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LONDON BOROUGH OF BRENT

REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1966

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



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COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1966/67

PUBLIC HEALTH COMMITTEE

Chairman: Councillor W. L. Wilson
Vice-Chairman: Alderman E. C. Meredith

Alderman R. W. Kettle	Councillor G. T. Macklin (appointed 12.7.66)
Councillor J. W. Buck	„ E. G. McDonald
„ Mrs. N. Clark, J.P. (died 4.6.66)	„ S. C. Piddington, J.P.
„ J. Cohen (resigned 29.12.66)	„ L. J. Rosewarne (appointed 5.10.66)
„ Miss D. J. Cowan	„ Mrs. R. Taylor, O.B.E.
„ M. J. Curley	„ H. Tucker (appointed 29.12.66)
„ R. E. Haslehurst	

HEALTH CENTRE SUB-COMMITTEE

Chairman: Alderman E. C. Meredith

Alderman R. W. Kettle	Councillor M. J. Curley
Councillor J. W. Buck	„ S. C. Piddington, J.P.
„ Miss D. J. Cowan	

SUB-COMMITTEE RE NOTICES UNDER HOUSING & RENT ACTS

Chairman: Councillor J. W. Buck

Alderman R. W. Kettle	Councillor S. C. Piddington, J.P.
Councillor Mrs. R. Taylor, O.B.E.	

APPOINTMENTS SUB-COMMITTEE

Chairman: Alderman E. C. Meredith
Councillor S. C. Piddington, J.P. Councillor Mrs. R. Taylor, O.B.E.

WELFARE SERVICES COMMITTEE

Chairman: Councillor S. C. Piddington, J.P.
Vice-Chairman: „ Mrs. I. Manders

Alderman R. W. Kettle	Councillor Mrs. L. Dunbar (appointed 29.12.66)
„ E. C. Meredith	„ Mrs. L. Lesser
„ A. Otten (resigned 29.12.66)	„ R. Smith
Councillor C. K. Coles	„ R. D. Stone
„ A. J. Cowan	„ Mrs. R. Taylor, O.B.E.
„ Mrs. B. De Metz	„ W. L. Wilson

OLD PEOPLE'S SUB-COMMITTEE

Chairman: Councillor Mrs. I. Manders

Alderman R. W. Kettle	Councillor S. C. Piddington, J.P.
„ E. C. Meredith	„ R. Smith
„ A. Otten (resigned 29.12.66)	„ R. D. Stone
Councillor A. J. Cowan	„ Mrs. R. Taylor, O.B.E.
„ Mrs. B. De Metz	„ W. L. Wilson
„ Mrs. L. Lesser	„ Mrs. L. Dunbar (appointed 29.12.66)

CO-OPTED MEMBERS

Mrs. J. Cowan	Mrs. L. Dunbar (until 28.12.66)	Mr. H. King
Mr. J. Shepherd	Mrs. J. Newcombe (resigned 29.12.66)	Mrs. M. R. Wills

APPOINTMENTS SUB-COMMITTEE

Chairman: Councillor Mrs. I. Manders
Councillor A. J. Cowan Councillor W. L. Wilson

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. (Resigned 19.5.1966) Peggy Snow, M.B., B.S., D.C.H. (Appointed 20.4.1966)
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:	Mrs. E. H. Simmonds, S.R.N., S.C.M. (e) (Appointed 1.2.1966)
Clinical Nursing Officer:	Miss M. Craggs, S.R.N., S.C.M., Q.N., M.T.D. (Resigned 4.1.1966) Miss D. A. Hunter, S.R.N., S.C.M., S.R.F.N., Q.N. (e) (Appointed 14.2.1966)
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 of Recognition in Social Work Training
- (e) Health Visitors Certificate
- (f) University Teaching Diploma in Domestic Science.

LONDON BOROUGH OF BRENT

BRENT HOUSE,

HIGH ROAD,

WEMBLEY.

June, 1967.

To the Mayor, Aldermen and Councillors of the Borough.

Mr. Mayor, Ladies and Gentlemen,

The first full year of the operation of the services of a Health, Welfare, and Sanitary Authority within the boundaries of the Borough of Brent, is represented in the contents of this Annual Report. During the year consolidation of the work has represented a major feature. Following the greatest reorganisation this century, of the services involved, a provisional pattern was laid down in 1965 which in the current year appears to have crystallised into an efficient and enthusiastic service. The move of the whole of the Department into central office premises has been vindicated by the way in which co-operation and liaison of the various Divisions has been made possible and successful. The Health and Welfare services have been brought nearer to the residents of the Borough, and whilst it would be idle to pretend there have been no complaints, most of these have been resolved satisfactorily and it is highly probable that had the services remained remote as they were prior to the London Government Act, these complaints would not even have been voiced.

Continuous expansion of the work of the Department has occurred during the year, particularly with emphasis on the development of Health Centres. The climate of opinion seems to be tending towards the recognition that the future of medical practise lies in the grouping of family doctors together, and in accepting the concept of a unified service which can best be obtained by all facilities being made available in the one building, which concept is achieved by the idea of a Health Centre.

The traditional responsibility of the Department for care and guidance of mothers, continued during the year with several important additional services. The Report shows that cervical cytology, which was started in this area amongst the first of any of the London Boroughs, continued to expand by two new sessions. The practice of giving grants to voluntary associations concerned with Child Health and Maternal Care continued, and an additional grant was made during the year, for the first time, to the Family Planning Association. The decline in domiciliary bookings for midwifery was caused by the hospitals accepting for confinement within their walls many more mothers, with discharge 48 hours after admission. This, whilst in itself may be desirable as a temporary expedient and is so regarded, nevertheless does affect adversely the training of District Midwives, which ultimately cannot be favourable to the midwifery profession generally.

In the sphere of Mental Health considerable extensions are detailed in the Report and it is pleasing to record that the community reaction to mental illness and subnormality is becoming more humane and tolerant, enabling staff of the Department to offer to those mentally afflicted, care and guidance in the community which otherwise would necessitate hospital admission.

The cold arithmetic of this Report and the formal statistics must not beguile the reader into accepting that the whole of the work is carried on unemotionally and without feeling. The staff generally are dedicated, humane, and conscious of the need for preserving close personal warmth, whilst at the same time preserving a professional attitude which in the ultimate will allow the greatest service to be offered.

The opportunity is offered to me in this Annual Report, to offer my thanks for the assistance which I have received and the Department has received, during the year. Chief Officers of other Departments and the whole of the staffs of the other Departments of the Council have been most generous in the help which they have given whenever the occasion has demanded. Without this help it would have been difficult, if not impossible, to achieve the service which has been given to the ratepayers.

May I also express my sincere appreciation and profound admiration for the way in which members of the staff of the Health and Welfare Department have responded to every challenge put upon them during the year, and the admirable way in which problems have been met and solved.

Finally, to the Mayor, the Chairman of the Health Committee, and the Chairman of the Welfare Services Committee, and Members of the Council in general, it is appropriate that I should express my sincere gratitude for the advice that they have given and the competent and efficient way in which they have directed the activities of the Department.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

E. GRUNDY,

Medical Officer of Health.

SUMMARY OF VITAL STATISTICS

Area	10,927 acres
Population 1961 census	295,893
Population 1966—Registrar General's mid-1966 estimate	294,450
Number of structurally separate dwellings occupied (1961 census)	81,866
Number of private households (1961 census)	97,701
Rateable value (all hereditaments) 1st April 1966	£19,971,835
Product of a penny rate, financial year 1966/67 (estimated)	£80,000
Live births	
Number	6,374
Rate per 1,000 population (crude)	21.6
Rate per 1,000 population (adjusted)	19.7
Illegitimate live births per cent. of total live births	15.0
Stillbirths	
Number	90
Rate per 1,000 total live births and stillbirths	13.9
Total live and stillbirths	6,464
Infant deaths (under 1 year)	123
Infant mortality rates	
Total infant deaths per 1,000 total live births	19.3
Legitimate infant deaths per 1,000 legitimate live births	20.1
Illegitimate infant deaths per 1,000 illegitimate live births	14.6
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	14.1
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	11.6
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	25.4
Maternal mortality (including abortion)	
Number of deaths	3
Rate per 1,000 total live and stillbirths	0.46
Deaths	2,955
Death-rate per 1,000 population (crude)	10.0
Death-rate per 1,000 population (adjusted)	10.9
Deaths from cancer (all forms)	613
Death rate from cancer (all forms) per 1,000 population	2.1

BIRTHS

In 1966, 6,374 live births were registered, giving a crude birth rate of 21.6 per thousand estimated population. The Registrar General provides area comparability factors for use with crude birth and death rates which make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. When the local crude rates are multiplied by the comparability factor, they are comparable with the rates for England and Wales or with the corresponding adjusted rate for any other area. When the birth factor of 0.91 is applied to the crude birth rate, the standardised rate is 19.7 which is above the provisional rate for England and Wales, which was 17.7 per thousand population.

The percentage of illegitimate live births increased from 14.0 in 1965 to 15.0. This means that one in every seven babies born in Brent was illegitimate.

STILL BIRTHS

90 babies were stillborn, giving a rate of 13.9 per thousand live and stillbirths, below the provisional rate for England and Wales which was 15.4.

DEATHS

The total number of deaths was 2,955, 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 11.7. 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 with a rate of 3.6 per thousand population followed by cancer with a rate of 2.1, and respiratory diseases (influenza, pneumonia, bronchitis, etc.) with a rate of 1.3.

Infectious Diseases

Four men and one woman died from respiratory tuberculosis (see page 14), and one man and three women died from other forms of tuberculosis. There were no deaths from any other notifiable infectious disease.

Cancer of the Lung and Bronchus

Cancer of the lung and bronchus continues to be the commonest cause of fatal malignant disease. 145 men and 42 women died compared with 168 men and 31 women in 1965. It is sad to see so many adolescents and school children persistently smoking in the face of all the evidence of the association between smoking and lung cancer.

Bronchitis

119 men and 45 women died from bronchitis compared with 120 men and 44 women in 1965. The sex difference in numbers 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.

Pregnancy, Childbirth, Abortion

There were three maternal deaths, giving a rate of 0.46 per 1,000 total (live and still) births. The total deaths and rate were the same as for 1965. The provisional rate for England and Wales was 0.26 per 1,000 live and stillbirths.

Motor Vehicle Accidents

45 residents died as a result of accidents involving motor vehicles (27 males, 18 females).

All Other Accidents

29 males and 27 females died as a result of other accidents, the commonest causes being accidental overdose of drugs, carbon monoxide poisoning and falls at home or from buildings.

Suicides

16 men and 6 women committed suicide (see page 19).

INFANT MORTALITY

In 1966, 123 children died in the first year of life—74 in the first week and another 16 in the first month. There was a slight decrease in the infant mortality rate compared with 1965, from 19.9 per 1,000 live births to 19.3 which was just above the figure for England and Wales (19.0). The perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) decreased from 29.3 to 25.4, below the figure for England and Wales which was 26.3.

BY WARDS (TABLE 3)

Eight wards had rates between 25 and 40 per 1,000 live births—Alpertons, Barham, Brondesbury Park, Church End, Cricklewood, Mapesbury, Roundwood, and Willesden Green—but too much significance should not be placed on these figures in view of the small number involved. There is no doubt, however, that an improvement in social conditions of some of these wards would certainly reduce the mortality.

CAUSES OF DEATH (TABLE 4)

Prematurity was again the most important single factor in infant mortality; 44 premature babies died (36 per cent. of total infant deaths).

Respiratory infections caused the second largest number of deaths (28). Antibiotics and improved environmental conditions have decreased the rate from this cause considerably over the past few years. The problem of hypothermia, which certainly can predispose to respiratory infection, has received attention from the midwives and ambulance service.

Diarrhoea and enteritis caused two 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 continued improvements in obstetrics, seven children died from birth injury. The death rate due to this cause has remained fairly constant for many years.

Twenty-two babies died from congenital malformation.

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 rôle in health education and in improving hygiene.

A summary of notified and confirmed cases for 1965 and 1966 is shown in Table 5.

DIPHTHERIA

For the twelfth consecutive year there were no cases of diphtheria.

DYSENTERY

There were 83 confirmed cases compared with 86 in 1965. Outbreaks of sonné dysentery occurred in three Day Nurseries. At Longstone Avenue, of 49 children and 17 staff, 12 children were positive; at Wesley Road 12 of the 44 children, and 17 family contacts were positive; and at Kilburn Square, of 45 children and 16 staff, 5 children and one member of the staff were found to be positive. The Nurseries were closed to new entrants for over a month until the outbreaks were cleared up.

FOOD POISONING

The number of cases confirmed was 21 compared with 39 in 1965. There were two outbreaks of illness suspected to be food poisoning, one in a school and the other in a factory, affecting altogether 59 people. The cause was not confirmed bacteriologically in either outbreak.

MEASLES

1,985 cases were notified compared with 3,166 in 1965. During the first half of the year just under 600 were notified, but the number of notifications rose sharply towards the latter part of the year indicative of a possible epidemic.

POLIOMYELITIS

One case of paralytic poliomyelitis was confirmed. The patient was a male student on holiday from France who was admitted to Hospital but was taken back to France by his father, against medical advice.

PUERPERAL PYREXIA

The number of cases notified (114) was an increase compared with 1965 (87).

SMALLPOX

There were no notified cases of smallpox. 36 contacts were kept under surveillance for 21 days from the last day of contact.

In accordance with the International Sanitary Regulations the signatures of doctors on 24,400 certificates were authenticated. This number was a great increase on last year's figures due to outbreaks abroad and the countries concerned insisting that all visitors should be vaccinated prior to entry.

TYPHOID AND PARATYPHOID

A child of 2 years was confirmed as suffering from Typhoid fever (Phage Type E.1). The mother and father were found to be carriers and admitted to Hospital for treatment. Several direct contacts were kept under observation. The other confirmed case was a boy of 11 years who flew from India and was taken to hospital immediately on arrival.

The confirmed case of Paratyphoid fever was a woman, and it was believed the disease was contracted while on holiday abroad.

WHOOPING COUGH

The incidence of whooping cough was almost the same as the previous year. The case rate was 26 per 1,000 population.

OPHTHALMIA NEONATORUM

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

HEALTH EDUCATION

One of the greatest enemies of the health educator is the feeling that it cannot or will not happen to me. Home safety, particularly, thrives on this old adage. Posters proclaim "Take Care", "Clean and Service Oil Heaters", "Renew Old Wiring", "Guard Fires" but the accident toll gets higher.

Talks on accident prevention to young children are given whenever possible, and judging by the intelligent questions and answers received are proving most effective. This subject is also included in Mothercraft sessions and to other groups and organisations.

Forty talks were given to outside organisations in 1966 on various health and welfare subjects. 414 Mothercraft talks, some with films and demonstrations, were given in Clinics. 157 talks, supported by visual aids, were given to school children the average attendance varying between 30 and 290 children.

The purchase of a 16 mm. film projector at the beginning of the year greatly enhanced the efforts of lecturers. As well as being able to pre-view and approve more new films, more talks commenced with a film which stimulated discussion and questions. Films are also regularly shown at the psycho-prophylaxis session held at Kilburn Square Clinic on Tuesday evenings.

Portable poster stands were purchased and positioned in Brent House, and these can be adapted to many shapes for use in displays, etc.

Posters and leaflets on varied health and welfare subjects have been displayed in Health Establishments. In March the visit of the Mobile Chest X-ray Unit to various parts of the Borough was widely advertised and a campaign against smoking and lung cancer held at the same time.

In April, the Department's display at the "Welcome to Citizenship" was very popular and searching questions were asked on many subjects. Great interest was shown in a venereal disease "family tree" chart particularly with regard to complications of mental distress and disease.

Mental Health week was supported and articles appeared in the Press after interviews with professional staff and visits to Mental Health Establishments by the Press. Posters and leaflets were widely circulated and posters were displayed on the Council's poster sites. The Junior Training Centre was open for visits by groups of older school children.

The National Campaign for Immunisation held in September was fully supported and a large advertisement with addresses of all Clinics appeared in four local newspapers. During the campaign all Mothercraft sessions and talks emphasised the need for continual immunisation. General Practitioners were contacted and co-operated by displaying advertising material in their surgeries.

Posters advertising cytology and birth control were widely distributed during the year.

Many requests for leaflets and information were received from students and outside organisations.

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

New entrants to the Council's service, except teachers, are required to complete a medical assessment form. The forms are scrutinised by an Assessing Medical Officer, and if considered necessary further information is obtained from the entrant's general practitioner and/or a medical examination is carried out. During the year, 1,954 assessments were dealt with and ten medical examinations were carried out.

It is a requirement of the Ministry of Education and Science that all teachers on their first appointment and applicants for entry to teaching training colleges be medically examined. 264 teachers and 184 trainees were examined by Assistant Medical Officers.

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

PERSONAL HEALTH SERVICES

HEALTH CENTRE DEVELOPMENT

During the early part of the year, meetings of practitioners resident in several areas of the Borough were called for discussions with the Health Authority concerning the development of Health Centres. Doctors practising in Kilburn Square, South Kilburn, Chalkhill, Stonebridge, and Willesden Green areas, were consulted and it became quickly evident that conditions and circumstances were extremely favourable for the development of a Health Centre in the Chalkhill Redevelopment Area. A report on facilities provided in the Health Centre and the concept and method of Health Centre development was presented to the Public Health Committee on 25th April, 1966, shortly after which the Council decided to proceed with a Health Centre in Chalkhill and a second in another built-up area of the town. An application in principle for the approval of the Chalkhill Health Centre, was submitted to the Minister on 25th November and his approval obtained. The project estimate was £80,384, consisting of building costs of £60,000, fees of £7,000, and furniture and equipment of some £12,000. These sums were placed in the Capital Estimates for 1967/68 and the position at the 31st December was that detailed plans had been completed, tenders received and loan application made for the Chalkhill project.

In relation to Health Centre development in other parts of Brent negotiations were proceeding and meetings with the practitioners and representatives of the Executive Council continue to be held.

CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act, 1946, it is the duty of every Local Health Authority to make arrangements for the care, including dental care, of expectant and nursing mothers and of children under 5 years of age, who are not attending Primary Schools maintained by the Local Education Authority.

ANTE-NATAL CLINICS

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
946	8,227	123	8.7

MOTHERCRAFT CLASSES

Mothercraft and relaxation classes are often combined and these are held in all clinics. A special weekly psycho-prophylaxis course for ante-natal patients commenced in January at the Kilburn Square Clinic. This has proved popular and a reunion of past members was enjoyable as well as instructive and constructive. Assistant medical officers, health visitors and physiotherapists are involved in the courses, and whilst both patients and staff are enthusiastic about the outcome, it is too early to measure the overall success achieved.

CERVICAL CYTOLOGY

In addition to the two well-established cervical cytology clinics in the Borough, a session has been introduced at the London Road Clinic. This commenced in December, 1965 and caters for an average of 10 patients per week, the slides being examined at the Central Middlesex Hospital. An average of 36 women per week are examined, the number being limited by the number of slides which can be dealt with by the technicians.

LIAISON WITH HOSPITALS

The extremely useful exchange of medical officers between the Paediatric Out-Patient Department at the Central Middlesex Hospital and the Department was maintained. One Health Visitor attends the Diabetic Out-Patients Clinic at the Central Middlesex Hospital to liaise with the medical staff and to ensure that correct instruction regarding diet and treatment are carried out by the patients in their own homes.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Under the Nurseries and Child Minders' Regulation Act, 1948, a Local Authority must make arrangements for the keeping of registers and the supervision of Nurseries and Child Minders. During 1966, 6 applications for the registration of nursery premises and 12 applications for child minding were approved by the Council. Several enquiries were dealt with in addition. There are now 26 nursery premises on the register and 26 daily minders caring for 818 children. Initially all applications are investigated by the Superintendent Health Visitor and/or her deputy, and after approval by the Council routine "spot" visits are made once a term, if possible, to nursery premises and quarterly by the District Health Visitors to the child minders.

As waiting lists are long and urgency for admission pressing there is a tendency in some cases to exceed the approved number of children. There is also the difficulty in discovering un-registered child minders. However, constant vigilance is maintained by health visitors and child care officers.

CHILD WELFARE CLINICS

The Child Welfare sessions are very well attended, and are appreciated by the mothers. Of the fifteen clinics in the Borough, thirteen are purpose built, one is adapted, and one is in hired premises.

The constant aim is preventive and educational. A large range of infant foods are available for the convenience of mothers attending.

Health education projects were displayed in all clinics.

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,208	68,950	23,587	765	31.2

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

Once again there has been little change in the facilities offered, and the advantage taken of these facilities in the Priority Dental Service.

It is not possible to assess the percentage of those in need of treatment who actually receive it under the Local Authority Service and General Dental Service, but the percentage of children who are found to require treatment at their first school inspection leaves much to be desired, as does the percentage of children and expectant and nursing mothers found to require treatment who continue their treatment until they are made dentally fit.

Obviously the advantages of having a healthy mouth and a sound and complete dentition are far from being appreciated by too many of the population who are at the greatest risk in this respect. We can only hope that our dental health education measures will become progressively more fruitful.

PREVENTION OF BREAK-UPS OF FAMILIES

A hard core of problem families exists in the Borough. All available help is given by the Council's officers to support, advise and encourage such families to be self-supporting. In certain cases 'support in depth' is necessary. This is extremely time consuming and the aid of the Family Service Unit is secured for these special cases.

A case conference of the Council's officer and the Family Service Unit worker involved with the family, is called at intervals. Progress is reviewed and future methods of dealing with the family are discussed. Withdrawal of the Family Service Unit assistance is gradual and occurs when the family shows definite signs of being able to be self-supporting. The Council's officers then take over responsibility for keeping the family under observation for as long as necessary. Most of these cases are protracted, the family being in need of continued support for some considerable time.

During 1966, seven new cases were accepted and two cases closed, the current case load is 34 families. The Council made a grant of £2,650 to the Unit in 1966/67.

DAY NURSERIES (Tables 7 and 8)

The demand for admission to the eleven Day Nurseries continued at a high level. The standard charge for admission remained at 17/6d. per day. Thirteen students completed their two-year period of training and all obtained the N.N.E.B. Certificate. Four Staff Nursery Nurses attended a two-week Refresher Course at Chiswick Polytechnic.

At the beginning of the year, improvements to the staff accommodation at Vale Farm Day Nursery were completed at a cost of £1,080. In July, the building of an extension and other alterations costing £9,400 were completed at Essex Road Day Nursery to bring the washing and toilet facilities up to the standards recommended by the Ministry of Health. At the end of the year, various works were completed at Princes Avenue Nursery. These included the provision of an ablution room for babies and improvements to the heating and hot water services and staff washing and toilet facilities. The works cost £4,925.

CARE OF THE UNSUPPORTED MOTHER AND HER CHILD (Table 9)

To meet the needs of the unsupported mother and her child, the Council provides residential accommodation in the Belle Vue Mother and Baby Home, and the services of a Medical Social Worker.

Cases 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 Division 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.

Apart from the actual placements in mother and baby homes a large number of mothers were interviewed and necessary arrangements made.

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 1966, the social side of caring for the mothers and babies were 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. Patients eligible are those referred on medical grounds by general practitioners or Assistant Medical Officers. The Family Planning Association continued to use Pound Lane and Stag Lane Clinics one evening per week, free of charge, for holding sessions. In addition, the Council agreed to the Association using One Tree Hill Clinic one morning a week from September, 1966 for a further session, and at the end of the year negotiations were in progress for the use of Neasden Clinic.

The Council made a grant of £100 to the Association in 1966, and provision for a similar grant in 1967 has been made in the Annual Estimates for 1967/68.

INCIDENCE OF CONGENITAL MALFORMATION

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

A summary of notifications received and an analysis of malformations notified are shown in Tables 10 and 11.

MIDWIFERY SERVICE

(Table 12)

There are 16 full-time and 4 part-time midwives on the Establishment but there was a shortage of staff for several months owing to the resignation of 5 full-time Officers and difficulty in recruitment due to accommodation problems.

Midwives continue to hold their own ante-natal sessions, but close liaison with general practitioners, obstetricians and hospitals is observed. Ante-natal care includes instruction in the use of analgesics, i.e. Trilene and Entonox. Sterilised maternity packs are available to mothers who have their babies at home.

48-HOUR DISCHARGE SCHEME

The Council operates a planned 48-hour Discharge Scheme in conjunction with the Central Middlesex, Kingsbury Maternity and Paddington General Hospitals. The 4 part-time midwives on the Establishment care for these cases (2 work in the Willesden area and 2 in the Wembley area). A modified maternity outfit is available for them. There was a decline in domiciliary bookings due to the number of general practitioners who requested 48-hour admission to hospitals for their patients. If this trend continues it may have an adverse effect on the number of pupil midwives who can be accepted for Part II training.

TRAINING

A total of 8 pupil midwives were accepted from Paddington General, Bushey Maternity, and Hillingdon Maternity Hospitals on four occasions during the year for three months training. The Central Middlesex Hospital has now been approved by the Ministry of Health as a Part II Training School for pupils and two of their pupils will be accepted for training each three monthly periods commencing September, 1967 providing sufficient home confinements are booked to cover the statutory requirements of the Central Midwives Board.

HEALTH VISITING

Under the National Health Service Act, 1946, the Council makes provision for Health Visitors to visit persons in their own homes for the purpose of giving advice on the care of expectant and nursing mothers; young children; persons suffering from illness; and the aged. The Health Visitors all hold the joint appointment of School Nurse as part of the integration of the School Medical and Health Services. In addition to attendances at all clinic sessions, her other duties include health education to groups in health clinics, schools, and to voluntary associations.

Liaison

The Health Visitors are frequently in contact with Medical Social Workers in hospitals in the area, and much valuable work is done in this field.

Because of geographical difficulties and the large number of general practitioners in the Borough, specific attachment of Health Visitors to group practices is not practicable, but a close co-operation with general practitioners is actively pursued.

There is, however, an arrangement made whereby one Health Visitor attends the surgery of a group practice weekly, in order to effect the closest liaison possible. It is hoped to extend this scheme in the near future to include two more group practices.

Refresher Course

One Health Visitor attended a residential course at Hoddesdon, Herts.

Student Health Visitors

Three sponsored students commenced the course currently in progress. One withdrew at the beginning of the second term.

First Effective Visits	Total Effective Visits	Total No Access	Total Visits as School Nurse
25,826	55,024	11,876	1,700

DISTRICT NURSING

Under Section 25 of the National Health Service Act 1946, it is the duty of every health authority to provide nurses for persons who require nursing in their own homes. The full establishment of nurses (47) was maintained during the year; two state enrolled nurses were appointed to work in the Willesden area. The nurses work in close liaison with general practitioners to ensure comprehensive nursing care for patients.

2,678 new patients were referred during the year, and the nurses paid a total number of 138,208 visits to all patients. 1,288 of these visits were more than one hour's duration. At the end of the year, 1,075 cases were on the register.

GENERAL PRACTITIONER ATTACHMENT

There are now four district nursing sisters attached to group practices. The scheme works well to the benefit of the patient and to the satisfaction of the doctors and nurses.

DISPOSABLE EQUIPMENT

Sterilised disposable syringes and pre-sterilised swabs are now used for all injections except Insulin. The provision of these syringes results in a more efficient service as they obviate the necessity of sterilising by boiling in the patients' homes where, in some cases, it was impossible to obtain even the minimum equipment.

TRAINING COURSES

Three nurses attended the District Nurse Training Course at Chiswick Polytechnic. They were all successful and obtained the National Certificate of the Ministry of Health.

MARIE CURIE MEMORIAL FOUNDATION

Help is given from this Foundation to terminal cases of carcinoma nursed at home. Night Nurses were provided for three patients during the year thus enabling relatives to have some rest through the most difficult and trying periods. One patient was provided with a day nurse. Several patients were provided with extra nourishment and special invalid food. Sheets were also provided for a number of needy cases. Two Marie Curie nurses were appointed during the year but both resigned for domestic reasons. Nurses from a Nursing Agency were used when required.

INCONTINENCE PADS

The Minister of Health in Circular 14/66 of the 18th August, commended the provision of incontinence pads to an extent which ensured that they were made available for all those to whom they could be of benefit. The Council considered the Circular and accepted the Minister's commendation. Prior to this, the pads had only been supplied, free of charge, to patients who were incontinent and being nursed at home.

The types of cases affected by this decision are old people who are incontinent by day but not confined to bed, those who are incontinent at night but not confined to bed during the day, physically handicapped and mentally sub-normal who are incontinent.

Requests are received from General Practitioners, Hospitals, Social Workers and others, and a member of the District Nursing Service visits 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 Alperton.

VACCINATION AND IMMUNISATION

Vaccination and immunisation of children against diphtheria, tetanus, whooping cough, poliomyelitis and smallpox was undertaken by Assistant Medical Officers at the Council's Clinics 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 (reinforced 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	-	3,304	(3,058)
					Re-vaccinations	-	217	(81)
Diphtheria/tetanus/whooping cough	-				Primary immunisation	-	5,398	(4,660)
					Re-inforcing	-	3,861	(4,945)
Poliomyelitis	-	-	-	-	Primary inoculation	-	5,968	(5,346)
					Re-inforcing	-	3,127	(2,436)

(Figures for 1965 in brackets)

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 144 persons in recuperative holiday homes. Of these, 118 were admitted to such homes and 26 were cancelled or withdrawn. Of the 118 cases admitted, 107 were adults and 11 were children under school age.

In addition, 45 school children were placed in recuperative homes under Section 48 of the Education Act, 1944.

CHIROPODY (Table 13)

A chiropody service is provided by the Council for the treatment of the elderly, the physically handicapped, expectant and nursing mothers and children under 5 years of age.

This service was provided in the main by the direct employment of chiropodists by the Council, partly by arrangement with certain private chiropodists, and partly by arrangement with voluntary organisations.

Where treatment could not, because of the patient's age or handicap, be given at a clinic or surgery, arrangements were made for a chiropodist to visit the patient's home.

Valuable assistance was given to this service by the British Red Cross Society and by the Willesden Old Folks' Association. The chiropody service arranged by the latter association was transferred to the Borough on 1st April, 1966.

Chiropody treatment for school children was provided under the Education Act, 1944 (see Table 66).

In December, the Council accepted an estimate in the sum of £947 for the provision of a chiropody room at Neasden Clinic. The work will be commenced early in 1967.

HOME HELP SERVICE

There were 1,005 applications for the Service in 1966. The number of cases receiving help at the end of the year increased from 906 to 1,006.

Three tuberculous cases were helped, and help was provided free to four mothers suffering from toxæmia of pregnancy. One hundred and forty-five bookings were taken for home confinements, but only 94 were helped, including fifteen 48-hour discharge cases in which help was provided free. The remainder made other arrangements.

In December, the Minister of Health approved the Council's proposals to permit the Home Help Service to be available to families in social need and without a medical certificate.

As an aid to recruitment, the Council decided in March to increase the rate of pay of Home Helps from 5/1½d. per hour (the rate agreed by the Greater London Joint Council) to 5/6d. per hour. The Joint Council was informed of the Council's decision and the reason. Since this time the establishment of 90 full-time equivalent Home Helps was attained and has been maintained for the first time for many years. The charge to the public remains at 4/9d. per hour.

Seven persons were employed as Neighbourly Helps, but only one was still working at the end of the year.

The Organisers made a total of 5,742 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 1966, 2,557 articles were loaned to patients. Transport required for the collection and delivery of bulky articles is provided by the Council.

During the year the Council paid to the British Red Cross Society £573.1.5d. 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 may be provided as a personal issue to paraplegic patients to enable them to care for themselves in their own homes. Other items of equipment may be purchased in special cases.

TUBERCULOSIS (Tables 14, 15, 16 and 17)

Mortality and Morbidity.

There were four deaths from pulmonary tuberculosis among men and one among women, all in the older age group. The death rate was 2 per 100,000 population, the same as last year.

Two of the deaths occurred in an elderly man and a middle-aged woman previously unknown to the health authorities. This indicates that in spite of the improvements in case finding methods, there is still a reservoir of infection 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 Report of Principal School Medical Officer, page 65).

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 employed at the chest clinic 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 1,173 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 1,173 visits, are those made to non-tuberculosis households, when 191 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 tuberculous 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 tuberculous 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.

Two hundred and forty-eight successful visits were made to patients' homes in Brent. There were 294 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 2,849.

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 65.

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 regard 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 Division continued in 1966 to administer the community services for all types of mentally disordered persons, i.e. the mentally ill (with its sub-group of psychopaths) and the mentally sub-normal and severely subnormal. In addition, an active programme of health education was pursued culminating in the Mental Health Week (5th June—11th June, 1966) when a press conference gave local publicity to the problem of Mental Health.

Establishments remained as in 1965.

1. A Day Centre for the Mentally Ill (Belton Hall, Bertie Road, N.W.10).
2. A Hostel for 6 mentally ill female patients (post-hospital unit, 73, Wembley Park Drive).
3. A Junior Training Centre (at Neasden).
4. A Hostel for 12 subnormal working boys (191, Willesden Lane).

Unfortunately it was not possible to open the proposed Hostel for 27 mentally ill patients of both sexes at 9, Willesden Lane due to some building difficulties, but the Superintendent and his wife as House-keeper were appointed and moved into their new premises in October.

The scheme for the new Junior Training Centre at Grove Park had to be deferred as loan sanction was not approved by the Minister of Health in accordance with Government policy on expenditure. This caused much bitterness locally as the old Centre remains inadequate to play its proper role in the training of severely subnormal children. However, the year saw the opening of the detached and specifically adapted Special Care Unit. Increase in the number of staff was a consequence of the increased intake of children.

It was not possible to accept the "Abadjian" factory for the purpose of an Industrial Rehabilitation Unit. The scheme was rejected as too uneconomic for a Borough of this size. Instead definite allocation for two patients, initially, was made by the Industrial Therapy Organisation (Thames) Ltd. Council approval for £70 per patient was obtained for this.

When the Treasurers' Department vacated the self-contained room at Monks Park Clinic, it was felt that the best use of this would be made by the Mental Health Division and it was thus allocated as an interviewing room. Lack of private counselling facilities at Brent House had been felt keenly by the Staff of this Division for a considerable time and the allocation of this room should go some way to facilitate their work.

Brent has been selected by the Chiswick Polytechnic to train students in practical field work in mental health. These young people are shown the day-to-day work of the division, i.e. referral of calls, compiling case papers, etc., and are sent out with a mental welfare officer on emergency calls. This arrangement proves to be stimulating to both parties and is a definite asset.

COMMUNITY CARE—MENTAL ILLNESS

The day-to-day care of these patients is the concern of the Mental Welfare Officers under the guidance and instruction of the Senior Medical Officer (Mental Health) and the Chief Mental Welfare Officer. The establishment has been increased by two staff, bringing the number up to nine. Intensive after-care with an establishment of this size is often only possible by stretching the division's resources to an undesirable point and ideally a further increase should be envisaged in the near future.

All Mental Welfare Officers work a considerable number of hours outside office hours when covering emergency stand-by services and also when giving after-care to working patients, as this entails evening work. Time in lieu has to be allowed for, which can easily amount to two full-time officers per week. Up to 1965 their terms of employment allowed for overtime pay but this is no longer possible under the present structure.

It is particularly unfortunate that it has not been possible to recruit a psychiatric social worker although establishment provision for such a post now exists. Higher incentives might have to be considered to attract workers with qualification of this kind.

The question of training for Mental Welfare Officers needs serious consideration. So far it has been customary to accept mainly persons with nursing qualifications (R.M.N.) and after a variable initial training period (minimum three months) during which time they are acquainted with the statutory duties, to appoint them as Mental Welfare Officers. Case work training by the senior staff is initiated then and must continue for a considerably longer period. This "working with the individual in the family situation" is not a subject that can be taught speedily but has to be demonstrated in depth in each individual case. With scanty theoretical background it is so often a matter of the officer's ability and adaptability, so that Mental Welfare Officers of even one or two years' standing are unlikely to have acquired the necessary skill to deal expeditiously with certain difficult patients, thus it becomes increasingly obvious that Mental Welfare Officers have to become professionally qualified social workers if they are not to fall short of the requirements made by the Mental Health Act, 1959. It no longer suffices to be an efficient statutory duties officer (i.e. the old "Duly Authorised Officer") if modern concepts of psychiatry are to be implemented. At the present moment the demand for trained, well qualified Social Workers are nowhere near being met—their numbers, although steadily increasing, are still pitifully small and only the very highest bidder is likely to attract them. This of course is the reason for accepting personnel with marginally suitable qualifications, i.e. in related fields only. It is therefore important for each Local Health Authority to sponsor suitable Mental Welfare Officers for the two-year courses in Social Work Training as recommended in the Younghusband report.

To cover the work of officers absent on course the establishment of Mental Welfare Officers will then need to be increased.

Officers had the good fortune to receive interested help from the psychiatrists of Shenley Hospital who have been most generous in inviting and maintaining the closest relationships with members of the division, by initiating case demonstrations, conferences, or individual discussions. The value of close liaison

between the component parts of the National Health Service has been stressed so much that it would appear superfluous to do so once again were it not for the fact that this contact is so extremely hard to maintain. It is a constant effort and a drain on everyone's time to keep the "other sides" informed of everything that concerns any particular patient. The Mental Welfare Officer and indeed the Senior Medical Officer have cause to be grateful to the readiness with which the hospital psychiatrists invite approach. The bond between the London Borough of Brent and Shenley Hospital has been further strengthened by the appointment of the Senior Medical Officer (Mental Health) to the Management Committee of that hospital and the appointment of the Chief Mental Welfare Officer to the League of Friends of Shenley Hospital committee. This has made possible contact with many hospital officials in addition to the medical staff, undoubtedly leading to an increase in the understanding of the difficulties both sides are likely to have to face on occasion.

The secondment to the Mental Health Division from the Domiciliary Nursing Service of a psychiatric nurse has also helped towards unification of hospital and community services. This nurse (R.M.N.) is in the unique position of accepting cases from the psychiatric units of Central Middlesex Hospital and Wembley Hospital for supervision in the home. In this way she plays an important role in the prevention of hospital admissions and re-admissions. This is achieved by her general support of the patient and also the very specific one of ensuring that medication is taken as prescribed. Only too often the success of treatment at home breaks down due to the patient's discontinuation of prescribed drugs.

The psychiatrists concerned have frequently expressed their appreciation of the availability of this nursing service and have also requested consideration of an extension.

Rehabilitation of post-hospital patients is facilitated by the "Gateway" Club which is run by the Chief Mental Welfare Officer with the help of occupational therapists from both the Day Centre and Shenley Hospital. A psychiatrist from Shenley Hospital also attends on occasion. A club of this kind fulfils chiefly the purpose of encouraging patients to join in communal activities, helping them to overcome the most crippling symptoms of mental ill-health— isolation, due to difficulty in communication. It has been found that friendly, outgoing people with a gentle and tactful approach are those most likely to help to overcome certain patient's difficulties. Club members appear to enjoy themselves thoroughly.

Encouragement is given to relatives and friends to attend. Without doubt the Club provides a very necessary and useful purpose. This is reflected in the rising membership.

Patients in need of hostel accommodation on discharge from a psychiatric hospital or unit have been placed by the Borough in various after-care hostels provided either by other Local Authorities or by appropriate voluntary organisations.

Post-Hospital Unit, 73, Wembley Park Drive.

This unstaffed hostel accommodates up to 6 female working residents and has now become established as the most suitable means of rehabilitation for certain types of patient.

Medical supervision rests with the Senior Medical Officer (Mental Health) in close liaison with a Shenley Hospital consultant psychiatrist should the need arise. This arrangement has worked well. A staff nurse from Shenley Hospital continued to visit to support particularly those patients discharged from her own ward. Regularly weekly visits were made by the Senior Medical Officer and a seconded Mental Welfare Officer. There is no doubt of the special advantage of such an unstaffed unit. It has been particularly interesting to observe that deteriorating patients are often tolerated very well by other patients without the presence of resident staff. Three patients did in fact break down but were helped over the crisis situation without returning to hospital. It was only during the second serious breakdown of one of them that she had to return to Shenley Hospital. Two patients had attained such measure of independence to arrange their holiday and join a party going abroad: one went to Italy, the other to Austria. It is interesting to note in how precarious a state their mental health still remains: the second of these patients was one of those who relapsed some time later in the year. The reason was that she felt so well she omitted taking her medication. Encouragement by the visiting staff and help from the other residents helped her over that period.

This Christmas several patients stayed at the hostel and celebrated together. It is most gratifying to see people caring for each other and truly enjoying life once more.

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

Excellent service continues to be given at this Centre for the rehabilitation of mentally ill men and women. The service is available to patients from adjacent Local Authorities (who are financially responsible for them) as well as to the residents of this Borough.

The staff remained as before: one head occupational therapist with two occupational therapists cater for over 30 patients.

Miss Cass, head occupational therapist, reports:—

"The Occupational Therapy service in the London Borough of Brent has continued through the year to be the only provision of domiciliary occupational therapy with a Day Centre of its kind in the Shenley Hospital catchment area, so patients have continued to be referred from all Boroughs in that area. The referrals have fluctuated, through the year, reaching a low level in August, but subsequently increased. The main factors contributing towards the decrease were:—

- (1) The work of the occupational therapist at this centre was disrupted due to either illness among themselves or in near relatives (including death of a parent) to an unprecedented degree. These absences occurred at least convenient times allowing little opportunity for adequate cover. Locum services, although useful emergency measures, did not provide the necessary skill of experienced staff.
- (2) Shenley Hospital is in the process of major reorganisation.

These factors contributed to breakdown in communication and shows how very essential it is to have close liaison between the centre staff and hospitals for a service to be used to its fullest advantage.

Referral of patients.

Patients are referred from Shenley Hospital, its associated out-patient clinics, as well as from London teaching hospitals and psychiatric departments of local hospitals.

Number of patients referred 1st January, 1966—31st December, 1966 61
(Male 27: Female 34) (4 re-admissions)

14 additional patients refused treatment and were referred back to their Consultant.

Number of patients receiving treatment 31st December, 1966 38
(Male 15: Female 23)

Number of patients discharged 60

13 returned to open employment (5 under 30 years).

8 discharged to further rehabilitation (1 under 30 years).

12 discharged home rehabilitated to living in the community but not able to take employment. Psychiatric Social Worker or Mental Officer follow up. (4 under 30 years).

4 re-admitted to the Centre.

17 re-admitted to Hospital. (6 under 30 years).

4 left district (all under 30 years).

2 died.

Distributions of Patients in Boroughs 1966:

Patients discharged 1966:

London Borough of Brent	48
London Borough of Ealing	4
London Borough of Harrow	5
London Borough of Barnet	2
County Council of Herts.	1
	<hr/> 60

Patients attending the Centre 31st December, 1966:

London Borough of Brent	22
London Borough of Ealing	5
London Borough of Harrow	7
London Borough of Camden	1
London Borough of Hillingdon	1
London Borough of Richmond	1
County Council of Kent	1
	<hr/> 38

Work has followed the same pattern as in other years. Repair and provision of toys for Day Nurseries and Junior Training Schools, sewing of clothes for the W.R.V.S., and curtains for the Borough hostels, meant that a real contribution towards community needs has been made.

Outwork. A small quantity of assembly work was provided by Acton Lodge Adult Training Centre as before. This is valuable in the assessment of patients prior to obtaining sheltered industrial employment.

Projects outside the Centre have been a most valuable occupational therapy for patients' rehabilitation. Groups of patients with an occupational therapist in charge have undertaken the following work:

- (1) Six projects involving fourteen patients, included the cleaning, decorating and sewing of curtains of rooms for elderly or needy persons.
- (2) One project involving gardening at the hostel, 72, Wembley Park Drive. Four patients participated in this.

Individual patients were imaginatively occupied in a reality situation in the following way:

- (1) Clerical work within the Health and Welfare Department at Brent House (5 patients).
- (2) Domestic work at the Neasden Junior Training School (2 patients).
- (3) Escort and general assistance duties at senior citizens clubs (2 patients).
- (4) Sewing with a W.R.V.S. group (2 patients).

The Art Class continues to provide interest for the majority of patients and acts as a stimulant. The class has to be confined to painting and drawing. Modelling and other expressions of art are not possible owing to the small space available. This limits the value of art in the occupational therapy programme to some extent.

Visits have been arranged for two or three patients at a time to places of topical interest, exhibitions, and museums. This year these visits have been increased to an average of one a week. Factories are now also included. This strengthens relations with the Employment Exchange.

The Therapeutic Discussion Group conducted by a Shenley Hospital Psychiatric Social Worker has continued to take place for one hour every week. This has established a close relationship within the Centre.

The Disablement Resettlement Officer's weekly visits continued and enabled thirteen patients to return to open employment. In addition eight patients were accepted at Industrial Rehabilitation Units and

by the Industrial Therapy Organisation (Thames) Ltd. Unfortunately Remploy has not had sufficient vacancies this year to take any of the Centre's patients. This is the only sheltered workshop within the district. It is hoped that vacancies will occur next year for our patients.

Communication has been maintained by regular visits of all the staff to Shenley Hospital, Wembley Hospital, and Central Middlesex Hospital, where information about patients attending the Centre is exchanged with the Consultants, Psychiatric Social Workers and Nursing staff. During the period of staff shortages these visits were of necessity broken. This led, as mentioned previously, to a drop in the number of patients referred. A review of patients once a month with Dr. Koffman (Senior Medical Officer for Mental Health) and Mental Welfare Officers has been developed this year creating closer liaison within the Mental Health Division.

Extension of evening activities to patients and particularly ex-patients is a practical step that is intended to be taken in the New Year. There appears to be the need for evening activity other than the purely social one of the Gateway Club, at which hobbies of a do-it-yourself nature can be developed.

Whilst our main concern at this Centre rightly deals with the rehabilitation of mentally ill persons, I feel there is a great need to help the chronic patient who will unfortunately be most unlikely ever to return to normal life within the community. Relatives of such patients carry a heavy burden and help could be given both by the provision of another kind of Day Centre dealing with the chronic mentally ill.

I would like again to thank the administrative staff of the Health and Welfare Department for their help and encouragement."

Day Care for the Elderly Mentally Ill.

This Borough is fortunate to have an allocation of 10 places at the Harrow Day Centre for the elderly mentally ill. Transport difficulties might to some extent exclude its use by an occasional patient living in the South of this region but so far referrals have come mostly from the Wembley area. At the end of 1966 five Brent patients attended.

Voluntary Services—The Brent Samaritans.

During this year the Steering Committee completed the arrangements for starting a Samaritan Service in the Borough. The Senior Medical Officer (Mental Health) has played a not inconsiderable role in the initiation of this scheme. It was proposed that the service would start in January, 1967. A grant to cover the initial telephone expenses was requested from the Council.

The Samaritans is a voluntary organisation entirely devoted to the prevention of suicide and befriending people in despair. This is achieved by emergency telephone contact followed up by personal interviews and visits.

An impressive number of cases, many of whom successfully dealt with, pass through already established centres, profiting by the experience gained during the last thirteen years at the Church of St. Stephen, Walbrook (City of London) where the Rev. Chad Varah first initiated the movement.

Many people do not wish to contact "official" bodies or persons, including often their own family doctor, when in great distress, but will contact a voluntary body, i.e. the Samaritans.

A service of this kind, from the community to its own members, should help substantially in filling a gap left by the professional services. Helping those in despair and on the point of committing suicide is something the general public should be encouraged to do. It is to be hoped that the close links already forged between the Mental Health division and this voluntary body will continue.

COMMUNITY CARE — SUB-NORMAL AND SEVERELY SUB-NORMAL

Supervision in the Home.

Support of the family and the individual has continued as in previous years. This makes it possible to retain in their own homes persons who otherwise might not be retained in the community. This care involves special and time-consuming skills and rests with the Mental Health Social Workers. It has very recently been suggested that work of this kind should be part of every Mental Welfare Officer's case load and indeed this principle had been adopted by my Mental Health division. I had retained from the former Middlesex County Council one post (2 part-time officers) for a mental health social worker. With the large load of approximately 500 cases, some of this work had been shared out between the mental welfare officers. We have now had an opportunity of some two years to observe how this kind of dual role functions. I have come to the reluctant conclusion that the mental welfare officer finds it difficult to deal with the problems relating to the sub-normal and severely sub-normal person. Often statutory work interrupts planned visiting; this results in frustration. Also, as mentioned earlier in this report, lack of expertise is likely to result in further difficulties. For this reason it would appear that additional Mental Health Social Work staff, dealing with the community care of sub-normals and in particular of the very young children and educationally sub-normal school leavers, are needed.

The Senior Medical Officer (Mental Health) has explored certain other means in the support of the family of sub-normal and severely sub-normal children and has started a weekly discussion group for mothers. The response has varied considerably, some weeks over a dozen, other weeks only 2-3 mothers attended—overall attendance fluctuating around 6. All these mothers have one thing in common—a mentally handicapped child. Apart from this they varied enormously as to social class, intelligence, colour, etc. At first problems were presented on a "if only this or that facility could be given!" basis but gradually the underlying difficulty of acceptance crystallised. With little prompting of the staff present (Medical Officer and/or social worker), parents began helping each other and much support was forthcoming in this way, notwithstanding the heterogeneity of the group. Meetings such as these undoubtedly are of great value. However, many parents who expressed a desire to attend have not in fact been able to do so because of travelling difficulties due to the large area covered and also due to the care of the mentally handicapped child himself as well as his siblings. This applies particularly to the holiday periods where numbers dwindled to nil on occasion. However, it is hoped that with the availability of the room in Monks Park Clinic children also can be made welcome and perhaps be looked after by older schoolgirls during the holiday period.

Holiday Centre for Mentally Handicapped Children.

Most parents find school holidays a trying time but parents of mentally handicapped children on the whole find it harder still, particularly if their child is one of the very over-active types of mental sub-normality.

The Council was therefore approached to support financially a scheme whereby at least some of these children could be cared for in a play-group kind of situation for the summer holiday period 1967. It is proposed to invite some two dozen children to spend a 4-week period at a pleasantly situated school daily. A trained person is to be in charge and 4 untrained students are to be recruited to work under her supervision. Schemes of this kind have been tried in a few other areas. Most of them were a great success but at least one run by the parents' association was a complete failure—the scheme was abandoned due to lack of parental support.

Admissions to Hospital.

Leavesden Hospital (Abbots Langley, nr. Watford, Herts.) continues to be the only hospital admitting mentally sub-normal and severely sub-normal patients from this Borough. Admissions of patients have remained at a level well below the need. The co-operation between the hospital and the Local Authority however have improved to a most gratifying degree. The Senior Medical Officer's presence as an invited observer at the Group Advisory Medical Committee meetings has made it possible for the hospital to appreciate the community's great needs. In addition a consultant psychiatrist frequently sees selected patients either at a suitable centre or in the Hostel for Sub-normal Working Boys, 191, Willesden Lane, N.W.6. Expert advice is speedily forthcoming over the telephone should the need arise. An additional facet of close co-operation has been the secondment of a male student nurse from the hospital to attend the new Special Care Unit in Balnacraig Avenue, Neasden, daily for a three-monthly period at a time. This type of liaison is advantageous to both sides: the nurse for the first time learns of the specific difficulties facing the staff of such a community based unit in dealing with severely handicapped children on a day basis, i.e. where sedation is kept at a minimum, and also helps our staff in the sheer physical handling difficulties of these very trying cases. Male strength in restraining gently sudden unprovoked aggressive behaviour in a severely disturbed male or female adolescent is of great value to the otherwise entirely female staff.

The excellent relationship with the hospital was further strengthened by being able to send Trainee Mental Welfare Officers to Leavesden Hospital so that they would acquaint themselves at first hand with the hospitalisation of sub-normals.

The etiology of certain types of subnormality still requires elucidation. With this in mind the medical staff of Leavesden Hospital designed a research project which required my mental health staff's close co-operation. This was happily accomplished and the result should prove of great interest to all.

Cases on Waiting List on 31.12.66	
Urgent	38
Others	11
Total	49

As in previous years, economic use of hospital beds has made admission of short term care cases possible. This again has enabled parents to have a holiday without the burden of their handicapped child and also made possible the immediate admission of children whose mothers had fallen ill or were being confined.

Number of cases admitted to hospital for short term care	
	43
Number of cases admitted elsewhere	6

Guardianship and Informal Foster Care.

There are still no cases under the guardianship of this Authority. The need for this procedure does not appear to arise any more.

Informal foster care has continued as previously. The Guardianship Society, Hove, Sussex, has continued to place our cases and admit them to their training centre. The efforts of my officers have succeeded in finding one foster mother within this Borough but this one case is likely to remain the exception to the rule that foster homes are very rarely found in this area, no doubt due to the public's suspicious attitude towards the mentally disordered child.

Much of the administrative officer's efforts are directed towards finding suitable homes for cases recommended for placement in informal foster care. I have come to the conclusion that it would well pay this Authority to consider its own children's homes for severely sub-normal cases. This applies of course only to children whose home environment has proved unsuitable be it either due to social factors or to the emotional inability of the parents to come to terms with their misfortune. Hostel accommodation of the suggested kind would enable our children to attend the new Junior Training Centre at Grove Park.

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

Various changes have taken place in this establishment during the year under review. It caters as before for mentally sub-normal and severely sub-normal working boys either in open employment or attending a Training Centre.

In September the matron and her family left to take up a similar appointment in a very much larger establishment for both sexes, opened by the London Borough of Hillingdon. It soon became evident that suitable applicants for this post were not forthcoming. It was therefore proposed and later implemented that the establishment should be changed and consequently the Assistant was appointed to the post of Superintendent. Efforts were made to appoint a female assistant. Late in the year a lady was indeed so appointed to this post. It remains to be seen whether she will be able to deal with boys of this kind as her previous experience dealt with a somewhat younger age group.

No major repairs to the building were required during the year. Any minor repairs, not requiring specialised skills, were effected by the boys under supervision. Garden tools were purchased in response to the lively interest and usefulness of the boys in gardening. Although work has been progressing slowly due to bad weather, the wilderness that was, is now a well laid out and attractive garden.

Attempts have been made throughout the year to place certain boys in outside lodgings. Unfortunately nothing suitable has been found.

The year under review can record two specific successes:—

One young boy was admitted from a Children's Department Home. No one imagined he could ever work in open employment but nevertheless it was thought he would benefit by living in this hostel. At first the boy refused to work regularly and even managed to convince prospective employers that he was unable to do so. Though he genuinely found it difficult to work at first, he proved to be trainable. His immature behaviour gave way to more adult and realistic approaches to work and home situations. He has in fact kept his present employment for nearly six months.

The second boy was admitted in his last year in the Junior Training Centre. His transfer from there to open employment went smoothly and his employer is very pleased with him.

For the first nine months of 1966 the staff situation in the hostel was adequate. The Assistant Matron was able to accompany the boys to St. Mary's Bay Holiday Camp. Outings to the coast, weekends under canvas and visits to places of interest were possible because of adequate staffing. Such outings are not only a source of pleasure but also a great help in fostering self-assurance and initiative in the boys. It is to be hoped that the changes in staffing will not affect the training programme.

Council policy up to now has been directed towards filling to maximum residential accommodation for the purpose of keeping overheads low. This has led to the admission of out-Borough cases with the result that care must be exercised to retain suitable accommodation for Brent cases.

Neasden Junior Training Centre.

For some years it had been the policy of the former Middlesex County Council to call all its Junior Training Centres Junior Training Schools. In so doing it was hoped to draw the attention of the public to the fact that a place of this kind differed only in a matter of degree (and not always even in that) from the activities carried out in establishments of the name of "school" that are the responsibility of the Education Authorities. This usage has also helped many a parent to sweeten the bitter pill when told that their child was found unfit to benefit from formal education. In addition it should be noted that some of these children do benefit by having some measure of formal instruction and are able to learn the rudiments of the "3 R's". It might therefore prove advisable to review in the near future the terminology of the Neasden Training establishment.

The Centre has 90 places, including 24 within the Special Care Unit. An additional number of children are allocated places at the Junior Training Centre of adjacent authorities.

I mentioned earlier on that Government policy dictated the postponement of the new establishment at Grove Park, Kingsbury. This decision caused much unhappiness both with my staff and indeed the parents. The present building is anything but suitable and urgent repairs and redecorations can no longer be postponed.

I have however been fortunate to open the new Special Care Unit in Balnacraig Avenue, Neasden. This building, which is linked with the Centre proper by a private path of some 40 yards, caters for the equivalent of 24 full-time cases in three rooms with a well-designed sanitary unit comprising of toilets, bathroom and laundry plus a small staff room. The Unit is under the authority of the Centre Supervisor and is staffed by two assistant supervisors and two general duties attendants. A male student nurse from Leavesden Hospital is also attached to this Unit.

Some of the pressure from our waiting list has now been alleviated but unfortunately there are still many children waiting for admission. It has seemed prudent to split up the additional number of places, so that at the present some children attend two and others three days per week. This has proved to be an additional strain on the staff: they have to get used to a larger number of individuals, their idiosyncrasies, and indeed their different medications. The resignation of the physiotherapist in December, whom this Borough shared with several others, should make it possible to obtain the required two sessions so that all children in need get the necessary treatment once a week.

The problem of special care for severe multiple handicaps in addition to the basic mental one is by no means solved. The provisions of units, such as this, may have been a step in the wrong direction. As nursing is the paramount requirement of such cases they would appear to be the responsibility of the Regional Hospital Board rather than the Local Authority. Indeed, Day Hospitals are one way in which some hospital authorities are meeting this urgent problem.

The Neasden Junior Training Centre is served by various specialists. Dr. M. D'Silva, the eye specialist, took over from Dr. Peter Gardiner when the latter had completed his survey on the incidence of eye defects in mentally handicapped children. Dr. D'Silva also attends the Centre once a term and thus keeps a check on the vision of all children.

Dental inspections are carried out by the School Dentist at the adjacent Neasden Clinic. It has been found that many mentally handicapped children can be inspected in the normal way. Treatment however is limited to a smaller number of co-operative ones. The remainder receive treatment at Leavesden Hospital where they are inspected and treated under general anaesthetic and usually admitted overnight. It is a pity that arrangements of this kind cannot be made with a local hospital as the journey to Leavesden Hospital is very long. However, from past experience it is well known that the nursing staff in general hospitals is not able to cope with children of this kind. It might not come amiss were such work included in the training syllabus for general nurses.

The Speech Therapist continues to attend once weekly. This not only serves the specific purpose of speech training of which children like this are particularly in need, but it also gives a child the chance of the one-to-one person relationship which is so desirable. It has been known for some time that a relationship of this kind may be the only way to penetrate the mind of certain types of mental handicap and it is hoped that in the future more use can be made of this fact.

The Supervisor and her staff have continued to give their customary devoted and skilled attention to the children.

Training of staff is becoming an urgent problem. Due to general staff shortages, Assistant Supervisors have to be appointed to this Centre who do not hold the relevant diploma. Nor has it been possible to recruit a trainee for secondment to the course at Chiswick Polytechnic. Some Local Authorities have been more fortunate in attracting diploma staff, almost certainly due to the fact that there a different pay structure has been adopted, bringing the salary more or less in line with the teaching staff of education departments.

The children had another stimulating year including two major outings: one was to the Empire Pool, Wembley, when 34 complimentary tickets were sent with the invitation to see "Snow White and the Seven Dwarfs" in February, 1966, and the other was in response to an invitation from the Manager of the "State Cinema" when the children saw the film "Batman" and met the star after the show. Sweets and ice-cream completed the event which everybody enjoyed hugely. The behaviour of the children on outings of this kind is exemplary and is a credit to the training they receive.

Adult Training Centre.

The over 16 year old mentally handicapped people of this Borough attend as before the adult training centres of the adjacent London Boroughs of Hillingdon, Hounslow and Ealing. Parental pressure is still as great as ever to get such an establishment within this Borough and the time is near when such a scheme will have to be considered seriously. This is even more urgent than would have appeared at the time of the Middlesex County Council break-up as the London Borough of Hounslow is now considering rebuilding their adult training centre which will ultimately result in a serious loss of places for the majority of our cases.

Social Clubs.

Two such clubs are organised in this area: one takes place each Saturday at Tylers Croft School and is the responsibility of the Brent Society for Mentally Handicapped Children; the other is run by the parents and is held at the Neasden Junior Training Centre. Mental Health Social Workers attend this latter one regularly.

Summer Camps.

This year again mentally handicapped children and adults have attended summer camps. As mentioned earlier the Assistant from the Hostel for Mentally Sub-normal Boys attended with them the adult camp at St. Mary's Bay, Dymchurch, Kent.

WELFARE SERVICES

TEMPORARY ACCOMMODATION

During the year, a Ministry of Health Circular 20/66 was issued calling for a review of homelessness. In Brent the facilities that exist for emergencies are two-fold; first, a small unit catering for 3 women and up to 15 children, with its own cooking and personal cleansing needs. This accommodation has been under constant use, fifty-two families being admitted during the year. Second, accommodation is set aside for a larger major incident and covers upwards of 50 families.

Three hostels provide short stay accommodation for 30 families, including eight husbands. A domestic science instructor attends one day a week at the hostel in Dartmouth Road to help mothers in household budgeting. The playhut, which the "Friends of 91" provided with financial help from the Willesden Round Table, was formally opened by the Mayor in November. Organised play groups are held 3 days a week and plans are in hand to increase this to 5 days.

The number of families seeking help because of homelessness has increased over the year, a large proportion of the applicants having had to be found alternative accommodation. Over and above those admitted to more permanent quarters, 52 other admissions were made and of these 17 were outside normal office hours. These consisted of 17 mothers and 33 children and admissions were arranged by the Duty Officer. The remainder consisted of 35 women and 73 children. Legal evictions made up the main cause for homelessness. Ten families were re-housed during the year by the Council, four being victims of fire; two families found their own accommodation; and eight left after overnight stay. Preventative work resulted in 3 families being rehoused elsewhere. Voluntary organisations who have assisted include the Ladyholme Company Ltd., Lend-a-Hand, Provident Row Night Refuge and Home, Ambridge House Foundation and the Salvation Army. All maintenance charges for the above have been met by the Council.

Despite strenuous efforts of the staff to assist in re-housing families, the problem remains, and to help alleviate pressure, further properties are being sought for conversion for use as temporary accommodation.

RESIDENTIAL ACCOMMODATION

The total number of beds provided under Section 21(1)(a) of the National Assistance Act, 1948, is now 467, 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	40	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

During the year, 57 men and 158 women were admitted to the Council's Homes, and on 31st December 10 men and 57 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 182 residents in voluntary and other local authority homes.

Twenty-three men and fifty-seven women were admitted to Short Stay accommodation during the year.

At "Kenton Grange", improvements to the laundry were completed at a cost of £575, and at "Wren Park", alterations to the laundry and kitchen were completed at a cost of £2,200.

On 10th October, the building of a new residential home at Stag Lane, Kingsbury, commenced. The building is designed to accommodate 50 infirm old people and is scheduled to be completed in June, 1968. The estimated cost of the project, including furniture and fees, is estimated at £117,344.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

Blind persons.

On 31st December, there were 547 persons on the register. There were 71 new cases (excluding re-certifications and transfers from other areas) during the year. The majority of referrals for registration came from Hospital authorities. The classification of blind persons by age groups and at age of onset of blindness are shown in Tables 21 and 22. One hundred and twenty-seven of the registered blind persons suffer from additional physical and/or mental handicaps.

Four children under 5 years of age remained at home. Of the 10 children of school age, 8 attend special schools and 2 are ineducable; of these latter one remains at home and one attends Neasden Junior Training Centre. A girl of 17 years is at the Royal Normal College for the Blind, London, and a young man of 20 years is entered for an "A" level course at the Northern Polytechnic, London. He is integrated with sighted students.

One hundred and twenty-nine persons were in full employment, and an analysis of their occupations is shown in Table 23.

Four hundred and four persons were unemployable or unavailable for work; of these, 48 were in accommodation provided by local authorities, 2 were in other residential voluntary homes and 15 were in hospital for extended periods.

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 Bridgenorth and Torquay centres.

Domiciliary visits to both blind and partially sighted persons were made by social workers with an average case load of 140. Individual teaching was given in both Braille reading and writing, Moon type reading and typewriting.

Six handcraft classes were held weekly in the afternoons, one of which was commenced during the year at "Hillcrest" residential home in Wembley. Successful competitors took part in the first Annual Handcraft Exhibition staged by the Middlesex Association for the Blind in May.

At Brent Show on 10th and 11th September an exhibition, competition and sale of goods, supported by demonstrations in Braille, canework and stool-seating by unemployable blind persons, attracted much interest. A sale of work was staged at Brent House on 5th December.

A total of 235 wireless sets have been issued on behalf of the British Wireless for the Blind; 73 were issued during the year, of which 40 were new sets. The rental of Talking Book machines issued by the Nuffield Talking Book Library for the Blind was paid by the Council in respect of 123 readers. There were 60 new issues during the year. Various Braille and Moon magazines were circulated free.

One hundred and thirty-eight free aids, e.g., typewriters, watches, electric shavers to alarm clocks, pingers and bread cutters, were issued.

Seventy-six applicants applied for assisted holidays. 31 were directly arranged by the Council. One party, under the supervision of social workers, went to a guest house in Clacton, and the remainder to holiday homes run by the Royal National Institute for the Blind, and the Middlesex Association for the Blind. Twenty-seven applicants were assisted to have privately arranged holidays, and 18 who spent holidays with relatives or friends, were also assisted.

There are seven social clubs run by the members or voluntary organisations. One of these is a fortnightly club for the deaf/blind, under the supervision of a social worker; it was inaugurated during the year. Social workers assisted in the management of many of the clubs, also serving on the Committees.

Free transport facilities to clubs and classes continued to be provided by the Council.

Partially sighted persons.

On 31st December, there were 168 persons on the register. There were 22 new cases (excluding re-certifications and transfers from other areas) during the year. Eight persons were transferred to the blind register, and one de-certified due to improved vision. The classification of partially sighted persons by age groups is as follows:—

Under 5 years	.....	Nil
5—15	.....	22
16—20	.....	15
21—49	.....	30
50—64	.....	29
65 and over	.....	72

Of the 22 children of school age, 18 attend special schools for the partially sighted, 3 attend ordinary schools, and one is at Lower Place School for the Physically Handicapped. Six children aged 16 and over are still at school.

Of 42 persons 'near and prospectively blind' (aged 16 and over), 9 were employed, one undergoing training, and 32 incapable or not available for work. Of 45 persons 'industrially handicapped', 39 were employed, two available and four not available for employment.

Fifty-three persons requiring 'observation' only, mainly over 65 years and unemployable or unavailable for work, constitute the remainder.

WELFARE OF THE HANDICAPPED

On 31st December, there were 902 persons on the register. There were 203 new cases during the year. Of the 902 persons, 31 were deaf with speech, 101 were deaf without speech, 27 were hard of hearing, and 743 constituted general classes. Details of registrations, an analysis of disabilities, and occupational grouping of the general classes are shown in Tables 24, 25 and 26.

Domiciliary visits made by social workers with an average case load of 150 enabled considerable general assistance to be given, and ensured regular contact with the handicapped person and the family. Close liaison with statutory and voluntary bodies, along with allied services was maintained.

General classes of Handicapped persons.

Fifty-six persons continued normal employment in open industry, eight worked in sheltered industry and five practised a form of home industry.

Six hundred and seventy-four were unemployable or unavailable for work, including 7 children under 16 years of age. Thirty-six of these were maintained in residential homes.

The Work Centre at Church Lane, N.W.10, supervised by an Industrial Works Organiser and Assistant, continued to offer part-time occupation of a rehabilitative character to over 32 persons. Light assembly work was obtained from local factories.

The demand for aids and gadgets continued to increase; these are issued on free loan, and are invaluable in assisting the handicapped person. Three hundred and fifty-three such aids were issued including metal walking aids, hoists, pick-up sticks, special knives and forks and can openers.

Fifty-three applications for adaptations to the home received approval, e.g. provision of toilets, ramps, handrails and some major constructions as garages. Eighty-nine car badges were issued to disabled drivers with medical certificates.

One hundred and ninety-five applicants applied for assisted holidays. One hundred and sixteen were directly arranged by the Council, either in guest houses, where British Red Cross helpers assisted, or in orthopaedic designed homes, like those run by Dorincourt Estates, Shaftesbury Society and the Jewish Association for the Physically Handicapped. These latter homes make provision for more severe disabilities by providing ground floor sleeping accommodation or lifts, easy access for wheel chairs to all parts of the building, and numerous adaptations for the free movement of the individual. Most homes are situated within easy reach of the sea, or in the country.

Families are encouraged to arrange a united holiday privately, and forty-eight applicants were assisted. Thirty-one handicapped persons who stayed with relatives or friends secured financial aid from the Council.

British Red Cross workers continued to teach crafts weekly at two handcraft classes during the afternoon at 170/172 High Road, Willesden, and 563 High Road, Wembley. Council Welfare Assistants attended. An increased response was received for the five evening classes in choral, drama and dancing organised by the Education Committee especially for handicapped persons. The combined choral classes took part in an Annual Choral Festival on 29th October at Southgate Technical College.

There are four Social clubs, run by voluntary organisations; one of these was inaugurated on 16th August for the younger handicapped by the Greater London Association for the Disabled.

The Council continued to provide free transport facilities, including the use of two specially adapted coaches with rear tail hoists to accommodate wheel chairs, and two adapted minibuses designed for easy access and comfort. Four special coaches were placed free at the disposal of the Willesden Association for the Welfare of the Handicapped for the annual outing to Sunbury-on-Thames on 4th June. A number of Brent handicapped were conveyed to and from the Brent Show on 10th and 11th September.

The increased transport facilities aided immeasurably the opportunity for social contact and activity amongst those persons normally housebound.

Deaf and Hard of Hearing Persons.

Help has been afforded to the deaf and hard of hearing both in the social and employment field.

One hundred and ten congenitally deaf persons are on the register, and of these 45 between the age of 16-29 years, required assistance in choice of employment. This necessitated the closest co-operation between the Ministry of Labour and the Council, in seeking to provide suitable and appropriate work.

There are two Clubs within the vicinity of Brent, meeting fortnightly; the Queensbury Deaf/Dumb Club, and the Wembley and Willesden groups of the Middlesex and Surrey League of the Hard of Hearing. The Council provides transport to the latter.

Close liaison is kept with voluntary organisations such as the Royal Association in Aid of the Deaf and Dumb, the South East Regional Association for the Deaf, and the Middlesex and Surrey League of the Hard of Hearing, to all of which the Council makes a grant, and also with the Royal National Institute of the Deaf concerned with general welfare, and the training of officers at the College of Deaf Welfare.

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 were two private old persons' homes on the register at the beginning of the year:—

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

28, Sedgcombe Avenue, Kenton.

and three disabled persons' homes:—

Residential Club for Blind Women,

32, The Avenue,

Brondesbury Park, N.W.6.

Residential Club for Blind Men,

63, Christchurch Avenue,

Brondesbury Park, N.W.6.

St. Nicholas Hostel for Deaf Youths,

11, Forty Lane,

Wembley.

On 12th September the London Transport (Retired Employees) Housing Association's Home for 30 old persons, at Forty Avenue, Wembley, was registered.

All these homes were 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 Council to remove to an Institution a person in need of care and attention; 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.

One case was removed under the above Act, viz. Mrs. J. N., aged 77 years. She was living in appalling conditions, suffering from myocardial degeneration and a severely ulcerated leg. She refused medical treatment. An application was made on the 29th June, 1966 to a Justice of the Peace for an Order for her removal. She was admitted to the Central Middlesex Hospital the same day for treatment, but unfortunately died on 7th July.

Several cases were investigated during the year but it was possible by the provision of additional services, such as Home Help, Home Nurse, and Meals-on-Wheels, to avoid the necessity of further action.

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 thirteen residents who were admitted to hospital where it was apparent that no other suitable arrangements were being made. In five 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 fifteen residents was in store in the annexe of 'Mardale' Residential Home.

Where a person who is incapable of managing his affairs has money, property, other assets or liabilities, it may be necessary to apply to the Court of Protection for the appointment of a Receiver. The Court may appoint the local authority or a relative or friend who is prepared to act. The proceeds of the estate can be used for extra comforts for the patient whilst in hospital. Proceedings were commenced for the Borough Treasurer to be appointed as agent under Receivership Orders in two cases.

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 29 persons during the year. Fourteen of these were residents of the Council's residential homes.

WELFARE SERVICES FOR THE ELDERLY IN THE COMMUNITY

Various services for elderly people in the community, broadly defined as the provision of meals and recreation in the home and elsewhere, are provided by the Council under the National Assistance Act 1948 (Amendment) Act, 1962.

Nine luncheon clubs have in recent years been established in various parts of the Borough. A tenth club, the second in the Wembley part of the Borough, was opened in October and on the three days per week this new club operates attendances very soon reached the 60 mark. Two-course meals, provided from school meals kitchens, are served at a charge of 1/3d. and 51,830 meals were served in the ten clubs in 1966.

The meals-on-wheels service continued to be operated in conjunction with the Women's Royal Voluntary Services, deliveries being made on two or three days per week. Increased requests for meals in the Wembley area necessitated another van being used for the service, making six in all on peak delivery days. Meals are prepared at Kensal Rise Senior Club Kitchen for the Willesden area, and by the school meals service for the Wembley area. 28,401 meals were delivered in 1966, at the same charge of 1/3d.

The amount of assistance which the school meals service can give is limited, and with the opening of further lunch clubs and the Council's desire to increase the number of deliveries of meals-on-wheels, the need has arisen to consider other sources of supply. This matter was under investigation at the end of the year.

Two full-time social centres for the elderly—Willesden Green and Kensal Rise Senior Clubs entered their sixth year of successful operation, the former adapted and the latter in purpose-built premises. Each Senior Club has an enrolled membership approaching 500, who pay a nominal membership fee of 1/- 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. Many of the social activities within the clubs, as well as seaside outings, theatre trips and visits to places of interest, are organised and financed by the members themselves through their House Committees. A third full-time club, the '49' Club, Church Road, Willesden, smaller but providing similar amenities, was taken over by the Council from Willesden Old Folks' Association in April. In the Wembley area, Council finance continued to support two further full-time centres with similar amenities, but for men only, at Barham Park and Kingsbury Veterans' Clubs, in premises provided by the Council.

Once again demands for assisted holidays increased in 1966. Arrangements were made for parties of pensioners to have two weeks' holiday at various South Coast resorts. Six hundred and two holidays were arranged at a charge of £4 all-in to each applicant and in addition 48 grants were made either for privately-arranged holidays for persons who for good reason could not participate in the group arrangements, or to persons going on group holidays organised by bodies other than the Council.

The Department also arranged with the Women's Holiday Fund, five summer holidays and twelve Christmas holidays for elderly ladies. A grant of £50 was made towards the cost of holidays for elderly Brent patients in Shenley Hospital.

For the elderly who can get about, more than 40 afternoon clubs operate in the Borough and the Department maintained contact with them, both to circulate information and to help and encourage where possible. During the winter months most of these clubs have monthly concerts provided by the Council through the Entertainments Department. In addition a series of variety matinees was promoted at the Town Hall, attended by several hundred pensioners, those from the more outlying areas being conveyed to the Town Hall by free coaches. Several clubs received grants from the Council to pay the rent of premises for meetings and to help with Christmas arrangements.

The sale of welfare foods at reduced prices was again extended during the year. Complan, Horlicks, Ovaltine, Bovril, Marmite and tea are sold at cost price and delivered regularly to 35 clubs, clinics and other outlets, sales amounted to almost £4,000.

In September, two outings were arranged into the country for just over 100 elderly housebound people, including a number confined to wheel-chairs. Special coaches, minibuses, cars provided by the Council, and a number of voluntary cars, conveyed the old people from and to their homes. Council transport also conveyed housebound persons to the two Senior Clubs on two afternoons per week throughout the year. Investigations were being made at the end of the year into providing transport to get non-mobile elderly to other clubs.

At Christmas, 2,155 food parcels were distributed to those over 70. This was a joint effort between the Council and the recently constituted Brent Christmas Comforts Fund for Old People, which received donations in cash and kind from the staffs of local industrial concerns, businessmen and private individuals. Partly with the help of a grant from the Council, some 550 parcels were also distributed in the Carlton and Kilburn Wards by the South Kilburn Old Folks Fund.

Once again, it was possible from the Harvest Festival offerings at local schools to distribute a substantial number of parcels of fresh produce and other foods to housebound old persons with the meals-on-wheels.

The Medical Officer continued to act as local representative for such charitable organisations as Wireless for the Bedridden Society and the Steiner Charity, which make free radio and television sets available to the bedridden and housebound, and for the National Society for Cancer Relief in the payment of weekly allowances to elderly patients.

Facilities for officers of the Department to be available at various centres for interviewing elderly people to help with a diversity of problems were maintained, and the Department's Social Workers concerned with old people's welfare continued their numerous visits to assess needs for the various services as well as to assist in many other ways particularly those old people at risk.

The Council has continued, through the London Boroughs Association and other representative bodies, to press for travel concessions for pensioners, which at present under the Public Service Vehicles (Travel Concessions) Act, 1955, and Travel Concessions Act, 1964, are restricted to municipally owned transport undertakings. The Minister of Transport has agreed to consult representatives of local authorities early in 1967 with a view to amending the existing legislation.

OLD PEOPLE'S CLINICS

The Geriatric Clinics continued weekly during the year. The Monday morning session at Neasden was well attended, whereas few cases came to the Mortimer Road session on Wednesday. It is gratifying to note that many active 80 to 90 year olds came by themselves to the Clinics, indeed 45 attendances were made by this age group and all but three were women. Much useful help and advice can be given at these Clinic sessions and more and more elderly people should make use of this free service. Letters are always sent to the patient's general practitioner after each session.

Forty-two sessions were held during 1966, 252 attendances were made and 25 new patients seen. The vast majority were women aged between 70 and 79 and rheumatism and allied conditions were the main cause of complaint.

In addition to the various problems discussed, the Medical Officer in attendance arranged the following:—

	No. of patients
Courses of chiropody	39
Visits by social workers	30
Courses of physiotherapy	18
Council aided holidays	12
Membership of Senior Clubs	4
Home help service	3
Home nursing service	1
Visit by mental welfare officer	1
Hospital visit	1
Admission to old person's home	1

VOLUNTARY SERVICES FOR THE AGED

The Women's Royal Voluntary Services continued to give invaluable help in the operation of the meals-on-wheels service and at two of the luncheon clubs. At the other luncheon clubs invaluable help was given by members of the League of Jewish Women and private individual helpers.

The Wembley and Willesden Divisions of the British Red Cross Society maintained their long-standing services among the elderly including chiropody, escorting, and the loan of wheel-chairs and nursing equipment.

The majority of afternoon clubs for the elderly in the Borough, which organise many activities for their members in addition to their regular meetings, are run by voluntary organisations such as the League of Jewish Women (Friendship Clubs for the Jewish elderly), The W.R.V.S. (Darby and Joan Clubs), the B.R.C.S. (Evergreen Clubs), the National Federation of Old Age Pensioners Associations, Community Associations, Churches and private groups. Much voluntary work was also done at the full-time Clubs.

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

The Brent Christmas Comforts Fund for Old People, a registered charity comprising the members of the Old People's Sub-Committee, received much voluntary assistance in raising funds.

To foster and encourage community interest in the welfare of the aged and to ensure that voluntary workers in this field are well informed, the Department was actively engaged towards the end of the year with preparations for two training courses for voluntary workers to take place early in 1967.

LAUNDRY SERVICE FOR THE INCONTINENT AGED

A laundry service for the incontinent elderly is administered by the Council. The articles are laundered at Neasden Hospital by arrangement with the Central Middlesex Group Hospital 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 1.1.66	New Cases	Died	Admitted to Hospital	Discontinued	On register 31.12.66
55	61	26	22	19	49

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 from the Willesden area of the Borough is discharged into the Greater London Council main sewers, and all that from the Wembley area together with a small amount from 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.

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
Willesden Sports Centre Swimming Pool	350,000	6½
Kingsbury Swimming Pool	464,000	4½
Vale Farm Swimming Pool	400,000	5

469 samples were taken, of which 1 was unsatisfactory.

Swimming bath	Samples taken	Unsatisfactory
Granville Road	263	1
Gladstone Park	76	—
Willesden Sports Centre	42	—
Kingsbury	45	—
Vale Farm	43	—

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)

Four Closing Orders and four Demolition Orders were made during the year.

SLUM CLEARANCE AND AREA REDEVELOPMENT

The Minister of Housing and Local Government confirmed, with certain modifications, the C.P.Os. Nos. 1 and 3 in the South Kilburn (Extended) Area which had been the subject of a Public Inquiry in November and December, 1965.

Certain property owners in Area No. 1 have served High Court writs on the Council with a view to quashing the confirmation of the Order. Slum clearance action in this area comprising 417 premises is held up pending the decision of the High Court.

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.

Seventy-nine notices under section 15, Housing Act, 1961, requiring the provision of additional amenities, and 60 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 prevalent.

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).

Applicants to the Council for mortgage for the purchase of a house, can submit a medical certificate or a certificate of overcrowding in support of the application. These certificates are assessed and information given to the Housing Advances Sub-Committee to assist this Committee in discriminating at the medical level.

HOUSING ON MEDICAL GROUNDS

Each medical certificate and all medical evidence provided in support of an application for rehousing, is submitted for assessment, and points may be granted up to a maximum of 5 in respect of a medical claim. The medical part of the evidence is carefully examined and, in order to achieve uniformity, the whole of these assessments are made by one individual officer. It is possible for the Medical Officer to recommend a separate bedroom if requisite and in case of exceptionally severe illness a recommendation may be made that the case is brought to the immediate attention of the Committee.

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

There was a considerable increase in the number of statutory notices served during the year, compared with 1965 (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.

WORK IN DEFAULT

The Department assumes responsibility for carrying out work when owners do not comply with the requirements of Statutory Notices served under the Housing, Public Health and various other Acts.

Two technical assistants were appointed and in January took over the work from the Borough Engineers Department.

CLEAN AIR

Two Smoke Control Areas became operational during the year. The No. 1 (Tokyngton) covering 505 acres with 3,929 dwellings and 414 commercial and other premises was confirmed by the Minister of Housing and Local Government on the 28th December, 1965 and came into operation on the 1st July, 1966. The No. 2 (Kilburn) covering 201 acres with 2,879 dwellings and 170 commercial and other premises was confirmed by the Minister on the 29th April, 1966 and came into operation on the 1st December, 1966.

The 20 Orders now in operation are shown in Table 34.

On the 5th October, 1966, the Council made the Brent No. 3 (Kingsbury) Smoke Control Order covering 460 acres with 4,292 dwellings and 108 commercial and other premises. This area will probably come into operation on the 1st August, 1967.

The programme approved by the Council involving ten more Smoke Control Areas will be completed in 1971 and the whole Borough will then be a Smoke Control Area.

The volumetric analysis of sulphur dioxide and measurement of smoke concentration has continued at six stations.

Forty-eight notifications of new boiler plant were received in accordance with the provisions of Section 3 of the Clean Air Act and the heights of new chimneys were determined in 27 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 35) 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 36 and 37).

For contraventions of the Food Hygiene (General) Regulations 1960 legal proceedings were authorised with the following results:—

Hawkers:

- (a) Eighteen contraventions: All proved—fined £19.10.0d. £6.0.0d. costs.
- (b) Fourteen contraventions: All proved—fined £40.0.0d. £15.15.0d. costs.
- (c) Six contraventions: All proved—fined £30.0.0d. £5.0.0d. costs.
- (d) Forty-six contraventions: All proved—fined £23.0.0d. £5.5.0d. costs.
- (e) One contravention: Proved—fined £5.0.0d.
- (f) Eighteen contraventions: All proved—fined £48.0.0d. £10.10.0d. costs.
- (g) Six contraventions: All proved—fined £18.0.0d. £10.10.0d. costs.
- (h) Fifty contraventions: All proved—fined £150.0.0d. £26.5.0d. costs.
(With six weeks imprisonment in default of payment, suspended whilst defendant paid £5.0.0d. per week)

Premises:

- (i) Sixteen contraventions: All proved—fined £32.0.0d. £10.10.0d. costs.
- (j) Summons withdrawn on change of ownership, improvement in conditions, and payment of £10.10.0d costs.
- (k) Summons not taken out following the voluntary closure of a cafe.

INSPECTION OF POULTRY

There is no slaughtering of poultry carried on in the Borough, but a survey carried out in the last quarter of the year showed that some nine thousand ready-plucked table-birds are eviscerated and dressed at one hundred and thirty shop premises every week, considerably more, of course, immediately before Christmas. Of close on half-a-million carcasses dressed per annum by far the greatest proportion are broilers, perhaps ten per cent. are turkeys (principally at Christmas and Easter) and one per cent. made up of culls, ducks and geese.

The number of visits made to premises in connection with poultry dressing was 196. Disease appears to be rare in the birds reaching the shops in this Borough and only 35 birds weighing 63 lbs. were condemned.

With the great number of birds being dressed at so many establishments, often at irregular times, it is not practicable to institute a system of poultry inspection to cover all carcasses and apart from spot-checks the Department relies on the butchers to retain carcasses of which they had any doubt for examination by the Inspectors. This co-operation was invited in a circular letter which included a note of the symptoms to be regarded as suspicious.

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 38.)

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 41.)

EDUCATION IN FOOD HYGIENE

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

FOOD UNFIT FOR HUMAN CONSUMPTION

Eleven cwt. 57 lbs. 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 closed during the 1939-45 War and re-opened in 1952. Particulars of inspections, carcasses inspected and condemned are shown in Table 39.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There is no plant engaged in the pasteurisation of liquid egg in the Borough, but local use of this product is high owing to the presence of a large biscuit and cake manufacturer. In fifteen bakeries, large and small, the annual consumption is some fifteen hundred tons, of which only two tons are imported.

Twenty-four samples submitted to the Alpha-Amylase test were found to be satisfactory, and inspections of confectionery bakehouses revealed no use of bulk egg from unauthorised sources.

CONTAMINATED FOOD

Sixty-one complaints about contaminated food were made to the Department. They referred to dirt in bottles of milk (9); foreign objects in canned goods (9), in bread (8), in sweets (3), in biscuits (2), in bacon (2), in soft drinks (2), in sausages (2), in cheese, yoghurt, butter, fruit pie, honey, and medicine; mould growth in bread (9), pies (2), canned goods (2), and in chocolate rolls, apple strudel, sausages, cheese, and yoghurt.

A further eighteen complaints were of food alleged to be unsound for some other reason, and six other complaints were considered to be not justified.

Of the seventy-nine cases, in only forty-five was the evidence sufficient to warrant formal action, and of these, two were referred to other authorities. The Council resolved to send warning letters to thirty-six vendors or manufacturers, to prosecute in four instances and to take no action in the remaining three cases. Proceedings were frustrated in one case by the disappearance of the complainant, two had not been heard by the end of the year, the results of the other case, and of three held over from 1965 were:—

(a) Broken glass in medicine—absolute discharge	£10 10s. 0d.	costs
(b) Dirty bottle of milk—fined £5 0s. 0d.	£3 3s. 0d.	costs
(c) Dirty bottle of milk—fined £25 0s. 0d.	£10 10s. 0d.	costs
(d) Fly in soft drink—fined £25 0s. 0d.	£5 0s. 0d.	costs

SAMPLING OF FOOD AND DRUGS

Composition of Food.

The Council became a food and drugs authority on 1st April, 1965 and by the provision 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.

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 misdirection 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, carry an indication of their origin in a and first warning given in 158 instances.

Of 979 samples taken, 358 were submitted to the Public Health Laboratory for bacteriological examination, 585 to the Public Analyst (49 taken formally) and 36 were examined in the Department. (Table 40.)

Of the 31 adverse reports, 7 related to the presence of foreign matter, and 3 to preservatives. In 5 instances there was some inadequacy in the labelling and in the remainder a questionable description had been applied to the food. In only two cases was it thought appropriate to prosecute and these resulted in fines of £5 0s. 0d. and £10 10s. 0d. costs in both instances.

MILK AND DAIRIES REGULATIONS

The Borough is a specified area in which it is permissible only to sell milk to which a special designation is applied, i.e. Pasteurised, Sterilised, Ultra-heat treated or Untreated. 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 (Kedassia) milk is less than 12 pints per day.

Only one pasteurising/bottling plant is in operation in the district, but there are 242 persons registered as distributors, all being licensed as dealers in pre-packed milk to which the special designations apply.

Samples of milk were submitted for bacteriological examination and compositional analysis, with the results shown in Tables 40 and 41, and tests were also made to check the efficiency of the bottle-washing machines at the one processing dairy. (Table 41.)

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 Council Council Act 1950).

Eighty-seven hawkers are on the current register (37 selling fruit and vegetables, 22 mobile canteens and hot dog vendors, 17 selling ice-cream, 5 fish, 1 cooked poultry, 2 groceries, 1 fish and chips, 1 bread and confectionery, and 1 selling milk drinks). Ten were newly registered during the year, but the Council refused registration in one case without an appeal being made against the decision.

Some hawkers are also licensed street traders at fixed sites, but the majority are itinerant, many appearing in the Borough only when events of national, or indeed international, importance take place at Wembley Stadium. At such times there is also an influx of unregistered hawkers and reference has already been made to prosecutions for lapses in food hygiene in this connection. In addition, seven hawkers were prosecuted for trading whilst not being registered. Sixteen summonses were found proved on this count and resulted in the imposition of fines totalling £29 0s. 0d. with £13 0s. 6d. costs awarded to the Council.

PUBLIC HEALTH LABORATORY SERVICE (Table 41)

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, containers, 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 were five unsatisfactory samples of milk. Untreated milk from the offending source is no longer on sale. The inadequate cleaning of ice-cream churns revealed by bacteriological examination has been the subject of improvement.

One sample of water from swimming baths was found to be unsatisfactory and revealed a temporary fault in the plant. Subsequent samples were 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 42 and 43.

BASEMENT BAKEHOUSES

There are no basement bakehouses in the Borough.

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. 172 were employed during the year, the largest number (123) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory. (Table 44.)

NOISE NUISANCE

The Borough Council deals with noise nuisances under the Noise Abatement Act, 1960, which repealed the noise nuisances section of the Middlesex County Council Act 1944. It provides that noise and vibration which are nuisances are offences under the Act.

Public Health Inspectors have made 946 day and 16 night observations to determine whether complaints of noise nuisance were justified or not. 173 complaints were received during the year of which 58 were in respect of noise from industrial premises, 61 in respect of commercial premises and 54 domestic. 179 complaints (including 8 outstanding at the end of 1965) were abated and 2 were still being dealt with at the end of the year.

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 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 remaking of an article, and consequently the standards of quality and cleanliness do not apply to articles being repaired.

There are seven premises on the register.

Four samples of filling materials were taken and submitted to the Analyst, and all were found to be satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Act virtually came into 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 45.

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 where provided in a shop; 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; construction and maintenance of floors, passages and stairs; and information for employees.

Public Health Inspectors are broadly speaking responsible for enforcing the general provisions of the Act in offices, food shops, wholesale premises, warehouses, catering establishments open to the public, and canteens in the Borough. The remainder of premises for which the Council is responsible are inspected by the Shops Inspectors. The total number of general inspections made is shown in Table 46 and the defects found and remedied in Table 47.

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. No applications for exemption from the requirements was made during the past year.

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. 58 non-fatal accidents were notified; an analysis of their causation and injuries sustained is shown in Table 48. Each accident is 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 Regulation. 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, 5 new licences were granted and 40 were renewed. All the applicants are suitable persons to hold licences and their premises were found to be 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	.....	305
Borough Council Properties	.....	78
Private Dwellings	.....	2,155
Total	.....	2,538

The cost of disinfestation of business premises amounted to £1,032 5 9d., and was recovered from the occupiers. The service is free to occupiers of private dwellings.

In 1965, 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. These contracts had lapsed by the end of May, 1966.

Rodent Control in the Council's sewers is carried out by the Borough Engineer and Surveyor's Department. Where surface rat infestation is due to faults in the connections of the house drains with the sewer, the Borough Engineer and Surveyor's Department arranges for the pavement to be opened. Arising from complaints of rat infestation, 142 drains were subject to smoke test and in 54 cases notices were served requiring defects to be remedied.

The Council made 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 49)

DISINFESTATION

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 disinfect rooms, and collect and deliver the clothing and bedding.

PUBLIC MORTUARY

The 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.

A Mortuary Superintendent and full-time attendant are employed.

TABLES

TABLE 1

DEATHS

CAUSES :

	Males	Females	Total
1. Tuberculosis (respiratory)	4	1	5
2. Tuberculosis (other)	1	3	4
3. Syphilitic disease	1	1	2
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	2	1	3
10. Malignant neoplasm, stomach	38	29	67
11. Malignant neoplasm, lung bronchus	145	42	187
12. Malignant neoplasm, breast	1	59	60
13. Malignant neoplasm, uterus	—	13	13
14. Other malignant and lymphatic neoplasms	151	135	286
15. Leukaemia, aleukaemia	11	6	17
16. Diabetes	8	15	23
17. Vascular lesions of nervous system	142	210	352
18. Coronary disease, angina	384	277	661
19. Hypertension, with heart disease	15	23	38
20. Other heart disease	92	109	201
21. Other circulatory disease	70	97	167
22. Influenza	4	6	10
23. Pneumonia	83	84	167
24. Bronchitis	119	45	164
25. Other diseases of respiratory system	19	27	46
26. Ulcer of stomach and duodenum	16	10	26
27. Gastritis, enteritis and diarrhoea	10	14	24
28. Nephritis and nephrosis	8	3	11
29. Hyperplasia of prostate	9	—	9
30. Pregnancy, childbirth, abortion	-	3	3
31. Congenital malformations	17	16	33
32. Other defined and ill-defined diseases	116	135	251
33. Motor vehicle accidents	27	18	45
34. All other accidents	29	27	56
35. Suicide	16	6	22
36. Homicide and operations of war	1	1	2
TOTAL	1,539	1,416	2,955

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	1,067	3.6
Malignant neoplasms	613	2.1
Vascular lesions of nervous system	352	1.2
Respiratory diseases (influenza, pneumonia, bronchitis, etc.)	387	1.3
Violent deaths (motor vehicle accidents, other accidents, suicides and homicide)	125	0.4
All other cases	411	1.4
TOTALS:	2,955	10.0

TABLE 3

INFANT MORTALITY:—BY WARDS

Ward	Number of deaths	Rate
Queensbury	3	24.6
Kingsbury	5	22.5
Kenton	1	5.7
Sudbury	5	23.6
Preston	3	15.1
Chalkhill	1	4.7
Barham	11	37.9
Tokyington	2	8.1
Alpertown	11	41.2
Brentwater	1	6.1
Church End	7	37.4
Gladstone	—	Nil
Cricklewood	6	27.0
Willesden Green	9	26.8
Mapesbury	9	28.4
St. Raphael's	3	16.5
Roundwood	8	27.2
Brondesbury Park	10	40.5
Stonebridge	4	13.2
Manor	6	19.4
Chamberlayne	1	5.5
Harlesden	1	3.5
Kensal Rise	5	13.6
Queens Park	1	3.9
Kilburn	7	18.2
Carlton	3	12.6
	123	19.3

TABLE 4

INFANT MORTALITY—CAUSES

	Neo-Natal	1—12 Months	Total	Rate
Respiratory	8	20	28	4.5
Diarrhoea and Enteritis	1	1	2	.3
Other infections	2	—	2	.3
Congenital malformations	14	8	22	3.4
Prematurity	43	1	44	6.9
Injury at birth	7	—	7	1.1
Other causes	15	3	18	2.8
All causes	90	33	123	19.3

TABLE 5

INFECTIOUS DISEASES

	1966 (1965 in brackets)			
	Notified		Confirmed	
Diphtheria	—	(—)	—	(—)
Dysentery	102	(104)	83	(86)
Erysipelas	15	(11)	15	(11)
Encephalitis, acute Infective	1	(—)	1	(—)
Food poisoning	38	(39)	21	(39)
Malaria	1	(—)	—	(—)
Measles	1,985	(3,166)	1,985	(3,162)
Meningococcal infection	2	(3)	2	(2)
Ophthalmia neonatorum	3	(4)	3	(4)
Paratyphoid fever	1	(1)	1	(1)
Pneumonia	54	(65)	54	(65)
Poliomyelitis and polio-encephalitis	1	(—)	1	(—)
Puerperal pyrexia	114	(87)	114	(87)
Scarlet fever	136	(94)	135	(94)
Smallpox	—	(—)	—	(—)
Typhoid fever	2	(—)	2	(—)
Whooping cough	77	(71)	77	(71)

TABLE 6

PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined	311	1,160
Number required treatment	285	655
Number of new cases commenced treatment	283	646
Dentally fit	174	442
Extractions	173	389
Fillings	705	1,553
Scaling and gum treatment	136	—
Silver nitrate dressings	—	371
Dentures	21	—
Number of attendances	1,023	1,855

TABLE 7

DAY NURSERIES: ATTENDANCES

Nursery	Approved places		Children on register at 31.12.66		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	26	30	5,715	5,586	44
Evefield	25	25	3	21	2,155	5,776	31
Gladstone Park	25	25	13	15	4,435	4,609	36
Kilburn	25	25	19	31	4,351	6,134	41
Longstone Avenue	25	25	23	28	5,062	5,435	41
Mortimer Road	25	25	22	24	5,592	5,939	45
Princes Avenue	25	25	7	27	3,434	7,089	41
Vale Farm	25	25	31	24	6,768	5,327	48
Villiers Road	25	25	14	31	3,514	6,781	41
Wesley Road	15	25	14	26	2,577	5,756	33
William Dunbar	25	25	28	26	5,695	5,585	44
TOTALS:	265	275	200	283	49,298	64,017	445

TABLE 8

DAY NURSERIES: WAITING LIST

Nursery	1.1.66	31.12.66
Essex Road	19	9
Evefield	6	15
Gladstone Park	51	63
Kilburn	30	32
Longstone Avenue	31	29
Mortimer Road	77	63
Princes Avenue	4	23
Vale Farm	33	24
Villiers Road	41	44
Wesley Road	45	14
William Dunbar	34	23
TOTALS:	371	339

TABLE 9

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

Total number of beds	12
Total number of cots	12
Average length of stay—ante-natal	4 weeks 6 days
Average length of stay—post-natal	5 weeks
Total number of women admitted during the year (excluding re-admissions after confinement)	98
Number of admissions for which Council accepted financial responsibility	51
Number of cases sent during year to mother and baby homes other than "Belle Vue":—	
Expectant mother	113
Post-natal cases	

CONGENITAL MALFORMATIONS

TABLE 10

SUMMARY OF NOTIFICATIONS

(i)	Number of notifications received during year	90
(ii)	Number of live births included in (i) above	80
(iii)	Number of stillbirths included in (i) above	10
(iv)	Total number of malformations notified as apparent at birth	74
(v)	Number of children with multiple abnormalities	9

TABLE 11

ANALYSIS OF MALFORMATIONS NOTIFIED

Code No.	Classification	Number of cases	Code No.	Classification	Number of cases
0	Central Nervous System		6	Limbs	
·1	Anencephalus	6	·3	Polydactyly	8
·4	Hydrocephalus	5	·4	Syndactyly	6
·8	Spina bifida	6	·5	Dislocation of Hip	3
·9	Other defects of spinal cord	1	·6	Talipes	18
1	Eye, ear		·7	Defects of right arm	1
·9	Other defects of ear	1	·8	Other defects of lower arm	1
2	Alimentary system		·1	Defects of lower limbs NOS	3
·1	Cleft lip	4	7	Other skeletal	
·2	Cleft palate	3	·1	Defects of face	1
·4	Oesophageal atresia	2	·3	Defects of spine	2
3	Heart and Great Vessels		·0	Other defects of skeletal NOS	2
·9	Cardiac lesion	1	8	Other systems	
5	Uro-genital system		·9	Exomphalos	3
·6	Hypospadias	6	9	Other malformations	
·7	Other defects	1	·7	Other chromosomal syndromes	1
·0	Defects of uro-genital system NOS	4			

TABLE 12

MIDWIFERY SERVICE

Deliveries attended: —	
Doctor not booked, doctor present	13
Doctor not booked, doctor not present	42
Doctor booked, doctor present	209
Doctor booked, doctor not present	319
Number of home booked cases transferred to hospital before confinement	122
Cases in which analgesia was administered: —	
Gas and air	16
Trilene	372
Pethilorfan	271
Number of times Emergency Transfusion Service used	16
Visits paid: —	
Ante-natal	6,005
During labour	1,078
Nursing domiciliary confinements	8,860
Nursing institutional discharges	1,788
Clinic Sessions Attended: —	
Ante-natal	603
General practitioners' clinics	20
Relaxation	37
Mothercraft	33
Number of cases in which medical aid was called by midwife	121

TABLE 13

CHIROPODY SERVICE

Number of persons treated during the year.

	By Local Authority	By Voluntary Organisations	Total
Elderly Persons	1,389	1,251	2,640
Expectant and Nursing Mothers	58	—	58
Children under 5	14	—	14
Others	78	—	78
Total	1,539	1,251	2,790

Number of treatments given during the year.

	By Local Authority	By Voluntary Organisations	Total
In Clinics	8,300	1,132	9,432
In patients' homes	2,882	655	3,537
In old people's homes	447	—	447
In chiropodists' surgeries	4,266	1,495	5,761
Total	15,895	3,282*	19,177

Number of local authority clinic sessions—1,760.

*1,550 of these treatments were given by the Willesden Old Folks' Association (up to 31.3.66) and 1,732 by the British Red Cross Society.

TABLE 14

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 (—)	— (—)	— (—)	— (—)
1 to 4	1 (—)	1 (—)	1 (—)	— (—)
5 to 9	1 (—)	3 (—)	— (—)	— (—)
10 to 14	— (—)	— (—)	— (—)	— (—)
15 to 19	— (—)	— (—)	1 (—)	— (—)
20 to 24	6 (—)	3 (—)	1 (—)	2 (—)
25 to 34	11 (—)	4 (—)	6 (—)	3 (—)
35 to 44	7 (—)	5 (—)	6 (1)	6 (1)
45 to 54	6 (1)	3 (—)	1 (—)	4 (—)
55 to 64	12 (1)	1 (1)	1 (—)	— (2)
65 and upwards	7 (2)	3 (—)	1 (—)	3 (—)
Totals:	52 (4)	23 (1)	18 (1)	18 (3)

TABLE 15

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	—	—	—	—	1,179	828
(b) Persons who were given X-ray examination only	—	—	—	—	2,092	1,673
Number of persons found to be tuberculous during the year, including new contacts shown below	105	58	11	15	116	73
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination —	—	—	—	—	277	249
(b) Contacts who were given X-ray examination only	—	—	—	—	382	361
Number found to be tuberculous	7	4	—	—	7	4
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	220	157

TABLE 16
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
1965	294,850	107	27	134	7	3	10	2,169	354	2,523
1966	294,450	75	36	111	5	4	9	2,221	390	2,611

TABLE 17
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
1965	294,850	36	9	45	2	1	3
1966	294,450	25	12	37	2	1	3

TABLE 18

MENTAL HEALTH

Patients under Local Authority care at 31st December, 1966.

	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, 1966	—	—	196	283	479	106	66	176	171	519
2 Attending training centre	—	—	4	3	7	67	38	48	56	209*
3 Awaiting entry thereto	—	—	—	1	1	19	10	8	4	41
4 Receiving home training	—	—	—	—	—	—	—	—	—	—
5 Awaiting home training	—	—	—	—	—	—	—	—	—	—
6 Resident in L.A. home/hostel	—	—	4	9	13	—	—	—	1	1
7 Awaiting residence in L.A. home/hostel	—	—	—	2	2	—	—	—	—	—
8 Resident at L.A. expense in other homes/hostels	—	—	3	3	6	5	5	1	6	17
9 Resident at L.A. expense by boarding out in private household	—	—	—	3	3	8	2	5	4	19
10 Attending day hospitals	—	—	—	—	—	—	—	—	—	—
11 Receiving home visits and not included in lines 2—10	—	—	193	272	465	10	11	115	103	239
No. of patients in L.A. area on waiting list for admission to hospital at 31.12.66	—	—	—	—	—	—	—	—	—	—
In urgent need of hospital care	—	—	—	—	—	21	10	—	7	38
Not in urgent need of hospital care	—	—	—	—	—	2	4	2	3	11
No. of admissions for temporary residential care (e.g. to relieve the family) during 1966 to N.H.S. Hospitals	—	—	—	—	—	27	10	1	5	43
Elsewhere	—	—	—	—	—	—	2	1	3	6

* Includes patients attending centres administered by other local authorities.

TABLE 19

Number of patients referred during year ended 31st December, 1966.

	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	3	1	114	273	391	—	—	—	—	—
Hospitals, on discharge from in-patient treatment	—	—	35	76	111	1	—	1	—	2
Hospitals, after or during out-patient or day treatment	—	—	45	95	140	4	5	1	—	10
Local education authorities	—	—	—	—	—	9	3	7	3	22
Police and courts	—	—	33	27	60	—	—	—	—	—
Other sources	—	—	97	203	300	13	10	1	1	25
Total	3	1	324	674	1,002	27	18	10	4	59

TABLE 20

Work of Mental Welfare Officers and Mental Health Social Workers.

(a) Mental Illness:	
Visits made by mental welfare officers	3,384
Compulsory admissions to psychiatric hospitals by mental welfare officers	196
Informal admissions to psychiatric hospitals by mental welfare officers	258
(b) Mental sub-normality:	
Visits to those under Council's community care by mental welfare officers and mental health social workers	1,024

WELFARE OF THE BLIND

TABLE 21

CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUPS

Age Group	No.
Under 5	4
5—15	10
16—20	10
21—29	13
30—39	21
40—49	45
50—59	80
60—64	45
65—69	59
70—79	119
80—84	48
85—89	57
90 and over	36
Total	547

TABLE 22

AGE AT ONSET OF BLINDNESS

Age Group	No.
Birth	69
1 — 15	53
16 — 20	21
21 — 29	21
30 — 39	30
40 — 49	42
50 — 59	56
60 — 64	44
65 — 69	41
70 — 79	93
80 — 84	35
85 — 89	19
90 and over	5
Unknown	18
Total	547

TABLE 23

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	3
Business Manager	1
Typists, Shorthand Typists	7
Braille Copyist	1
Braille Proof Reader	1
Clerical Worker	1
Telephone Operators	13
Shop Managers	2
Machine Tool Operators	2
Fitters and Assemblers	9
Packers	5
Storekeepers	3
Knitters (machine)	11
Mattress Makers	7
Basket Makers	11
Chair Seaters	4
Brush Maker	1
Piano Tuners	9
Craftsmen and Production Process Workers	13
Labourers	4
Domestic/Canteen Workers, Cleaners	9
Miscellaneous Workers	8
Total	129

WELFARE OF THE HANDICAPPED

TABLE 24
REGISTRATIONS

Age	Sex	Number of persons on register at 31st December, 1966					Number of persons whose names were added to the register during the year ended 31st December, 1966				
		Deaf with speech	Deaf without speech	Hard of hearing	General Classes	Total	Deaf with speech	Deaf without speech	Hard of hearing	General Classes	Total
Under 16	M	—	1	—	4	5	—	1	—	3	4
	F	—	—	—	3	3	—	—	—	1	1
16—29	M	2	30	1	19	52	2	6	1	2	11
	F	4	9	2	15	30	1	—	2	1	4
30—49	M	5	17	—	57	79	—	2	—	4	6
	F	2	18	1	50	71	—	3	1	14	18
50—64	M	3	7	1	100	111	—	1	—	25	26
	F	4	9	6	142	161	1	—	6	26	33
65 or over	M	2	6	6	102	116	—	1	5	37	43
	F	9	4	10	251	274	1	3	7	73	84
Total		31	101	27	743	902	5	17	22	186	230

TABLE 25

GENERAL CLASSES—ANALYSIS OF DISABILITIES

Disability	Age					Total
	Under 16	16-29	30-49	50-64	65 and over	
Amputations	—	—	5	12	21	38
Arthritis and rheumatism	—	1	6	62	185	254
Congenital malformations and deformities	—	—	2	3	1	6
Diseases of digestive and genito-urinary systems	—	—	1	3	3	7
Diseases of the heart or circulatory systems	—	1	1	24	46	68
Diseases of the respiratory system (other than tuberculosis)	1	1	3	18	26	49
Diseases of the skin	—	—	1	—	—	1
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk	—	—	2	1	1	4
Injuries or diseases (other than tuberculosis) of the upper and lower limbs, and of the spine	1	1	7	12	33	54
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis	8	34	72	122	87	323
Neuroses, psychoses and other nervous and mental disorders	—	—	1	2	4	7
Tuberculosis (respiratory)	—	—	—	1	—	1
Tuberculosis (non-respiratory)	—	—	1	2	1	4
Diseases and injuries not specified above	—	1	5	9	8	23
Total	10	39	107	271	412	839*

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

TABLE 26

GENERAL CLASSES—OCCUPATIONAL GROUPING

Groups	Age					Total
	Under 16	16-29	30-49	50-64	65 and over	
(a) Handicapped persons (other than children) who though possibly needing training for some new occupations are capable of work under ordinary industrial conditions	—	8	20	27	1	56
(b) Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions but who are mobile and capable of work in sheltered workshops	—	2	2	4	—	8
(c) Handicapped persons (other than children) who are incapable of work under ordinary industrial conditions and who are insufficiently mobile for work in sheltered workshops but who are capable of work at home	—	1	2	2	—	5
(d) Handicapped persons (other than children) who are incapable of, or not available for work	—	23	83	209	352	667
(e) Handicapped persons who are children under the age of 16 years and whose needs are likely to be met under other enactments but for whom the local authority have a general responsibility under Section 29 of the Act	7	—	—	—	—	7
Total	7	34	107	242	353	743

**Actual number of persons employed within these categories.

SANITARY INSPECTION OF THE AREA

TABLE 27

INSPECTIONS AND VISITS BY PUBLIC HEALTH INSPECTORS

Public Health Act

Dwellings—inspected	2,458
Dwellings—re-inspected	6,499
Visits re accumulations	1,210
Visits re Vermin	267
Visits re improper keeping of animals	94
Other nuisances including rats	4,194
Other Visits	1,122

Housing Acts

House-to-house—inspections	83
House-to-house—re-inspections	515
Individual houses—inspected	107
Individual houses—re-inspected	331
Houses in multiple occ.—inspected	292
Houses in multiple occ.—re-inspected	1,536
Basement rooms inspected	41
Overcrowding visits	135
Imp. and standard grant inspections	160
Houses inspected—special surveys	100
Other Visits	935

Rent Act

Dwellings—inspected	32
Dwellings—re-inspected	36
Other Visits	21

Factories Act

Power factories—inspected	1,592
Power factories—re-inspected	255
Non-power factories—inspected	102
Non-power factories—re-inspected	26
Outworkers' rooms inspected	161
Other visits—building sites	
Basement bakehouses, etc.	14

Food and Drugs Act

Premises—inspected	4,924
Premises—re-inspected	1,417
Visits re unsound food	53
Visits re contaminated food	173
Formal and informal sampling	930
Visits re labelling of food	227
Visits re Merchandise Marks Act	722

Clean Air Act

Boiler plant inspected	417
Premises inspected in SCAs.	9,691
Other visits in SCAs.	30
Visits re nuisance from smoke, etc.	460
Smoke observations	1,005

Offices and Shops Act

General inspection—office	845
General inspection—retail shop	636
General inspection—wholesale/warehouse	79
General inspection—catering establishment	107
General inspection—fuel storage depot	33
Re-inspections	517
Other Visits	157

Infectious Disease

Cases investigated	373
Contacts followed up	386
Food poisoning enquiries	63
Other visits	208

Miscellaneous

Aged persons	40
Attendance at Court or Inquiries	150
Drainage inspections	1,758
Massage, etc. establishments inspected	62
Noise nuisance investigations	962
Places of entertainment inspected	49
Rag, flock, etc. premises inspected	6
Unsuccessful visits	6,915
All other visits	1,603
Food Hawkers	364

TABLE 28

DEMOLITION AND CLOSING ORDERS

HOUSING ACT, 1957 (SECTIONS 17 and 18)

Demolition Orders, section 17, Housing Act, 1957.

28, Meyrick Road
30, Meyrick Road
184, Villiers Road
142, Watford Road

Closing Orders, section 18, Housing Act, 1957.

2, Chevening Road (basement front room)
30, Chevening Road (basement)
32, Chevening Road (basement front room)
40, Chevening Road (basement front (cellar) room)

TABLE 29

OVERCROWDING

(a) Dwellings overcrowded at the end of the year	1,344
(b) Overcrowding relieved during the year	103
(c) Dwelling houses which have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	not known
(d) (i) Council houses found to be overcrowded at end of year	34
(ii) Families	34
(iii) Persons	290
(e) Section 80, Housing Act, 1957—licences issued	Nil

TABLE 30

NEW DWELLINGS, 1965

	Houses	Flats
Dwellings built by private builders (excluding those built by the police authorities)	28	209
Built by local authority		337
Applicants on Council's waiting list at 31.12.66		9,308

TABLE 31

NOTICES SERVED

(including Housing Survey)

Intimation notices served	515
Intimation notices complied with	508
Statutory notices served (Public Health Act, 1936)	1,376
Statutory notices complied with (Public Health Act, 1936)	1,371
Statutory notices served (Public Health Act, 1961)	97
Statutory notices complied with (Public Health Act, 1961)	114
Statutory notices served (Shops Act, 1950)	—
Statutory notices complied with (Shops Act, 1950)	—
Statutory notices served (Prevention of Damage by Pests Act, 1949)	32
Statutory notices complied with (Prevention of Damage by Pests Act, 1949)	27
Statutory notices served (Middlesex County Council Act, 1956)	11
Statutory notices complied with (Middlesex County Council Act, 1956)	13
Statutory notices served Housing Act, 1957 (Section 9)	27
Statutory notices complied with Housing Act, 1957 (Section 9)	57
Statutory notices served Housing Act, 1961 (Section 15)	79
Statutory notices complied with Housing Act, 1961 (Section 15)	138
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93)	239
Referred for work to be carried out in default of owners	274

TABLE 32

NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwelling Houses, Water Supply and Service

New cisterns provided	5
Cisterns repaired/renewed	52
Cisterns cleansed/covered	7
Draw taps placed on mains	—
Water supply re-instated	15

Drainage and Sewerage

W.C.'s—pans and traps renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	22
W.C.'s—cleansed/repared	.....	.....	.....	.....	.....	.....	.....	.....	.....	120
W.C.'s—add. accom. provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
W.C.'s—ventilation improved	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Drains—reconstructed	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Drains—examined, tested, exposed	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Drains—cleared, repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	116
Soil pipes or vent shafts repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	49
New soil pipes or vent shafts fixed	.....	.....	.....	.....	.....	.....	.....	.....	.....	19
Disconnecting traps or chambers inserted	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
New manhole covers	.....	.....	.....	.....	.....	.....	.....	.....	.....	9

Other Defects

Brickwork repaired/repointed	.....	.....	.....	.....	.....	.....	.....	.....	.....	206
Dampness remedied—D.P. course	.....	.....	.....	.....	.....	.....	.....	.....	.....	220
Dampness remedied—others	.....	.....	.....	.....	.....	.....	.....	.....	.....	209
Exterior paintwork repainted	.....	.....	.....	.....	.....	.....	.....	.....	.....	32
Fireplaces/ranges repaired or renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Flooring and other woodwork rep./ren.	.....	.....	.....	.....	.....	.....	.....	.....	.....	318
Floor (solid) repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	16
Floors—add. vent. provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Food stores—ventilation provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	62
Gutters, R.W.Ps., waste pipes repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	431
Overcrowding abated	.....	.....	.....	.....	.....	.....	.....	.....	.....	28
Plastering repaired/renewed (rooms)	.....	.....	.....	.....	.....	.....	.....	.....	.....	354
Refuse accumulations removed	.....	.....	.....	.....	.....	.....	.....	.....	.....	67
Roofs repaired/renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	465
Sinks—additional provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
Sinks—repaired/renewed	.....	.....	.....	.....	.....	.....	.....	.....	.....	7
Flues repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Staircases, passages—cleansed	.....	.....	.....	.....	.....	.....	.....	.....	.....	11
Staircases, passages—repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	17
Walls and ceilings—cleansed	.....	.....	.....	.....	.....	.....	.....	.....	.....	104
Walls and ceilings—repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	271
Windows repaired	.....	.....	.....	.....	.....	.....	.....	.....	.....	560
Other defects	.....	.....	.....	.....	.....	.....	.....	.....	.....	238

Courts, Forecourts, Yards

Nuisances abated	.....	.....	.....	.....	.....	.....	.....	.....	.....	23
Paving repaired/relaid	.....	.....	.....	.....	.....	.....	.....	.....	.....	30
Accumulations removed	.....	.....	.....	.....	.....	.....	.....	.....	.....	121

Verminous Articles and Premises

Premises disinfested	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Articles disinfested/destroyed	.....	.....	.....	.....	.....	.....	.....	.....	.....	—

Animals

Nuisances abated	8
------------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	---

Offices and Shops

Ventilation—provided and/or maintained	.....	.....	.....	.....	.....	.....	.....	.....	.....	5
Temperature—reasonable prov./maintained	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
W.C.'s—cleansed/repared	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
W.C.'s—add. acc. provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Lighting—suitable and sufficient provided	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Other nuisances abated	.....	.....	.....	.....	.....	.....	.....	.....	.....	44

Miscellaneous

Nuisances abated	.....	.....	.....	.....	.....	.....	.....	.....	.....	13
Smoke nuisances abated	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Hot water provided in dwelling house	.....	.....	.....	.....	.....	.....	.....	.....	.....	47
Cookers	..	..	..	..	.....	.....	.....	.....	.....	7
Baths	..	..	..	..	.....	.....	.....	.....	.....	11
Food store	..	..	..	..	.....	.....	.....	.....	.....	38
Cold water	..	..	..	..	.....	.....	.....	.....	.....	13

TABLE 33

RENT ACT, 1957

CERTIFICATES OF DISREPAIR

Applications (Form I) received and investigated	9
Agreed and proposal to issue Certificate of Disrepair (Form J) served	6
Refused	3
Undertakings (Form K) received from landlords	4
Accepted	4
Refused	Nil
Certificate of Disrepair (Form L) issued	2
Applications received for cancellation of Certificates of Disrepair (Form M)	3
Granted	2
Refused	1

TABLE 34

CLEAN AIR

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
Brent No. 1	1. 7.66	505	3,929	414
Brent No. 2	1.12.66	201	2,879	170
Total	—	5,297.3	45,424	3,061

TABLE 35

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	69	69	69	69
Dairy	10	10	10	10
Butcher	178	178	178	178
Grocer and General Store	397	397	397	397
Fishmonger and Fish Fryer	68	68	68	68
Cafe and Restaurant	225	225	225	225
Greengrocer and Fruiterer	189	189	189	189
Ice Cream and Sweet Shop	343	343	191	191
Food Stall	86	—	—	—
Public House	74	74	74	74
Works Canteen	158	158	158	158
School Canteen	70	70	70	70
Food Factory	16	16	16	16
Other Food Premises	106	106	76	76
Totals	2,016	1,930	1,748	1,748

INSPECTIONS AND REVISITS

Inspections:	4,924
Revisits:	1,417
Total:	6,341

TABLE 36

Premises unsatisfactory on 31.12.65	235
Unsatisfactory during the year	559
Premises made satisfactory during year	495
Unsatisfactory 31.12.66	299

TABLE 37

FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.65	Found during the year	Total	Remedied during year	Outstanding at 31.12.66
1. Inadequate lighting and ventilation	3	27	30	23	7
2. Inadequate washing facilities	48	133	181	102	79
3. Inadequate refuse storage	31	80	111	79	32
4. Unsatisfactory or insufficient sanitary accommodation	56	114	170	110	60
5. Inadequate storage accommodation	53	24	77	30	47
6. Defective walls, ceilings or floors	109	119	228	119	109
7. Dirty walls, ceilings or floors	233	101	334	188	146
8. Inadequate first aid materials	33	68	101	67	34
9. Unsatisfactory conditions	11	15	26	13	13
10. Any other defects	26	311	337	298	39
Totals	603	992	1,595	1,029	566

TABLE 38

FOOD PREMISES: REGISTRATION

	Premises on register 31.12.65	Applications received	Applications granted	Applications refused	Premises removed from register during 1966	Total on register at 31.12.66
(1) Sale and storage of ice cream	568	18	18	—	—	586
(2) Manufacture of ice cream	10	—	—	—	—	10
(3) Manufacture of preserved food	217	6	6	—	—	223
(4) Fish curing	1	—	—	—	—	1

TABLE 39

SLAUGHTERHOUSE

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	72	—	—	302	4
Number inspected	72	—	—	302	4
All diseases except tuberculosis and cysticerci: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	8	—	—	7	—
Percentage of the number inspected affected with disease other than tuberculosis and cysti- ceri	11.1	—	—	2.3	—
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 40
SAMPLING OF FOOD AND DRUGS

Articles	Total procured	Unsatisfactory
Milk (various)	17	2
Milk (condensed)	16	—
Cream	19	2
Ice cream	9	—
Meat and meat products	131	3
Butter, margarine and fats	14	1
Bread, flour and cereals	16	—
Fish and fish pastes	13	1
Cakes, biscuits, mixtures and fillings	13	3
Fruit juices, syrups and soft drinks	48	2
Spirits, wine, beer	13	—
Coffee, tea and beverages	19	—
Sweets and chewing compounds	15	7
Fruit and vegetables	44	2
Curries, spices and flavourings	47	2
Vinegar, pickles and sauces	49	1
Cheese and spreads	27	4
Jams, jellies and preserves	31	1
Drugs	66	—
Marzipan and ground almonds	8	—
Miscellaneous	6	—
TOTALS	621	31

TABLE 41

BACTERIOLOGICAL EXAMINATION OF MILK, ICE CREAM AND WATER

Milk examinations—149

	Schools	Dealers' premises			Total
	Pasteurised	Pasteurised	Untreated	Sterilised inc. U.H.T.	
Samples	31	98	8	12	149
Satisfactory	30	97	5	12	144
Unsatisfactory	1	1	3	—	5

Ice cream examinations—82

Grade 1	Grade 2	Grade 3	Grade 4	Total
44	7	12	19	82

Water examinations—473

	Domestic supplies	Swimming pools	Paddling pool	Total
Samples	4	469	—	473
Satisfactory	4	468	—	472
Unsatisfactory	—	1	—	1

Examinations of cleansed milk bottles—66

Satisfactory (nil—200 colonies)	Fairly satisfactory (201—600 colonies)	Unsatisfactory (600 + colonies)	Total
59	4	3	66

Examinations of cleansed ice cream churns—17

Satisfactory (nil—200 colonies)	Fairly satisfactory (201—600 colonies)	Unsatisfactory (600 + colonies)	Total
7	5	5	17

FACTORIES

TABLE 42

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	85	110	5	—
Factories not included above in which section 7 is enforced by the local authority	936	1,637	60	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers pre- mises)	8	14	—	—
Total	1,029	1,761	65	—

TABLE 43

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)	16	15	—	—	—
Overcrowding (sec. 2)	—	—	—	—	—
Unreasonable temperature (sec. 3)	—	—	—	—	—
Inadequate ventilation (sec. 4)	—	—	—	—	—
Ineffective drainage of floors (sec. 6)	—	—	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient	10	7	—	—	—
(b) Unsuitable or defective	45	37	—	—	—
(c) Not separate for sexes	8	8	—	—	—
Other offences against the Act (not including offences relating to outworkers)	—	—	—	—	—
Total	79	67	—	—	—

TABLE 44
OUTWORKERS

Nature of Work	No. of out-workers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.)	123	—	—
Handbags	2	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	11	—	—
Carding, etc. of buttons, etc.	3	—	—
Stuffed toys	10	—	—
Lampshades	2	—	—
Brush making	1	—	—
Hosiery	2	—	—
Ladies' Belts	4	—	—
Fancy Goods	5	—	—
Millinery	2	—	—
Furrier	1	—	—
Wigs	1	—	—
Metal Boxes	4	—	—
Shoes	1	—	—
Total	172	—	—

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 45

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	71 (—)	676 (82)	11,617 (264)
Retail Shops	26 (213)	614 (1,550)	3,632 (5,680)
Wholesale shops, warehouses	10 (1)	47 (5)	894 (319)
Catering estabs. open to the public, canteens	8 (—)	121 (14)	1,641 (117)
Totals	115 (214)	1,458 (1,651)	17,784 (6,380)
		Males	8,987 (1,919)
		Females	8,797 (4,461)

TABLE 46
INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	670	1,539
Retail Shops	606	
Wholesale shops, warehouses	47	
Catering estabs. open to the public, canteens	119	
Total	1,442	

TABLE 47

DEFECTS AND UNSATISFACTORY CONDITIONS FOUND AND REMEDIED

Section	Unsatisfactory conditions or defects	Outstanding 1965	Found 1966	Remedied during the year
4	Premises in a dirty state	2	31	32
5	Overcrowding	4 (a)	—	3
	Temperature			
6	Unreasonable	4	13	17
	Lack of room thermometer	7	42	46
7	Ventilation	Nil	9	7
8	Lighting	Nil	9	8
9	Sanitary Conveniences			
	Unsuitable and insufficient	22	6	20
	Lack of artificial lighting	4	8	11
	Other nuisances	Nil	15	10
10	Washing facilities insufficient and unsuitable	20	33	45
11	Adequate supply of drinking water not provided	Nil	3	3
12	Accommodation for clothing	Nil	2	2
13	Seating facilities	Nil	4	4
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	11	24	32
17	Dangerous parts of machines not properly fenced	4	8	11
24	First Aid—General Provisions	12	68	78
50	Information for employees, Lack of	12	129	128
Total		102	406	459

(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.

TABLE 48
ACCIDENTS REPORTED 1966

	Class of Premises				Total
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	
1. No. of Accidents Reported	15	20	17	6	58
2. No. of Accidents Investigated	10	16	17	4	47
3. Action taken:					
(a) Formal warning and Prosecutions	—	—	—	—	—
(b) Informal Advice	3	3	2	1	9
(c) None	7	13	15	3	38
4. Causation:					
(a) Machinery	—	1	1	—	2
(b) Transport	—	—	1	—	1
(c) Falls of Persons	3	5	1	1	10
(d) Stepping on or striking against object/person	3	4	4	2	13
(e) Handling goods	2	6	8	2	18
(f) Struck by falling objects	3	—	1	1	5
(g) Fires and explosions	—	—	—	—	1
(h) Electricity	—	—	—	—	—
(i) Use of Hand Tools	—	3	—	—	3
(j) Not otherwise specified	2	1	—	2	5
5. Injuries sustained:					
(a) Fractures and dislocations	3	2	3	2	10
(b) Sprains and strains	5	6	10	1	22
(c) Internal injury	—	1	—	—	1
(d) Open wounds/surface injury	2	9	1	2	14
(e) Bruising and crushing	3	3	1	—	7
(f) Foreign Body in Orifice	—	—	—	—	—
(g) Burns	1	1	—	2	4
(h) Multiple injuries	—	—	—	—	—

TABLE 49
UNCLEANLINESS AND SCABIES

			New cases treated			Attendances		
			Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children under 5 years	-----	-----	23	7	30	38	8	46
Children 5-15 years	-----	-----	16	90	106	32	130	162
Adults	Men	-----	20	6	26	38	6	44
	Women	-----	22	3	25	36	5	41
Total	-----	-----	81	106	187	144	149	293

TABLE 50
DISINFESTATION

(a) <i>Verminous premises:</i>		
Council properties	-----	8
Private properties	-----	46
Total	-----	54
(b) <i>Verminous rooms:*</i>		
Council properties	-----	24
Private properties	-----	98
Total	-----	122

*Some rooms are treated more than once.

(c) <i>Clothing and bedding materials:</i>		
(i) disinfected	-----	19
(ii) disinfested	-----	3
(d) <i>Miscellaneous:</i>		
Ants	-----	1
Wasps Nests	-----	69

Report of the Principal School Medical Officer For the Year 1966

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1966

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH.

Mr. Mayor, Ladies and Gentlemen,

The year under review has been one of consultation and appraisal of the services accepted from the County Council last year. The task of arrangement following the transfer of the School Health Service to this Borough necessitated very substantial reorganisation which fortunately has turned out to be effective and realistic. The staff have accepted all difficulties and at the end of the year work was proceeding with normal expedition and effectiveness.

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>	-	-	-	-	A. M. P. Snow, M.R.C.S., L.R.C.P., D.C.H., M.B., B.S.
<i>Assistant School Medical Officers</i>	-	-	-	-	R. Aaronson, M.D., Vienna. J. Bean, M.B., B.Ch. E. Byrne, M.B., B.Ch., B.A.O., D.P.H. D. Greene, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. A. E. Harvey, M.B., Ch.B., D.C.H. E. S. Harper, M.B., Ch.B., D.Obst., R.C.O.G., 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.G., D.P.H. C. Sayal, M.B., B.S., D.C.H., D.P.H.
<i>Chief Dental Officer</i>	-	-	-	-	A. Henderson, L.D.S., D.P.D. (U.S.T.A.N.D.)
<i>School Dental Officers</i>	-	-	-	-	Miss S. Broady, 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.) 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. Bologna, 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. Miss R. Malik, L.D.S., R.C.S. (Eng.), 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.P.S.
<i>Educational Psychologists</i>	-	-	-	-	Mrs. B. Carlton, M.A., Dip. Ed. Mrs. S. Steen, B.Sc.
<i>Speech Therapists</i>	-	-	-	-	Mrs. T. Abrahams, L.C.S.T. Mrs. K. Brown, L.C.S.T. Miss A. Elvins, L.C.S.T. Miss S. M. Griffiths, L.C.S.T. Miss J. Kirkland, L.C.S.T.
<i>Physiotherapists</i>	-	-	-	-	Mrs. K. A. Childs, M.C.S.P. Mrs. M. Gilbert, M.C.S.P. Mrs. J. M. Gordon, 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. Cholmeley, 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, Mortimer Road Clinic, Mortimer Road, N.W.10.

MEDICAL INSPECTION IN SCHOOLS

The medical inspection of school children at fixed intervals during their school lives has been an integral part of the School Health Service since its inception. Attempts have been made in recent years to introduce a system of selective examinations whereby more time may be given to the child with defects or problems and little or no time to the fit child. Two pilot schemes were carried out at two schools in the Borough. Questionnaires were completed by teachers and parents each of which were scrutinised by the medical officers who then decided which of the children were to be examined. This was time consuming and required the complete co-operation of teachers and parents and in view of the present staff situation was considered possibly less effective than the present system.

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 a maintained Secondary School.
5. *Special Cases* i.e. Children of other ages with possible defects and whom the Head Teachers or parents wish the Medical Officer to see.

A total of 12,007 children were examined of whom 11,912 were found to be in a satisfactory condition.

3,888 special inspections and 2,904 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

Under Section 54 of the Education Act 1944 the local authority is empowered to authorise examinations of persons and clothing of pupils at school and whenever necessary to take appropriate action to secure the cleansing of person and clothing of pupils.

School Nurses make regular inspections in schools and advise and encourage the children in personal hygiene and appearance.

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

	1965	1966
Total number of examinations	18,263	30,592
Total number of individuals found to be infested for the first time during the year	256	238
Number of individual pupils in respect of whom cleansing notices were issued under Section 54/2 Education Act 1944	76	53
Number of individual pupils in respect of whom Cleansing Orders were issued	Nil	Nil

WORK OF HEALTH VISITOR AND SCHOOL NURSE

The work of the health visitors and school nurses is still mainly concerned with school medical inspections and health surveys. A large proportion of routine work is delegated to clinic nurses (State Registered Nurses but not qualified Health Visitors) in order to release the Health Visitor for more skilled tasks.

During 1966 the scheme for skin testing for tuberculosis was extended to cover all school entrants and the administration of tests was carried out by the nursing staff.

The programme of health education continued to expand, more schools were visited during the year and it is hoped that more attention will be given to this aspect of the work in the future.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Vaccination against tuberculosis continued to be offered to thirteen-year-old pupils attending both maintained and independent schools.

After the parents consent has been obtained a simple skin test is administered to determine whether or not the child needs protection. If the skin reacts to the test it usually means the child has developed some immunity, but all such cases are investigated at the Mass X-ray unit or chest clinic.

During 1966 the testing of school entrants normally at the age of 5 years was extended to the northern half of the borough, in all cases where a reaction is noted the child is referred to the chest clinic.

The table below gives the number of children tested and vaccinated.

<i>Leavers</i>		
(i) Number of children whose parents were approached	4,088	
(ii) Number of children from (i) whose parents consented	3,418—83.6%	
(iii) Number of those in (ii) negative to Heaf Gun Tests	2,419—70.8%	
(iv) Number of those in (iii) B.C.G. vaccinated	2,388—98.7%	
(v) Percentage of vaccination to (i) above	58.4%	

Entrants

(i) Number Skin tested	3,160
(ii) Number positive	354—11.2%
(iii) Number negative	2,706—85.7%

CONVALESCENT TREATMENT

Forty-five children were recommended for recuperative holidays under Section 28 of the National Health Service Act, 1946, for which the Education Authority accepted responsibility. These arrangements are made on the recommendation of the School Medical Officer in respect of children who have been found to be in poor health or suffering from a disability for which a holiday is considered to be an essential part of the recuperative treatment. In no way are they intended to provide annual holidays for children whose parents are unable to do so.

Details of illness and length of stay are given in the accompanying table.

Diagnosis	No. of Children	Length of Stay
Bronchial Asthma and Asthma	3	Two weeks
Debility following operations	3	Two weeks
General debility	20	Two weeks
General debility	2	Four weeks
Bronchitis	1	Two weeks
Tonsillitis	9	Two weeks
Glandular Fever	1	Two weeks
Illhealth following car accident	1	Two weeks
Rubella Syndrome	1	Four weeks
Congenital Dislocation of Hips	1	Two weeks
Diabetes	1	Two weeks
Eczema	1	Two weeks
Debility	1	Stayed one night only
Total Children	45	

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, figures for 1965 in brackets.

AUDIOMETRY: CHILDREN TESTED

Routine.

Age Group	1st Tests	Re-tests	Failures			Totals
			Both Ears	One Ear		
				Right	Left	
Up to 7 years	3,254 (3,443)	141 (161)	81 (74)	36 (44)	56 (67)	173 (185)
Intermediate	2,902 (2,421)	212 (102)	65 (29)	23 (29)	28 (32)	116 (90)
Leavers	2,920 (2,748)	162 (111)	29 (30)	21 (26)	30 (19)	80 (75)
Totals	9,076 (8,612)	515 (374)	175 (133)	80 (99)	114 (118)	369 (350)

Specials.

All Ages	1st Tests	Re-tests	Failures			Totals
			Both Ears	One Ear		
				Right	Left	
Totals	991 (1,078)	375 (400)	197 (171)	127 (100)	141 (87)	465 (358)

CHIROPODY

The attendance at the Chiropody Clinics has greatly increased but the patients are mostly old people. School children who attend are usually suffering from verruca or athlete's foot. Fashion still continues to dictate and many children are wearing badly fitting shoes, not only in size, but type; some of them show varying degrees of valgus deviation, fortunately only mild, but unless they can be persuaded to wear good fitting shoes a great proportion of them will, in adult life, end up with severe hallux deviation probably complicated by bunions. Deformities in adults seldom respond to conservative correction, old people can only be made comfortable by padding, etc., but if irregularities of children's toes are detected and treated at the right age satisfactory correction can usually be obtained by simple conservative methods. Very few boys and girls are born with foot defects, very few reach adulthood with perfect feet.

CHIROPODY—SCHOOL CHILDREN TREATED 1966

School Clinic	New Cases	1st Attendance this year	Re-attendance	Total
Kilburn Square	67	12	297	376
London Road	33	3	213	249
Monks Road	12	5	63	80
Mortimer Road	13	9	108	130
Neasden Clinic	30	6	309	345
Stag Lane Library	29	5	190	224
Stonebridge	43	9	212	264
Pound Lane	28	2	168	198
TOTALS	255	51	1,560	1,866

SPEECH THERAPY

There has been no change in the number of speech therapists employed by the London Borough of Brent, following the increase mentioned in last year's report. This means that five are working full time and are responsible for supplying the service to eight major clinics and two special schools.

The main development, which may well affect speech therapy, is the opening of the special classes at Vernon House in 1967 for infants with educational problems and maladjusted children.

REPORTS OF WORK IN CLINICS

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

Adequate provision for speech therapy is made at all these clinics. The service will shortly improve at Neasden, once the treatment room will not be shared with the chiropodist. Waiting lists occur at all the clinics, and in particular the amount of work at Stonebridge has increased considerably during the past six months. The predominate age range is five to eight years. Articulatory and language disorders are still the most usual.

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

The speech therapy service at these clinics also appears to be adequate except at London Road. Here the very long waiting list does mean that children are often seen in small groups, or are treated by speech therapy students; working under supervision. The limited accommodation is responsible for these temporary difficulties. Otherwise speech therapy is well established and the schools in the Wembley area, continue to be most co-operative. A wide range of speech disorders is dealt with.

REPORTS FROM SPECIAL SCHOOLS

1. *Lower Place P.H. School:—*

Two speech therapists work a total of seven sessions as before, and treat a wide variety of cases. It is hoped that once the new school building is complete, the service may be extended. At present very few of the children are receiving the frequent treatment which is needed to overcome their rather gross speech defects. However despite these difficulties, the teaching staff continue to co-operate.

2. *Woodfield E.S.N. School:—*

Four sessions are still held by one speech therapist, who feels that further extensions could still be made to the present service. A rather small group of children are treated twice or three times a week in an attempt to give maximum benefit. But there are many others who could well do with speech therapy if it were more readily available.

CONCLUSIONS

Speech therapy in Brent has continued to develop well during the past twelve months, and therapists are grateful for the many improvements in their timetables and accommodation, which have been introduced. The service seems to compare extremely favourably with that existing in other London Boroughs. Regular meetings have continued, at the moment the main concern is that the service should be adapted again to give an adequate programme at Vernon House, and an improved one at Lower Place P.H. School.

Clinic or School	No. of cases dealt with during the year	
	School children	Pre-school children
College Road Clinic	29	4
Kilburn Square Clinic	73	12
Pound Lane Clinic	45	15
Stonebridge Clinic	51	11
Lower Place Special School	20	—
Neasden Clinic	33	8
Woodfield Special School	11	—
London Road Clinic	62	18
Stag Lane Library Clinic	34	2
One Tree Hill Clinic	6	1
TOTALS	364	71

HANDICAPPED PUPILS

Special examination of any child over the age of 2 years thought to be in need of special educational facilities because of a specific handicap is required by the Education Act of 1944. It is then incumbent on the authority to provide same either at day or residential schools, the categories being defined as follows:—

Blind
Partially Sighted
Deaf
Partially Hearing
Educationally Sub-normal

Epileptic
Maladjusted
Physically Handicapped
Children suffering from Speech Defects
Delicate

During the year 358 children were ascertained and suitably placed. All the children suffering with speech defects continued at ordinary schools and received treatment locally from the speech therapists. The biggest problem regarding placement is for the maladjusted child, particularly those over 13 years of age with aggressive or delinquent tendencies.

On the 31st December, 1,394 children were receiving some kind of special educational treatment—details of category and placement are given in the adjoining table.

RETURN OF HANDICAPPED PUPILS (YEAR ENDED 31st DECEMBER, 1966)

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	7	1	—	—	6	—
Partially-Sighted Pupils	9	7	1	—	9	7
Deaf Pupils	8	6	—	1	8	7
Partially Hearing Pupils	13	8	4	2	13	8
Delicate Pupils	22	9	11	8	27	15
Diabetic Pupils						
Educ. Sub-Normal Pupils	113	74	26	18	119	83
Epileptic Pupils	3	—	4	—	6	—
Maladjusted Pupils	69	17	24	8	76	18
Physically Handicapped Pupils	31	18	12	5	33	21
Pupils with Speech Defects	615	221	143	72	644	240
Pupils with Multiple Defects	27	16	11	8	33	21
Totals	917	377	236	122	974	420
Grand Totals	1,294		358		1,394	

RETURN OF HANDICAPPED PUPILS (YEAR ENDED 31st DECEMBER, 1966)

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	—	—	6	—	—	—	—	—	—	—	6	—
Partially-Sighted Pupils	8	7	—	—	1	—	—	—	—	—	9	7
Deaf Pupils	6	5	2	2	—	—	—	—	—	1	8	7
Partially Hearing Pupils	5	6	3	—	1	—	—	—	4	2	13	8
Delicate Pupils	6	4	21	10	—	1	—	—	—	—	27	15
Diabetic Pupils	—	—	—	—	—	—	—	—	—	—	—	—
Edu. Sub-normal Pupils	104	68	10	6	5	9	—	—	—	—	119	83
Epileptic Pupils	2	—	3	—	—	—	—	—	1	—	6	—
Maladjusted Pupils	1	—	14	—	31	6	28	12	2	—	76	18
Physically Handicapped Pupils	27	17	2	1	1	2	3	—	—	1	33	21
Pupils with Speech Defects	—	—	—	—	519	167	9	—	116	73	644	240
Pupils with Multiple Defects	23	18	5	3	—	—	1	—	4	—	33	21
Totals	182	125	66	22	558	185	41	12	127	77	974	420
Grand Totals	307		88		743		53		204		1,394	

WOODFIELD SPECIAL DAY SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

Woodfield School provides special education for children with learning difficulties. Classes are smaller than in ordinary schools and more individual help is given to the children to enable them to overcome these difficulties. Many of the children are ones who have arrived in this country fairly recently and who present learning problems and sometimes behaviour problems. These children come from very different cultural backgrounds and together with previously inadequate schooling create special problems to be solved.

During the year 36 new children were admitted to Woodfield School and 52 children left; of this number, the majority were school leavers at age 16, a few transferred to other schools and 4 returned to ordinary schools. The school can accommodate 200 children but owing to staffing difficulties during the year admissions had to be suspended in the Autumn term and a waiting list of 25 children developed.

Children are not usually admitted until aged 7 years and during their school life at Woodfield they have three medical examinations, one at 8 years, another between 12 and 13 years and a final one before leaving at age 16 years.

The school is visited twice weekly for medical examinations and during the year 61 examinations were carried out, the majority being routine but included were special examinations requested by the staff or parents.

Children if necessary, are referred to their general practitioners for treatment or further investigation. Some are referred to specialists in the School Health Service; ear, nose and throat, orthopaedic, eye and otological. Particular care is taken with eye and ear defects which may hinder the child in the opportunity to learn. Regular hearing tests are performed at school and further audiological investigations undertaken at the audiology unit where necessary. The peripatetic teacher for the deaf visits the school to give help to children with hearing difficulties and those wearing hearing aids. There appears to be a higher incidence of minor hearing loss in children at Woodfield School than among children in the ordinary schools.

The speech therapist attends weekly and there are a large number of children needing treatment. Extra sessions would help to reduce the number of children awaiting treatment and allow some to have treatment more often.

BCG Vaccinations against tuberculosis were given to all 13-year-old children needing it.

The School Nurse visits the school regularly and every opportunity to give health education at a personal level to the girls is taken.

The spacious grounds provide an excellent opportunity for games and sports and many of the children at Woodfield School are excellent athletes.

LOWER PLACE SCHOOL FOR PHYSICALLY HANDICAPPED PUPILS

The school provides special education for over 100 children with a wide variety of physical handicaps. During the year 32 new children were admitted and 19 left. There has been an increase this year in the number of children recommended for admission and fortunately there is no waiting list and children have been admitted without delay. There were at the end of the year 64 children from Brent, 19 from Ealing, 7 from Harrow, 11 from Barnet and 2 from Hillingdon in the school.

Medical inspections take place every other week and each child is seen six monthly or more often if necessary. A close link exists between the teaching staff, school nurse, parents and medical staff and assessments of the children's progress and needs are regularly made. The consultant orthopaedic specialist visits the school regularly and supervises the children with orthopaedic defects. A close liaison is maintained with consultants in other fields whose patients attend the school. Two full-time physiotherapists work at the school under the supervision of the orthopaedic specialist.

The ophthalmic specialist attends the school and supervises the children with defective vision and the orthoptist visits when necessary.

Difficulty has been experienced in providing accommodation for the speech therapist to work separately from other activities going on in the school.

It is hoped that next year the new physically handicapped school at Grove Park will be ready for occupation. The improved and extended facilities including a hydrotherapy pool and the provision of two classes for children with hearing difficulties in addition to other handicaps are greatly needed.

ADMISSIONS 1966

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 31.12.66
Brent	23	17	—
Barnet	1	3	—
Ealing	6	3	—
Harrow	2	2	—
Total	32	25	—

TYLNEY HALL RESIDENTIAL SPECIAL SCHOOL

This residential special school, situated deep in the country near Basingstoke, Hampshire, and geared to secondary modern standards, was completely re-organised as an all boys' school from September, 1966. It now takes up to 130 mildly maladjusted and/or mildly delicate boys whose handicap is such that they do not require psychiatric support or medical treatment. In other words, so far as maladjusted boys are concerned, this is not a school for those who are severely disturbed or delinquent but rather one for those whose maladjustment is so slight that often a change of environment in itself produces most beneficial results. Some ordinary boarders are also taken if there is room after all the handicapped boys have been accommodated. There is a resident school nurse and a local doctor visits regularly and is always on call. Dental services are provided at the school by a dental officer of the Authority.

NEASDEN AUDIOLOGY UNIT

The audiology unit has had another busy year. During the early part of the year the consultant otologist increased his sessions and now attends weekly. A further weekly session is undertaken for follow-up cases by one of the medical officers. In spite of these extra sessions the waiting list was long and two special screening sessions were carried out by the otologist which helped to reduce its length. Priority cases are seen within two or three weeks.

This year 310 cases were seen at the unit of which 113 were new cases. Children are referred mainly from local authority medical officers in Brent, Harrow and Barnet, either from infant welfare clinics where infants are screened for early hearing defects or from the school doctor as a result of routine audiometry. Great emphasis is placed on the early detection of hearing loss and any infant who may have run the risk of damage to the auditory mechanism is kept under special observation at the welfare clinic and referrals to the unit are priority.

Children are also referred for audiometry supervision by consultants from London hospitals.

It is most important that school children with hearing handicaps are supervised at school. Deafness imposes a handicap which is difficult to assess without trained observation, and for this purpose peripatetic teachers for the deaf visit schools, supervising hearing aids and giving auditory training to the children. Discussions with teaching staff enable her to assess the child's progress and at the same time the teacher can better understand the child's problems. Any difficulties that arise are referred to the otologist at the next clinic.

During the year a part-time peripatetic teacher joined the staff and this has reduced a little the pressure of work.

Deaf and partially hearing children who need special education are placed at day and residential schools. Day pupils are placed at Heston and Tottenham and are supervised there by the otologist who visits Neasden Audiology Unit. In 1966 there were 16 deaf and 15 partially hearing children at these schools. Children at residential schools are seen by the otologist during holidays for supervision and in 1966 there were 5 deaf and 5 partially hearing children at residential schools.

Two classes for partially hearing children with other handicaps are planned for the new physically handicapped school at Grove Park and it is hoped the School will be complete and ready for admissions next year as the need for such local provision is pressing.

SCHOOL DENTAL SERVICE

REPORT FROM PRINCIPAL SCHOOL DENTAL OFFICER

The need for dental treatment in the School Dental Service does not diminish. The Local Authority Service and the General Dental Service between them can provide the ever increasing complexity of dental treatment necessary and the demand for treatment continues to grow.

Nevertheless there are far too many who seek treatment too late for the dentist to provide even a reasonable complement of healthy teeth and also too many who are still satisfied with only emergency treatment for the relief of pain. Unfortunately the dental officer can only too often offer merely a repair service for damaged mouths. He cannot cure decayed teeth—they cannot be cured—and he is frustrated in his efforts to prevent dental decay by lack of parental co-operation and by the lack of fluoridation.

CHILD GUIDANCE SERVICE

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

Organisation of the Service.

Both aspects of the Child Guidance Service have been hard pressed during the past year. The School Psychological Service, dealing with referrals from Headteachers, and mainly with learning problems, ended the year with 183 children still waiting to be seen. The Child Guidance Centres deal with referrals from all sources of those children with emotional problems. There were 56 children on the waiting list at the end of the year for the two Child Guidance Centres (one in Brondesbury Villas, Kilburn, the other in Church Lane, Kingsbury).

As can be seen from Table 1, of the 343 cases taken up by the Child Guidance Centres, about a third never reached the stage of a psychiatric diagnostic investigation. Some of these children after investigation by the Educational Psychologist and Psychiatric Social Workers were considered not to require a psychiatric consultation but the majority did not go through for a full investigation due to the lack of co-operation of the parents.

It cannot be too strongly stressed that the Child Guidance Service cannot "treat" children unless the parents see that there is a problem and want help. Naturally, in the area, there are very many children who exhibit behaviour problems, and the schools seek assistance, but the parents are unco-operative.

There is also a belief current that once a child is referred he automatically will be seen regularly for treatment. This is far from the case. Before a child is taken on for regular help, his case is investigated extensively to make sure that regular help will relieve the problem. Some problems are intractable.

It will be seen that 162 children attended for regular treatment over the past year, usually once a week with one of the psychotherapists.

Type of Referral.

Of those referred to the Child Guidance Centres for a psychiatric investigation, about half came from medical sources, and about a quarter from the schools. One in eight came from the parents themselves. This open referral from the parents themselves is to be encouraged, since it signifies that the parents are concerned and require help.

The reasons for referral to the Child Guidance Centres, seen in Table 3, give much the same proportions as previous years. Almost two-thirds of those referrals are for behaviour/anti-social difficulties. This category is, of course, a cogent reason for referring a child for psychiatric investigation, but the various other categories mentioned, where, perhaps, the child is not presenting a problem to others, are also reasons for referral.

The age distribution, seen in Table 4, is much the same as in previous years, except for the proportional increase in referrals of the pre-school child (16% compared with 11% in 1965). This is to be welcomed because it is felt that the Child Guidance team is more likely to help the young child than the older one.

The School Psychological Service dealt with 480 cases (compared with 405 in 1965). There was a great increase in the proportion, referred for backwardness (52% compared with 40% in 1965).

The problems that the Child Guidance Service are concerned with—behaviour and learning—are far more prevalent amongst boys than girls and, as has been seen in the Borough during previous years, and also in other parts of the country, twice as many boys as girls are referred.

Immigrant Children.

Very many immigrant children are referred both for learning and behaviour problems and they present considerable posers in diagnosis and treatment.

From the learning standpoint, it is not often realised that considerable numbers of immigrant children have low educational levels. If a child arrives in this country at the age of ten or later, with little previous schooling, he presents a severe learning problem.

It should not be imagined that an Educational Psychologist can assess the 'real' ability of these children by giving an intelligence test. All intelligence tests, even those of a non-verbal nature, bring in the cultural background of the child, and it is found that many immigrant children score low on all tests. One is then faced with the problem of deciding whether these children should be ascertained as E.S.N. for transfer to a Special School.

Certainly, Woodfield E.S.N. School and the five Remedial Reading Centres have a higher proportion of immigrant children than does the Borough as a whole.

From the behaviour standpoint, too, many immigrant children are referred. Many of these children remained in their country of origin when their parents first came to Great Britain, and then joined their parents at a later date, often many years later. This fact, combined with the complete change of environment, often leads to behaviour disturbance. However, it is not by any means one that necessarily requires psychiatric investigation. Many of these children need time to settle in a new environment.

Unattached Classes.

The Day Maladjusted Unit at Vernon House, the former Willesden Education Office, will be opened during the early part of 1967 and there are many urgent cases awaiting placement there.

It is hoped to open a Language Centre where the children whose vernacular is not English can be helped. The Mora Language Class helped 38 children during the year, but at the end of the year there was a waiting list of over 50 children. Many of these children have made enough progress in spoken English for them to be taken off the waiting list by the time the opportunity for them to enter the class has arrived.

The five Remedial Reading Classes helped 165 children (111 boys, 54 girls) with their reading during the year. Once again this is a much larger problem with boys than girls. At the end of the year there were almost 100 children waiting for admission to a Remedial Reading Class—mainly on the Willesden side of the Borough. There is certainly a need for a further Remedial Reading Class.

Contact with other Agencies.

There is close co-operation with the Health and Education Departments. Mr. Wyeth and the Education Office staff, and Dr. Grundy and the School Health staff offer assistance in every way possible.

School Medical Officers continue to attend a monthly conference at Kilburn, and Mental Health Officers attend regular conferences at Kingsbury.

Members of the service are called upon to address groups in the Borough, such as Parent-Teacher Associations, and are always ready to do this.

Brent helps 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.

CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1966 (102 girls, 213 boys)	315
Number of cases brought forward from 1965 waiting list	84
	399
Number of new cases dealt with by Psychiatrist and team	229
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation	114
Cases remaining on waiting list at 31.12.66	56
	399
Number of cases seen for regular treatment	162
Number of cases recommended for residential placement	24

TABLE 2. SOURCES OF REFERRALS

M.O.H. and School Medical Officers	(24%)	75
Headteachers and Educational Psychologists	(22%)	70
General Practitioners	(17%)	52
Hospitals	(6%)	19
Probation Officers and Juvenile Courts	(2%)	8
Parents	(13%)	42
Children's Department	(7%)	21
Others	(9%)	28
		315

TABLE 3. REASONS FOR REFERRAL

1. <i>Nervous Disorders</i>	(15%)	
(a) Fears and anxieties		25
(b) Inhibited behaviour		21
2. <i>Behaviour Disorders</i>	(42%)	
(a) At home		77
(b) At School		28
(c) Predominantly aggressive		29
3. <i>Habit Disorders</i>	(16%)	
(a) Enuresis (wetting)		13
(b) Encopresis (soiling)		3
(c) Involuntary movements		6
(d) Sleep disturbances		10
(e) Speech disorders		17
4. <i>Psychosomatic</i>	(4%)	
Asthma, Eczema, etc.		12
5. <i>Anti-social Behaviour</i>	(17%)	
(a) Stealing		22
(b) Non-attendance at school		33
6. <i>Educational Difficulties</i>	(6%)	
Backwardness and retardation in school work		19
		315

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years	51	11 years	29
5 years	31	12 years	19
6 years	25	13 years	26
7 years	23	14 years	17
8 years	29	15 years	15
9 years	25	Over 15 years	6
10 years	19		
			315

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGISTS

Backwardness	251
Assessment for allocation to schools	95
Behaviour difficulties	56
Assessment for Medical Officer of Health	47
E.S.N. School Leavers	31
	<hr/> 480

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation to Chief Education Officer on suitable education	84
Recommended for Remedial Reading Centre	124
Recommended for Special School	64
Cases to be reviewed	51
Advice to Schools	62
Recommendation to Medical Officer of Health	37
Advice to Parents	13
Recommended for Special Infants' Class	6
Notification under 57 (3) as severely subnormal	2
Referred to Child Guidance Centre	37
	<hr/> 480

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.66

School Psychological Service	127
Cases for Review	56
Cases for testing in Child Guidance Centres	45
	<hr/> 228

TABLE 8. UNATTACHED CLASSES
Numbers attending during 1966
REMEDIAL READING CLASSES

BRIDGE				
Remedial Teacher: Mrs. Zurawski				
		Boys	Girls	Total
Primary	.....	10	18	28
Secondary	.....	4	—	4
Total	.....	<hr/>14	<hr/> 18	<hr/> 32
GRANVILLE				
Remedial Teacher: Mr. Lovell				
		Boys	Girls	Total
Primary	.....	24	11	35
Secondary	.....	4	5	9
Total	.....	<hr/>28	<hr/> 16	<hr/> 44
MORA				
Remedial Teacher: Miss Phillips				
		Boys	Girls	Total
Primary	.....	13	5	18
Secondary	.....	10	5	15
Total	.....	<hr/>23	<hr/> 10	<hr/> 33

SUDBURY

Remedial Teacher: Miss Kemsley

		Boys	Girls	Total
Primary	.....	14	7	21
Secondary	.....	3	1	4
Total	.....	17	8	25

KINGSBURY GREEN

Remedial Teachers: Miss Marriot (half-time)

Mrs. Brand (half-time)

		Boys	Girls	Total
Primary	.....	11	—	11
Secondary	.....	18	2	20
Total	.....	29	2	31

STONEBRIDGE SPECIAL INFANTS' CLASS

Teacher: Mrs. Gillespie

Boys	Girls	Total
11	3	14

MORA LANGUAGE CLASS

Teacher: Miss Russell

		Boys	Girls	Total
Primary	.....	11	7	18
Secondary	.....	18	2	20
Total	.....	29	9	38

PROVISION OF SCHOOL MEALS AND MILK

Milk is supplied free to all school children in the Borough.

According to a census taken on a day in September, 27,295 children in Maintained Schools received one-third of a pint. This amounted to 92% of children on the Infant School roll, 93% of Juniors and 45% of Secondary pupils.

In accordance with the instructions of the Ministry of Education, free milk has also been supplied to non-Maintained Schools since September, 1956. Approximately 1,200 bottles per day are provided.

All milk is pasteurised, and the sources of supply are under the constant supervision of the Medical Officer of Health.

During the financial year 1966/67 the average number of meals served to children per day, was 24,300 during term-time, and 226 in school holidays.

Cost of Meals and Milk.

The total cost of Meals and Milk for 1966/67 has been estimated at £698,890 and the income from payments at £221,250. This gives a net cost of £477,640 for which a grant of 100 per cent. from the Department of Education and Science is payable on approved expenditure.

Primary School, Mrs. Kennedy				
	Boys	Girls	Total	
Primary	14	7	21	
Secondary	3	1	4	
Total	17	8	25	

Primary School, Mrs. Kennedy				
	Boys	Girls	Total	
Primary	14	7	21	
Secondary	3	1	4	
Total	17	8	25	

Primary School, Mrs. Kennedy				
	Boys	Girls	Total	
Primary	14	7	21	
Secondary	3	1	4	
Total	17	8	25	

Primary School, Mrs. Kennedy				
	Boys	Girls	Total	
Primary	14	7	21	
Secondary	3	1	4	
Total	17	8	25	

APPENDIX

PROVISION OF SCHOOL MEALS AND MILK

Milk is supplied free to all school children in the Borough. According to a census taken on a day in September, 1925, 37,285 children in elementary schools received one-third of a pint. The amount of 912 1/2 gallons or the infant school 93 1/2 of London and 40 1/2 of secondary pupils. In accordance with the provisions of the Education Act, 1925, the amount of 1,300 bottles per day was provided. All milk is pasteurized, and the amount of 1,300 bottles per day was provided. During the month of September, 1925, the average number of meals served to children per day was 14,300 during term-time, and 125 in school holidays. The cost of milk and milk for 1925-26 has been estimated at £1,300 and the income from payments at £1,300. This gives a net cost of £1,300 for which a grant of 100 per cent from the Government of Education and Science is payable on approved expenditure.

Milk				
	Boys	Girls	Total	
Primary	14	7	21	
Secondary	3	1	4	
Total	17	8	25	

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools 36,871

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)
1962 and later	446	446	—	8	18	25
1961	2,361	2,344	17	69	116	175
1960	1,095	1,078	17	47	69	112
1959	430	429	1	12	16	28
1958	1,440	1,424	16	88	81	158
1957	407	404	3	21	16	35
1956	900	895	5	28	47	70
1955	1,362	1,356	6	75	64	130
1954	549	545	4	39	39	71
1953	197	196	1	9	4	13
1952	766	760	6	30	36	62
1951 and earlier	2,054	2,035	19	99	127	215
Total	12,007	11,912	95	525	633	1,094

Col. (3) total as a percentage of Col. (2) total 99·21% } to two places of decimals.
Col. (4) total as a percentage of Col. (2) total 0·79% }

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	.....	3,888
Number of Re-inspections	.....	2,904
Total	.....	6,792

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	.....	30,592
(b) Total number of individual pupils found to be infested	.....	238
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	.....	53
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	.....	Nil

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	46
Errors of refraction (including squint)	1,710
Total	1,756
Number of pupils for whom spectacles were prescribed	570

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	4
(b) for adenoids and chronic tonsillitis	73
(c) for other nose and throat conditions	13
Received other forms of treatment	110
Total	200
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1966	16
(b) in previous years	46

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	793
(b) Pupils treated at school for postural defects	—
Total	793

TABLE D. DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	7
Other skin diseases	52
Total	59

TABLE E. CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	399

TABLE F. SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	364

TABLE G. OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	868
(b) Pupils who received convalescent treatment under School Health Service arrangements	45
(c) Pupils who received B.C.G. vaccination	2,388
(d) Other than (a), (b) and (c) above Please specify :	
Lungs (Breathing Exercises)	55
Psychological (Stability)	44
" (Development)	88
Total : (a) — (d)	3,488

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	11	30	32	73	23
		O	148	130	170	448	37
5	Eyes— <i>a.</i> Vision	T	132	138	255	525	82
		O	278	245	458	981	36
	<i>b.</i> Squint	T	15	2	5	22	4
		O	78	19	55	152	9
6	<i>c.</i> Other	T	3	3	6	12	3
		O	25	21	45	91	7
	Ears— <i>a.</i> Hearing	T	19	10	19	48	19
		O	168	43	122	333	52
7	<i>b.</i> Otitis Media	T	3	—	2	5	4
		O	138	19	60	217	19
	<i>c.</i> Other	T	3	2	3	8	16
		O	72	13	39	124	22
8	Nose and Throat	T	35	12	43	90	9
		O	525	78	330	933	39
9	Speech	T	58	4	17	79	22
		O	90	14	46	150	21
10	Lymphatic Glands	T	—	1	—	1	—
		O	216	9	118	343	13
11	Heart	T	2	1	2	5	1
		O	74	24	53	151	9
12	Lungs	T	7	5	3	15	—
		O	97	33	92	222	24
13	Developmental— <i>a.</i> Hernia	T	—	3	5	8	—
		O	54	17	65	136	3
	<i>b.</i> Other	T	1	2	9	12	—
		O	108	23	115	246	15
14	Orthopaedic— <i>a.</i> Posture	T	17	27	34	78	9
		O	49	68	127	244	12
	<i>b.</i> Feet	T	30	45	58	133	7
		O	97	74	174	345	9
	<i>c.</i> Other	T	6	7	12	25	16
		O	61	43	72	176	20
15	Nervous System— <i>a.</i> Epilepsy	T	—	—	—	—	3
		O	15	6	8	29	2
	<i>b.</i> Other	T	—	—	2	2	1
		O	15	15	27	57	6
16	Psychological— <i>a.</i> Development	T	1	1	6	8	2
		O	62	15	66	143	34
	<i>b.</i> Stability	T	6	5	22	33	28
		O	474	137	549	1,160	82
17	Abdomen	T	1	1	1	3	—
		O	39	16	37	92	6
18	Other	T	242	48	240	530	39
		O	26	25	69	120	47

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 36,871

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	3,674	2,370	626	6,670
Subsequent visits	6,650	7,352	1,814	15,816
Total visits	10,324	9,722	2,440	22,486
Additional courses of treatment commenced	603	435	114	1,152
Fillings in permanent teeth	3,252	6,673	2,220	12,145
Fillings in deciduous teeth	6,569	670	—	7,239
Permanent teeth filled	2,753	5,744	1,956	10,453
Deciduous teeth filled	6,102	619	—	6,721
Permanent teeth extracted	83	532	150	765
Deciduous teeth extracted	67	527	—	594
General anaesthetics	850	290	42	1,182
Emergencies	167	90	31	288

ORTHODONTICS

Number of Pupils X-rayed	511
Prophylaxis	1,089
Teeth otherwise conserved	1,328
Number of teeth root filled	33
Inlays	4
Crowns	10
Courses of treatment completed	5,011
Cases remaining from previous year	1,500
New cases commenced during year	163
Cases completed during year	54
Cases discontinued during year	120
No. of removable appliances fitted	343
No. of fixed appliances fitted	26
Pupils referred to Hospital Consultant	12

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)	1	11	5	17
Number of dentures supplied	1	8	5	14

ANAESTHETICS

General Anaesthetics administered by Dental Officers

INSPECTIONS

(a) First Inspection at school. Number of Pupils	24,317
(b) First Inspection at clinic. Number of Pupils	3,350
Number of (a) + (b) found to require treatment	16,382
Number of (a) + (b) offered treatment	13,298
(c) Pupils re-inspected at school clinic	1,626
Number of (c) found to require treatment	978

SESSIONS

Sessions devoted to treatment	3,366.5
Sessions devoted to inspection	303.5
Sessions devoted to Dental Health Education	33

Partnerships

	5 to 9	10 to 14	15 and over	Total
People supplied with F.I.L. or F.L. (first time)	—	—	—	—
People supplied with other dentures (first time)	1	12	3	16
Number of dentures supplied	1	12	3	16

Analgesics

General Analgesics administered by Dental Officers

Investigation

(a) First Inspection at school. Number of Pupils	24,319
(b) First Inspection at clinic. Number of Pupils	5,358
Number of (a) + (b) Dental Inspectable Pupils	29,677
Number of (a) + (b) referred for treatment	13,278
(c) Pupils re-inspected at school/clinic	7,625
Number of (c) Dental Inspectable Pupils	775

Summary

Sealings directed to treatment	8,364-5
Sealings directed to inspection	493-5
Sealings directed to Dental Health Education	25



