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LONDON BOROUGH OF BRENT

REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1965

E. GRUNDY, M.D., M.R.C.S., D.P.H.

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HEALTH AND WELFARE COMMITTEE

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Vice-Chairman: „ S. C. Piddington, J.P.

Alderman R. W. Kettle	Councillor T. Daly
„ E. C. Meredith	„ Mrs. B. De Metz
„ A. Otten	„ L. Golding, L.I.B.
Councillor J. W. Buck	„ Mrs. L. Lesser
„ Mrs. N. Clark, J.P.	„ Mrs. I. Manders
„ J. Cohen	„ F. K. Martin
„ C. K. Coles	„ R. Smith
„ A. J. Cowan	„ R. D. Stone
„ Miss D. J. Cowan	„ Mrs. R. Taylor, O.B.E.

HEALTH SUB-COMMITTEE

Chairman: Councillor S. C. Piddington, J.P.

Alderman R. W. Kettle	Councillor F. K. Martin
Councillor J. W. Buck	„ R. D. Stone
„ J. Cohen	„ Mrs. R. Taylor, O.B.E.
„ Miss D. J. Cowan	

OLD PEOPLE'S SUB-COMMITTEE

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„ Miss D. J. Cowan	„ R. D. Stone
„ Mrs. B. De Metz	„ Mrs. R. Taylor, O.B.E.
„ Mrs. L. Lesser	

CO-OPTED MEMBERS:

Mrs. J. Cowan	Mrs. J. Newcombe	Mr. A. Timms (a)
Mrs. L. Dunbar	Mrs. M. R. Wills	Mr. H. King
Mr. J. Shepherd (b)		

(a) Resigned 27.9.1965 (b) Appointed 27.9.1965

WELFARE SERVICES SUB-COMMITTEE

Chairman: Councillor Mrs. N. Clark, J.P.

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The Leader of the Majority Party, Councillor G. B. SWANNELL, and the Leader of the Minority Party, Councillor E. H. LEE, J.P., are ex-officio members of all Committees and Sub-Committees.

CHIEF AND SENIOR STAFF OF THE HEALTH AND WELFARE DEPARTMENT

Medical Officer of Health:	E. Grundy, M.D., M.R.C.S., D.P.H.
Deputy Medical Officer of Health:	J. P. J. Burns, M.B., B.Ch., B.A.O., D.P.H.
Senior Medical Officers—	
School Health:	C. C. A. Jansz, M.B., B.S, D.C.H., D.P.H.
Mental Health:	Dorothea Koffman, M.D., D.P.H.
Maternal and Child Health:	Vacant
Chief Dental Officer:	A. D. Henderson, L.D.S., D.P.D.
Chief Public Health Inspector:	C. G. Rothwell, M.A.P.H.I., M.R.S.H.
Chief of Welfare Division:	C. N. Austwick, (a) (b) (c)
Chief Administrative Officer:	W. R. Powley, A.R.S.H.
Chief Mental Welfare Officer:	R. Gookin, R.M.P.A., R.M.N. (d)
Superintendent Health Visitor:	Miss S. M. Connor, S.R.N., S.C.M. (e) (Resigned 21.12.65)
Clinical Nursing Officer:	Miss M. Craggs, S.R.N., S.C.M., Q.N., M.T.D.
Day Nursery Officer:	Miss G. M. K. Richardson, S.R.N. (e)
Home Help Organiser:	Mrs. J. M. Robbins (f)

- (a) Diploma in Social Studies
- (b) Member of Society of Audiology Technicians
- (c) Registered Medical Auxiliary
- (d) Certificate in Social Work Training
- (e) Health Visitors Certificate
- (f) University Teaching Diploma in Domestic Science.

LONDON BOROUGH OF BRENT

BRENT HOUSE,
HIGH ROAD,
WEMBLEY.

July, 1966.

To the Mayor, Aldermen and Councillors of the Borough.

Mr. Mayor, Ladies and Gentlemen,

In presenting the first Annual Report of the Medical Officer of Health to the London Borough of Brent, historical considerations do not offer a field in which comment can be made, the period covered by this Report indeed includes three months at the beginning of the calendar year when many of the services were still with the original Boroughs or the County Council, and only the last nine months of the year relate to the services when they were controlled by your Council. Pre-planning consequently was necessary to collect material prior to the assumption of authority of the new Borough Council.

The preliminary months of the year were fully occupied and the senior staffs more than extended to suggest establishments necessary for the whole of the Department, and the earlier months of the year also barely left sufficient time for the assimilation of some 900 staff from the three authorities whose services were to be merged and the recruitment of the staff from other London local authorities who could not be assimilated. The delineation of divisions within the Department of Health and Welfare occupied much time and occasioned considerable thought and research. The organisation of the various administrative sections to help in management of the service was a tremendous task. All these most important organisational endeavours were undertaken prior to March 1965 when the new Borough Council took office. Much of this work indeed was accomplished by officers giving service to the Council beyond what can reasonably or normally be expected from them and the thanks of the Council are due for this extraordinary and very onerous service.

During the transition periods, continuation of the services to residents was a prime duty of all grades in the Department, and whilst some teething troubles were experienced and a certain lack of expertise might have been evident occasionally, nevertheless the service to the public, even in the early stages of the transition, did not suffer a deterioration. Clinical work during the change of administration and the relationships of the staffs responsible for peripheral establishments with the central department were considerably altered and only by goodwill and hard work on the part of the whole of the staff from top to bottom, was it possible to accomplish a change with so little disorganisation and with such speed.

The Borough Council with foresight arranged for a central administrative building to be available from which all the health services and the welfare services could be administered; indeed, other departments of the Council are also housed in the same block of offices and this has in no small way contributed to the smooth reorganisation of service by personal contact of officers.

The move into these offices, indeed, was an operation of magnitude which will not readily be forgotten by all the staff concerned.

The preparation of a Ten Year Plan, which local health and welfare authorities were first asked to produce in 1962, came suddenly to the new London Borough in 1965 and involved all officers of senior grade in a very substantial task. This was accomplished, it is true, rather later than the Ministry demanded but nevertheless in time to be included in the White Paper on Development of Community Care which has now been presented to Parliament. The changes in responsibility in Brent inevitably caused grave difficulties and tremendous tasks for the new authority in making the plans which for Brent were not a revision but a new beginning, and the results were such that a special tribute is paid in the White Paper to the energy and vision of the contributing Local Authorities.

Assessing the relative priorities for Capital construction in the sphere of Welfare and Health occupied the members of the Department and Committee substantially during the year. It is thought that the Ten Year Plan represents a balanced programme of extension of services during the next decade having regard to the requirements of the area and the finance which will probably be available. In forming this scheme the Committee took into account the redevelopment in areas of the town which it is envisaged will occur during the ten years, and made appropriate provision.

The integration of the services which had previously not been within the sphere of local administration, the Mental Health Service and the welfare provisions entailed very much readjustment and mature consideration. The services at the end of the year are working effectively in association with the Executive Council and the hospital services. The most warm and cordial thanks are expressed to all members of the Department of Health and Welfare for the enthusiastic and almost inspired application to duty during the period of excitement when the services were first administered and during the period of plain hard work in the inaugural months. Members of the Committee, particularly the Chairman, during the first year of working have applied themselves with vigour and knowledge to the problems involved and have been a great source of strength and inspiration during these difficult months.

This Report is not the work of an individual but has involved a very large number of members of the staff in the preparation of this first Annual Report, which is an original document and for which no blue print was available as a guide. My personal expression of appreciation is due to all members of the staff, particularly on this occasion those who have assisted in the compilation of the Report.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

E. GRUNDY,
Medical Officer of Health.

BIRTHS

The percentage of illegitimate live births fell slightly from 14.5 in 1964 to 14.0. This means that one in every seven babies born in Brent was illegitimate. This is about the same as for London as a whole, but twice the National figure.

117 babies were stillborn, giving a rate of 18.2 per thousand live and stillbirths, a little above the provisional rate for England and Wales which was 15.7.

DEATHS

The total number of deaths was 2,960, giving a crude death rate of 10.0 per thousand population. When the comparability factor is applied, the standardised rate is 10.9, a little below the provisional rate for England and Wales which was 11.5. The number of deaths from all causes is shown in Table 1. The main causes of death and rates per thousand population are shown in Table 2. Heart disease continues to be the leading cause of death, followed by cancer.

Cancer of the Lung and Bronchus

Cancer of the lung and bronchus continues to be the commonest cause of fatal malignant disease. 168 men and 31 women died compared with 143 men and 42 women in 1964. It is sad to see many adolescents and school children persistently smoking in the face of all the evidence of the tie-up between cigarette smoking and lung cancer, and it is to be hoped that parents will do their utmost to discourage their offspring in this, not only by their good advice, but by good example in not smoking themselves.

Bronchitis.

120 men and 44 women died from bronchitis. The sex difference in number of deaths probably relates to the heavier smoking habits of middle-aged and elderly men and to a lesser extent to conditions of dust and smoke at work.

MATERNAL MORTALITY

There were three maternal deaths during the year, giving a rate of 0.46 per 1,000 total (live and still) births, compared with one death last year and a rate of 0.15. The provisional rate for England and Wales was 0.25.

INFANT MORTALITY

In 1965, 128 children died in the first year of life—75 in the first week and another 10 in the first month. There was a slight increase in the infant mortality rate from 19.5 per 1,000 live births to 19.9, which was a little above the figure for England and Wales (19.0). The perinatal mortality rate also increased slightly from 28.0 to 29.3, which again was above that for England and Wales (26.9).

BY WARDS (TABLE 3)

The worst wards were St. Raphael's, Brondesbury Park, Manor, Chamberlayne and Kilburn, which all had rates between 30 and 34 per 1,000 live births, but too much significance should not be placed on these figures in view of the small number involved. However, there is no doubt that an improvement in social conditions in some wards would certainly reduce the mortality.

CAUSES OF DEATH (TABLE 4)

Prematurity was again the most important single factor in infant mortality; 45 premature babies died (35 per cent. of total infant deaths).

Respiratory infections caused the second largest number of deaths (26). Antibiotics and improved environmental conditions have decreased the rate from this cause considerably over the past few years, but there is still room for improvement.

Diarrhoea and enteritis caused 3 deaths. The steady improvement in infant care and the availability of antibiotics have decreased the rate from this cause over the past few years.

In spite of the continued improvements in obstetrics, 10 children died from birth injury. The death rate due to this cause (1.6) has remained fairly constant for a number of years.

Twenty-one babies died from congenital malformation; one died from other infections (peritonitis and septicæmia).

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

The declining incidence and mortality of infectious diseases such as diphtheria, scarlet fever, measles, whooping cough and typhoid in the past 50 years is a reflection mainly of improved living conditions. Better housing and nutrition, improved ventilation and smaller families have helped to increase resistance and reduce the possibilities of spread of infection. Health visitors and public health inspectors have played an invaluable role in health education and in improving hygiene.

A summary of notified and confirmed cases of various diseases for 1964 and 1965 is shown in Table 5.

DIPHTHERIA

For the eleventh year running there were no cases of diphtheria.

DYSENTERY

The number of cases confirmed (86) decreased compared with 1964 (104).

There were two outbreaks of sonne dysentery, one at Gladstone Park Day Nursery and the other at Longstone Avenue Day Nursery. 31 children and staff were affected at Gladstone Park, and 24 at Longstone Avenue. The Nurseries were closed to new entrants for nearly two months until the outbreaks were cleared up.

FOOD POISONING

There were no outbreaks of food poisoning. The number of cases confirmed was 39 compared with 47 in 1964.

MEASLES

3,166 cases were notified compared with 1,373 in 1964. Some 2,900 of these were notified during the first half of the year, after which the number fell away sharply, only some 200 being notified during the second half of the year.

MENINGOCOCCAL INFECTION

Three cases were notified, but one case was re-diagnosed meningitis.

OPHTHALMIA NEONATORUM

There was no impairment of vision in the four cases of ophthalmia neonatorum.

POLIOMYELITIS

It is pleasing to report that for the third year running there were no cases of poliomyelitis, which is probably the result of the steady increase in the number of people protected against the disease.

PUERPERAL PYREXIA

Since 1st August 1961, puerperal pyrexia applies to any "febrile condition occurring in a woman in whom a temperature of 100·4 degrees Fahrenheit has occurred within 14 days after childbirth or miscarriage".

The number of cases notified (87) was less than in 1964 (129).

SMALLPOX

There were no notified cases of smallpox. 76 contacts of the disease were kept under surveillance for 21 days from the last date of contact.

In accordance with the International Sanitary Regulations, the signatures of doctors on 5,389 certificates of vaccination were authenticated by the department.

TYPHOID AND PARATYPHOID FEVER

There were no cases of Typhoid in Brent, but 15 local residents who were contacts of a case at a Holiday Camp in Bognor were kept under surveillance for the required period. One case of Paratyphoid B in a male adult was notified.

WHOOPING COUGH

The incidence of whooping cough decreased in 1965 compared with the previous year. The case rate was ·24 per 1,000 population.

HEALTH EDUCATION

Health Education continues to play an essential role in the work of the Department. Concentration has been directed within the clinics, schools and the home, although posters and leaflets were distributed to libraries and other bodies during the year.

Posters on varied subjects have been regularly displayed in the clinics and leaflets supporting the posters were made available to the public. Smoking and lung diseases, food diet and hygiene, immunisation, and the need for all drugs to be kept under lock and key were particularly stressed. Four clinics were able to show small displays.

Mothercraft sessions continued to hold interest in the 11 clinics conducting them. Some disadvantage was felt in the loss of the services of the film projector and operator supplied by the late Middlesex County Council, but filmstrips and other visual aids were used to supplement the talks. Doctors, midwives, and nurses gave talks in addition to the health visitors. 149 classes were arranged.

All home visiting professional staff continued the work of health education in the course of their visits.

There were 167 talks given at 27 schools, the majority being given in the Willesden part of the Borough. Sixteen of these talks were on Smoking and lung disease and two on venereal disease. These two subjects were also introduced during other talks where applicable e.g. "Respiratory Organs", "Personal Hygiene". Previews of films "Women of Tomorrow" and "Brother for Susan" were seen by parents before being shown to the children. A new film "From Boy to Man" for the older male was approved by school staff and used in suitable schools. The film "Learning to Live" was used to great advantage in some schools, but owing to its popularity, continues to be fairly hard to book.

New filmstrips "Teenagers Feet" and "First Aid" were purchased as additions to the filmstrip library.

Talks to new overseas students in the technical colleges on health and hygiene in Great Britain were requested and were most successful.

Requests for talks from outside organisations were particularly disappointing in 1965, but this was attributed to the re-organisation of local government and the department's move from Kilburn to Wembley causing confusion to some members of the public. The matter appears to have picked up in the latter weeks and requests began to arrive for talks to be given in 1966.

A course of first aid lectures was conducted for the Willesden Branch of the British Red Cross by the Senior Medical Officer.

The Department was represented at the Brent Show. Photographs and coloured film loops of actual scenes in the Borough were produced and shown on a back projector. These were found to be particularly eye catching.

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

Prior to 1st April 1965, both Wembley and Willesden Borough Council employees were required to undergo a full medical examination on appointment to the permanent staff, and 29 examinations were carried out from 1st January to 31st March.

The Middlesex County Council, however, required new employees to complete a medical assessment form and, provided this was satisfactory, this met the Council's requirements. A full medical examination was only carried out if considered necessary by the Assessing Medical Officer. 291 assessments were dealt with from 1st January to 31st March.

The assessment procedure has been adopted for Brent employees (except for teachers and applicants for entry to teacher training colleges), and 1,391 assessment forms were dealt with from 1st April to the end of the year. There is no doubt that this procedure results in a great saving of the time of professional staff and achieves the desired result at low cost.

It is a requirement of the Ministry of Education and Science that all teachers on their first appointment and applicants for entry into teacher training colleges be medically examined. 209 teachers and 139 trainees were examined by Middlesex and Brent Medical Officers.

Three members of the staff were recommended for retirement on the grounds of permanent ill-health.

PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

A comprehensive service continues to be offered to expectant mothers by general practitioners, hospitals, and the Borough's medical and nursing staff. Health Visitors continue to follow up expectant mothers who have failed to keep their appointments at local and hospital clinics. Mothercraft often combined with relaxation classes are held in all clinics to provide help and advice to all mothers.

ANTE-NATAL CLINICS

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
963	10,136	243	10.8

Cervical Cytology.

Two cervical cytology clinics have been opened in the Borough during the year for the early detection of uterine cancer. One is held at Kilburn Clinic on Saturday mornings, and the other at 245, Stag Lane Clinic on Wednesday mornings. At the moment, the service is limited to symptom-free women over the age of 30, who have had several pregnancies. More and more general practitioners are making use of this valuable service.

Liaison with Hospitals.

The exchange of Medical Officers between the Paediatric Out-Patients' Department at the Central Middlesex Hospital and the local authority continues satisfactorily and greatly benefits both departments.

CHILD WELFARE CLINICS

Child welfare sessions were regularly held in the fifteen clinics in the Borough. These sessions were well attended and mothers were given help and advice on all aspects of child care by the Assistant Medical Officers and Health Visitors.

A high percentage of children continued to receive vaccination against smallpox, and immunisation against the main infectious diseases.

The measles vaccine trial started in 1964 was successfully completed during the year.

Health education projects are displayed in all clinics.

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,261	71,152	22,878	663	31.5

DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS OF AGE (Table 6)

The Priority Dental Service was available in 11 centres in the Borough and 410 sessions were held. It must be stressed that whilst the dental health of expectant and nursing mothers shows some improvement, that of pre-school children shows little change. It is true that a slightly larger percentage of these children require no treatment, but it is alarming to find so many cases where the actual amount of treatment per mouth has greatly increased and frequently involves the upper front teeth to such an extent that even at 3 years of age little can be done to save them. Current investigations show that this to a large extent is due to the excessive use of concentrated orange juice and vitamin syrups, particularly where these are offered to infants and young children in an incorrect manner and without any attempt at oral hygiene. Further comments in the report of the Principal School Dental Officer (Page 64) indicate the results of this in later life.

PREVENTION OF BREAK-UPS OF FAMILIES

The Family Service Unit continues its valuable work with problem families and has now worked in the Area for the past seven years. The Council made a grant of £2,750 to the Unit during the financial year 1965/66. The overall volume of work increased considerably during 1965—eight new families were referred and the total caseload at the end of the year was 29. Maximum co-operation has existed between the Unit and members of the Department.

DAY NURSERIES (Tables 7, 8, 9)

The 540 approved places in the eleven Day Nurseries have been filled throughout the year. From May 31st the number of places available for Brent children in York Park Day Nursery, Hendon was reduced from 30 to 15.

The demand for day nursery admission continued at a high level. The standard charge for admission remained at 17/6d. per day.

Kilburn Day Nursery was approved as a training school for N.N.E.B. students, making nine training nurseries in the Borough.

Thirty-five students completed their two year period of training, and twenty-nine obtained the N.N.E.B. certificate. Recruitment for training was easier, but filling vacancies for trained nursery nurses and warders is still difficult.

CARE OF THE UNSUPPORTED MOTHER AND HER CHILD (Table 10)

With the breakup of the former Middlesex County Council, the service for the unsupported mother and her child was no longer centralised, and became the responsibility of each London Borough.

To meet the needs of these women and children, the Council provides residential accommodation in the Belle Vue Mother and Baby Home, and the services of a Medical Social Worker.

Unmarried mothers were referred to the Council's Medical Social Worker both by the Council's own staff and by moral welfare workers of all denominations. Admission to a mother and baby home was arranged at the appropriate time, until suitable arrangements could be made for them. The importance of after-care work—of ensuring that proper and permanent arrangements are made for both mother and baby—is fully realised. This needs not only experience and farsightedness on the part of the Medical Social Worker, and the staff of the mother and baby home, but a knowledge of human nature and a certain detachment from sentimentality.

Close liaison with the Welfare Section was maintained in connection with the admission to homes of the homeless evicted women, either pregnant or with a young infant.

In addition to the Council's own home, use was also made of the homes run by other London Boroughs who, indeed, made use of the vacancies that were available in Belle Vue Mother and Baby Home.

The staffing of the Council's home presents some problems, since it is necessary to appoint reliable people even as attendants, who will be able to supervise the girls in their household tasks, and cover general supervision for short periods.

During 1965 the social side of caring for the mothers and babies was carried out by one full-time Medical Social Worker, whose services are shared with the London Borough of Harrow, at an appropriate financial adjustment.

FAMILY PLANNING

The Council runs a family planning clinic every Monday morning at London Road Clinic. In addition, the Family Planning Association is granted the use of Pound Lane and Stag Lane Clinics one evening per week, free of charge, for holding sessions. The Council also agreed to continue the contractual arrangement previously made with the Middlesex County Council for per capita payments in respect of cases referred under Sections 22 and 28 of the National Health Service Act.

INCIDENCE OF CONGENITAL MALFORMATION

In accordance with the requirements of the Chief Medical Officer of the Ministry of Health, information is supplied to the General Register Office concerning congenital defects apparent at birth.

A summary of notifications received and an analysis of malformations notified are shown in Tables 11 and 12.

MIDWIFERY SERVICE

(Table 13)

The full establishment of midwives has been maintained during the year. Midwives continue to hold their own ante-natal sessions, but close liaison with general practitioners and hospitals is observed.

The number of discharges from hospital within 48 hours of confinement is increasing; so far the scheme covers the Paddington and Kingsbury Hospitals only. Three part-time midwives are employed for these cases, two in the Wembley area and one in Willesden.

Two of the Premix Gas Dispensers Entonox Apparatus (50% oxygen and 50% nitrous oxide) have been purchased for the use of midwives.

HEALTH VISITING

Health education is the health visitor's primary function. This is carried out in the clinics and during her many home visits in her capacity as adviser on the principles of health to the family as a whole. Specific health talks have been undertaken in schools and clinics. In addition to this, health visitors are frequently asked to give talks to various groups in the community.

Sponsored students.

At present four students are in training at Chiswick Polytechnic. The practical training of these students is undertaken by a new grade of staff viz. Field Work Instructors. Three health visitors undertook special training and were appointed to this grade last July.

In-service training.

Health visitors continue to attend lectures given by the Paediatrician at Kingsbury Maternity Hospital. Several health visitors attended two study days organised by Edgware General Hospital.

Refresher Courses.

One health visitor attended a course at Keele University.

First Effective Visits	Total Effective Visits	Total No Access	Total Visits as School Nurse
25,812	50,749	10,810	1,425

DISTRICT NURSING

This is a service which provides trained nurses to nurse the sick in their own homes. The nursing staff work in close liaison with hospitals and general practitioners so as to give the patient comprehensive nursing care.

2,766 new patients were referred during the year, and the nurses paid a total number of 142,054 visits to all patients. 867 of these visits were more than one hour's duration. At the end of the year, 1,090 cases were on the register.

GENERAL PRACTITIONER ATTACHMENT

There are now four District Nursing Sisters attached to group practices. These schemes work well to the benefit of the patient and the satisfaction of the doctors and nurses.

INCONTINENCE PADS

The provision of incontinence pads free of charge to the incontinent patient has now been extended to cover the needs of patients where there is no district nurse in attendance. Requests come from general practitioners and other sources. A member of the District Nursing Service visits the patients to assess their needs.

When patients have difficulty in disposing of soiled pads in their homes, the Council arranges for them to be collected and disposed of by incineration at the Greater London Council refuse disposal plant at Alpton.

VACCINATION AND IMMUNISATION

Vaccination and immunisation of children against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox was undertaken by Assistant Medical Officers and by General Practitioners as set out in the following programme:—

Age	Immunised against
2 - 6 months	Diphtheria/tetanus/whooping cough
6 - 11 „	Poliomyelitis
13 - 24 „	Smallpox
18 - 21 „	Diphtheria/tetanus/whooping cough (reinforcing injection approximately one year after initial course).

Further immunisation by an adsorbed vaccine against diphtheria/tetanus, and a reinforcing injection against poliomyelitis were undertaken at school entry.

Under the above programme the numbers of children receiving immunisation and vaccination were as follows:—

Smallpox	-	-	-	-	Primary vaccination	-	-	-	3,058
					Re-vaccinations	-	-	-	81
Diphtheria/tetanus/whooping cough	-				Primary immunisation	-	-	-	4,660
					Re-inforcing „	-	-	-	4,945
Poliomyelitis	-	-	-	-	Primary inoculation	-	-	-	5,346
					Re-inforcing „	-	-	-	2,436

RECUPERATIVE HOLIDAY HOMES

The authority is empowered to arrange the admission of patients recommended by general practitioners, hospitals and clinics to recuperative homes, provided their medical condition is such as to indicate that they require no form of medical or nursing care, are able to walk and dress unaided, and fit to travel by normal public transport. The arrangements are intended for patients requiring a short period of rest, fresh air and good food to complete their recovery from a recent illness or set-back in health.

Patients in need of any form of medical and nursing care requiring convalescence are the responsibility of the Regional Hospital Board.

During the year, the authority accepted financial responsibility for the maintenance of 150 persons in recuperative holiday homes. Of these, 127 were admitted to such homes and 23 were cancelled or withdrawn. Of the 127 cases admitted, 116 were adults and 11 were children under school age.

In addition, 29 school children were placed in recuperative homes under Section 48 of the Education Act, 1944.

CHIROPODY

The number of patients receiving treatment increased during the year and included the elderly, physically handicapped, expectant and nursing mothers and children. The majority attended the Council's clinics.

Housebound elderly and handicapped persons were visited in their own homes. The chiropodists advised parents on the care of their children's feet and the wearing of suitable shoes.

Patients in need of treatment were brought to the notice of the Department by doctors, health visitors, welfare workers and relatives. The chiropodist informed the Department of any help required from the Health and Welfare services.

The figures set out in Table 14 include the treatments carried out by the British Red Cross Society on behalf of the Council.

The Willesden Old Folks' Association administered a chiropody service on behalf of the Middlesex County Council until 31st March, and subsequently acted as agents for the Brent Council. For details see Page 24.

HOME HELP SERVICE

There were 1,108 applications for the service in 1965, an increase of 425 compared with the previous year. The number of cases still receiving help at the end of the year also increased from 690 to 906.

Three tuberculosis cases were helped, and help was provided free to two mothers suffering from toxæmia of pregnancy. One hundred and fifty-seven bookings were taken for confinements, but only 83 were helped, including two 48-hour discharge cases in which the help was given free. The remainder made other arrangements.

There were 75 full-time equivalent home helps employed at the end of the year at an hourly rate of 4/10½d. The charge to the public remained at 4/9d. Seven persons were employed as neighbourly helps, but only three were still working at the end of the year.

The Organisers made a total of 5,493 home visits.

LOAN OF NURSING EQUIPMENT

The Middlesex Branch of the British Red Cross Society continues to operate the loan of nursing equipment scheme on behalf of the Council.

Under these arrangements a hire charge is collected from the patients by the British Red Cross Society and retained by the Society to enable it to purchase replacement equipment as required. If the patient is unable to meet the hire charge it is paid by the Council. During 1965, 2,724 articles were loaned to patients. The Council may also purchase additional equipment required to meet requests for the loan of articles on the approved list. Transport required for the collection and delivery of bulky articles is provided by the Council.

During the financial year 1965/1966 the Council paid to the British Red Cross Society £647 8s. 6d. in respect of patients' hire charges.

In general, the scheme is intended to facilitate simple, short-term nursing care in the patient's home. Certain items of catheterisation equipment are provided as a personal issue to paraplegic patients to enable them to care for themselves in their own homes. Other items of equipment are purchased in special cases, e.g. alternating pressure point pad units, designed to reduce the risk of the occurrence of bed soars in bedfast patients.

TUBERCULOSIS (Tables 15-18)

Mortality and Morbidity.

There were six deaths from pulmonary tuberculosis among men and one among women with the now usual shift to the older age groups. The death rate was 2 per 100,000 population compared with a rate of 3 last year.

Three of the deaths occurred in two elderly men and an elderly woman previously unknown to the health authorities. This indicates that in spite of the improvement in case finding methods, there is still a reservoir of infection among older people in the community, which holds special hazards for the young and unprotected. In view of this 'hard core' of tuberculosis infection, B.C.G. vaccination is an important preventive measure offered to all school leavers to raise their resistance to the disease. This is very necessary during adolescence when the risk of infection is higher and many new stresses have to be faced (for details of B.C.G. vaccination of school leavers see Annual Report of the Principal School Medical Officer, page 58).

There was a very slight increase in notification (107) compared with the previous year (105). The number of cases of pulmonary and non-pulmonary tuberculosis on the register at the end of the year was 2,523, an increase of 13 over 1964.

Care and After Care.

The arrangements providing for the care and after care of persons suffering from tuberculosis have continued throughout the year.

The chest clinic with the physician-in-charge is the focal point. The physician is employed by the Regional Hospital Board and is a consultant in diseases of the chest. Although primarily a clinician concerned with diagnosis and treatment, he is fully aware that the prevention of the disease on the one hand and the after care of the patients on the other cannot be divorced from treatment. For this reason the physician at the chest clinic is responsible for the general supervision of the local authority's scheme to promote the after-care of patients. Experience has shown that this arrangement works smoothly and is effective. To promote this, the staff of the local authority come under the direct control of the physician for the day-to-day administration of all routine duties relating to the management and after-care of patients.

Home Visiting.

There were four tuberculosis visitors on the staff at the end of the year. In addition to home visiting they undertake duties at the chest clinic and act as clinic sisters at diagnostic and treatment sessions. During the year they made 1,493 visits to patients' homes. The tuberculosis visitors advise on the prevention of the spread of infection, on arrangements for care and after care, and keep all known contacts under close supervision.

Included in the above figure of 1,493 visits, are those made to non-tuberculosis households, when 331 such visits were made.

Welfare.

The decline in the incidence of tuberculosis has had a marked effect upon the functions and duties of welfare officers attached to chest clinics.

To a growing extent more and more patients suffering from non-tuberculosis chest diseases, such as chronic bronchitis and lung cancer, are being seen by the physician, and are being referred to the welfare officer, whose duties have become steadily more comparable to the general type of social-medical work undertaken by hospital almoners. The medical-social work undertaken at the chest clinic is now integrated with the hospital almoning service. It should be emphasised that this has not led to any loss by tuberculosis patients of the benefits they may receive from the authority's arrangements for their care and after care. Rehabilitation through full-time training is provided by the Ministry of Labour at their training centres.

Occupational Therapy.

This is the first stage in the rehabilitation of the patient. Guidance and training is given to selected patients, in their own homes, in a wide range of handicrafts. Classes are held at the Willesden Chest Clinic. The decline in the number of tuberculosis patients is naturally reflected in the work of the occupational therapist and in addition to the service to patients in the Borough, he serves patients in the London Boroughs of Ealing, Hillingdon and Hounslow. He also visits patients in the Hostel for Homeless Tuberculous Men at Twickenham. There is an appropriate financial arrangement with these authorities.

One hundred and twenty-seven successful visits were made to patients' homes in Brent. There were 353 attendances at the Willesden Chest Clinic classes.

Vaccination against Tuberculosis.

The scheme provides for the vaccination with B.C.G. of individuals who are contacts of tuberculosis, school children aged 13 or older, students attending universities, teachers' training colleges, technical colleges or other establishments for further education.

The number of persons vaccinated during the year was 2,311.

For details of tuberculin testing of school children and school leavers, and B.C.G. vaccination of school leavers, see report of Principal School Medical Officer, page 58.

VENEREAL DISEASES

With the coming into operation of the National Health Service Act 1946, responsibility for the treatment of venereal disease was transferred to the Regional Hospital Boards.

The Council, however, continue to be concerned in co-operating with the work of the venereal disease treatment clinics as regards following up persons under treatment or known or believed to be sources of infection. In this connection, the Council's Medical Social Worker attended venereal disease clinics at the Central Middlesex Hospital and her services were utilised for the purpose of tracing contacts and following up defaulters. The Medical Social Worker, under the direction of the medical officers in charge of the venereal disease clinic in Central Middlesex Hospital, assisted patients attending the clinics in meeting any social problems with which they were faced.

It is impossible, in the absence of compulsory notification, to form any estimate of the real incidence of venereal disease in the community, particularly since modern methods of antibiotic treatment and chemotherapy can be undertaken by experienced general practitioners. No information as to numbers so treated is available.

MENTAL HEALTH

The Mental Health Community Services, which cover the needs of the mentally disordered, i.e. severely subnormal, subnormal, psychopathic and mentally ill patients, continued to run smoothly on transfer from the former Middlesex County Council to the London Borough of Brent. This borough was fortunate to have been allocated the following Centres and Hostels:—

1. Neasden Junior Training School.
2. The Day Centre for the Mentally Ill, Belton Hall, Bertie Road, N.W.10.
3. The Hostel for Mentally Subnormal Working Boys, 191, Willesden Lane, N.W.10.
4. The Post-Hospital Hostel for Women, 73 Wembley Park Drive.

In addition, certain uncompleted schemes were taken over, such as the proposed Hostel for 27 mentally ill men and women at 9, Willesden Lane, which is a conversion of the old Kilburn Clinic and scheduled to open in 1966. It is envisaged that patients will be referred mainly from psychiatric hospitals, but placement directly from the community will also be considered.

Another incompleted scheme allocated to this borough was the adaptation of the Abadjian factory in Chapter Road, N.W.10, as an industrial rehabilitation unit. It would appear at this stage that such a scheme is going to be undesirable for a borough of this size and that it will have to be abandoned. Provision for patients could then be made with the Industrial Therapy Organisation (Thames) Ltd., at Hanwell.

In July 1965, the Mental Health Social Workers moved from their separate premises in Balnacraig Avenue, Neasden, to Brent House. This made for much closer liaison with other Departments and, indeed, with the medical and administrative staff of the Health and Welfare Department.

COMMUNITY CARE — MENTAL ILLNESS

The care of mentally ill patients centres on the field work of social workers for which the following establishments exist:—

Chief Mental Welfare Officer	.....	1
Senior Mental Welfare Officer	.....	1
Mental Welfare Officers	.....	5
Mental Health Social Worker	.....	1

In order to cover the present need it has been proposed to enlarge the establishment by 3 mental welfare officers and 2 psychiatric social workers.

The activities of the mental welfare officers continued on the by now well established pattern, fulfilling the dual role of statutory officer and as a social and case worker dealing with the preventive and after-care problems, as laid down by the Mental Health Act, 1959. As their services extend to 24 hours daily the year round, they are in the unique position to respond immediately to crisis situations, where they can assist the patient, the family, and the general practitioner. After the discharge from hospital, they again pick up contact with the patient (which in many cases has indeed continued throughout the stay there), and assist in the rehabilitation period. This involves application of detailed knowledge of social work factors and the closest liaison with many social agencies.

A very close link with both medical and social workers in the psychiatric units and hospitals has been forged throughout this year. Mental welfare officers regularly attend meetings and discussions at Shenley Hospital and the psychiatric units of Wembley and Central Middlesex Hospitals, as well as the Child Guidance Clinics within the area. London Borough of Brent patients can only be accepted at these hospitals, as catchment area delineations have become very rigid. It was not easy for mental welfare officers who came to this borough from other areas and who were used to dealing with the staff of various other psychiatric hospitals, to adjust speedily to new customs and methods and, indeed, criteria for admission. However, the challenge was met very well and after the initial settling-in period, new contacts had been made and the work proceeded smoothly. The Senior Medical Officer (Mental Health) holds staff meetings, where the various day-to-day problems are discussed and plans for future services are made. These meetings have become an established feature. To begin with they were structured very formally, but gradually have become quite informal, so that often they tend to take the shape of case conferences. Staff of other Departments have been invited to attend on occasion. This included child care officers whose cases not infrequently concern both Departments.

Statistics relating to cases dealt with during the year under the Mental Health Act, 1959 will be found in Tables 19, 20 and 21.

The Therapeutic Social Club (Gateway Club) continued with increased membership in spite of the change of the Chief Mental Welfare Officer, who is in charge of this.

This Club serves a social therapeutic purpose. Its function is to provide stimuli and encouragement to those who feel isolated, apprehensive and lonely by reason of their mental illness. The Club strives to provide an atmosphere free from restraint and direction; members please themselves and choose whatever kind of recreative facility they want to, and everyone tries to encourage the other to mix, talk and play, anything in fact to lessen the inhibition that so often cripples the normal incentive and invalids the mentally ill.

Encouragement is given to relatives and friends to attend. Without doubt, the Club provides a very necessary and useful purpose.

Patients were placed at various local authority and mental after-care hostels, financial responsibility being borne by this London borough. Continued use was made of private accommodation by the Boarding-Out Officer, whose services were shared with the London Borough of Harrow. Unfortunately, this officer resigned on 31st December 1965, and a further appointment has not been envisaged. It is proposed to continue to render this service as part of the duties of mental welfare officers.

Post Hospital Residential Unit (73, Wembley Park Drive).

This is an unstaffed hostel for six female patients recovering from mental illness.

The house was made very little use of during the first part of the year. It had been the practice in the past to let a Shenley Hospital psychiatrist formulate the policy regarding the type of patient considered suitable for admission. In consequence, it had been used for adolescents only. Only two such patients were in residence from the beginning of the year up to June. At that point, I approached Shenley Hospital senior medical staff, pointing out the poor use to which this unique hostel was being put. Better liaison between hospital and local authority medical staff, together with a change of policy regarding age range of patients and source of referral (i.e. not for the exclusive use of ex-Shenley patients only) very soon led to a much improved occupancy rate.

Residents are going out to work and entirely look after themselves as a family group. Recurrences of their illness do occur, but the relapse rate is not unduly high. Shenley Hospital is ever ready to accept patients back, sometimes for the week-end only, just long enough to help a woman over a difficult period. Occasionally, patients break down within a very short time of admission: it is not easy to judge accurately in advance how an apparently well person will respond to the stress of community life and change of work. Miss A.B. is a case in point: she suffers from schizophrenia and had been a patient in Shenley for many years. For almost two years prior to her discharge she had been working in a chain-store, while living at Shenley Hospital. This involved a long, daily bus journey. She seemed well suited to return to the community via the shelter of the hostel. However, she began to deteriorate slowly, with short periods of unemployment, never working for longer than three weeks anywhere. The signal for her re-admission to Shenley was when she began to behave in somewhat bizarre ways, to the discomfort of the other residents. It appeared that her breakdown was imminent and arrangements were made for her re-admission to Shenley Hospital.

In contradistinction, Mrs. C.D. also an in-patient at Shenley Hospital of long standing, left the hostel, after only five weeks residency, to find herself private accommodation, and has kept well since.

Most of the ladies need a considerable amount of support and on average four professional staff call regularly one evening a week each (two from Shenley Hospital and two from the Health and Welfare Department). There is no interference regarding the cleaning and general running of the hostel, but individual residents need help with personal problems—mostly connected with their employment. Patients not quite ready for work attend the Day Centre at Bertie Road, where they receive guidance and encouragement.

Christmas time was a period of particular interest. Most residents went away to spend the holiday with friends or relatives. It was felt that it would be unwise to leave the two remaining alone and they were invited to Shenley Hospital as guests. This appeared a happy solution—all returned to the hostel by the New Year.

The hostel was started as an experiment about three years ago, but by now it has become firmly established as a suitable stepping stone back into the community for at least some mentally ill people. Almost certainly, it will be even more in demand once the projected hostel for mentally ill patients at 9, Willesden Lane is functioning, as this will be fully staffed. A patient's return to the community can thus be envisaged in two steps: first the shelter of a staffed hostel and then residency in the more demanding family group of the unstaffed hostel, before return to her own family or full independence is achieved.

The Day Centre for the Mentally Ill, Belton Hall, Bertie Road, N.W.10.

This Centre continues to provide excellent service to some thirty men and women who are not able as yet to return to full employment. They are referred by psychiatrists either on discharge from hospital or from out-patient clinics. It is staffed by a head occupational therapist and two occupational therapists.

Cases are also accepted from contiguous local authorities, who take financial responsibility for their patients.

The following report has been received from Miss Cass, head occupational therapist:—

"The Centre continues to serve the same area previously covered. This year has seen the policy of occupational therapy projects outside the Centre more firmly established. Regular visits by all the staff to the psychiatric clinics of Wembley and Central Middlesex Hospitals have now been established as well as the regular visits to Shenley Hospital, keeping communication with the medical team within which we work as close as possible.

Domiciliary visits this year have included patients who have needed transport to and from the Centre for a considerable length of time. In all cases this has been provided with the aim of rehabilitating the patient back to taking an active part in living and working in the community.

Referral of patients.

The majority of referrals are from Shenley Hospital and its associated out-patients clinics, and the psychiatric units of Wembley and Central Middlesex Hospitals.

Number of patients referred January 1965—December 1965	96
(Male 40: Female 56)	(8 re-admissions)
Number of patients receiving treatment on December 31st 1965	44
(Male 13: Female 31)	
22 with a good prognosis to return to open employment	(average age 33 years).
8 housewives referred for a limited period	(average age 57 years).
14 would benefit from a period of sheltered employment	(average age 37 years).

Number of patients discharged January 1965 to December 1965

112

48 returned to work: 24 to open employment

20 housewives

2 Industrial Therapy Organisation

1 Industrial Rehabilitation Unit

1 Rantons (Brentford Adult Training Centre)

2 transferred to Welfare Service for physical disability.

1 referred to Marlborough Hill Day Centre for the Elderly Mentally Ill.

1 transferred to Old People's Welfare Service.

2 referred to Mental Health Community Care.

24 admitted to Hospital (18 Shenley Hospital).

5 moved from district.

2 died.

27 discharged with no further rehabilitation programme:—

9 attended for one month (Male 3, Female 6)—average age 35 years.

7 attended over 1 month—under 3 months.

11 attended over 3 months—12 months.

(Male 13, Female 6)—(average age 38 years).

(16 reside in London Borough of Brent).

Distribution of patients within the London Boroughs:

Patients discharged 1965:	London Borough of Brent	68
	London Borough of Harrow	27
	London Borough of Ealing	6
	London Borough of Barnet	8
	London Borough of Hounslow	1
	London Borough of Hammersmith	1
	Royal Borough of Kensington and Chelsea	1
		<hr/> 112

Patients attending the Centre 31st December 1965:

London Borough of Brent	27
London Borough of Harrow	8
London Borough of Ealing	7
London Borough of Barnet	1
London Borough of Hillingdon	1
	<hr/> 44

Work undertaken this year within the Centre has followed the same lines as previous years, maintaining purposeful work, continuing to repair toys for the Junior Training Schools, and making toys for Christmas for the Nurseries. A new project has been started in conjunction with the W.V.S., the patients make up children's clothes from material provided by them, which are distributed to families in need. Maintenance of the Centre also provides constant work. Cooking has become a more regular feature with the increase of women patients.

A small quantity of industrial assembly work has been provided from Acton Lodge Adult Training Centre.

Projects outside the Centre have become an established form of occupational therapy. This year five rooms have been redecorated. Cleaning of 73, Wembley Park Drive Hostel has been undertaken about once a month. Thirty-three patients have been employed on these projects during the year:—

- (a) Room decoration for Old People's Welfare Association, Hampstead.
Paid for by the Association.
- (b) Room decorated for patient recommended by mental welfare officer.
Paid for by National Assistance Board.
- (c) Room decorated for a patient recommended by psychiatric social worker.
Paid for by Queen Adelaide's Fund.
- (d) Room decorated for a patient recommended by mental welfare officer.
Paid for by National Assistance Board.
- (e) Furniture decorated and repaired for 73, Wembley Park Drive Hostel.

An Art Class continues to be run for one session a week. It is well attended and is one of the more valuable activities.

Visits have continued to places of topical interest. The Christmas visit after a buffet lunch was again to the Ice show at Empire Pool, Wembley.

A psychiatric social worker from Shenley Hospital has conducted a therapeutic discussion group which has been of great value in building up good relationships within the Centre.

Out posting from the Centre has continued to be developed with the patients working from the Centre within the Health Department, the garden at 73, Wembley Park Drive Hostel and the Junior Training School, Neasden in various capacities. This is a very valuable asset where the patient needs a realistic situation prior to taking open employment.

Discharge of patients starts for the majority with the contact of the Labour Exchange through the weekly visits of the Disablement Resettlement Officer to the Centre. This enables the patients to be seen informally and they are able to discuss any problem of employment and become registered prior to attending the Labour Exchange. The majority of the twenty-two patients returned to open employment during the year were placed by the Disablement Resettlement Officer.

Close contact has also been kept with the community services. Good relations have developed with the voluntary bodies and this is a great asset with the re-socialising of the patients.

The Therapeutic Social Club (Gateway Club) has been regularly attended by one of the Day Centre staff every week this year. In this way patients and ex-patients have been encouraged to keep in touch.

Conclusion.

Group activity is of advantage to the rehabilitation of patients attending the Centre, and it will be the aim of future programmes. Those arranged for the immediate future:—

- (a) Cookery demonstration to a group arranged to be given by the North Thames Gas Board.
- (b) Beauty Counsellor to give a series of make-up demonstrations to a group.
- (c) Six-month group project to assist in furnishing proposed Hostel at 9, Willesden Lane.

I would like to thank all the administrative staff of the Health Department for their help and understanding in the change of administration and for their understanding in accepting patients into their Department for occupational therapy."

COMMUNITY CARE — SUB-NORMAL AND SEVERELY SUB-NORMAL

Supervision in the Home.

Over recent years it has been shown beyond doubt that the retention within the community of severely sub-normal and sub-normal persons is beneficial to the individual and his family and to the community. This end can, in many cases, only be achieved by the support of social workers. In this borough one mental health social worker and, for a small proportion of cases all mental welfare officers, look after some 500 sub-normal and severely sub-normal cases. All of them need help to a greater or lesser extent, but it appears that during the year under review some of the routine visiting has had to be less frequent than is considered desirable, as the case loads are too heavy. Some cases, particularly the educationally sub-normal school leaver on the one hand and the under 5-year-olds on the other, need intensive support as crisis situations occur relatively frequently. In the case of the adolescent, various agencies have to be contacted (Youth Employment Officer, Disablement Rehabilitation Officer, National Assistance Board) and often the employer has to be supported as well as the whole family. With the pre-school child, it is chiefly the mother who needs frequent encouragement and guidance in the handling of the child. This is particularly necessary in the absence of adequate nursery services.

In consequence a large amount of time has to be given to these urgent cases. More staff is needed to give the amount of care desirable. Throughout the year the Medical Officer for Mental Health has seen cases at any one of the local authority clinics, as well as at Brent House, and home visits were made in many cases. Health Visitors are becoming aware of the advantage of making early contact with the Mental Health Section and a mutually beneficial working relationship is becoming established. For this reason, the idea of one clinic only for the whole of the area has not been considered to be in the best interest of all concerned, specifically in the case of very young children, but it may well be that a 'walk-in' type of clinic will be made available to known cases in the future.

Admissions to Hospital.

Leavesden Hospital, near Watford, is the only psychiatric hospital available for cases of sub-normality and severe sub-normality living in this London Borough. Vacant places occur very infrequently indeed and the number on the waiting list remains woefully high.

Cases admitted during 1965	.....	.....	.....	4
Cases on Waiting List on 31.12.65	.....	.....	.....	40
Urgent	.....	.....	.....	29
Others	.....	.....	.....	11

The hospital has used its vacant beds to some extent to give short term care for the relief of parents for part of the holiday period and to help in cases where critical situations arise, and also to provide the patient with surgical, medical and dental treatment. This service has proved to be of great value.

Number of cases admitted for short term care during 1965: 58.

Although it is very desirable for the majority of sub-normals and severely sub-normals to stay within the community, this does not apply to many of the severely sub-normal patients who suffer from additional handicaps, either emotional or physical. They require special nursing techniques and in certain cases it is quite unrealistic to expect parents and siblings to cope with patients of this kind if they feel unable to do so. For the sake of parental mental health, hospitalisation is the only answer. However, due to the lamentable shortage of hospital beds, special care units have become an established pattern of day care for such children, and this borough supports such a unit within the Neasden Junior Training School. This type of care only partially relieves the family's heavy pressure, particularly as the patients can only attend in term time. It would appear highly desirable to extend the service all the year round.

Guardianship and Informal Foster Care.

During the year four guardianship cases were allowed to lapse. This is in accordance with the policy of the Mental Health Act, 1959. There are now no such cases for which this local authority is responsible. Informal foster care placement has continued as before. The Guardianship Society, Hove, have maintained their very helpful work in finding private homes to foster our citizens. In spite of considerable effort, it has not been possible to find private householders within this borough to take any mentally sub-normal or severely sub-normal foster cases during the current year. This appears to be a reflection on public attitude to sub-normality.

The Hostel for Sub-normal Working Boys, 191, Willesden Lane.

This is a hostel for twelve sub-normal and severely sub-normal boys, all of whom are either in open employment or attend a Training Centre. It is staffed by a matron with 15 hours help from her husband, and an assistant matron (male).

Since its opening in the Spring of 1964, this staffed hostel has had a high occupancy rate and was running smoothly by April 1st, 1965.

The matron, Mrs. Sutcliffe, reports:—

"With the new Authority came a change of emphasis on the type of residents admitted. Ability to work in the community, whilst still important, was no longer the prime consideration.

We welcomed Dr. Koffman's suggestion that applicants for residence should be interviewed at the hostel by herself and the matron, if possible with applicants' parents at the interview. This to be followed by a medical on admittance. In this way a number of unsuitable cases were turned down and a much more satisfactory standard of residents achieved.

Arrangements were made for particularly difficult cases to have specialist treatment at Leavesden Hospital, one boy having been admitted to hospital on the advice of their specialist.

In June, Mr. Usher was appointed as assistant; since that time there has been a welcome improvement in staff conditions. This has enabled more time to be given to residents' leisure activities, i.e. handicrafts, gardening and elementary P.T. to give a measure of physical improvement to residents whose normal inclinations were completely sedentary.

During the year, six boys have left the hostel. Two of these were welcomed back by parents who evidently had a change of heart. Two were delinquents who agreed to come here rather than remand homes, and who left when they thought that "the heat was off". One boy was discharged to Leavesden Hospital. The last boy was a confirmed wanderer; his stay here was the longest of his career."

Neasden Junior Training School.

Mentally handicapped children that have been assessed as unsuitable for education at any of the schools within the Education Act, 1944, are the responsibility of the Department. Their education and training takes place at the Neasden Junior Training School. All these children are defined as "severely sub-normal". Within this category, ability varies considerably: at the top of the scale some children are able to learn the rudiments of the "three R's", while at the lowest part of the scale children, particularly those with multiple handicaps, can hardly be trained at all. These latter are cared for within the special care unit of the Neasden Junior Training School, where staff trained in nursing skills, rather than teachers, look after them. Arrangements are made for their conveyance by coaches to and from the school.

This school has 78 places, 12 of which are allocated to the special care unit. Unfortunately, this is not nearly enough for the number of cases resident in this borough. A few children are allocated places at the training schools of the London Boroughs of Barnet, Harrow, Hillingdon and Hounslow, but many are on the waiting list, particularly for the special care unit.

The staff consists of one supervisor, five assistant supervisors, four general duties attendants, a cook and a part-time cleaner. Although the supervisor and assistant supervisors' duties are those of specialised teachers, their own training differs from those that teach within the educational system in that they do not attend teachers' training colleges, but usually a course at the Chiswick Polytechnic arranged by the National Association for Mental Health. This is an unhappy state of affairs, as in consequence of this type of training, the salary structure in no way approaches that of qualified teachers, yet the staff's duties are mostly identical with that of teachers in certain special schools and units. Recruiting is thus a difficult problem, as it is only the exceptional person who will embark on a career which will give such poor financial reward.

Happily, the present staff are devoted to their work and appear to be well settled. They are supported by twice weekly attendance of a speech therapist. In addition a physiotherapist attends weekly to deal with spastic children in the special care unit.

Once a term an eye specialist attends. It has been found that the incidence of eye defects of mentally severely sub-normal people is much higher than that for the rest of the population. Therefore, specialist attention to any likely defects of vision at frequent intervals is very important.

Dr. Peter A. Gardiner, Research Fellow in Ophthalmology, continued with his survey of visual defects in mentally handicapped children, which he had begun some time ago, and issued a preliminary report, in which he concludes the following:—

"The results of the report show that there is a much higher incidence of visual defect amongst mongols than amongst other mentally handicapped children. In round figures 75% of the mongols and 30% of the others had bilateral defective visual acuity sufficiently severe to make the provision of glasses a serious consideration. The actual number possessing glasses was 3, and 21 children were ordered them. Of these 21, 11 wore them constantly and happily, and 3 refused to wear them, and in 7 it is too early to assess their acceptance, but my opinion is that about 75% of these children will accept glasses.

The presumption is that they are obtaining visual benefit. As nearly all the conditions found were congenital, one would not expect immediate improvement in terms of visual acuity to be noticeable by the observer, even in those cases where visual acuity was obtainable, but the optical conditions now provide a clear image on the retina and the previous blurred image has been removed.

The figures speak for themselves in showing that by normal standards of ophthalmic care these children have been neglected and that in the case of mongols a very high percentage have a defect of visual acuity which warrants their being regarded as a special group "at risk" regardless of their mentality or their presenting symptoms. In the case of mentally handicapped children, even more commonly than in normal young children, the symptoms of defective visual acuity are suppressed, or masked by the presence of mental defect and it is useless to use them as a guide to detecting even major visual defects.

In its final form this report will show that other defects are present, such as squints, cataracts and poor vision for near work, but for the child's development and behaviour what matters most is how much he sees clearly. It is my opinion that a mentally handicapped child, even if incapable of interpreting a clear image on his retina, should not, therefore, be deprived of the opportunity to attempt this interpretation by our disregard of refractive errors present.

I also think it is a pity that the teachers are not informed which children have good eyesight and which do not.

The high myope in this training centre was regarded as being particularly intelligent and affectionate because she used to come up to the teacher's desk to handle the material being used. Her range of clear vision being about 9 inches, her behaviour is not surprising, but indicates her desire to see clearly, and in my opinion she makes the plea for all mentally handicapped children to be properly examined and provided for."

The daily routine of more or less formal work is occasionally interrupted by outings of special educational interest: for example: this year a dairy was visited and the London Zoo. The latter particularly fired the children's imagination and, of course, the actual feat of going places has high social training as well as educational value. Children that are conveyed daily by special coach find the very fact of buying a ticket and paying out money on these outings quite a difficult exercise.

The long waiting list for admission to the Neasden Junior Training School and particularly to the special care unit has made the provision of additional premises a necessity. Although a new school is to be provided in conjunction with the School for Physically Handicapped Children at Stag Lane, Grove Park, Kingsbury, I have felt that the need of these children is too urgent to await the building of this large project. Thus consideration has led to the proposal for the conversion to a special care unit of the hatted building in Balnacraig Avenue, which was vacated by the mental health social workers in July. A path is to be constructed that will link the training school with the new unit. This project should alleviate at least some of the demands made on parents whose difficult children are being looked after at home.

Adult Training Centres.

The age range of children attending the junior training schools is approximately from 5 to 16 years. Whenever practicable, younger children are offered a place. At the upper age limit, the young people are ready to leave the school for an adult training centre. Unfortunately, there is no such centre within this borough, and the youngsters are allocated places at centres of other local authorities, i.e. Hounslow, Hillingdon and Ealing. Because of waiting lists, a few children stay on at the Junior Training School over the age of 16 years. Coaches organised by the other boroughs run within a fairly close distance of the trainees' homes, but in certain cases a travelling distance of up to two miles to the picking-up point is expected of them. Parents have expressed their resentment of this fact, and also of the occasionally quite long journey. It would certainly be of great advantage to have an adult training centre within this borough.

Trainees are taught to work more or less on factory lines, doing mostly light assembly work and also carpentry, gardening, etc. Industrial work conditions are approximated as much as possible to facilitate eventual transfer to sheltered and even open employment whenever possible.

Social Club.

A club for mentally handicapped teenagers is run weekly in the evenings at the Neasden Junior Training School. Parents have formed a committee which strives to offer as many activities as possible. Apart from giving the youngsters indoor entertainment such as pop record sessions, darts, etc., it has also been possible to provide a few coach outings. A mental health social worker attends as part of her duties, as it is thus possible to keep in touch with young persons and their parents more readily than by individual home visits, once they are out at work all day.

Summer Camps.

It has been the practice in the past to run summer camps for children attending junior training schools and adult training centre trainees, and this year four children went to Park Place Residential School near Henley-on-Thames, and thirty-seven to the permanent camp at St. Mary's Bay, Dymchurch, Kent. It is proposed to continue this venture in future years, in conjunction with other London Boroughs.

WELFARE SERVICES

TEMPORARY ACCOMMODATION

It is the Council's responsibility to provide temporary accommodation for persons who, owing to sudden or unforeseen circumstances, are rendered homeless (Section 21(1)(b) National Assistance Act, 1948). The standard charge per family is £2, but those who cannot afford to pay this amount are assessed according to the Council's scheme. The minimum charge is £1 per family. The charge covers the use of a room, electricity for lighting, and water services including a reasonable supply of hot water for domestic purposes.

The Council provides three hostels. The hostel at 91 Dartmouth Road is for women and children only, with accommodation for 16 women and 36 children. In addition, there is a communal emergency room providing accommodation for 3 women and up to 15 children. A resident warden is employed. In 1963, a committee was formed on the basis of a League of Friends and was named "Friends of 91". Plans are well advanced for the provision of a playroom in the garden incorporating a covered sand pit. The "Friends of 91", with financial help from the Willesden Round Table, are providing the prefabricated building, and the Council is providing the site and floor slabs, lining to the internal walls and ceiling, rainwater drainage, painting, heating and lighting. There is an outside playground for use in fine weather and a play group has been established for children between the ages of 2 and 5 years. This group is supervised by a leader who attends three days a week from 10.30 a.m. to 12.30 p.m. during school term time.

The hostel at 9/11 Nicoll Road is also under the supervision of a resident warden. Accommodation is provided for 9 families including accommodation for 2 husbands and 28 children. The problem of providing a satisfactory fire escape has been solved, the work costing £1,240.

The third hostel, "Rosmoyne", 642 Harrow Road, Wembley occupies a very pleasant position on the fringe of Barham Park, and the accommodation for 5 families is reserved entirely for married couples and their children. There is no warden in residence, but the warden at Nicoll Road attends once a week to supervise cleaning arrangements.

During the year, 49 families were admitted to the hostels. Thirteen families were re-housed, 8 by the Council and 5 by other local authorities.

RESIDENTIAL ACCOMMODATION

The total number of beds provided under Section 21(1)(a) of the National Assistance Act, 1948, is now 466, allocated as shown below:—

	Beds	
Coplands	62	Men and Women
Courtfield	44	Men and Women
Freeland Road	47	Women
Hillcrest	100	Men and Women
Ithell Court	39	Men and Women
Kenton Grange	34	Men and Women
Kingsbury Manor	23	Women
Mardale	18	Women
Shepperton Court	71	Men and Women
Wren Park	28	Women

"Courtfield", the new purpose built home at Church Hill, Harefield, was opened in May 1965. In December, the annexe at "Mardale" was closed due to inadequate heating and the 8 men accommodated there were transferred to "Courtfield". The annexe is now used for the storage of property under Section 48 of the National Assistance Act.

During the year 51 men and 128 women were admitted to the Council's homes, and on 31st December 4 men and 27 women were on the waiting list for admission.

In addition to the old people accommodated in the above homes, the Council is responsible for the maintenance of another 177 residents in voluntary and other local authority homes.

Sixteen men and 32 women were admitted to short stay accommodation during the year.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

BLIND

On 31st December, there were 525 persons on the register. There were 35 new cases (excluding recertifications and transfers from other areas) during the year. The classification of blind persons by age groups and at age of onset of blindness are shown in Tables 22 and 23. One hundred and twenty-three of the registered blind persons suffer from additional physical and/or mental handicaps.

Of the children under 5 years of age, four are at home with parents and one attends the Spastic Centre, Cheyne Walk, S.W.3. The nine children of school age attend special schools for the blind, and a girl of 16 attends the Royal Normal College, London. Two men are undergoing professional/university training in London at the Kennington College and the Royal National Institute for the Blind Training College. One girl obtained a Bachelor of Divinity Degree.

One hundred and twenty-three persons were in full employment, and an analysis of their occupations is shown in Table 24.

Forty-one persons were in accommodation provided by local authorities, 7 were in other residential voluntary homes and 17 were in hospital.

Two persons were sent by the Council on a 13-week Social Rehabilitation Course arranged by the Royal National Institute for the Blind at their Torquay Centre.

Five Social Workers are employed to assist the blind and partially sighted. Braille and Moon type reading were taught either at home or at classes. Five handicraft classes were held weekly in the afternoons, and negotiations are in progress to rent three further premises with a view to starting additional classes in 1966. The social worker also arranged various social activities and suitable training for persons of working age.

The six social clubs run by voluntary associations continue to be held either weekly (one club), fortnightly (4 clubs), or monthly (one club) and were much appreciated. Social workers and welfare assistants attend four of the clubs to give assistance.

During the year, 63 assisted holidays were arranged for the blind and partially sighted.

A total of 244 wireless sets have now been issued free on behalf of the British Wireless for the Blind Fund, and 74 talking book machines on behalf of the Nuffield Talking Book Library for the Blind. The contract with a local firm for the maintenance and repair of the wireless sets was continued. In May, the Council decided to pay the annual subscription of £3 for all blind persons being in need of and receiving a talking book machine.

PARTIALLY SIGHTED

On 31st December, there were 170 persons on the register. There were 33 new cases (excluding recertifications and transfers from other areas) during the year. Eight persons were transferred to the blind register. The classification of partially sighted persons by age groups is as follows:—

Under 5 years	.....	1
5 - 15	.....	21
16 - 20	.....	15
21 - 49	.....	33
50 - 64	.....	26
65 and over	.....	74

Of the 21 children of school age, one is at Lower Place School for the physically handicapped, 16 at special schools for the partially sighted, two at ordinary schools, and one is uneducable. Three young people in the 16 - 20 age group are still at school.

Of 40 persons "near and prospectively blind" (aged 16 and over), 11 are employed, one is available for work, and 28 are not available or not capable of work. Of 47 persons "industrially handicapped", 41 are employed, 3 are available for work, and 3 are not available or not capable of work. Fifty-eight persons require "observation only".

WELFARE OF THE HANDICAPPED

On 31st December, there were 817 persons on the register. Details of registrations and an analysis of disabilities of the general classes are shown in Tables 25 and 26. Home visits were made by five social workers who maintained close liaison with the handicapped person and the family. There was also close co-operation with voluntary agencies to improve the social life of the handicapped.

The demand for aids and gadgets continued. One hundred and thirty-six personal aids, e.g. pick-up sticks, special knives and forks, can openers, etc., and 57 larger aids, e.g. metal walking aids, hoists, cantilever tables, etc., were issued. Eighteen adaptations to property, e.g. construction of downstairs toilets, ramps, handrails, widening of doors, etc., were carried out, in order to assist the handicapped to lead a more independent life.

At the Work Centre, Church Lane, N.W.10, 32 handicapped people were employed on outwork obtained from local factories. This light assembly work was supervised by an Industrial Works Organiser who also delivered and collected homework from 11 housebound handicapped persons.

Seventy-one persons went on holidays to specially adapted holiday homes run by Dorincourt Estates, the Donkey Clubs, the W.V.S., the British Epilepsy Association, the Shaftesbury Society and Jewish Welfare Board; to special guest houses; or to boarding houses, relatives or friends. Payment towards the holiday was made on an assessment basis. Private escorts or British Red Cross Society escorts were arranged as necessary.

British Red Cross workers continued to teach crafts at the two Handicraft Classes. They were held one afternoon a week at 170/172, High Road, Willesden, and 563, High Road, Wembley. Two choral classes and a drama class met weekly and were well attended. Transport was provided by the Council where necessary.

Four social clubs, run by voluntary organisations, catered for the special needs of handicapped persons, including a club for the deaf and dumb in Queensbury.

At the beginning of the year, the Council had one specially adapted coach for transporting the handicapped to clubs, classes, etc., but this transport was insufficient. An additional coach and two mini-buses were purchased which enabled more people to take advantage of the facilities available.

REGISTRATION OF DISABLED PERSONS' OR OLD PERSONS' HOMES

Section 37 of the National Assistance Act, 1948, requires disabled persons' and old persons' homes to be registered by the Council. There are two private old persons' homes registered by the Council:—

22, St. Gabriels Road, N.W.2.

28, Sedgcombe Avenue, Kenton.

These homes are inspected at regular intervals and a high standard is maintained.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

Section 47 of the National Assistance Act, 1948, permits the removal to an institution of a person in need of care and attention by the Council; an Order for removal is made by a court of summary jurisdiction, but seven clear days' notice of an intended application must be given. The National Assistance (Amendment) Act, 1951, permits immediate removal provided the Medical Officer of Health and another registered medical practitioner certify that it is in the interests of the person to remove him without delay; the Order in this case can be made either by a court of summary jurisdiction or by a single justice having such jurisdiction. The amending Act modifies the period from three months to three weeks for a person to be detained in the first instance.

Several cases were investigated during the year, but it was possible to make them comfortable in their own homes by the provision of additional services such as home help, home nurse, meals-on-wheels and no further action was necessary.

TEMPORARY CARE AND PROTECTION OF PROPERTY

In accordance with Section 48 of the National Assistance Act, the Department undertook responsibility for the care and protection of the movable property of 11 residents who were admitted to hospital or residential accommodation where it was apparent that no other suitable arrangements were being made. In 14 other cases, the Department was able to discharge its duties by arranging for relatives or friends to assume responsibility and to indemnify the Council accordingly. At the end of the year, the property of 17 residents was in store in the annexe of "Mardale" residential home. The Council decided to use the annexe for storage purposes after it was closed for residential purposes in December due to inadequate heating.

Two properties were secured for protection and no further action was required.

Proceedings were commenced for the Borough Treasurer to be appointed as agent under Receivership Orders in two cases where the persons concerned were deemed to be unable to manage their own affairs.

BURIAL OF THE DEAD

In accordance with the provisions of section 50 of the National Assistance Act, 1948, arrangements were made for the burial or cremation of 46 persons during the year. 28 of these were residents of the Council's residential homes.

WELFARE SERVICES FOR THE ELDERLY IN THE COMMUNITY

Prior to 31st March 1965, many of the welfare services for the elderly in the community, such as luncheon clubs, meals-on-wheels, full-time clubs, holidays, outings for the housebound, sale of welfare foods and distribution of Christmas gifts, were organised and administered by Wembley Old People's Welfare Committee and Willesden Old People's Welfare Committee, with financial support from their respective Borough Councils. From 1st April, these services were taken over by the Council.

Two full-time social centres for the elderly—Willesden Green and Kensal Rise Senior Clubs—entered their fifth year of successful operation, the former in adapted and the latter in purpose-built premises. Each Senior Club has an enrolled membership of 500, who pay a nominal membership fee of 1/0d. per year. The amenities provided include rooms for billiards, television, hobbies, reading and spacious main club rooms for meals, refreshments, whist-drives, concerts and other entertainments. In the Wembley area, Council finance supports two full-time centres providing similar amenities, but for men only, at Barham Park and Kingsbury Veterans' Clubs, in premises provided by the Council.

Eight luncheon clubs have in recent years been established in the Willesden part of the Borough at William Dunbar Community Centre, Kilburn; Harley Hall, Harlesden; St. Michael's Church Hall, Knatchbull Road; Neasden Methodist Church Hall; Anson Hall, Cricklewood; Scout Hall, Streatley Road, Kilburn; and the Willesden Green and Kensal Rise Senior Clubs. A ninth club, the first in the Wembley area, was opened in November, at the New Hall, Ealing Road, and on the three days the club functions attendances soon reached the 80/90 mark. Two-course meals, prepared in school meals kitchens, are served at a charge of 1/3d. and 35,270 meals were served in the nine clubs in 1965.

The meals-on-wheels service continued to be operated in conjunction with the Women's Voluntary Services, deliveries being made on 2 or 3 days per week in five vehicles. Meals are prepared at Kensal Rise Senior Club Kitchen for the Willesden area, and from the school meals organisation for the Wembley area, 26,593 meals being delivered in 1965 at the same charge of 1/3d.

The assisted holiday scheme for elderly people to go for a fortnight to the seaside during off-peak months was extended to include those in the Wembley part of the Borough. Five hundred and sixteen such holidays were arranged during the year at a charge of £4 each to the applicants, and a further 11 through the Women's Holiday Fund. Through this Fund 12 holidays were also arranged at Christmas for elderly women who live alone.

For the elderly who can get out, more than 40 afternoon clubs operate in the Borough. During the winter some 30 of them enjoy monthly concerts provided by the Council through the Entertainments Department. In addition, for the first time this year a series of 5 variety matinees was organised at the Town Hall. Several hundred pensioners have attended these, those from the more outlying areas being provided with free transport. A small number of the clubs received financial assistance from the Council to pay for the rent of their premises and to help with Christmas arrangements.

The sale of welfare foods at reduced prices was extended during the year. Complan, Horlicks, Ovaltine, Bovril, Marmite, and tea, are sold and delivered regularly to 26 clubs, clinics and other centres, and annual sales amount to close on £3,000.

In August and September, 3 outings into the Country were organised for about 150 housebound elderly people, including a number confined to wheelchairs. Special tail-lift coaches, minibuses and cars were provided by the Council, and on each occasion a number of cars were also provided by voluntary drivers. In September, a programme of regular weekly visits by minibus was initiated to get small numbers of elderly housebound to Willesden Green and Kensal Rise Senior Clubs.

At Christmas, 1,842 food parcels were distributed among those over 70. This was made possible in part by gifts in kind and cash donations of £372 from various local organisations, the rest of the cost being provided by the Council. In the Carlton and Kilburn Wards, a further 588 parcels were distributed by the Luke Old Folk's Fund.

In October, substantial gifts of packaged foods from Harvest Festival offerings at local schools were distributed with the meals-on-wheels.

The Medical Officer of Health acts as local representative for the Wireless for the Bedridden Society, which has 24 radio sets on loan to elderly people in the Borough; to the Steiner Foundation, which has made available 29 television sets, licensed and maintained; and to the National Society for Cancer Relief in the payment of weekly allowances to a number of elderly patients.

Cases of hardship due to lack of fuel in cold weather were helped from emergency supplies kept by the Council for the purpose.

Facilities for interviewing elderly people to help them with a wide variety of problems were maintained during the year, and the Department's Social Workers visited elderly people in their own homes to assess and help with a diversity of problems.

OLD PEOPLE'S CLINICS

Two Geriatric Clinics are held weekly, one at Neasden Clinic, Balnacraig Avenue, N.W.10, from 9 a.m. to 12 noon on Mondays, and the other at Mortimer Road Clinic, Mortimer Road, N.W.10, from 9 a.m. to 12 noon on Wednesdays. A doctor and nurse are in attendance.

All senior citizens can come to these clinics to discuss their physical and mental health, and their social problems. Transport is arranged for those who find difficulty in getting to the clinic. Friendly co-operation has been maintained with family doctors who are informed after each session of their patients' visits. Communications with hospitals are made as and when required, and correspondence with statutory and voluntary bodies is initiated when necessary.

The wide range of services which the Council provides e.g. home help, domiciliary visits by health visitors and social workers, aids to assist mobility and adaptations in the home, clubs, meals-on-wheels, domiciliary bathing, holiday scheme, short and long stay residence in old people's homes, chiropody, physiotherapy and home nursing, are explained at the clinic sessions, and those required are provided. Housing is very important in the lives of everyone and the elderly are no exception. Their accommodation is discussed, advice given, and help provided where possible.

Food supplements are sold at reduced prices and these have proved highly popular. Physiotherapy is available at the Neasden Clinic, and chiropody is provided at both clinics.

During 1965, 79 sessions were held. Altogether 107 patients attended (70 for the first time), and they made a total of 325 attendances. The majority of patients were in the 70 - 80 year age group. A very large percentage were women.

VOLUNTARY SERVICES FOR THE AGED

Apart from those services for the elderly in the community which were taken over by the Council on 1st April and which are referred to in the previous section, certain services continued to be operated by voluntary organisations, in some instances with financial support from statutory sources.

The Willesden Old Folk's Association continued to run the '49' Club which was the first of the five full-time Clubs for the elderly in the Borough. In February it celebrated its thirteenth anniversary. The running expenses were partly met by a grant from the Council.

Since 1960, the same Association has acted as agents for the Middlesex County Council under Section 28 of the National Health Service Act 1946, in administering a chiropody service for the elderly. The service, which has been complementary to that provided by the health authority at the clinics, was provided through five chiropodists in private practice. The treatment is free to old people in receipt of supplementary pensions from the National Assistance Board, and to single persons whose income does not exceed £5 per week, or married couples not exceeding £8 per week. Otherwise a charge of 2/0d. for treatment of one foot, or 4/0d. for both, is made. A total of 6,245 treatments were given in 1965 at a cost of £2,718 of which £2,624 was recovered by the Association by way of grants from the County Council to 31st March, and from Brent Council over the remainder of the year.

A limited amount of chiropody treatment was also made available for the elderly through the Wembley and Willesden Divisions of the British Red Cross Society.

The Society also afforded assistance in providing on loan wheelchairs and nursing equipment, and in placing elderly persons requiring some degree of care and attention in its holiday homes.

The majority of afternoon clubs for the elderly, which organise many social activities for their members in addition to regular meetings, are run by such voluntary organisations as the League of Jewish Women (Friendship Clubs for the Jewish elderly), the Women's Voluntary Services (Darby and Joan Clubs), the British Red Cross Society (Evergreen Clubs), the National Federation of Old Age Pensions Associations, Community Associations, Churches and private groups.

The luncheon clubs provided by the Council are entirely staffed by voluntary workers and much voluntary work is also carried out in the five full-time centres in the Borough.

Various organisations, including Youth Clubs, as well as private persons, participated in arrangements for visiting the elderly who live alone, and in offering help with shopping, gardening, decorating and other chores.

LAUNDRY SERVICE FOR THE INCONTINENT AGED

The laundry service for the incontinent elderly is administered by the Council under Section 31 of the National Assistance Act. The articles are laundered at Neasden Hospital by arrangement with the Central Middlesex Management Committee and at Colindale Hospital under a similar arrangement with the Hendon Group Hospital Management Committee. Transport is provided by the Borough Council.

Patients are referred by hospitals, doctors, council nurses and relatives. The service enables patients who would be admitted to hospital to be nursed at home and more beds are available for urgent cases. It was greatly appreciated by the patients and their relatives.

NO. OF OLD PEOPLE USING THE LAUNDRY SERVICE

On register 1.1.65	New Cases	Died	Admitted to Hospital	Discontinued	On register 31.12.65
56	49	19	12	19	55

ENVIRONMENTAL HEALTH SERVICES

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The Metropolitan Water Board and the Colne Valley Water Company supply Brent with water. These supplies are not subject to plumbo-solvent action and have been satisfactory both in quantity and quality. All dwelling houses and flats have a piped supply direct from the mains and there were no complaints of any contamination during the year. Frequent bacteriological and chemical examination of the water is carried out by the Metropolitan Water Board and Colne Valley Water Company.

SEWAGE AND DRAINAGE

Most of the sewage of the borough is discharged into the Greater London Council main sewers, but a small amount from the Park Royal area is discharged into the West Middlesex Main Drainage system.

The arrangements for sewage disposal are adequate and also those for sewerage with minor exceptions due to local flooding associated with severe storms. Three schemes which were approved in 1963 were completed during 1964.

REFUSE DISPOSAL

The Borough Engineer's Department deals with the provision of dustbins.

Refuse is disposed of by controlled tipping at Yiewsley and by a separation and incineration plant at Alperton, house refuse is collected weekly and trade refuse as often as required at an agreed charge.

SWIMMING BATHS

The Borough Engineer has kindly supplied the following information in respect of the five swimming baths in the borough.

The water for filling the baths is obtained from the mains supply. It is regularly chlorinated and plant of sufficient capacity to insure breakdown conditions is installed at each bath. The capacity of each bath and the time taken for the whole of the water to pass through the filters and treatment plant is as follows:—

	Capacity (gallons)	Time taken for water to pass through filters, etc. (hours)
Granville Road Baths	145,000	4
Gladstone Park Swimming Pool	500,000	11
King Edward's Recreation Ground Swimming Pool	350,000	6½
Kingsbury Swimming Pool	400,000	4½
Vale Farm Swimming Pool	464,000	5

297 samples were taken, of which 4 were unsatisfactory.

Swimming bath	Samples taken	Unsatisfactory
Granville Road	130	3
Gladstone Park	52	—
King Edward's Park	61	—
Kingsbury	34	1
Vale Farm	20	—

SANITARY INSPECTION OF THE AREA

Details of inspections carried out are shown in Table 27. Four inspectors were engaged on special surveys: three on the smoke control areas, and one on Rachman-type problems.

DEMOLITION AND CLOSING ORDERS (Table 28)

Two closing orders and two demolition orders were made during the year.

SLUM CLEARANCE AND AREA REDEVELOPMENT

During the year, three slum clearance areas were dealt with, the largest being the South Kilburn Redevelopment (Extended Area). This Area was declared as a clearance area by the Willesden Borough Council in February 1964.

The Area covering approximately 20 acres, comprised 417 properties, 328 of which were considered to be unfit for human habitation and 89 were considered fit, these are of necessity included so that the re-development of the whole area can be proceeded with according to a properly phased programme. The Ministry of Housing and Local Government held a Public Inquiry, which commenced on the 8th November, 1965, and continued for five weeks until the 10th December 1965. During this time, 296 objections were heard in relation to 237 properties.

The objectors mounted a massive attack on the Council and its officers; it is understood that the Inquiry lasted longer than any other and there was the largest ever number of objectors.

The inspection of the properties by the Inspector from the Ministry of Housing and Local Government followed the Public Inquiry, and the Council are now awaiting the Minister's decision.

In June 1965 the Brent Borough Council made a Clearance Area of Malvern Place and part of Malvern Road; this area comprises 23 unfit houses and was dealt with at the same Public Inquiry.

A further Area comprising part of Cambridge Road and the whole of Rudolph Road, involving 17 unfit properties was also dealt with and confirmed by the Minister after a Public Inquiry.

In addition to this work, surveys were commenced in the Nicoll Road Area and the Lower Place Industrial Area C.D.A., which are not already in Council ownership. Approximately 80 houses are involved in the latter area.

HOUSE-TO-HOUSE INSPECTION AND MULTIPLE OCCUPATION

House-to-house inspection was carried out during the year. Although hampered by shortage of staff and the difficulty of carrying out 'work in default', a great deal of work was done in combating multiple occupation to secure the provision of amenities and general repair. This is a most time-consuming project and many additional public health inspectors would have to be recruited before any appreciable inroads into the problem could be made.

83 notices under section 15, Housing Act, 1961, requiring the provision of additional amenities, and 112 directions under section 19 of the Act to overcome overcrowding in houses in multiple occupation were served.

OVERCROWDING

There has been little change in the extent of overcrowding which still remains acute.

The Housing Manager has kindly supplied the details of overcrowding in the area, which have been based mainly on statements of housing applicants (Table 29), and also details of new dwellings constructed during the year (Table 30).

NOTICES SERVED UNDER THE PUBLIC HEALTH ACTS, 1936 AND 1961, AND HOUSING ACTS, 1957 AND 1961

There was a decrease in the number of statutory notices served during the year, compared with 1964 (Table 31).

No management orders under section 12, Housing Act, 1961, were served during the year.

NUISANCES ABATED AND IMPROVEMENTS EFFECTED

A summary of nuisances abated and improvements effected in dwelling houses is shown in Table 32.

RENT ACT, 1957

Details of the applications received and the certificates issued up to the end of the year are shown in Table 33.

CLEAN AIR

The Clean Air Act, 1956, came into operation on the 1st June 1958, and further progress has been made in the establishment of Smoke Control Areas provided for in the Act.

Three Smoke Control Areas became operational as follows:—

No. 10 (St. Andrew's) covering 310 acres with 2,226 dwellings, and 54 commercial and other premises was confirmed by the Minister of Housing and Local Government on the 18th November 1964 and came into operation on the 1st November 1965.

No. 11 (Barham) covering 279 acres with 2,162 dwellings and 176 commercial and other premises was confirmed by the Minister on the 18th November 1964 and came into operation on the 1st November 1965.

No. 7 (Brondesbury Park) covering 409 acres with 5,042 dwellings and 214 commercial and other premises was confirmed by the Minister on the 21st May 1965 and came into operation on the 1st December 1965.

The Orders now in operation are as follows:—

Area No.	Date of operation	Acreage	No. of dwellings	No. of other premises
Willesden No. 1	1. 6.59	48.5	627	73
Willesden No. 2	1.10.60	271	2,351	143
Willesden No. 3	1.11.61	380	5,057	450
Willesden No. 4	1.10.62	210.8	3,667	421
Willesden No. 5	1.11.63	355	4,192	121
Willesden No. 6	1.11.64	144	3,496	213
Willesden No. 7	1.12.65	409	5,042	214
Wembley No. 1	1.10.61	299	1,377	26
Wembley No. 2	1.10.62	265	758	82
Wembley No. 3	1.10.62	148	564	40
Wembley No. 4	1.10.62	119	1,137	7
Wembley No. 5	1.10.62	158	1,017	37
Wembley No. 6	1.10.63	163	853	19
Wembley No. 7	1.10.63	391	997	96
Wembley No. 8	1.10.63	398	831	155
Wembley No. 9	1.11.64	243	2,262	150
Wembley No. 10	1.11.65	310	2,226	54
Wembley No. 11	1.11.65	279	2,162	176
TOTAL		4,591.3	38,616	2,477

The Brent No. 1 (Tokington) Smoke Control Order covering 505 acres with 3,929 dwellings and 414 commercial and other premises was confirmed by the Minister on the 28th December 1965 and will become operational on the 1st July 1966.

The Council have approved the following programme of Smoke Control Areas providing for two Areas annually until 1971 when three Areas will become operational and the whole Borough will be a Smoke Control Area.

1966	Brent No. 2	Kilburn
1967	Brent No. 3	Kingsbury
	Brent No. 4	Mapesbury
1968	Brent No. 5	Preston
	Brent No. 6	Willesden Green
1969	Brent No. 7	Sudbury
	Brent No. 8	Dudden Hill
1970	Brent No. 9	Queensbury
	Brent No. 10	Dollis Hill
1971	Brent No. 11	Brentside
	Brent No. 12	Stonebridge
	Brent No. 13	South Kilburn

The volumetric analysis of SO₂ and measurement of smoke concentration has continued at six stations. The station at the Willesden Health Department offices has been transferred to Kilburn Grammar School.

Eleven notifications of new boiler plants were received in accordance with the provisions of Section 3 of the Clean Air Act and the heights of new chimneys were determined in 10 cases.

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

The Food Hygiene (General) Regulations, 1960, prescribe standards for the preparation, storage and sale of clean food. There has been a marked improvement in hygiene in the production and sale of food since the Food Hygiene Regulations, 1955, came into force.

Public Health Inspectors inspect food premises and stalls (Table 34) regularly and serve verbal or written notice to improve the standards of food hygiene. Improvements in some premises are still either in progress or arrangements are being made for them to be carried out (Tables 35 and 36).

The proprietors of three food stalls were prosecuted for contraventions of the Food Hygiene Regulations, with the following results:—

- Ten contraventions: All proved—fined £104.0.0d. with £10.10.0d. costs.
- Seven contraventions: All proved—fined £99.0.0d. with £7.7.0d. costs.
- One contravention: Proved—fined £2.0.0d. with £1.0.0 costs.

PREMISES WHERE FOOD IS PREPARED

Premises which manufacture or sell ice-cream or prepare or manufacture sausages, potted, pressed, pickled or preserved foods, including cooked meat or fish intended for sale, must be registered by the Council. If the Council refuses or cancels a registration, the owner can appeal first to them and if unsuccessful to a court of summary jurisdiction. (Table 37).

Premises where ice-cream is manufactured are kept under close supervision. Most of the ice-cream sold in the borough is manufactured outside the district, and is usually pre-packed. The ice-cream reaches a high standard of purity. (Table 40).

EDUCATION IN FOOD HYGIENE

Lectures illustrated with film shows, filmstrips and bacteriological cultures were given to school leavers.

FOOD POISONING

It is pleasing to report that there was no outbreak of food poisoning in the borough. This is probably a reflection of the great improvement in handling, preparation, storage and sale of food. There was a decrease in the number of individual cases of food poisoning notified.

FOOD UNFIT FOR HUMAN CONSUMPTION

One ton 9 cwt. of meat, fish and other food inspected by the Public Health Inspectors was found to be unfit for human consumption. All the food was dealt with as trade refuse by the Borough Engineer's Department and deposited on the controlled refuse tip.

SLAUGHTERHOUSE

There is one private slaughterhouse licensed in the Borough. This was discontinued during the last War and was brought back into operation in 1952. Particulars of inspections, carcasses inspected and condemned are shown in Table 38.

CONTAMINATED FOOD

Sixty-three specimens of contaminated food were dealt with by the Department. They included foreign bodies in milk (11), dirty bottles of milk (7), foreign matter in bread (11), mould in a cheese sandwich, in a loaf of bread, in canned meat (4), in meat pies (2), in cakes (2), in sausages (2), in canned food (2), and in yoghurt, other foreign bodies in cheese, sausage (2), bacon (2), meat pies (3), fish (3), sandwiches, boiled sweets, cakes, soft drinks (2), canned food (2), and pepper.

A further sixteen complaints were of food alleged to be unsound for some other reason.

Six other complaints were considered to be not justified.

Of the 79 cases, in only 39 was the evidence sufficient to warrant action and of these, the Council resolved to issue 35 cautions and prosecute in four instances. Three cases had not been heard by the end of the year. In the remaining one the defendant was fined £5.0.0d. with £2.2.0d. costs for failure to cleanse a milk bottle.

SAMPLING OF FOOD AND DRUGS

Composition of Food.

The Council became a food and drugs authority on 1st April 1965 and by the provisions of the Food and Drugs Act, 1955, the medical officer of health and the public health inspectors are by virtue of their appointments, authorised officers for the purposes of the Act, including the procuring of samples. The former County Analyst was appointed Public Analyst to the London Borough of Brent. The assumption of new duties by the existing officers of the two former Boroughs, now constituting the London Borough has resulted in a programme of sampling for the part of the first year which has to a large extent been exploratory, and details of the samples procured for submission to the Public Analyst are shown in Table 39.

The unsatisfactory samples consisted of foods which were either the subject of a questionable description or foods where the retailer failed to make it clear to the purchaser that an inferior article was offered. It was considered appropriate to prosecute in only one case where a fine of £10.0.0d. was imposed with £5.0.0d. costs.

Marking and Labelling of Food.

Whilst it is not at present a requirement at law to identify by a label the type or variety of an open food, any misdescription can be a contravention of the Food and Drugs Act. Certain packeted or canned food must, however, by the Labelling of Food Order, 1953 bear a name of the food, its ingredients, and the name and address of the packer or a registered trade mark. Again, some imported foods must, when exposed for sale, carry an indication of their origin in accordance with the Merchandise Marks Acts and Orders made thereunder.

Visits of inspection for the general purpose of checking the accuracy of marking and labelling food exposed for sale have been made on 960 occasions, and first warnings given in 113 instances. In addition 18 samples were taken for examination in the Department. In one case, after warnings, legal proceedings were instituted resulting in a fine of £5.0.0d. being imposed with £6.6.0d. costs (failure to mark imported apples as "Foreign").

MILK AND DAIRIES REGULATIONS

The Borough is a specified area in which may be sold only milk to which a special designation is applied, i.e. Pasteurised, Sterilised, Ultra-heat-treated (since October 1965) and Untreated. (The latter designation was introduced in 1963 when tuberculosis in milch cattle was virtually eradicated in this country).

When the Borough became a food and drugs authority in April 1965, the function of administering the Milk (Special Designation) Regulations was returned to the local authority after five years during which the Middlesex County Council had acted in the matter.

Only one pasteurising bottling plant remains operative in the district, but there are 244 persons registered as distributors, all licensed dealers in pre-packed milk to which special designations apply.

Assuming that the consumption of milk in the Borough conforms to the national average, some 214,000 pints of milk are sold daily. The amount of untreated milk is less than 50 pints per day.

A new designation for milk which is sterilised by a short time-high temperature method (one second at 270°F) was authorised during the year—"Ultra-Heat-Treated". None is produced in the Borough but 36 licenses were issued to dealers in milk treated in this manner.

Inspections of dairies	43
Samples examined bacteriologically	90
Samples examined for fat content	34
Complaints of dirty bottles or foreign bodies in milk	18

REGISTRATION OF HAWKERS

Hawkers of food and premises used by them for storage accommodation must be registered by the Council (section 11 of the Middlesex County Council Act, 1950). Eighty-six hawkers are registered (31 selling fruit and vegetables, 30 selling "hot dogs", 13 ice-cream, 4 fish, 2 mobile canteens, 2 cooked poultry, 2 bread and confectionery, 1 groceries, and 1 selling milk drinks). Fourteen were newly registered during the year.

Three hawkers were prosecuted for failing to register and for contraventions of the Food Hygiene (General) Regulations, 1960. Eighteen summonses were found proved and resulted in the imposition of fines totalling £205 with £18.17.0d. costs to the Council.

PUBLIC HEALTH LABORATORY SERVICE (Table 40)

Bacteriological specimens (swabs from sore throats, faeces from intestinal infections, cough plates and post-nasal swabs from whooping cough cases, etc.) are examined by the Public Health Laboratory Service at the Central Public Health Laboratory, Colindale, and at the branch laboratory at Neasden Hospital.

Specimens delivered to the Health and Welfare Department and the Health Clinics are collected and taken to the laboratory in Neasden Hospital. A report by telephone is given to the doctor as soon as possible, followed by a written report.

Samples of milk, ice-cream and water are sent by public health inspectors.

The percentage of ice-cream samples graded 2, 3 or 4 was almost the same as last year. There was one unsatisfactory sample of milk. This was taken from a vending machine and was probably due to faulty stock rotation. Four samples of water from swimming baths were found to be unsatisfactory due to the breakdown of plant. Further samples were satisfactory.

About 1,450 tons of bulk liquid egg is used annually in the seventeen bakeries in the Borough. With the exception of approximately 40 tons, which is imported from Australia and Poland, it is produced and pasteurised in this country. Twelve samples were taken in accordance with the Liquid Egg (Pasteurisation) Regulations, 1963, and were found to be satisfactory.

FACTORY INSPECTION

The Council supervise sanitary conveniences in all factories and, in addition, cleanliness, overcrowding, temperature, ventilation and drainage of floors in non-power factories. Details of inspections and notices served, defects found and remedied are given in Tables 41 and 42.

BASEMENT BAKEHOUSES

In 1963, one Certificate of Suitability was issued to the occupier of a basement bakehouse in accordance with the provisions of Section 70 of the Factories Act, 1961. During the year the premises ceased to be used as a bakehouse.

OUTWORKERS AND HOMEWORKERS

In February and August of each year, factory owners send to the local authority lists of names and addresses of all persons who have worked at home for them during the previous six months on certain jobs. 202 were employed during the year, the largest number (136) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory (Table 43).

NOISE NUISANCE

The Borough Council deals with noise nuisances under the Noise Abatement Act, 1960, which repealed the noise nuisance section of the Middlesex County Council Act, 1944. It provides that noise and vibration which are nuisances are offences under the Act. It is no longer necessary for a doctor to have to decide whether there is danger or injury to health.

Public Health inspectors have made day and night observations to determine whether complaints of noise nuisance were justified or not. 82 complaints were received during the year, of which 28 were in respect of noise from industrial premises, 30 in respect of commercial premises and 24 domestic. 74 complaints were abated, but 8 were still being dealt with at the end of the year. The Council authorised the employment of the Greater London Council Scientific Division to advise on a difficult case of noise from machinery.

The noises objected to by complainants were wide and varied, and included those from factory processes, car delivery and repairs, unloading of milk churns, loudspeakers, 'beat groups', and inconsiderate neighbours.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Rag Flock and Other Filling Materials Act, 1951, and Regulations of 1961, specify standards of quality and cleanliness for certain filling materials which are used in the manufacture of upholstered articles. Premises in which such materials are manufactured must be registered with the Council, and premises which are used for the storage of such materials only must be licensed by the Council.

Premises where the business of upholstering, stuffing or lining of bedding, toys and baby carriages is carried on must be registered, the statutory fee being £1.0.0d. The Act does not cover the re-making of an article, and consequently the standards of quality and cleanliness do not apply to articles being repaired.

There are now seven premises on the register, six of which are in Willesden and one in Wembley. Formerly there were twelve in Willesden, but six of these which were outworkers have ceased business. There were two in Wembley, but one of these now uses foam filling only.

Five samples of filling materials were taken and submitted to the Analyst. Three of these were found to be satisfactory, but the fourth was found to have an excessive trash content. The sample was repeated and on this occasion the trash content was found to be satisfactory but the dust content was high. Since these matters related to quality rather than cleanliness and were not of a serious nature, a warning letter was sent to the manufacturers.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Act virtually came into full force on the 1st August, 1964, and with certain exceptions applies to retail shops, offices, wholesale premises and most warehouses, catering establishments and canteens, fuel storage premises and certain railway premises. The exceptions are premises where only self-employed persons work, businesses in which only immediate relatives of the employer are employed, and other premises where not more than 21 man-hours weekly are normally worked.

Employers are required to register their premises and the number registered during the year together with the number of persons employed is shown in Table 44.

The general requirements of the Act deal with matters affecting the safety, health and welfare of employees, and covers cleanliness; overcrowding; temperature; ventilation; lighting; sanitary conveniences; washing facilities; drinking water; accommodation for clothing; seating arrangements; eating facilities in shops; cleaning machinery and fencing exposed parts; training and supervision of persons working at dangerous machines; prohibition of heavy work; first aid; penalisation of dangerous acts and interference with equipment; dangerous conditions and practices; and construction and maintenance of floors, passages and stairs.

H.M. Factory Inspectorate is responsible for enforcing the general provisions of the Act in offices and shops in factories; railway premises and offices; premises owned or occupied by the Crown; and premises occupied by County Councils, local fire and police authorities, and probation committees. The responsibility for the remainder of premises falls to the Council, and in Brent this responsibility has been delegated to shops inspectors and public health inspectors. Broadly speaking, public health inspectors inspect offices, food shops, wholesale premises, warehouses and catering establishments open to the public, and canteens, and shops inspectors inspect the remainder. The total number of general inspections made is shown in Table 45, and the defects found and remedied in Table 46.

Under Section 46 of the Act the Council have power to grant an exemption in respect of the requirements regarding room space for employees, temperature, provision of sanitary conveniences and provision of running water for washing facilities. Exemption from the requirement to supply running water may be given either for a specified period or indefinitely; exemption from any other requirements must be for a period only, not exceeding two years. To obtain an exemption certificate it is necessary to satisfy the enforcing authority that it is not reasonably practicable to comply with the statutory requirement or requirements from which exemption is sought. The Council need to know precisely what trouble and cost would be involved in meeting the requirements and what other practical difficulties exist. An appeal against an authority's refusal to grant an exemption can be made to a magistrates' court. One application for exemption from the requirements of providing a sanitary convenience and running water for washing facilities was received, but this was refused on the grounds that it was practicable to install the necessary facilities. The applicant did not appeal.

Employers are required to notify accidents to employees which cause the death of the injured person or disables him for more than three days from doing his usual work. 53 non-fatal accidents were notified; an analysis of their causation is shown in Table 47. Each accident was investigated and, if necessary, advice given to prevent a recurrence.

Enforcing authorities have power to prosecute in any case of infringement of the Act or Regulations. However, during the first year or two of the operation of the Act it is best to proceed by way of advice and warning and no prosecutions have yet been instituted by the Council.

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

The registration of establishments for massage and special treatment is a function of the Borough Council under Part XII of the Middlesex County Council Act, 1944.

During the year six new licences were granted and 39 were renewed. All the applicants are suitable persons to hold licences and their premises were found satisfactory.

RODENT CONTROL

Rodent control, as approved by the Ministry of Agriculture and Fisheries (Infestation Branch) has been carried out in the properties below:—

Business premises	309
Borough Council properties	46
Private dwellings	1,342
	<hr/> 1,697 <hr/>

The cost of disinfection of business premises viz. £1,474 15s. 7d. was recovered from the occupiers. The service is free to occupiers of private dwellings.

In July, the Council decided that, owing to the difficulty of recruiting staff, contracts with business premises in the Willesden part of the area (there were no such contracts in Wembley) be not renewed, and therefore these contracts will have lapsed by the end of May 1966.

Rodent control in the Council's sewers is carried out by the Borough Engineer's Department. Where surface rat infestation is due to faults in the connections of the house drains with the sewer, the Borough Engineer's Department arranges for the opening of the pavement.

CONTROL OF WILD PIGEONS

The contract entered into by the former Wembley Borough Council for the extermination of pigeons from railway bridges was renewed for the year ending 31st March 1966.

The Council decided to make provision in the estimates for 1966/67 for the extension of the contract to include railway bridges in the former Willesden part of the area, making a total of ten bridges in the Borough.

UNCLEANLINESS AND SCABIES (Table 48)

Treatment for scabies, lice and nits has been carried out at Stonebridge Clinic. As compared with 1964, there has been an increase in the number of children under 5 years of age and adults treated for scabies, and an increase in the number of children up to 15 years of age treated for lice and nits. However, the numbers treated are still small, and there is no evidence of a significant increase in the prevalence of these conditions among the population.

DISINFESTATION

The Public Health Inspectors inspect verminous premises and supervise the work of disinfectors employed by the Council (section 83 of the Public Health Act, 1936) (Table 49). There was a decrease in the work compared with the previous year.

The Council provide transport for clothing and bedding requiring disinfection and disinfection (section 84 of the Public Health Act, 1936). The Council's employees disinfect and disinfest rooms, and collect and deliver the clothing and bedding.

PUBLIC MORTUARY

On 1st April, two mortuaries were transferred to the Council, viz. the Willesden Borough Council's mortuary in Kilburn, and the Wembley Borough Council mortuary at the rear of the Town Hall. The Kilburn mortuary was built last century, but was modernised and enlarged in 1961 at a cost of £3,000. It contains a refrigerated chamber for six bodies and two separate post mortem tables, together with waiting room, viewing room, toilet accommodation and offices. There is also a Coroner's Court in the curtilage, which is seldom used (twice in 1964, once in 1965). The Town Hall mortuary was constructed in 1959/60, at a cost of £16,300. It contains a refrigerated chamber for nine bodies and two separate post mortem tables, together with waiting room, viewing room, toilet accommodation and offices.

The Mortuary Attendant at the Town Hall Mortuary resigned in August. The premises were closed temporarily and all bodies were then received into the Kilburn mortuary. Complaints were made by the Coroner and his Pathologist that the Kilburn mortuary was inadequate and that geographically it was unsatisfactory. After very careful consideration, the Health and Welfare Committee recommended that the Kilburn Mortuary be closed and in future all bodies be received into the Town Hall mortuary. This recommendation was agreed by the Council and the decision was put into effect on the 2nd December, 1965.

During the year post mortems were performed on 765 bodies, followed by an inquest in 109 cases. These inquests were held either at Hendon or Finchley.

TABLES

TABLE 1

DEATHS

CAUSES :

	Males	Females	Total
1. Tuberculosis (respiratory)	6	1	7
2. Tuberculosis (other)	3	—	3
3. Syphilitic disease	2	2	4
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	6	3	9
10. Malignant neoplasm, stomach	46	30	76
11. Malignant neoplasm, lung bronchus	168	31	199
12. Malignant neoplasm, breast	1	60	61
13. Malignant neoplasm, uterus	—	22	22
14. Other malignant and lymphatic neoplasms	163	160	323
15. Leukaemia, aleukaemia	9	14	23
16. Diabetes	9	16	25
17. Vascular lesions of nervous system	127	223	350
18. Coronary disease, angina	396	221	617
19. Hypertension, with heart disease	6	21	27
20. Other heart disease	66	135	201
21. Other circulatory disease	65	108	173
22. Influenza	—	1	1
23. Pneumonia	85	85	170
24. Bronchitis	120	44	164
25. Other diseases of respiratory system	22	9	31
26. Ulcer of stomach and duodenum	12	10	22
27. Gastritis, enteritis and diarrhoea	8	10	18
28. Nephritis and nephrosis	4	7	11
29. Hyperplasia of prostate	11	—	11
30. Pregnancy, childbirth, abortion	—	3	3
31. Congenital malformations	18	12	30
32. Other defined and ill-defined diseases	122	133	255
33. Motor vehicle accidents	28	12	40
34. All other accidents	29	16	45
35. Suicide	17	20	37
36. Homicide and operations of war	1	1	2
TOTAL	1,550	1,410	2,960

TABLE 2

MAIN CAUSES OF DEATH AND RATES PER 1,000 POPULATION

Cause	No.	Rate per 1,000 population
Heart disease and other diseases of circulatory system	1,018	3.5
Malignant neoplasms	681	2.3
Vascular lesions of nervous system	350	1.2
Respiratory diseases (influenza, pneumonia, bronchitis, etc.)	366	1.2
Violent deaths (motor vehicle accidents, other accidents, suicides and homicide)	124	0.4
All other cases	421	1.4
TOTALS:	2,960	10.0

TABLE 3

INFANT MORTALITY: —BY WARDS

Ward	Number of deaths	Rate
Queensbury	—	Nil
Kingsbury	2	9.1
Kenton	2	10.4
Sudbury	4	19.0
Preston	2	8.8
Chalkhill	1	4.6
Barham	5	17.5
Tokington	2	8.7
Alpertown	8	28.3
Brentwater	4	25.3
Church End	5	21.2
Gladstone	3	24.2
Cricklewood	1	4.3
Willesden Green	8	23.0
Mapesbury	5	16.5
St. Raphael's	5	30.1
Roundwood	6	18.6
Brondesbury Park	8	34.8
Stonebridge	6	18.9
Manor	9	33.7
Chamberlayne	6	32.3
Harlesden	8	26.1
Kensal Rise	5	16.1
Queens Park	7	24.7
Kilburn	12	31.9
Carlton	4	15.2
TOTALS:	128	19.9

TABLE 4

INFANT MORTALITY—CAUSES

	Neo-Natal	1—12 Months	Total	Rate
Respiratory	5	21	26	4.0
Diarrhoea and Enteritis	1	2	3	.5
Other infections	—	1	1	.2
Congenital malformations	9	12	21	3.2
Prematurity	44	1	45	7.0
Injury at birth	10	—	10	1.6
Other causes	16	6	22	3.4
All causes	85	43	128	19.9

TABLE 5

INFECTIOUS DISEASES

	1965 (1964 in brackets)	
	Notified	Confirmed
Diphtheria	— (—)	— (—)
Dysentery	104 (153)	86 (140)
Erysipelas	11 (11)	11 (11)
Encephalitis, acute	— (2)	— (2)
Food poisoning	39 (49)	39 (47)
Malaria	— (—)	— (—)
Measles	3,166 (1,373)	3,162 (1,373)
Meningococcal infection	3 (2)	2 (1)
Ophthalmia neonatorum	4 (1)	4 (1)
Paratyphoid fever	1 (1)	1 (1)
Pneumonia	65 (79)	65 (79)
Poliomyelitis and polio- encephalitis	— (—)	— (—)
Puerperal pyrexia	87 (129)	87 (129)
Scarlet fever	94 (167)	94 (167)
Smallpox	— (—)	— (—)
Typhoid fever	— (—)	— (—)
Whooping cough	71 (163)	71 (163)

TABLE 6

PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined	336	1,082
Number required treatment	303	678
Number of new cases commenced treatment	293	653
Dentally fit	170	430
Extractions	436	458
Fillings	961	1,419
Scaling and gum treatment	136	—
Silver nitrate dressings	—	389
Dentures	69	—
Number of attendances	1,214	1,614

TABLE 7

DAY NURSERIES: ATTENDANCES

Nursery	Approved places		Children on register at 31.12.65		Attendances for the year		Average daily attendances
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years	
Essex Road	25	25	25	27	2,544	5,845	33
Evefield	25	25	14	36	4,025	5,993	39
Gladstone Park	25	25	24	28	5,144	5,178	41
Kilburn	25	25	20	37	3,755	8,188	47
Longstone Avenue	25	25	23	24	5,110	6,051	44
Mortimer Road	25	25	24	26	5,548	6,131	46
Princes Avenue	25	25	23	34	3,701	7,699	45
Vale Farm	25	25	27	26	5,878	5,993	45
Villiers Road	25	25	19	30	4,756	5,349	40
Wesley Road	15	25	11	30	2,656	5,998	34
William Dunbar	25	25	23	36	5,605	6,040	46
TOTALS:	265	275	233	334	48,722	68,465	460

TABLE 8

DAY NURSERIES: WAITING LIST

Position at:

Nursery	1.1.65	31.12.65
Essex Road	29	19
Evefield	—	6
Gladstone Park	45	51
Kilburn	27	30
Longstone Avenue	21	31
Mortimer Road	67	77
Princes Avenue	6	4
Vale Farm	27	33
Villiers Road	53	41
Wesley Road	11	45
William Dunbar	44	34
TOTALS:	330	371

TABLE 9

DAY NURSERIES: PRIORITIES

Nursery	Unsupported Mothers	Medical Reasons	Bad Housing	Low Income	Total on Register
Essex Road	30	8	5	8	51
Evefield	23	2	6	12	43
Gladstone Park	26	9	10	12	57
Kilburn	37	4	2	8	51
Longstone Avenue	33	4	3	12	52
Mortimer Road	50	2	—	1	53
Princes Avenue	23	14	1	17	55
Vale Farm	44	3	—	11	58
Villiers Road	29	2	6	8	45
Wesley Road	30	3	3	6	42
William Dunbar	34	10	6	8	58
York Park	9	—	2	4	15
TOTALS:	368	61	44	107	580

TABLE 10

MOTHER AND BABY HOME — "BELLE VUE", WILLESDEN LANE

Total number of beds	12
Total number of cots	12
Average length of stay—ante-natal	3-3/7 weeks
Average length of stay—post-natal	7 weeks
Total number of women admitted during the year (excluding re-admissions after confinement)	115
Number of admissions for which Council was responsible	47
Number of cases sent by Council during year to mother and baby homes other than "Belle Vue":—	
Expectant mother	133
Post-natal cases	

CONGENITAL MALFORMATIONS

TABLE 11

SUMMARY OF NOTIFICATIONS

(i)	Number of notifications received during year	74
(ii)	Number of live births included in (i) above	63
(iii)	Number of stillbirths included in (i) above	11
(iv)	Total number of malformations notified as apparent at birth	74
(v)	Number of children with multiple abnormalities	14

TABLE 12

ANALYSIS OF MALFORMATIONS NOTIFIED

Code No.	Classification	Number of cases	Code No.	Classification	Number of cases
0	Central Nervous System		5	Uro-genital system	
·1	Anencephalus	6		Nil notified	
·4	Hydrocephalus	3			
·6	Other defects of brain	2	6	Limbs	
·8	Spina bifida	6	·1	Defects of lower limbs	13
			·5	Dislocation of hip	2
1	Eye, ear		·6	Talipes	15
·5	Other defects of eye	1	·8	Other defects of hand	4
·6	Defects of ear	1			
·9	Other defects of ear	1	7	Other skeletal	
			·9	Other generalised defects of skeleton	1
2	Alimentary system				
·1	Cleft lip	6			
·2	Cleft palate	4	8	Other systems	
·6	Hirschsprung's disease	1	·3	Vascular defects of skin, sub-cutaneous tissues, and mucous membranes (including lymphatic defects)	2
3	Heart and Great Vessels				
	Nil notified		·9	Exomphalos	2
4	Respiratory system				
·8	Defects of mediastinum	1			
·9	Other defects of respiratory system	1	9	Other malformations	
			·0	Congenital malformations NOS	2

TABLE 13

MIDWIFERY SERVICE

Deliveries attended: —	
Doctor not booked, doctor present	12
Doctor not booked, doctor not present	59
Doctor booked, doctor present	277
Doctor booked, doctor not present	415
Number of home booked cases transferred to hospital before confinement	124
Cases in which analgesia was administered: —	
Gas and air	84
Trilene	462
Pethilorfan	288
Number of times Emergency Transfusion Service used	14
Visits paid: —	
Ante-natal	6,027
During labour	1,350
Nursing domiciliary confinements	12,846
Nursing institutional discharges	656
Clinic Sessions Attended: —	
Ante-natal	664
General practitioners' clinics	11
Relaxation	45
Mothercraft	49
Number of cases in which medical aid was called by midwife	121

TABLE 14
CHIROPODY

	New cases	1st Attendance of old cases	Re-attendances	Total
Elderly persons	137	8	5,504	5,649
Physically handicapped	2	—	34	36
Expectant and nursing mothers	36	—	63	99
Others	5	—	10	15
School children	169	24	1,070	1,263
Domiciliary	15	2	1,682	1,699
Total	364	34	8,363	8,761

TABLE 15
TUBERCULOSIS: NOTIFIED CASES AND DEATHS

Year	Population	New Cases			Deaths			Cases on Register		
		Pulmonary	Non-pulmonary	All forms	Pulmonary	Non-pulmonary	All forms	Pulmonary	Non-pulmonary	All forms
1964	296,030	105	18	123	8	6	14	2,174	336	2,510
1965	294,850	107	27	134	7	3	10	2,169	354	2,523

TABLE 16
TUBERCULOSIS: CASE RATE AND DEATH RATE

Year	Population	New Cases Rate per 100,000 Population			Deaths Rate per 100,000 Population		
		Pulmonary	Non-pulmonary	All forms	Pulmonary	Non-pulmonary	All forms
1964	296,030	35	6	41	3	2	5
1965	294,850	36	9	45	2	1	3

TABLE 17

TUBERCULOSIS: NEW CASES AND DEATHS BY AGE GROUPS
(Deaths in brackets)

Age groups	New Cases			
	Respiratory		Non-respiratory	
	Male	Female	Male	Female
Under 1	— (—)	— (—)	— (—)	— (—)
1 to 4	5 (—)	3 (—)	— (1)	— (—)
5 to 9	2 (—)	3 (—)	1 (—)	— (—)
10 to 14	3 (—)	— (—)	— (—)	1 (—)
15 to 19	1 (—)	2 (—)	2 (—)	— (—)
20 to 24	8 (—)	4 (—)	4 (—)	1 (—)
25 to 34	15 (—)	12 (—)	1 (—)	7 (—)
35 to 44	11 (1)	11 (—)	2 (—)	2 (—)
45 to 54	4 (1)	1 (—)	— (1)	2 (—)
55 to 64	12 (1)	2 (—)	1 (—)	1 (—)
65 and upwards	6 (3)	2 (1)	— (1)	2 (—)
Totals:	67 (6)	40 (1)	11 (3)	16 (—)

TABLE 18

TUBERCULOSIS: SUMMARY OF WORK OF WILLESDEN CHEST CLINIC

	Pulmonary		Non-pulmonary		Total	
	M	F	M	F	M	F
Total number of persons examined for the first time during the year, including new contacts shown below.						
(a) Persons who were given a full medical examination	—	—	—	—	1,068	798
(b) Persons who were given X-ray examination only	—	—	—	—	2,476	1,979
Number of persons found to be tuberculous and formally notified during the year, including new contacts shown below	84	49	6	20	90	69
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination	—	—	—	—	251	234
(b) Contacts who were given X-ray examination only	—	—	—	—	274	282
Number found to be tuberculous	5	11	—	—	5	11
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	209	141

TABLE 19

MENTAL HEALTH

Patients under Local Authority care at 31st December, 1965.

	Mentally ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
1 Number of patients under care at 31st December, 1965	—	—	136	232	368	96	61	175	169	501
2 (a) Attending day training centre	—	—	6	17	23	55	35	42	55	187*
Awaiting entry thereto	—	—	—	—	—	8	16	8	6	38
(b) Resident in a residential training centre	—	—	—	—	—	1	—	—	—	1
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.A. home/hostel	—	—	—	6	6	—	—	1	—	1
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels	—	—	4	5	9	2	2	1	5	10
Resident at L.A. expense by boarding out in private household	—	—	1	6	7	9	1	5	4	19
(e) Receiving home visits and not included in (a) to (d)	—	—	126	199	325	21	7	118	99	245
3 No. of patients in L.A. area on waiting list for admission to hospital at 31.12.65	—	—	—	—	—	—	—	—	—	—
In urgent need of hospital care	—	—	—	—	—	15	10	—	4	29
Not in urgent need of hospital care	—	—	—	—	—	4	5	2	—	11
4 No. of admissions for temporary residential care (e.g. to relieve the family) during 1965	—	—	—	—	—	—	—	—	—	—
To N.H.S. Hospitals	—	—	—	—	—	21	12	2	17	52
Elsewhere	—	—	—	—	—	3	1	1	1	6

* Includes patients attending centres administered by other local authorities.

TABLE 20

Number of patients referred during year ended 31st December, 1965.

	Mentally ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	—	—	224	524	748	2	1	—	—	3
Hospitals, on discharge from in-patient treatment	—	—	56	44	100	—	—	2	1	3
Hospitals, after or during out-patient or day treatment	—	—	8	11	19	4	—	—	1	5
Local education authorities	—	—	—	—	—	7	7	5	9	28
Police and courts	—	—	3	5	8	—	—	—	—	—
Other sources	—	—	32	27	59	8	—	1	—	9
Total	—	—	323	611	934	21	8	8	11	48

TABLE 21

Work of Mental Welfare Officers and Mental Health Social Workers.

(a) Mental Illness:

Visits made by mental welfare officers	1,575
Compulsory admissions to psychiatric hospitals by mental welfare officers	146
Informal admissions to psychiatric hospitals by mental welfare officers	196

(b) Mental sub-normality:

Visits to those under Council's community care by mental welfare officers and mental health social workers	1,069
--	-------

WELFARE OF THE BLIND

TABLE 22

Classification of Registered Blind Persons by Age Groups.

Age Group	No.
Under 5	4
5—15	9
16—20	7
21—29	14
30—39	19
40—49	46
50—59	80
60—64	47
65—69	53
70—79	103
80—84	47
85—89	59
90 and over	37
Total	525

TABLE 23

Age at Onset of Blindness.

Age Group	No.
Birth	66
1 — 15	53
16 — 20	18
21 — 29	21
30 — 39	30
40 — 49	42
50 — 59	53
60 — 64	38
65 — 69	40
70 — 79	85
80 — 84	39
85 — 89	20
90 and over	5
Unknown	15
Total	525

TABLE 24

Analysis of Occupations of Blind Persons.

Occupation	No.
Masseurs and Physiotherapists	2
Teacher of Languages	1
Teacher of Music	1
Social Workers to the Blind	2
Kiosk Manager	1
Business Organiser	1
Typists, Shorthand Typists	7
Braille Copyist	1
Braille Proof Reader	1
Telephone Operators	13
Shop Manager	1
Shop Assistants	2
Machine Tool Operators	2
Fitters and Assemblers	9
Packers	7
Store Keeper	1
Knitters (Hand and Machine)	13
Mattress Makers	8
Basket Makers	9
Chair Setters	3
Brush Maker	1
Piano Tuners	9
Craftsmen and Production Process Workers	13
Labourers	2
Domestic/Canteen Workers, Cleaners	9
Miscellaneous Workers	4
Total	123

WELFARE OF THE HANDICAPPED

TABLE 25
REGISTRATIONS

		Children under 16	Persons aged 16 - 64	Persons aged 65 and over	Total
Deaf with speech	Male	10	8	2	20
	Female	8	7	6	21
Deaf without speech	Male	7	66	3	76
	Female	4	34	3	41
Hard of Hearing	Male	Nil	1	2	3
	Female	Nil	Nil	5	5
General Classes	Male	2	178	79	259
	Female	3	190	199	392
Total		34	484	299	817

TABLE 26

GENERAL CLASSES—ANALYSIS OF DISABILITIES

Disability	No.
Amputations	37
Arthritis and rheumatism	204
Congenital malformations and deformities	12
Diseases of Digestive and Genito-urinary systems	20
Diseases of the heart or circulatory systems	49
Diseases of the respiratory system (other than tuberculosis)	39
Diseases of the skin	1
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk	12
Injuries or diseases (other than tuberculosis) of the upper and lower limbs, and of the spine	46
Organic nervous diseases, epilepsy, poliomyelitis, disseminated sclerosis	279
Neuroses, psychoses and other nervous and mental disorders	15
Tuberculosis (respiratory)	3
Tuberculosis (non-respiratory)	6
Diseases and injuries not specified above	26
Total	749*

* This figure includes, those handicapped persons who suffer from dual or multiple disabilities.

INSPECTIONS AND VISITS BY PUBLIC HEALTH INSPECTORS

[illegible]

SANITARY INSPECTION OF THE AREA

TABLE 28

DEMOLITION AND CLOSING ORDERS

HOUSING ACT, 1957 (SECTIONS 17 and 18)

Demolition Orders, section 16, Housing Act, 1957.

182 Villiers Road

56 Malvern Road

Closing Orders, sections 17 and 18, Housing Act, 1957.

48 Winchester Avenue (basement)

95 Carlton Vale (ground floor)

TABLE 29

OVERCROWDING

(a) Dwellings overcrowded at the end of the year	845
(b) Overcrowding relieved during the year	49
(c) Dwelling houses which have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	no information
(d) (i) Council houses found to be overcrowded at end of year	50
(ii) Families	50
(iii) Persons	250 approx.
(e) Section 80, Housing Act, 1957—licences issued	Nil

TABLE 30

NEW DWELLINGS, 1965

	Houses	Flats	Rebuilds
Dwellings built by private builders (excluding those built by the police authorities)	65	87	—
Built by local authority	—	36	—
Applicants on Council's waiting list at 31.12.65			6,209

TABLE 31

NOTICES SERVED

(including Housing Survey)

Intimation notices served	593
Intimation notices complied with	491
Statutory notices served (Public Health Act, 1936)	982
Statutory notices complied with (Public Health Act, 1936)	912
Statutory notices served (Public Health Act, 1961)	64
Statutory notices complied with (Public Health Act, 1961)	56
Statutory notices served (Shops Act, 1950)	—
Statutory notices complied with (Shops Act, 1950)	—
Statutory notices served (Prevention of Damage by Pests Act, 1949)	20
Statutory notices complied with (Prevention of Damage by Pests Act, 1949)	22
Statutory notices served (Middlesex County Council Act, 1956)	85
Statutory notices complied with (Middlesex County Council Act, 1956)	84
Statutory notices served Housing Act, 1957 (Section 9)	40
Statutory notices complied with Housing Act, 1957 (Section 9)	57
Statutory notices served Housing Act, 1961 (Section 15)	83
Statutory notices complied with Housing Act, 1961 (Section 15)	92
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, section 93)	130
Referred to Borough Engineer for work to be carried out in default of owners (203 work done by Borough Engineer)	222

NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwelling Houses, Water Supply and Service

Drainage and Sewerage

Other Defects

Courts, Forecourts, Yards

Verminous Articles and Premises

Animals

Offices and Shops

Miscellaneous

[illegible]

TABLE 33

RENT ACT, 1957

CERTIFICATES OF DISREPAIR

Applications (Form I) received and investigated	10
Agreed and proposal to issue Certificate of Disrepair (Form J) served	10
Refused	Nil
Undertakings (Form K) received from landlords	6
Accepted	6
Refused	Nil
Certificate of Disrepair (Form L) issued	3
Applications received for cancellation of Certificates of Disrepair (Form M)	16
Granted	10
Refused	6

TABLE 34

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

Types of Food Premises	No.	Food Hygiene (General) Regulations, 1960		
		No. fitted to comply with Reg. 16 (provision of wash-hand basins)	No. to which Reg. 19 applies (facilities for washing food and equipment)	No. fitted to comply with Reg. 19
Baker	27	27	27	27
Bread and Confectionery	64	64	64	64
Dairy	10	10	10	10
Butcher	178	178	178	178
Grocer and General Store	489	489	489	489
Fishmonger and Fish Fryer	64	64	64	64
Cafe and Restaurant	193	193	193	193
Greengrocer and Fruiterer	194	194	194	194
Ice Cream and Sweet Shop	358	358	191	191
Food Stall	86	—	—	—
Public House	74	74	74	74
Works Canteen	167	167	167	167
School Canteen	67	67	67	67
Food Factory	12	12	12	12
Other Food Premises	170	170	130	130
Totals	2,153	2,067	1,860	1,860

INSPECTIONS AND REVISITS

Inspections: 4,911

Revisits: 1,552

Total: 6,463

TABLE 35

Premises unsatisfactory on 31.12.64	35
Unsatisfactory during the year	686
Premises made satisfactory during the year	486
Unsatisfactory on 31.12.65	235

TABLE 36

FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.64	Found during the year	Total	Remedied during year	Outstanding at 31.12.65
Inadequate lighting and ventilation	0	23	23	20	3
Inadequate washing facilities	8	230	238	190	48
Inadequate refuse storage	3	112	115	84	31
Unsatisfactory or insufficient sanitary accommodation	9	162	171	115	56
Inadequate storage accommodation	5	93	98	45	53
Defective walls, ceilings or floors	15	456	471	362	109
Dirty walls, ceilings or floors	16	545	561	328	233
Inadequate first aid materials	1	76	77	44	33
Unsatisfactory conditions	2	22	24	13	11
Any other defects	24	62	86	60	26
TOTALS	83	1,781	1,864	1,261	603

TABLE 37

FOOD PREMISES: REGISTRATION

	Premises on register 31.12.64	Applications received	Applications granted	Applications refused	Premises removed from register during 1965	Total on register at 31.12.65
(1) Sale and storage of ice cream	562	7	6	1	—	568
(2) Manufacture of ice cream	10	—	—	—	—	10
(3) Manufacture of preserved food	214	3	3	—	—	217
(4) Fish curing	1	—	—	—	—	1

TABLE 38

SLAUGHTERHOUSE

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	47	—	—	338	—
Number inspected	47	—	—	338	—
All diseases except tuberculosis and cysticerci: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	1	—
Percentage of the number inspected affected with disease other than tuberculosis and cysti- cerci	—	—	—	3	—
Tuberculosis only: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	—
Cysticercosis: —					
Carcasses of which some part or organ was condemned	—	—	—	—	—
Carcasses submitted to treatment by refrigera- tion	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

TABLE 39

SAMPLING OF FOOD AND DRUGS

Articles	Total procured	Unsatisfactory
Milk (various)	34 (3)	1
Milk (condensed)	21 (1)	—
Cream	23 (6)	—
Ice cream	21 (4)	—
Meat and meat products	94 (30)	3
Butter and margarine	37 (27)	—
Bread, flour and cereals	17 (1)	—
"Buttered" bread	13	6
Cakes and biscuits	22 (1)	12
Fruit juices, syrups and soft drinks	28	3
Spirits	12 (7)	1
Coffee	7 (2)	—
Sweets and chewing compounds	36	4
Fruit and vegetables	25 (7)	1
Curries, spices and flavourings	21	1
Vinegar, pickles and sauces	16 (22)	—
Cheese and spreads	11 (1)	—
Jams, jellies and preserves	7	—
Drugs	5 (12)	—
Miscellaneous	6 (3)	—
TOTALS	456 (117)*	32

* Figures in parenthesis are samples taken by officers of the Middlesex County Council during January—March 1965.

TABLE 40

BACTERIOLOGICAL EXAMINATION OF MILK, ICE CREAM AND WATER

Milk examinations—80

	Dealers' premises			Total
	Pasteurised	Untreated	Sterilised	
Samples	65	3	12	80
Satisfactory	64	3	12	79
Unsatisfactory	1	—	—	1

Ice cream examinations—83

Grade 1	Grade 2	Grade 3	Grade 4	Total
50	5	12	16	83

Water examinations—312

	Domestic supplies	Swimming pools	Paddling pool	Total
Samples	4	297	11	312
Satisfactory	4	293	11	308
Unsatisfactory	—	4	—	4

FACTORIES

TABLE 41

ON REGISTER AND INSPECTIONS

	No. on register	Inspections	Written notices	Occupiers prosecuted
Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authority	79	86	1	—
Factories not included above in which section 7 is enforced by the local authority	875	1,724	63	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers premises)	8	14	—	—
Total	962	1,824	64	—

TABLE 42

DEFECTS FOUND

	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (sec. 1)	35	32	—	—	—
Overcrowding (sec. 2)	—	—	—	—	—
Unreasonable temperature (sec. 3)	—	—	—	—	—
Inadequate ventilation (sec. 4)	—	—	—	—	—
Ineffective drainage of floors (sec. 6)	—	—	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	26	22	—	—	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to outworkers)	—	—	—	—	—
Total	64	57	—	—	—

TABLE 43
OUTWORKERS

Nature of Work	No. of outworkers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.)	136	—	—
Household linen	1	—	—
Handbags	7	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	7	—	—
Carding, etc. of buttons, etc.	6	—	—
Stuffed toys	10	—	—
Lampshades	2	—	—
Brush making	1	—	—
Lace making	1	—	—
Hosiery	2	—	—
Ladies' Belts	5	—	—
Fancy Goods	2	—	—
Millinery	4	—	—
Furrier	1	—	—
Wigs	1	—	—
Metal Boxes	1	—	—
Shoes	5	—	—
Total	202	—	—

There were no cases of default in sending lists to the Council, and there were no prosecutions.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE 44

REGISTRATION OF PREMISES AND ANALYSIS OF PERSONS EMPLOYED
(Figures in brackets relate to premises registered with Shops Inspectors)

Class	No. of premises registered during the year	Total No. of registered premises at end of year	No. of persons employed
Offices	96 (22)	616 (71)	10,743 (992)
Retail Shops	176 (331)	605 (1,335)	3,886 (6,006)
Wholesale shops, warehouses	5 (—)	42 (—)	781 (—)
Catering estabs. open to the public, canteens	19 (—)	127 (—)	1,638 (—)
Totals	296 (353)	1,390 (1,406)	17,048 (6,998)
		Males	8,614 (2,423)
		Females	8,434 (4,575)

TABLE 45
INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	317	1,887
Retail Shops	572	
Wholesale shops, warehouses	37	
Catering estabs. open to the public, canteens	107	
Total	1,033	

TABLE 46

Defects and Unsatisfactory Conditions Found and Remedied

Section	Unsatisfactory conditions and defects	Outstanding 1964	Found 1965	Remedied during the year
4	Premises in a dirty state	3	9	10
5	Overcrowding	3 (a)	2 (a)	1
6	Temperature			
	Unreasonable	1	18	15
	Lack of room thermometer	14	20	27
8	Lighting	Nil	1	1
9	Sanitary Conveniences			
	Unsuitable and insufficient	11	44 (b)	33
	Lack of artificial lighting	2	10	8
10	Washing facilities insufficient and unsuitable	18	26 (c)	24
11	Adequate supply of drinking water not provided	Nil	1	1
12	Accommodation for clothing	Nil	3	3
13	Seating facilities	Nil	2	2
14	Seats for sedentary work	Nil	1	1
15	Eating facilities for shop employees	Nil	1	1
16	Floors, passages and stairs not soundly constructed, properly maintained or kept free from obstruction or slippery substance	1	29	19
17	Dangerous parts of machines not properly fenced	2	5	3
24	First Aid and General Provisions	11	59	58
50	Information for employees, Lack of	Nil	31	19

(a) The overcrowding was found in premises in use on 31st July 1964 and therefore the space standards do not apply until 1st August 1967.

(b) 19 defects not required to be remedied until Sanitary Convenience Regulations 1964 come into force on 1st January 1966.

(c) 20 defects not required to be remedied until Washing Facilities Regulations 1964 come into force on 1st January 1966.

TABLE 47

ANALYSIS OF REPORTED ACCIDENTS

Cause	Offices	Retail Shops	Wholesale Shops, Warehouses	Catering establishments open to the public, canteens
Machinery	—	3	3	—
Transport	—	3	2	—
Falls of persons	2	7	6	—
Stepping on or striking against object or person	1	4	1	—
Handling goods	—	3	2	2
Struck by falling object	—	4	—	—
Fires and Explosions	—	—	—	—
Electricity	1	—	—	—
Use of Hand Tools	—	4	—	—
Not otherwise specified	1	4	—	—
TOTALS	5	32	14	2

TABLE 48

UNCLEANLINESS AND SCABIES

	New cases treated			Attendances		
	Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children under 5 years	13	13	26	23	14	37
Children 5-15 years	2	44	46	8	53	61
Adults { Men	17	4	21	27	4	31
Women	10	2	12	16	2	18
Total	42	63	105	74	73	147

TABLE 49

DISINFESTATION

(a) <i>Verminous premises :</i>				
Council properties	.....	.....	.....	18
Private properties	.....	.....	.....	40
Total				58
(b) <i>Verminous rooms*:</i>				
Council properties	.....	.....	.....	36
Private properties	.....	.....	.....	87
Total				123

*Some rooms are treated more than once.

(c) <i>Clothing and bedding materials :</i>				
(i) disinfected	.....	.....	.....	5
(ii) disinfested	.....	.....	.....	6
(d) <i>Miscellaneous :</i>				
Ants	.....	.....	.....	2
Wasps Nests	.....	.....	.....	65

Table 42

Expenditures for health services, by type of service, by sex, by age group, and by race, 1965

Section	Expenditures for health services, by type of service, by sex, by age group, and by race, 1965	Expenditures for health services, by type of service, by sex, by age group, and by race, 1965	Expenditures for health services, by type of service, by sex, by age group, and by race, 1965	Expenditures for health services, by type of service, by sex, by age group, and by race, 1965
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

(a) The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars.

(b) The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars.

(c) The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars. The expenditures for health services are reported in thousands of dollars.

Report of the Principal School Medical Officer For the Year 1965

Table 43

Case	Office	First Stage	Second Stage	Third Stage
Measles	—	3	2	—
Scarlet fever	—	2	2	—
Fall of parotid	—	1	1	—
Swelling of the parotid gland	—	1	1	—
Hand, foot and mouth	—	2	2	—
Varicella (chicken pox)	—	1	1	—
First and second stage	—	—	—	—
Exanthema	—	—	—	—
Use of hand towels	—	—	—	—
Not otherwise specified	—	—	—	—
TOTALS	—	10	10	—

Table 44

Expenditures for health services, by sex, by age group, and by race, 1965

Section	Expenditures for health services, by sex, by age group, and by race, 1965	Expenditures for health services, by sex, by age group, and by race, 1965			Expenditures for health services, by sex, by age group, and by race, 1965		
		Male	Female	Total	Male	Female	Total
Children under 5 years	—	10	10	20	10	10	20
Children 5-14 years	—	10	10	20	10	10	20
Adults	—	10	10	20	10	10	20
Male	—	10	10	20	10	10	20
Female	—	10	10	20	10	10	20
TOTALS	—	10	10	20	10	10	20

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1965

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH.

Mr. Mayor, Ladies and Gentlemen,

This Report presents a record of activities in the School Health Service of the Borough of Brent during the first year of its operation, indeed the statistical part of the Report includes figures from January to March 1965 when, in fact, the Middlesex County Council still continued as Local Education Authority.

One of the most formidable tasks has been the smooth acceptance of responsibility by all personnel in the Service, and it is indeed reassuring to record that the transfer of function occurred expeditiously and effectively.

The continuation of the routine medical inspection of the age groups in the schools of the Borough has been maintained, and is still thought to be of substantial value, although it will be noted that exploration has occurred in the examination of selected groups in lieu of the routine inspection in certain schools. If this could be perfected it might represent the most profitable use of professional staffs. It is, however, completely dependent on the co-operation between medical officer and teacher, which is the aim of the School Health Service, always directed towards the benefit of the pupil.

Ascertainment of handicapped children continued. The placement of those handicapped, in appropriate schools, a new responsibility, taxed the technical knowledge and experience of the staff to a considerable extent. Selecting the school most appropriate to the attainments of some of the more severely handicapped represents a task which requires expertise and skill beyond the average.

The Audiology Unit continued to function and provided service for the partially hearing in the school population, both of Brent and neighbouring boroughs, enabling these children to obtain full benefit from the education offered in school. Hearing aids were supplied and, in order to ensure that these were kept in reasonable condition and were in fact being used, a peripatetic teacher visited the schools from time to time to discuss problems with the school teachers.

The School Dental Service continued to provide its most valuable contribution to the health of the children and the report by the Principal Schools Dental Officer reveals the extent of this service.

The Report which is the work of many members of the Department, could be read advantageously by all the staff of the Council and it is presented to members for attention.

Your Obedient Servant,

E. GRUNDY,

Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

<i>Principal School Medical Officer</i>	-	-	-	E Grundy, M.D., M.R.C.S., D.P.H.
<i>Deputy Principal School Medical Officer</i>	-	-	-	J. Burns, M.B., B.Ch., B.A.O., D.P.H.
<i>Senior Medical Officer</i>	-	-	-	C. C. A. Jansz, M.B., B.S., D.C.H., D.P.H.
<i>Assistant School Medical Officers</i>	-	-	-	R. Aaronson, M.D., Vienna. J. Bean, M.B., B.Ch. C. Dunsby, M.B., B.Ch., B.A.O. E. S. Harper, M.B., ch.B., D.OBST., R.C.O.G., D.C.H. A. E. Harvey, M.B., ch.B., D.C.H. E. H. Johnson, M.B., B.S. Punjab, C.P.H. M. King, M.R.C.S., L.R.C.P., D.P.H. F. X. Letellier, M.R.C.S., L.R.C.P., D.P.H. H. E. McNamara, M.D. Toronto, DIP.OBST., R.C.O.T., D.P.H. C. Sayal, M.B., B.S., D.C.H., D.P.H. M. H. Snape, M.R.C.S., L.R.C.P., D.C.H., M.B., B.S.C. A. M. P. Snow, M.R.C.S., L.R.C.P., D.C.H., M.B., B.S.
<i>Chief Dental Officer</i>	-	-	-	A. Henderson, L.D.S., D.P.D. (U.S.T.AND)
<i>School Dental Officers</i>	-	-	-	Miss S. Brody, B.D.S. Mrs. H. Collins, L.D.S., R.C.S., B.D.S. I. Erdman, D.M.D. Berlin, M.D. Berlin, G.D.C. London P. Grimer, B.D.S. Mrs. D. Mailer, L.D.S., R.F.P.S. (Glas.) Miss R. Malik, L.D.S., R.C.S. (Eng.), B.D.S. J. A. Rejman, L.D.S., R.C.S. (Eng.), B.D.S. A. Ritchie, B.D.S. (Lond.) Mrs. G. Segal, L.D.S., R.C.S. Mrs. A. Sowa M. Tonkin, L.D.S., R.C.S. Dr. E. Velden, M.D. Vienna, L.D.S. Dr. W. Wierzbicki, M.D. Bologno, Cert. of Dentistry (Poland)
<i>Orthodontists</i>	-	-	-	Mrs. E. Carvalho, L.D.S., R.C.S. Mrs. B. Lowenberg, L.D.S., D.Orth., F.D.S., R.C.S., B.D.S.
<i>Dental Auxiliary</i>	-	-	-	Miss S. M. Gale, Cert of Proficiency
<i>Psychiatrists (Part time)</i>	-	-	-	Dr. A. K. Graf, M.D., D.P.M., P.M.C. Dr. M. Friedman, M.B., ch.B., D.P.M.
<i>Chief Educational Psychologist</i>	-	-	-	C. Graham, B.Sc., A.B.P.Ps.
<i>Educational Psychologists</i>	-	-	-	Mrs. M. Dunne, B.Sc. Mrs. C. Steen, B.Sc.
<i>Speech Therapists</i>	-	-	-	Mrs. T. Abrahams, L.C.S.T. Miss. A. Elvins, L.C.S.T. Miss S. M. Griffiths, L.C.S.T. Miss K. James, L.C.S.T. Miss J. Stavenhagen, L.C.S.T.
<i>Physiotherapists</i>	-	-	-	Miss A. S. E. Downing, M.C.S.P. Mrs. M. Gilbert, M.C.S.P. Mrs. M. Townsend, M.C.S.P.
<i>Audiometricians</i>	-	-	-	Mrs. D. Pursey Mrs. A. Taylor, S.R.N.
<i>Administrative Officer</i>	-	-	-	B. H. Lovett
<i>Hospital Board Consultants attending School Clinics:</i>				
<i>Orthopaedic</i>	-	-	-	J. Cholomley, F.R.C.S. K. Nissen, F.R.C.S.
<i>Audiology</i>	-	-	-	L. Fisch, F.R.C.S.
<i>Ophthalmic</i>	-	-	-	B. R. Medlycott, M.B., B.S., D.O.M.S. M. C. Da Silva, L.M.S. (Ceylon), D.O.M.S. (Lond.), D.O. (Oxon.)
<i>E.N.T.</i>	-	-	-	P. Carter, F.R.C.S.

PARTICULARS OF CLINICS HELD

The following clinics are provided by the Education Committee for the treatment of defects found at School Medical Inspections ; attendance thereat is by appointment arranged by the School Medical Officer.

<i>Minor Ailments</i>	-	-	-	-	Kilburn Square Clinic, 91, Kilburn Square, N.W.6. Pound Lane Clinic, Pound Lane, N.W.10. Neasden Clinic, Balnacraig Avenue, N.W.10. Stonebridge Clinic, Hillside, Harrow Road, N.W.10. London Road Clinic, London Road, Wembley. Perrin Road Clinic, Perrin Road, Sudbury. One Tree Hill Clinic, Bridgewater Road, Alperton. Stag Lane Library Clinic, Stag Lane, Kingsbury, N.W.9. College Road Clinic, College Road, Wembley.
<i>Dental</i>	-	-	-	-	Kilburn Square, Pound Lane, Neasden, Stonebridge, London Road, Perrin Road, One Tree Hill, Stag Lane Library, College Road Clinics. Stag Lane Clinic, 245, Stag Lane, Kingsbury, N.W.9.
<i>Orthodontics</i>	-	-	-	-	Sudbury Orthodontic Clinic, Perrin Road, Sudbury, Kilburn Square and Pound Lane Clinics.
<i>Child Guidance</i>	-	-	-	-	Kilburn Child Guidance Clinic, 22, Brondesbury Villas, N.W.6. Kingsbury Child Guidance Clinic, Church Lane, Kingsbury, N.W.9.
<i>Speech Therapy</i>	-	-	-	-	Kilburn Square, Pound Lane, Neasden, Stonebridge, London Road, College Road, Stag Lane Library, One Tree Hill Clinics.
<i>Orthopaedic</i>	-	-	-	-	Stonebridge and Stag Lane Library Clinics.
<i>Physiotherapy</i>	-	-	-	-	Kilburn Square, Pound Lane, Neasden, Stonebridge, London Road and Stag Lane Library Clinics.
<i>Ophthalmic</i>	-	-	-	-	Kilburn Square, Pound Lane, Stonebridge and Stag Lane Library, Monks Park Clinic, Monks Park, Wembley.
<i>Orthoptics</i>	-	-	-	-	Pound Lane, Stag Lane Library and Monks Park Clinics.
<i>Audiology</i>	-	-	-	-	Neasden Audiology Unit, Neasden Clinic.
<i>Ear, Nose and Throat</i>	-	-	-	-	Kilburn Square, Pound Lane and Stonebridge Clinics.
<i>Chiropody</i>	-	-	-	-	Kilburn Square, Pound Lane, Stonebridge, Neasden, Monks Park, London Road, Stag Lane Library Clinics.

MEDICAL INSPECTION IN SCHOOLS

The system of routine medical inspections is as follows:

Primary, Secondary Modern and Grammar Schools.

- (1) Entrants i.e. Children admitted for the first time to a maintained school, normally at the age of 5 years.
- (2) 7 - 8 year old i.e. Children in their first year at a Junior School.
- (3) Intermediate i.e. Children in their last year at a Primary School.
- (4) Final Leavers i.e. Children in their last year of attendance at maintained Secondary School.
- (5) Special Cases i.e. Children of other ages with possible defects and whom the Head Teachers and parents wish the Medical Officer to see.

A total of 12,054 were examined of whom 11,935 were found to be in a satisfactory medical condition. 3,972 special inspections and 2,543 re-examinations were carried out.

Age grouping and defects found at the above inspections can be found in Statutory Tables 1, 2 and 3 in the appendix.

SCHOOL HYGIENE

Section 54 of the Education Act 1944 empowers the local education authority to cause examinations of the person and clothing of pupils attending maintained schools. Inspections are carried out by the School Nurses in school. The finding of slight infestation leads to an issue of an informal letter to the parents setting out a method of treatment and offering a supply of cleansing material (emulsion). Steel combs are sold or loaned where necessary. The appropriate formal notices are sent to parents of children previously found to be verminous. Endeavours are made by the School Nurse to contact the parents personally to emphasise that infestation may be a family complaint and not limited to the school child.

A cleansing department is provided at Stonebridge Clinic for the treatment of scabies and occasionally deals with other verminous children.

Total number of Examinations	18,263
Total number of individuals found to be infested for the first time during the year	256
Number of individual pupils in respect of whom cleansing notices were issued under Section 57/2 Education Act 1944	76
Number of individual pupils in respect of whom cleansing orders were issued	Nil

WORK OF HEALTH VISITOR AND THE SCHOOL NURSE

The major part of the work of the Health Visitor/School Nurse is concerned with routine school medical inspections and surveys. During 1965, the routine vision testing of school entrants was introduced and is carried out at the pre-medical inspections conducted by the Health Visitor/School Nurse. A close liaison is maintained with the teaching staff and in many cases the nurse's knowledge of particular families proved helpful when dealing with problems of teaching or attendance.

Considerable assistance is given to the programme of health education in some schools in the Borough and it is hoped to extend the work in the near future.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

B.C.G. vaccination is offered to school children between their thirteenth and fourteenth birthdays and as the scheme operates under Section 28 of the National Health Service Act is not confined to children attending maintained schools but is also available to those of appropriate age attending independent schools.

The method adopted consists of a simple skin test usually in one arm to find out if a child needs protection. If the skin reacts to the test it usually means that the child has developed some immunity, but all such cases are investigated at the mass X-ray unit or chest clinics. If the skin does not react to the test the child is unprotected and B.C.G. vaccination is offered.

In addition all school entrants are tested and where a reaction is noted the child is referred to the chest clinics.

The table below gives number of children tested and vaccinated.

LEAVERS

(i) Number of children whose parents were approached	3,109
(ii) Number of children from (i) whose parents consented	2,669—86%
(iii) Number of those in (ii) negative to Heaf Gun Tests	1,975—74%
(iv) Number of those in (iii) B.C.G. vaccinated	1,966—99.5%
(v) Percentage of vaccination to (i) above	63%

ENTRANTS

(i) Number skin tested	2,164
(ii) Number positive	192—8.9%
(iii) Number negative	1,916—88%

CONVALESCENT TREATMENT

Section 28 of the National Health Service Act 1946 permits a local health authority to arrange recuperative holidays for persons for whom a holiday is considered necessary after a recent illness. A charge is normally made for this service but in the case of school children the Education Authority accepts responsibility.

During the year holidays for 29 school children were arranged at convalescent homes situated by the sea and in the country.

AUDIOMETRY

This scheme provides for the routine testing by pure-tone audiometer of every schoolchild's hearing three times during their school life, normally at the ages of 6, 9 and 13 years. A "sweep" test is carried out in the first instance in school and failures are then retested at clinics under more favourable conditions. Children failing a second time are then referred to the School Medical Officers for further investigation.

Special cases (e.g. children who fail to develop proper speech, fail without apparent reason to make progress at school) are also tested at the request of Medical Officers, Speech Therapists, Educational Psychologists and Head Teachers.

A table showing the numbers dealt with during the year is given below.

AUDIOMETRY: CHILDREN TESTED

Routine.

Age Group	1st Tests	Re-tests	Failures			Totals
			Both Ears	One Ear		
				Right	Left	
Up to 7 years	3,443	161	74	44	67	185
Intermediate	2,421	102	29	29	32	90
Leavers	2,748	111	30	26	19	75
Totals	8,612	374	133	99	118	350

Specials.

All ages	1st Tests	Re-tests	Failures			Totals
			Both Ears	One Ear		
				Right	Left	
Totals	1,078	400	171	100	87	358

CHIROPODY

In the school health service foot education is being developed very extensively with emphasis on preventive work.

Film strips are shown and talks given in Schools as there is no doubt that the great majority of foot conditions begin in childhood, and evidence of future defect can be seen sometimes at quite an early age, for example Hallux Valgus, and hammer toe.

Verrucae, corns, fungus infections, and nail troubles are common, but apart from the early treatment of foot disorders, one of the greatest needs of the young, is an understanding of the importance of foot hygiene, and good shoe fitting. Children could thus be brought to adolescence with healthy, strong feet, and should they later treat them badly, the well cared for foot, would withstand ill-usage and resist the deformities from which so many young adults suffer at the present time.

Advice on shoe fitting is given at school talks and always, after these visits by the Chiropodist to the schools, many children come to the Clinics for treatment for foot troubles from which they had not realised they suffered.

There is no doubt that there is plenty of scope for development in the education of young people in the care of their feet, which being hidden are often neglected.

During the year 193 pupils made 1,263 attendances at foot clinics details of which are given below.

School Clinic	New Cases	1st Attendance this year	Re-attendance	Total
Kilburn Square	23	1	158	182
London Road	24	4	133	161
Monk's Park	6	—	79	85
Mortimer Road	15	—	115	130
Neasden	37	8	298	343
Stag Lane (Library)	23	10	159	192
Stonebridge	41	1	128	170
TOTAL	169	24	1,070	1,263

SPEECH THERAPY

During the past twelve months, the speech therapy service in the London Borough of Brent has been extended, so that there are now five therapists working on a full-time basis. This means that all the major clinics and special schools are catered for to some degree.

REPORTS ON WORK IN THE CLINICS

1. *Kilburn, Neasden, Pound Lane and Stonebridge :—*

All the above clinics make fairly adequate provision for speech therapy. The individual working conditions could perhaps be improved in certain of them, but generally the service is well established. Long waiting lists at Neasden and Kilburn indicate the real need for speech therapy. The predominating age range among the patients, is five to seven years; although a lot of pre-school children are being referred at Neasden. Articulatory defects are prominent, as well as a fairly large group of language problems among the immigrant children at Kilburn.

2. *London Road, College Road, One Tree Hill and Stag Lane Library :—*

Again a reasonably adequate service is being maintained at these clinics, where particularly good connections are being built up with the local schools. A great many children are in need of treatment, and a long waiting list exists at London Road Clinic. Here it is already apparent that extra sessions are needed. But these seem impossible to arrange in view of the limited accommodation. Generally a wide variety of disorders are treated, with emphasis on a number of stammerers. The preponderance of this difficulty within the area seems linked with the increase in pressures and high standards among the families.

REPORTS FROM SPECIAL SCHOOLS

1. *Lower Place Physically Handicapped School :—*

Two speech therapists work at the school for a total of seven sessions per week. Approximately twenty children are seen, but several of these receive two or three treatments per week. A variety of cases is dealt with. These include delayed speech development, cleft palate, dysphasia and dyslalia. All are associated with an accompanying physical handicap. Despite extremely good co-operation with teaching staff, the working conditions are still inadequate; as a room is shared with the physiotherapists, whose treatment obviously produces a lot of distractions and noise.

2. *Woodfield School :—*

Speech therapy has been improved during the past six months since the reorganisation of the service under one therapist. However if conditions are to be ideal, the present four sessions could be extended still more. There is a long waiting list and a heavy case load, comprised of children with more complex problems than merely an intellectual one. This means that they should be receiving 'three times a week' treatment, which at the moment is impossible.

CONCLUSIONS

It appears that at the moment a fairly adequate speech therapy service is being run in Brent. Obviously, change will have to be made in subsequent years, in order that the service shall keep in line with the apparent increase in the need for this type of treatment. However, the therapists would like to stress that they are particularly grateful for many facilities already provided. Regular meetings are held during school holidays, and the recent reorganisation of programmes has resulted in a decrease in the amount of travelling during working hours. Both these features make for a more full and varied treatment programme.

Clinic or School	No. of cases dealt with during the year	
	School children	Pre-school children
College Road	21	1
Kilburn Clinic	65	7
Pound Lane Clinic	50	7
Stonebridge Clinic	62	1
Lower Place special school for physically handicapped pupils	25	—
Neasden Clinic	34	4
Woodfield Special School for E.S.N.	13	—
London Road	40	11
Stag Lane Library	52	3
One Tree Hill	11	1
TOTALS	373	35

HANDICAPPED PUPILS

The Education Act 1944, places on local education authorities the duty of ascertaining handicapped pupils residing in their areas and of providing for the special educational treatment of such children. The Minister defined the several categories of pupils requiring special educational treatment in the School Health and Handicapped Pupils Regulations 1953 (as amended) as follows:—

Blind	Epileptic
Partially Sighted	Maladjusted
Deaf	Physically Handicapped
Partially Hearing	Children Suffering from Speech Defects
Educationally Sub-Normal	Delicate

During the year 301 such children were ascertained and placed at the two Day Special Schools in the Borough or at Day and Residential Special Schools maintained by the Inner London Educational Authority or other London Boroughs. It was also necessary to place children at approved independent schools and at schools run by voluntary associations.

On the 31st December special education was being provided for 1,294 handicapped pupils—details of their category and placement are given in the adjoining table.

The Middlesex County Council in 1959 gave approval to the attendance at Day Nurseries of handicapped children under the age of five years who may be recommended for such admission. The Brent Borough Council have agreed to the continuation of the scheme. No charge is made to the parents in these cases.

RETURN OF HANDICAPPED PUPILS (YEAR ENDED 31st DECEMBER, 1965)

ASCERTAINMENT

Category	No. of ascertained Cases known 1st day of year		No. of New Cases ascertained during year		No. of ascertained Cases known last day of year	
	B	G	B	G	B	G
Blind Pupils	6	1	1	—	7	1
Partially-Sighted Pupils	8	7	3	—	9	7
Deaf Pupils	8	4	1	1	8	6
Partially Deaf Pupils	10	4	3	3	13	8
Delicate Pupils	26	13	9	7	22	9
Diabetic Pupils						
Educ. Sub-Normal Pupils	114	80	18	16	113	74
Epileptic Pupils	2	—	2	—	3	—
Maladjusted Pupils	59	18	21	6	69	17
Physically Handicapped Pupils	42	23	7	4	31	18
Pupils with Speech Defects	611	230	103	53	615	221
Pupils with Multiple Defects	45	24	8	—	27	16
Totals	931	404	176	90	917	377
Grand Totals	1,335		266		1,294	

RETURN OF HANDICAPPED PUPILS (YEAR ENDED 31st DECEMBER, 1965)

DISTRIBUTION
(as at last day of Year)

Category	In Special Day Schools		In Special Residential Schools		In maintained Primary and Secondary Schools		In independent Schools		Not at School		Totals	
	B	G	B	G	B	G	B	G	B	G	B	G
Blind Pupils	—	—	7	1	—	—	—	—	—	—	7	1
Partially-Sighted Pupils	9	7	—	—	—	—	—	—	—	—	9	7
Deaf Pupils	6	3	2	2	—	—	—	—	—	1	8	6
Partially Deaf Pupils	8	5	1	—	1	—	—	—	3	3	13	8
Delicate Pupils)	4	2	17	7	1	—	—	—	—	—	22	9
Diabetic Pupils)												
Edu. Sub-normal Pupils	98	66	10	3	4	5	—	—	1	—	113	74
Epileptic Pupils	—	—	1	—	—	—	—	—	2	—	3	—
Maladjusted Pupils	1	1	14	3	20	2	34	11	—	—	69	17
Physically Handicapped Pupils	25	15	2	1	—	1	3	—	1	1	31	18
Pupils with Speech Defects	—	—	—	1	504	152	11	—	100	68	615	221
Pupils with Multiple Defects	19	12	5	3	—	—	2	—	1	1	27	16
Totals	170	111	59	21	530	160	50	11	108	74	917	377
Grand Totals	281		80		690		61		182		1,294	

WOODFIELD SPECIAL DAY SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

This school is in a modern building of rather unusual design, situated in pleasant surroundings on the banks of the Welsh Harp Reservoir.

During the year, there were 38 admissions and 41 discharges from this school of 200 pupils. In addition, two children were transferred to the new Catholic School that opened at Golders Green. As a result the waiting list for Woodfield diminished, and by the end of the year, it was possible to admit a pupil needing this kind of education, without any delay.

Routine medical inspections were carried out a year after admission, between the ages of 12 and 13 and prior to a child leaving school. 72 children were examined during the year, and the general standard of health and hygiene were found to be high. No formal health education talks were given but the teaching staff stressed the ideas of health and hygiene whenever an opportunity occurred. Attendances at eye and dental clinics were arranged, at the Medical Officer's request, through the school, and special transport took pupils from the school to the appropriate clinic.

A Speech Therapist continued to visit the school and gave individual instructions to those pupils who were referred to her.

A number of pupils had reading difficulties and there were remedial reading classes formed at the latter part of the year.

There was an improvement in the physical activities at the school. The football team was re-started during this year and a cricket team built up.

LOWER PLACE SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

This Day School for Physically Handicapped Pupils is in Barretts Green Road, Harlesden.

During the year this school contained 90 pupils (26 left the school and 26 were admitted).

The pupils had the advantage of individual attention due to the small classes and could progress at a rate suited to their ability and physical handicap.

Medical inspections were usually held once a fortnight and all pupils were seen routinely every six months. A full time school nurse was employed at the school. A Consultant Ophthalmologist held sessions at the school and an Orthoptist visited the school when required. A Consultant Orthopaedic Surgeon visited the school regularly to supervise those children with orthopaedic defects. Two full time Physiotherapists worked under his directions at the school. Selected children were taken regularly by the Physiotherapists to a swimming class at nearby baths.

ADMISSIONS 1965

Borough in which children reside	No. of new recommendations recd. during the year	No. of children admitted during the year	No. of children on waiting list at 31.12.65
Brent	17	17	—
Barnet	3	3	—
Ealing	3	3	—
Harrow	2	2	—
Hounslow	1	1	—
Total	26	26	—

NEASDEN AUDIOLOGY UNIT

This unit is situated within the Neasden Health Clinic and consists mainly of a sound-proofed medical examination room and sound-proof room for audiometry. During the year under review improvements were made in the sound-proofing by further treatment to the walls, a better system of double glazing and the installation of a silent ventilating system that could deliver hot or cold air.

The unit serves the needs of Brent and the neighbouring Boroughs of Harrow and Barnet. In 1965 69 children were seen from Harrow, 90 from Barnet, 131 from Brent. Due to the large number of referrals the waiting list was long but cases needing priority were seen within a fortnight. Efforts to obtain extra specialist sessions at the unit were unsuccessful during this year, but firm arrangements were made for extra sessions to commence from the 1st April, 1966.

The majority of children seen at the unit were referred by local authority medical officers following a hearing loss discovered at routine Stykar testing or routine audiometry. Some children were referred by paediatricians and a small number by general practitioners.

Children requiring hearing-aids were referred to St. Mary's Hospital, Paddington, W.2 for the supply and fitting of Medresco hearing-aids. Some children required special types of hearing-aid (e.g. post aural) that were only available commercially. These hearing-aids were obtained for them by the responsible local authority through the Neasden Unit at a special price.

Children fitted with hearing-aids were given auditory training by the peripatetic teacher of the deaf, who was present with the child at the diagnostic and the follow up sessions at the unit.

Deaf or partially hearing children who needed special education were placed at residential schools or at day schools at Heston and Tottenham. It is hoped to have a partially hearing unit within the new school for physically handicapped pupils that is now under construction in the Borough.

SCHOOL DENTAL SERVICE

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER

It is now fairly generally accepted that most children, once introduced to dentistry, tend to become regular patients either of the Local Authority Dental Service or of general practitioners under the National Health Services but the main trouble is that frequently by the time the first treatment is requested (often emergency treatment) considerable damage has already been done to the primary teeth and even to the permanent teeth. (See report of Chief Dental Officer page 9).

A very large majority of children leaving school have acquired the habit of receiving regular dental attention from one source or another and only a very small number present neglected mouths. This however, offers no grounds for complacency as the results of earlier neglect are all too apparent in the large number of missing teeth and massive restorations. It is essential, therefore, that dental health education should be directed intensively to expectant and nursing mothers and their co-operation enlisted in caring for their children's teeth with professional assistance from the time when the child has teeth. If every child were to have regular dental inspections and treatment from the age of two, the child would accept this as routine with great benefit to himself and to his dentist and many would be able to go through life with healthy mouths. The fact that children of tender age could not attend without a parent, would also be beneficial insofar that many parents with previously neglected mouths might themselves be persuaded or even shamed into accepting dental treatment.

Dental health education should also be directed at the 8-11 age group, where we have the highest incidence of dental decay due mainly to two factors. One, the failure of the parents to see that they arrive at this age with sound mouths. Two, the fact that the child can now purchase for himself sweets, ices, biscuits and other substances harmful to the teeth and consume them at the wrong times (between meals) without supervision and without adequate safeguards; for example, mouth rinsing or tooth cleaning either with a brush or a soft cleansing food such as an apple, carrot, celery, etc.

Details of attendances at school clinics and treatment given can be found in the statutory table in the appendix.

CHILD GUIDANCE SERVICE

Prepared by Mr. C. GRAHAM, B.Sc., Chief Educational Psychologist.

Organisation of the Service.

The Service is divided into the School Psychological Service, and the Child Guidance Centres.

All referrals coming from the headteachers are seen first in the schools by one of the psychologists under the aegis of the School Psychological Service. Headteachers are encouraged to refer all children falling into the bottom 2% of an age range in educational attainment, so that remedies might be applied. Each psychologist has the responsibility for referrals from particular schools. If the problem is one which warrants a full Child Guidance psychiatric investigation, the child is referred to the Child Guidance Centre. As will be seen from Table 6, of the 405 children seen in the School Psychological Service, 71 (18%) were referred to the Child Guidance Centre.

Referrals coming from other sources, e.g. School Medical Officers and General Practitioners are dealt with by the whole Child Guidance team. The Psychiatric Social Workers deal largely with the parents and other social agencies, the Educational Psychologists deal with the educational and intellectual assessment of the child and link up with the schools, and the Psychiatrists give a psychiatric diagnosis and link up with medical colleagues.

The Kilburn Child Guidance Centre in Brondesbury Villas deals with referrals from Willesden, and the Kingsbury Child Guidance Centre in Church Lane deals with referrals from Wembley. There has been no change in this arrangement since the formation of Brent in April 1965.

If, after full investigation, it is considered that the child would benefit from treatment, *and the parents are fully agreeable and co-operative about this*, then the child attends usually for an hour a week to see a psychotherapist or, in some cases, another team member. It will be seen from Table I that 146 children attended for weekly treatment.

Type of Referral.

The School Psychological Service is heavily pressed with referrals from the schools. Referrals from the schools are often not seen until some months have elapsed because of shortage of staff.

Many of these referrals are children who have arrived in this country fairly recently, and who present severe learning problems and behaviour problems. With children from a different cultural background it is extremely difficult to assess potential ability, as they tend to do poorly on our ability tests. However, from all practical purposes, if a Secondary School child is illiterate, he needs special attention which cannot often be given in an ordinary school. Hence, the Woodfield Special School, and the Remedial Reading Classes have a high proportion of immigrant children.

Of the Child Guidance referrals, just over half are from medical sources and these are evenly divided between local authority and other medical agencies, as can be seen from Table 2.

It is perhaps not always widely enough realised by referral agencies that, because it is felt that a child "should see a psychiatrist" or "needs treatment" that help cannot be given unless the parents themselves realise this and want help. It is discouraging, and wasteful of valuable time, to offer appointments to parent and child which are not kept because basically the parent does not want help.

Staff.

The increased establishment of a further Educational Psychologist, as agreed from September, 1965, would help the School Psychological Service enormously. Unfortunately, a suitably qualified candidate has not come forward, and we still have this vacancy.

Five sessions of psychotherapist time is still unfilled due to lack of suitable applicants. A half-time P.S.W. post has also remained unfilled since Mrs. Hicklin left in early October.

Dr. Graf, Consultant Psychiatrist at Kilburn, and Dr. Friedman, Consultant Psychiatrist at Kingsbury, both feel that the appointment of a whole-time Psychiatric Registrar or Senior Registrar to be shared by the two Centres is necessary due to pressure of psychiatric referrals. So much time is spent on seeing new referrals that little time is left for preventive work in the community. This appointment could be made by the Regional Hospital Board at the request of the Local Education Authority.

Premises.

The Kingsbury Child Guidance Centre, although new and purpose-built, has insufficient rooms for the work undertaken. One room from the Maternity and Child Welfare Clinic on the ground floor has been transferred to Child Guidance use, but still more room is necessary. The possibility of additional building on the site is being investigated by the Borough Architect.

The Kilburn Child Guidance Centre has been decorated internally during the year.

Residential Placement.

During the year 35 children were ascertained as maladjusted and recommendations were made that they be placed in residential schools. This is advised only when placement away from home and the day school is necessary. It is disconcerting, however, to find that at the end of the year there were 20 still on the waiting list for placement, and a quarter of these had waited longer than three months. Many of these children present real difficulties to the day school, and urgent placement is usually necessary.

Unattached Classes.

The Day Maladjusted Unit which is planned for the old Willesden Education Office in Willesden Lane is an urgent need, and it is hoped that this will open in September, 1966.

The Language Class at Mora Junior School was increased from half-time to full-time in September 1965. It deals with two groups each of a dozen children who attend for a half-day every day. At the end of the year there were 42 children who were on the waiting list for the Language Class. It will take a very long time indeed for these to be admitted. *There is need for a further Language Class.*

Contact with other Agencies.

There is close co-operation with the Health Department. School Medical Officers attend a monthly conference at Kilburn, and Mental Health Officers attend regular conferences at Kingsbury.

We are called upon to address groups, such as Parent-Teacher Associations, and various social groups in the Borough. We are always ready to do this.

We take a large part in the training of professional workers. Psychologists, psychotherapists and social workers spend continuous periods doing practical work at the Centres as part of their training and we have many visits from students.

Conclusions.

More accommodation in the Kingsbury Child Guidance Centre, the appointment of a full-time medical registrar, and the establishment of a further language class would assist the service considerably.

We are grateful to both Mr. Wyeth and the Education Office staff, and Dr. Grundy and the School Health Service staff for co-operation and help in what is a hard pressed service.

CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1965 (126 girls, 212 boys)	338
Number of cases brought forward from 1964 waiting list	30
	<hr/> 368
Number of new cases dealt with by Psychiatrist and team	243
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation	62
Cases remaining on waiting list at 31.12.65	63
	<hr/> 368
Number of cases seen for regular treatment	146
Number of cases recommended for residential placement	35

TABLE 2. SOURCES OF REFERRALS

M.O.H. and School Medical Officers	(26%)	89
Headteachers and Educational Psychologists	(17%)	57
General Practitioners	(18%)	62
Hospitals	(8%)	28
Probation Officers and Juvenile Courts	(2%)	8
Parents	(16%)	53
Children's Department	(6%)	19
Others	(7%)	22
		<hr/> 338

TABLE 3. REASONS FOR REFERRAL

1. <i>Nervous Disorders</i>	(13%)	
(a) Fears and anxieties		26
(b) Inhibited behaviour		17
2. <i>Behaviour Disorders</i>	(35%)	
(a) At home		66
(b) At School		25
(c) Predominantly aggressive		27
3. <i>Habit Disorders</i>	(20%)	
(a) Enuresis (wetting)		28
(b) Encopresis (soiling)		7
(c) Involuntary movements		12
(d) Sleep disturbances		11
(e) Speech disorders		11
4. <i>Psychosomatic</i>	(5%)	
Asthma, Eczema, etc.		17
5. <i>Anti-social Behaviour</i>	(17%)	
(a) Stealing		31
(b) Non-attendance at school		28
6. <i>Educational Difficulties</i>	(10%)	
Backwardness and retardation in school work		32
		<hr/> 338

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years	38	11 years	22
5 years	31	12 years	27
6 years	30	13 years	14
7 years	42	14 years	24
8 years	27	15 years	11
9 years	32	Over 15 years	6
10 years	34		
			<hr/> 338

SCHOOL PSYCHOLOGICAL SERVICE

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGISTS

Backwardness	158
Assessment for allocation to schools	98
Behaviour difficulties	55
Assessment for Medical Officer of Health	76
E.S.N. School Leavers	18
	<hr/> 405

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation to Chief Education Officer on suitable education	80
Recommended for Remedial Reading Centre	60
Recommended for Special School	28
Cases to be reviewed	48
Advice to Schools	49
Recommendation to Medical Officer of Health	34
Advice to Parents	10
Recommended for Special Infants' Class	20
Notification under 57 (4) as severely subnormal	5
Referred to Child Guidance Centre	71
	<hr/> 405

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.65

School Psychological Service	122
Cases for Review	38
Cases for testing in Child Guidance Centres	20
	<hr/> 180

TABLE 8. UNATTACHED CLASSES

Numbers attending during 1965

REMEDIAL READING CLASSES

BRIDGE

Remedial Teacher : Mrs. Zurawski

	Boys	Girls	Total
Primary	17	7	24
Secondary	16	—	16
Total	33	7	40

GRANVILLE

Remedial Teacher : Mr. Edmonds (until 30.5.65)
Mr. Lovell (from 7.9.65)

	Boys	Girls	Total
Primary	17	6	23
Secondary	19	6	25
Total	36	12	48

MORA

Remedial Teacher : Miss Phillips (from 7.9.65)

	Boys	Girls	Total
Primary	7	3	10
Secondary	7	3	10
Total	14	6	20

SUDBURY

Remedial Teacher : Miss Kemsley (from 7.9.65)

	Boys	Girls	Total
Primary	9	6	15
Secondary	—	—	—
Total	9	6	15

KINGSBURY GREEN

Remedial Teachers : Miss Marriot (half time)
Mrs. Brand (half-time from
21.9.65)

	Boys	Girls	Total
Primary	16	—	16
Secondary	10	—	10
Total	26	—	26

STONEBRIDGE SPECIAL INFANTS' CLASS

Teacher : Mrs. Gillespie

Boys	Girls	Total
17	6	23

MORA LANGUAGE CLASS

Teacher : Miss Romanowicz (until 23.7.65)
Miss Russell (from 7.9.65)

	Boys	Girls	Total
Primary	11	5	16
Secondary	9	4	13
Total	20	9	29

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools 35,669

PART I.—*Medical Inspection of Pupils attending Maintained Primary and Secondary Schools*
(including Nursery and Special Schools)

TABLE A PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 and later	513	513	—	22	38	51
1960	2,345	2,320	25	82	159	218
1959	1,043	1,032	11	37	94	117
1958	326	322	4	16	36	50
1957	1,446	1,426	20	84	106	178
1956	407	406	1	41	33	72
1955	850	834	16	28	60	81
1954	1,349	1,335	14	87	107	183
1953	595	592	3	32	59	85
1952	153	152	1	10	28	38
1951	691	682	9	43	44	86
1950 and earlier	2,336	2,321	15	132	225	333
Total	12,054	11,935	119	614	989	1,492

Col. (4) total as a percentage of Col. (2) total 99.01%
 Col. (4) total as a percentage of Col. (2) total 0.99%
 } to two places of decimals.

TABLE B. OTHER INSPECTIONS

Notes :—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	.....	3,972
Number of Re-Inspections	.....	2,543
Total	.....	6,515

TABLE C. INFESTATION WITH VERMIN

Notes :—All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	.....	18,263
(b) Total number of individual pupils found to be infested	.....	256
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54) (2), (Education Act, 1944)	.....	76
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54) (3), (Education Act, 1944)	.....	Nil

PART II. Defects found by Periodic and Special Medical Inspections during the year

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	18	49	43	110	13
		O	145	114	120	379	176
5	Eyes—a. Vision	T	143	174	297	614	89
		O	272	269	516	1057	55
	b. Squint	T	25	1	18	44	4
		O	54	21	60	135	5
	c. Other	T	8	4	14	26	—
		O	27	15	43	85	22
6	Ears—a. Hearing	T	33	42	75	150	37
		O	147	30	133	310	48
	b. Otitis Media	T	6	—	5	11	2
		O	109	14	52	175	9
	c. Other	T	1	3	5	9	9
		O	47	9	45	101	21
7	Nose and Throat	T	35	14	39	88	15
		O	489	64	342	895	34
8	Speech	T	60	8	30	98	15
		O	96	13	55	164	24
9	Lymphatic Glands	T	4	—	5	9	1
		O	188	6	114	308	10
10	Heart	T	4	3	1	8	—
		O	66	31	54	151	5
11	Lungs	T	7	3	3	13	—
		O	118	35	32	235	15
12	Developmental—a. Hernia	T	5	—	4	9	—
		O	54	7	36	97	6
	b. Other	T	6	3	16	25	4
		O	129	38	138	305	20
13	Orthopaedic—a. Posture	T	19	39	50	108	6
		O	49	58	106	213	11
	b. Feet	T	43	79	121	243	27
		O	97	56	127	280	22
	c. Other	T	9	15	9	33	6
		O	55	57	67	179	9
14	Nervous System—a. Epilepsy	T	1	—	4	5	1
		O	8	11	9	28	2
	b. Other	T	—	2	1	3	1
		O	22	7	20	49	3
15	Psychological—a. Development	T	4	1	14	19	—
		O	57	15	68	140	23
	b. Stability	T	15	3	22	40	20
		O	308	122	358	788	42
16	Abdomen	T	2	2	1	5	2
		O	30	17	50	97	11
17	Other	T	227	56	289	572	41
		O	32	39	81	152	61

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(Including Nursery and Special Schools)

TABLE A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	58
Errors of refraction (including squint)	2,685
Total	2,743
Number of pupils for whom spectacles were prescribed	896

TABLE B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment :	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	81
(c) for other nose and throat conditions	6
Received other forms of treatment	83
Total	170
Total number of pupils in schools who are known to have been provided with hearing aids : —	
(a) in 1965	8
(b) in previous years	52

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	748
(b) Pupils treated at school for postural defects	—
Total	748

TABLE D. DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	2
Other skin diseases	108
Total	110

TABLE E. CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	368

TABLE F. SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	373

TABLE G. OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	985
(b) Pupils who received convalescent treatment under School Health Service arrangements	29
(c) Pupils who received B.C.G. vaccination	1,966
(d) Other than (a), (b) and (c) above	
Please specify :	
Lungs (Breathing Exercises)	90
Psychological (Stability)	70
,, (Development)	10
Total : (a) — (d)	3,150

SCHOOL DENTAL SERVICE

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January 1966 as in Forms 7, 7m and 11 Schools 35,669

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	3,795	2,592	724	7,111
Subsequent visits	6,591	7,254	2,009	15,854
Total visits	10,386	9,846	2,733	22,965
Additional courses of treatment commenced	539	353	99	991
Fillings in permanent teeth	3,073	7,071	2,838	12,982
Fillings in deciduous teeth	7,011	597		7,608
Permanent teeth filled	2,597	6,316	2,437	11,350
Deciduous teeth filled	6,462	546		7,008
Permanent teeth extracted	137	517	148	802
Deciduous teeth extracted	2,470	713		3,183
General anaesthetics	945	382	43	1,370
Emergencies	190	115	35	340

Number of Pupils X-rayed	509
Prophylaxis	1,068
Teeth otherwise conserved	1,214
Number of teeth root filled	49
Inlays	3
Crowns	18
Courses of treatment completed	5,123

ORTHODONTICS

Cases remaining from previous year	995
New cases commenced during year	232
Cases completed during year	125
Cases discontinued during year	59
No. of removable appliances fitted	271
No. of fixed appliances fitted	17
Pupils referred to Hospital Consultant	18

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	6	7	15
Number of dentures supplied	2	6	8	16

ANAESTHETICS

General Anaesthetics administered by Dental Officers

INSPECTIONS

(a) First Inspection at school. Number of Pupils	24,435
(b) First Inspection at clinic. Number of Pupils	3,281
Number of (a) + (b) found to require treatment	14,517
Number of (a) + (b) offered treatment	13,434
(c) Pupils re-inspected at school clinic	1,541
Number of (c) found to require treatment	901

SESSIONS

Sessions devoted to treatment	3,444
Sessions devoted to inspection	339
Sessions devoted to Dental Health Education	61.5
Sessions devoted to X-Rays	80

Number of Pupils X-rayed	508
Exophthalmos	1,025
Tooth otherwise observed	1,314
Number of teeth now filled	49
Extractions	3
Crowns	18
Courses of treatment completed	3,125

ORTHODONTIA

Cases remaining from previous year	985
New cases commenced during year	752
Cases completed during year	125
Cases discontinued during year	39
No. of removable appliances fixed	271
No. of fixed appliances fitted	37
Pupils referred to Hospital Clinician	18

DEANTHROPY

	1 to 9	10 to 24	25 and over	Total
Pupils supplied with T.U. or F.U. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	6	3	11
Number of dentures supplied	2	6	3	11

ADMINISTRATIVE

Council's Administration administered by Dental Officers

General Enquiries

(a) First Inspection at school	Number of Pupils	24,425
(b) First Inspection at clinic	Number of Pupils	5,281
Number of (a) + (b) found to require treatment		49,706
Number of (a) + (b) offered treatment		25,294
(c) Pupils re-inspected at school clinic		1,380
Number of (c) found to require treatment		504

Services

Sessions devoted to treatment	3,446
Sessions devoted to inspection	735
Sessions devoted to Dental Health Education	804
Sessions devoted to X-Rays	59

