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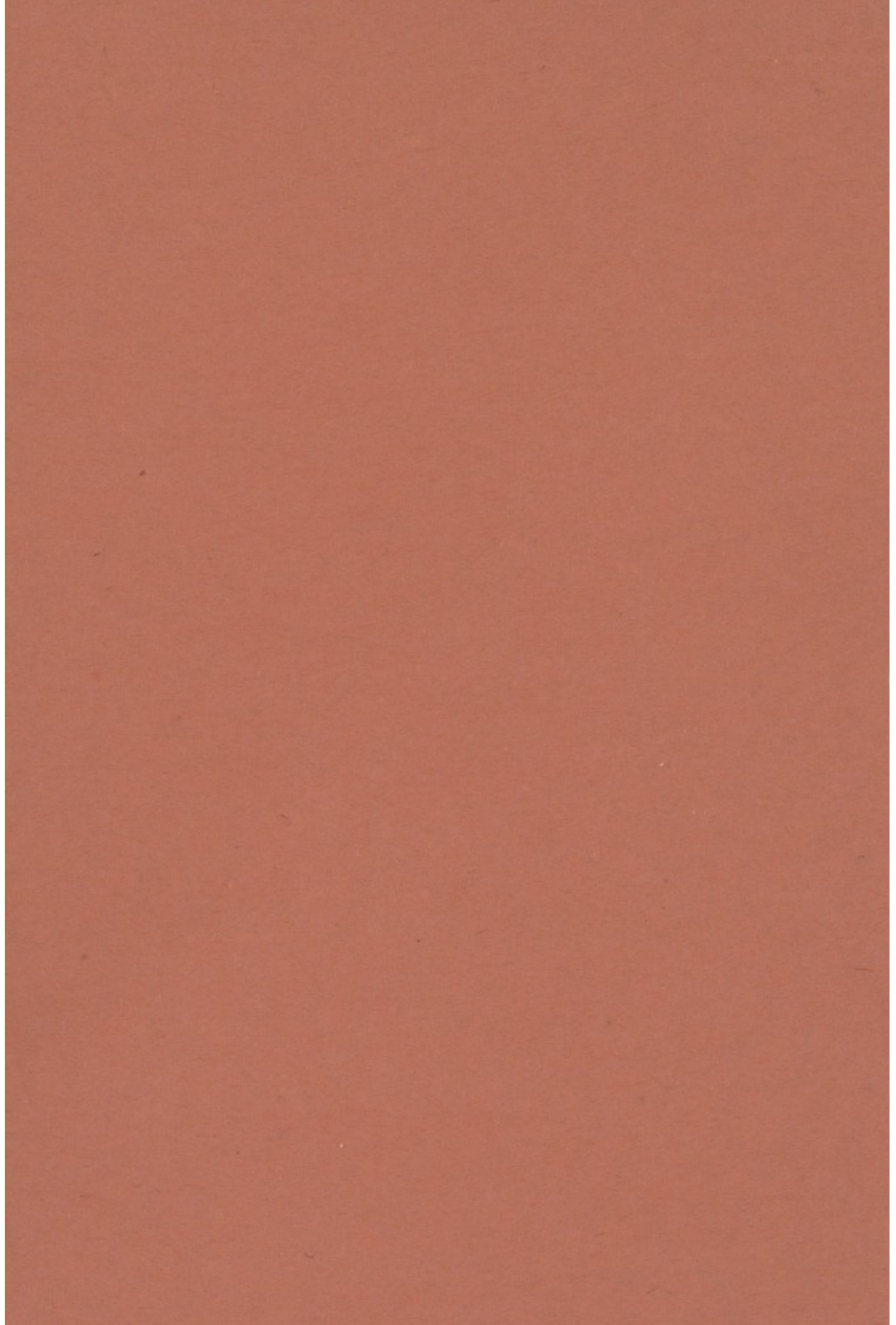
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HARROW 39



# **The health of HARROW**

**Annual report  
1972**





The Health of Harrow - Annual Report 1972

Corrigenda:

Page 17, Table III, Line 64: Males

1

Page 18, Table IV, Line 34: All Ages 5- 45- 65-

3

-

1

-

Page 18, Table IV, "Carried forward"  
and Page 19, "Brought forward":

All Ages

5-

45-

65-

253

4

20

98

Page 19, Table IV Total: 75-

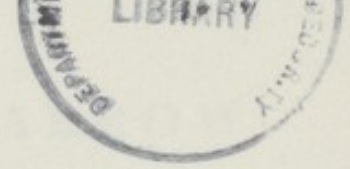
382

Page 97, Line 14: No. of Acceptances, Total

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# London Borough of Harrow



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<b>1972</b>	

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London Borough of Harrow



# Annual Report

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR THE YEAR

1972



# LONDON BOROUGH OF HARROW

## HEALTH COMMITTEE

as at December 1972

THE WORSHIPFUL THE MAYOR (ALDERMAN H. G. GANOS, O.B.E., I.P.) (*ex-officio*)

THE DEPUTY MAYOR (COUNCELLOR A. J. LOVELL) (*ex-officio*)

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

COUNCELLOR R. C. BEECH (*Vice-Chairman*)

COUNCELLOR R. G. AITKEN

COUNCELLOR D. B. I. CLARK

COUNCELLOR MRS. E. E. DAVIES

COUNCELLOR MRS. J. M. DEWELL

COUNCELLOR D. H. J. HART

COUNCELLOR MRS. J. R. KEN

COUNCELLOR I. J. KOLLER

COUNCELLOR MRS. P. D. LEAVER

COUNCELLOR M. A. MURPHY, B.A., DIP.ED.

COUNCELLOR R. G. PARKER

COUNCELLOR MRS. N. ROSE

COUNCELLOR E. M. WASHAW, A.F.I.S.T.P.H.

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Representing the Mid-Ssex Local Medical Committee

DR. H. T. FOOT

Representing the Pharmaceutical Society of Great Britain

MRS. H. C. PATEL



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## HEALTH COMMITTEE

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COUNCILLOR MRS. J. M. DEBELL

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

COUNCILLOR D. H. J. HART

COUNCILLOR MRS. J. R. KEEN

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COUNCILLOR J. WAGNER, J.P.

COUNCILLOR B. M. WARSHAW, A.F.INST.PET.

Representing the Middlesex Local Medical Committee

DR. H. T. FOOT

Representing the Pharmaceutical Society of Great Britain

MRS. H. C. PATEL

The vital statistics for the year provided by the Registrar General, again showed a continued decrease of population to 203,730 in the middle of the year. The live birth rate per 1,000 population remained at 14. Illegitimate births formed only 5% of this total, but the infant mortality rate amongst this group was nearly three times as high as the rate for legitimate births.



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

Representing the Pharmaceutical Society of Great Britain  
Mrs. H. C. PATEL

# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Department of Health Services,  
P.O. Box 25,

Hanover House,  
Lyon Road,  
Harrow, Middlesex, HA1 2EH.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health and sanitary conditions of Harrow for the year 1972 on behalf of Dr. W. Cormack who is now in South Africa.

There were two upheavals in the work of the Department during the year. The new Social Services Department started in April and took over the responsibility for the provision of a number of services previously provided by the Health Department. This division resulted in a reorganisation and re-distribution of work in the Health Department in the first quarter of the year. During the rest of the year a more gradual reorganisation had to be carried out in the light of the impending integration of the National Health Service from 1st April, 1974. All work carried out in the Health Department had to be considered in this light and modified accordingly.

The new integrated service would provide for an amalgamation of the local health services provided by Local Authorities, G.P.'s and hospitals to the benefit of the patient for whom comprehensive care could be provided. The work of this Department was already linked closely with the work of general practitioners and hospitals in Harrow. During the year the community nursing services which already had links with general practitioners were extended until every general practitioner, if he so wished, had nursing staff from the Department attached to his practice. These liaison schemes were also extended to include local hospitals.

The vital statistics for the year provided by the Registrar General, again showed a continued decrease of population to 203,730 in the middle of the year. The live birth rate per 1,000 population remained at 14. Illegitimate births formed only 5% of this total, but the infant mortality rate amongst this group was nearly three times as high as the rate for legitimate births.



The family planning services continued to expand. These services continue to be provided by the Family Planning Association acting on an agency basis for the Council. The service was free and available to all Harrow residents. An extension of this service for younger age groups was provided at a special Youth Advisory Clinic which was intended for the counselling of girls under the age of 20 years.

The work of preparing, advising and caring for the expectant mother is a very important aspect of the work of a Health Department and this service was enthusiastically carried out by the staff of the Health Department. To provide for greater continuity and a better standard of care for mother and child, an integrated domiciliary midwifery service with Northwick Park Hospital was planned. I am pleased to report that during the year there were no maternal deaths.

The Department's screening programme for cervical cancer was boosted by the provision of a mobile clinic on loan from the Women's National Cancer Campaign. This proved very popular and purchase of a mobile clinic by the Department was considered.

Under Section 12 of the Health Services and Public Health Act 1968, local authorities can adapt homes for the provision of dialysis for patients with failing kidneys. In November arrangements were made to install a portable dialysis room at the home of such a patient. Access from the road for the delivery of this building was inadequate so the Ministry of Defence came to the Department's aid and an R.A.F. helicopter lifted the building on to the site.

In spite of the difficulties mentioned earlier, 1972 was a year during which much useful work was carried out by the Health Department.

It is a pleasure to put on record my thanks to the Chairman and members of the Health Committee for their unfailing support of the work of the Department and its staff. I also pay tribute to the staff of the Department who worked so hard to carry out the Council's policy. Without such support and diligence, none of this work would have been possible.

I have the honour to be,

Your Obedient Servant,

CLIFFORD JANSZ,

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)	203,730
Estimated number of inhabited dwellings	69,909
Rateable Value	£12,495,554
Sum represented by a penny rate	£122,900

## Vital Statistics

Live Births:-	Male	Female	Total
Legitimate	1,442	1,278	2,720
Illegitimate	68	64	132
Total	1,510	1,342	2,852

## STATISTICS

## AND

## SOCIAL CONDITIONS

## OF THE AREA

Live Birth rate per 1,000 population	14.0
Adjusted Live Birth rate	14.0
Birth Rate for England and Wales	14.8
Illegitimate live births per cent of total live births	5.0

Stillbirths:-	Male	Female	Total
Legitimate	14	13	27
Illegitimate			
Total	14	13	27

Still Birth rate per 1,000 Live and Still Births	9.0
Total Live and Still Births	2,879
Still Birth rate for England and Wales	12.0

Infant Deaths (under 1 year of age):			
	Male	Female	Total
Legitimate	19	15	34
Illegitimate	1	4	5
Total	20	19	39

Infant mortality rate per 1,000 live births	14.0
Legitimate Infant mortality rate per 1,000 legitimate live births	13.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births	38.0
Infant mortality rate for England and Wales	17.0





# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

## General Statistics

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Adjusted Live Birth rate .. .. .				14.0
Birth Rate for England and Wales .. .. .				14.8
Illegitimate live births per cent of total live births .. .. .				5.0

Stillbirths:	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate ..	14	13	27	
Illegitimate ..	-	-	-	
Total ..	14	13	27	

Still Birth rate per 1,000 Live and Still Births .. .. .	9.0
Total Live and Still Births .. .. .	2,879
Still Birth rate for England and Wales .. .. .	12.0

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Illegitimate ..	1	4	5	
Total ..	20	19	39	

Infant mortality rate per 1,000 live births .. .. .	14.0
Legitimate Infant mortality rate per 1,000 legitimate live births .. .. .	13.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births .. .. .	38.0
Infant mortality rate for England and Wales .. .. .	17.0



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

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	..	14	10	24
Illegitimate	..	—	2	2
Total	.. ..	14	12	26

Neo-natal mortality rate per 1,000 live births	.. ..	9.0
Neo-natal mortality rate for England and Wales	.. ..	12.0
Early Neo-natal mortality rate (first week) per 1,000 live births	.. ..	8.0
Peri-natal mortality rate per 1,000 live and still births	.. ..	17.0

## Maternity Mortality :

Maternal deaths	.. ..	Nil
Maternal mortality rate per 1,000 live and still births	.. ..	Nil
Maternal mortality rate for England and Wales	.. ..	0.15

Deaths :	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,056	1,065	2,121

## Death rate per 1,000 population :

Crude Death Rate	.. ..	10.4
Comparability Factor	.. ..	0.97
Adjusted Death Rate	.. ..	10.1
Death rate for England and Wales	.. ..	12.1

## Population

The estimated mid-year population was 203,730 which was a decrease of 1,270 as compared with the figure for 1971. The natural increase in population—excess of births over deaths—was 731 and the number of occupied houses and flats rose by 393 to 69,909.

## Births

During the year 2,852 live births (1,510 male and 1,342 female) were registered, giving a crude birth rate of 14.0 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 14.0 as compared with the birth rate of 14.8 per 1,000 population for England and Wales. 132 of the live births were illegitimate giving a percentage of total births of 4.6.

Total number of live and still births	.. ..	2,879
Local births (domiciliary confinement)	.. ..	108



## **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 .. .. .	22
(ii) Number of live births included in (i) above .. .. .	21
(iii) Number of still births included in (i) above .. .. .	1
(iv) Total number of malformations notified as apparent at birth .. .. .	24
(v) Number of children with multiple malformations .. .. .	1

#### **B. Analysis of Malformations Notified**

<i>Code Number</i>	<i>Number of cases</i>	<i>Code Number</i>	<i>Number of Cases</i>
<b>0 Central Nervous System</b>		<b>6 Limbs</b>	
1 Anencephalus .. .. .	1	0 Polydactyly .. .. .	1
8 Spina Bifida .. .. .	4	1 Syndactyly .. .. .	1
5 Microcephalus .. .. .	1	3 Reduction deformity leg or foot .. .. .	1
		5 Talipes .. .. .	7
<b>5 Urino-Genital System</b>		<b>8 Other Systems</b>	
3 Hydrocele .. .. .	2	0 Bronchial Cleft Cyst .. .. .	1
7 Hypospadias .. .. .	1	9 Exomphalos .. .. .	1
<i>Code Number</i>	<i>Number of Cases</i>		
<b>9 Other Malformations</b>			
5 Chromosomal abnormality .. .. .	1		
9 Multiple Congenital Mal- formations not specified .. .. .	2		

### **Still Births**

A total of 27 still births was registered during the year giving a still birth rate of 9.0 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 39 (20 male and 19 females) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was an increase of 4 on the figure for 1971 and with 2,852 live births gives an infant mortality rate of 14.0 compared with that of 12.0 in 1971. The rate for England and Wales was 17.0.

Twenty-six or approximately 62% of these infant deaths occurred during the first four weeks of life giving neo-natal mortality rate of 9.0 per thousand live births. Twenty-three of these neo-natal deaths occurred during the first week of life, prematurity being the main cause of death. These early neo-natal deaths combined with the still births give a perinatal mortality rate of 17.0 per thousand, live and still births, compared with a rate of 18.0 for 1971.

## Maternal Mortality

No deaths occurred during 1972 due to causes associated with pregnancy and childbirth.

## Deaths

The total number of deaths of residents of the Borough was 2,121 giving a death rate of 10.4 per 1,000 population. Liability to death varies at different ages and also between the sexes. Accordingly, to offset the effect of these variations and so produce a rate which can be used for comparison purposes with other districts in the country as a whole, the Registrar General calculates for each district a comparability factor which, when applied to the crude death of 10.4 gives an adjusted death rate of 10.1 which then compares with the death rate of 12.1 per 1,000 population for England and Wales. The main causes of death were as follows:-

	1.	Heart Disease	..	..	..	722
	2.	Cancer	..	..	..	466
	3.	Cerebrovascular disease	..	..	..	242
<b>1971</b>	<b>Heart Disease Deaths</b>					
		Age	Age	Age		
		25-34	35-44	45-54		
	Males ..	..	6	30		
	Females ..	1	—	5		
	Totals ..	1	6	35		
<b>1972</b>						
	Males ..	2	5	27		
	Females ..	—	—	4		
	Totals ..	2	5	31		



## Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 39 residents during 1972 compared with 35 in 1971. In the latter category the percentage of incidents involving the elderly age group was again 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

Fourteen people committed suicide during 1972, a decrease of 5 compared with the figure for 1971.

## Deaths from Infectious Diseases

During 1972 there were two deaths from pulmonary tuberculosis and one death from enteritis. Once again there was a nil return in the case of whooping cough, measles and acute poliomyelitis.

Year	Harrow and Wales	England and Wales	Birth Rate		Death Rate		Infant Mortality Rate
			per 1,000	per 1,000	per 1,000	per 1,000	
1972	14.0	14.8	10.1	10.6	12.0	12.0	12.0
1971	14.7	15.0	10.6	10.6	11.5	11.5	11.5
1970	14.2	15.0	10.6	10.6	11.5	11.5	11.5
1969	14.9	15.3	10.8	10.8	11.5	11.5	11.5
1968	15.3	15.3	10.8	10.8	11.5	11.5	11.5
1967	15.2	15.3	10.8	10.8	11.5	11.5	11.5
1966	15.4	15.7	10.8	10.8	11.5	11.5	11.5
1965	16.1	16.1	10.8	10.8	11.5	11.5	11.5
1964	16.2	16.4	10.8	10.8	11.5	11.5	11.5
1963	15.2	16.2	11.2	11.2	12.2	12.2	12.2
1962	16.1	16.0	12.4	12.4	13.4	13.4	13.4



TABLE I

## Summary of Vital Statistics 1948-1972

	<i>Estimated Civilian Population</i>	<i>Birth Rate per 1,000 Population</i>	<i>Death Rate per 1,000 Population</i>	<i>Infant Mortality Rate—Deaths under 1 year per 1,000</i>	<i>Neonatal Mortality Rate—Deaths under 1 month per 1,000</i>	<i>Maternal Mortality Rate per 1,000 live and still births</i>	<i>Still Birth Rate per 1,000 live an still births</i>
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
1972	203,730	14.0	10.1	14.0	9.0	Nil	9.0

TABLE II

## Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1962-1972

<i>Year</i>	<i>Birth Rate</i>		<i>Death Rate</i>		<i>Infant Mortality Rate</i>	
	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>
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
1972	14.0	14.8	10.1	12.1	14.0	17.0



TABLE III

## Deaths of Harrow Residents during 1972 — Registrar General's Return

		Causes of Death	Males	Females	Total
1	B.1	Cholera .. .. .	—	—	—
2	B.2	Typhoid Fever .. .. .	—	—	—
3	B.3	Bacillary Dysentery and Amoebiasis .. .. .	—	—	—
4	B.4	Enteritis and other Diarrhoeal Diseases .. .. .	1	—	1
5	B.5	Tuberculosis of Respiratory System .. .. .	2	—	2
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 and Scarlet Fever .. .. .	—	—	—
12	B.11	Meningococcal Infection .. .. .	—	—	—
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 .. .. .	2	—	2
20	B.19	(1) Malignant Neoplasm—Buccal Cavity and Pharynx .. .. .	2	2	4
21	B.19	(2) Malignant Neoplasm—Oesophagus .. .. .	4	7	11
22	B.19	(3) Malignant Neoplasm—Stomach .. .. .	23	16	39
23	B.19	(4) Malignant Neoplasm—Intestine .. .. .	28	28	56
24	B.19	(5) Malignant Neoplasm—Larynx .. .. .	1	—	1
25	B.19	(6) Malignant Neoplasm—Lung, Bronchus .. .. .	96	18	114
26	B.19	(7) Malignant Neoplasm—Breast .. .. .	—	59	59
27	B.19	(8) Malignant Neoplasm—Uterus .. .. .	—	15	15
28	B.19	(9) Malignant Neoplasm—Prostate .. .. .	14	—	14
29	B.19	(10) Leukaemia .. .. .	4	8	12
30	B.19	(11) Other Malignant Neoplasms .. .. .	60	73	133
31	B.20	Benign and Unspecified Neoplasms .. .. .	8	—	8
32	B.21	Diabetes Mellitus .. .. .	3	13	16
33	B.22	Avitaminoses and Other Nutritional Deficiency .. .. .	—	—	—
34	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases .. .. .	3	4	7
35	B.23	Anaemias .. .. .	1	3	4
36	B.46	(2) Other Diseases of Blood and Blood-forming Organs .. .. .	1	1	2
37	B.46	(3) Mental Disorders .. .. .	6	2	8
38	B.46	(4) Multiple Sclerosis .. .. .	1	1	2
39	B.24	Meningitis .. .. .	1	—	1
40	B.46	(5) Other Diseases of Nervous System & Sense Organs .. .. .	8	17	25
41	B.25	Active Rheumatic Fever .. .. .	1	—	1
42	B.26	Chronic Rheumatic Heart Disease .. .. .	8	22	30
43	B.27	Hypertensive Disease .. .. .	17	20	37
44	B.28	Ischaemic Heart Disease .. .. .	332	235	567
45	B.29	Other Forms of Heart Disease .. .. .	38	50	88
46	B.30	Cerebrovascular Disease .. .. .	96	146	242
47	B.46	(6) Other Diseases of the Circulatory System .. .. .	34	75	109
48	B.31	Influenza .. .. .	3	6	9
49	B.32	Pneumonia .. .. .	79	96	175
50	B.33	(1) Bronchitis, Emphysema .. .. .	77	29	106
51	B.33	(2) Asthma .. .. .	2	2	4
52	B.46	(7) Other Diseases of the Respiratory System .. .. .	15	12	27
53	B.34	Peptic Ulcer .. .. .	6	5	11
54	B.35	Appendicitis .. .. .	—	—	—
55	B.36	Intestinal Obstruction and Hernia .. .. .	2	8	10
56	B.37	Cirrhosis of Liver .. .. .	3	2	5
57	B.46	(8) Other Diseases of the Digestive System .. .. .	5	18	23
58	B.38	Nephritis and Nephrosis .. .. .	3	6	9
59	B.39	Hyperplasia of Prostate .. .. .	2	—	2
60	B.46	(9) Other Diseases of the Genito-Urinary System .. .. .	11	13	24
61	B.40	Abortion .. .. .	—	—	—
62	B.41	Other Complications of Pregnancy, Childbirth and Puerperium .. .. .	—	—	—
63	B.46	(10) Diseases of the Skin and Subcutaneous Tissue .. .. .	—	2	2
64	B.46	(11) Diseases of the Musculo-Skeletal System and Connective Tissue .. .. .	—	2	3
65	B.42	Congenital Anomalies .. .. .	10	9	19
66	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions .. .. .	3	8	11
67	B.44	Other Causes of Perinatal Mortality .. .. .	3	2	5
68	B.45	Symptoms and Ill-defined Conditions .. .. .	5	2	7
69	B.47	Motor Vehicle Accidents .. .. .	7	8	15
70	B.48	All Other Accidents .. .. .	13	11	24
71	B.49	Suicide and Self-inflicted Injuries .. .. .	8	6	14
72	B.50	All Other External Causes .. .. .	3	1	4
TOTAL ..			1056	1065	2121



TABLE III

Deaths of Harrow Residents during 1972 - Registrar General's Return

TABLE IV

## Causes of Deaths (Males) at various ages, 1972

Causes of Death	Under 1										
	All Ages	4 Weeks	to 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75
1 B.1 Cholera .. .. .	-	-	-	-	-	-	-	-	-	-	-
2 B.2 Typhoid Fever .. .. .	-	-	-	-	-	-	-	-	-	-	-
3 B.3 Bacillary Dysentery & Amoebiasis .. .. .	-	-	-	-	-	-	-	-	-	-	-
4 B.4 Enteritis & Other Diarrhoeal Diseases .. .. .	1	-	-	1	-	-	-	-	-	-	-
5 B.5 Tuberculosis of Respiratory System .. .. .	2	-	-	-	-	-	-	-	-	-	2
6 B.6 (1) Late effects of Tuberculosis .. .. .	-	-	-	-	-	-	-	-	-	-	-
7 (2) Other Tuberculosis .. .. .	-	-	-	-	-	-	-	-	-	-	-
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 .. .. .	-	-	-	-	-	-	-	-	-	-	-
19 B.18 All Other Infective and Parasitic Diseases .. .. .	2	1	-	-	-	-	-	-	1	-	-
20 B.19 (1) Malignant Neoplasm, Buccal Cavity, etc. .. .. .	2	-	-	-	-	-	-	-	1	1	-
21 B.19 (2) Malignant Neoplasm, Oesophagus .. .. .	4	-	-	-	-	-	-	-	1	1	2
22 B.19 (3) Malignant Neoplasm, Stomach .. .. .	23	-	-	-	-	-	-	2	8	8	5
23 B.19 (4) Malignant Neoplasm, Intestine .. .. .	28	-	-	-	-	1	-	4	6	12	5
24 B.19 (5) Malignant Neoplasm, Larynx .. .. .	1	-	-	-	-	-	-	-	-	1	-
25 B.19 (6) Malignant Neoplasm, Lung, Bronchus .. .. .	96	-	-	-	-	1	-	9	23	44	19
26 B.19 (7) Malignant Neoplasm, Breast .. .. .	-	-	-	-	-	-	-	-	-	-	-
27 B.19 (8) Malignant Neoplasm, Uterus .. .. .	-	-	-	-	-	-	-	-	-	-	-
28 B.19 (9) Malignant Neoplasm, Prostate .. .. .	14	-	-	-	-	-	-	-	1	5	8
29 B.19 (10) Leukaemia .. .. .	4	-	-	-	1	-	-	1	-	-	2
30 B.19 (11) Other Malignant Neoplasms .. .. .	60	-	-	-	3	-	3	3	16	19	13
31 B.20 Benign & Unspecified Neoplasms .. .. .	8	-	-	-	1	-	-	1	1	5	-
32 B.21 Diabetes Mellitus .. .. .	3	-	-	-	-	-	-	1	-	-	2
33 B.22 Avitaminoses & Other Nutritional Deficiency .. .. .	-	-	-	-	-	-	-	-	-	-	-
34 B.46 (1) Other Endocrine, Nutritional & Metabolic Diseases .. .. .	4	-	-	-	1	-	-	-	-	1	2
35 B.23 Anaemias .. .. .	1	-	-	-	-	-	-	-	-	1	-
36 B.46 (2) Other Diseases of Blood & Blood-forming Organs .. .. .	1	-	-	-	-	-	-	-	-	1	-
Carried forward ..	254	1	-	1	5	1	5	5	19	58	60



TABLE V

Table IV continued

Causes of Death		Under 1 Month											
		All	4	to	1-	5-	15-	25-	35-	45-	55-	65-	75-
		Ages Weeks 1 year											
	Brought forward ..	254	1	-	1	5	1	5	5	19	58	99	60
37	B.46 (3) Mental Disorders ..	6	-	-	-	-	-	-	-	-	-	3	3
38	B.46 (4) Multiple Sclerosis ..	1	-	-	-	-	-	-	-	-	-	1	-
39	B.24 Meningitis ..	1	-	-	-	-	-	-	-	-	-	-	1
40	B.46 (5) Other Diseases of Nervous System & Sense Organs ..	8	-	-	-	-	-	1	-	-	1	3	4
41	B.25 Active Rheumatic Fever ..	1	-	-	-	-	-	-	-	-	-	-	1
42	B.26 Chronic Rheumatic Heart Disease ..	8	-	-	-	-	-	-	-	1	1	5	1
43	B.27 Hypertensive Disease ..	17	-	-	-	-	-	-	-	1	1	6	9
44	B.28 Ischaemic Heart Disease ..	332	-	-	-	-	-	2	5	24	63	132	106
45	B.29 Other Forms of Heart Disease ..	38	-	-	-	-	-	-	-	1	4	10	23
46	B.30 Cerebrovascular Disease ..	96	-	-	-	-	-	-	1	3	20	24	48
47	B.46 (6) Other Diseases of the Circulatory System ..	34	-	-	-	-	-	-	2	-	3	12	17
48	B.31 Influenza ..	3	-	-	-	-	-	-	-	-	1	2	-
49	B.32 Pneumonia ..	79	2	2	-	1	-	-	1	4	8	21	40
50	B.33 (1) Bronchitis, Emphysema ..	77	-	-	-	-	-	-	-	-	10	34	33
51	B.33 (2) Asthma ..	2	-	-	-	-	-	-	1	-	-	-	1
52	B.46 (7) Other Diseases of the Respiratory System ..	15	-	1	-	-	-	-	-	-	2	4	8
53	B.34 Peptic Ulcer ..	6	-	-	-	-	-	-	1	-	1	-	4
54	B.35 Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-
55	B.36 Intestinal Obstruction & Hernia ..	2	-	-	-	-	-	-	-	-	-	-	2
56	B.37 Cirrhosis of Liver ..	3	-	-	-	-	1	-	-	-	2	-	-
57	B.46 (8) Other Diseases of the Digestive System ..	5	-	-	-	-	-	-	1	-	-	1	3
58	B.38 Nephritis & Nephrosis ..	3	-	-	-	-	-	-	-	-	2	-	1
59	B.39 Hyperplasia of Prostate ..	2	-	-	-	-	-	-	-	-	-	-	2
60	B.46 (9) Other Diseases of the Genito-Urinary System ..	11	-	-	-	-	-	-	-	-	1	3	7
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 & Connective Tissue ..	1	-	-	-	-	-	-	-	-	1	-	-
65	B.42 Congenital Anomalies ..	10	5	1	-	-	1	-	-	-	1	2	-
66	B.43 Birth Injury, Difficult labour & Other Anoxic & Hypoxic Conditions ..	3	3	-	-	-	-	-	-	-	-	-	-
67	B.44 Other Causes of Perinatal Mortality ..	3	3	-	-	-	-	-	-	-	-	-	-
68	B.45 Symptoms & Ill-defined Conditions ..	5	-	2	-	-	-	-	-	-	1	-	2
69	B.47 Motor Vehicle Accidents ..	7	-	-	1	-	1	-	1	-	2	1	1
70	B.48 All Other Accidents ..	13	-	-	2	1	-	2	2	-	1	2	3
71	B.49 Suicide & Self-inflicted Injuries ..	8	-	-	-	-	1	-	1	1	3	1	1
72	B.50 All Other External Causes ..	3	-	-	-	-	1	-	-	-	1	-	1
TOTAL—All Causes		1056	14	6	4	6	6	9	21	55	188	365	357



TABLE V

### Causes of Deaths (Females) at various ages, 1972

Causes of Death			Under Month												
			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 .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
5 B.5	Tuberculosis of Respiratory System .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
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	-	1	
21 B.19	(2) Malignant Neoplasm, Oesophagus .. ..	..	7	-	-	-	-	-	-	-	-	-	5	2	
22 B.19	(3) Malignant Neoplasm, Stomach .. ..	..	16	-	-	-	-	-	-	-	2	2	3	9	
23 B.19	(4) Malignant Neoplasm, Intestine .. ..	..	28	-	-	-	-	-	-	-	2	3	8	15	
24 B.19	(5) Malignant Neoplasm, Larynx .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
25 B.19	(6) Malignant Neoplasm, Lung, Bronchus .. ..	..	18	-	-	-	-	-	-	1	1	3	9	4	
26 B.19	(7) Malignant Neoplasm, Breast .. ..	..	59	-	-	-	-	-	-	2	9	17	13	18	
27 B.19	(8) Malignant Neoplasm, Uterus .. ..	..	15	-	-	-	-	-	-	1	3	4	4	3	
28 B.19	(9) Malignant Neoplasm, Prostate .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
29 B.19	(10) Leukaemia .. ..	..	8	-	-	1	-	-	1	-	-	1	1	4	
30 B.19	(11) Other Malignant Neoplasms .. ..	..	73	-	-	-	-	-	-	1	11	20	22	19	
31 B.20	Benign & Unspecified Neoplasms .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
32 B.21	Diabetes Mellitus .. ..	..	13	-	-	-	-	-	-	-	1	1	3	8	
33 B.22	Avitaminoses & Other Nutritional Deficiency .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	
34 B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases .. ..	..	4	-	-	-	1	-	-	-	-	-	1	2	
35 B.23	Anaemias .. ..	..	3	-	-	-	-	-	-	-	-	-	1	2	
36 B.46	(2) Other Diseases of Blood & Blood-forming Organs .. ..	..	1	-	-	-	-	-	-	-	-	-	-	1	
Carried forward ..			249	-	-	1	1	-	1	5	29	52	72	88	



TABLE VI  
Deaths of Harrow Infants under 1 year of age, 1972

Table V continued

		AGE												Cause of Death	
		Total	Under 1 day	1-7 days	1-13 weeks	14-26 weeks	27-52 weeks	53-65 weeks	66-77 weeks	78-91 weeks	92-104 weeks	105-117 weeks	118-130 weeks	Total	Under 1 day
Causes of Death		All Ages	Under Month	4 Weeks	to 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75		
Brought forward ..		249	-	-	1	1	-	1	5	29	52	72	88		
37 B.46	(3) Mental Disorders ..	2	-	-	-	-	-	-	-	-	-	-	2		
38 B.46	(4) Multiple Sclerosis ..	1	-	-	-	-	-	-	-	1	-	-	-		
39 B.24	Meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-		
40 B.46	(5) Other Diseases of Nervous System & Sense Organs ..	17	-	-	-	-	-	-	-	1	2	2	4	8	
41 B.25	Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-	-		
42 B.26	Chronic Rheumatic Heart Disease ..	22	-	-	-	-	-	-	-	-	1	8	5	8	
43 B.27	Hypertensive Disease ..	20	-	-	-	-	-	-	-	-	-	2	3	15	
44 B.28	Ischaemic Heart Disease ..	235	-	-	-	-	-	-	-	-	3	19	62	151	
45 B.29	Other Forms of Heart Disease ..	50	-	-	-	-	-	-	-	-	-	1	7	42	
46 B.30	Cerebrovascular Disease ..	146	-	-	-	-	-	-	-	-	1	12	37	96	
47 B.46	(6) Other Diseases of the Circulatory System ..	75	-	-	-	-	-	-	1	-	1	5	18	50	
48 B.31	Influenza ..	6	-	-	-	-	-	-	-	-	-	-	3	3	
49 B.32	Pneumonia ..	96	-	-	2	2	-	-	-	1	-	1	10	80	
50 B.33	(1) Bronchitis, Emphysema ..	29	-	-	-	1	-	-	-	-	2	2	6	18	
51 B.33	(2) Asthma ..	2	-	-	-	-	-	-	-	-	-	1	1	-	
52 B.46	(7) Other Diseases of the Respiratory System ..	12	-	2	-	1	1	-	-	-	-	1	2	5	
53 B.34	Peptic Ulcer ..	5	-	-	-	-	-	-	-	-	-	-	1	4	
54 B.35	Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
55 B.36	Intestinal Obstruction & Hernia ..	8	-	-	-	-	-	-	-	-	-	-	2	6	
56 B.37	Cirrhosis of Liver ..	2	-	-	-	-	-	-	-	-	-	1	-	1	
57 B.46	(8) Other Diseases of the Digestive System ..	18	-	-	-	-	-	-	-	-	-	-	6	12	
58 B.38	Nephritis & Nephrosis ..	6	-	-	-	-	-	-	-	-	1	1	1	3	
59 B.39	Hyperplasia of Prostate ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
60 B.46	(9) Other Diseases of the Genito-Urinary System ..	13	-	-	-	-	-	-	-	-	-	-	2	11	
61 B.40	Abortion ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
62 B.41	Other Complications of Pregnancy, Childbirth & Puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
63 B.46	(10) Diseases of the Skin & Subcutaneous Tissue ..	2	-	-	-	-	-	-	-	-	-	-	-	2	
64 B.46	(11) Diseases of the Musculo-Skeletal System & Connective Tissue ..	2	-	-	-	-	-	-	-	-	-	-	-	2	
65 B.42	Congenital Anomalies ..	9	2	2	2	1	-	-	-	-	1	-	-	1	
66 B.43	Birth Injury, Difficult labour, & Other Anoxic & Hypoxic Conditions ..	8	8	-	-	-	-	-	-	-	-	-	-	-	
67 B.44	Other Causes of Perinatal Mortality ..	2	2	-	-	-	-	-	-	-	-	-	-	-	
68 B.45	Symptoms & Ill-defined Conditions ..	2	-	1	-	-	-	-	-	-	-	-	-	1	
69 B.47	Motor Vehicle Accidents ..	8	-	-	-	-	2	-	-	-	-	1	1	4	
70 B.48	All Other Accidents ..	11	-	-	1	-	-	-	-	-	-	1	2	7	
71 B.49	Suicide & Self-Inflicted Injuries ..	6	-	-	-	-	-	-	1	1	1	-	3	-	
72 B.50	All Other External Causes ..	1	-	-	-	-	-	-	-	-	1	-	-	-	
TOTAL—All Causes ..		1065	12	7	6	4	3	3	9	43	110	248	620		



**TABLE VI**  
**Deaths of Harrow Infants under 1 year of age, 1972**

Cause of Death	AGE										Total under 1 year
	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	
Prematurity ..	4	5	-	1	-	10	-	-	-	-	10
Trisomy 17-18 ..	-	1	-	-	-	1	-	-	-	-	1
Potent Ductus Arteriosus ..	-	-	-	-	-	-	1	-	-	-	1
Myocardial Fibrelethosis ..	-	-	-	-	-	-	-	-	-	1	1
Defect Anterior Chest Wall ..	1	-	-	-	-	1	-	-	-	-	1
Cerebral Haemorrhage	1	-	-	-	-	1	-	-	-	-	1
Congestive Heart Disease ..	-	1	-	-	-	1	-	-	-	-	1
Acute Epiglottitis ..	-	-	-	-	-	-	-	-	-	1	1
Antepartum Haemorrhage ..	1	-	-	-	-	1	-	-	-	-	1
Myelo-Meningocele ..	-	1	-	-	-	1	-	-	-	-	1
Congenital Anomalies	-	1	-	-	-	1	-	-	-	-	1
Cot Death Syndrome ..	-	-	-	-	-	-	-	1	-	-	1
Bronchopneumonia ..	-	-	-	-	-	-	-	1	1	-	2
Viral Pneumonitis ..	-	-	-	-	-	-	2	-	-	-	2
Anencephaly ..	1	-	-	-	-	1	-	-	-	-	1
Congenital Saccul or Aneurysm of Abdominal Aorta ..	-	1	-	-	-	1	-	-	-	-	1
Respiratory Distress Syndrome ..	-	1	-	-	-	1	-	-	-	-	1
Acute Bronchiolitis ..	-	-	-	-	-	-	1	-	1	-	2
Hypoplastic Left Ventricle ..	-	1	-	-	-	1	-	-	-	-	1
Septicaemia ..	-	-	-	1	-	1	-	-	-	-	1
Primary Atelectasis ..	1	1	-	-	-	2	-	-	-	-	2
Sudden Death in Infancy Syndrome ..	-	-	-	-	1	1	2	-	-	-	3
Antepartum Bleed & Lung Inexpansion ..	1	-	-	-	-	1	-	-	-	-	1
Infected Meningomyelocele ..	-	-	-	-	-	-	1	-	-	-	1
<b>TOTALS</b> ..	<b>10</b>	<b>13</b>	<b>-</b>	<b>2</b>	<b>1</b>	<b>26</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>39</b>

**TABLE VII**  
**Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population 1962-1972**

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
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
1972	203,730	2	0.98	114	55.95

## 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 out-patient departments or in general practitioners' surgeries. Most of the Borough's midwives are now working in association with the general practitioners in their surgeries. The need for local authority ante-natal clinics continues to fall and will soon disappear. In all probability the day of 10-day confinements, especially in this area, is not so far off.

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

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.

Greater emphasis is now placed on 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 and Sheridan-Gardiner tests are used for testing the vision of 3-5 year olds. The problems of the future education of handicapped children are considered from the time of diagnosis of the defect and the pre-school





## PERSONAL HEALTH SERVICES

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

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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.

There were 22 babies with a total of 24 abnormalities notified under the national scheme for the registration of congenital abnormalities.

Welfare foods are distributed at all the 17 child health centres.

The following table gives the number of children attending infant welfare and toddler sessions from 1967 to 1972:-

<i>Number of Children</i>	
<i>Year</i>	<i>attending Clinics</i>
1967 . . . . .	11,963
1968 . . . . .	10,833
1969 . . . . .	10,986
1970 . . . . .	11,486
1971 . . . . .	11,036
1972 . . . . .	10,618

### **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 is now run by Dr. M. M. Liberman 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.

### **Day Nurseries and Registered Child Minders**

The Health Department continued to supervise the day nursery services and administer the Nursery and Child Minders Regulations Act 1948 until April 1st when the Social Services Department were able to accept responsibility for these services.



### Priority Dental Services

This service is provided for expectant and nursing mothers and children under five years and is available at the eight dental clinics in the Borough. During the year 42 expectant or nursing mothers and 416 children under five years received treatment.

### Marriage Guidance

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

### Family Planning

The Family Planning Association, acting on an agency basis for the Council, continued to provide the family planning services in Harrow under the Agency Scheme No. 5.

An additional evening clinic was commenced at Honeypot Lane Clinic in the Spring to relieve the heavy pressure on Caryl Thomas Clinic. In the Autumn another IUD clinic was commenced in the South of the Borough at the Alexandra Avenue Clinic.

A Youth Advisory Clinic was started at Caryl Thomas Clinic to provide counselling and advisory services for girls under the age of 20 years. It had been found that many of these girls attended the normal clinic sessions and because of the additional time involved in counselling and sorting out their problems it was decided that they should be referred to their own special clinic. The clinic grew slowly and after running for six months the session was given additional publicity through schools, youth leaders, social workers, general practitioners and local firms.

The general principle to open family planning sessions in suitable premises with general practitioner group practices was approved by the Council. A family planning clinic was set up in a general practitioner group practice and the services were restricted to patients who attended from the group practice. The clinic is run in the usual way with the Family Planning Association staff supporting the general practitioners, the Council being financially responsible.

The Council agreed to enter into an agency agreement with the Brook Advisory Centres which provide professional advice for unmarried young people on sexual and emotional problems. The provision of free consultation for Harrow residents and free contraceptive supplies in medical and social need (Agency Scheme 5 of the Family Planning Association) was extended to all those residents who attend the Brook Centres.

The clinics held in four centres during the year were:-

Caryl Thomas Clinic,	Monday	7.00-8.00 p.m.
Headstone Drive, Wealdstone	Wednesday	1.30-3.00 p.m.
	Wednesday	7.00-8.00 p.m.



I.U.D. Session alternate Fridays 10.00–12.00 noon

Alexandra Avenue Clinic,  
South Harrow Tuesday 10.00–11.00 a.m.  
Thursday 7.00–8.00 p.m.

I.U.D. Session Tuesday 1.30–3.00 p.m.

Cecil Park Clinic,  
Cecil Park, Pinner Friday 7.00–8.00 p.m.

Honeypot Lane Clinic,  
Stanmore Thursday 1.30–3.00 p.m.  
Thursday 7.00–8.00 p.m.

I.U.D. Session Thursday 10.00–12.00 noon

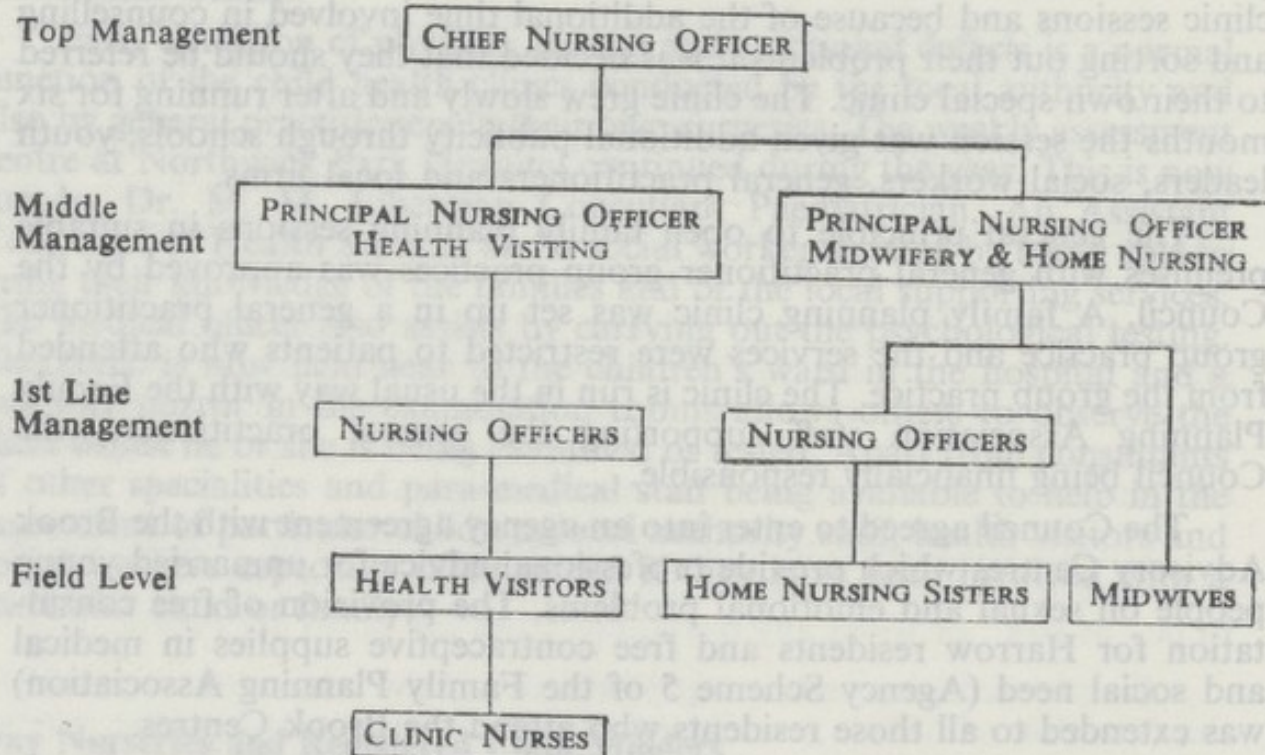
Patients with marital difficulties attended a special clinic at Caryl Thomas Clinic.

The domiciliary service was used very little during the year.

### LOCAL AUTHORITY NURSING SERVICES

The Community Nursing Services have been administrated under a Mayston Management Structure since 1st April 1971.

#### Diagram of Functional Organisation



Functional management has continued during 1972 both Principal Nursing Officers taking responsibilities for their own specialities in nursing skills.



## MIDWIFERY

### Staff

The number of midwives employed by the Borough throughout the year remained steady at eleven.

### Confinements

The domiciliary midwife has continued to work in very close harmony with Edgware and Bushey Maternity Hospitals, and the mothers continue to enjoy the very valuable continuity of care which is obtained by the midwife, in very close liaison with the General Practitioner, undertaking ante-natal care in the patient's home, accompanying her to the hospital and conducting the delivery and then returning the mother and baby to the patient's home where the post-natal care is completed by the midwife. During the year, this method was employed for 137 confinements.

One hundred and eight confinements were conducted by the domiciliary midwives in the homes of the patients.

### Unification of the Hospital and Domiciliary Midwives

It is intended that the service shall be unified and that Northwick Park Hospital will provide the Borough with a midwifery service on an "agency" basis, to this end, all the domiciliary midwives spent some time in the hospital familiarising themselves with its techniques and its geography.

This attendance was also in preparation for the approval of the hospital as a training school when the midwives would undertake the district training of the hospital pupils.

### Pupil Midwife Training

Both Edgware and Bushey hospitals continue to send their pupil midwives to the Borough for the community training and during the year 21 pupils from these hospitals spent three months with the teaching domiciliary midwives in preparation for their State Certified Midwives Diploma examination.

### Post-certificate Training

Two midwives undertook the G.I course which is a mandatory refresher course of one weeks duration.

### Advanced Midwifery Training

I am very pleased to be able to report that the Midwife who was seconded to undertake the Midwife Teachers Diploma was successful in the examination.



### **Supervisory Visit**

The Education Supervisor of the Central Midwives Board visited the Borough on the 23rd of February, made a supervisory round with a domiciliary midwife and found the standard of domiciliary midwifery in the Borough to be completely satisfactory.

### **Obstetric Students**

During the year, 32 obstetric students from Edgware hospital spent a day on the district when they were escorted to the various clinics and homes by the domiciliary midwives.

### **International Confederation of Midwives**

The 1972 International Confederation of Midwives was held in Washington D.C. and the non-Medical Supervisor of Midwives, attended as an observer at her own expense.

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

Sixteen midwives notified their intention to practice within the Borough and all were domiciliary. This notification of intent is required by the Central Midwives Board.

### **Early Discharge from Hospital**

The general pattern of midwifery continues to change and it is steadily being realised that a hospital, with all the possible risk of infection etc. is not an ideal place to keep a healthy mother, longer than absolutely necessary, and consequently the tendency is for the mother to be discharged from hospital as soon as possible after the delivery, to her own home and into the care of the domiciliary midwife. During this year 1,084 such patients were discharged early from hospital.

## **HOME NURSING**

The increasing number of General Practitioners group practices attended by the Home Nurses has resulted in the establishment being increased from 26 to 30 full time nurses. The extra staff were obtained by advertising in the usual fashion without any undue difficulty.

Very good liaison has been maintained between the staff, the General Practitioners and the Social Services, and many patients have been referred by the district nurses for Home Help assistance and the use of various walking aids and hoists. During the year a total of 2,138 new patients were accepted and the total number of patients nursed increased from 81,056 to 81,224 and of these, a total of 1,247 visits occupied the nurse for a time in excess of one hour.



## Staff Training

Three of the staff successfully completed a course of District training at the Chiswick Polytechnic.

## Student Training

Four students from the Chiswick Polytechnic completed their practical eight weeks District training course in the Borough and two completed their two weeks observational period, in preparation for the first part of their course.

One hundred and five students from Edgware Hospital and Northwick Park Hospital accompanied the District Nurses for one days observational visit.

## Marie Curie

The Borough lost the services in 1972 of the two Marie Curie nurses it had available in 1971, but 34 patients were nursed in 1972 by "agency" staff under the Marie Curie auspices.

## Nursing Aids

The nursing aids available and in use in the Borough have increased considerably during 1972 and the Borough has supplied numerous "Ripple" beds for the comfort of very incapacitated patients and two electrically adjustable beds have been purchased and are in full use.

## Study Days

During the year twelve members of the staff attended one day study days at the local hospitals.

Liaison and Attachment Schemes with General Practitioners have increased during the year and excellent working relationships are now established. Nursing Sisters attend surgeries for nursing treatments during surgery hours.

## HEALTH VISITING

### Staff

Total number of staff in post on 31st December 1972:-

Principal Nursing Officer	1
Nursing Officers	3
Fieldwork Instructors H.V.	5
Health Visitors full-time equivalent	29 = total 37
Clinic Nurses full-time equivalent	10

Five sponsored Student Health Visitors completed their training in September 1972.



## **Liaison with General Practitioners and Full Attachment to Group Practices**

All Health Visitors in Harrow now have a working arrangement with general practitioners either on a liaison scheme or in full attachment. This varies from telephone communications to daily visits to surgeries, often with weekly meetings, and/or child health clinics. Although more time is taken up with travelling than in a geographically based area, this is compensated by a deeper knowledge of the families concerned and better communications between the people caring for these families. Increased referrals by general practitioners of the various problems does tend to curtail routine visiting, but the training and experience of the Health Visitor are used more fully.

## **Liaison Schemes with Local Hospitals**

A Nursing Officer has continued to attend the paediatric clinic and visit the paediatric and maternity wards at Edgware General Hospital. She attends case conferences, and is the liaison between Health Visitors and Hospital Staff, e.g. paediatricians, psychiatrist, ward sister, social worker, for the continuing care of children under supervision.

The liaison scheme with Kingsbury Maternity Hospital continued until its closure on 31st March, 1972. Until then a Nursing Officer attended the paediatric follow-up clinic as an adviser to the mothers at this clinic. Health Visitors had continued to attend in a rota system for a series of four weeks at the paediatric out-patient clinic held by Dr. Barrie from the Charing Cross Hospital Group.

After the closure of Kingsbury Maternity Hospital, the Nursing Officer started the liaison scheme at Northwick Park Hospital. She attends there three times a week, visits the paediatric wards and attends case conferences. She is the liaison between Health Visitors and Hospital Staff: paediatricians, ward sisters and social workers.

The liaison scheme with Harrow Hospital has continued and developed into a closer working relationship.

This working relationship and personal contact between Hospitals and Local Authority Health departments continues to be a most useful one and helps to maintain a better service for the patients.

Study days arranged by Edgware General, Mount Vernon, and Northwick Park Hospitals have been attended by a number of Health Visiting and Clinic Nursing Staff, and much appreciated. Some staff have been able to attend Geriatric seminars held at Harrow Hospital also Consultants lunch-time lectures held at Northwick Park Hospital.

Looking ahead to the re-organisation of the National Health Service, it was felt that a better understanding of the work in Hospital and Community would be helpful. From 2nd May, 1972, forty-two Health Visitors and Clinic Nurses, in a rota system, attended Northwick Park Hospital to observe wards, departments and visit the Clinical Research Centre. Each member of staff spent three days in the Hospital. Ward Sisters have started coming out into the community for three days each.



## Training

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

Harrow is also responsible for training Integrated Students: their training takes four years to qualify for the three certificates of State Registered Nurse, District Nurse and Health Visitor. Nine of these students received practical training in Harrow.

Five sponsored Health Visitor Students qualified in 1972, three from Chiswick Polytechnic, two from the Polytechnic of North London. Three students came to Harrow from the Polytechnic of North London for their fieldwork experience.

Six Fieldwork Instructors have supervised the training. One of these returned to full Health Visiting duties after many years of student supervision. One Health Visitor who has completed her Fieldwork Instructor's course was appointed.

The Nursing Officers have continued to supervise the three months practical experience of these students, and a close liaison has been maintained between College Tutors, Nursing Officers and Fieldwork Instructors. One Integrated student received three months practical experience as no sponsoring authority was available.

Two students each spent one week in Harrow for the "out-county" experience required during their training.

The Nursing Officers are each responsible for introducing the work to newly appointed Health Visitors and supporting staff in their respective areas. One Nursing Officer continues overall responsibility for student nurses visiting the area, the other two maintain liaisons with hospitals.

## Refresher Courses and Further Training

Health Visitors attend refresher courses every five years to keep up to date with new trends in their work. During 1972 two Health Visitors attended refresher courses.

A course on the Detection of Hearing Defects in the Infant and Pre-School Child was organised in Tottenham by the Haringey Health Department and Audiology Unit, under the direction of Dr. Fish, Consultant Otologist. Six Health Visitors attended.

A new course, consisting of eight once weekly afternoons was started at Cassio College on the Principles and Practice of Teaching for Health Visitors: two members of staff attended.

The Family Planning Association, who have organised a two-day course for Public Health Staff in different parts of the country, came to Harrow on 25th and 26th September. One Nursing Officer, eighteen Health Visitors and Clinic Nurses attended.



Study Conferences in different parts of London were held on:

- Drugs and Alcoholism
- Support of the Family with a handicapped child
- The unmarried mother
- Pre-school playgroups

One or two Health Visitors attended each conference. The Polytechnic of North London held two consecutive study days for Fieldwork Instructors: two attended.

Discussion groups have continued to be held with a psychiatrist twice a month. A group of newly qualified Health Visitors have found them most useful in methods of dealing with special problems in the community, some more experienced staff have also had the benefit of attending.

During the sick leave of the Principal Nursing Officer which commenced on the 1st August, each Nursing Officer acted up in turn, thus getting the benefit of further experience.

The Chief Nursing Officer attended a Top Management Course for senior officers in the National Health Service in Leicester.

### **Preparation for Confinement**

With the opening of the new maternity unit at Northwick Park Hospital, and the start of their Mothercraft and Relaxation classes, there has been less demand for our own classes. These have been held in eight out of ten clinics and consist of eight sessions. Teaching includes care in all its aspects of the mother during and after pregnancy, as well as relationships within the family, stages of labour, analgesia, care and management of the baby, prophylaxis and development, also Health and Social Service available. Film evening with discussions for expectant mothers and their husbands have been held in four clinics.

Talks on Mothercraft were given by Health Visitors at Edgware General and Bushey Maternity Hospitals.

### **Mothers' Clubs**

Three mothers' clubs have continued during 1972. One at Kenmore Clinic is held weekly in the afternoons, where the mothers attend with their children. The other two, held at Northolt Road Clinic and Caryl Thomas Clinic function in the evenings.

### **The Work with the Elderly**

With attachments to group practices, the work with the elderly is increasing as more referrals are made by General Practitioners.

Notification of deaths are sent to Health Visitors, so that they may be aware of the bereaved: a vulnerable group in the community.

Old people on the register numbered 2,237 in 1972, of these 133 died during the year.

Five clinics for the elderly are run in the Borough, approximately 250 have attended the clinics.



There is an excellent rapport with the geriatric liaison Health Visitor, who attends Harrow Hospital. Short stay admission may be arranged to relieve relatives both at Northwick Park and Edgware General Hospitals.

### **Health Education**

Several Health Visitors have participated in Health Education in Junior and Secondary schools. Films and other visual aids have been used, and many pupils have joined discussion groups, in one school the parents were invited to attend. In some areas pupils visited child health clinics, playgroups and a nursery school.

Subjects covered included: personal health and development, general hygiene, human relationships, community health, mothercraft including care of the child in health and sickness, health and social services, first aid, health in developing countries and lifemanship.

A total of approximately 183 teaching sessions were given at school and approximately 720 pupils taught.

Evening lectures were given by Health Visitors to groups of young people on human relationships, social discussions, also in preparation for the Duke of Edinburgh Award Scheme. Talks were given for the Red Cross to adults and cadets.

Talks were also given to mothers of children attending playgroups, playgroup leaders' courses and church groups.

### **Students Visits to the Area**

Harrow Technical College ran a pre-nursing course, and four of their students came to Harrow for one day to have an introduction to community health.

Student Nurses also visited Harrow to learn about community health care, ten came from Edgware General Hospital for one day, fourteen from the Middlesex Hospital for two days.

A sister tutor student spent one week in the area visiting and learning about the Health and Social services available in the Borough and the work of the Health Visitor.

Two student teachers spent one day with Health Visitors.

A Public Health Nurse from Geneva spent two days in the Borough, one with a Health Visiting Nursing Officer. An overseas doctor also spent some time with the same Nursing Officer learning about the Health Visitor's work.

Eighteen student nurses from Northwick Park Hospital visited one day weekly for six weeks to obtain further paediatric experience by observing children in clinics, day nurseries, and in their homes.

Integrated students from Hillingdon Hospital also gained practical experience in the Borough.

### **Playgroups and Daily Minders**

Until the Social Services undertook overall responsibility for child minders and daily minders, the Chief Nursing Officer and Principal Nursing Officer (Health Visiting) visited and assessed applicants. 71 daily minders were visited.



### Ugandan Immigrants

With the influx of immigrants from Uganda, Health Visitors as well as Public Health Inspectors were asked to contact a number of these families to explain the services available to them with particular reference to medical care and Mass X-rays. Over 200 of these families were referred to Health Visitors.

### Vaccination and Immunisation

On the recommendation of the Joint Committee vaccination against smallpox ceased to be offered as a routine measure in August, 1971. The following schedule of immunisation recommended by the Joint Committee on Vaccination and Immunisation and in use since January 1968 was used during the year:-

Diphtheria/Tetanus/Pertussis and oral Polio	1st dose at 3 months
	2nd dose at 5 months
	3rd dose at 9 months
Measles	13 months
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 table shows the number of children under sixteen who completed immunisation during 1972.

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

	Year of birth					Others under Age 16	Total
	1972	1971	1970	1969	1965- 1968		
<b>Diphtheria</b>							
Primary course ..	282	1,934	211	67	71	15	2,580
Reinforcing dose ..	—	28	77	36	2,199	47	2,387
<b>Whooping Cough</b>							
Primary course ..	282	1,838	211	67	71	5	2,474
Reinforcing dose ..	—	28	73	32	146	6	285
<b>Tetanus</b>							
Primary course ..	282	1,934	211	67	76	59	2,629
Reinforcing dose ..	—	28	77	36	2,209	137	2,487
<b>Poliomyelitis</b>							
Primary course ..	282	1,931	209	67	70	17	2,576
Reinforcing dose ..	—	28	70	34	2,168	57	2,357
<b>Measles</b> .. ..	1	1,304	624	118	162	7	2,216



## Prevention of Illness, Care and After Care

### Chiropody

The demands on this service continue to be extremely heavy and although it is almost exclusively used by elderly persons it is also provided for handicapped persons, expectant and nursing mothers and school children.

Due to an increase in staff, during the first eight months of the year 73 sessions per week were provided. 50 were held in ten clinics throughout the Borough and, to cope with the large number of homebound cases, 23 sessions were allocated for domiciliary treatment.

Unfortunately during the latter part of the year we lost the services of three chiropodists, two full-time and one part-time and the sessions were reduced to 52 per week.

Details of attendances and treatments for the year 1972:

<i>Category of patient</i>	<i>No. of New Cases</i>	<i>No. of Old Cases</i>	<i>Total Attendances</i>
Elderly persons .. .. .	1,251	2,958	18,822
Physically handicapped .. .. .	7	6	78
Expectant and nursing mothers .. .. .	10	2	21
School Children .. .. .	66	37	584
Others .. .. .	12	9	84
Total number of treatments given at clinics .. .. .			14,883
Total number of treatments given at home .. .. .			4,706
Total .. .. .			19,589
Number of sessions held at clinics .. .. .			2,089
Number of sessions for domiciliary treatment .. .. .			875
Total .. .. .			2,964

### Cervical Cytology

The cervical cytology service has steadily increased during the year and 18 clinics are now being run each month. 14 are held centrally at the Caryl Thomas Clinic in Wealdstone and 4 at the Northolt Road Clinic in South Harrow, where evening sessions are held which help to provide a service for the working woman. The Consultant in the Department of Obstetrics and Gynaecology at Northwick Park Hospital still helps in the running of this clinic.

1,961 Patients were seen during the year

815 New patients

340 Minor disorders were discovered

2 Patients had further investigation



A further 2,285 smears were taken from patients attending the Family Planning Clinics.

In addition, in October 1972, the Health Department in co-operation with the Harrow Council of Social Service ran a very successful cancer control campaign. It was hoped that through this campaign more of the women in the lower income groups would be reached than it had been possible to do at our usual clinics. It was also decided to run evening clinics—again to provide a service for working women.

A mobile clinic on free loan from the Women's National Cancer Control Campaign was used. The campaign ran for four weeks and three sessions a day were held, morning, afternoon and evening. The unit visited 11 different sites, within Council estates or in adjacent shopping areas. One small isolated area in the Borough was visited, where there was no easy transport to the central clinic. Also one day was given to Messrs. Kodak.

Much of the clerical work during the sessions was carried out by voluntary workers from the Harrow Council of Social Service, they also provided the nursing coverage. Doctors from the Family Planning Association and some of the departmental medical officers worked in the unit.

1,527 Women attended

4 Positive smears were taken and the women referred to hospital

164 Patients were referred to the G.P.s

95 Patients referred were treated by the G.P. or referred to hospital

#### CONDITIONS FOR WHICH PATIENTS WERE REFERRED TO THEIR G.P.

Hypertension	..	..	..	33
Lumps in the breast	..	..	..	27
Abdominal and Pelvic Masses	..	..	..	14
Disorders of the Cervix	..	..	..	42
Other conditions	..	..	..	48

The demand was tremendous and could not be fully met. An average of 26 patients were seen per session although it had been decided at the briefing sessions that 15 would be a sufficient number to allow the examination of breasts, abdomen, pelvis and urine test and blood pressure in addition to the smear test. Due to the large numbers seen it was not always possible to test the urine and take blood pressures.

Approximately 16% of the women seen came from social classes 4 and 5. The majority of the women seen were in the 35-60 year age group, the youngest was 20 years and the eldest was 90 years.

The final costing was £774. Nearly £230 was raised by the Harrow Council of Social Services.



### Loan of Nursing Equipment

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

Number of articles loaned during the year ... 1,063

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

### Tuberculosis

The Borough is served by two clinics:-

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

### CARE AND AFTER CARE

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

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

### WELFARE

The advisory services of a welfare officer are available to all patients. This officer is mainly concerned with the many medical-social problems that can and do arise in households as a result of a case or cases of tuberculosis occurring there. Latterly with the fall in the incidence of tuberculosis, more cases with other chest complaints—chronic bronchitis and lung cancer—are being seen at the clinic. These cases also have many social problems and are helped by the welfare services. Financial advice, rehabilitation and training, recuperative holidays, extra nourishment, etc.—are all included in the welfare officers' sphere of work.

### HOME VISITING

During the year 1,789 home visits were made by the tuberculosis visitors attached to the clinics. Their work includes advice on the home



care of patients, the encouragement of known contacts to attend the clinic for X-Ray and medical supervision and general advice on care and after-care arrangements. They also act as clinic sisters at diagnostic and treatment sessions in the Chest Clinics.

### **OCCUPATIONAL THERAPY**

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

### **B.C.G. VACCINATION**

Part of the routine measures to prevent the spread of tuberculosis is the offer of B.C.G. vaccination to susceptible contacts of actual cases. The susceptible contacts are identified by means of a simple skin test, which indicates whether the additional protection of vaccination is required. During the year, 679 contacts of actual cases were tested and vaccination offered and accepted by 261 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; Kenmore Road Clinic, Wealdstone; Tenby Road Clinic, Edgware; Kenmore Road Clinic, Kenton; Cecil Park Clinic, Pinner and Whittlesea Road Clinic, Harrow Weald.

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.

## HEALTH EDUCATION

The proposed re-organisation of the National Health Service, based on an integral health care delivery system may represent an opportune time to attempt some evaluation and unification of health education in this country. It is a service which varies considerably in scope and outlook throughout local authorities, in whom, as part of the preventive health service, it is at present invested. One of the aims of health education as defined by the World Health Organisation Expert Committee, is to equip people with knowledge and skills that they can use to solve their health problems.

To date, prevention has been a major aspect of health education, embracing the dissemination of information in respect of health hazards to the community at large, very often in general terms, assuming that individuals will be motivated to take positive action on their own behalf. This has not always succeeded where individual behavioural change is involved, as in the case of smoking and health where the cause-effect relationship is based on statistical evidence, which may be rejected by a sceptical society, there being no guarantee that the heavy smoker will contract lung cancer. Conversely immunisation and cervical cytology, medically proven, have been socially accepted.

The major **HEALTH EDUCATION** is directed, constitute average healthy people and there is little personal contact between the health educator and the recipients. It is only when a person becomes ill and seeks treatment that a person to person relationship is established; this time with the medical profession, whose primary role is curative. Yet this may be the time when a person needs and is more receptive to health education, but few G.P's or consultants have the time to devote to education.

It remains to be seen, therefore, whether in 1974 health education will be left to develop as a separate entity, or whether, with integration it will form part of the health care system, involving the medical profession at the curative and post curative stages.

During 1972 the Council inaugurated a Home Safety Sub-Committee the composition of which is elected Councillors, together with representatives of those public utilities, professions and organisations interested in the Home Safety movement. The latest confirmed statistics as classified by the Registrar General indicate a drop in the total number of deaths in England and Wales due to home accidents from 6614, in the year 1968 to 6,245 in 1971. This reduction is reflected in those categories due to burns and scalds (-11.8%); suffocation and choking (-13.6%); and falls (-2.2%). The figure in respect of all poisoning deaths (-12.2%) might be considered equally encouraging until further analysis reveals that this was entirely due to the introduction of non-toxic natural gas, as a result of which deaths from piped gas fell by 58%. In fact deaths from medicinal drugs rose by 31.8%. It was opportune therefore that the first major





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The majority of the population, to whom information is directed, constitute average healthy people and there is little personal contact between the health educator and the recipients. It is only when a person becomes ill and seeks treatment that a person to person relationship is established; this time with the medical profession, whose primary role is curative. Yet this may be the time when a person needs and is more receptive to health education, but few G.P's or consultants have the time to devote to education.

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project instigated by the new committee was a "Return unused medicines" campaign scheduled for early 1973.

Home Safety was the major theme of the Department's exhibition at the Harrow Show, which also publicised the Family Planning Services, Cervical Cytology and Social Services.

The considerable publicity given to the Cervical Cytology campaign in September, organised in co-operation with the Women's National Cancer Control Campaign and the local Council of Social Services resulted in a very encouraging response, the number of women attending the mobile clinic far exceeding those estimated.

A major exhibition and information centre on Improvement Grants was staged at the Granada Cinema in support of the Home Improvement Campaign sponsored by the Department of the Environment, and supported by the Public Utility Companies, and commercial undertakings, as a result of which 220 people made firm enquiries in respect of grants. A further mobile exhibition sited at Grant Road car park was visited by an estimated 300 people.

A two day seminar on Family Planning primarily for Health Visitors, arranged in co-operation with the Family Planning Association was extremely well attended and received. Those social workers who attended found it of special value in view of their contact with problem and deprived families.

A further exhibition on the Health and Social Services was arranged in support of a new exercise in public relationship called "Harrow in Action", a successor to the Delegate Conference of previous years.

Two weeks were devoted to the Annual Dental Health campaign in schools, which this year was concentrated on junior and infant departments covering some 6,000 children. Always a popular campaign, the youngsters are very receptive and feedback to their parents resulted in requests for talks on children's teeth to members of women's organisations.

Contributions to courses for Home Helps involved lectures on, Home Safety, Food Hygiene, and First Aid. Home Helps, because of their regular and informal contact with their clients can be a most useful link in the dissemination of propaganda.

**GENERAL  
SERVICES**





## GENERAL SERVICES

### HOME DIALYSIS

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. In July, following the recommendation of the Health Committee, the Council agreed to provide adaptations to homes free to owner-occupiers in the same way as provision is made for tenants and that where the provision of a Portakabin (a prefabricated unit) is found to be necessary, these can be loaned and installed free of charge.

In November arrangements were made to install a Portakabin in a patient's back garden in North Harrow to which there was no access from the road. As it was not practical to close the road for the length of time required to lift the equipment in by crane, it was thought that installation could be expeditiously performed by using a helicopter. This would dispel any inconvenience likely to be caused to the general public. On seeking advice from the Ministry of Defence on the matter they agreed to provide an R.A.F. helicopter for any assistance required.

This combined operation was successfully carried out on a Sunday morning. The helicopter picked up the Portakabin from a Council lorry parked near the house and only took 10 minutes to lower it onto the concrete base in the patient's garden.

It is very gratifying to know that we can obtain assistance in this way to help individual patients.

There are now 4 patients residing in the Borough who have had a dialysis machine installed in their home.

### Nursing Homes

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

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

		<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
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. M. T. Nolan	6	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 27 establishments were licensed.

### 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.

### County where Passport issued

### Number of Immigrants

#### Commonwealth Countries:

Caribbean	14
India	84
Pakistan	11
African	607
Other	23
Other Asian	20



## Non Commonwealth Countries:

European	..	..	..	..	..	35
Other	..	..	..	..	..	23
TOTAL						817

All addresses were visited and in 132 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 following table gives 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	..	..	..	..	1,097
Number of medical examinations	..	..	..	..	54
Number of medical examinations—extensions of service	..				3
Number of medical examinations—heavy goods vehicle drivers	..	..	..	..	2
Number of medical examinations carried out for other Authorities	..	..	..	..	16
Number of medical examinations carried out under Ministry of Education Circular 249/52:					
(a) Teachers first appointment	..	..	..	..	81
(b) Training College Entrants	..	..	..	..	214





## INFECTIOUS DISEASES

In 1972 there were no changes in national policy concerning infectious disease control.

Since August 1971 vaccination against smallpox is no longer offered as a routine measure, but the Joint Committee on Vaccination and Immunisation did recommend that certain people should continue to be protected e.g. health service staff and overseas travellers to and from certain countries.

The following table shows the incidence of infectious disease in the Borough during 1972:-

Diseases	Under 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 & over	Age Unknown	Total
Acute Encephalitis	-	-	1	-	-	-	-	-	-	-	-	-	1
Acute Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Disentery	-	4	-	-	1	-	1	-	-	-	-	3	13
Food Poisoning	-	-	-	-	-	-	-	-	-	1	-	-	6
Infective Mononucleosis	-	-	-	-	-	-	-	-	1	1	2	-	17
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	3	-	-	1	-	-	-	4
Measles	5	42	-	-	-	-	-	-	-	-	-	-	91
Ophthalmic Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	1
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	4	8	-	1	-	1	-	1	-	-	1	15
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis (Pulmonary)	-	-	-	-	2	5	8	5	6	9	11	2	48
Tuberculosis (Other)	-	-	-	-	2	2	3	3	1	2	2	-	17
Tuberculosis (Men.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	4	1	-	-	-	-	1	-	-	-	1	6
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>5</b>	<b>55</b>	<b>26</b>	<b>3</b>	<b>9</b>	<b>12</b>	<b>23</b>	<b>11</b>	<b>10</b>	<b>19</b>	<b>15</b>	<b>7</b>	<b>219</b>

### Measles

Only 91 cases of measles were notified in 1972 compared with 291 and 1,080 in 1971 and 1970 respectively. This reduction supports the view which was expressed last year that the periodicity exhibited by the measles virus has been altered by the vaccination programme.

### Infective Mononucleosis

Seventeen cases were notified this year. This compares with 15 in the previous year. Although there still seems to be a fairly even spread of cases throughout the whole age range there was still a slight predominance amongst young adults as in 1971.





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Acute Encephalitis ..	-	-	1	-	-	-	-	-	-	-	-	-	1
Acute Meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery ..	-	4	3	-	1	-	1	-	-	-	-	3	12
Food Poisoning ..	-	-	1	-	-	1	2	1	-	1	-	-	6
Infective Jaundice ..	-	1	2	1	2	1	4	2	1	1	2	-	17
Leprosy ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria ..	-	-	-	-	-	3	-	-	1	-	-	-	4
Measles ..	5	42	40	1	1	-	2	-	-	-	-	-	91
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever ..	-	-	-	1	-	-	-	-	-	-	-	-	1
Plague ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ..	-	4	8	-	1	-	1	-	1	-	-	1	16
Smallpox ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis(Pulmonary) ..	-	-	-	-	2	5	8	5	6	9	11	2	48
Tuberculosis (Other) ..	-	-	-	-	2	2	5	3	1	2	2	-	17
Tuberculosis (Men.) ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough ..	-	4	1	-	-	-	-	-	-	-	-	1	6
Yellow Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TOTAL ..</b>	<b>5</b>	<b>55</b>	<b>56</b>	<b>3</b>	<b>9</b>	<b>12</b>	<b>23</b>	<b>11</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>7</b>	<b>219</b>

### Measles

Only 91 cases of measles were notified in 1972 compared with 291 and 1,080 in 1971 and 1970 respectively. This reduction supports the view which was expressed last year that the periodicity exhibited by the measles virus has been altered by the vaccination programme.

### Infective Jaundice

Seventeen cases were notified this year. This compares with 15 in the previous year. Although there still seems to be a fairly even spread of cases throughout the whole age range there was still a slight predominance amongst young adults as in 1971.



## Diphtheria and Poliomyelitis

This was again a year when no resident contracted either of these diseases. This satisfactory position must still be attributed in part to firstly, 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 by the local authority and general practitioners.

## Whooping Cough

Only 6 cases were notified during 1972 compared with 25 in 1971. This reduction may still be due to the difficulty to recognise patients who are suffering from only mild manifestations of the disease.

## Cholera and Smallpox

Outbreaks of both diseases continued to occur in various parts of the world despite the undoubted successful progress towards worldwide eradication. 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 1972 the number of persons kept under surveillance for 14 days on returning to this Borough from smallpox endemic areas was 88. Of these visits 51 were in connection with the outbreak in Yugoslavia during the period March-May 1972.

Disease	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.	65-74 yrs.	75 yrs. & over	TOTAL
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Pulmonary)	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Other)	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Men)	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	2	32	36	3	9	13	23	11	10	13	12	7	219

## Measles

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## Infective Jaundice

Seventeen cases were notified this year. This compares with 12 in the previous year. Although there still seems to be a fairly even spread of cases throughout the whole age range there was still a slight predominance amongst young adults as in 1971.

## Dysentery and Food Poisoning

The details of the 6 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 out-breaks and sporadic cases cols. (1 3 5)	Total No. of cases columns (2 4 5)
	No. of separate out-breaks	No. of cases notified or ascertained	No. of separate out-breaks	No. of cases notified or ascertained			
	1	2	3	4			
1. S. typhimurium	—	—	—	—	1	1	1
2. Other Salmonellae (a)	—	—	—	—	5	5	5
3. CI. welchii	—	—	—	—	—	—	—
4. Staph aureus	—	—	—	—	—	—	—
5. Other causes	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	—	—	—
7. TOTAL	—	—	—	—	6	6	6

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

Type of <i>Salmonellae</i>							
Derby .. ..	—	—	—	—	1	1	1
Enteritidis ..	—	—	—	—	2	2	2
Seftenburg ..	—	—	—	—	1	1	1
Not Typed ..	—	—	—	—	1	1	1



In addition 12 cases of dysentery were notified during 1972, giving a combined total of 18 notified cases of dysentery and food poisoning. This compares with 16 during 1971.

Every case notified is investigated and wherever possible the cause identified. 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 the 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 1972:-

	<i>Primary Notification</i>				<i>Brought to notice other than on a Form 'A'</i>			
	<i>Pulmonary</i>	<i>F</i>	<i>Non-Pulmonary</i>	<i>F</i>	<i>Pulmonary</i>	<i>F</i>	<i>Non-Pulmonary</i>	<i>F</i>
	<i>M</i>		<i>M</i>		<i>M</i>		<i>M</i>	
Under 1	—	—	—	—	—	—	—	—
1—4	—	—	—	—	—	—	—	—
5—9	—	—	—	—	—	—	—	—
10—14	—	—	—	—	—	—	—	—
15—19	2	—	1	1	—	—	—	—
20—24	1	4	1	1	—	—	—	—
25—34	4	4	1	4	3	1	1	1
35—44	2	3	1	2	2	2	—	—
45—54	1	5	—	1	1	3	—	—
55—64	5	4	—	2	1	—	—	—
65 & over	6	5	—	2	—	1	—	—
Age unknown	1	1	—	—	—	—	—	—
	22	26	4	13	7	7	1	1



### Summary of changes in register—1972

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. on register January 1st, 1972 ..	829	756	98	164
No. of new cases added ..	22	26	4	13
No. of cases other than on a Form "A" ..	7	7	1	1
No. of cases restored to register ..	—	—	—	—
No. of cases removed ..	59	40	—	4
No. on register December 31st, 1972 ..	799	749	103	170

### Details of cases removed from register

	Pulmonary		Non-Pulmonary	
	M	F	M	F
Left District .. .. .	17	7	—	—
Deaths .. .. .	16	5	—	—
Recovered .. .. .	18	24	—	1
De-notified .. .. .	1	—	—	—
Lost Sight Of .. .. .	7	4	—	3

### Deaths

Tuberculosis caused the death of 2 males and 1 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.

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.

As reported last year the mass x-ray will eventually be phased out, and in due course 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 & Throat Swabs	..	14
Faeces	.. ..	188
Sputum	.. ..	-
Urine ..	.. ..	1

## ENVIRONMENTAL HEALTH SERVICE





## ENVIRONMENTAL HEALTH SERVICE

The year 1972 saw no startling changes in the pattern of the work of the Environmental Health Section though problems in obtaining the services of Inspectors resulted in a drop in the number of routine inspections of food shops and other premises. Unfortunately these problems coincided with increased demands for action in connection with Qualification Certificates (Housing Act 1969). In this field however, much was accomplished resulting in the repair and improvement of a considerable number of dwellings. Few realise in fact the extent of the work undertaken and the benefits that resulted from the procedure that was followed in respect of the applications that were received for these Certificates. Throughout the year too a steady stream of properties was dealt with under the Closing Order Provisions of the Housing Acts. A property (or part thereof) is made the subject of a Closing Order when it is found to be beyond repair at a reasonable cost. Thus the rent paid in respect of the tenancy plays an important part in this matter. In fact owners with properties let at controlled rents and lacking modern facilities (hot water, bath, internal water closet, etc.) often welcomed the making of such Orders—the reason being it led to them obtaining possession.

This in turn led to the property being brought under control and one which, subject to the owner's undertaking to reconstruction to a satisfactory standard became a unit of accommodation on which the Order could be lifted.

## ENVIRONMENTAL HEALTH SERVICE

While procedure pursuant to the Closing Order Provisions often resulted in the local authority providing temporary accommodation for the families involved it has over the years resulted in a considerable number of sub-standard properties being modernised and these are now providing homes up to the Parker Morris standard for many families. It is perhaps of interest to record that where individual properties are concerned while there may at the moment be no satisfactory alternative to this course of action (apart from purchase by the Local Authority) recent housing legislation is making the retention of the rented property a much more attractive proposition for owners.

Harrow, in so far as the "Unfit property" is concerned, has no serious housing problem though by reason of ageing and other factors there is always likely to be a steady flow of properties calling for action under the Unfit Provisions of the Housing Acts—perhaps 15/20 per year. This is a relatively small number when considered against the 70,000 houses and flats that exist within the Borough.

Overall, the position in respect of housing standards improved throughout 1972 and with a few exceptions owners and their Agents co-operated with the Department in securing the execution of repairs and any other work they were called upon to undertake. The major difficulty experienced in this field was the finding of contractors willing to undertake the work—a problem that appears likely to remain for many years to come. Looking to the future I feel the next big step in the raising





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This in turn left the property vacant, free from rent control and one which, subject to the owner's undertaking to recondition to a satisfactory standard became a unit of accommodation on which the Order could be lifted.

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of housing standards is likely to emerge from the creation of Improvement Areas as provided for by the Housing Act 1969.

With these Areas while the structural condition of properties and their general state of repair will remain important, factors involving area layout, the movement of traffic, tree planting, the provision of play and rest areas and the provision of parking facilities will be issues of paramount importance. They will call for the most careful planning and the work undertaken by the Public Health Inspector in the future pursuant to the Housing Acts will without doubt bring him into much closer contact with other disciplines and departments of the Council.

### **Overcrowding**

Over a considerable period (since 1949 in fact) the number of cases of statutory overcrowding in the Borough has fallen year by year. The number on the register on the 1st January 1972 was 3. However towards the end of the year as a result of the arrival of Asian families from Uganda details of 45 additional cases had to be added to the register and the number of known cases on the 31st December was 48.

While this did not prove to be the peak figure the situation was kept under constant review and reports were submitted at regular intervals to the Special Committee set up to deal with matters arising from the Ugandan Asian problem. The overcrowding existing in the Borough at the end of 1972 equated with that existing on the 1st January 1960. The peak figures for overcrowding was reached during 1948 when the register contained details of 628 cases.

### **Environmental Standards**

The year as regards general standards of environmental hygiene was disappointing. No marked diminution was to be seen in the amount of litter and rubbish deposited on undeveloped land or on the highway. Rubbish and waste at the rear of shops and in accommodation roads was as much in evidence as ever and in spite of 'KEEP BRITAIN TIDY' slogans I see no signs of the future bringing about any marked improvement in this particular field of environmental hygiene. There is no simple answer or easily found solution to this ever growing problem for while bulk containers and improved refuse collection vehicles are indicative of progress these modern aids fail to compensate for the problems that stem from the lack of available labour to handle the increasing quantities of packaging or to undertake yard control at business and shop premises. The complete absence of any desire to co-operate with neighbours in the maintenance of reasonable standards in the many service and other roads that are used in common by householders and traders is another problem. This becomes abundantly apparent whenever a suggestion is made that joint action is called for. The general attitude of those concerned invariably is that this task is the responsibility of the Local Authority. It is sad that the attitude of so many members of the public towards litter and debris should be one of complete indifference but unfortunately this is the



position. Perhaps some improvement would result if (a) more and yet more publicity was given nationally to the evils of litter and dumping (b) more publicity was given locally to the existence of the reception centres to which all unwanted household material can be taken (c) all service roads connected with new developments were taken over on completion as highways (d) the programme for the taking over by the Council of service roads was stepped up. Linked with rubbish and debris is the problem of vermin and though the year saw a fall in the number of complaints received the rat remains a serious menace.

The most encouraging features of 1972 in the environmental sphere were the continued progress that was made with the Council's Clean Air Programme and the interest shown in the control of "Noise". The acreage covered by Smoke Control Orders being increased by 2,557 acres bringing the total at the end of the year to 9,344.

As regards the control of Noise a start was made in this field and it is hoped that during 1973 progress akin to that enjoyed with Smoke Control Areas will be possible.

### Food Hygiene

While the level of previous years in connection with the routine inspection of premises where food is sold, prepared or stored could not (owing to staff shortages) be maintained and the level of sampling also fell short of previous years—reasonable standards were maintained. There is however an urgent need for greater activity in this sphere. Details are given later in this report of the 941 samples that were taken. Over the same period 241 complaints about foodstuffs were investigated and dealt with.

## STATISTICAL SUMMARY

### INSPECTIONS MADE AND CONDITIONS FOUND

#### HOUSING

##### VISITS

(i) On complaint of dampness or other housing defects	1,360
(ii) On complaint of other nuisances	840
(iii) Revisits arising from defects found	4,020
(iv) Surveys Housing Act 1957 (Overcrowding)	286
(v) Surveys Housing Act 1969—Qualification Certificates	586

##### CONDITIONS FOUND

(i) Number of dwellings or other premises where defects were found	2,671
(ii) Number of cases of overcrowding revealed	45



(i)	On complaint or request	..	..	..	..	402
(ii)	Routine inspection of premises	..	..	..	..	581
(iii)	Revisits arising from defects found	..	..	..	..	1,089
(iv)	Surveys arising from Rats and Mice complaints	..	..	..	..	2,116
(v)	Inspection of Factories	..	..	..	..	32
(vi)	Inspection of Outworker's Premises	..	..	..	..	84
(vii)	Inspection of Cinemas and Places of Entertainment	..	..	..	..	21
(viii)	Inspection of Licensed Premises	..	..	..	..	112
(ix)	Visits under Shops Act	..	..	..	..	1,081
(x)	Observations made for Smoke Nuisances	..	..	..	..	49
(xi)	Surveys under Clean Air Act	..	..	..	..	1,841
(xii)	Pet Shops	..	..	..	..	22

## VISITS

(i)	Butchers' Shops	210
(ii)	Dairies	20
(iii)	Fish Shops	68
(iv)	Bakehouses	59
(v)	Cafes and Restaurants	416
(vi)	Ice Cream Premises	80
(vii)	Provision Merchants	241
(viii)	Greengrocers	170
(ix)	Other Food Premises	162

<b>SUMMARY :</b>					
Accumulations of refuse .. .. .	..	..	..	..	149
Animals causing a nuisance .. .. .	..	..	..	..	20
Dampness and housing defects .. .. .	..	..	..	..	296
Drains and sewers—choked .. .. .	..	..	..	..	74
defective .. .. .	..	..	..	..	112
Dustbins defective .. .. .	..	..	..	..	7
Flooding—Gardens .. .. .	..	..	..	..	3
Insect infestations .. .. .	..	..	..	..	98
Overcrowding, alleged .. .. .	..	..	..	..	14
Smoke nuisances .. .. .	..	..	..	..	24
Watercourses .. .. .	..	..	..	..	7
Other complaints .. .. .	..	..	..	..	156
Food unfit (excluding requests received from shops to visit and inspect food) .. .. .	..	..	..	..	241



## NOTICES SERVED

## UNDER HOUSING ACT, 1957 :

Statutory Notices served under S.9 requiring execution of repair work .. .. .	3
Dwellings reported under SS. 16/17 as being unfit for human habitation .. .. .	22
Informal notices served under S.9 .. .. .	41

## UNDER PUBLIC HEALTH ACT 1936 :

Statutory notices served under:	
(i) S.24—work to a public sewer .. .. .	98
(ii) S.39—repair or renewal of drains .. .. .	7
(iii) S.45—repair or renewal of defective water closets .. .. .	1
(iv) S.93—abatement of a nuisance .. .. .	29
(v) Informal notices served .. .. .	2,221

## ACTION TAKEN

## FOLLOWING PUBLIC HEALTH ACT NOTICES :

(i) S.24—Public sewers repaired .. .. .	66
(ii) S.39—	
(a) By owners .. .. .	5
(b) By local authority in default of owners .. .. .	1
(iii) S.93—Nuisances abated .. .. .	23
(iv) Nuisances abated and/or other work carried out by owners on receipt of informal notice .. .. .	1,647

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

Number of Notices .. .. .	24
(a) By owners .. .. .	19
(b) By local authority .. .. .	—

## SUMMARY PROCEEDINGS

One application was made to the Harrow Court for a Nuisance Order. This was granted. The person responsible was fined £20, the Council were allowed £15 costs. Pursuant to the Food and Drugs Act action was taken in respect of three cases following foreign matter being found in foodstuff. Fines totalling £40 were imposed and costs of £10.50p were granted.

## 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, 29 samples were taken by the Department—all were satisfactory. Five 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.

### PHYSICAL EXAMINATION

Suspended Matter	..	Absent
Appearance	..	Clear and Bright
Colour	..	Less than 5 Hazen Units
Taste	..	Normal
Odour	..	Little

### CHEMICAL EXAMINATION

<i>Determinations</i>	<i>Results in Parts per million</i>
Total Solid Residue dried at 105°C	378
Chlorides as Chlorion	45
Nitrate Nitrogen	N.D.
Nitrite Nitrogen	N.D.
Ammoniacal Nitrogen	0.04
Albuminoid Nitrogen	0.01
Oxygen absorbed, 4 hrs. at 27°C	0.28
Total Hardness as CaCO <sub>3</sub>	246
Non-carbonate hardness as CaCO <sub>3</sub>	73
Alkalinity as CaCO <sub>3</sub>	173
Poisonous Metals	N.D.
pH	7.3

### BACTERIOLOGICAL EXAMINATION

Plate cultivation, Number of Colonies per ml.	—
Presumptive Coliform Count on 100 ml.	—

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

### 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 13 properties (21—1971) were made the subject of Closing Orders. These were:-

25 Havelock Road, Wealdstone	
124 Gordon Avenue, Stanmore	
107 Graham Road, Wealdstone	
11 Kymberley Road, Harrow	
13 Kymberley Road, Harrow	
25 Kymberley Road, Harrow	
42 Roxborough Road, Harrow	
44 Roxborough Road, Harrow	
61 Parkfield Road, Harrow	
63 Parkfield Road, Harrow	
56 High Street, Harrow on the Hill	
25 Wellington Road, Wealdstone	
103 Graham Road, Wealdstone	

One property was made the subject of a Demolition Order namely:  
Constable Cottage, Wolverton Road, Stanmore

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

34 Havelock Road, Wealdstone	
76/84 Graham Road, Wealdstone (5)	
71 Byron Road, Wealdstone	
45 Rosslyn Crescent, Harrow	
155/167 Pinner Road (2)	

During the year 11 families were rehoused by the Council from dwellings the subject of Orders made pursuant to the Housing Act.

### CLEAN AIR

#### Survey of Air Pollution

The Council continued to maintain two recording stations at which daily measurements of the amount of smoke and sulphur dioxide in the atmosphere were made. The results were sent to the Warren Spring Laboratory of the Department of Trade and Industry where similar readings from other parts of the Country were collated and assessed.



### Smoke Control—Progress during 1972

Smoke Control Orders Nos. 24 and 25 became operative during the year. These affect 2,557 acres and involve 7,741 premises including 7,430 dwellings. The total acreage covered by the Smoke Control Orders in the Borough is now 9,344—51,507 dwellings. This represents approximately 74% of the total number of dwellings in the Borough. Two further Orders were confirmed by the Department of the Environment and these will come into operation during 1973. These Orders will affect a further 6,190 dwellings, bringing the percentage up to 82%.

The staff engaged on the survey and inspection of premises made 1,841 visits and issued certificates to enable claims to be made by householders for grants in respect of the adaption firegrates.

Work to the value of £20,214 was completed during the year at 249 dwellings. The average amount spent by householders was £81. The grant paid averaged £17 per claim received.

The table set out below shows the amount of grant paid over the past five years:-

Year	Amount of grant paid	No. of claims for grant	Average per claim (to nearest £)
1968 ..	£16,195	656	£24
1969 ..	£23,341	877	£27
1970 ..	£19,760	693	£28
1971 ..	£14,517	506	£28
1972 ..	£4,355	249	£17

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

Year	Total number Premises	Number of Dwellings	Number of premises
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
1972 ..	7,804	7,430	374
TOTAL ..	54,528	51,507	3,021

Progress in the introduction of Smoke Control Orders was maintained and the entire Borough should be "Smoke controlled" by the end of 1975 as programmed in 1960.

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

The year in so far as the Offices, Shops and Railway Premises Act was concerned was in many ways disappointing for while 406 visits were made Staff shortages prevented the time being given to the matters covered by this Act that their importance demands. Nevertheless progress was made and there is no doubt that the benefits and improved standards called for by this piece of legislation are to be seen.



The reporting of accidents and the follow-up inquiries are particularly useful in that they provide a background enabling studies to be made of possible preventive measures.

The figures submitted to the Department of Employment for 1972 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 .. .. .	22	598	42
Retail Shops .. .. .	56	1,233	214
Wholesale Shops, Warehouses ..	1	38	—
Catering establishments open to the public, canteens .. ..	10	146	33
Fuel Storage Depots .. ..	—	—	—
TOTALS ..	89	2,015	289

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

406

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 .. .. .	10,408
Retail Shops .. .. .	5,961
Wholesale Departments, Warehouses ..	453
Catering establishments open to the public .. .. .	1,017
Canteens .. .. .	253
Fuel Storage Depots .. ..	—
TOTAL .. ..	18,092
TOTAL—MALES ..	8,602
TOTAL—FEMALES ..	9,490



# **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 .. ..	—	9	1	—	—	—	1
Shops .. ..	—	36	7	—	—	6	1
Warehouses ..	—	—	—	—	—	—	—
Catering .. ..	—	1	—	—	—	—	—
Fuel Storage Depots ..	—	—	—	—	—	—	—
<b>TOTALS ..</b>	<b>—</b>	<b>46</b>	<b>8</b>	<b>—</b>	<b>—</b>	<b>6</b>	<b>2</b>

## **Analysis of Reported Accidents**

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to Public/ Canteens</i>	<i>Fuel Storage Depots</i>
Machinery .. ..	—	2	—	—	—
Transport .. ..	—	—	—	—	—
Falls of persons ..	1	11	—	—	—
Stepping on or striking against object or person .. ..	2	3	—	—	—
Handling goods ..	3	6	—	—	—
Struck by falling object	1	3	—	—	—
Fires and Explosions ..	—	—	—	—	—
Electricity .. ..	—	—	—	—	—
Use of hand tools ..	—	11	—	—	—
Not otherwise specified	2	—	—	1	—

## CONTRAVENTIONS FOUND 1972      CONTRAVENTIONS REMEDIED 1972

	Offices	Shops	Catering/ Canteens	Whole- sale	Total	Offices	Shops	Catering/ Canteens	Whole- sale	Total
Cleanliness—Working Areas ..	—	2	2	—	4	—	1	1	—	2
Ventilation .. .. .	—	3	1	—	4	—	—	1	—	1
Temperature .. .. .	1	1	—	—	2	—	2	—	—	2
Lighting .. .. .	—	—	—	—	—	—	1	1	—	2
Seating Facilities .. ..	—	—	—	—	—	—	—	—	—	—
Seating—Sedentary Work ..	—	—	—	—	—	—	—	—	—	—
Overcrowding .. .. .	—	—	—	—	—	—	—	—	—	—
First Aid .. .. .	2	20	2	—	24	3	11	1	—	15
Sanitary Accommodation :										
(i) Insufficient .. .. .	—	1	—	—	1	—	1	—	—	1
(ii) Unsatisfactory .. ..	—	4	—	—	4	—	4	1	—	5
Washing Facilities:										
(i) Insufficient .. .. .	—	—	—	—	—	—	2	—	—	2
(ii) Unsatisfactory .. ..	1	5	2	—	8	1	4	—	—	5
Drinking Water .. .. .	—	1	—	—	1	—	—	—	—	—
Staff Clothing .. .. .	—	1	—	—	1	—	5	—	—	5
Eating Facilities .. .. .	—	1	—	—	1	—	—	—	—	—
Thermometer .. .. .	2	22	3	—	27	2	5	2	—	9
Abstract .. .. .	5	28	4	—	37	2	13	2	—	17
Stairs, etc. .. .. .	1	7	—	—	8	1	7	1	—	9
Unguarded Machines .. ..	—	1	—	—	1	—	—	1	—	1
Lifts .. .. .	—	2	4	—	6	—	1	2	—	3
TOTALS .. .. .	12	99	18	—	129	9	57	13	—	79



## SHOPS

At the end of the year there were 2,122 occupied shops on the register—32 fewer than on the 31st December 1971. The size of the decrease is accounted for by the fact the figures include the individually occupied stalls in the Wealdstone Covered Market which closed during the year. The following is a list of the various types of shop in the Borough classified under their principle trades—the figures for 1971 are shown in brackets:

Antiques .. .. .	18	(17)	Leather goods .. .. .	9	(10)
Boot repairs .. .. .	27	(30)	Large stores .. .. .	27	(28)
Boots and Shoes .. .. .	41	(44)	Motors and Accessories ..	142	(135)
Builders' Merchants .. .. .	26	(23)	Musical .. .. .	16	(15)
Butchers .. .. .	93	(96)	Newsagents .. .. .	105	(105)
Chemists .. .. .	54	(57)	Opticians .. .. .	19	(18)
Coal Order Offices .. .. .	17	(17)	Outfitters Ladies .. .. .	107	(108)
Cafes/Restaurants and			"    Gents .. .. .	75	(75)
Take Away .. .. .	104	(96)	Paint and Wallpaper .. .. .	38	(43)
Confectionery .. .. .	58	(68)	Photographic .. .. .	21	(21)
Drapers .. .. .	22	(25)	Pet Shops .. .. .	12	(13)
Electrical, Radio and TV ..	94	(93)	Public Houses .. .. .	54	(54)
Fish Shops .. .. .	39	(38)	Second-hand Wardrobes ..	2	(3)
Florists .. .. .	27	(26)	Sewing Machines .. .. .	5	(5)
Fruit and Greengrocery .. ..	95	(98)	Stationers .. .. .	16	(18)
Furnishers .. .. .	69	(67)	Tobacconists .. .. .	85	(88)
Glassware .. .. .	14	(14)	Toys and Sports .. .. .	25	(23)
Grocers .. .. .	132	(136)	Wines and Spirits .. .. .	46	(46)
Hairdressers .. .. .	138	(144)	Wools .. .. .	19	(19)
Hardware .. .. .	53	(58)	Woodwork, Timber .. .. .	24	(24)
Jewellers .. .. .	22	(24)	Miscellaneous .. .. .	132	(132)

1,088 visits were made for the purpose of administering the Shops Acts. Sunday and evening observations (17) were also made. The number of infringements noted was 147 all of which were dealt with by those responsible for the business or premises involved.

## FACTORIES

Section 153(i) of the Factories Act 1961 required the Medical Officer of Health in his Annual Report to the Council to furnish in a set form prescribed particulars about factories in the District.

### Prescribed Particulars on the Administration of the Factories Act 1961

#### PART I OF THE ACT

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

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	48	29	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	461	186	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) .. .. .	25	14	—	—
TOTAL ..	534	229	11	—



## 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. By Inspector</i> (4)	<i>H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ..	8	7	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	3	2	—	3	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
TOTAL ..	11	9	—	3	—

## PART VIII — OUTWORK

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

<i>Nature of Work</i>	<i>No. on August list</i>
Wearing Apparel .. .. .	88
Artificial Flowers .. .. .	1
Cardboard boxes .. .. .	2
Brush making .. .. .	2
TOTAL ..	93

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



## VERMIN AND OTHER PESTS

### Foxes

During the year 34 complaints were received about foxes—three less than during 1971. It was not possible to take action in the matter of destroying any known "earths" but advice was given and in fact a number of foxes were destroyed—90.

### Rodent Control

As in 1971 no major infestations of rats were found and the distribution of the complaints received revealed that no part was more heavily infested than another. The number of complaints 1,653 was the lowest for some years. On the other hand the number of complaints about mice—159 was the highest recorded and more than double the figure for 1971.

The reason for this marked increase (common throughout the London area) is being investigated.

### Pigeons

Work in connection with the control of Feral Pigeons continued throughout the year and their numbers were kept within reasonable limits.

The number of birds taken was 1,158.

### 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.

### Wasps

The year as regards complaints about wasps was below average. The number of nests destroyed was 304 which is 150 fewer than the number expected during an average year.

No serious difficulties were encountered in dealing with the nests apart from those located in spaces difficult of access either under eaves or in confined roof spaces.

## 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>
<b>Bacteriological</b>	Milk .. ..	68	61	7
	Milk Bottles ..	3	3	—
	Other Foods ..	13	13	—
	Ice Cream ..	106	95	11
	Cream .. ..	117	76	41
	Water .. ..	91	86	5†
	Miscellaneous ..	2	2	—
<b>Chemical by Department</b>	Milk .. ..	158	158	—
	Other Foods ..	29	27	2
<b>Chemical by Public Analyst</b>	Food and Drugs	314	300	14
	Fertilizers/ Feeding Stuffs	16	16	—
	<b>GRAND TOTAL ..</b>	<b>917</b>	<b>837</b>	<b>80</b>
	<b>TOTAL BACTERIOLOGICAL</b>	<b>400</b>	<b>336</b>	<b>64</b>
	<b>TOTAL CHEMICAL</b>	<b>517</b>	<b>501</b>	<b>16</b>

† These relate to samples taken from swimming baths. They were followed up and the cause investigated and dealt with.

### FOOD COMPLAINTS

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

#### Complaints

<b>MILK</b>	Foreign matter ..	19
	Poor quality ..	6
	Dirty bottles ..	14
		<hr/> 39

**OTHER LIQUIDS** .. .. . 7

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7



<b>FOODS</b>	Biscuits . . . . .	2
	Bread . . . . .	23
	Butter/Margarine . . . . .	2
	Cheese . . . . .	6
	Cream . . . . .	3
	Desserts/Yoghourts . . . . .	3
	Dry Foods . . . . .	14
	Fish . . . . .	5
	Frozen Foods . . . . .	13
	Fruit/Vegetables . . . . .	6
	Jam/Honey . . . . .	6
	Meals . . . . .	4
	Meat . . . . .	29
	Sandwiches/Rolls . . . . .	8
	Sausages . . . . .	8
	Sweets . . . . .	4
	Tarts/Cakes . . . . .	15
	Tinned Food . . . . .	30
	Turkeys/Chickens . . . . .	7
	Miscellaneous . . . . .	7
		<hr/>
		195

## MILK

### Production

The number of farms at which milk was produced in the Borough is four. These were Pinner Park Farm, Pinner Wood Farm, Oxhey Lane Farm, and Harrow School Farm.

### 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. Most of the milk treated at these centres was consumed locally.

### Distribution

Most of the milk retailed within the Borough was processed and bottled outside the district by well known Companies. It was distributed from two local receiving depots, namely at Northolt Road (Express Dairy Ltd.) and Station Road, Harrow (United Dairies Limited). 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 and the London Co-operative Society. The two last mentioned Companies operate from premises outside the Borough boundary.

The number of persons registered as distributors was 155. 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 226 samples of milk were taken and of these 219 were reported as satisfactory. The adverse reports were investigated and follow up samples were taken until the cause of the failure had been found and dealt with.

### Complaints

Thirty-nine complaints were received about foreign matter or the dirty condition of milk bottles. These 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 451. During the year 106 samples of ice cream were taken. Of these 95 were reported as satisfactory, (either Grade 1 or Grade 2) and 11 as unsatisfactory, i.e. either Grade 3 or Grade 4.

While a sample that is grade 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 12 to 110. The shops listed from which articles containing poisons to which Part II of the Act relates were as follows:

(For 1971 the figures are shown in brackets)

Builders, Builder's Merchants	..	5 (6)
Hardware Stores	...	35 (42)
General Provisions	...	56 (58)
Nurseries, Corn Merchants	...	7 (8)
Hairdressers	...	1 (1)
Motor and Cycle Accessories	...	1 (-)
Pharmacists/Druggists	...	4 (6)
Pet Stores	...	1 (1)
<b>TOTAL</b>		<b>110 (122)</b>

Eleven samples taken from premises of listed persons were examined by the Public Analyst—ten were satisfactory and action appropriate to the case was taken in respect of the failure.

### **CONSUMER PROTECTION**

Thirteen samples of toys were submitted to examination by the Public Analyst. All satisfied the requirements of Regulations made under the Consumer Protection Act 1961.

### **EMPLOYMENT AGENCIES**

The number of employment agencies at the end of 1972 was 41. During the year 13 new licences were issued, while over the same period 9 licences where agencies either changed hands or closed down were cancelled.

Visits were made to the agencies to ensure that the byelaws relative to records and other matters were being observed.

SCHOOL  
HEALTH  
SERVICE





## 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 providing a continuity in care beginning in the pre-school phase and continuing on into the period of school life.

### MEDICAL INSPECTIONS

Periodic medical inspections are carried out during the child's school life 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 at any school maintained by them and the authority may require the parent of any pupil in attendance at such a school to submit the child 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 1973 was 31,962. The numbers attending each group of schools were as follows:-

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Grammar	2,507	2,457	4,964
Secondary Modern	3,564	3,237	6,801
Primary	9,781	9,494	19,275
Nursery	101	94	195
Day Special School	107	89	196
Hospital School	23	38	61
Residential Special Schools	48	21	69
Junior College	223	162	385
Assessment Unit	7	4	11
Special Class (Chantry)	2	1	3
Partial Hearing Unit (Cedars)	1	1	2
	<hr/> 16,364	<hr/> 15,598	<hr/> 31,962





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

During the year 1972 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, health visitor, teacher or other person. For the number of children inspected and their physical condition see Table I.

### 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 periodical medical inspection in school.

#### Vision Testing and Treatment

It is of primary importance that all school children should have an as accurate as possible result in the recording of their vision. Both rotating 'E' Cards and the Sheridan-Gardiner Cards are used.

Vision is tested at the three periodic school medical inspections and additional sweep tests are carried out by the health visitor/clinic nurse using a Keystone Telebinocular Vision Screener. This machine indicates near point and distance seeing ability easily and rapidly. All pupils failing a vision test are referred to Dr. Banerji, the Borough's Ophthalmologist and doubtful results are followed up by repeat examinations either in school or at the school clinic.



All children have a colour vision test at their intermediate periodic medical inspection. This enables those who are found to have defective colour vision to know at an early age that they will be unsuitable for certain occupations when they leave school.

During the year 62 cases of disease of the eye (excluding errors of refraction and squint) were treated. 1,450 children were seen by the ophthalmologist and in 357 cases glasses were prescribed.

Four ophthalmic sessions are held each week, two at the Caryl Thomas Clinic, and one at the Alexandra Avenue and Honeypot Lane Clinics.

### **Orthoptic Clinic**

An orthoptist attends the Caryl Thomas Clinic for two sessions each week to deal with cases referred by the ophthalmologist which includes the pre and post-operative treatment of squint.

### **Diseases and Defects of Ear, Nose and Throat**

Children suffering from these defects are examined and treated either at the school clinic or referred to family doctor or to hospital out-patient departments for specialist advice, after prior discussion with the 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 six;
- (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 now called to a special Audiometry Clinic where a medical examination and further tests can be carried out. Simple conditions, such as wax in ears, are dealt with at the clinic, but a child with a more serious defect is referred to hospital for specialist advice after prior discussion with the general practitioner. In cases where no obvious cause can be found, further investigation is arranged at the Neasden Audiology Unit in the London Borough of Brent.



## Children Wearing Hearing Aids in Ordinary Schools

Children attending ordinary schools and using a hearing aid are kept under regular supervision by peripatetic teachers of the deaf attached to the Audiology Unit. They act as a link between Unit and School and are able to advise teachers over difficulties experienced with the children in class.

There are 24 children wearing hearing aids attending ordinary schools.

## Orthopaedic and Postural Defects

Children found at school medical inspections or at the school clinics to have orthopaedic or postural defects are referred for special advice to the Orthopaedic Department at Northwick Park Hospital.

## Speech Therapy

During the year several members of the speech therapy staff left the department. One full-time Speech Therapist left in August and in November we lost the service of Mrs. Dix, the Senior Speech Therapist, neither of whom were we able to replace. This left us with only two part-time therapists and a number of clinics had to be closed.

The clinic sessions were arranged as follows:

	Jan. - July	Aug. - Oct.	Nov. - Dec.
	Sessions per week	Sessions per week	Sessions per week
Caryl Thomas ..	7	6	4
Cecil Park ..	3	3	—
Honeypot Lane ..	3	—	—
Kenmore ..	2	—	—
Northolt Road ..	3	3	3
Tenby Road ..	1	1	—
Whittlesea Road ..	2	1	—
Shaftesbury School	1	1	—
Whittlesea School ..	2	2	1
Assessment Unit ..	2	2	1

Children were referred to the speech department by medical officers, head teachers, general practitioners, local hospitals and the Nuffield Hearing and Speech Centre.

At the beginning of the year 360 children were already receiving treatment and there were 217 new admissions throughout the year. The total number of children receiving speech therapy was 577 and the number discharged was 223.

## 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.

NUMBER OF NEW CASES .. .. .	88*
SOURCE OF REFERRAL :	
(a) Medical Officer of Health .. .. .	9
(b) General Practitioner .. .. .	31
(c) Hospital Paediatrician/Psychiatrist .. .. .	16
(d) Department of Social Services .. .. .	4
(e) Director of Education .. .. .	4
(f) Educational Psychologist .. .. .	5
(g) Head Teacher (through Educational Psychologist)	14
(h) Parent .. .. .	4
(i) Probation Officer .. .. .	1
PRESENTING SYMPTOMS :	
(a) NERVOUS DISORDERS (Fears, depression, anxiety, refusal to attend school)	23
(b) BEHAVIOUR DISORDERS .. .. .	38
(c) PSYCHOSOMATIC DISORDERS (Asthma) .. .. .	4
(d) HABIT DISORDERS (Enuresis, soiling, speech difficulties, sleeping difficulties, eating difficulties, masturbation) ..	10
(e) ANTI-SOCIAL BEHAVIOUR .. .. .	6
(f) LACK OF SCHOOL PROGRESS/BACKWARDNESS ..	7
OTHER ATTENDANCES .. .. .	2,676
TOTAL ATTENDANCES .. .. .	2,852
CHILDREN .. .. .	1,069
PARENTS .. .. .	1,678
OTHERS .. .. .	105

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

During 1972 the Child Guidance Clinic continued to play a central part in co-ordinating services for children in the borough. In its functioning as a clearing house for information, much work was done which is not made evident in the statistical report. For example, in the breakdown of total attendances "the others" (105) does not cover a large amount of informal contacts, e.g. on the telephone. These others included teachers, doctors, probation officers, health visitors, and especially, social workers from the Department of Social Services. A Senior Social Worker from this department (Mrs. Sylvia Brooks) was nominated to take special responsibility for liaison with the clinical staff side. Her work was much appreciated.



The trend towards increased involvement with children originally referred to the hospital paediatric services, noted in the 1971 report, continued. But the number of direct referrals from general practitioners remained substantially the same as in 1971. There was also a notable increase in referrals by parents direct to the clinic. Many of these parents were given appropriate advice or got what they needed from the psychiatric social workers without the psychiatrist seeing the child. Again, the number of 'new cases' dealt with in this way does not show up in the report.

### 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.
Educational Psychologist ..	Mrs. J. H. Parnell (from 1st October)
Specialist Teacher ..	Mrs. D. Schiller
Advisory Peripatetic Remedial Teacher .. .. .	Mrs. M. Zurawski
Peripatetic Remedial Teacher ..	Mrs. G. Branch (from 18th April)
Peripatetic Remedial Teacher ..	Mrs. B. Evans (from 1st Sep- tember)
Assessment Unit .. .. .	Mrs. J. M. Whitmarsh
Chantry Unit (Class 6) .. .. .	Mrs. D. E. Harper

We were sorry to lose the services of Mrs. Whitehouse, who resigned for personal reasons at the end of September but we were fortunate in being able to appoint Mrs. Parnell, who took up the post of Educational Psychologist from October 1st. Mrs. Williams resigned for personal reasons in March but returned on a part-time basis in June.

Mrs. Branch and Mrs. Evans, Peripatetic Remedial Teachers, were appointed during the year, Mrs. Branch taking up her post on April 18th and Mrs. Evans on September 1st. Their appointments meant a substantial advance in the development of the remedial service in the borough.



## (2) DETAILS OF REFERRALS :

		Boys	Girls
1. Number of Children Referred	178	127	51
2. Age Range of Referral :			
(a) Under 5 years (pre-school)	9	4	5
(b) 5 - 7+ years (Infant School)	41	27	14
(c) 7+ - 11+ years (Junior School)	76	60	16
(d) 11+ - 16+ years (Secondary—Grammar and Modern)	51	35	16
(e) Over School Age	1	1	-
3. Source of Referral :			
(a) Director of Education	23	17	6
(b) Social Services	3	1	2
(c) Controller of Health Services	16	8	8
(d) Head Teachers	107	80	27
(e) Parents	11	8	3
(f) Other Agencies	17	12	5
4. Reasons for Referral :			
(a) Educational Difficulties	132	95	37
(b) Behaviour Problems	46	32	14

## (3) OUTCOME OF REFERRAL :

(a) Number of children referred to Psychiatrist	15	9	6
(b) Number of children seen by Psychiatrist	12	5	7
(c) Number of children seen by Educational Psychologists for Remedial Teaching	1	-	1
(d) Number of children seen by Educational Psychologists for treatment/counselling	27	24	3
(e) Number of children recommended for Day E.S.N. education	13	7	6
(f) Number of children recommended for Boarding E.S.N. education	9	8	1
(g) Number of children referred to Specialist Teacher for individual/group remedial teaching	9	8	1
(h) Number of children receiving remedial teaching from Peripatetic Remedial Teachers	69	53	16
(i) Additional remedial teaching carried out by student from Maria Grey Training College	2	-	-
(j) Number of children recommended for Assessment Unit	7	5	2

## (4) PHOBIC CHILDREN ATTENDING CHILD GUIDANCE CENTRE DURING COURSE OF YEAR :

10	4	6
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## (5) THE ASSESSMENT UNIT :

The Assessment Unit, now firmly established at Vaughan Infant School with Mrs. Whitmarsh as teacher-in-charge, continues to meet the need of the younger child who is unable to take up his or her place in the normal Infant School. Mrs. Williams, Educational Psychologist, has continued to take the main responsibility for the selection of children for the Unit and for the periodic assessment of their progress.



(6) **CLASS 6, CHANTRY SCHOOL :**

The work of this unit has an importance out of all proportion to its size. It clearly demonstrates the need to develop and expand day provision for emotionally disturbed children when circumstances permit. Efforts are made increasingly to admit children on a part-time basis in order that contact is maintained with their own school, and their full-time return to these schools facilitated.

(7) **REMEDIAL TEACHING :**

As envisaged in 1971, the expansion of the remedial teaching service has gone a long way to meet the needs of children requiring individual help. Mrs. Zurawski has again arranged a number of courses and lectures for the Harrow teachers. These have aroused great interest and attendances have been very good.

(8) **SPECIAL SCHOOLS :**

Number of visits to special boarding schools: 9

(9) **UNIT FOR PARTIALLY HEARING CHILDREN :**

This unit was opened in September 1972 and is sited in Cedars Junior School. The teacher in charge is Miss D. Collins. This is the first step in Harrow's plan to make educational provision in the borough for partially-hearing children.

(10) **CONCLUSIONS :**

The main area of expansion of the School Psychological Service has been in the provision of remedial teaching, particularly individual tuition for children with specific learning difficulties. Clearly most children who require remedial teaching will be taught by their own teacher in small groups or classes in their own schools. The chief aim of the remedial teacher is to provide a "back up" service to the schools, particularly in respect of children with difficulties of sufficient severity to require individual tuition. It is hoped that eventually a screening procedure will be adopted throughout the borough in order that children in difficulty with their reading may be identified at an early age and appropriate remedial measures taken at the earliest possible moment.

A second important development is the opening of the Unit for partially-hearing children. This is another major step forward in the borough's provision for handicapped children. Plans are now well advanced for the opening of a similar unit for children of Infant School age.

### **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 .. .. .	3
Number of blind pupils admitted to special schools during the year .. .. .	2
Total number of blind pupils in special schools for the blind as at 31st December, 1972 .. .. .	6

(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 .. .. .	1
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December, 1972 .. .. .	9

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

Number of deaf pupils newly assessed .. .. .	3
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, 1972 .. .. .	4

(d) PARTIALLY DEAF PUPILS, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements 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 .. .. .	3
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1972 .. .. .	17

(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 .. .. .	7
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, 1972 .. .. .	149



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

Number of epileptic pupils newly assessed	1
Number of epileptic pupils admitted to special schools during the year	—
Total number of epileptic pupils in special schools for epileptic children as at 31st December, 1972	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	6
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, 1972	19

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

Number of physically handicapped newly assessed	8
Number of physically handicapped admitted to special schools/classes during the year	5
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1972	32

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

Number of pupils newly assessed for special educational treatment in special schools	—
Number of pupils with speech defects admitted to special schools during the year	—
Total number of children with speech defects in special schools as at 31st December, 1972	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	25
Number of delicate pupils admitted to special open-air schools during the year	20
Total number of delicate pupils in open air schools as at 31st December, 1972	51



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 .. ..	6	—	—	—	2	8
Partially-sighted ..	—	9	1	—	—	10
Deaf .. ..	—	4	—	—	2	6
Partially Deaf ..	3	14	8	—	—	25
Educationally Subnormal ..	12	137	—	—	—	149
Epileptic .. ..	2	—	—	—	—	2
Maladjusted ..	16	3	9	—	2	30
Physically Handicapped	6	26	5	1	13	51
Speech .. ..	1	—	—	—	—	1
Delicate .. ..	51	—	19	—	1	71

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 nursey is arranged in certain cases, in conjunction with the Social Services Department.

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



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

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

Two children from class 1 were admitted to a day nursery during 1972.

### 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. Eight children were receiving home tuition at the end of 1972.

## INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5-14 during 1972:-

Scarlet Fever	8
Dysentery	3
Measles	41
Whooping Cough	1
Acute Encephalitis	1
Paratyphoid Fever	1
Infective Jaundice	3

### Immunisation

Every effort is made to see that children receive full protection against diphtheria, whooping cough, tetanus and poliomyelitis in the pre-school period. Primary immunisation should be completed during the first twelve months and booster doses given at  $4\frac{1}{2}$  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 1972:-

(A)

Type of School	No. of Pupils Eligible	No. of Acceptances	Negative Reactors	Positive Reactors
Secondary Modern ..	1,504	1,095	986	39
Secondary Grammar ..	880	690	613	16
Independent ..	423	356	327	9
Special ..	22	10	9	1
TOTAL ..	2,829	2,159	1,935	65
(1971) ..	(2,719)	(2,099)	(1,875)	(64)

For comparison, the final figures for 1971 are shown in brackets.

(B)

	1971	1972
Number eligible .. ..	2,719	2,829
Number accepting .. ..	2,099	2,151
Acceptance rate .. ..	77.2%	76.0%
Positive reactors .. ..	64	65
Percentage positive .. ..	3.3%	3.2%
Negative reactors .. ..	1,875	1,935
Number given B.C.G. vaccination ..	1,870	1,922

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

### Rubella Vaccination

Vaccination against rubella is offered to all girls aged between 11 and 14 years attending both maintained and independent schools.

The number of girls vaccinated during 1972 was 464.

### PROVISION OF MILK AND MEALS IN SCHOOLS

During 1972 the total number of meals served was 3,699,847 of which 519,266 were free.

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



Under the Regulations governing free milk for school children requiring it on medical grounds 305 certificates were issued.

### **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 1972 . . . . . 219

### **REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1972**

Mr. A. G. Brown reports as follows:

#### **Equipment**

A planned programme of replacement of outmoded dental equipment was prepared and provision was made in the estimates for the re-equipping of 4 surgeries in 1973. In recent years great technical advances have been made in the design of dental equipment in accordance with new methods of working. The present generation of students are being trained in these new methods and expect to have suitable equipment available.

#### **Staffing**

There were several staff changes during the year of both dental officers and dental surgery assistants and adequate coverage of treatment was maintained. On the 1st August Mrs. P. Spencer commenced duties as a senior dental officer, and was the first person to be appointed to this post in the Harrow Service.

#### **Dental Health Education**

A dental health campaign on similar lines to previous years was carried out between the 28th November and 7th December. This consisted of demonstration talks followed by a film in some ten school departments for approximately 3,000 children whose ages ranged from 5 to 17 years. Dental and Health Education staff participated in this campaign and also Miss Doreen Land of the Oral Hygiene Service. It is not the intention to plan any of these concentrated campaigns in the future as, with the appointment during the year of a Senior Dental Officer with responsibility for dental health education, talks in schools will be spread over the whole year.



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)
1968 and later	174	174	—	—	1	62	54
1967	224	223	1	—	16	77	79
1966	1,164	1,163	1	—	92	420	424
1965	816	816	—	—	60	226	254
1964	196	195	1	—	24	59	68
1963	170	170	—	—	20	48	62
1962	158	157	1	—	24	48	65
1961	181	181	—	—	18	45	56
1960	1,237	1,237	—	—	159	330	442
1959	899	899	—	—	131	269	346
1958	266	266	—	—	33	83	102
1957 & earlier	1,871	1,871	—	—	197	464	602
TOTAL ..	7,356	7,352	4	—	775	2,131	2,554

Column (3) total as a percentage of Column (2) total: 99·95 %

Column (4) total as a percentage of Column (2) total: 0·05 %



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

Number of Special Inspections .. .. .	1,520
Number of Re-inspections .. .. .	3,462
<b>TOTAL .. .. .</b>	<b>4,982</b>

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	32,447
(b) Total number of individual pupils found to be infested .. .. .	207
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) .. .. .	137
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act 1944) .. .. .	—

**TABLE IV**  
**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 .. .. .	62
Errors of refraction (including squint) .. .. .	1,388
<b>TOTAL .. .. .</b>	<b>1,450</b>
Number of pupils for whom spectacles were prescribed	357



## 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 .. .. .	10
(b) for adenoids and chronic tonsillitis .. .. .	54
(c) for other nose and throat conditions .. .. .	1
Received other forms of treatment .. .. .	101
<b>TOTAL ..</b>	<b>166</b>
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1970 .. .. .	7
(b) in previous years .. .. .	57

## ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	11
(b) Pupils treated at school for postural defects ..	—
<b>TOTAL ..</b>	<b>11</b>

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

	<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp .. .. .	—
(b) Body .. .. .	—
Scabies .. .. .	—
Impetigo .. .. .	—
Other skin diseases .. .. .	491
<b>TOTAL ..</b>	<b>491</b>

## CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics .. .. .	446



TABLE V

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First Visit .. .. .	2,295	1,297	530	4,122
Subsequent Visits .. .. .	2,980	1,809	625	5,414
Total Visits .. .. .	5,275	3,106	1,155	9,536
Additional courses of treatment commenced .. .. .	357	182	28	567
Fillings in permanent teeth .. .. .	1,816	2,564	1,302	5,682
Fillings in deciduous teeth .. .. .	3,657	302	—	3,959
Permanent teeth filled .. .. .	1,645	2,289	1,134	5,068
Deciduous teeth filled .. .. .	2,448	291	—	2,739
Permanent teeth extracted .. .. .	55	249	110	414
Deciduous teeth extracted .. .. .	1,075	460	—	1,535
General anaesthetics .. .. .	382	195	11	588
Emergencies .. .. .	168	72	42	282
Number of Pupils X-rayed .. .. .	..	..	418	
Prophylaxis .. .. .	..	..	594	
Teeth otherwise conserved .. .. .	..	..	626	
Number of teeth root filled .. .. .	..	..	16	
Inlays .. .. .	..	..	—	
Crowns .. .. .	..	..	6	
Courses of treatment completed .. .. .	..	..	4,010	



**ORTHODONTICS**

New cases commenced during year	..	..	65
Cases completed during year	..	..	61
Cases discontinued during year	..	..	1
No. of removable appliances fitted	..	..	144
No. of fixed appliances fitted	..	..	11
Pupils referred to Hospital Consultant	..	..	1

**PROSTHETICS**

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	3	—	—	3
Number of dentures supplied	3	—	—	3

**INSPECTIONS**

(a) First inspection at school. Number of Pupils	..	..	21,788
(b) First inspection at clinic. Number of Pupils	..	..	1,337
Number of (a)+(b) found to require treatment	..	..	8,713
Number of (a)+(b) offered treatment	..	..	6,542
(c) Pupils re-inspected at school clinic	..	..	925
Number of (c) found to require treatment	..	..	771

**SESSIONS**

Session devoted to treatment	..	..	..	1,765
Sessions devoted to inspection	..	..	..	194
Sessions devoted to Dental Health Education	..	..	..	16







