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London Borough of Harrow



THE HEALTH OF HARROW 1973

The Annual Report of the Medical Officer of Health
and the Principal School Medical Officer
CLIFFORD JANSZ, M.B.B.S., D.C.H., D.P.H., M.F.C.M.

London Borough of Harrow

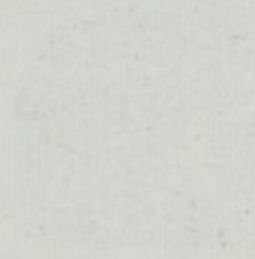


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THE HARROW WARRIOR

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LONDON BOROUGH OF HARROW

HEALTH COMMITTEE

as at December 1973

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THE DEPUTY MAYOR (COUNCILLOR E. J. HARKETT) (*ex-officio*)

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DEPUTY CHIEF PUBLIC HEALTH INSPECTOR :

H. DRABBLE, M.A.P.H.I.

ANNUAL REPORT OF THE MEDICAL OFFICES OF HARLOW

Department of Health Services
H.M. 200-21
Harlow Town Hall
Essex S.S.16 3AA
Harlow, Middlesex, H.A. 200-21

CONTENTS

	<i>Page</i>
INTRODUCTION	9
STATISTICS AND SOCIAL CONDITIONS OF THE AREA	15
PERSONAL HEALTH SERVICES	33
HEALTH EDUCATION	45
GENERAL SERVICES	49
INFECTIOUS DISEASES	55
SCHOOL HEALTH SERVICE	67
ENVIRONMENTAL HEALTH SERVICES	87

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, Aldermen and Councillors,

I have the honour to present my report on the health of Harrow in 1973.

For the last thirty years, Harrow has had a full-time Medical Officer of Health and it has been a statutory duty for him to submit an Annual Report. The reorganisation of the Health Services will sweep away this post, so this is the last Annual Report of a Medical Officer of Health for Harrow.

The work of the Health Department during the year was dominated by an outbreak of smallpox in the Borough. A man and his wife living in Wealdstone contracted the disease. They had visited a relative in hospital who was in the same ward as an undiagnosed case of smallpox. The two Harrow residents were themselves undiagnosed until they became ill and were transferred to an isolation hospital on suspicion of food poisoning. Their contact with smallpox was not known so the couple had unrestricted movement in the area and the man travelled widely in connection with his work. The number of actual and possible contacts was therefore, very large. The staff of your Health Department traced and vaccinated approximately 3,000 persons. As a result, not a single secondary case of smallpox occurred in Harrow. (See page 53).

The Registrar General estimated that the mid-year population was 204,660. This is an increase from 1972 although there was a decline in the birth rate to 2,638. During the year there was an influx of Ugandan Asians which caused an increase in the number of cases of overcrowding in the Borough.

I am pleased to report that the infant mortality rate per 1,000 live births dropped from 14.0 in 1972 to 11.0 in 1973. This compares very favourably with the overall rate of 17 for England and Wales.

The three main causes of death in the area were heart disease, cancer, and cerebral vascular disease. The deaths from lung cancer continued to rise and reached a figure of 154. In spite of the known association of this disease with smoking, there appears to be little change in the habit amongst the general population.

The year saw the start of the popular anti-smoking clinics run by the Health Education Section, which assisted a number of persons who wished to give up smoking but found it difficult to do so on their own. The Health Education Section also started an extensive publicity campaign on family planning. Additional clinic sessions had to be arranged and a vasectomy service was begun by the Family Planning Association acting as this authority's agents and using the facilities available at Northwick Park Hospital.

The nursing services were expanded and additional health visitors and district nurses recruited. A night nursing service was started for those seriously ill patients needing nursing care during the night, and a late evening service to assist the chronic sick to get back to bed in the evening.

Special emphasis was placed on the developmental assessment of young children. In the school health services attention was directed to the child's first examination at school and particularly to any emotional problems. During the year special arrangements were made for any abnormalities detected at the pupil's last school medical examination to be drawn to the attention of the newly formed Employment Medical Advisory Service. A start was made in setting up a comprehensive Student Health Service at the Harrow and Hatch End Colleges of Further Education.

The expansion of the services mentioned above took place against a background of uncertainty and additional work. Staff due to be transferred to the National Health Service were unsure of their future roles. A great deal of preparatory work leading up to the reorganisation of the National Health Services on 1st April, 1974, had to be taken on in addition to the day-to-day tasks. The Department also had to absorb the work of an Assistant Controller because there was an embargo on the filling of senior posts immediately prior to reorganisation.

I wish to record my thanks to Alderman Mrs. Amelia Johnson, Chairman of the Health Committee, and to the members of that Committee, for their unfailing help, support, and encouragement at all times,

without which assistance, much of this work would not have been possible. I also wish to offer my sincere thanks to Dr. Mary Astin, Controller of Health Services, Mr. George Phipps, Principal Administrative Assistant, Mr. Rex King, Chief Public Health Inspector and to all the Staff of the Directorate, for their loyalty, support and co-operation, and their outstanding contribution to the health of Harrow during the outbreak of smallpox.

Mr. Mayor, this is the last report of a Medical Officer of Health for the London Borough of Harrow, but it is my privilege to continue to serve the residents of Harrow in another role.

I have the honour to be,

Your Obedient Servant,

CLIFFORD JANSZ,

Director of Health Services
Medical Officer of Health and
Principal School Medical Officer

without which assistance, much of the work would not have been possible. I also wish to offer my sincere thanks to Mr. Henry A. Jones, Controller of Health Services, Mr. George F. Jones, Assistant Commissioner of Health, Mr. Roy K. Jones, Chief Public Health Inspector and to all the Staff of the Directorate for their loyal support and co-operation and their untiring contribution to the work of the Directorate. The outbreak of measles in 1951 is a tragedy to which I have not yet been able to attach any of the blame which it has caused.

Mr. Mayor, this is the last report of a Medical Officer of Health for the London Borough of Haringey, but it is my privilege to continue to serve the residents of Haringey in another role.

Yours Obedient Servant,

CLIFFORD JAMES

Principal School Medical Officer

in the course of his career, Mr. Clifford James has been associated with the health services of the London Borough of Haringey in various capacities. He was formerly a Medical Officer of Health for the London Borough of Haringey and a Principal School Medical Officer.

Mr. Clifford James was born in 1912 and was educated at the Haringey School. He was a member of the Haringey School Football Team and was a member of the Haringey School Hockey Team. He was a member of the Haringey School Chess Team and was a member of the Haringey School Debating Team.

Mr. Clifford James was a member of the Haringey School Sports Team and was a member of the Haringey School Music Team. He was a member of the Haringey School Dramatic Society and was a member of the Haringey School Art Club.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,553
Population (Registrar General's estimate)	204,660
Estimated number of inhabited dwellings	70,268
Rateable Value	£17,437,594
Rate represented by a penny rate	£209,700

The estimated mid-year population of 204,660 was an increase of 936 compared with the figure for 1972. The natural increase in population—excess of births over deaths—was 538.

The number of occupied houses and flats rose by 339 to 70,268.

Vital Statistics

Last Births

Legitimate

Illegitimate

Total

STATISTICS

AND

SOCIAL CONDITIONS

OF THE AREA

Legitimate live births per cent of total live births

Stillbirths

Male

Female

Total

Legitimate

Illegitimate

Total

Still Birth rate per 1,000 Live and Still Births

Total Live and Still Births

Still Birth rate for England and Wales

Last Deaths (under 1 year of age)

Legitimate

Illegitimate

Total

Male

Female

Total

Male

Female

Total

Male

Female

Total

Male

Female

Total

STATISTICS
AND
SOCIAL CONDITIONS
OF THE AREA

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,555
Population (Registrar General's estimate)	204,660
Estimated number of inhabited dwellings	70,268
Rateable Value	£37,437,554
Sum represented by a penny rate	£309,700

The estimated mid-year population of 204,660 was an increase of 930 compared with the figure for 1972. The natural increase in population—excess of births over deaths—was 538.

The number of occupied houses and flats rose by 359 to 70,268.

Vital Statistics

Live Births:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ..	1,295	1,205	2,500
Illegitimate ..	75	63	138
Total ..	1,370	1,268	2,638

Live Birth rate per 1,000 population	12.9
Adjusted Live Birth rate	12.5
Birth Rate for England and Wales	13.7
Illegitimate live births per cent of total live births	5.0

Stillbirths:	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ..	11	9	20
Illegitimate ..	1	1	2
Total ..	12	10	22

Still Birth rate per 1,000 Live and Still Births	8.0
Total Live and Still Births	2,660
Still Birth rate for England and Wales	12.0

Infant Deaths (under 1 year of age):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ..	14	14	28
Illegitimate ..	—	1	1
Total ..	14	15	29

Infant mortality rate per 1,000 live births	11.0
Legitimate Infant mortality rate per 1,000 legitimate live births	11.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births	7.0
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 ..	6	11	17
Illegitimate ..	—	—	—
Total	6	11	17

Neo-natal mortality rate per 1,000 live births	6.0
Neo-natal mortality rate for England and Wales	11.0
Early Neo-natal mortality rate (first week) per 1,000 live births	5.0
Peri-natal mortality rate per 1,000 live and still births ..	13.0

Maternity Mortality :

Maternal deaths	1.00
Maternal mortality rate per 1,000 live and still births ..	0.37
Maternal mortality rate for England and Wales	0.13

Deaths :	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,020	1,080	2,100

Death rate per 1,000 population :

Crude Death Rate	10.3
Comparability Factor	1.0
Adjusted Death Rate	10.3
Death rate for England and Wales	12.0

Deaths

The total number of deaths of residents of the Borough was 2,100 giving a death rate of 10.3 per 1,000 population. Liability to death varies at different ages and also between the sexes. Accordingly, to offset the effect of these variations and so produce a rate which can be used for comparison purposes with other districts in the country as a whole, the Registrar General calculates for each district a comparability factor which,

when applied to the crude death rate of 10.3 gives an adjusted death rate of 10.3. This compares with the death rate of 12.0 per 1,000 population for England and Wales.

The three main causes of death were as follows:-

	Total	% of All Deaths
Heart Disease ..	706	33.7
Cancer	504	23.9
Cerebrovascular disease	252	12.0

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 35 residents during 1973. The equivalent figure for the previous year was 39. 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

Twenty-six people committed suicide during 1973, an increase of twelve compared with the figure for 1972.

Deaths from Infectious Diseases

There were two deaths from smallpox during the year (*see page 53*), and seven deaths from tuberculosis (*see page 59*).

TABLE I.

Lung Cancer — Deaths with rate per 100,000 Population, 1963-1973.

<i>Year</i>	<i>Population</i>	<i>Number of Deaths</i>	<i>Rate per 100,000</i>
1963 ..	209,520	109	52.07
1964 ..	210,250	132	62.73
1965 ..	209,600	155	73.95
1966 ..	208,730	133	63.73
1967 ..	208,200	129	61.96
1968 ..	208,220	152	72.99
1969 ..	207,700	136	65.47
1970 ..	206,060	159	77.16
1971 ..	205,000	132	64.4
1972 ..	203,730	114	55.95
1973 ..	204,660	154	75.16

The three main causes of death were as follows:

When applied to the standard rate of 10.5 gives an adjusted death rate of 10.3. This compares with the death rate of 12.0 per 1,000 population for England and Wales in 1971.

	Total	% of All Deaths
Heart Disease	106	33.7
Cancer	104	33.0
Cerebrovascular disease	122	38.0

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 15 residents during 1972. The equivalent figure for the previous year was 12. All members of staff involved in the death investigations have been offered many of advice on house safety measures during the course of their routine visits to homes.

Deaths from Suicide

Twenty-six people committed suicide during 1972, an increase of twelve compared with the figure for 1971.

Deaths from Infectious Diseases

There were two deaths from septicaemia during the year (see page 22) and seven deaths from tuberculosis (see page 22).

TABLE 1

Lung Cancer — Deaths with rate per 100,000 Population, 1964-1972

Year	Population	Number of Deaths	Rate per 100,000
1964	207,320	109	52.07
1965	210,220	112	53.23
1966	208,000	122	58.65
1967	204,130	133	65.13
1968	204,200	129	63.16
1969	208,220	122	58.65
1970	207,320	112	53.23
1971	207,000	122	58.94
1972	204,220	144	70.51
1973	204,220	144	70.51

TABLE II

Deaths of Harrow Residents during 1973 — Registrar General's Return

		<i>Causes of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1	B.1	Cholera	—	—	—
2	B.2	Typhoid Fever	—	—	—
3	B.3	Bacillary Dysentery and Amoebiasis	—	—	—
4	B.4	Enteritis and other Diarrhoeal Diseases	—	—	—
5	B.5	Tuberculosis of Respiratory System	2	2	4
6	B.6	(1) Late effects of Tuberculosis	1	1	2
7		(2) Other Tuberculosis	—	1	1
8	B.7	Plague	—	—	—
9	B.8	Diphtheria	—	—	—
10	B.9	Whooping Cough	—	—	—
11	B.10	Streptococcal Sore Throat and Scarlet Fever	—	—	—
12	B.11	Meningococcal Infection	—	—	—
13	B.12	Acute Poliomyelitis	—	—	—
14	B.13	Smallpox	1	1	2
15	B.14	Measles	—	—	—
16	B.15	Typhus and Other Rickettsioses	—	—	—
17	B.16	Malaria	—	—	—
18	B.17	Syphilis and its sequelae	—	—	—
19	B.18	All Other Infective and Parasitic Diseases	—	1	1
20	B.19	(1) Malignant Neoplasm—Buccal Cavity and Pharynx	1	2	3
21	B.19	(2) Malignant Neoplasm—Oesophagus	8	4	12
22	B.19	(3) Malignant Neoplasm—Stomach	22	19	41
23	B.19	(4) Malignant Neoplasm—Intestine	24	36	60
24	B.19	(5) Malignant Neoplasm—Larynx	4	3	7
25	B.19	(6) Malignant Neoplasm—Lung, Bronchus	119	35	154
26	B.19	(7) Malignant Neoplasm—Breast	—	38	38
27	B.19	(8) Malignant Neoplasm—Uterus	—	10	10
28	B.19	(9) Malignant Neoplasm—Prostate	16	—	16
29	B.19	(10) Leukaemia	8	4	12
30	B.19	(11) Other Malignant Neoplasms	77	79	156
31	B.20	Benign and Unspecified Neoplasms	5	1	6
32	B.21	Diabetes Mellitus	9	18	27
33	B.22	Avitaminoses and Other Nutritional Deficiency	—	—	—
34	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	4	2	6
35	B.23	Anaemias	1	—	1
36	B.46	(2) Other Diseases of Blood and Blood-forming Organs	—	1	1
37	B.46	(3) Mental Disorders	2	2	4
38	B.46	(4) Multiple Sclerosis	2	1	3
39	B.24	Meningitis	—	1	1
40	B.46	(5) Other Diseases of Nervous System & Sense Organs	7	7	14
41	B.25	Active Rheumatic Fever	—	—	—
42	B.26	Chronic Rheumatic Heart Disease	5	10	15
43	B.27	Hypertensive Disease	16	28	44
44	B.28	Ischaemic Heart Disease	324	243	567
45	B.29	Other Forms of Heart Disease	28	52	80
46	B.30	Cerebrovascular Disease	79	173	252
47	B.46	(6) Other Diseases of the Circulatory System	40	69	109
48	B.31	Influenza	2	5	7
49	B.32	Pneumonia	62	99	161
50	B.33	(1) Bronchitis, Emphysema	63	24	87
51	B.33	(2) Asthma	1	2	3
52	B.46	(7) Other Diseases of the Respiratory System	16	10	26
53	B.34	Peptic Ulcer	9	7	16
54	B.35	Appendicitis	—	—	—
55	B.36	Intestinal Obstruction and Hernia	1	4	5
56	B.37	Cirrhosis of Liver	3	4	7
57	B.46	(8) Other Diseases of the Digestive System	9	10	19
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	6	5	11
61	B.40	Abortion	—	—	—
62	B.41	Other Complications of Pregnancy, Childbirth and Puerperium	—	1	1
63	B.46	(10) Diseases of the Skin and Subcutaneous Tissue	1	—	1
64	B.46	(11) Diseases of the Musculo-Skeletal System and Connective Tissue	—	9	9
65	B.42	Congenital Anomalies	3	5	8
66	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions	4	5	9
67	B.44	Other Causes of Perinatal Mortality	1	1	2
68	B.45	Symptoms and Ill-defined Conditions	1	5	6
69	B.47	Motor Vehicle Accidents	11	6	17
70	B.48	All Other Accidents	5	13	18
71	B.49	Suicide and Self-inflicted Injuries	12	14	26
72	B.50	All Other External Causes	—	1	1
TOTAL ..			1020	1080	2100

TABLE III

Causes of Deaths (Males) at various ages, 1973

Causes of Death		All Ages	Under 4 Weeks	1 Month to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
1 B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-
2 B.2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
3 B.3	Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-
4 B.4	Enteritis & Other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	-
5 B.5	Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	1	-	1
6 B.6	(1) Late effects of Tuberculosis	1	-	-	-	-	-	-	-	-	-	1	-
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	1	-	-	-	-	-	1	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-	-	-	-
20 B.19	(1) Malignant Neoplasm, Buccal Cavity, etc.	1	-	-	-	-	-	-	-	-	-	1	-
21 B.19	(2) Malignant Neoplasm, Oesophagus	8	-	-	-	-	-	-	1	2	2	1	2
22 B.19	(3) Malignant Neoplasm, Stomach	22	-	-	-	-	-	-	-	2	7	9	4
23 B.19	(4) Malignant Neoplasm, Intestine	24	-	-	-	-	-	-	-	3	6	8	7
24 B.19	(5) Malignant Neoplasm, Larynx	4	-	-	-	-	-	-	-	1	-	3	-
25 B.19	(6) Malignant Neoplasm, Lung, Bronchus	119	-	-	-	-	-	-	1	11	29	48	30
26 B.19	(7) Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	-	-	-
27 B.19	(8) Malignant Neoplasm Uterus	-	-	-	-	-	-	-	-	-	-	-	-
28 B.19	(9) Malignant Neoplasm, Prostate	16	-	-	-	-	-	-	-	1	3	5	7
29 B.19	(10) Leukaemia	8	-	-	-	1	-	-	-	-	2	3	2
30 B.19	(11) Other Malignant Neoplasms	77	-	-	-	-	1	1	3	8	21	33	10
31 B.20	Benign & Unspecified Neoplasms	5	-	-	-	-	-	-	-	1	1	2	1
32 B.21	Diabetes Mellitus	9	-	-	-	-	-	-	-	-	-	6	3
33 B.22	Avitaminoses & Other Nutritional Deficiency	-	-	-	-	-	-	-	-	-	-	-	-
34 B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	4	-	-	-	-	-	-	-	1	-	-	3
35 B.23	Anaemias	1	1	-	-	-	-	-	-	-	-	-	-
36 B.46	(2) Other Diseases of Blood & Blood-forming Organs ..	-	-	-	-	-	-	-	-	-	-	-	-
Carried forward ..		302	1	-	-	1	1	2	5	30	72	120	70

Table III continued

Causes of Deaths (Males) at various ages, 1973

Causes of Death	All Ages	Under 4 Weeks	1 Month to 1- year	5-	15-	25-	35-	45-	55-	65-	75-	
Brought forward ..	302	1	-	-	1	1	2	5	30	72	120	70
37 B.46 (3) Mental Disorders ..	2	-	-	-	-	1	-	-	-	-	-	1
38 B.46 (4) Multiple Sclerosis ..	2	-	-	-	-	-	-	-	-	-	2	-
39 B.24 Meningitis ..	-	-	-	-	-	-	-	-	-	-	-	-
40 B.46 (5) Other Diseases of Nervous System & Sense Organs ..	7	-	1	-	-	-	-	-	-	1	5	-
41 B.25 Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-	-
42 B.26 Chronic Rheumatic Heart Disease ..	5	-	-	-	-	-	-	-	1	3	1	-
43 B.27 Hypertensive Disease ..	16	-	-	-	-	-	-	1	2	9	4	-
44 B.28 Ischaemic Heart Disease ..	324	-	-	-	-	-	1	30	86	112	95	-
45 B.29 Other Forms of Heart Disease ..	28	-	-	-	-	-	-	-	2	8	18	-
46 B.30 Cerebrovascular Disease ..	79	-	-	-	1	-	-	4	10	23	41	-
47 B.46 (6) Other Diseases of the Circulatory System ..	40	-	-	-	-	1	1	2	7	14	15	-
48 B.31 Influenza ..	2	-	-	-	-	-	-	-	-	2	-	-
49 B.32 Pneumonia ..	62	1	2	-	-	-	2	1	4	10	42	-
50 B.33 (1) Bronchitis, Emphysema ..	63	-	-	-	-	-	1	-	12	25	25	-
51 B.33 (2) Asthma ..	1	-	-	-	1	-	-	-	-	-	-	-
52 B.46 (7) Other Diseases of the Respiratory System ..	16	-	-	1	-	-	1	1	2	6	5	-
53 B.34 Peptic Ulcer ..	9	-	-	-	-	1	-	-	1	2	5	-
54 B.35 Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-
55 B.36 Intestinal Obstruction & Hernia ..	1	-	-	-	-	-	-	-	-	1	-	-
56 B.37 Cirrhosis of Liver ..	3	-	-	-	-	-	-	1	1	1	-	-
57 B.46 (8) Other Diseases of the Digestive System ..	9	-	-	-	-	-	-	-	1	6	2	-
58 B.38 Nephritis & Nephrosis ..	3	-	-	-	-	-	-	-	1	1	1	-
59 B.39 Hyperplasia of Prostate ..	2	-	-	-	-	-	-	-	-	1	1	-
60 B.46 (9) Other Diseases of the Genito-Urinary System ..	6	-	-	-	-	-	-	-	-	2	4	-
61 B.40 Abortion ..	-	-	-	-	-	-	-	-	-	-	-	-
62 B.41 Other Complications of Pregnancy, Childbirth & Puerperium ..	-	-	-	-	-	-	-	-	-	-	-	-
63 B.46 (10) Diseases of the Skin & Subcutaneous Tissue ..	1	-	-	-	-	-	-	-	-	1	-	-
64 B.46 (11) Diseases of the Musculo- Skeletal System & Con- nective Tissue ..	-	-	-	-	-	-	-	-	-	-	-	-
65 B.42 Congenital Anomalies ..	3	-	3	-	-	-	-	-	4	-	-	-
66 B.43 Birth Injury, Difficult labour & Other Anoxic & Hypoxic Conditions ..	4	3	1	-	-	-	-	-	-	-	-	-
67 B.44 Other Causes of Perinatal Mortality ..	1	1	-	-	-	-	-	-	-	-	-	-
68 B.45 Symptoms & Ill-defined Conditions ..	1	-	1	-	-	-	-	-	-	-	-	-
69 B.47 Motor Vehicle Accidents ..	11	-	-	-	2	-	1	2	2	1	2	1
70 B.48 All Other Accidents ..	5	-	-	-	1	-	-	2	-	-	1	1
71 B.49 Suicide & Self-inflicted Injuries ..	12	-	-	-	-	1	2	2	1	3	2	1
72 B.50 All Other External Causes ..	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL—All Causes	1020	6	7	1	6	3	7	17	73	206	355	338

TABLE IV

Causes of Deaths (Females) at various ages, 1973

Causes of Death		All Ages	Under 4 Weeks	1 Month to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
1 B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-
2 B.2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
3 B.3	Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-
4 B.4	Enteritis & Other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	-
5 B.5	Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	1	-	1
6 B.6	(1) Late effects of Tubercul- osis	1	-	-	-	-	-	-	-	-	-	1	-
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	1	-	-	-	-	-	1	-	-	-	-	-
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	1	-	-	-	-	-	-	-	-	1	-	-
20 B.19	(1) Malignant Neoplasm, Buccal Cavity, etc.	2	-	-	-	-	-	1	-	-	-	1	-
21 B.19	(2) Malignant Neoplasm, Oesophagus	4	-	-	-	-	-	-	-	-	1	2	1
22 B.19	(3) Malignant Neoplasm, Stomach	19	-	-	-	-	-	-	1	-	3	8	7
23 B.19	(4) Malignant Neoplasm, Intestine	36	-	-	-	-	-	-	1	-	9	11	15
24 B.19	(5) Malignant Neoplasm, Larynx	3	-	-	-	-	-	-	-	-	1	-	2
25 B.19	(6) Malignant Neoplasm, Lung, Bronchus	35	-	-	-	-	-	-	-	6	6	13	10
26 B.19	(7) Malignant Neoplasm, Breast	38	-	-	-	-	-	2	3	5	6	17	5
27 B.19	(8) Malignant Neoplasm, Uterus	10	-	-	-	-	-	-	-	-	3	4	3
28 B.19	(9) Malignant Neoplasm, Prostate	-	-	-	-	-	-	-	-	-	-	-	-
29 B.19	(10) Leukaemia	4	-	-	-	2	1	-	-	-	-	1	-
30 B.19	(11) Other Malignant Neoplasms	79	-	-	-	2	-	-	2	11	18	25	21
31 B.20	Benign & Unspecified Neo- plasms	1	-	-	-	-	-	-	-	-	-	-	1
32 B.21	Diabetes Mellitus	18	-	-	-	-	-	-	-	-	2	8	8
33 B.22	Avitaminoses & Other Nut- ritional Deficiency	-	-	-	-	-	-	-	-	-	-	-	-
34 B.46	(1) Other Endocrine, Nutri- tional & Metabolic Diseases	2	-	-	-	-	-	-	-	-	-	1	1
35 B.23	Anaemias	-	-	-	-	-	-	-	-	-	-	-	-
36 B.46	(2) Other Diseases of Blood & Blood-forming Organs	1	-	-	-	-	-	-	-	-	-	-	1
Carried forward ..		257	-	-	-	4	1	4	7	22	52	92	72

Table IV *continued*

Causes of Deaths (Females) at various ages, 1973

Causes of Death	All Ages	Under 4 Weeks	1 Month to 1 year	1- 5-	5- 15-	15- 25-	25- 35-	35- 45-	45- 55-	55- 65-	65- 75-	75-
<i>Brought forward</i> ..	257	-	-	-	4	1	4	7	22	52	92	72
37 B.46 (3) Mental Disorders ..	2	-	-	-	-	-	-	-	-	-	-	2
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 ..	7	-	-	-	1	1	-	-	-	1	2	2
41 B.25 Active Rheumatic Fever ..	-	-	-	-	-	-	-	-	-	-	-	-
42 B.26 Chronic Rheumatic Heart Disease ..	10	-	-	-	-	-	-	-	2	1	7	-
43 B.27 Hypertensive Disease ..	28	-	-	-	-	-	-	1	2	4	21	-
44 B.28 Ischaemic Heart Disease ..	243	-	-	-	-	-	-	6	25	59	153	-
45 B.29 Other Forms of Heart Disease ..	52	-	-	-	-	-	-	-	2	9	41	-
46 B.30 Cerebrovascular Disease ..	173	-	-	-	-	-	2	5	12	24	130	-
47 B.46 (6) Other Diseases of the Circulatory System ..	69	-	-	-	-	1	-	2	2	14	50	-
48 B.31 Influenza ..	5	-	-	-	-	1	-	-	-	-	4	-
49 B.32 Pneumonia ..	99	2	1	1	-	2	1	1	3	9	79	-
50 B.33 (1) Bronchitis, Emphysema ..	24	-	-	-	-	-	-	-	-	12	12	-
51 B.33 (2) Asthma ..	2	-	-	-	-	-	-	1	-	1	-	-
52 B.46 (7) Other Diseases of the Respiratory System ..	10	1	-	-	-	-	-	-	-	3	6	-
53 B.34 Peptic Ulcer ..	7	-	-	-	-	-	-	1	1	-	5	-
54 B.35 Appendicitis ..	-	-	-	-	-	-	-	-	-	-	-	-
55 B.36 Intestinal Obstruction & Hernia ..	4	-	-	-	-	-	-	-	-	1	3	-
56 B.37 Cirrhosis of Liver ..	4	-	-	-	-	-	1	-	2	-	1	-
57 B.46 (8) Other Diseases of the Digestive System ..	10	-	-	-	-	-	-	-	-	3	7	-
58 B.38 Nephritis & Nephrosis ..	6	-	1	-	-	-	-	-	-	1	4	-
59 B.39 Hyperplasia of Prostate ..	-	-	-	-	-	-	-	-	-	-	-	-
60 B.46 (9) Other Diseases of the Genito-Urinary System ..	5	-	-	-	-	-	-	1	1	-	3	-
61 B.40 Abortion ..	-	-	-	-	-	-	-	-	-	-	-	-
62 B.41 Other Complications of Pregnancy, Childbirth & Puerperium ..	1	-	-	-	-	1	-	-	-	-	-	-
63 B.46 (10) Diseases of the Skin & Subcutaneous Tissue ..	-	-	-	-	-	-	-	-	-	-	-	-
64 B.46 (11) Diseases of the Musculo- Skeletal System & Con- nective Tissue ..	9	-	-	-	-	-	1	-	2	4	2	-
65 B.42 Congenital Anomalies ..	5	2	1	-	1	-	-	-	-	1	-	-
66 B.43 Birth Injury, Difficult labour, & Other Anoxic & Hy- poxic Conditions ..	5	6	-	-	-	-	-	-	-	-	-	-
67 B.44 Other Causes of Perinatal Mortality ..	1	1	-	-	-	-	-	-	-	-	-	-
68 B.45 Symptoms & Ill-defined Conditions ..	5	-	1	-	-	-	-	-	-	1	3	-
69 B.47 Motor Vehicle Accidents ..	6	-	-	-	-	1	-	-	1	1	3	-
70 B.48 All Other Accidents ..	13	-	-	-	-	1	1	1	-	4	6	-
71 B.49 Suicide & Self-Inflicted Injuries ..	14	-	-	-	-	2	1	4	-	3	3	1
72 B.50 All Other External Causes ..	1	-	-	1	-	-	-	-	-	-	-	-
TOTAL—All Causes .	1080	11	4	2	6	9	9	16	40	111	251	621

Infant Mortality

During the year 29 (14 male and 15 female) infants in the district, or born to mothers ordinarily resident here, died under one year of age. This was a decrease of 10 on the figure for 1972 and with 2,638 live births gives an infant mortality rate of 11·0 compared with that of 14·0 in 1972. The rate for England and Wales was 17·0.

Seventeen (59 %) of these infant deaths occurred during the first four weeks of life which gives a neo-natal mortality rate of 6·0 per thousand live births. Thirteen 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 13·0 per thousand, live and still births, compared with a rate of 17·0 for 1972.

TABLE V
Causes of Deaths of Harrow Infants under 1 year of age, 1973

	<i>Under 1 day</i>	<i>1-7 days</i>	<i>1-2 weeks</i>	<i>2-3 weeks</i>	<i>3 w'ks -1 month</i>	<i>TOTAL UNDER 1 MONTH</i>	<i>1-3 months</i>	<i>3-6 months</i>	<i>6-9 months</i>	<i>9-12 months</i>	<i>TOTAL UNDER 1 YEAR</i>
Prematurity	3	1	1	-	-	5	1	-	-	-	6
Common Ventricle Transposition Great Vessels	-	-	-	-	-	-	-	1	-	-	1
Congenital Nephrotic Syndrome	-	-	-	-	-	-	-	1	-	-	1
Multiple Congenital Abnormalities	1	-	-	-	-	1	-	-	-	-	1
Hyaline Membrane Disease	1	1	-	-	-	2	-	-	-	-	2
Cerebral Birth Trauma	1	-	-	-	-	1	-	-	-	-	1
Wernig-Hoffman Disease	-	-	-	-	-	-	-	1	-	-	1
Bronchiolitis	-	-	-	-	1	1	-	-	-	-	1
Sudden Infant Death Syndrome	-	-	-	-	1	1	-	1	-	-	2
Intra Ventricular Haemorrhage	1	-	-	-	-	1	-	-	-	-	1
Congenital Anomalies of Heart	-	1	-	1	-	2	-	1	-	-	3
Duodenal Atresia	-	1	-	-	-	1	-	-	-	-	1
Bronchopneumonia	-	1	-	-	-	1	1	1	-	1	4
Acute Viral Pneumonitis	-	-	-	-	1	1	-	-	-	-	1
Sub Glottic Stenosis	-	-	-	-	-	-	1	-	-	-	1
Perinatal Anoxia	1	-	-	-	-	1	-	-	-	-	1
Pulmonia Atresia	-	-	-	-	-	-	1	-	-	-	1
TOTALS	8	5	1	1	3	18	4	6	-	1	29

Maternal Mortality

One death occurred during 1973 due to causes associated with pregnancy and childbirth.

Still Births

A total of 22 still births was registered during the year giving a still birth rate of 8.0 per 1,000 live and still births, which compares favourably with the rate of 12.0 for England and Wales.

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.

(i) Number of notifications received during year	24
(ii) Number of live births included in (i) above	19
(iii) Number of still births included in (i) above	5
(iv) Total number of malformations notified as apparent at birth	31
(v) Number of children with multiple malformations	5

Analysis of Malformations Notified

	<i>Number of Cases</i>		<i>Number of Cases</i>
Central Nervous System		Urino-Genital System	
Spina Bifida	3	Hypospadias	1
Hydrocephalus	1		
Eye and Ear		Limbs	
Microphthalmos	1	Syndactyly	1
		Talipes	7
		Congenital dislocation of hip	1
Alimentary System		Other parts of Musculo-skeletal System	
Cleft Lip	2	Malformation of sternum and ribs	2
Unspecified malformation of alimentary system	1		
Heart and Circulatory System		Other Malformations	
2 cord vessels only	2	Hepatomegaly	1
Respiratory System		Multiple congenital malform- ations not specified	3
Malformation of nose	2	Down's Syndrome	2
Respiratory Distress Syndrome	1		

Social Conditions

The Borough lies at the edge of the green belt. Its population of 204,660 has a larger than usual proportion of social classes 1 and 2. During the year the Borough received 485 long stay immigrants.

The environmental conditions are generally good. There are three areas designated for conservation because of their historical interest: Harrow-on-the-Hill, Little Common, Stanmore and High Street Pinner. Wealdstone has been marked as an area for general improvement.

Progress towards clean air is proceeding and the final smoke control order will come into operation in November, 1975.

On the industrial front Kodak (photographic material), Winsor and Newton (artists' materials) and Whitefriars (glass) continue to be the largest employers of labour in the Borough.

TABLE VI
Summary of Vital Statistics 1949-1973

	<i>Estimated Civilian Population</i>	<i>Birth Rate per 1,000 Population</i>	<i>Death Rate per 1,000 Population</i>	<i>Infant Mortality Rate— Deaths under 1 year per 1,000</i>	<i>Neonatal Mortality Rate— Deaths under 1 month per 1,000</i>	<i>Maternal Mortality Rate per 1,000 live and still births</i>	<i>Still Birth Rate per 1,000 live and still births</i>
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	203,370	14.0	10.1	14.0	9.0	Nil	9.0
1973	204,660	12.5	10.3	11.0	6.0	0.37	8.0

TABLE VII

Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1963-1973

<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
1973	12.5	13.7	10.3	12.0	11.0	17.0

PERSONAL
HEALTH
SERVICES

PERSONAL

HEALTH

RECORDS

PERSONAL HEALTH SERVICES

Care of Mothers

Arrangements for the care of expectant and nursing mothers and their children continued. The trend towards hospital confinements was such that few babies were delivered at home. During the year the domiciliary midwifery service was integrated with that of the hospital, giving an improvement in continuity between hospital delivery and domiciliary after-care.

Developmental Assessment

All births notified in the area were recorded on the computer and recall arranged at regular intervals, e.g. 6 months, 1 year, 18 months, etc. At these ages the child's mental and physical development were tested and compared with accepted norms. Any gross deviation was referred for full assessment to the Assessment Clinic at Northwick Park Hospital.

The Controller of Health Services, who had special expertise in testing the intelligence of babies, worked with the Paediatrician in making a complete assessment of the child's conditions and requirements. Physiotherapists, occupational therapists, speech therapists, health visitors and social workers all played a role in this comprehensive assessment of the child.

The computer was also programmed to recall children at the age of 7 months for a hearing test and at appropriate ages for the various immunisation procedures.

The following table gives the total numbers of children who attended child health clinics from 1968 to 1973:-

<i>Year</i>	<i>Number of Children who attended Clinics</i>		
1968	10,833
1969	10,986
1970	11,486
1971	11,036
1972	10,618
1973	8,918

Clinic attendances during the Year

<i>Clinic</i>	<i>Child Health Sessions</i>	<i>Toddlers' Sessions</i>
Alexandra Avenue	2,796	384
Broadway	2,832	465
Caryl Thomas	2,770	445
Cecil Park	1,999	459
Elmwood	1,933	284
Honeypot Lane	3,381	450
Kenmore	3,190	457
Northolt Road	4,491	582
Tenby Road	2,188	408
Whittlesea Road	1,461	192
Memorial Hall	793	—
Walton Avenue	1,159	—
Hatch End	658	130
St. John Fisher	1,266	298
Vaughan Road	1,131	684
Elstree	1,400	—
RAF Stanmore Park	689	—
TOTAL ..	34,137	5,238

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 34 expectant or nursing mothers and 379 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.

VACCINATION AND IMMUNISATION

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

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

The following table shows the number of children under sixteen who completed immunisation during 1973.

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

	Year of birth					Others under Age 16	Total
	1973	1972	1971	1970	1966- 1969		
Diphtheria							
Primary course ..	195	2,287	311	38	29	24	2,884
Reinforcing dose ..	—	26	71	27	2,669	95	2,888
Whooping Cough							
Primary course ..	193	2,280	311	37	27	—	2,848
Reinforcing dose ..	—	21	66	23	54	7	171
Tetanus							
Primary course ..	195	2,287	311	38	29	52	2,912
Reinforcing dose ..	—	26	71	27	2,692	266	3,082
Poliomyelitis							
Primary course ..	193	2,286	312	38	25	19	2,873
Reinforcing dose ..	—	26	71	27	2,561	123	2,898
Measles	2	1,318	940	122	165	22	2,569

In addition to the above schedule, vaccination against rubella is offered to all girls between their 11th and 14th birthdays. The purpose of the vaccination 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. There was a very poor uptake of this facility. Out of 1,600 girls who were offered vaccination only 285 (17.8%) were vaccinated.

FAMILY PLANNING

During the year there was a publicity campaign for family planning. Two posters designed by the health education team were used widely during the campaign. The posters offered information on the family planning clinics in the Borough.

A recorded telephone message, of two minutes duration, was made for the new Ansaphone. By dialling 427 9565 Harrow residents were able to obtain up-to-date information about the family planning clinics.

Family Planning Clinics

Caryl Thomas Clinic, Headstone Drive, Wealdstone	Monday	7.00–8.00 p.m.
	Wednesday	1.30–3.00 p.m.
	Wednesday	7.00–8.00 p.m.
Youth Advisory Clinic I.U.D. Session	Monday	5.00–7.00 p.m.
	alternate Fridays	10.00–12.00 noon
Alexandra Avenue Clinic, South Harrow I.U.D. Session	Tuesday	10.00–11.00 a.m.
	Thursday	7.00–8.00 p.m.
	Tuesday	1.30–3.00 p.m.
Cecil Park Clinic, Cecil Park, Pinner	Friday	7.00–8.00 p.m.
Youth Advisory Clinic	Tuesday	7.00–8.00 p.m.
Honeypot Lane Clinic, Stanmore I.U.D. Session	Thursday	1.30–3.00 p.m.
	Thursday	7.00–8.00 p.m.
	Thursday	10.00–12.00 noon
Kenmore Clinic, Kenton	Tuesday	7.00–8.00 p.m.

The domiciliary service was used very little during the year.

Approximately 6,000 patients attended the family planning clinics and when the Council commenced a free service on 1st April, 1973 there was a 26% rise in attendance.

Vasectomy

As a result of the provisions in the National Health Service Family Planning Amendment Act 1972 the Council made arrangements with the Family Planning Association for a free vasectomy service for Harrow residents. Patients previously had to attend Vasectomy Clinics in the Greater London Area. In June 1973 the Northwick Park Hospital Management Committee entered into an agreement with the Family Planning Association whereby the F.P.A. would undertake vasectomy operations on the hospital premises for a trial period of six months. The pre-operative counselling sessions were arranged at Honeypot Lane Clinic and commenced in November 1973. The vasectomies were then carried out at Northwick Park Hospital.

<i>Age</i>	<i>Number of men who received vasectomy during 1973</i>
Under 20 ..	Nil
20-24	1
25-29	6
30-39	32
40 and over ..	7

CHIROPODY

With an ever increasing demand and difficulty in recruiting trained staff it became obvious early in the year that new measures would have to be taken if the service was to be able to continue meeting the needs of the patients, particularly those requiring domiciliary treatment. In an attempt to improve recruitment a scheme was introduced whereby chiropodists who undertook a minimum of three sessions weekly at the clinics were permitted to carry out treatment in patients' homes on a per capita payment basis, up to a maximum of ten patients per week. Although this reduced the waiting time between appointments it produced no marked improvement in the recruitment of chiropodists.

Attendances and Treatments for the year 1973

<i>Category of patient</i>	<i>No. of New Cases</i>	<i>No. of Old Cases</i>	<i>Total Attendances</i>
Elderly persons	942	3,850	17,500
Physically handicapped	6	35	177
Expectant and nursing mothers ..	15	7	69
School children	75	33	524
Others	6	13	82
Total number of treatments given at clinics ..			14,590
Total number of treatments given at home ..			3,762
		Total ..	18,352
Number of sessions held at clinics			1,982
Number of sessions for domiciliary treatment ..			656
		Total ..	2,638

WELL-WOMEN CLINICS

Well-women clinics continued to be well attended. Towards the end of the year due to the increased demand two further sessions were started, one at Caryl Thomas Clinic and one at Northolt Road Clinic. The increased demand was partly the result of the first recall, which became due during the year, of those women who attended the mobile unit in 1972.

ATTENDANCES AT WELL-WOMEN CLINICS

No. of women seen ..	2,040
No. of new patients ..	805
No. of positive smears ..	6
No. of minor disorders ..	409

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, Kenton; Cecil Park Clinic, Pinner and Whittlesea Road Clinic, Harrow Weald.

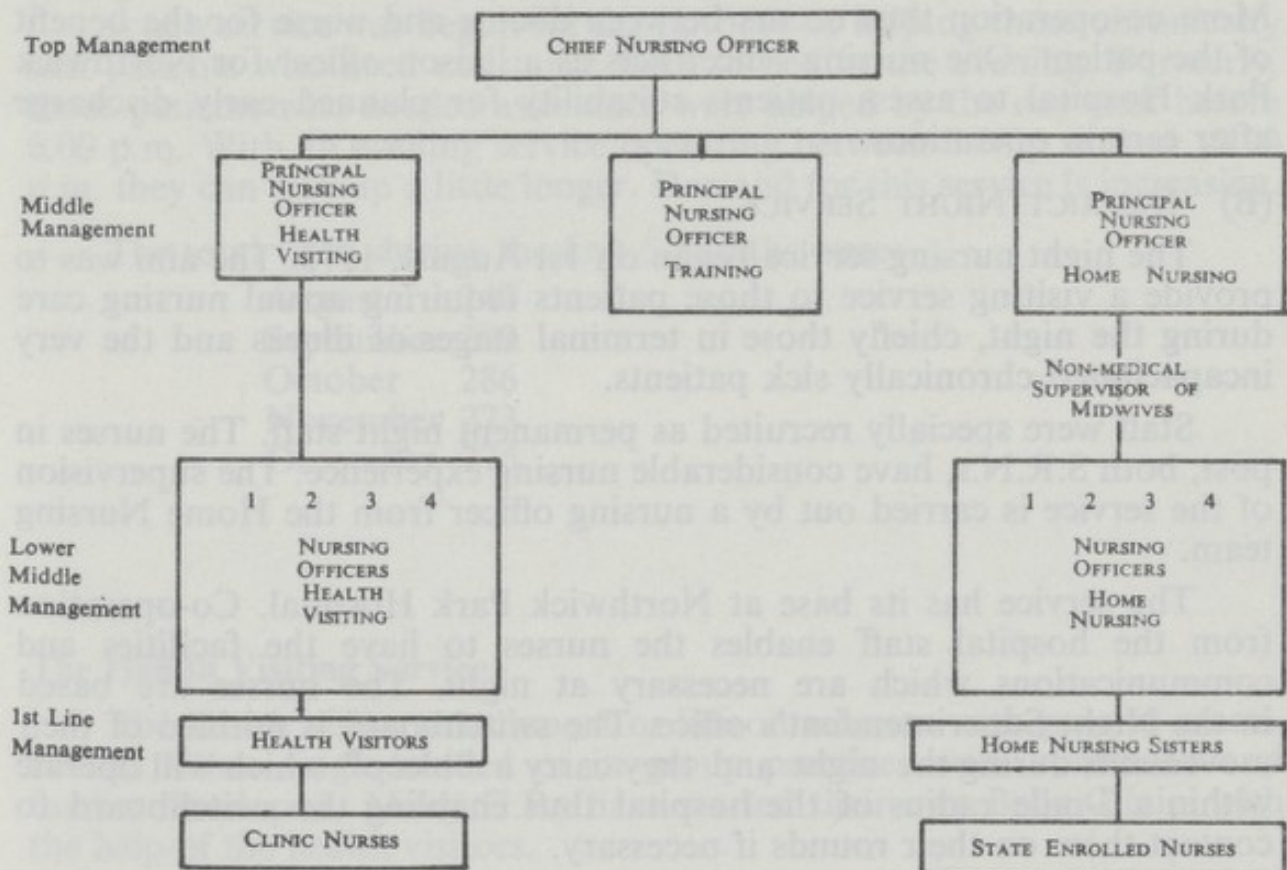
These clinics offer advice on personal problems, diet, accident prevention, and all aspects of social welfare. A great deal of time is given to each patient and their needs. Small problems such as a change of glasses or treatment by a chiropodist can make a great deal of difference to an elderly patient and give improvement in mobility and in general well-being. Any person found to have a condition requiring further investigation or treatment is referred to his or her own general practitioner. A very friendly atmosphere is maintained at these clinics.

REPORT OF THE CHIEF NURSING OFFICER

The community nursing services have been administered under a Mayston Management Structure since 1st April, 1971.

The duties of the senior nursing staff have remained functional under the supervision of the Chief Nursing Officer.

Diagram of functional organisation.



Training

The post of Principal Nursing Officer (Training) was filled on 1st September, 1973. The role covers all in-service training needs for the community nursing staff, community care training for student nurses from Northwick Park and the Middlesex Hospital. Six weeks community training is arranged for the student nurses. One day a week is devoted to theoretical training. Specialist lectures are given with the help of other departments. This type of training will continue and form an essential part of nurse training in an integrated Health Service.

Midwifery Service

The domiciliary midwifery service of the London Borough of Harrow and the midwifery services of Northwick Park Hospital, were combined into a unified service run from Northwick Park Hospital on an agency basis for the Borough. The day-to-day management was in the control of the Principal Nursing Officer (Midwifery) from Northwick Park. This was the result of the reduction of home deliveries in the Borough and the recommendation for hospital confinement (Peel Report). The total number of home confinements for the year was 54.

Home Nursing Service

(A) DISTRICT DAY SERVICE

The total home nursing service has been attached to general practitioners in the Borough. Home nurses assist during surgery hours with nursing treatments and carry out domiciliary visits to patients on the doctors' lists. The new system is well liked by patients and nursing staff. More co-operation thus occurs between doctor and nurse for the benefit of the patient. One nursing officer acts as a liaison officer for Northwick Park Hospital to assess patients suitability for planned early discharge after certain operations.

(B) DISTRICT NIGHT SERVICE

The night nursing service began on 1st August, 1973. The aim was to provide a visiting service to those patients requiring actual nursing care during the night, chiefly those in terminal stages of illness and the very incapacitated chronically sick patients.

Staff were specially recruited as permanent night staff. The nurses in post, both S.R.N.s, have considerable nursing experience. The supervision of the service is carried out by a nursing officer from the Home Nursing team.

The service has its base at Northwick Park Hospital. Co-operation from the hospital staff enables the nurses to have the facilities and communications which are necessary at night. The nurses are based in the Night Superintendent's office. The switchboard is notified of their movements during the night and they carry a "bleep" which will operate within a 3-mile radius of the hospital thus enabling the switchboard to contact them on their rounds if necessary.

All requests for the night service must be channelled through the nursing officer except in the case of a G.P. requiring a nurse during the night when he contacts the hospital direct.

A further duty of the night staff is to maintain contact with and help where necessary, the Marie Curie nurses who stay all night with patients in terminal stages of carcinoma.

The amount of work varies from time to time, the average being between 7-8 patients per night (some receiving 2 or even 3 visits). One nurse can handle this task. When not working on the district the night nurse helps on the wards at Northwick Park Hospital at the discretion of the night superintendent—but district work takes priority at all times.

During the first 5 months the number of visits were:-

August	102
September	150
October	206
November	232
December	195

There is no doubt that the service has fulfilled a need and is running well.

(C) DISTRICT LATE EVENING SERVICE

A new service was begun for the purpose of helping those chronically sick patients who need assistance back to bed in the evening. Formerly, those patients who needed assistance were helped by the day staff before 6.00 p.m. With an evening service operating between 6.00 p.m. and 10.00 p.m. they can stay up a little longer. Demand for this service is increasing.

The total visits during the first 5 months were:-

August	247
September	299
October	286
November	273
December	275

The Health Visiting Service

The health visitor attachment or liaison schemes with general practitioners either single-handed or in group practices were continued and further developed. Many G.P.s have started their own Baby Clinics with the help of the health visitors.

During the year Health visitors have received tuition in Relaxation methods by a physiotherapist, a consultant obstetrician and gynaecologist from Northwick Park Hospital with a view to giving adequate preparation for confinement. Health visitors have joined the Northwick Park staff in giving mothercraft classes in the hospital.

GERIATRIC LIAISON

Geriatric liaison has been continued by a health visitor who visits wards in Harrow Hospital and Northwick Park Hospital.

PAEDIATRIC LIAISON

The paediatric liaison schemes with Northwick Park Hospital have continued this year and have resulted in better continuity of care between hospital and community.

TRAINING

Seven sponsored health visitor students started their training in September, 1973. The three Principal Nursing Officers have received management training during the year and new first line managers have attended courses in lower middle management. Health visitors had refresher courses.

HEALTH EDUCATION (see also page 45)

Health visitors participated in health education in Junior, Middle and Secondary schools. Films and visual aids were used and many pupils joined discussion groups. In one secondary school 1,250 children received a basic course in sex education; the courses were supported by the teachers who were able to continue discussion later. All parents were invited to hear what their children were told.

The raising of the school leaving age has brought about some special problems. A special group of 20 boys and girls of mixed I.Q. who had hoped to leave school at 15 years of age received tuition in an informal setting. All children in this group had special problems—many were in trouble with the police. This group chose to take part in a community care course based on "the seven ages of man", with emphasis on the care of children. Visits were arranged to play groups, health clinics and homes for the elderly.

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 . . . 1,109

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

HEALTH EDUCATION

Several new projects were undertaken during the year. A series of seminars on Elementary First Aid were arranged for teachers and were well received. A Home Safety project was undertaken in schools, incorporating a follow up survey of accidents in the pupils' homes. The first of a series of anti-smoking clinics, organised in co-operation with the British Temperance Society was started. It proved very popular and was over-subscribed.

Family Planning activity included a two day seminar for the staff of the Health and Social Service Departments. A special poster on family planning was produced for use in an extended publicity campaign. A recorded message listing times and addresses of local family planning clinics was prepared for the Anonymous service.

A campaign arranged to collect unused Medicines received good response from the general public. Major exhibitions were held on Home Safety and on the work of the Health Department. A review of the Health Education projects was arranged at the Harrow Show.

Monthly exhibits on Health Education were held at clinics throughout the area. Special Health Education Exhibitions were timed to coincide with

HEALTH EDUCATION

A comprehensive catalogue of visual aids was produced to support the work of clinic and school staff.

Expectant mothers' film evenings were increased. Talks on a variety of subjects were given to Home Help, Pupil Midwives, Pre-Nursing Students, Senior Citizens, Youth Clubs and Schools.

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Monthly exhibits on Health Education were held at clinics throughout the area. Dental Health Education activities in schools were timed to coincide with the visit of the Schools' Dental Officer.

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GENERAL SERVICES

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 undertaken in attempting to ensure that both employer and employee are protected:-

Number of medical forms assessed	.. .. .	2,130
Number of medical examinations	.. .. .	39
Number of medical examinations—extensions of service	..	7
Number of medical examinations—heavy goods vehicle drivers	.. .. .	4
Number of medical examinations carried out for other Authorities	.. .. .	12
Number of medical examinations carried out under Ministry of Education Circular 249/52:-		
(a) Teachers first appointment	.. .. .	77
(b) Training College Entrants	.. .. .	229

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 to encourage them to get on to the list of a medical practitioner near 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 for those whose country of origin has a high incidence of tuberculosis. Details of immigrant families with children are particularly noted so that a health visitor can call and advise.

<i>Country where Passport issued</i>	<i>Number of Immigrants</i>
Commonwealth Countries :	
Caribbean	6
India	109
Pakistan	12
African	239
Other	33
Other Asian	—
Non Commonwealth Countries :	
European	7
Other	79
TOTAL ..	485

All addresses were visited and in 74 cases no knowledge of immigrants was known.

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 Borough 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 names 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 23 establishments were licensed.

HOME DIALYSIS

Adaptations required in the home preparatory to the installation of the dialysis (artificial kidney) machine can be carried out by the local health authority under Section 12 of the Health Services and Public Health Act 1968.

There are three patients in Harrow whose homes have been adapted or extended to provide facilities for dialysis. During the year these premises were adapted so that emergency electrical power could be provided from standby generators. This was to allow the patients to continue to use the dialysis machines in the event of a power cut lasting more than 24 hours.

INFECTIOUS DISEASES

Summary

On 10th April 1972 a case of typhoid fever was reported from the Health Department of the London Borough of Haringey. The patient was a 25-year-old male who had returned from a holiday in India. He was admitted to hospital on 12th April with a fever, headache, and abdominal pain. The patient was treated with antibiotics and recovered fully.

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A further case was reported on 20th April 1972. The patient was a 35-year-old male who had returned from a holiday in India. He was admitted to hospital on 22nd April with a fever, headache, and abdominal pain. The patient was treated with antibiotics and recovered fully.

INFECTIOUS DISEASES

Smallpox

On the 4th April, 1973 at approximately 4.20 p.m. a telephone call was received from the Health Department of the London Borough of Barnet, that Mr. & Mrs. H who were normally resident in Wealdstone, Harrow, had been found to have smallpox. They were in West Hendon Isolation Hospital and were being transferred to the smallpox isolation hospital in Dartford.

At that time information regarding contact with a case of smallpox was not available, but it was subsequently learned that Mr. & Mrs. H had visited St. Mary's Hospital to visit Mr. H's mother who was in the same ward as a technician from the London School of Hygiene & Tropical Medicine who was subsequently found to have had smallpox.

Mr. H fell ill on the 29th March but continued to go to work. His fellow workers noticed he was ill but attributed this to his hand which had been injured and was bandaged. On the 31st March he drove some of his friends to work in the morning but he felt too ill to work himself and slept in the car. In the afternoon of the same day he felt too ill to continue and went to the Red Lion Public House in Harrow Weald. His wife became ill shortly afterwards and they were both seen on a number of occasions by their doctors who on 2nd April arranged for admission to West Hendon Hospital with suspected food poisoning.

On receipt of the information that the couple had smallpox, control measures were set into operation immediately with the aim of preventing any secondary cases.

The staff on duty in the Health Department were vaccinated and the house in Wealdstone was visited at once and the household contacts vaccinated. All G.P's and local hospitals were given early warning of the outbreak by telephone. The ambulance service was contacted and the ambulance that conveyed Mr. & Mrs. H to West Hendon Hospital was taken out of service. Supplies of smallpox vaccine in the Health Department were checked and additional supplies ordered. The Medical Officer of Health for Brent was informed that the couple's children (two boys) were staying with their paternal grandmother in Brent.

A control centre was initially set up at Hanover House and later moved to the Civic Centre, Station Road, Harrow.

The help and co-operation of 16 M.O.H's of other authorities was obtained during the period of this outbreak with the tracing, vaccination and surveillance of contacts.

Circulars were sent to G.P's setting out local policy regarding vaccination. The *Harrow Observer* assisted by giving front page coverage

setting out vaccination policy and also requesting contacts from the Red Lion to come forward for vaccination.

Subsequently, Mr. & Mrs. H died at the Dartford Isolation Hospital.

The conveyance of contacts to Mrs. H's funeral on the 9th April and to Mr. H's funeral on the 20th April was arranged. The vehicle used for transport was subsequently disinfected.

PRIMARY CONTACTS . . . (i.e. those in contact with the patients or articles that they had handled).

A. PRIMARY HOUSEHOLD CONTACTS

2 boys	These contacts were excluded from work and the two boys from school.
Mr. H's sister	
A Lodger.	

B. OTHER PRIMARY CONTACTS

- (i) The **five doctors** who called at the house during the illness were vaccinated and kept under surveillance and were taken off work during the last week of incubation period.
- (ii) **Work contacts:** Mr. H worked for a firm of electrical contractors as foreman to a gang of workers. He travelled around with this gang doing contract work and in the preceding week had been to Aylesbury, Hemel Hempstead and Basildon. The local M.O.H's were informed and vaccination and surveillance of this gang was carried out at their place of work. On the occasions when they did not turn up for work the local Medical Officer of Health was informed so that he could continue surveillance at their homes.
- (iii) **Friends and relatives** in the neighbourhood were traced and vaccinated.

SECONDARY CONTACTS . . . (i.e. contacts of the primary contacts) were numerous.

As Mr. & Mrs. H had unrestricted movements during the whole of their incubation period, it was not possible to dispute any claim of a person that he or she had casual contact with them in the street. A large number of persons claiming such contact were vaccinated.

Mr. H's sister worked in a large firm. Consultation with the workers' Medical Officer revealed that a great number of employees had come into contact with her at work and arrangements were made for them to be vaccinated. The lodger worked in a firm supplying dental equipment and his work contacts were also vaccinated. The class-mates of the schoolboys were vaccinated.

The World Health Organisation declared London an infected area. A large number of travellers, therefore, needed vaccination certificates at very short notice. This included several large parties of school children from this Borough who were going abroad. The additional burden of undertaking these vaccinations was dealt with by the Health Department and approximately 850 travellers were vaccinated.

A party of German school children holidaying in Harrow needed to be vaccinated before their return. The organisers of the holiday insisted on the use of German vaccine. Arrangements were made by them for a German doctor to be flown out with supplies of the special vaccine and authority was requested for Customs clearance for importation of the vaccine. Following discussions with the Department of Health & Social Security it became apparent that little was known in this country about the German vaccine, and it was decided that the medical staff in Harrow should not be asked to use this foreign vaccine. Arrangements were made with the German Embassy regarding the vaccination of these children.

The contacts at the Red Lion Public House were traced with the helpful co-operation of the landlord.

Tradesmen: Milkmen, coalman, newspaper boys and the Tallyman. The tallyman sold dresses on the doorstep. He had been to numerous houses in the area. Mrs. H tried on a dress but did not buy it. The dress was returned and put back amongst the rest of the tallyman's stock. This dress was later sold to another customer. The tallyman was traced to Enfield and appropriate action was taken by the Medical Officer of Health of that Borough.

The laboratory staff at Edgware General Hospital who were resident in Harrow and had handled some specimens of blood from Mr. & Mrs. H were kept under surveillance. They had been vaccinated previously at Edgware General Hospital.

West Hendon Hospital employees who lived in Harrow, received appropriate attention.

The car which conveyed Mr. H and his fellow workers to their work was traced and dealt with by the Medical Officer of Health at Billericay.

Ambulance staff: The ambulance that conveyed Mr. & Mrs. H to the West Hendon Hospital on 2nd April, was taken out of service on 4th April after the notification of smallpox. In the interim period it had conveyed a number of patients to hospitals and institutions. These patients were traced and vaccinated. One of these patients was an elderly gentleman who was transported from hospital to the Old People's Home where he was normally resident. All the staff and residents at the Old People's Home were vaccinated.

The ambulance itself and the ambulance personnel were dealt with by the Medical Officer of Health of Brent, in whose area the ambulance station was situated.

PRIMARY CONTACTS

Household contacts	..	..	..	4
Doctors	..	..	..	5
Work	..	..	..	19
Friends and relations	..	..	..	28
Red Lion	..	..	..	147
Tradesmen	..	..	..	5
Edgware General Lab. staff	..	..	..	7
West Hendon Hospital staff	..	..	..	2
Ambulance contacts	..	..	..	14
				<hr/> 231 <hr/>

The total number of vaccinations carried out was 3,050.

VACCINATIONS

Primary contacts	..	..	..	231
Secondary contacts	..	..	..	1,969
Travellers	..	..	..	850
				<hr/> 3,050 <hr/>

Mr. & Mrs. H's house in Wealdstone was disinfected on 5th April and their bedroom sealed. The two remaining inmates were confined to the house and food was supplied to them. The inmates were troubled with frequent telephone calls from newspaper reporters of the national press. One visited the house against advice in order to obtain an interview. When he returned to his newspaper office the Editor telephoned to enquire what action should be taken to protect the rest of the staff. The Medical Officer of Health in the City was informed. He visited the newspaper office and took appropriate action.

Numerous visits were paid by the Health Department's medical staff to general practitioners' surgeries and patients' homes to inspect patients with suspicious rashes.

The Borough was declared free of smallpox on 20th April. The household contacts were released from surveillance and allowed to leave their house. Terminal disinfection of Mr. & Mrs. H's bedroom was carried out on 24th April. Many articles of personal clothing, bedding and soft furnishings were destroyed by burning.

OUTCOME : Not a single secondary case of smallpox occurred.

Dysentery and Food Poisoning

Details of the 16 cases of food poisoning which occurred during the year are set out in the tables below:-

Food Poisoning: Incidents and Cases

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases notified or ascertained	Total No. of outbreaks and sporadic cases cols. (1 3 5)	Total No. of cases columns (2 4 5)
	No. of separate outbreaks	No. of cases notified or ascertained	No. of separate outbreaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	—	—	5	5	5
2. Other <i>Salmonellae</i> (a)	—	—	1	5	6	7	11
3. <i>CI. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph aureus</i>	—	—	—	—	—	—	—
5. Other causes	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	—	—	—
7. TOTAL	—	—	1	5	11	12	16

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

Type of <i>Salmonellae</i>							
Havana ..	—	—	—	—	1	1	1
Bredeney ..	—	—	—	—	2	1	1
Enteritidis ..	—	—	1	5	—	1	5
Thompson ..	—	—	—	—	1	1	1
Not Typed ..	—	—	—	—	2	1	2

In addition 14 cases of dysentery were notified during 1973, giving a combined total of 30 notified cases of dysentery and food poisoning. This compares with 18 during 1972.

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 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.

The following table lists the notifications in 1973:-

	<i>Primary Notification</i>				<i>Other Notifications</i>			
	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>
Under 1	—	—	—	—	—	—	—	—
1— 4	1	—	—	1	—	—	—	—
5— 9	1	1	—	—	—	—	—	—
10—14	1	—	—	1	—	—	—	—
15—19	3	—	—	1	—	—	—	—
20—24	4	12	—	3	—	1	—	1
25—34	6	3	1	4	2	2	1	2
35—44	2	3	5	1	—	1	1	—
45—54	3	2	—	3	—	1	—	—
55—64	4	1	—	1	—	1	—	—
65 & over	4	—	—	2	1	—	—	1
Age unknown	—	—	—	—	—	—	—	—
	29	22	6	17	3	6	2	4

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 a co-ordinated service continued 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 1,603 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 Workers 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 933 contacts of actual cases were tested. Vaccination was offered to and accepted by 306 individuals.

Mass X-Ray

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— Fridays	} 9 a.m.— 5 p.m.
	Saturdays	} 9 a.m.— 12 noon

The Tuberculosis Register

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. 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 table below is a summary of the changes which took place in the register during 1973:-

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. on register January 1st, 1973 ..	799	749	103	174
No. of new cases added	29	22	6	17
No. of cases other than Primary Cases	3	6	2	4
No. of cases restored to register ..	1	1	—	—
No. of cases removed:-	54	49	6	4
Left District	19	14	2	1
Deaths	10	4	—	—
Recovered	23	26	3	3
De-notified	1	—	—	—
Lost Sight of	1	5	1	—
No. on register December 31st, 1973..	778	729	105	191

Pulmonary Tuberculosis Deaths with rate per 100,000, 1963-1973.

Year	Population	Deaths/Pulmonary Tuberculosis	
		Number	Rate per 100,000
1963	209,520	4	1.91
1964	210,250	10	4.75
1965	209,600	5	2.39
1966	208,730	8	3.83
1967	208,200	4	1.92
1968	208,220	6	2.88
1969	207,700	3	1.44
1970	206,060	7	3.39
1971	205,000	3	1.46
1972	203,730	2	0.98
1973	204,660	4	1.95

I would like to take the opportunity to 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.

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:-

Blood	..	..	..	1
Nose and Throat Swabs	..	..	..	12
Faeces	..	..	..	350
Sputum	..	..	..	-
Urine	..	..	..	1
TOTAL				373

I wish to express my thanks to the Director of the Public Health Laboratory Service and his staff for their continued assistance and advice during the year.

Incidence of Infectious Diseases

Diseases	Und. 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65 & over	Age Un- known	Total
Acute Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Meningitis	-	-	-	-	-	-	1	-	-	-	-	-	1
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	4	1	1	2	3	1	1	-	1	-	14
Food Poisoning	-	1	-	1	1	2	2	4	2	2	-	-	15
Infective Jaundice	-	-	-	1	1	2	1	-	-	-	1	-	6
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	2	-	1	-	-	-	-	3
Measles	20	176	215	17	4	2	-	-	-	-	-	4	438
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	1	-	-	-	-	-	-	-	1
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-
Relapsing Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	7	25	1	-	-	-	-	-	-	-	-	33
Smallpox	-	-	-	-	-	-	2	-	-	-	-	-	2
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis(Pulmonary)	-	1	2	1	3	16	9	5	5	5	4	-	51
Tuberculosis (Other)	-	1	-	1	1	3	5	6	3	2	1	-	23
Tuberculosis (Men.)	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	1	-	-	-	-	1
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	1	2	4	1	-	-	-	-	-	-	-	-	8
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	21	188	250	24	12	29	23	18	11	9	7	4	596

SCHOOL HEALTH SERVICE

Journal of Educational Psychology

A study of the health of school children in the United States has been made by the National Bureau of Education. The results of this study are given in the following table. The table shows the percentage of school children who are healthy, the percentage who are sick, and the percentage who are disabled. The table also shows the percentage of school children who are healthy, the percentage who are sick, and the percentage who are disabled. The table also shows the percentage of school children who are healthy, the percentage who are sick, and the percentage who are disabled.

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SCHOOL HEALTH SERVICE

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SCHOOL HEALTH SERVICE

Medical Examinations in Schools

A concerted effort was made throughout the year to clear the backlog of school children due for the statutory physical examination during their primary, middle and senior years, so that, as far as possible, the programme for each school doctor would allow them to visit their schools at least once in each term, in order to encourage a close liaison between teachers and medical staff on an informal basis.

Special emphasis has been placed on the medical examination during the child's first year of school, with particular reference to any emotional problems. A close link has been built up with the Paediatric Department at Northwick Park Hospital, and many teachers have furnished valuable reports on children presenting both physical and emotional problems.

With the establishment of the Employment Medical Advisory Service the third school leaver examination now takes place in the year of the child's 15th birthday, so that Employment Officers have all the necessary medical information before giving careers advice in the last three terms of school life. The service now only requires a special form (Y9 and Y10) to be filled in for children with some disability or severe handicap. This has meant that far more realistic information is passed to the Careers Advisory Service officers and the new service is working well in Harrow.

There is no doubt that the whole question of the routine examination of all school children needs a fresh approach, and it is hoped that the Departments concerned will do this in the very near future. The present system, devised in 1908 has altered very little over the years and the needs of school children have shifted in a significant way from a service designed to prevent and cure physical disability to one that will detect emotional disturbances and learning difficulties at an early age.

It is to be hoped that in the near future far more attention will be focussed on the crucial period when children first enter school, so that greater insight into a child's development, learning patterns and the identification of potential emotional problems may be possible. This will mean far more time must be spent on each child and that medical officers may well have to undergo a programme of further training.

During the middle years of the child's school life frequent consultation between the school doctor and the teachers and repeated examinations will continue to pick up defects of vision, hearing, etc. but with the transition to a senior school, often of terrifying size and impersonal atmosphere, other pressures and tensions and influences crowd in on the young adolescent. Few children survive many years without some emotional problems, some severe enough to be referred to the Child Guidance Clinic—a service often overworked and understaffed and by its very remoteness from the rough and tumble of school life, often viewed

with suspicion by teachers and parents alike. For other children, problems of drink, experimenting with drugs, teenage sex and pregnancies, venereal disease, truancy, violence and vandalism and general problems of adolescence outweigh physical problems, and the school health service is doing little to help the teachers, the parents or the children. It might be better value for money, if trained and experienced School Counsellors were appointed to all Senior Schools rather than attempting to carry out routine physical examinations on reluctant teenagers.

The number of pupils attending maintained primary and secondary schools including nursery and special schools, on re-opening in January 1973 was 32,579. The numbers attending each group of schools were as follows:-

				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary	..	..	..	5,528	5,070	10,598
Primary	..	..	..	10,815	10,393	21,208
Nursery	..	..	..	235	211	446
Special Schools	..	..	..	182	145	327
				<hr/>	<hr/>	<hr/>
				16,760	15,819	32,579
				<hr/>	<hr/>	<hr/>

Specialist Services for School Children and Students

1. EYES

The beginnings of academic learning in the classroom inevitably throw up eye defects and a close watch must be kept on the Primary School child. Sweep tests are scheduled to be carried out by Clinic Nurses at the age of 5 and 8 years but only one Keystone machine is available.

2. EARS

In order to detect hearing loss in young children sweep tests should be carried out at the age of 5, 8 and 12 years at all schools. Teachers and parents are also encouraged to report suspected deafness. The volume of work has increased and a second trainee audiometrician has recently been appointed. Cases are referred by the Audiometrician, teachers, or from other clinics to special Audiology Clinics held at Caryl Thomas, and Alexandra Avenue, when a Clinic doctor with specialised training and interest in deafness, the audiometrician and the peripatetic teachers of the deaf, work as a team. Cases requiring further investigation are then referred to Dr. Fisch at the Neasden Audiology Clinic as in the past.

Much closer links with Dr. Fisch, and with the Peripatetic Teachers of the Deaf employed by the Education Department, have resulted in a much improved service for Harrow school children.

3. FEET

The chiropody service is used increasingly for dealing with foot defects and infections. A close link has been established with the Chief Chiropodist and the Clinic Doctors and Nurses and an all out attack on verrucae in school children was launched in 1973 with encouraging results.

4. TUBERCULOSIS

In October a case of pulmonary tuberculosis was diagnosed in a member of the ancillary staff in a grammar school. Although the risk of infection was judged to be slight, radiography examination was arranged for all pupils and staff. There was an extremely high response and no further cases of infection were found.

5. OVERWEIGHT SCHOOL CHILDREN

In view of the problems of obesity in young children, highlighted by the Milk Certificate survey; a Pilot Clinic has been started at Northolt Road Clinic on Friday mornings. Realistic diet sheets have been drawn up by the medical staff in co-operation with the Chief Dietician for Northwick Park Hospital who has shown a great interest in the project. Care has been taken to balance the needs and likes of children against the cost of a high protein/vegetable and fruit diet.

6. STUDENT HEALTH SERVICES

Harrow College of Technology and Art and the Hatch End College of Further Education provide tertiary education for full-time and part-time students. Many of these students are from overseas with all the attendant problems of settling down to live and study in a foreign culture, and many more come from areas outside the Borough living away from home for the first time.

A start was made in setting up a comprehensive student health service by the appointment of Mrs. Cooper a qualified and experienced student counsellor to the Harrow College. At the same time a teacher at the Hatch End College was seconded to a year's full time course in counselling at Keele University. Throughout the year additional counselling sessions were covered at both colleges by Dr. Fidler. In December, Dr. Arthur, a general practitioner, was appointed a part-time student health doctor.

The nucleus of a comprehensive service to the Borough has thus been laid down, but so far senior colleges have not been covered, nor to any realistic extent has the whole field of the adult student.

Speech Therapy

The year started with only two speech therapists working a total of nine sessions at the following places: Caryl Thomas Clinic, Northolt Road Clinic, Whittlesea School and Vaughan Assessment Clinic.

In January a speech therapist was appointed for a further three sessions. Between September and December recruitment continued and by 31st December there were six speech therapists in post working a total of 34 sessions at the following places:-

Caryl Thomas Clinic	Alexandra Avenue Clinic.
Northolt Road Clinic	Marlborough School
Honeypot Lane Clinic	Vaughan Assessment Unit
Cecil Park Clinic	Whittlesea School
Whittlesea Clinic	Shaftesbury School
Kenmore Road Clinic	

Visits to schools were resumed and a good liaison with the Head Teachers rebuilt. Visits were also made to Northwick Park Hospital for consultations about patients. Patients were referred for speech therapy by Medical Officers, General Practitioners, Head Teachers, Parents, Northwick Park Hospital, The Nuffield Centre and Mount Vernon Hospital.

At the beginning of the year 354 children were already receiving therapy. The total number of children receiving therapy at the end of the year was 598. The number of children discharged as not needing further therapy was 161.

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 as follows:-

The clinic offers

- (1) A CONSULTATION SERVICE, to outside agencies, general practitioners, paediatricians and other professional personnel.
- (2) A TREATMENT SERVICE, of which the main agents are the psychiatric social workers and the child psychotherapists. This is a highly specialised service which takes account of the professional training of the child psychotherapists and of the special experience and interests (supplemented by extra training), of the psychiatric social workers.

The psychiatrist, the psychiatric social workers and the psychologists work together, and separately, to provide this service. Occasionally the service is offered direct to clients, usually in cases in which they have approached the clinic and subsequently been contacted by a psychiatric social worker. The psychiatrist prefers the client or referring agent to be in touch with a primary care physician in all cases with which he is concerned.

The 1973 figures, set out below, illustrate trends towards:-

- (a) increasing numbers of consultations with personnel from outside agencies, without the clients/patients being seen by clinic professional staff.
- (b) increasing numbers of referrals from hospital paediatric units (especially Northwick Park). There is a corresponding slight fall in direct referrals from general practitioners, but these have continued to provide the bulk of direct work with patients on the clinical side.

These trends which were noted in the Annual Report for 1972 have continued into 1973.

Psychiatric responsibility for treatment is vested in the consultant psychiatrist, and conducted through case conferences and/or periodic reviews of the case. The specialist teacher, who is a full member of the clinical organisation, plays an important part in the treatment of a small number of cases.

The treatment service backs up the consultation service and is essentially related to it. There is no treatment 'waiting list'. This enables the psychiatrist to attempt therapeutic consultations during his first contacts with the case. He can then act with confidence knowing that, should the need for alternative approaches (such as intensive child psychotherapy, extended casework) become apparent during the consultation, then resources are available for them immediately. His work, and that of his specially experienced colleagues, ensures that psychotherapeutic skills, which can be developed within the setting of the clinic, or enhanced by contact with its staff members, are widely applied. At the same time, the child psychiatrist's responsibility for the on-going treatment or supervision of quite large numbers of cases is maintained and exercised.

NUMBER OF NEW CASES	100*
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SOURCE OF REFERRAL :

(a) Medical Officer of Health	9
(b) General Practitioner	45
(c) Hospital Paediatrician/Psychiatrist	9
(d) Department of Social Services	5
(e) Director of Education	2
(f) Educational Psychologist	6

(g) Head Teacher (through Educational Psychologist)	14
(h) Head Teacher direct	4
(i) Parent	4
(j) Transfers from other clinics.. .. .	2

PRESENTING SYMPTOMS :

(a) NERVOUS DISORDERS (Fears, depression, anxiety, refusal to attend school)	30
(b) BEHAVIOUR DISORDERS	44
(c) PSYCHOSOMATIC DISORDERS (Asthma)	3
(d) HABIT DISORDERS (Enuresis, soiling, speech difficulties, masturbation)	11
(e) ANTI-SOCIAL BEHAVIOUR	6
(f) LACK OF SCHOOL PROGRESS/BACKWARDNESS	6
OTHER ATTENDANCES	2,707
TOTAL ATTENDANCES	2,907
CHILDREN	974
PARENTS	1,777
OTHERS	156

* This figure does not take account of case consultations in which professional workers from outside agencies were helped to deal with their own clients.

School Psychological Service

Mr. W. R. Wilson, 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. Parnell (One vacancy)
Specialist Teacher	Mrs. D. Schiller
Advisory Peripatetic Remedial Teacher	Mrs. M. Zurawski
Peripatetic Remedial Teacher	Mrs. G. Branch
Peripatetic Remedial Teacher	Mrs. B. Evans
Assessment Unit	Mrs. J. M. Whitmarsh
Chantry Unit (Class 6)	Mrs. D. E. Harper

(2) DETAILS OF REFERRALS :

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1. Number of Children Referred	132	52	184
2. Age Range of Referral :			
(a) Under 5 years (pre-school)	9	—	9
(b) 5 - 7+ years (Infant School)	28	12	40
(c) 7+ - 11+ years (Junior School)	75	22	97
(d) 11+ - 16+ years (Secondary—Grammar and Modern	20	18	38
(e) Over School Age	—	—	—
3. Source of Referral :			
(a) Director of Education	7	1	8
(b) Social Services	1	5	6
(c) Controller of Health Services	14	4	18
(d) Head Teachers	84	32	116
(e) Parents	7	2	9
(f) Other Agencies	19	8	27
4. Reasons for Referral :			
(a) Educational Difficulties	89	33	122
(b) Behaviour Problems	42	20	62

(3) OUTCOME OF REFERRAL :

(a) Number of children referred to Psychiatrist	19	1	20
(b) Number of children seen by Psychiatrist ..	12	1	13
(c) Number of children seen by Educational Psychologists for treatment/counselling ..	5	3	8
(d) Number of children recommended for Day E.S.N. education	18	4	22
(e) Number of children receiving remedial teaching from Peripatetic Remedial Teachers	56	17	73
(f) Additional remedial teaching carried out by student from Maria Grey Training College ..	2	—	2
(g) Number of children recommended for Assessment Unit	7	3	10

(4) PHOBIC CHILDREN AND CHILDREN OUT OF SCHOOL FOR OTHER REASONS :

4	5	9
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(5) THE ASSESSMENT UNIT :

The Assessment Unit continues to provide a useful service for young children. The number of referrals remains fairly steady and there was no undue pressure on places.

(6) CLASS 6 CHANTRY SCHOOL :

The scheme of admitting children on a part-time basis has continued as this has proved successful in a small number of cases. However, the difficulty of operating such a unit successfully within an ordinary school is increasingly evident and supports the view that the borough would benefit from purpose-built premises in order to cater for such children.

(7) REMEDIAL TEACHING :

There was a further expansion of the Remedial Teaching Service. A fourth teacher was appointed in September although she did not take up her duties during the present year. The service appears to be increasingly valued by the schools and provide effective help for children with specific learning difficulties.

(8) SPECIAL SCHOOLS :

Number of visits to special boarding schools : 7.

(9) UNIT FOR PARTIALLY HEARING CHILDREN :

The Unit for partially hearing children of Infant School age, referred to in my last report, was opened in September 1973, so that special educational provision for all such children of primary school age is now available in the borough.

(10) CONCLUSIONS :

As noted in my previous report, the main area of expansion has continued to be in the provision of specialised remedial teaching. However, it has become obvious that social and family problems are frequently the reason for children being referred on account of learning difficulties with associated behaviour problems.

Although it has not yet been possible to introduce a screening procedure in connection with the teaching of reading, plans for this have continued.

HANDICAPPED PUPILS

The Local Educational Authority has a statutory duty under the Education Act 1944, of ascertaining handicapped pupils in their area and of providing for the special educational treatment of such children.

Ten categories of pupils requiring special educational treatment are defined in School Health Service and Handicapped Pupils' Regulations. These are as follows:-

(a) BLIND PUPILS, that is to say pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight.

Number of blind pupils newly assessed	1
Number of blind pupils admitted to special schools during the year	2
Total number of blind pupils in special schools for the blind as at 31st December, 1973	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	2
Number of partially-sighted pupils admitted to special schools during the year	1
Total number of partially-sighted pupils in special schools for partially-sighted children at as 31st December, 1973	9

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

Number of deaf pupils newly assessed	4
Number of deaf pupils admitted to special schools during the year	3
Total number of deaf pupils in special schools for the deaf as at 31st December, 1973	6

(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	3
Number of partially deaf admitted to special schools during the year	3
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1973.. .. .	16

(e) EDUCATIONALLY SUBNORMAL PUPILS, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Number of educationally subnormal pupils newly assessed	5
Number of educationally subnormal pupils admitted to special schools during the year	4
Total number of pupils ascertained as educationally subnormal and educated in special schools/classes as at 31st December, 1973	39

(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	2
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, 1973	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	12
Number of maladjusted pupils admitted to special schools/ classes during the year	8
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December, 1973 ..	26

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

Number of physically handicapped newly assessed ..	7
Number of physically handicapped admitted to special schools/classes during the year	7
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1973	37

(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, 1973	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	20
Number of delicate pupils admitted to special open-air schools during the year	18
Total number of delicate pupils in open air schools as at 31st December, 1973	54

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>Day Nursery or Ordinary School</i>	<i>Hospital School</i>	<i>At Home</i>	<i>Total</i>
Blind	2	4	—	—	—	6
Partially-sighted ..	—	9	2	—	—	11
Deaf	1	5	—	—	—	6
Partially Deaf ..	3	13	6	—	—	22
Educationally Subnormal ..	8	30	1	—	—	39
Epileptic	2	—	1	—	—	3
Maladjusted ..	24	2	9	—	—	35
Physically Handicapped	8	29	5	2	2	46
Speech	—	1	—	—	—	1
Delicate	53	1	19	—	—	73

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.

Handicapped Register

A Register is maintained of children who, because of some handicap, may require special education.

Day Nurseries—Admission of Handicapped Children

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

The categories 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.

Two children from category 1 and one from category 2 were admitted to a day nursery during 1973.

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. One child was receiving home tuition at the end of 1973.

INFECTIOUS DISEASES (see also page 53)

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 1973:-

(A)

<i>Type of School</i>	<i>No. of Pupils Eligible</i>	<i>No. of Acceptances</i>	<i>Negative Reactors</i>	<i>Positive Reactors</i>
Secondary Modern ..	1,406	1,079	985	31
Secondary Grammar ..	925	741	674	10
Independent ..	476	401	371	4
Special ..	—	—	—	—
TOTAL ..	2,807	2,221	2,030	45
(1972) ..	(2,829)	(2,159)	(1,935)	(65)

(B)		1972	1973
	Number eligible	2,829	2,809
	Number accepting	2,151	2,221
	Acceptance rate	76%	79.1%
	Positive reactors	65	45
	Percentage positive	3.2%	2.2%
	Negative reactors	1,935	2,032
	Number given B.C.G. vaccination..	1,922	2,030

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 (see page 34).

PROVISION OF MILK AND MEALS IN SCHOOLS

During 1973 the total number of meals served was 3,737,937 of which 227,095 were free.

Forty-seven 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 57 certificates were issued. 227 children were still receiving milk.

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 1973	741
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TABLE I—MEDICAL INSPECTION RETURNS

<i>Age groups inspected (By year of Birth)</i>	<i>No. of pupils having received a full medical examination</i>	PHYSICAL CONDITIONS OF PUPILS INSPECTED		<i>No. of pupils found not to warrant a medical examination</i>
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	
(1)	(2)	(3)	(4)	(5)
1969 and later	223	223	—	—
1968	1,203	1,203	—	—
1967	1,653	1,652	1	—
1966	1,312	1,312	—	—
1965	172	172	—	—
1964	82	82	—	—
1963	57	57	—	—
1962	66	66	—	—
1961	72	72	—	—
1960	131	131	—	—
1959	178	178	—	—
1958 and earlier	1,592	1,592	—	—
TOTAL ..	6,741	6,740	1	—

Column (3) total as a percentage of Column (2) total: 99·98 %

Column (4) total as a percentage of Column (2) total: 0·02 %

TABLE II
OTHER INSPECTIONS

Number of Special Inspections	1,870
Number of Re-inspections	3,411
TOTAL ..	5,281

TABLE III
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	32,961
(b) Total number of individual pupils found to be infested	209
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	112
(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	63
Errors of refraction (including squint)	1,526
TOTAL ..	1,589
Number of pupils for whom spectacles were prescribed	381

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	12
(b) for adenoids and chronic tonsillitis	75
(c) for other nose and throat conditions	—
Received other forms of treatment	42
TOTAL ..	129
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1970	12
(b) in previous years	64

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	29
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	29

(excluding uncleanness, for which see Table III)

CHILD GUIDANCE TREATMENT

SPEECH THERAPY

OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	19
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who receive B.C.G. vaccination	2,030
(d) Other than (a), (b) and (c) above:	
Heart	2
Lungs	5
Developmental—other	106
Nervous System	46
Psychological (i) Development	15
(ii) Stability	24
TOTAL (a) to (d) ..	2,247

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

This was the last complete year that the School Dental Service operated as a local authority service. On 1st April, 1974 the new unified national health service is due to come into being, and the dental service will be part of this.

Equipment

In accordance with the planned programme of replacement of outmoded dental equipment, referred to in my last report, new equipment was installed in No. 2 surgery at Caryl Thomas Clinic, and at the Alexandra Avenue Clinic. Steps were taken with regard to ordering new equipment for the Cecil Park and Whittlesea Road Clinics.

Staffing

Dental officer coverage remained adequate. To help overcome the difficulty of obtaining dental surgery assistants, the decision was taken to appoint a girl of school leaving age as a trainee, extra to establishment, for the first year of her service. I am pleased to report that at the time of writing an entirely new and satisfactory salary structure has been implemented which should make the job more attractive as a career.

May I express my appreciation of the close co-operation that always existed with all departments of the Council.

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit	2,580	1,881	640	5,101
Subsequent Visits	3,536	2,950	972	7,458
Total Visits	6,116	4,831	1,612	12,559
Additional courses of treatment commenced	407	220	29	656
Fillings in permanent teeth	1,999	3,741	1,367	7,107
Fillings in deciduous teeth	4,442	344	—	4,786
Permanent teeth filled	17,142	3,248	1,226	6,188
Deciduous teeth filled	4,158	314	—	4,472
Permanent teeth extracted	67	285	74	426
Deciduous teeth extracted	1,086	448	—	1,534
General anaesthetics	365	206	25	596
Emergencies	198	97	27	322
Number of Pupils X-rayed .. .. .	..	..	467	
Prophylaxis .. .. .	..	..	1,194	
Teeth otherwise conserved .. .. .	..	..	545	
Number of teeth root filled .. .. .	..	..	19	
Inlays .. .. .	..	..	—
Crowns .. .. .	..	..	11	
Courses of treatment completed .. .. .	..	..	4,039	

ORTHODONTICS

New cases commenced during year	..	..	100
Cases completed during year	..	..	72
Cases discontinued during year	..	..	—
No. of removable appliances fitted	..	..	186
No. of fixed appliances fitted	..	..	12
Pupils referred to Hospital Consultant	..	..	—

PROSTHETICS

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	3	1	—	4
Number of dentures supplied	3	1	—	4

INSPECTIONS

(a) First inspection at school. Number of Pupils	..	..	24,361
(b) First inspection at clinic. Number of Pupils	..	..	1,937
Number of (a)+(b) found to require treatment	..	..	10,271
Number of (a)+(b) offered treatment	..	..	8,095
(c) Pupils re-inspected at school clinic	..	..	1,379
Number of (c) found to require treatment	..	..	1,169

SESSIONS

Session devoted to treatment	..	..	2,317
Sessions devoted to inspection	..	..	251
Sessions devoted to Dental Health Education	..	..	59

ENVIRONMENTAL HEALTH SERVICES

GENERAL REVIEW

The effect of the arrival of Ugandan Asians during the early months of 1973 and the unexpected notification of a case of smallpox on 4th April were the two outstanding events of the year.

The influx of Ugandan Asians caused a sharp rise in the number of cases of enteric fever. The number rose from four on 1st September, 1972 to six on 1st March 1973. However towards the end of the year the problem in this field died and by the 1st December the number of cases had fallen to thirty-one.

The notification of a case of smallpox—the first in the history of the district since it was founded in 1964—served to underline the importance of local authorities maintaining a level of effort experienced in dealing with such cases. It also led to the need in the field of investigation for closer liaison between the Community Physicians and Public Health Inspectors, and (2) the importance of the work and responsibilities of Health Committees and the vital part played by the public.

ENVIRONMENTAL

HEALTH

SERVICES

In most other spheres of activity the year was unremarkable. There was one of frustration due to the fact that the Health Department was understaffed in 1973. Complaints were dealt with as far as possible and much was accomplished in the field of waste control. There was a shortage in the work done in connection with the Railway Premises Act, and in spite of the efforts made against it in the light of the fact that the district was a rubbish tip in respect of pest control, health education and home visits. These are all important areas of activity.

As regards food and food hygiene, the year was satisfactory. The sampling work done and the visits to shops and other premises revealing an all-round desire on the part of manufacturers and traders to co-operate with the local authority in their efforts towards higher standards.

Apart from the foregoing, 1973 was a year of general interest and a number of matters are, perhaps, worthy of note. Firstly, the 1st December brought to a close the first complete calendar year of operations from the Civic Centre. Secondly it heralded the opening of a year that will bring unprecedented changes in the work in so far as the health and related services of the district are concerned. Thirdly, it saw the retirement of an officer, namely Mr. Drabbin, who for forty years had served the Council and its predecessor as an outstanding member of the staff of the Health Department.

ENVIRONMENTAL HEALTH SERVICES

GENERAL REVIEW

The effect of the arrival of Ugandan Asians during the early months of 1973 and the unexpected notification of a case of smallpox on 4th April were the two outstanding events of the year.

The influx of Ugandan Asians caused a sharp rise in the number of cases of overcrowding. The number rose from four on 1st September, 1972 to sixty-two on 31st March, 1973. However towards the end of the year the problems in this field eased and by the 31st December the number of cases had fallen to thirty-one.

The notification of a case of smallpox—the first in the history of the district since it was formed in 1934 served to underline (a) the importance of local authorities maintaining a team of officers experienced in dealing with such cases; (b) the need in the field of investigation for close liaison between the Community Physicians and Public Health Inspectors; and (c) the importance of the work and responsibilities of Health Committees and the vital part they play particularly in times of emergency. (see p.53).

In most other spheres of activity the year for the inspectorate was one of frustration due to the difficulties experienced in obtaining staff. Complaints were dealt with at a level of 100% and much was accomplished in the field of noise control. There was however a shortfall in the work done in connection with the Offices, Shops and Railway Premises Act, and in spite of the efforts made ground was lost in the fight against litter and the dumping of rubbish, likewise in respect of pest control, health education and home safety. These are all important areas of activity.

As regards food and food hygiene, the year was satisfactory, the sampling work done and the visits to shops and other premises revealing an all-round desire on the part of manufacturers and traders to co-operate with the local authority in their efforts towards higher standards.

Apart from the foregoing, 1973 was a year of general interest and a number of matters are, perhaps, worthy of note. Firstly, the 31st December brought to a close the first complete calendar year of operations from the Civic Centre. Secondly it heralded the approach of a year that will bring unprecedented changes in its wake in so far as the health and kindred services of the district are concerned. Thirdly, it saw the retirement of an officer, namely Mr. Drabble, who for forty years had served the Council and its predecessors as an outstanding member of the staff of the Health Department.

STATISTICAL SUMMARY

Inspections Made and Conditions Found

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects	..	1,470
(ii)	On complaint of other nuisances	.. .. .	805
(iii)	Revisits arising from defects found	.. .. .	2,960
(iv)	Survey Housing Act 1957 (Overcrowding)	.. .. .	177
(v)	Surveys Housing Act 1969—Qualification Certificates	..	210

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	.. .. .	2,840
(ii)	Number of cases of overcrowding revealed	.. .. .	62

PUBLIC HEALTH

VISITS

(i)	On complaint or request	.. .. .	368
(ii)	Routine inspection of premises	.. .. .	457
(iii)	Revisits arising from defects found	.. .. .	2,560
(iv)	Surveys arising from Rats and Mice complaints	.. .. .	3,014
(v)	Inspection of Factories	.. .. .	105
(vi)	Inspection of Outworker's Premises	.. .. .	10
(vii)	Inspection of Cinemas and Places of Entertainment	..	10
(viii)	Inspection of Licensed Premises	.. .. .	56
(ix)	Visits under Shops Act	.. .. .	1,285
(x)	Observations made for Smoke Nuisances	.. .. .	78
(xi)	Surveys under Clean Air Act	.. .. .	2,497
(xii)	Pet Shops	.. .. .	17

FOOD HYGIENE

VISITS

(i)	Butchers' Shops	.. .. .	161
(ii)	Dairies	.. .. .	40
(iii)	Fish Shops	.. .. .	50
(iv)	Bakehouses	.. .. .	55
(v)	Cafes and Restaurants	.. .. .	308
(vi)	Ice Cream Premises	.. .. .	53
(vii)	Provision Merchants	.. .. .	240
(viii)	Greengrocers	.. .. .	104
(ix)	Other Food Premises	.. .. .	188

COMPLAINTS RECEIVED

SUMMARY :

Accumulations of refuse	..	..	..	..	..	211
Animals causing a nuisance	..	..	..	..	..	37
Dampness and housing defects	..	..	..	..	..	310
Drains and sewers—choked	..	..	..	..	..	72
defective	..	..	..	..	..	107
Dustbins defective ..	..	..	..	..	..	1
Flooding—Gardens	..	..	..	..	..	11
Insect infestations	..	..	..	..	..	81
Overcrowding, alleged	..	..	..	..	..	30
Smoke nuisances ..	..	..	..	..	..	54
Watercourses ..	..	..	..	..	..	17
Other complaints	..	..	..	..	..	102
Food unfit (excluding requests received from shops to visit and inspect food)	..	..	..	..	..	186

NOTICES SERVED

UNDER HOUSING ACT, 1957 :

Statutory Notices served under S.9 requiring execution of repair work	6
Dwellings reported under SS. 16/17 as being unfit for human habitation	16
Informal notices served under S.9	29

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	..	..	..	21
(iii)	S.45—repair or renewal of defective water closets	..			—
(iv)	S.93—abatement of a nuisance	..	..	..	36
(v)	Informal notices served	..	..	..	1,982

Under Public Health Act, 1961:-

(i)	S.26	..	..	..	..	..	..	..	4
(ii)	S.17	..	..	..	..	..	..	..	3

ACTION TAKEN

FOLLOWING PUBLIC HEALTH ACT NOTICES :

(i)	S.24—Public sewers repaired	..	..	..	..	32
(ii)	S.39—					
	(a) By owners	..	..	..	..	12
	(b) By local authority in default of owners	..	..			3
(iii)	S.93—Nuisances abated	..	..	..	..	24
(iv)	Nuisances abated and/or other work carried out by owners on receipt of informal notice	..	..	..	..	1,587

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

Number of Notices	.. .. .	5
(a) by owners	.. .. .	5
(b) by local authority	.. .. .	—

FOLLOWING PUBLIC HEALTH ACT NOTICES :

S.26—(a) by owner	.. .. .	1
(b) by Local Authority in default	.. .. .	2
S.17—(a) by owner	.. .. .	1
(b) by Local Authority in default	.. .. .	1

SUMMARY PROCEEDINGS

It was necessary on four occasions to apply to the Magistrates for abatement orders; in each case the order was granted. Fines totalling £70 were imposed, plus costs totalling £30.

Pursuant to the Food and Drugs Act, action was taken in respect of ten cases following foreign matter being found in food stuff. Fines totalling £310 were imposed. The costs allowed in respect of these cases was £120.

Under the Food and Drugs Act action was also taken in respect of two premises where the standard of cleanliness failed to measure up to that required by the Food Hygiene Regulations. Fines totalling £635 were imposed, plus costs totalling £200.

Action was also taken pursuant to the Housing Act in respect of a case of overcrowding, fines totalling £55 were imposed plus £20 costs.

HOUSING

During the year 16 properties were made the subject of Closing Orders. These were:-

- 8a High Street, Wealdstone
- 97 Canning Road, Wealdstone
- 3, 9, 19, 21, 23 Kymberley Road, Harrow
- 28 Crown Street, Harrow-on-the-Hill
- 8 High Street, Wealdstone
- 90 Uxbridge Road, Harrow Weald
- 14 Grove Hill Road, Harrow
- 6 Frogna Avenue, Wealdstone
- 25 Marlborough Hill, Harrow
- 15a Peel Road, Wealdstone
- 8 Greenhill Crescent (Ground Floor), Harrow
- 3 Middle Road, Harrow

One property the subject of a Closing Order was reconditioned and the Order lifted namely:-

31 St. Kilda's Road, Harrow

Three properties the subject of Orders were demolished:-

71, 81, 83 Byron Road, Wealdstone

During the year 10 families were rehoused by the Council from dwellings the subject of Orders made pursuant to the Housing Acts.

Overcrowding

Reference was made in the Annual Report for 1972 to the arrival in the Borough of Asian families from Uganda and to the effect they were having on overcrowding. From three cases on the 1st January, 1972, the number rose to 48 on the 31st December. The peak however was reached during March 1973 when the register contained details of 62 families living under conditions of statutory overcrowding.

Thirty-one of these cases of overcrowding were abated during the year, the number on the register on 31st December, 1973 being 31. During 1948 the number of recorded cases was 628.

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 1973

During the year Smoke Control Orders Nos. 26 and 27 came into operation covering 1,015 acres involving 6,415 premises including 6,190 dwellings. The total acreage now subject to Smoke Control Orders in the Borough is 10,359 covering 57,697 dwellings. This represents approximately 82% of the total number of dwellings in the Borough. In addition Smoke Control Orders Nos. 28 and 29 were confirmed by the Department of the Environment. These will come into operation in July and November 1974 respectively and will bring a further 6,372 dwellings under control, raising the percentage of dwellings the subject of Smoke Control Orders to 91%.

In the year under review 2,497 visits were made in connection with smoke control matters, including the investigation of complaints of nuisance from domestic and industrial premises. Work to the value of £29,373 was completed at 373 dwellings as compared with 249 during 1972. The average cost per claim rose during the year reflecting increases in the cost of appliances and labour, plus the effect of Value Added Tax.

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

<i>Year</i>	<i>Amount of grant paid</i>	<i>No. of claims for grant</i>	<i>Average per claim (to nearest £)</i>
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
1973 ..	£13,267	373	£36

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

<i>Year</i>	<i>Total number Premises</i>	<i>Number of Dwellings</i>	<i>Number of premises</i>
1961/67	22,406	21,278	1,128
1968 ..	6,185	5,246	939
1969 ..	6,130	5,831	299
1970 ..	2,648	2,526	122
1971 ..	9,355	9,196	159
1972 ..	7,804	7,430	374
1973 ..	6,415	6,190	225
TOTAL ..	60,943	57,697	3,246

It is hoped that the target date set for the completion of the programme in 1960 namely 1975 will be met.

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.

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 was satisfactory in quantity and quality and no adverse reports were received.

In addition to samples taken by the Colne Valley Water Company, twenty-four samples were taken by the Department—all were satisfactory, likewise five samples taken from the deep boring of Messrs. Braziers, Kenton Lane. The supply in this case is used for cooling and other purposes within the dairy.

The following is a copy of a 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	.. ..	Normal

CHEMICAL EXAMINATION

<i>Determinations</i>	<i>Results in Parts per Million</i>			
Total Solid Residue dried at 105°C	446
Chlorides as Chlorion	48
Nitrate Nitrogen	—
Nitrite Nitrogen	—
Ammoniacal Nitrogen	0.024
Albuminoid Nitrogen	0.054
Oxygen absorbed, 4 hrs. at 27°C	0.08
Total Hardness as CaCO ₃	288
Non-carbonate hardness as CaCO ₃	—
Alkalinity as CaCO ₃	207
Poisonous Metals	—
pH	7.8

This is a satisfactory water showing no signs of contamination and, in my opinion, is chemically suitable for domestic purposes.

SWIMMING POOLS

During the year routine samples were obtained from the Council's two public swimming pools and from those pools forming part of educational or similar establishments. Of the 71 samples taken for bacteriological examination, 67 were satisfactory. Follow up samples taken after the receipt of the four adverse reports revealed the cause of the trouble had been found and dealt with.

Three samples submitted for chemical analysis were satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT

Working conditions in shops, offices and railway premises are regulated by the Offices, Shops and Railway Premises Act 1963 and the regulations made thereunder.

Pursuant to Section 60 of this Act an Annual Report is submitted to the Department of Employment. The following is an extract from the year under review.

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

The figures submitted to the Department of Employment for 1973 were as follows:-

<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	21	616	28
Retail Shops	54	1,223	168
Wholesale Shops, Warehouses ..	2	39	1
Catering establishments open to the public, canteens	9	151	13
Fuel Storage Depots	—	—	—
TOTALS ..	86	2,029	210

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

1,256

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	10,211
Retail Shops	5,929
Wholesale Departments, Warehouses ..	272
Catering establishments open to the public	1,023
Canteens	253
Fuel Storage Depots	—
TOTAL	17,688
TOTAL—MALES ..	8,506
TOTAL—FEMALES ..	9,182

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	2	—	—	2	—
Shops	—	26	5	—	—	—	5
Warehouses ..	—	9	1	—	—	1	—
Catering	—	5	2	—	—	—	2
Fuel Storage Depots ..	—	—	—	—	—	—	—
TOTALS ..	—	49	10	—	—	3	7

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to Public/Canteens</i>	<i>Fuel Storage Depots</i>
Machinery	—	2	1	1	—
Transport	—	—	—	—	—
Falls of persons ..	4	8	—	—	—
Stepping on or striking against object or person	1	1	—	—	—
Handling goods ..	4	3	4	2	—
Struck by falling object	—	1	—	—	—
Fires and Explosions ..	—	1	—	—	—
Electricity	—	—	—	1	—
Use of hand tools ..	—	10	1	1	—
Not otherwise specified	—	—	3	—	—

CONTRAVENTIONS FOUND 1973

CONTRAVENTIONS REMEDIED 1973

	<i>Offices</i>	<i>Shops</i>	<i>Catering/ Canteens</i>	<i>Whole- sale</i>	<i>Total</i>	<i>Offices</i>	<i>Shops</i>	<i>Catering/ Canteens</i>	<i>Whole- sale</i>	<i>Total</i>
Cleanliness—Working Areas ..	—	1	2	—	3	—	—	—	—	—
Ventilation	2	1	—	—	3	—	—	—	—	—
Temperature	—	2	—	—	2	—	—	—	—	—
Lighting	—	—	—	—	—	—	—	—	—	—
Seating Facilities	—	—	—	—	—	—	—	—	—	—
Seating—Sedentary Work ..	—	—	—	—	—	—	—	—	—	—
Overcrowding	—	—	—	—	—	—	—	—	—	—
First Aid	4	14	4	—	22	4	9	—	—	13
Sanitary Accommodation :										
(i) Insufficient	—	—	—	—	—	—	—	—	—	—
(ii) Unsatisfactory	1	—	2	—	3	—	—	—	—	—
Washing Facilities:										
(i) Insufficient	—	1	—	—	1	—	—	—	—	—
(ii) Unsatisfactory	1	6	—	—	7	—	—	—	—	—
Drinking Water	—	—	—	—	—	—	—	—	—	—
Staff Clothing	—	3	1	—	4	—	—	—	—	—
Eating Facilities	—	—	—	—	—	—	—	—	—	—
Thermometer	6	25	5	—	36	18	4	—	—	22
Abstract	2	26	7	—	35	9	20	1	—	30
Stairs, etc.	—	2	1	—	3	—	—	—	—	—
Unguarded Machines	—	1	—	—	1	—	—	—	—	—
TOTALS	16	82	22	—	120	31	33	1	—	65

SHOPS

The number of occupied shops on the register at the end of the year was 2,131—nine more than on the 31st December, 1972.

The following is a list of the various types of shops in the Borough classified under their principal trade—the figures for 1972 are shown in brackets:-

Antiques	19	(18)	Mixed Stores	28	(27)
Boot repairs	27	(27)	Motors and Accessories ..	143	(142)
Boots and Shoes	42	(41)	Musical	16	(16)
Builders' Merchants	26	(26)	Newsagents	106	(105)
Butchers	91	(93)	Opticians	19	(19)
Chemists	55	(54)	Outfitters Ladies	113	(107)
Coal Order Offices	17	(17)	" Gents	75	(75)
Cafes/Restaurants	106	(104)	Paint and Wallpaper	40	(38)
Confectionery	59	(58)	Photographic	20	(21)
Drapers	21	(22)	Pet Shops	11	(12)
Electrical, Radio and TV. ..	96	(94)	Public Houses	54	(54)
Fish Shops	39	(39)	Second-hand Wardrobes ..	2	(2)
Florists	28	(27)	Sewing Machines	5	(5)
Fruit and Greengrocery	92	(95)	Stationers	16	(16)
Furnishers	68	(69)	Tobacconists	84	(85)
Glassware	14	(14)	Toys and Sports	23	(25)
Grocers	129	(132)	Wines and Spirits	46	(46)
Hairdressers	134	(138)	Wools	19	(19)
Hardware	54	(53)	Woodwork, Timber	24	(24)
Jewellers	23	(22)	Miscellaneous	138	(132)
Leather goods	9	(9)			

During the 1,285 visits made, 248 infringements were noted and dealt with. The majority were in respect of the keeping of records—failure to maintain plant and equipment to the required standard and the cleanliness of staff rooms. All were dealt with and in no instance was it necessary to resort to statutory action.

VERMIN AND OTHER PESTS

Foxes

Twenty-three complaints were received about foxes, many referring to the "mangy" state of the animals seen. Advice was given but owing to staff problems it was seldom possible to do more. There is no doubt the fox population in the area is increasing.

Rodent Control

No major reservoirs of infestation were found in the district and the distribution of the 1,517 complaints received, indicated that one part of the Borough is no more heavily infested than another. The majority of the complaints received appeared to be associated with either the feeding of birds or pet animals. The investigations that were made also revealed rubbish and the cover afforded by sheds and outbuildings a likely cause of infestation.

During the year mice were particularly troublesome in many parts of the Borough. This problem (common throughout the London area) was referred to in the Annual Report for 1972 and unfortunately it has not to date been resolved.

Pigeons

Work in connection with the control of the feral pigeons continued throughout the year and the number of birds was kept down to within reasonable limits. The clearance of the feral pigeons from town centres and indeed from residential areas could be achieved if only members of the public would refrain from feeding them. There are flocks that congregate almost to a regular timetable knowing that food will be available and while this feeding continues limitation of numbers is all that can be hoped for.

The number of birds taken during the year was 1,545.

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 number of nests destroyed during the year was 374. This was 70 fewer than during 1972. The number dealt with during the wasp season is generally of the order of 450.

FOOD AND DRUGS

The work in this field falls into two main parts: (1) the investigation of complaints and (2) the sampling of food stuffs and other commodities. The investigation of complaints and the organisation of the sampling programme was undertaken by a Senior Inspector, Mr. F. W. Fowler.

On the 1st April, 1973 the Council appointed Mr. J. H. Shelton, F.R.I.C., as joint Public Analyst with Mr. E. Voelcker, A.R.C.S. M.Chem. A., F.R.I.C. Samples of food for chemical analysis were submitted to the Public Analysts, while samples of fertilizers and feeding stuffs were sent to Mr. E. Voelcker, the Council's Agricultural Analyst. The practice of examining milk and other dairy products within the Department continued while the bacteriological examination of food was carried out by the Public Health laboratories at Central Middlesex Hospital and at Colindale.

The coming into force during the year of the Labelling of Food Regulations 1970 required detailed attention being given to the size, position and contents of the words appearing on labels affixed to pre-packed foods and to the description applied to foods sold other than

pre-packed. Where necessary the packers or vendors, as the case may be, were required to make suitable amendments to labels, etc. and while discussions were in many cases prolonged, particularly when imported foods were involved, the problems arising were generally resolved without serious difficulties being encountered. The following is a summary of the samples taken and the results obtained:-

Analysis

	<i>Commodity</i>	<i>No. Taken</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
Bacteriological	Milk	220	203	17
	Milk bottles	3	3	—
	Ice Cream	160	92	68
	Cream	198	153	45
	Swimming Pool Water	—	—	—
	Drinking Water	16	16	—
	Other Foods	17	16	1
	Miscellaneous	—	—	—
Chemical in Office	Milk	151	145	6
	Other Foods	101	94	7
	Miscellaneous	—	—	—
Chemical by Public Analyst	Drugs	26	26	—
	Food	316	294	22
	Fertiliser & Feeding Stuffs Act 1926	10	8	2
	Consumer Protection Act 1961	—	—	—
	Pharmacy & Poisons Act 1933	—	—	—
	Swimming Pool Water	—	—	—
	Drinking Water	2	2	—
	Miscellaneous	—	—	—
	TOTAL BACTERIOLOGICAL	614	483	131
	TOTAL CHEMICAL	606	569	37
	GRAND TOTAL	1,240	1,052	168

FOOD COMPLAINTS

The number of complaints received concerning the presence of foreign matter in, or the condition of, food continued to increase as it has done for some years. The following table reveals the trend since 1968:-

<i>Year</i>	<i>Number of Complaints</i>		
1968	93
1969	123
1970	145
1971	206
1972	241
1973	262

While this trend is expected to continue it should not be taken as an indication that the quality of food stuff is falling, but rather to the increasing publicity given to food and food hygiene and to increasing interest taken in these matters by the public.

The following is a Summary of the Complaints received:-

<i>Commodity</i>	<i>Foreign Bodies</i>	<i>Mouldy</i>	<i>Otherwise out of Condition</i>	<i>Miscellaneous</i>	<i>Total</i>
Beverages	3	—	8	—	11
Bread/Flour	21	11	8	—	40
Butter and Fats	—	1	1	—	2
Cakes/Biscuits/Tarts	11	4	6	1	22
Canned and Bottled Food	22	4	11	2	39
Cheese	3	5	—	—	8
Cream	—	—	2	2	4
Fish	1	—	—	—	1
Frozen Foods	4	—	1	—	5
Fruit and Vegetables	4	1	5	—	10
Jam/Marmalade/Pres.	5	—	—	—	5
Meals	4	—	—	1	5
Meat/Poultry/Meat Products	12	5	22	2	41
Miscellaneous	3	1	3	1	8
Nuts	—	—	1	—	1
Rices and Farinaceous Foods	1	—	1	—	2
Sausages	—	1	4	—	5
Sugar and Sugar Conf.	3	1	4	—	8
Yoghurts/Desserts	1	1	4	1	7
TOTAL	98	35	81	10	224
	<i>Foreign Bodies</i>	<i>Dirty Bottles</i>	<i>Poor Quality</i>		
Milk	15	16	7		38
				TOTAL	262

MILK

Production

Milk was produced in the Borough at four farms, namely Pinner Park Farm, Pinner Wood Farm, Oxhey Lane Farm and Harrow School Farm.

Processing

The number of pasteurizing plants remained at two. They are located at Kenton Lane Farm, Kenton and Pinner Park Farm, Pinner. High Temperature Short Time pasteurizing plant is in use at both dairies.

Distribution

The majority of milk retailed within the Borough is processed and bottled elsewhere and distributed mainly by the well known Companies from local or nearby receiving depots. In addition milk is sold in an increasing number of retail shops and here the introduction of Ultra Heat Treated milk has been of considerable help. Ultra Heat Treated milk which has a long shelf life without refrigeration is particularly suitable for retail sale in the supermarket and other shops and it appears to be coming increasingly popular with the housewife, particularly as a stand-by supply.

At the end of the year 122 persons were registered as distributors and three as dairymen.

Inspection and Sampling

In all 220 samples of milk were obtained for bacteriological examination. Of these 203 were found to be satisfactory. Investigations were made into each case where an unsatisfactory result had been obtained and appropriate follow-up action was taken.

One hundred and fifty-one samples of milk were examined within the Department and 145 of these were found to satisfy the prescribed standards. Minor deficiencies in milk fat or solid not fat contents were found in the remaining samples. These deficiencies were investigated and action as appropriate to the case was taken. Further samples from the sources were found to be satisfactory.

Complaints

A total of 38 complaints were received about milk or milk containers. Of these 15 referred to the presence of foreign matter, 16 to the dirty condition of the bottles and 7 to the quality of the milk. All complaints were investigated and action appropriate to the case was taken with the Companies concerned.

While the problems associated with the misuse of milk bottles by the general public continues to appear to be on the decline, it is still a matter of concern. This matter has been commented on in previous years and it is felt the "bottle problem" will only be resolved when the glass bottle is replaced by a non-returnable carton or similar container.

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

ICE CREAM

Number of Premises Registered at the end of the Year :

(a) For the storage and sale of ice cream	..	458
(b) For the manufacture of ice cream	..	11

Sampling

During the year 160 samples of ice cream and ice cream mix were obtained for bacteriological examination. Of these 92 were placed in provisional grades 1 and 2 and the remainder in provisional grades 3 and 4. Where a sample is placed in grade 3 or 4 it is not an indication that the product from which it was obtained was unfit for human consumption. It is however, an indication that either greater care is needed in the selection of ingredients, in its processing, in its storage for sale, or in the cleansing and sterilisation of equipment used for these purposes. Where unsatisfactory results had occurred investigations were made, appropriate action was taken and follow-up samples obtained.

Eight samples were examined within the Department to ascertain the percentage of milk fat present, seven were found to satisfy the standards prescribed. The remaining sample (of soft ice cream) is the subject of further investigations.

FRESH DAIRY CREAM

During the year 198 samples of cream were taken for bacteriological examination, of these 153 satisfied the Methylene Blue test. This is essentially a screening test and the results are indicative of the standard of hygiene maintained during the course of production and handling. It is perhaps of interest to note that no complaints were received during the year about our sour cream being sold from dairy vehicles or from shops. Nevertheless where an unsatisfactory result was received, investigations were made and further samples taken.

Sixty-three samples of various types of dairy cream were examined in the Department to ascertain the percentage of milk fat present in each. All were found to be up to the required standard.

EMPLOYMENT AGENCIES

The number of employment agencies registered at the end of the year was 41. During the year 11 new licences were issued, while over the same period 11 licences, where agencies either changed hands or closed down, were cancelled. Visits were made to the agencies to ensure that the bye-laws relative to records and other matters were being observed. No serious contraventions were noted.

Pharmacy & Poisons

The number of persons listed as sellers of poisons to which Part II of the Pharmacy & Poisons Act 1933 relates was 96. The following table shows the type of premises from which these poisons were sold:-

The 1972 figures are shown in brackets:-

Position at as 1st May, 1974			
Builders, Builders' Merchants	..	3	(5)
Hardware Stores	.. ..	30	(35)
General Provisions	.. ..	49	(56)
Nurseries, Corn Merchants	..	6	(7)
Hairdressers	.. ..	1	(1)
Motor & Cycle Accessories	..	3	(1)
Laboratory/Druggists	.. ..	3	(4)
Pet Stores	.. ..	1	(1)
		96	(110)

Sampling

Fifteen samples were obtained from the premises of persons listed as sellers of Part II Poisons and were submitted to examination by the Public Analyst. All were reported as being satisfactory.

CONSUMER PROTECTION

Nineteen samples of toys and two samples of cooking utensils were submitted to the Public Analysts for examination. All satisfied the requirements of the regulations made under the Consumer Protection Act 1961.

