENDING CHILD GUIDANCE CENTRE

January: 5 children (4 girls, 1 boy) December: 3 girls

(5) THE ASSESSMENT UNIT

This unit has now established itself and is clearly meeting the need of some young children for an enriched curriculum, with emphasis on language development. Although still too early to draw any final conclusions the evidence is that the majority of children placed in the Unit successfully transfer to normal Infant or Junior School.

This Unit is now situated at Vaughan Infant School instead of Shaftesbury School, and this change has helped to dispel the idea held by some parents that the Unit is a "back door" to a special school. Mrs. Whitmarsh maintains close contact with the children's parents. Mrs. Williams, Educational Psychologist, has continued to assume the main responsibility for the selection of children and subsequent transfer to other schools.

(6) CLASS 6, CHANTRY SCHOOL

This unit has remained very small, but meets a real need for a limited number of emotionally disturbed children. It has been found that part-time attendance has a distinct advantage for some children, enabling them to maintain contact with normal school. The staff maintains close contact with parents and with the staff of the Child Guidance Centre.

(7) REMEDIAL TEACHING

In addition to her remedial teaching Mrs. Zurawski has arranged a variety of courses, lectures, workshops and visits to the Reading Centre in Reading.

(8) SPECIAL SCHOOLS

Number of visits to special boarding schools	..	..	5
Number of visits to special day schools	..	..	2

(9) CONCLUSIONS

The number of children referred is very close to the figure for 1970. However, somewhat fewer of these children were referred for psychiatric assessment so that the number of children and families actually using the School Psychological Service did in fact increase slightly.

The year has been a most encouraging one in respect of the greater help the School Psychological Service has been able to offer to teachers in the field of remedial teaching. The need is considerable and an expansion of the remedial teaching service is the policy of the Director of Education. As this particular problem receives more adequate attention it is hoped that the Educational Psychologists may be able to devote more time to other equally important aspects of their work, e.g. discussions with parents and teachers about children's behaviour problems, more supportive work with our special schools and units, more help for adolescents, and more regular visiting of special boarding schools attended by Harrow 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, 1971	4

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

Number of partially sighted pupils newly assessed	1
Number of partially-sighted pupils admitted to special schools during the year	—
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December, 1971	11

(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, 1971	5

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

Number of partially deaf pupils newly assessed	4
Number of partially deaf admitted to special schools during the year	2
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1971	16

(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	3
Number of educationally subnormal pupils admitted to special schools during the year	20
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December, 1971	162

(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	.. ..	—
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, 1971	.. ..	2

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

Number of maladjusted pupils newly assessed	.. ..	1
Number of maladjusted pupils admitted to special schools/classes during the year	.. ..	2
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December, 1971	.. ..	21

(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	.. ..	6
Number of physically handicapped admitted to special schools/classes during the year	.. ..	7
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1971	.. ..	40

(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	.. ..	1
Number of pupils with speech defects admitted to special schools during the year	.. ..	1
Total number of children with speech defects in special schools as at 31st December, 1971	.. ..	1

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

Number of delicate pupils newly assessed	18
Number of delicate pupils admitted to special open-air schools during the year	12
Total number of delicate pupils in open air schools as at 31st December, 1971	39

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	4	1	—	1	—	6
Partially-sighted	—	11	—	—	—	11
Deaf	—	5	—	—	—	5
Partially Deaf ..	2	14	8	—	4	28
Educationally Subnormal ..	13	149	—	—	—	162
Epileptic	2	—	—	—	—	2
Maladjusted ..	17	4	5	—	1	27
Physically Handicapped	7	34	3	2	3	49
Speech	1	—	—	—	—	1
Delicate	39	—	14	—	—	53

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. Although all physically and mentally handicapped children are eligible the classes of handicapped children for whom these arrangements normally 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) Partially-sighted children whose need for training and companionship should be met in a sheltered environment;
- (3) Children over the age of one year of deaf and dumb mothers.
- (4) Maladjusted children for whom absence from the home environment for some time daily is considered advisable;

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

One child from class 1 was admitted to a day nursery during 1971.

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. Seven children were receiving home tuition at the end of 1971.

INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5-14 during 1971:-

Scarlet Fever	..	..	..	..	10
Measles	..	..	..	..	140
Whooping Cough	..	..	..	..	12
Infective Jaundice	..	..	..	..	2

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 1971:-

(A)

Type of School	No. of Pupils Eligible	No. of Acceptances	Negative Reactors	Positive Reactors
Secondary Modern ..	1,434	1,038	943	37
Secondary Grammar ..	824	670	585	9
Independent ..	443	377	335	17
Special ..	18	14	12	1
TOTAL ..	2,719	2,099	1,875	64
(1970) ..	(2,676)	(2,111)	(1,913)	(65)

For comparison, the final figures for 1970 are shown in brackets.

(B)

	1970	1971
No. eligible	2,676	2,719
No. accepting	2,111	2,099
Acceptance rate	78.8%	77.2%
Positive reactors	65	64
Percentage positive	3.3%	3.3%
Negative reactors	1,913	1,875
No. given B.C.G. vaccination ..	1,876	1,870

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 34,851 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 212. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 130 pupils. No cleansing orders under Section 54(3) were required during the year.

PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1971 the total number of meals served was 3,274,598 of which 207,319 were free.

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

In September amendments were made to the Regulations whereby free school milk could be issued to school children. In the earlier part of the year all primary school children were entitled to one third of a pint daily. However from September milk could only be offered to the following groups of children:-

- (a) Pupils in Special Schools.
- (b) Pupils in other maintained schools, up to the end of the Summer Term next after they attain the age of seven, (Infants' Schools). This includes pupils whose seventh birthday falls in the summer holiday immediately prior to transfer to Junior School.
- (c) In Junior Schools where a School Medical Officer certifies that the pupils' health requires that he should be provided with milk at school.

The Regulations provided that Junior School Pupils could be referred to the School Medical Officer by teachers, education and other welfare officers and similar responsible persons. Parents may also suggest that the children may be in need of milk on health grounds. The change in the regulations were received too late to be able to be implemented at the commencement of the term. However within a few days of their receipt instructions were issued to head teachers, educational welfare officers, social workers and all those professional staff whom it was thought might have been able to identify a child who could be deemed in special medical need of milk. The regulations require that a medical assessment was required by the school medical officers and only they should issue appropriate certificates.

Many parents applied for school milk on the grounds that they thought that it would benefit their child. In such cases it was often difficult to persuade them that a medical assessment was essential and at this point many parents withdrew their applications. Even after the medical assessment many parents still failed to appreciate the difference between issuing a **certificate** stating that a child was in special medical need of additional nourishment and their feeling that their child would benefit from drinking milk. Many blamed the school doctor and unfortunately many parent/doctor relationships have been irreparably damaged. This is particularly unfortunate because this parent/doctor relationship must be excellent if preventive paediatric medicine is to be effective.

By the end of the year 66 children had been assessed and 29 certificates issued; 2,406 applications were received during the latter part of 1971 and of these there were 2,327 children still awaiting assessment at the end of the year.

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 1971 185

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

Mr. A. G. Brown, reports as follows:-

Equipment

A start was made on the phasing out of the older equipment in the dental surgeries. An "Air Hostess" unit, which is designed for the new concept of low level treatment was installed during the year at the Caryl Thomas Clinic. Gradual re-equipment of clinics will proceed, according to priority, in future years.

Experience in the use of a daylight x-ray processing unit was obtained at the Honeypot Lane Dental Clinic and proved that these units are the answer to the situation where dark-room provision is not possible.

Staffing

The situation created by the loss in September of a full-time dental officer and dental surgery assistant who served the Honeypot Lane and Tenby Road Clinics, was partly relieved by the appointment, in October, of a part-time dental officer and dental surgery assistant.

In November arrangements were completed which enabled student nurses from the Northwick Park Hospital to observe dental treatment and general anaesthetic sessions.

Elmers Court Residential School, Lymington, Hampshire

Mr. Clayton continued to carry out inspections and treatment for the eighty or so children at this school for which the Borough is responsible.

Treatment

The main aim of treatment is, as before, the conservation of the dentition, which is borne out by the above average ratio of teeth filled to extracted.

Six general anaesthetic sessions are held per month which provides for at least one session per week in the service. Special arrangements can be made for urgent emergency cases. The orthodontic department at Caryl Thomas Clinic continued to deal with all cases referred by dental officers.

Priority Groups

There was an increase in the number of expectant and nursing mothers treated during the year whilst the service provided for pre-school children maintained the above average levels of previous years. In an attempt to get an even greater attendance of the under fives, the appointment cards and consent forms issued in respect of older children are being used to convey that the service is available for their pre-school-age siblings.

TABLE I—MEDICAL INSPECTION RETURNS

Age groups inspected (By year of Birth)	No. of pupils having received a full medical examination	PHYSICAL CONDITIONS OF PUPILS INSPECTED		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	165	165	—	—	1	46	46
1966	485	485	—	—	26	147	156
1965	1,587	1,586	1	—	62	469	464
1964	732	732	—	—	33	221	222
1963	174	174	—	—	16	45	56
1962	194	194	—	—	10	49	56
1961	177	177	—	—	10	29	36
1960	203	203	—	—	11	36	44
1959	1,078	1,078	—	—	79	182	249
1958	898	898	—	—	47	193	220
1957	238	238	—	—	10	51	57
1956 & earlier	1,690	1,688	2	—	83	251	303
TOTAL ..	7,621	7,618	3	—	388	1,719	1,913 1,909

Column (3) total as a percentage of Column (2) total: 99.96%

Column (4) total as a percentage of Column (2) total: 0.04%

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	1,449
Number of Re-inspections	3,405
TOTAL ..	4,854

TABLE 111
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	34,851
(b) Total number of individual pupils found to be infested	212
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	130
(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	84	58	136	278	386
		O	8	1	4	13	1
5	Eyes: (a) Vision	T	116	83	189	388	104
		O	190	20	134	344	38
	(b) Squint	T	47	1	10	58	2
		O	4	—	4	8	—
	(c) Other	T	11	—	5	16	5
		O	1	—	—	1	—
6	Ears: (a) Hearing	T	96	7	36	139	139
		O	13	—	5	18	31
	(b) Otitis Media	T	11	—	—	11	1
		O	—	—	—	—	—
	(c) Other	T	8	1	5	14	9
		O	1	—	—	1	—

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPEC- TIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	120	20	56	196	22
		O	66	—	6	72	9
8	Speech	T	47	2	20	69	33
		O	33	—	3	36	7
9	Lymphatic Glands	T	8	2	1	11	1
		O	5	—	4	9	—
10	Heart	T	24	3	11	38	9
		O	18	6	15	39	4
11	Lungs	T	63	8	41	112	19
		O	8	—	8	16	8
12	Developmental: (a) Hernia	T	13	3	3	19	—
		O	2	—	—	2	—
	(b) Other	T	64	67	155	286	73
		O	32	6	26	64	31
13	Orthopaedic: (a) Posture	T	2	4	10	16	1
		O	8	—	2	10	1
	(b) Feet	T	53	32	42	127	76
		O	17	—	13	30	11
	(c) Other	T	25	17	20	62	7
		O	5	—	2	7	1
14	Nervous System: (a) Epilepsy	T	9	3	6	18	12
		O	1	—	1	2	—
	(b) Other	T	68	—	34	102	97
		O	13	1	5	19	17
15	Psychological: (a) Development	T	22	2	12	36	24
		O	11	—	12	23	10
	(b) Stability	T	15	2	18	35	9
		O	15	1	6	22	5
16	Abdomen	T	6	1	10	17	4
		O	—	—	2	2	—
17	Other	T	23	21	15	59	34
		O	1	—	—	1	5

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	104
Errors of refraction (including squint)	964
TOTAL ..	1,068
Number of pupils for whom spectacles were prescribed	204

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	7
(b) for adenoids and chronic tonsillitis	70
(c) for other nose and throat conditions	—
Received other forms of treatment	148
TOTAL ..	225
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1971	7
(b) in previous years	44

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	65
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	65

DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

						<i>Number of cases known to have been treated</i>
Ringworm: (a)	Scalp	..	..	..	..	—
(b)	Body	..	..	..	..	—
Scabies	..	..	..	..	..	4
Impetigo	..	..	..	..	..	—
Other skin diseases	..	..	..	..	..	447
TOTAL						451

CHILD GUIDANCE TREATMENT

						<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	..	..	..	..	..	495

SPEECH THERAPY

						<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapist	..	..	..	..	..	582

OTHER TREATMENT GIVEN

						<i>Number of cases known to have been dealt with</i>
(a)	Pupils with minor ailments	..	..	..	..	38
(b)	Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	—
(c)	Pupils who received B.C.G. vaccination	..	..	..	..	1,870
(d)	Other than (a), (b) and (c) above:					
	Heart	..	..	..	..	5
	Lungs	..	..	..	..	8
	Developmental—other	..	..	..	..	67
	Nervous System (i) Epilepsy	..	..	..	..	8
	(ii) Other	..	..	..	..	77
	Psychological (i) Development	..	..	..	..	11
	(ii) Stability	..	..	..	..	8
	Abdomen	..	..	..	..	4
TOTAL (a) to (d)						2,096

TABLE VI

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit	2,685	1,569	575	4,829
Subsequent Visits	2,981	2,267	1,126	6,374
Total Visits	5,666	3,836	1,701	11,203
Additional courses of treatment commenced	563	180	27	770
Fillings in permanent teeth	1,657	2,753	1,226	5,636
Fillings in deciduous teeth	4,263	234	—	4,497
Permanent teeth filled	1,490	2,460	1,066	5,016
Deciduous teeth filled	3,895	229	—	4,124
Permanent teeth extracted	53	248	97	398
Deciduous teeth extracted	1,090	514	—	1,604
General anaesthetics	367	142	11	520
Emergencies	198	38	13	249
Number of Pupils X-rayed .. .. .	..	..	559	
Prophylaxis .. .. .	..	..	504	
Teeth otherwise conserved .. .. .	..	..	651	
Number of teeth root filled .. .. .	..	..	147	
Inlays .. .. .	..	..	4	
Crowns .. .. .	..	..	14	
Courses of treatment completed .. .. .	..	..	3,830	

ORTHODONTICS

New cases commenced during year	36
Cases completed during year	64
Cases discontinued during year	3
No. of removable appliances fitted	100
No. of fixed appliances fitted	8
Pupils referred to Hospital Consultant	—

PROSTHETICS

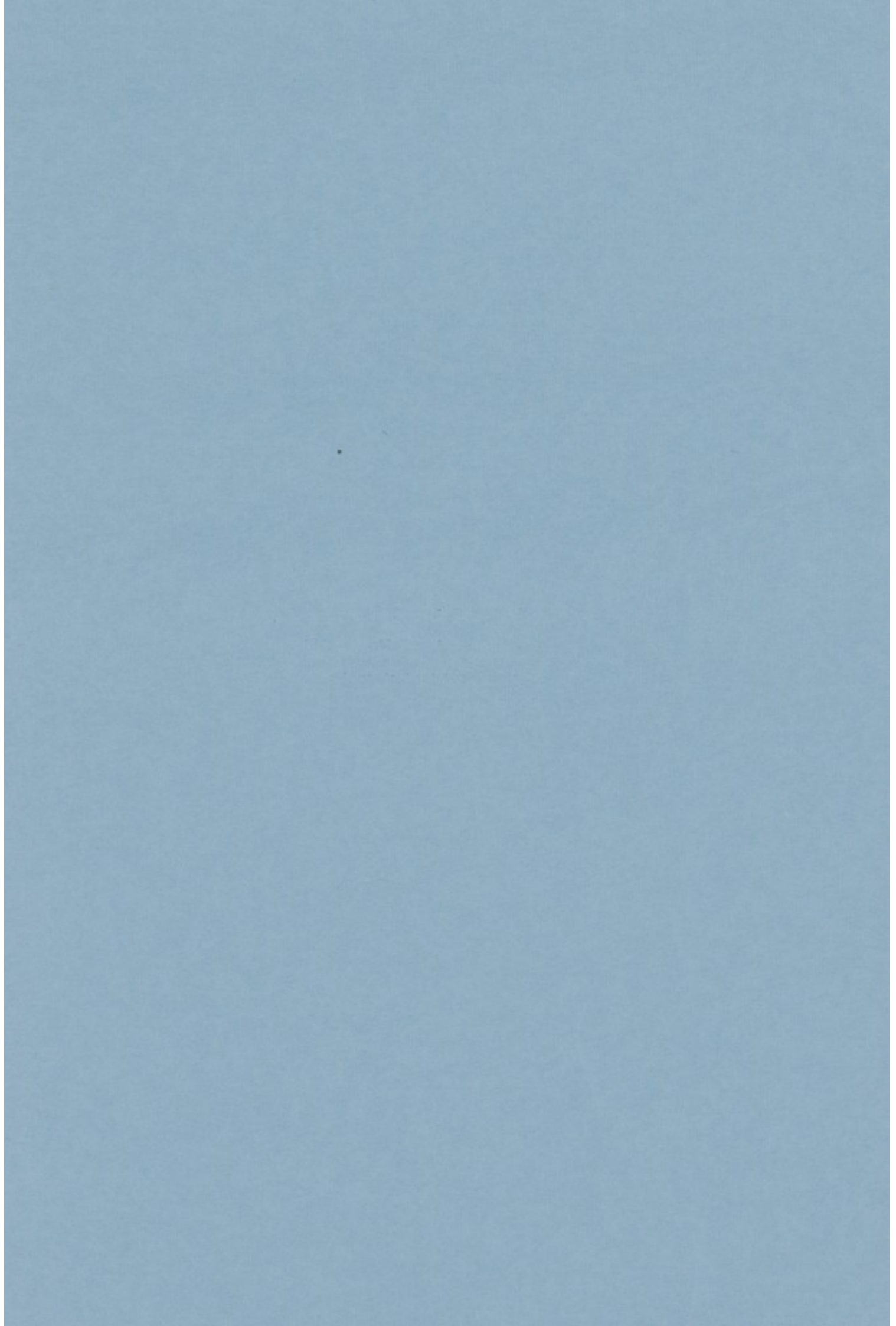
	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	4	—	—	4
Number of dentures supplied	4	—	—	4

INSPECTIONS

(a) First inspection at school. Number of Pupils	17,126
(b) First inspection at clinic. Number of Pupils	1,515
Number of (a)+(b) found to require treatment	7,035
Number of (a)+(b) offered treatment	5,627
(c) Pupils re-inspected at school clinic	1,002
Number of (c) found to require treatment	899

SESSIONS

Sessions devoted to treatment	1,715
Sessions devoted to inspection	175
Sessions devoted to Dental Health Education	4



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