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Mr. Harrison	0.407
1. Dr. Didsbury	A.419
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3. Mr. Parry	A114

LONDON BOROUGH OF BRENT

REPORT

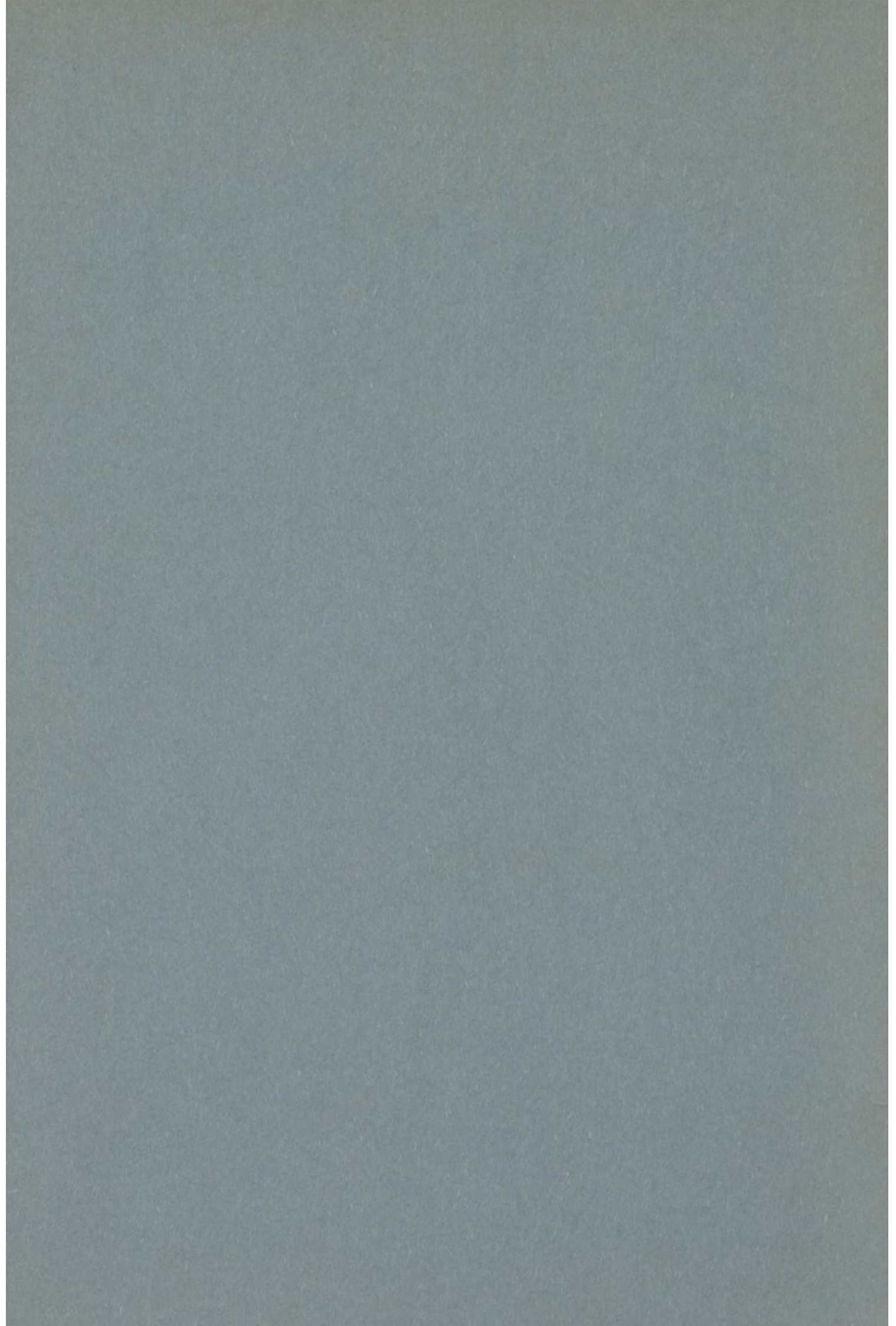
OF THE

MEDICAL OFFICER OF HEALTH AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1967

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



COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1967/68

PUBLIC HEALTH COMMITTEE

Chairman : Alderman E. C. Meredith
Vice-Chairman : Councillor W. G. Greenhalgh

Councillor J. W. Buck	Councillor Mrs. I. Manders
„ Miss D. J. Cowan	„ S. C. Piddington, J.P.
„ M. J. Curley	„ Mrs. R. Taylor, O.B.E.
„ R. E. Haslehurst	„ H. Tucker
„ E. G. McDonald	„ W. L. Wilson
„ G. T. Macklin	

HEALTH CENTRES SUB-COMMITTEE

Chairman : Councillor W. G. Greenhalgh

Councillor J. W. Buck	Councillor Mrs. I. Manders
„ Miss D. J. Cowan	„ S. C. Piddington, J.P.
„ M. J. Curley	

SUB-COMMITTEE RE NOTICES UNDER HOUSING & RENT ACTS

Chairman : Councillor J. W. Buck

Councillor Mrs. I. Manders	Councillor Mrs. R. Taylor, O.B.E.
„ S. C. Piddington, J.P.	

APPOINTMENTS SUB-COMMITTEE

Chairman : Councillor W. G. Greenhalgh

Councillor S. C. Piddington, J.P.	Councillor Mrs. R. Taylor, O.B.E.
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WELFARE SERVICES COMMITTEE

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

Vice-Chairman : „ Mrs. I. Manders

Alderman Mrs. J. I. Martin	Councillor G. T. Macklin
Councillor C. K. Coles	„ Mrs. E. A. Ormiston
„ A. J. Cowan	„ R. Smith
„ W. Dromey	„ R. D. Stone
„ Mrs. L. Dunbar	„ Mrs. R. Taylor, O.B.E.
„ Mrs. L. Lesser	

OLD PEOPLE'S SUB-COMMITTEE

Chairman : Councillor Mrs. I. Manders

Alderman Mrs. J. I. Martin	Councillor G. T. Macklin
Councillor A. J. Cowan	„ Mrs. E. A. Ormiston
„ W. Dromey	„ R. Smith
„ Mrs. L. Dunbar	„ R. D. Stone
„ Mrs. L. Lesser	„ Mrs. R. Taylor, O.B.E.

Co-opted Members

Mrs. J. Cowan	Mr. D. Jones	Mr. F. W. Potts
Mr. J. Shepherd	Mrs. A. Thomas	Mrs. M. R. Wills

APPOINTMENTS SUB-COMMITTEE

Chairman : Councillor Mrs. I. Manders

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

LONDON BOROUGH OF BRENT

Brent House

High Road

Wembley

May 1962

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 :	Peggy Snow, M.B., B.S., D.C.H., D.P.H.
Mental Health:	Dorothea Koffman, M.D., D.P.H.
Maternal and Child Health:	Vacant
Chief Dental Officer:	A. D. Henderson, L.D.S., D.P.D.
Chief Public Health Inspector :	C. G. Rothwell, F.R.S.H., M.A.P.H.I.
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)
Clinical Nursing Officer:	Miss D. A. Hunter, S.R.N., S.C.M., S.R.F.N., Q.N. (e)
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.
May, 1968.

To the Mayor, Aldermen and Councillors of the Borough.
Mr. Mayor, Ladies and Gentlemen,

Continuous development and expansion of the Health and Welfare services of the Department have been achieved during this review year. Whilst it must not be regarded as invidious to single out particular spheres in which activity has occurred, it would be wrong to avoid mention of some of the advances which are important to residents of the town.

The development of two Health Centres, each to accommodate 10 medical practitioners, with all the Local Health Authority provisions and all ancillary services, have considerably progressed during the year. Actual building on the Chalkhill Health Centre commenced in June and the scheduled date for completion is September 1969. Further planning of the Craven Park Health Centre reached the stage when the scheme was agreed by the Council, in principle by the Ministry of Health, and at the end of the year loan sanction was awaited. These two new major health provisions in the town, whilst not being first in any London Borough, are nevertheless amongst the most advanced schemes in London.

The Day Nursery provision in Brent, whilst comfortably in excess of that provided in many Boroughs, has been fully utilised during the year and waiting lists have been substantial. The upgrading of the existing Day Nurseries as a policy, including improved heating, accommodation, and sanitary facilities, has continued, and work commenced on the new Day Nursery at Shoot-up-Hill in December. The educational development planned has included new nursery and nursery school provision, which will be incorporated in new development in the future.

Extension of the clinic facilities for cervical cytology and birth control have been provided during the year and the new National Health Service (Family Planning) Act, 1967 shows that facilities for contraception almost certainly will require to be extended in coming years.

The provision of Child Welfare and Ante-natal clinics, a traditional function of the Health Department, has continued during the year and attendances are certainly not less.

The decline in the birth rate has meant that little pressure now exists on maternity hospital beds, with the consequence that domiciliary births are reduced, causing reduction in the midwifery service. However, we have received on discharge after 48 hours, an increasing number of mothers and babies.

The increasing need for community mental care is reflected during 1967 in the Council's decision to increase the establishment of Mental Health Social Workers who will, on appointment, relieve the case-load of existing staff. During the year the new hostel for rehabilitation of the mentally ill was opened at 9, Willesden Lane and is able to receive into the community, patients discharged from psychiatric hospital for rehabilitation.

The abuse of drugs of addiction shows a changing pattern in that a few years ago the addicts generally were middle-aged professional people who had access to drugs in their profession and misused them, but now youths and adolescents form the largest majority of addicts. The problem is there, we are aware of individual cases, a few isolated cells of drug abuse exist, but it must be admitted that the problem is not yet fully defined, consequently in Brent, as elsewhere, is not yet fully contained. However, a session, preserving the anonymity of the applicant, was opened at the Monks Park Clinic on Thursday evening, and the Kilburn Square Clinic afford facilities for the Willesden Probation Service to initiate a unit to advise and help teenagers who have been placed on probation by the Willesden Courts for the illegal possession of drugs.

A new Welfare Residential Home in course of construction at Stag Lane continued during the year and it is anticipated that this will be open early next year. The Council indeed also have approved, during 1967, the building of another Home in a Neighbourhood Centre at Harlesden.

Television programmes attracted the attention of the nation to the plight of homeless families and, not as a consequence of this but as an adjunct to the programme, the Council considered the temporary accommodation provided in Brent for homeless, and during the year agreed to the adaptation of the premises at 54 Winchester Avenue, to accommodate 6 families, and directed the Medical Officer to accept houses in improvement areas for the reception of families, which in 1967 provided additional accommodation for 10 separate units.

This Report represents work during the third year of the existence of the Department and consequently does not have the impact of the first one and is not as unique as the first Report was, but it is a truism to note that cold statistics cannot give an idea of the complete scope of work and it is very difficult to write a text which will display the scope of work in the Department without becoming over emotional.

The Annual Report offers to me the chance to thank all my colleagues within the Health Department and any other departments of the Council who have assisted during this year to make the Health and Welfare services provided, acceptable to the client and successful to the community. It is wrong and invidious to single out particular individuals but in this year one would be remiss not to mention the Senior Public Health Inspectorate who were subjected to an experience and a cross-examination in the Inquiries concerned with the South Kilburn (Extended) Area and in which they sustained the case put forward by the Department and by the Council. Thanks also are due to the Mayor and the Chairmen of the Public Health and Welfare Services Committees and indeed to all Members of the Council for the support and help which has been available in time of need, to myself and to all members of the Department, and for this we express sincere gratitude.

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 1967—Registrar General's mid-1967 estimate	293,370
Number of structurally separate dwellings occupied (1961 census)	81,866
Number of private households (1961 census)	97,701
Rateable value (all hereditaments) 1st April 1967	£20,145,235
Product of a penny rate, financial year 1967/68 (estimated)	£81,250
Live births	
Number	6,097
Rate per 1,000 population (crude)	20.8
Rate per 1,000 population (adjusted)	18.9
Illegitimate live births per cent, of total live births	14.6
Stillbirths	
Number	100
Rate per 1,000 total live births and stillbirths	16.1
Total live and stillbirths	6,197
Infant deaths (under 1 year)	123
Infant mortality rates	
Total infant deaths per 1,000 total live births	20.1
Legitimate infant deaths per 1,000 legitimate live births	19.8
Illegitimate infant deaths per 1,000 illegitimate live births	22.5
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	97
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	25.7
Maternal mortality (including abortion)	
Number of deaths	1
Rate per 1,000 total live and stillbirths	0.16
Deaths	2,874
Death-rate per 1,000 population (crude)	9.8
Death-rate per 1,000 population (adjusted)	10.8
Deaths from cancer (all forms)	671
Death rate from cancer (all forms) per 1,000 population	2.3

BIRTHS

In 1967, 6,097 live births were registered, giving a crude birth rate of 20.8 per thousand estimated population compared with a rate of 21.6 in 1966. 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 18.9 which is above the provisional rate for England and Wales, which was 17.2 per thousand population.

The percentage of illegitimate live births decreased slightly from 15.0 to 14.6. This still means, however, that one in every seven babies born in Brent was illegitimate.

STILL BIRTHS

One hundred babies were stillborn, giving a rate of 16.1 per thousand live and stillbirths, above the provisional rate for England and Wales which was 14.8.

DEATHS

The total number of deaths was 2,874, giving a crude death rate of 9.8 per thousand population. When the comparability factor is applied, the standardised rate is 10.8, a little below the provisional rate for England and Wales which was 11.2. The number of deaths from all causes, is shown in Table 1. The main causes of deaths and rates per thousand population are shown in Table 2. Heart disease continues to be the leading cause of death with a rate of 3.5 per thousand population, followed by cancer with a rate of 2.3, and respiratory diseases (influenza, pneumonia, bronchitis, etc.) and vascular lesions of nervous system both with rates of 1.1.

Infectious Diseases

Eight men and 4 women died from respiratory tuberculosis. This is the highest total of deaths since 1963, when 17 were recorded (see page 14). 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. 162 men and 37 women died compared with 145 men and 42 women in 1966. 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. The Department continued to present this evidence to school children in its health education programme, and 19 talks on the subject were given to 1,020 senior pupils.

Bronchitis

101 men and 42 women died from bronchitis compared with 119 men and 45 women in 1966. 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 conditions of dust, smoke and fumes at work.

Pregnancy, Childbirth, Abortion

There was one maternal death giving a rate of 0.16 per 1,000 total (live and still) births compared with three deaths and a rate of 0.46 in 1966. The provisional rate for England and Wales was 0.20 per 1,000 live and still births.

Motor Vehicle Accidents

36 residents died as a result of accidents involving motor vehicles (24 males, 12 females).

All other Accidents

25 males and 22 females died as a result of other accidents, the commonest causes being carbon monoxide poisoning, accidental overdose of drugs and falls at home.

Suicides

14 men and 16 women committed suicide. (see page 20).

INFANT MORTALITY

In 1967, 123 children died in the first year of life—59 in the first week and another 16 in the first month. There was a slight increase in the infant mortality rate compared with 1966, from 19.3 per 1,000 live births to 20.1, which was above the provisional figure for England and Wales (18.3). The perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) increased very slightly from 25.4 to 25.7 almost the same as the provisional figure for England and Wales which was 25.4.

BY WARDS (TABLE 3)

Six wards had rates of more than 25 per 1,000 live births—Brondesbury, Carlton, Church End, Queens Park, Queensbury and Roundwood—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; 37 premature babies died (30 per cent of total infant deaths).

Respiratory infections caused 27 deaths. Antibiotics and improved environmental conditions have decreased the rate from this cause considerably over the past few years.

Twenty-nine babies died from congenital malformations.

Diarrhoea and enteritis caused six deaths, four more than last year. Four of the deaths were children of immigrant families. The standards of infant care and feeding among some immigrant families leaves a great deal to be desired, and much time is spent by Health Visitors in educating mothers on the subject which is made difficult in many cases by language problems.

In spite of continued improvements in obstetrics, seven children died from birth injury; the number of deaths and rate being the same as last year. In fact the death rate due to this cause has remained fairly constant for many years.

PREVALENCE AND CONTROL OF INFECTIONS AND OTHER DISEASES

The declining incidence and mortality of infectious diseases such as diphtheria, scarlet fever, measles, whooping cough and typhoid in the past 50 years is a reflection mainly of improved living conditions. Better housing and nutrition, improved ventilation and smaller families have helped to increase resistance and reduce

the possibilities of spread of infection. Health visitors and public health inspectors have played an invaluable role in health education and in improving hygiene.

A summary of notified and confirmed cases for 1966 and 1967 is shown in Table 5.

DIPHTHERIA

Two confirmed cases of diphtheria (mitis non-toxic)—husband and wife— occurred in the Borough. In spite of extensive enquiries, the source of the infection was not traced.

DYSENTERY

There were 120 confirmed cases—a slight increase on the previous year. A small outbreak occurred at Kilburn Square Day Nursery. Six children were positive, but no members of the staff were involved. The outbreak was cleared up within six weeks.

FOOD POISONING

The number of confirmed cases was 39. There were no general outbreaks of food poisoning in the Borough. Eight cases contracted the infection whilst on holiday abroad and another 20 were residents involved in two outbreaks originating outside the Borough.

MEASLES

2,564 cases were notified compared with 1,985 in 1966. There was an appreciable drop in the number of notifications during the latter half of the year.

POLIOMYELITIS

Two cases were notified but not confirmed.

PUERPERAL PYREXIA

65 cases were notified, which was a considerable decrease compared with 1966 (114).

SMALLPOX

There were no notified cases in the Borough, but as a result of suspected cases in other boroughs, 66 contacts were kept under surveillance.

In accordance with the International Sanitary Regulations the signatures of doctors on 8,715 certificates were authenticated.

TYPHOID AND PARATYPHOID

Three cases of typhoid were confirmed. One case was a man of 42 years, a resident of Brent. Extensive enquiries were made but the source of infection was not traced. Another, an African student of 18 years, was taken ill on the plane from Kenya and admitted to Neasden Hospital immediately on arrival. The third case was a resident of Paddington admitted to Neasden Hospital. In each instance contacts were kept under strict surveillance.

There were no cases of Paratyphoid notified.

WHOOPING COUGH

163 cases were notified, a considerable increase on previous year (77).

OPHTHALMIA NEONATORUM

There was no impairment of vision in either of the 2 notified cases of ophthalmia neonatorum.

HEALTH EDUCATION

Requests for health talks, information on health subjects, and the services provided by the Department have again increased this year. 220 talks were given in Brent schools most of them including film shows. Doctors, dentists, public health inspectors, health visitors and mental welfare officers were among the varied professional staff who carried out these lectures.

47 talks were given to outside groups and associations, and professional bodies requested 73 lectures. 675 mothercraft classes and instructional demonstrations were carried out in the Clinics mostly by health visitors and midwives.

Posters and leaflets in Clinics and other sites were changed each month, a new subject being introduced each time. As the attendance at cervical cytology clinics was disappointing, particular support was given to this service.

A four page leaflet on drugs and drug taking was issued to all school heads for the guidance of teachers.

General practitioners, shop and factory personnel, and students were among the personal callers for posters and leaflets on hygiene, dangerous plants and shrubs, etc.

A large exhibition of the Department's services was displayed at the "Welcome to Citizenship" held in February. Professional staff were in attendance and answered many questions on health and welfare matters. The Department was also represented at the Brent Show.

The nationally sponsored Mental Health Week was supported in co-operation with the National Society for Mentally Handicapped Children. The Mayor opened a large exhibition in Anson Hall which was available for the week. The Chief Mental Welfare Officer gave talks to groups of children who visited the exhibition, and one group from the Convent of Jesus & Mary met children from the Neasden Junior Training Centre. Thanks are due to the Press and local shopkeepers who helped to advertise the exhibition, and to a

Building Society who made available, free of charge, the whole of their shop window in a busy part of High Road, Wembley, for a display.

Many films have been previewed and those considered suitable were used in conjunction with health talks. The film "Birthday" continues to be a success at the special showing to expectant mothers and their husbands at Kilburn Psycho-Prophylaxis Clinic.

8 mm. Cassette Film loops have been purchased to stimulate discussions. Film strips on the care and use of oil heaters, baby clothing, etc., have been added to the list of visual aids already available to lecturers.

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 or a hospital, and/or a medical examination is carried out. During the year 2,114 assessments were dealt with. Further information was obtained from general practitioners in 51 cases, and from hospitals in 47 cases. It was not necessary to carry out any medical examinations.

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. 219 teachers and 187 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 year meetings of practitioners in two areas of the Borough continued. The scheme for the Chalkhill Health Centre reached a stage when in June work on the site commenced, with an expected date of completion in September 1969. This Centre will be included on the ground floor of one of the blocks of flats being built in the Chalkhill Redevelopment, and probably will be the first Health Centre to open in the town.

Meetings continued with doctors in Kilburn and in Harlesden. After exploratory provisional meetings the Public Health Committee received a report on the 30th August indicating that general practitioners in this area had expressed interest in the establishment of a Health Centre in Knatchbull Road/Hillside. The officers were authorised to make informal approaches to the Ministry of Health to ascertain their reaction to the establishment of such a Centre. In November the Housing Committee agreed to the proposal that the Centre should be integrated on the ground floor of one of the blocks of flats to be built in Knatchbull Road, and on the 18th December the Finance Committee approved a tender for Stage III of the Stonebridge Redevelopment, including the Centre, and agreed to submit this tender for loan sanction. Loan sanction had not been received at the end of the year but is confidently expected. In the meantime schedules of accommodation, sketch plans and more detailed drawings had been prepared of a Health Centre containing all Local Authority services and offering accommodation to 10 general practitioners and 2 dentists. During the whole of the negotiations the practitioners who propose to use the Centre were fully consulted, the consultants of the Central Middlesex Hospital were kept appraised and made valuable contributions to the discussions, and at the end of the year the informal phase of planning was over and the scheme in such a state of development that it could be submitted to the Ministry of Health for formal approval.

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.

CHILD WELFARE AND ANTE-NATAL CLINICS

The personal service provided for ante-natal and post-natal mothers and the care of their children in the fifteen health clinics in the Borough continues to be widely used. Thirteen of the clinics are purpose built, one is adapted, and one is held in hired premises. Health education and advice is given in the person to person, and group situation. Projects are displayed in all clinics.

Child Welfare Clinics

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,239	67,293	22,146	662	30

Ante-natal Clinics

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
941	7,099	132	7.6

MOTHERCRAFT CLASSES

Mothercraft and relaxation classes are often combined and these are held in all clinics. There were 3,362 attendances at the 596 classes held. The special psycho-prophylaxis class held at Kilburn Square Clinic for ante-natal patients continues to expand. The second annual meeting was most successful. About 60 parents and staff heard a most interesting talk by a paediatrician, followed by a lively discussion and refreshments.

CERVICAL CYTOLOGY

Cervical Cytology Clinics were held at Stag Lane Clinic on Wednesday mornings, at Kilburn Square Clinic on Saturday mornings, and at London Road Clinic on Monday mornings. There were 1,350 attendances at the three clinics during the year.

The service has been co-ordinated into areas. A meeting of all officers concerned to discuss future policy was attended by Executive Council, Borough Council and Hospital representatives. The Ministry grouping has made 3 divisions in Brent and this has resulted in extra organisation. All has gone smoothly and slides are examined at Mount Vernon, Paddington General and Central Middlesex Hospitals.

LIAISON WITH HOSPITALS

Frequent contact between hospital and Health and Welfare Department staff has been maintained. One Health Visitor continued to attend the Diabetic Out-Patient Clinic at the Central Middlesex Hospital to liaise with the medical staff and to ensure that correct instructions regarding diet and treatment are carried out by the patients in their own homes. This liaison was extended during the year and another Health Visitor now attends the Diabetic Clinic at Willesden General Hospital. It is hoped to extend the liaison at Central Middlesex Hospital to include the Geriatric Department.

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. The great demand for places for the care of children in nurseries and daily minding has resulted in an increase of applications for registration under the Act. The number of daily minders registered during 1967 was 16 bringing the total to 37. The total number of nursery premises registered is now 35, showing an increase of 9. All nurseries continue to have a waiting list, and the demand for daily minding is increasing. Great concern is felt by the Health Visitors that there is a probable pool of unregistered and as yet undetected daily minders in the Borough.

DENTAL SERVICE FOR EXPECTANT & NURSING MOTHERS
AND CHILDREN UNDER 5 YEARS OF AGE

(TABLE 6)

The demand for dental treatment remains fairly constant in the Priority Dental Service. As usual, too many require treatment and too few request it. In the under 5 age group it is particularly unfortunate that the first request for treatment is all too often for the relief of pain when much damage to the dentition has already occurred.

Dental Health Education continues to interest and to convert a proportion of the population but the exclusion or drastic curtailment from the diet of so many attractive foods and sweets is expecting too much from youngsters already enjoying them without parental discipline.

The only proven alternative in reducing the incidence of this most widespread disease lies in the fluoridation of domestic water supplies, a measure not yet available in this Borough.

PREVENTION OF BREAK-UPS OF FAMILIES

Families in need of extra support, help and guidance, remain an urgent and priority group in the work of the Health Visitors. Work in depth is undertaken in co-operation with officers in other Departments.

Liaison continues between officers and the case workers of the Brent Family Service Unit, personal contact and case discussions being arranged when necessary. Other Departments and agencies use this service, but all requests and referrals are channelled through the Health Visiting Service. This fosters a close link with all the workers within, and allied to, the services to families which are provided by the Council.

During 1967, the Unit accepted 10 new cases, and 8 cases were closed. The current case load is 36 families.

The Council made a grant of £3,500 to the Unit in 1967/68.

DAY NURSERIES

(TABLES 7 AND 8)

The demand for admission to the eleven Day Nurseries continued at a high level. In November, the Council considered a report on the proposals formulated by the London Boroughs' Association for the introduction of revised assessment scales and charges for the social services. It was agreed that the standard charge for day nurseries remain at 17/6d per day, but that a minimum charge of a 1/- per day per child be introduced with effect from 4th December, 1967.

Thirty-one students completed their two-year period of training and 26 obtained the N.N.E.B. Certificate. Seven Deputy Matrons attended a two-week Refresher Course at Chiswick Polytechnic.

In June, improvements to the heating and hot water services, and alterations to bring the washing, toilet and cloakroom facilities for staff and children up to the standards recommended by the Ministry of Health, were completed at Gladstone Park Nursery at a cost of £8,855. Similar improvements and alterations were completed at Evefield Nursery in August at a cost of £10,120. There were no new admissions, except short term, whilst the works were in progress.

On 4th December, 1967, work commenced on the building of a 50 place nursery at Shoot-up-Hill, and is scheduled for completion in May 1968. The estimated cost of the project is £46,880, excluding furniture which will amount to approximately £6,500.

The Council, in October 1967, approved the incorporation of a 50 place nursery within the Neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue. The estimated cost is £56,150. At the end of the year, sketch plans had been approved and the Borough Architect was preparing working drawings.

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 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.

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.

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

Although there was no appreciable drop in the number of applications for help during the year, there was a noticeable decrease in the number of mothers entering mother and baby homes.

This was felt to be due to the more accepting attitude of the general public towards the unmarried mother and to the fact that a landlord can no longer refuse to accept a tenant back from hospital with a baby. Also an increasing number of mothers are seeking fostering prior to adoption for their babies. In spite of this, the Council's home has been full for practically the whole year and the average length of stay has been longer, particularly in the post-natal period.

As always the greatest problem facing a mother who decides to keep her child is that of accommodation. Voluntary organisations such as the National Council for the Unmarried Mother and Her Child do receive offers of accommodation and are able to help from time to time, but the demand is far in excess of their resources. More hostels for the working mother and her child, where the child is cared for in the Day Nursery whilst she goes to work, are needed. Although these hostels only keep a mother for a limited period, usually two years, they do offer security and help over the most difficult period when her child is very young and she is adjusting to her new role as a mother.

At last a Deputy Matron has been appointed to Belle Vue and with the exception of a staff nurse it is now fully staffed. Decorations have been carried out during the year, and burglar alarms fitted to the fire escape doors as on three occasions intruders have tried to gain entrance.

During 1967, the social side of caring for the mothers and babies was carried out by one full-time Medical Social Worker whose services are shared with the London Borough of Harrow at an appropriate financial adjustment.

FAMILY PLANNING

Ministry of Health Circular 15/67 drew attention to the fact that the National Health Service (Family Planning) Act, 1967, came into operation on 28th June, 1967, and requested local health authorities to examine the services available, review these and, if thought necessary, plan extensions to the service already provided.

At the time, five weekly family planning sessions were held in the Borough, all of which dealt with cases on medical grounds only:—

London Road Clinic	Run by the Council — morning
One Tree Hill Clinic	„ „ „ Family Planning Association — morning
Stag Lane Clinic	„ „ „ „ — evening
Neasden Clinic	„ „ „ „ — „
Pound Lane Clinic	„ „ „ „ — „

The Clinics were provided free of charge to the Family Planning Association for holding sessions.

The Council considered the Act and Circular and agreed to a proposal that in 1968 a further weekly session be run by the Council at Kilburn Square Clinic, and that the Family Planning Association be asked to provide two additional weekly sessions preferably in areas of the Borough not already covered by the service. They also agreed that advice, examination, prescriptions and supplies should be free in medical cases; that a charge for prescriptions and supplies be made in non-medical cases; and that advice and supplies be given to either unmarried or married women. With regard to a domiciliary service, it was decided that this should not be provided until further experience is obtained both by the Council and the Family Planning Association.

The Council made a grant of £100 to the Family Planning Association in 1967, and provision for a grant of £300 in 1968 has been made in the Annual Estimates for 1968/69.

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 midwives and 4 part-time midwives on the establishment, but there was a shortage of staff for several months due to the retirement of two officers and the resignation of another for health reasons.

There is no group attachment scheme of Council midwives to general practitioner surgeries. 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 outfits are provided for all mothers who have their babies at home.

REFRESHER COURSES

Six midwives attended refresher courses during the year to comply with Section G.1. of the Rules of the Central Midwives Board which requires every practising midwife to attend a residential refresher course every 5 years.

PUPIL MIDWIVES

A total of 24 pupil midwives were accepted for Part II District Training from Hillingdon, Bushey, Paddington and Central Middlesex Hospitals. The continued reduction in domiciliary bookings is having an adverse effect on the number of pupils who can be accepted for Part II training.

The Council's midwives have also given facilities for nurses in general training to accompany them on their rounds and to attend ante-natal sessions.

48 HOUR DISCHARGES

There was a marked increase in the number of early discharges, the majority of which were planned for early discharge, others were accepted on account of emotional disturbances and domestic difficulties. Four part-time midwives are employed for the nursing of early discharges.

HEALTH VISITING

The work of the Health Visitor includes attendance at all clinics and school health sessions, but the majority of her time is spent in giving help and advice to persons in their own homes.

First Effective Visits	Total Effective Visits	Total No Access	Total Visits as School Nurse
24,514	49,569	10,760	1,852

The noticeable decrease in the total effective home visits (5,455) is offset by the amount of time required in helping newcomers to the Borough settle into unfamiliar surroundings, dealing with the many problems which arise, and to a lesser extent by the fall in the birthrate and the shortage of Health Visitors.

Liaison

Frequent contact is made with the Medical Social Workers in hospitals. An invitation to attend discussion groups with the Geriatric Department of Edgware General Hospital was extended to the Health Visitors working in the Kingsbury area. One Health Visitor continued her weekly visit to the surgery of a group practice. Closer liaison will be made when the Chalkhill Health Centre opens next year.

Refresher Courses

The Superintendent Health Visitor attended a weeks' refresher course on top line management at Liverpool; two Health Visitors attended a two weeks' refresher course at Liverpool; three attended a two weeks' non-residential course in London; and two attended a half day per week release course for ten weeks in London.

Student Health Visitors

Five sponsored students are attending the current course, leading to the Health Visitor's Certificate.

DISTRICT NURSING

Under Section 25 of the National Health Service Act 1946, it is the duty of every local authority to provide nurses for persons who require nursing in their own homes. The full establishment of nurses (46 plus 2 state enrolled nurses) was maintained during the year. Four part-time bathing attendants are employed and they work under the supervision of the trained staff. The nurses work in close liaison with general practitioners and hospital staff to ensure comprehensive nursing care for patients.

2,544 new patients were referred during the year, and the nurses paid a total number of 126,607 visits to all patients. At the end of the year 1,212 cases were on the register. 3,184 treatments were given in general practitioners' surgeries under the group attachment scheme. 1,767 visits were paid by bathing attendants.

GENERAL PRACTITIONER ATTACHMENTS

There are now five 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 the nurses.

TRAINING AND REFRESHER COURSES

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

Four nurses attended refresher courses to comply with the Ministry of Health's recommendation that all home nurses should attend refresher courses every 5 years.

One bathing attendant attended a two weeks' course for nursing attendants arranged by the London Borough of Newham.

DISPOSABLE EQUIPMENT

The extended use of pre-sterilised disposable equipment i.e. syringes, swabs, gloves and emergency dressings, has materially improved efficiency and safety.

MARIE CURIE MEMORIAL FOUNDATION

Help is given from this Foundation to terminal cases of carcinoma nursed at home. Night nurses were provided for 10 patients during the year thus enabling relatives to have some rest through the most difficult and trying periods. Two patients were provided with a day nurse. Bed-linen and extra nourishment was provided for one patient. Two patients were supplied with the loan of a haemoductor suction apparatus by a medical equipment firm on behalf of the Foundation.

INCONTINENCE PADS

Incontinence pads are provided by the Council free of charge to all incontinent patients who require them, whether or not there is a Home Nurse in attendance. Requests for pads are received from General Practitioners, Hospitals, Social Workers and others.

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
3 — 5 months	Diphtheria/tetanus/pertussis (triple)
3 — 5 „	Poliomyelitis
12 — 24 „	Smallpox
18 — 21 „	Diphtheria/tetanus/pertussis (triple) (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 4½ years (pre-school entry).

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

Smallpox	Primary vaccination	3,156 (3,304)
	Re-vaccinations	209 (217)
Diphtheria/tetanus/pertussis	Primary immunisation	5,639 (5,398)
	Re-inforcing	3,256 (3,861)
Poliomyelitis	Primary inoculation	5,870 (5,968)
	Re-inforcing	3,339 (3,127)

(Figures for 1966 in brackets)

In accordance with Ministry of Health Circular 6/67 of 10th April, 1967, the Public Health Laboratory Service ceased to distribute supplies of smallpox vaccine direct to hospitals and general practitioners with effect from 12th June, 1967. Instead the Laboratory Service now supplies local health authorities who are responsible for distributing supplies to hospitals and general practitioners in accordance with their requirements.

The Department obtains bulk supplies from the Central Public Health Laboratory at Colindale which are kept in a deep freeze cabinet in the Maternal and Child Health Section at Brent House.

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 102 persons in recuperative holiday homes. Of these, 72 were admitted to such homes and 30 were cancelled or withdrawn. Of the 72 cases admitted, 70 were adults and 2 were children under school age.

In addition, 33 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 a voluntary organisation.

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.

Chiropody treatment for school children was provided under the Education Act, 1944 (see Table page 68).

The alterations at Neasden Clinic to provide a new chiropody room were completed in July at a cost of £850. The new facilities have proved to be of great benefit to patients and staff.

On 15th November the Council decided that the service should be free to all eligible persons. Prior to this the standard charge for the service was 4/- if one foot was treated or 8/- if both feet were treated. It was free to:

- | | | | |
|---|---|---|--|
| (a) Expectant and nursing mothers, children under 5 years of age and school children; | | | |
| (b) Persons in receipt of Ministry of Social Security Grant or Supplementary Grant; | | | |
| (c) Persons of pensionable age; | | | |
| (d) Other eligible persons in receipt of unemployment, disablement or sickness benefit. | <table border="0"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td>Provided that the total income did not exceed £5 per week for a single person or £8 per week for husband and wife.</td> </tr> </table> | { | Provided that the total income did not exceed £5 per week for a single person or £8 per week for husband and wife. |
| { | Provided that the total income did not exceed £5 per week for a single person or £8 per week for husband and wife. | | |

One half of the standard charge was made to all other persons in receipt of retirement pensions.

HOME HELP SERVICE

There were 1,066 applications for the service in 1967, and the number of cases receiving help at the end of the year increased from 1,006 to 1,065. Three tuberculosis cases were helped, and help was provided free to one mother suffering from toxæmia of pregnancy. One hundred and thirteen bookings were taken for home confinements but only 71 were helped, including 27 48-hour discharge cases in which help was provided free. The remainder made other arrangements.

In November, the Council considered a report on the proposals formulated by the London Boroughs' Association for the introduction of revised assessment scales and charges for the Social Services. It was agreed that the Standard Charge for the Service should be increased from 4/9d. to 6/9d. per hour from 4th December and that help should cease to be given free to 48-hour discharge maternity cases.

Three persons were employed as neighbourly helps. The maximum payment for this work was increased from £2 to £3.7.0 per week from the 4th December.

From 4th September, the rate of pay of Home Helps was increased to 5/6 $\frac{1}{2}$ d. per hour. The establishment of 95 full-time equivalent Home Helps was not reached but an average of 90 has been maintained.

During the year the Council agreed to provide Home Helps having over six months service with poplin mackintoshes.

The Organisers made a total of 6,356 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 1967, 2,310 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 £591.7.3, 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—17)

Mortality and Morbidity

There were eight deaths from pulmonary tuberculosis among men and four among women. Two of the deaths were in the middle age group (a man and a woman), the remainder were in the older age group. The number of deaths was the highest recorded since 1963 when 17 people died of the disease. Three of the men and one woman were previously unknown to the health authorities. In view of this reservoir of infection in the community, 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 67).

Care and After Care

The arrangements providing for the care and after care of patients 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 patients on the other cannot be divorced from treatment. For this reason the physician at the 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 Council's staff employed at the 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 1,229 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 1,229 visits are those made to non-tuberculosis households when 251 such visits were made.

Welfare

The decline in the incidence of tuberculosis has had a marked effect on 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 more comparable to the general type of medical social work undertaken by medical social workers in hospitals. The medical social work undertaken at the Chest Clinic is now integrated with that of the hospital service. It should be emphasised that this has not led to any loss by tubercular 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 in a wide range of handicrafts is given to selected patients in their own homes; classes are also held at the Willesden Chest Clinic. Until 31st March, 1967, the occupational therapist, in addition to providing a service to patients in Brent, served patients in the London Boroughs of Ealing, Hillingdon and Hounslow. On 31st March, Hillingdon terminated the arrangement and the 25 per cent of the occupational therapist's time which was spent serving patients in that Borough was allocated to the Welfare Division of Brent. The occupational therapist also visits patients in the Hostel for Homeless Tuberculosis men at Twickenham. There is an appropriate financial arrangement with these authorities.

Two hundred and fifty-eight successful visits were made to patients' homes in Brent. There were 185 attendances at 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 and over; students attending universities, teachers' training colleges, technical colleges or other establishments for further education.

The number of persons vaccinated during the year was 2,615.

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 67.

VENEREAL DISEASE

Since the operation of the National Health Service Act, 1946, responsibility for the treatment of venereal disease has rested with the Regional Hospital Boards.

The Council, however, continue to be concerned in co-operating with the work of the venereal disease treatment clinics as regards following up persons under treatment or known or believed to be sources of infection. In this connection, the Council's Medical Social Worker attended venereal disease clinics at the Central Middlesex Hospital and her services were utilised for the purpose of tracing contacts and following up defaulters, as well as assisting 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 treated by general practitioners is available.

MENTAL HEALTH

(TABLES 18—20)

The Community Mental Health Services were administered, as in previous years, by the Mental Health Division, dealing with all types of mentally disordered persons:—

Establishments include:—

- A Hostel for 27 mentally ill men and women
- A Hostel for 6 mentally ill women
- A Day Centre for 30 mentally ill
- A Junior Training Centre (Including Special Care Unit), 106 places
- A Hostel for 12 subnormal working boys.

Of the 1,000 or so mentally disordered people living in this Borough and known to the Department, only a proportion need services at any one time, yet the involvement of the community is much greater than sheer numbers would suggest. It is not always appreciated that for any one patient many other persons in their environment become involved and indeed occasionally these contacts themselves become mentally ill. Fortunately the disturbance of their minds may well be of a transient nature only. "No man is an island" and in this way disturbing influences affect wide circles, particularly involving the family but also work relationships.

COMMUNITY CARE—MENTAL ILLNESS

Mental after care is carried out by the Division's social workers (Mental Welfare Officers) who are responsible to the Senior Medical Officer (Mental Health) and the Chief Mental Welfare Officer. Patients are seen at home or at the office. This does involve a fair amount of evening visits with those clients who are out at work all day. This is unavoidable if continuous support is to be given, but places a strain on the Department's manpower resources. This was a major consideration in the need for an extension of the social worker establishment which is dealt with in some detail below.

Mental Health Social Worker Establishment

My Report for 1966 pointed out that the establishment was inadequate. It did not provide for a proper career structure and in no way contributed towards the provision of more highly trained staff. In addition the mental health social worker/population ratio is below that of many other local authorities. For these reasons and to redesignate posts in terms of modern concepts a reappraisal of the staffing situation became necessary and the Council at its meeting in November approved the change in establishment and designations which it is hoped to bring into operation in the next financial year.

Present Establishment

- 1 Chief Mental Welfare Officer
- 1 Senior Mental Welfare Officer
- 1 Psychiatric Social Worker (vacant)
- 7 Mental Welfare Officers
- 1 Mental Health Social Worker (full time)*
- 2 Mental Health Social Workers (part time)*
equivalent 1 full time
- 1 Domiciliary Psychiatric Nurse

Approved Establishment

- 1 Chief Mental Health Social Worker
- 1 Deputy Chief Mental Health Social Worker
- 2 Senior Mental Health Social Workers
- 7 Mental Health Social Workers
(Mental Welfare Officer's duties)
- 1 Mental Health Social Worker (full time)*
- 2 Mental Health Social Workers (part time)*
- 1 Mental Health Social Worker (part time)
(boarding out duties)
- 2 Trainee Mental Health Social Workers
- 1 Domiciliary Psychiatric Nurse

* = subnormality duties

The newly approved establishment will allow one Mental Health Social Worker to be seconded on full pay to a course in social work training leading to the Certificate in Social Work Training. In addition, the creation of trainee posts will make it possible to appoint young persons to work within the Division for a period of approximately two years before secondment to the above course.

There have been very few personnel changes during the year under review. This makes for a more stable atmosphere among the staff which is bound to reflect favourably on their relationships with patients.

The Boarding Out Scheme

This scheme was initiated by the former Middlesex County Council. Its purpose was to encourage mentally ill patients to live in the community even with a reduced earning capacity. It is a sad fact that many mentally disordered persons cannot readily accept work to which they would appear to be well suited intellectually. This results frequently in poorly paid unskilled type of employment or indeed in unemployment. However, some of these people are quite capable socially to live in suitable lodging rather than, say, in a hostel or even remain in hospital. Apart from therapeutic value, this is economically a much more attractive proposition. The above scheme, therefore, intended to be used to supplement board and lodging expenses, was launched to be used in conjunction with the post of a social worker acting as Boarding Out Officer.

Unfortunately very little use has been made of the facilities since the resignation of this officer in 1966, who had been transferred from the Middlesex County Council to the London Borough of Harrow on the "appointed day" and shared with Brent. It had been hoped that Mental Health Social Workers/Mental Welfare Officers would be able to carry on the scheme with regard to their own cases. This, however, proved an unrealistic assumption—heavy case loads did not allow enough time for additional duties of a somewhat arduous nature.

Recently the need for such a scheme has made itself felt more acutely. With the opening of the Hostel, 9 Willesden Lane, it has become evident that patients will need additional help if they are not to prolong their stay at the Hostel unnecessarily. Indeed, this applies at least as much to the Hostel for 12

Subnormal Working Boys, some of whom could by now be considered almost ready to leave this very sheltered environment, and also to some of the ladies in the Post-Hospital Unit, 73 Wembley Park Drive.

With these reflections in mind, the part-time post of Mental Health Social Worker with mainly boarding out duties has been created and it is hoped that results will justify the expenditure involved.

The Hostel, 9 Willesden Lane

This establishment was handed over by the Borough Architect on 1st March, 1967. Another six weeks or so then passed before the premises were fit to receive the first patients.

The building is a conversion of the old Kilburn Clinic. Attached is a newly constructed small house for the Superintendent. It is designed for 27 men and women in need of rehabilitation after a stay in a psychiatric hospital (in the majority of cases this will be Shenley Hospital). There is no age limit but in practice a range of 18—55 years will most likely be applicable. The Hostel is staffed by a superintendent, a deputy/assistant superintendent (both these are resident posts), a housekeeper, a cook and domestic workers. The Senior Medical Officer holds overall responsibility and a designated Mental Health Social Worker advises on certain aspects of patient rehabilitation.

The project bristled with difficulties right from the very beginning. Admission policy was structured in such a way that only patients who fulfilled certain criteria were to be considered—the main one being a reasonable prognosis regarding their return to competitive employment and eventually full independence. It was decided not to include certain diagnostic categories, i.e. alcoholics and drug addicts as it was felt that elements of this kind would be too disruptive. It was hoped that the admission of short term cases would make the best use of the facilities available for a maximum number of patients. As might have been expected judging from the experiences of other local authority hostels, patients who fulfil all or even most of these criteria are very rare and so right from the beginning, it appeared this policy decision would have to be revised.

An unexpected difficulty arose when patients were told of the maximum charge of £7.16.0 per week. To patients resident in Shenley Hospital who go out to work daily as some do, the maximum charge is only £4.15.0. They naturally resented on admission to the hostel having to pay substantially more. Since then a review of the charges has removed this anomaly and our patients are now no longer financially penalized when leaving the hospital.

Patients hospitalized for many years, yet now cured of their original illness, but still subject to a certain instability, presented a further problem. It was felt unreasonable to expect this type of person to fit into the new life within the community, severing abruptly all ties with their old life immediately. It was therefore proposed to invite such patients to spend a weekend or two at the hostel to facilitate rehabilitation. Shenley Hospital Management Committee therefore agreed to cover local authority charges for this kind of short stay. There should, of course, be very few cases for whom arrangements of this kind will have to be made.

Staffing difficulties arose almost immediately. Although the then Superintendent with his wife as housekeeper had been in residence since October 1966, they remained the only available staff for many months. It was not possible to recruit an assistant until October 1967, and even a cook and domestic help proved unobtainable until well into the autumn. Small wonder that nerves got frayed when circumstances became difficult although the admission of patients was limited in number accordingly. The Superintendent and his wife tendered their resignation and left in October 1967. It was not possible for the newly appointed Superintendent to commence until the new year, and in the meantime other arrangements were made. The Senior Mental Welfare Officer and his family generously offered to step into the breach provisionally, an offer that was gratefully accepted. Eventually his daughter (an S.R.N.) became acting Superintendent. In this way it was possible to avoid hostel closure which would have been undesirable although only a handful of patients were in residence at the time.

The consultant psychiatrists of Shenley Hospital have expressed their opinion that much closer liaison in hostel matters was desirable to ensure the satisfactory progress of their patients. It had been envisaged that outpatient appointments would suffice to keep up the link between patient and hospital doctor. However, this proved not to be a satisfactory solution. This led to one of the hospital psychiatric consultants counselling staff in a liaison capacity.

On many grounds this hostel should prove a great asset to the community care of the mentally ill because it has all the ingredients that make for success. The premises themselves are most attractive, catering for both the physical and spiritual needs of residents. There are two lounges and a dining room. In addition, the living quarters offer scope for games in a suitably designed room. Recreational facilities include television, radio, record player, etc. Residents are encouraged to look after their own clothes (there are excellent laundry facilities in the utility room) and their own small kitchen allows them to become somewhat independent should they wish to cook an individual meal. They are all expected to cook their own breakfast and to further their self-reliance they are encouraged to make their beds and generally care for their bedrooms.

Being city dwellers, Brent patients have again got to get used to the noise and hustle of urban life. The Hostel is able to provide the background for this as it is situated in a very busy London street with many shops and excellent transport facilities. Places of work are near and plentiful even today and a person has to be very handicapped indeed not to find suitable employment within easy travelling distance from the Hostel. We are particularly fortunate to be able to offer to those in need a short period at the Occupational Therapy Day Centre, Bertie Road, Willesden, which is only a short distance by bus. An interim period there helps the acclimatisation process while awaiting employment. Attendance at this Centre also affords a good opportunity for the Disablement Rehabilitation Officer who calls there weekly to get acquainted with the residents' work potential.

Some use is still made of hostels provided by other local authorities or voluntary organisations for which this Council accepts financial responsibility.

The reasons for this are various. The patient may be over working age or the presenting symptom may need special facilities (drug addicts and alcoholics are cases in point). On occasions a Brent patient may

have started work outside Shenley Hospital near to another local authority's hostel and it would be clinically undesirable to insist on a placement elsewhere, entailing a change of job.

Post-Hospital Unit, 73 Wembley Park Drive

This project has now been running for nearly five years and has proved its worth beyond doubt. I have been approached by other local authorities who wish to establish similar schemes and have been able to give them the information needed for success. The main point to note is that there will only be a very small number of ex-hospital patients who can make use of facilities of this kind. This is supported by the fact that the Hostel is filled to capacity (6 ladies) for short periods only. Most of the time there are five residents and sometimes only four. This depletion occurs if and when a patient relapses and has to return to Shenley Hospital for short periods when her room will be kept for her.

Supervision now is minimal and only a regular evening visit once a week by the Senior Medical Officer and occasional visits by a Mental Health Social Worker who deals chiefly with household matters, handling the petty cash, etc., take place. His is a dual role in that he also acts as the Mental Welfare Officer dealing with any possible hospital readmissions. The residents look forward to the regular visits of the Senior Medical Officer and have tended to accept the staff as friends rather than officials. A clerk from the Finance Department calls one evening per week to collect the rent.

During the year under review the Hostel has been used on three occasions for emergency admissions from the community on a temporary basis when patients had suddenly become homeless. It was understood that the stay could only be temporary (two had young children, cared for elsewhere) and there was no difficulty in ensuring their departure after a stay of a few weeks. It is felt that the occasional use of the premises in this way is a great asset to the Mental Health Division.

By now some patients have reached practically the limit of what could legitimately be called a short term period and the question of discharge becomes imminent. It is very difficult to see some of these ladies fitting into ordinary lodgings once more, having enjoyed almost as much freedom as in their own homes. They are likely to resent the usual type of restrictions imposed by landlords. It is to be hoped that the newly created post of part-time Mental Health Social Worker for boarding out duties will deal with this problem. Otherwise the provision of sheltered lodgings will have to be considered.

Registered Residential Homes (Ealon House, N.W.6)

This Hostel (registered in terms of Section 37, National Assistance Act, 1948, as applied by Section 19, Mental Health Act, 1959), is run by the Jewish Welfare Board and continues to give excellent service.

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

The service has benefited from a consistent staff for the latter six months of the year.

99 patients were referred to this Occupational Therapy Centre. Of these only 76 were prepared to accept occupational therapy. This is an increase of 17 over the previous year. Patients have continued to be referred from the London teaching hospitals and out-patients clinics of local hospitals as well as Shenley Hospital.

Number of patients referred 1st January, 1967—31st December, 1967	76
(Male 42, Female 34)	(3 re-admissions)
Number of patients receiving treatment 31st December, 1967	39
(Male 16, Female 23)	
*Number of patients discharged	76
(Male 39, Female 37)	
*Discharged to open employment with the help of the Disablement Rehabilitation Officer, and despite rising local unemployment figures	33
Transferred to Industrial Therapy Unit	1
Discharged home, rehabilitated to living within community but not able to take up employment, and to be followed up by Psychiatric Social Worker or Mental Welfare Officer	13
Admitted to Day Centre	3
Admitted to Hospital	18
Left district	4
Transferred to Marlborough Hill Day Centre for Elderly Mentally Infirm (by arrangement with London Borough of Harrow)	3
Transferred to Welfare Division	1
Distribution of patients in Boroughs Admitted 1967 :	
Brent	56
Ealing	2
Harrow	8
Barnet	4
Camden	4
Hillingdon	1
Tower Hamlets	1
	76

Patients attending the Centre
31st December, 1967:

Brent	26
Ealing	2
Harrow	5
Barnet	3
Camden	2
Hillingdon	—
Tower Hamlets	1
	<hr/> 39

Work has continued to be supplied through the voluntary services, the Borough and individual people. The opening of the Hostel, 9, Willesden Lane, provided good group work making net curtains, covers for the divans and cushions, and bedside lamps.

Industrial assembly work has been supplied by the Industrial Unit at Shenley Hospital. This has provided a range of work necessary to assess patients' speed, co-ordination, accuracy and adaptability.

Projects outside the Centre have been maintained as in previous years and individual outlets, including Brent House, Neasden Junior Training Centre, W.R.V.S. and Senior Citizens' Club, have been used consistently through the year. Groups of patients with an occupational therapist undertook office work with Brent Council of Social Service. Decorating, cleaning and gardening projects, were carried out for various Health and Welfare establishments. Swimming has been made possible with the opening of Willesden Sports Centre, an average group of six patients attend regularly with an occupational therapist. Other groups played tennis on local public courts. This has wide therapeutic value, giving exercise, confidence and participation in an activity within the community. Art classes continued to provide very valuable addition to the occupational therapy programme. Visits this year included factories. They were appreciated and gave a wider interest, and had the advantage of making patients aware of modern techniques used in industry and work conditions generally. Small groups continued to visit museums and exhibitions. A social worker from Shenley Hospital continued the weekly therapeutic discussion group. Additionally a second meeting has been instigated where staff and patients discuss matters regarding the practical day-to-day running of the Centre thus enlisting the patients' sense of responsibility.

Channels of communication have continued to be maintained by regular attendance of the occupational therapy staff at various clinics and out-patient departments of hospitals.

A "Do It Yourself" Club (The Thursday Club) started in May where members can attend under the supervision of the Occupational Therapist one evening per week to develop the sense of friendship and utilize the Centre facilities including tools to develop a craft as a hobby. A group project was the construction of a puppet theatre with puppets which were presented as a gift to children of the Neasden Junior Training Centre at a special Christmas party.

As the scope of the Centre widens the cramped accommodation no longer suffices and it is proposed to extend facilities by the provision of a prefabricated extension.

Social Clubs for Mentally Ill

Two such clubs function in this area on two evenings per week. The activities of one of these are mainly social and recreational, whilst the other's purpose is to develop hobbies. The former ("Gateway Club") is the responsibility of the Chief Mental Welfare Officer, while the latter is run by the Head Occupational Therapist.

Day Care for the Elderly Mentally Ill

The Harrow Day Centre, as previously, allocated 10 places for patients from this Borough. In spite of distances involved, transport does not appear to be an obstacle to referrals, and at the end of the year seven patients were attending.

Shenley Hospital

The Mental Health Division staff continued to keep in close touch with this, our only hospital for mentally ill patients and to visit the hospital on numerous occasions. The hospital staff also gave generously of their time to share common problems.

With a view to furthering mutual interests, particularly regarding the functioning of the Hostel, 9, Willesden Lane, the appointment on a sessional basis (one session per week) of a hospital psychiatric consultant, has been proposed. It is my opinion that psychiatric support of this kind will greatly facilitate and enhance the work of the Mental Health Division staff.

On the occasion of Mental Health Week the hospital staff proved particularly helpful. All the occupational therapy departments contributed items for exhibition and I would like to mention specifically the help received from the Chief Male Nurse. It is proposed similarly to join our efforts for Mental Health Week in 1968.

The past three years have brought great changes within Shenley Hospital which should be to the eventual benefit of this Borough. The revolutionary changes of treatment of mentally ill patients have brought in their wake a humanitarian approach unthought of as recently as twenty years ago. From a practical point of view this has meant unlocking most of the wards, doing away with iron railings, and last of all, terminating the segregation of the sexes. It is this latter which has proved a particularly tricky exercise for administrators. April 1965 still found Shenley divided up into three about equal divisions according to sex; one male and two females (thus incidentally clearly indicating the sex ratio of mental illness). Male and female patients did meet occasionally socially and casually in the grounds but on the whole segregation was quite rigid. Since then the

move has been towards shared male and female living and dining accommodation under the same medical and nursing staff. This policy went hand in hand with that of an area programme which will eventually provide two divisions for the practically exclusive use of Brent patients; and a third division for Harrow patients only. The coming year should practically see the completion of this large re-orientation programme. From the community's point of view this arrangement will be very welcome as it facilitates contact with relevant medical and social worker staff. Brent patients are fortunate to have an excellent and attractive hospital—run on modern lines and offering widest treatment facilities.

There is unfortunately one black spot and that is with regard to facilities for the elderly mentally ill. Shenley Hospital has nothing to be ashamed of when compared with other psychiatric hospitals, yet the care of this group of patients is far from ideal. Certainly cases with minor mental deterioration are being accepted in Brent residential homes but there would appear a need for a different kind of establishment within the community where more disturbed elderly patients could be admitted. Shenley wards for the elderly are still very overcrowded and it is a great tribute to the nursing staff how well these patients are being looked after.

Voluntary Societies—The Brent Samaritans

This newly formed organisation began to function on 23rd January, 1967. The Harlesden Methodist Church generously allocated two rooms for the sole use of the Samaritan organisation, one for the telephone duty volunteer and the other for the conduct of confidential interviews. The quarters are cramped and at the beginning were poorly heated, but it speaks highly for the morale of the volunteers that there were very few withdrawals. The disappointment of volunteers, keyed up to help those in distress and on the brink of suicide, when nothing ever happens and the emergency telephone never rings can well be appreciated. It cannot have been easy to sit for four hours at a stretch from 7—11 p.m. on uncomfortable chairs keeping a listening brief with nothing to listen to. However, referrals of clients via other, longer established, branches soon flowed in and by the end of the year practically all volunteers have had the experience of dealing with that part of the public which the official agencies have not been able to help. The problems facing these volunteers are various, although a certain pattern soon becomes evident. There are, for instance, numerous requests for help to obtain suitable housing not itself a function of this organisation. However a number of these requests cover sometimes a very deep-seated problem of a more personal nature, perhaps involving family relationships and in these cases the Samaritan can often step in, providing the one uninvolved yet friendly outsider to whom the client can turn. In this sort of example, what presented as a straight-forward social need turned out to be concerned with problems on quite a different, emotional plane. For that reason every client will be listened to patiently and each interview should lead towards some diminishing at least of the feeling of distress and despair.

Many contacts of course are made that overtly express suicidal intention and in those cases Samaritan volunteers are backed by professional helpers. The consultant psychiatrist of Central Middlesex Hospital has shown great interest and helped in a number of cases, accepting direct referrals. Two general practitioners have become closely associated with the Samaritans and officers of the Mental Health Division have been readily available to help and guide volunteers with difficult clients.

There is every indication that the service is badly needed in Brent but whether the very poor socio-economic groups in the south of the Borough because of lack of knowledge and communication will be able to make proper use of this organisation remains to be seen.

Drug Abuse and Dependence

During a comparatively short span of time this subject has attracted increasing publicity in the national, and latterly, local press, due to the steep rise in the number of known addicts during the last year or two. Efforts had been made for some time within this local authority to get an idea of the size of the problem in Brent but figures have tended to be elusive. "Everybody" knew that teenagers were the age group most involved and suspected that this included a substantial number of older school boys and girls. Headteachers of senior schools mostly denied all knowledge of such youngsters among their pupils and in the light of later information this would appear to be a correct assessment. Those coming under the spell of drugs must needs have money, even the cheapest kind of pill or capsule of the amphetamine type costs 9d—1/6d and as quite a few are usually consumed during the course of an evening's jollification, this may amount to a substantial sum. Other drugs are even dearer. Hashish, a drug not used medically and therefore not stocked by chemists and thus not readily stolen, costs even more and most expensive of all are the opium derivatives and cocaine—the so-called "hard", killing drugs. It is therefore not surprising that the school boy or girl is unlikely to be a drug abuser. However, as soon as the young person has attained the status of wage earner the picture changes. For the first time ample funds are available to be frittered away on fun of any kind and so the inquisitive, "with-it", or perhaps unstable teenager will very possibly be introduced to illegal drug taking.

The problem is a very real one in this Borough. This is borne out by the disproportionately high number of convictions for drug offences at the Willesden Magistrates Court, which are the highest for all the Middlesex Session areas. Perhaps this does not come as a surprise when it is recalled that the south of Brent contains a high proportion of people of the lowest socio-economic strata, a shifting, immigrant population, living often in miserable, overcrowded conditions where young people particularly have little to look forward to by way of distraction. In an attempt to deal with this problem, two measures have been adopted during the year under review. A counselling clinic for drug abusers on a Thursday evening is held in a room with a separate entrance at Monks Park Clinic, Wembley. This is as anonymous a place as can be devised in the circumstances, bearing in mind the strong reluctance of drug abusers to approach anybody for help even if help is required. The fear of prosecution is high and addicts are forever suspicious that the wellmeaning social worker or doctor may inform the police. The clinic was well publicised by articles in the local press but has up to now shown little success—very few people have approached the Chief Mental Health Social Worker who is in attendance.

The second venture was initiated by the Willesden Area Probation Service. Probation officers were getting concerned about the steep increase in the number of drug abuse cases and they invited interested professional workers to discuss this problem. The group included members of the mental health staff, a school medical officer, a headteacher, a general practitioner and psychiatrists from Shenley Hospital. The outcome of these meetings was the opening at Kilburn Square Clinic of a session run jointly by the probation officers, and, on a voluntary basis, a general practitioner and a psychiatrist. At this evening clinic so far only clients on probation and their relatives are dealt with and at this stage all "hard drug" abusers have been excluded. It will be interesting to see how this venture develops.

The above mentioned group also recommended seminars for teachers by school doctors on the subject of drug abuse in an attempt to reach as large a part of the susceptible teenage population as possible. The first stage of this scheme was a series of two lectures given by a psychiatrist well versed in the problems of drug abuse to a group of school doctors. It is hoped that steps like this will reinforce the memorandum on this subject sent out by this Department to all teachers of senior schools.

Approved Medical Practitioners

Two additions were made in 1967 to the list of medical practitioners approved for the purposes of Section 28, Mental Health Act, 1959.

COMMUNITY CARE—SUBNORMAL & SEVERELY SUBNORMAL

Supervision in the Home

Three Mental Health Social Workers (equivalent 2 full time posts) deal exclusively with the care of the subnormal and severely subnormal and their families. In addition several other Mental Health Social Workers carry a varying case load of this type of patient.

It is worth stressing that their work mostly concerns the family rather than the patient as the latter in practically all cases attends some kind of establishment or other where his specific needs are catered for.

Parents very often regard "their" officer as a friend and readily turn to her in times of need. This relationship makes it possible to avert crisis situations which so readily arise particularly in households where it is a child who is mentally subnormal.

Immigrant patients present the specific problems connected with low socio-economic status. However in one respect the cultural pattern of their community leads to a specific difficulty:—West Indian women are afraid of mentally disordered children and refuse to "mind" them. The result is that parents of such a child will press for permanent hospital care because family finances compel the mother to go out to full-time employment. This need could be met by admission of the child to a Day Nursery but is rarely practical as places always fall short of demand. At any rate this type of placement could only be a stop-gap measure as the child has to leave at the age of 5 years. Daily placement at the Junior Training Centre or Special Care Unit unfortunately does not help these mothers as the attendance time is too short and the child has to be cared for at home during school holidays. Much ingenuity is needed by the Mental Health Social Worker to help such families until the child can be admitted to hospital.

Admissions to Hospital

The catchment area psychiatric hospital for mentally subnormal and severely subnormal persons remains Leavesden Hospital. Cordial and profitable co-operation between the hospital and local authority professional staffs continued. Although the community's need for hospital beds still falls short of requirements, one aspect at least of this need has been imaginatively dealt with and the hospital has evolved at long last a unit for babies and very young children. As this incorporates a research project, admission criteria are strict. However, it has been possible to plan for the admission of at least some babies. Up to recently there seems to have been very little doubt in the mind of medical authorities on this subject, that care in the parental home is greatly to be preferred, to that in any kind of institution. This maxim has applied to both, normal as well as handicapped children. Lately, however, some doubt has been thrown on this concept, specifically pertaining to the mentally severely retarded child. Unfortunately many parents overtly, or more often in a manner masked, reject these children and it has been said that an environment of this kind will do little to further their impaired developmental potential. When on the other hand, such a little patient is introduced into a specially devised hospital environment, it is quite remarkable how much improvement in learning ability does in fact emerge. The Leavesden Experimental Baby Unit has been evolved with such a child in mind. It is intended to bring up the baby not in an isolated children's unit, but to mix children with older female patients who can and do take on a new, maternal role, and this will prove beneficial to their own emotional life as well as to that of the babies. It is envisaged that the young child will stay in the same place, if necessary for the whole of her life, thus obviating the damaging change from ward to ward on age progression and to combat isolation within her own age group. This experiment is designed to match these children with similar controls who are likely to stay within the community. The hospital psychologist initially visits both types of child in their own home in the presence of the Mental Health Social Worker to whom this is proving a very stimulating thought provoking experience.

A completely different type of patient admitted to Leavesden Hospital is the delinquent boy, or more rarely girl, who arrives on a court order after some specific brush with the police. These youngsters are usually former educationally subnormal pupils who for various reasons have not been able to adapt to normal community requirements. The hospital in these cases functions as a training establishment both for work and general social needs. Leavesden Hospital fortunately has an excellent, modern industrial unit and competent staff skilled to train individuals of this kind. However, when patients are discharged after varying lengths of stay, they do not necessarily fit into the community without a great deal of hard work by Mental Health Social Workers. Young people whose behaviour and social adaptation gave rise to high hopes while still in the hospital, often find life at home by no means comparable with that in hospital and this in spite of the usual long periods of leave to accustom them to community life once more. Hostel accommodation appears to fill this gap and we are fortunate to provide this for boys, but as yet this facility is sadly lacking for girls.

Guardianship and Informal Foster Care

There are no cases under the guardianship of this Authority.

Informal foster care has continued as in previous years. The Brighton Guardianship Society, Hove, Sussex, continued to place our cases and arrange training. Valuable assistance was also received from such bodies and organisations as The Sons of Divine Providence, Teddington; Loppington House, Wem, Shrewsbury; Raffey House, Horsham; Ravenswood Foundation Schools; Retarded Children's Aid Society; Mayfield Children's Home, Sussex; St. Francis School, Buntingford, Herts.; St. Mary's Convent, Roehampton; Meldreth Training School; and Camphill Village Trust Ltd.; with whom, among others, 39 foster cases were placed, as the financial responsibility of the Council, at the close of the year.

Much time is consumed in arranging placements, as demand overall exceeds places available, and sight has not been lost, in the long term, of the establishment of our own Children's Homes for severely sub-normal cases, where unsuitable home conditions, involving either social factors or parent's inability to cope, make foster care desirable.

The Hostel for Subnormal Working Boys, 191, Willesden Lane

Once more I have to report changes in this Hostel. For the major part of 1967 only one resident member of the staff was available. It speaks highly for the quality of the then Superintendent that on his own, with minimal off-duty periods, he continued to carry out the programme of training and rehabilitation. The boys appeared to thrive under his care and thoroughly enjoyed the many well planned outings which included weekend camping under canvas. Three of the more responsible boys were permitted to plan their own holiday and themselves arranged bookings at a seaside boarding house. Those ten days were an unqualified success. During this period the Superintendent took the remainder to a commercial holiday camp on the Isle of Wight and reported that not only did everybody have a splendid time, but that the other holiday guests considered the group an asset. Their behaviour was exemplary and their enthusiastic enjoyment of the various camp activities was quite infectious. This venture was a brave experiment and proved the Superintendent's judgment of the boys' capabilities to be sound. Up to now they have always joined the large camp run by another London Borough for adult subnormals at St. Mary's Bay, Dymchurch, Kent. The atmosphere there was reported as too restricted for the type of boy resident at the Hostel at 191, Willesden Lane. This departure from the up-to-now accepted routine shows what can be done with imaginative management.

It was with great regret that I had to accept this Superintendent's resignation, although his reason for leaving may prove to be advantageous to the community as he had obtained a university place for himself for a three year course in social studies. Fortunately we were able to appoint a young couple (with an eight year old boy) as Superintendent and Assistant who took up their appointment in September 1967, overlapping with their predecessor for a short while. I am glad to be able to report that the boys appear to have taken well to the change-over and that the new staff appear to be continuing in the tradition of this Hostel's management.

So far there is little movement of residents to report in this long-stay establishment. However, one or two boys appear to be nearly ready to live on their own in sheltered lodgings. It is here that the new part-time post of boarding out officer should prove useful. This is a task that cannot be expected from hostel staff, whose outside contacts should be with prospective employers rather than landlords.

Neasden Junior Training Centre

It is with a feeling of optimism that I would like to report the next stage in the replacement of the present unsuitable building by a new one. Loan sanction has been granted by the Ministry of Housing and Local Government on 5.12.67 for £123,997 and £9,500 for furniture and equipment. This establishment is to be known as the Kingsbury Junior Training Centre.

Some Brent children still attend junior training centres of other adjacent Boroughs and will continue to do so until Kingsbury Centre opens in 1969.

However, the struggle adequately to train and teach all the severely mentally retarded children of Brent in old fashioned premises has continued. It is a measure of their great devotion to this work that the Supervisor and her staff continue to give such excellent service to the children. Waiting lists had assumed alarming proportions and therefore emergency measures have been adopted. These were aimed to help most with admissions of two types of problem children; viz. the special care—multiple handicap type and the five to seven year old school entry. As reported before, we continued to take into the Special Care Unit certain children, two and three days per week. This is of course not a popular solution and we endeavour to convert this part-time placement after a variable interval to a full, five day week one.

I have been anxious that all the children who required it should have the opportunity of physiotherapy for two sessions per week. In this way children receive treatment whichever weekly period they attend. The importance of physiotherapy for all cerebral palsy children cannot be over emphasised. Even the grossly brain damaged child can be helped to some extent if treated young enough. If nothing more is achieved than a certain amount of mobility, at least nursing, in later life will be greatly facilitated. This in turn is a very important factor when considering the nursing recruitment position.

There has been some movement in that a few very severely affected children have been admitted to Leavesden Hospital. This, however, did not help to expedite entry of the young school age child. There is a steady request for the entry of the seven year old child who has completed the two year assessment course at Vernon House Unit and has not been found sufficiently advanced to continue within the education system. We are thus faced with having to admit at any time during term a child used to regular school attendance whose academic and indeed social progress would suffer severely if interrupted for too long. It was to avoid this that it became imperative to enlarge the school roll. It was most opportune that towards the later part of the year the Department was offered by the Minister a large room attached to St. Margaret's Presbyterian Church, Nicoll Road, Harlesden. A group of a dozen or so senior children was transferred there from the Neasden Junior Training Centre with their teacher and attendant. Here they are able to continue their usual work and in addition are allowed the use of the large hall for games.

Their meals are provided by a nearby cafe, parents are charged the usual school price of 1/- each. I am glad to be able to report that the children are very happy at this place and that this scheme also helps them to sever gradually their ties from the activities of the Junior Training Centre, thus preparing them towards entry to an Adult Training Centre.

The Holiday Centre

For some considerable time the staff have been aware of the fact that normal school holiday periods as observed by the Junior Training Centre were unwelcome to parents particularly during the summer months. This is the time when outings with their other children make it hard for mothers to include the mentally often grossly retarded one and family pleasures are often severely curtailed. This period may put the family under considerable stress and might make just that difference between continuing to care for the child at home or requesting permanent residential placement. To help parents cope with the summer holiday period an experimental scheme was instigated and eventually executed by the Mental Health Division. With the co-operation of the Chief Education Officer, we were very fortunate to be allowed the use of Wykeham School, Neasden. This was a particularly happy choice as the children were given ample outdoor as well as indoor space. It was a joy to see them happily engaged on their tricycles and other large toys, having for once the space that should be theirs by right. 24 trainable children were selected under the care of five staff. In charge was a highly qualified person (the Supervisor of the Neasden Junior Training Centre had volunteered for this post) and four student teachers took individual groups. The scheme ran for four weeks in August and was a great success. Parents have expressed their appreciation in no uncertain terms and it is intended to run a similar holiday centre in 1968.

Local authorities and voluntary societies have looked at this question of holiday care for some time—the need is well known but not many ventures of this kind are actually operating. One of the reasons may well be connected with staffing difficulties. It is important that at least one person should be highly experienced, yet the best people, the Junior Training Centre teachers, are also those most in need of a break from these very demanding children. In our case we were obliged to accept the offer of our Supervisor who very generously allocated four of her holiday weeks to this venture. However, it remains to be seen how this difficult question will be solved next year. Unfortunately this is not work for a lay person, so that one has to fall back on experienced staff if the children are to derive the full benefit from their holiday.

Summer Holiday Camps

Mentally handicapped children and adults once again attended summer camps. These are organised by various adjacent boroughs and participants bear their own expenses, after assessment. Ten children and thirty-five adults attended in 1967.

Adult Training Centre

The attendance of mentally handicapped adults at adjacent London Boroughs' Adult Training Centres continues.

The lack of facilities for the training of the adult mentally retarded within the Borough has been more keenly felt during this year. As waiting lists are building up in those Boroughs who provide an Adult Training Centre so our own becomes ever more of a reproach. An establishment of this kind is needed in Brent not only to deal with the leavers from the Junior Training Centre but also with certain educationally sub-normal school leavers and some unemployable mentally ill people. There is a hard core of patients for whom the Occupational Therapy Day Centre cannot do any more, who are unable to stay the pace of open or even sheltered employment (e.g. Remploy) and who are just lingering at home as a heavy burden to their families. A small percentage of these would admirably fit into the environment of subnormal trainees at an Adult Training Centre.

Pressure from the public as well as from within the Department is rising and so concrete planning for such facilities must be given priority now. With this in mind the Director of Planning and Research had been approached with a view to finding a building site available in the near future. The only site at all suitable proved to be the ground adjoining Stonebridge Clinic, in Hillside, Harrow Road, N.W.10. However, the future of the Clinic is almost certain to be its transfer to new premises within the Stonebridge Development Scheme and the present premises will thus become vacant. It is therefore proposed to convert this Clinic and build on to it such facilities as might be required for an efficient and—one hopes—economical unit for 120 trainees.

It is envisaged to phase the actual building in such a way that some facilities will become available within a very short time of the removal of the Clinic.

In the meantime the urgent need for the training of senior mentally retarded persons has led to the exploration of temporary facilities. At the close of the year under review the use of St. Margaret's Church Hall, Nicoll Road, N.W.10, is being considered. As these premises are by no means ideal, the search for more suitable temporary premises continues. The difficulty with measures of this kind is well known, in that one of the problems is that some degree of adaptation almost certainly will be necessary and likely to prove costly. Temporary facilities are never popular and it is to be hoped that the Stonebridge Scheme will not be unduly delayed.

Social Clubs for Mentally Sub-Normals

One such, for children, is organised by the Brent Society for Mentally Handicapped Children, and takes place at Tylers Croft School on Saturday mornings. Another, for mentally handicapped teenagers (The Neasden Club) operates on Thursday evenings at Neasden Junior Training Centre and is organised by the parents.

The Brent Society for Mentally Handicapped Children (Willesden & Wembley Areas)

This association of parents has as its aim the amelioration of the unhappy fate of the mentally deficient child. Its declared objects are "To increase public awareness and understanding of the problem of the

mentally handicapped, so as to secure provision for them commensurate with their needs". The Society is affiliated to the National one of the same name. There are many similar local societies in various parts of the country who undoubtedly have had considerable influence on the development of the various services available nowadays to children of this kind.

It is the sincere wish of myself and officers so closely concerned with the problems of the mentally handicapped child, that in the near future channels of communication will flow more freely between this voluntary body and the Department. This is not to say that there exists no communicating link between the Brent Society and the Mental Health Division. Fortunately during 1967 there was at least one occasion on which Department and Society joined to further the cause of better understanding on mental disorder in the community. I refer to the Mental Health Week held throughout the country in the first week of June.

Mental Health Week, 4th June—10th June, 1967

It was possible, thanks to funds made available by the Borough Council, to stage an exhibition in Anson Hall, Willesden. This afforded an excellent opportunity of getting together two voluntary organisations, two psychiatric hospitals and the Mental Health Division. It was on the whole a well balanced exhibition although, as one might have expected, the work of the children from the Junior Training Centre appeared to predominate. This, understandably, caught the eye because of the imaginative way in which the work was displayed and the high standard of execution. The general excellent effect was a tribute to the high teaching skills of the staff of the Centre. The numerous paintings lent colour and gaiety to the show—from the crudest colour splashes executed by very young children (in both the mental and physical sense) to most sophisticated works of art by mentally ill patients from Shenley Hospital. The range of handicrafts was as diverse, on the one hand again, some simple shaped object glued together somewhat haphazardly by a child in the Junior Training Centre and on the other some most intricate pieces of joinery carried out in Shenley Hospital workshops by mentally ill patients. A beautiful tiled screen, printed in Shenley Hospital, attracted visitors as did the mosaic tables and lamps from the Bertie Road Day Centre. It was difficult to convey in an exhibition of this kind the emphasis modern hospital treatment puts on industrial training. However, the Leavesden Hospital exhibit managed to display this aspect quite effectively. Naturally it is tempting to put on show beautiful items—how much more attractive to look at a gaily painted clay jug rather than an assembly of dull objects neatly assembled into a carton. However, it is the latter activity that will make it possible for a patient once more to earn his or her living when returning home, whereas the pretty piece of pottery will not even pay the weekly T.V. rental. For all that, assemblies of this kind were on show and it says much for the skill of the Shenley Hospital occupational therapists that none of these exhibits were uninteresting and indeed caught the eye of the viewers in their own right. Other stands showed photographs of activities, outings and buildings, all pertaining in various and numerous ways to mental disorder, its treatment and rehabilitation. One stand deserves a mention—that of the Brent Samaritans. Its exhibit was starkly simple—a telephone and a message: "In distress or despair—Phone the Brent Samaritans—965 8000".

Much enthusiasm and effort had gone into this very effective exhibition and it is therefore disappointing that only a small number of people visited it. There were of course some organised parties of older school children, etc., but "ordinary" people, i.e. shopping housewives during the day, or couples out for an evening were very few indeed. The reason for this may be twofold—funds did not allow for wide advertising and Anson Hall is not centrally placed.

Although commercial advertisements were not carried, the local press featured articles on mental health issues following a visit by reporters to the Hostel, 9, Willesden Lane. On that occasion mental health services were discussed at length.

My thanks are due to a Building Society for the generous offer of the use of their window space in Wembley High Road where the Department was able to stage an attractive display.

The apathy of the general public on the subject of mental health is well known and therefore much more effort is needed if ordinary people are to become better acquainted with this subject. Many attractively displayed leaflets were distributed in various public places (e.g. libraries, clinics, etc.) but judging from the small number of enquiries received by the Mental Health Division, the messages contained fell on stony ground. One would have thought that the subject matter "Careers in Mental Health" should have made at least some younger people curious enough to follow up the printed information with further enquiries.

At this juncture it may be pertinent to put the question whether health education generally and mental health education specifically is making any impact at all on the public mind. Mass media have been used to a fair extent—indeed an excellent film on the subject of schizophrenia was shown on BBC/TV at peak hour viewing time during Mental Health Week. This film was made over a period of time at Shenley Hospital and included Brent patients. Yet on the whole the general impression is that most people are still uninformed on mental disorder problems and frightened at the very thought of consulting a psychiatrist, let alone entering a psychiatric hospital. Local as well as national publicity does not appear to penetrate the public's mind. This could of course be due to frightening phantasies preventing an open mind on the subject of mental disorder, or, worse still, to apathy towards anything not directly related to oneself at that moment. On balance, it would be premature to abandon mental health education measures at this point as it is unfair to expect the public to respond readily to a subject that had been practically taboo for centuries. This however means that efforts such as Mental Health Week will have to be intensified and sufficient funds allocated for this purpose.

WELFARE SERVICES

TEMPORARY ACCOMMODATION

At the beginning of the year, three hostels (a house in Dartmouth Road, one in Harrow Road, and two adjoining houses in Nicoll Road) provided short stay accommodation for 31 families, including 8 husbands. In addition, the house in Dartmouth Road provided emergency accommodation with its own cooking and personal cleansing facilities for 3 women and 15 children.

At the hostel in Dartmouth Road a domestic science leader from the London Council of Social Service ran a home-making group one day per week. During the year the group had an average attendance of 5-6 mothers who were given instruction in dress-making, cookery, household budgeting, etc. In addition, a play group leader from the Save the Children Fund attended the Hostel three mornings a week; the sessions are of great benefit to the children and the mothers, who are given guidance on methods of play and the caring of their children.

Because of the increasing number of families seeking help during the year and the number who had to be found alternative accommodation, the Council decided that properties purchased in advance of requirements in re-development areas, should, if they were in a habitable condition, be offered to the Department for use of homeless families. During the year, three properties so offered were found to be satisfactory (two in Kilburn Park Road, one in Brett Road) and are now accommodating an additional 8 families. The Ministry of Transport also offered the Council temporary use of a property at a rent of £266.10.0 per annum in Balnacraig Avenue, which was purchased with a view to being demolished in connection with the Neasden Underpass Scheme. The property was found to be satisfactory and accommodates 2 families.

In April, 1967, the Welfare Services Committee approved the conversion of 54 Winchester Avenue, N.W.6 into six units of accommodation for homeless families. The property was owned by the Council and was previously used as an office. The total cost of the conversion scheme agreed by the Council was £14,824. The necessary work commenced on the 6th November, and is due for completion in May 1968.

The Council also decided in July to purchase No. 13 Nicoll Road, when this property was offered for sale on the open market. It was considered that its acquisition would be of advantage to the Department and the Council as it adjoins the existing hostel at 9-11 Nicoll Road. The District Valuer's valuation was agreed by the vendor, but due to the difficulties of obtaining vacant possession, contracts had not been exchanged by the end of the year.

On the 1st January, 1967, 31 families (comprising 8 men, 31 women, 75 children) were in temporary and emergency accommodation, during the year 50 families (16 men, 50 women, 150 children) were admitted and 44 families (1 man, 44 women, 129 children) discharged, leaving 37 families (23 men, 37 women, 96 children) in residence at the end of the year. Legal evictions due to arrears of rent were the main causes of homelessness. Of the families discharged, 8 were rehoused by the Council and 36 found their own accommodation. In addition several voluntary organisations provided accommodation including the Ladyholme Company Ltd., Provident Row Night Refuge and Home, Ambridge House Foundation and the Salvation Army.

RESIDENTIAL ACCOMMODATION

The total number of beds provided under Section 21(1) (a) of the National Assistance Act, 1948 is 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 104 women and 36 men were admitted to the Council's homes and on the 31st December, 1967, 24 men and 99 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 198 residents in voluntary and other local authority homes.

A short stay scheme to enable relatives or friends to have a holiday and an elderly person a change of routine is provided throughout the year. Six beds for women and 4 for men are retained in 3 of the Wembley Homes. During 1967, 23 men and 54 women were accommodated under the scheme, the average stay being 19 days.

The building of the new 50 bedded residential home at Stag Lane, N.W.9 continued to make good progress and it is anticipated that the building will be completed in June 1968, the scheduled date.

In October 1967, the Council approved incorporation of another 50 bedded home with a high proportion of single rooms within the Neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue. At the end of the year sketch plans were being prepared by the Borough Architect. The estimated cost of the scheme including furniture and fees is £134,412.

At the end of the year loan sanction was received from the Ministry of Housing and Local Government for the installation of central heating at 5/9 Freeland Road, at a cost of £15,195 and at Wren Park, Whyteleafe, at a cost of £7,313.

Recourse has been made to the Minister of Health for arbitration regarding the acceptance of financial responsibility for a resident in a Brent Borough old persons' home who was of no fixed abode.

A critical survey of bed use and the status of admissions to and discharges from residential accommodation, was undertaken during the year, and it is sought to have the results published. This should reveal the present function which these residential beds at the moment fulfil and should help in assessing spheres in which the use of these beds perhaps could be put to greater advantage.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

Blind Persons

On 31st December, there were 566 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 Hospitals. 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 thirty-one of the registered blind persons suffer from additional physical and/or mental handicaps.

Four children are under 5 years of age, 3 of whom are sub-normal. One of the sub-normal children is in Northaw House Children's Hospital near Potters Bar and the other 2 sub-normal children and the normal child are at home. Of the 11 children of school age, 5 attend Special Schools, one is awaiting entry to a Special School, and of two with dual handicaps, one attends the Melbreth Training School for Spastic and the other Condoover Hall for Blind Children. Three are unsuitable for school, of whom one attends the Neasden Junior Training Centre and the other two remain at home. Two boys of 16 years continued their education at Dorton House.

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

Four hundred and thirty persons were unemployable or unavailable for work; of these 53 were in accommodation provided by local authorities and 16 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 Oldbury Grange, Bridgenorth, and one person continued to attend Warwick Row Rehabilitation Centre, S.W.1.

Domiciliary visits to both blind and partially sighted persons were made by social workers with an average case load of 150. Individual teaching was given in both Braille reading and writing, Moon type reading and typewriting.

Five handcraft classes were held weekly in the afternoons; two evening classes in elementary and advanced cookery, organised by the Education Committee, were introduced and were very successful. Successful competitors took part in the Annual Handcraft Exhibition staged by the Middlesex Association for the Blind in May.

At Brent Show on 9th and 10th September an exhibition, competition for handcrafts, and sale of goods made by blind and other physically handicapped persons, was staged. Braille, chair-caning, basketry, light assembly work, and dressmaking on a specially adapted sewing machine suitable for the handicapped, were demonstrated continuously by registered persons in each category. A sale of work was held at Brent House on 17th November.

A total of 332 wireless sets have been issued on behalf of the British Wireless for the Blind; 84 were issued during the year, of which 63 were the new type portable transistor set. The rental of Talking Book machines issued by the British Talking Book Service for the Blind was paid by the Council in respect of 165 readers. There were 29 new issues during the year. Various Braille and Moon magazines were circulated free.

One hundred and forty-two free aids, e.g. typewriters, watches, electric shavers, alarm clocks, pingers, bread cutters, etc., were issued.

Ninety-nine applicants applied for assisted holidays. Forty-six were directly arranged by the Council, including two parties under the supervision of social workers, one party going to Clacton and the other to the National and Local Government Officers' Association Holiday Centre at Croyde Bay. The remainder went to holiday homes run by the Royal National Institute for the Blind, and the Middlesex Association for the Blind.

Thirty-nine applicants were assisted to have privately arranged holidays, and 14 persons who stayed with relatives or friends received financial aid from the Council.

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

Partially Sighted Persons

On 31st December, there were 184 persons on the register. There were 41 new cases (excluding re-certifications and transfers from other areas) during the year. Ten persons were transferred to the blind register.

The classification of partially sighted persons by age groups is as follows:—

Under 5 years	3
5—15	21
16—20	10
21—49	34
50—64	31
65 and over	85

Three children under 5 years of age remained at home. Of the 21 children of school age, 19 attend special schools for the partially sighted, one attends ordinary school, and one is at Lower Place School for the Physically Handicapped.

Of 48 persons "near and prospectively blind" (aged 16 and over), 10 were employed, one undergoing training, and 37 incapable or not available for work. Of 50 persons mainly "industrially handicapped" (aged 16 and over), 43 were employed, three available and four not available for employment.

Sixty-two persons requiring "observation" only, mainly over 65 years and unemployable or unavailable for work, constitute the remainder.

WELFARE OF THE HANDICAPPED

One hundred and ninety-seven new cases were registered during the year, and on 31st December there were 1,014 persons on the register. Of these, 32 were deaf with speech, 103 were deaf without speech, 25 were hard of hearing, and 854 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 170, 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

Sixty-four persons continued normal employment in open industry, 7 worked in sheltered industry and 13 practised a form of home industry.

Seven hundred and seventy were unemployable or unavailable for work, including 7 children under sixteen years of age. Thirty-eight 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 eighty-one such aids were issued including metal walking aids, hoists, pick-up sticks, special knives and forks, and can openers.

Seventy-five applications for adaptations to the home received approval, e.g. provision of ramps, handrails and major constructions such as garages. One hundred and two car badges were issued to disabled drivers with medical certificates.

One hundred and eighty-five applicants applied for assisted holidays. One hundred and thirty-five 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, the Jewish Association for the Physically Handicapped and the Women's Royal Voluntary Service Winged Fellowship. 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 31 applicants were assisted. Nineteen handicapped persons who stayed with relatives or friends received 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. An increased response was received for the six evening classes in choral, drama, dancing and pottery, organised by the Education Committee. The pottery class was introduced during the year and proved highly successful. The combined choral classes took part in an Annual Choral Festival on 11th November at Lafone School, Feltham. There are four Social clubs, run by voluntary organisations.

The Council continued to provide free transport facilities, including the use of specially adapted coaches with rear tail hoists to accommodate wheel chairs, and 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 26th August. A number of Brent Handicapped were conveyed to and from the Brent Show on 9th and 10th September.

An integrated Club activity in the form of a Christmas dinner and entertainment for blind and other physically handicapped persons was held at Brent House on 14th December.

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 thirty-five congenitally deaf persons are on the register, including a boy of 4 years. Of the 25 hard of hearing, a high number are severely deaf due to accident after birth.

In the field of employment the closest co-operation is maintained 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 are three private old persons' homes on the register—22, St. Gabriel's Road, N.W.2 accommodating 16 men and women; 28, Sedgcombe Avenue, Kenton accommodating 8 women; and 39, Sedgcombe Avenue, Kenton accommodating 6 women. A voluntary home for 30 elderly men is maintained by the London Transport Executive (Retired Employees) Housing Association at 100, Forty Avenue, Wembley.

The Royal London Society for the Blind maintains a residential club for 14 blind men at 63, Christchurch Avenue, N.W.6 and a similar establishment for 14 blind women at 32, The Avenue, N.W.6. The Royal National Institute for the Deaf maintains a hostel for 16 deaf youths at 11, Forty Avenue, Wembley.

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

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

Section 47 of the National Assistance Act, 1948, permits the Council to remove to an Institution a person in need of care and attention; an Order for removal is given by a Court of Summary Jurisdiction, but 7 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.

Two cases were removed under the above Act. Miss W, aged 56 years, was living in insanitary conditions and was suffering from arthritis, diabetes, and an ulcerated leg. She refused medical treatment and an application was made on the 2nd March, 1967, to a Justice of the Peace for an Order for her removal. She was admitted to the Central Middlesex Hospital on the same day for treatment and was discharged home on the 30th May, 1967. Mrs. M. H. aged 68 years, was living in appalling conditions, the house was dirty and in a poor state of repair. She suffered from haemorrhoids and was incontinent and refused medical treatment. An application was made on the 13th May, 1967, to a Justice of the Peace for an Order for her removal. She was admitted to one of the Council's residential homes at 5-9, Freeland Road, W.5 on that day and has settled down there.

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 27 residents who were admitted to hospital when it became apparent that no other suitable arrangements were being made. In 10 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 21 residents was in store in the annex 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 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 a relative to be appointed as agent under receivership orders in 2 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 32 persons during the year. Twenty-two 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.

Ten luncheon clubs have in recent years been established in various parts of the Borough. Two-course meals, provided from school meals kitchens, are served at a charge of 1/3d. and 61,443 meals were served in the ten clubs in 1967.

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. Six vehicles are in use on the service on peak delivery days. Meals are prepared at Kensal Rise Senior Club for the Willesden area, and by the school meals service for the Wembley area. 32,854 meals were delivered in 1967, 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. Ways and means of increasing the supply of meals, including the possibility of establishing a central kitchen for old people's meals services, were under active investigation during the year.

Two full-time social centres for the elderly—Willesden Green and Kensal Rise Senior Clubs—entered their seventh 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, which was taken over by the Council in April 1966 from the former Willesden Old Folks' Association, was extensively re-decorated and improved during 1967. 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 1967. Arrangements were made for parties of pensioners to have two weeks' holiday at various South Coast resorts. Six hundred and fifty nine holidays were arranged at a charge of £4 all-in to each applicant and in addition 46 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, seven summer holidays and six 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 £5,000.

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, and cars provided by the Council, 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. In response to various requests during the year, the Council made free transport available on five half-days each week to convey non-ambulant members to and from six other old people's clubs.

At Christmas, 2,170 food parcels were distributed to those most in need over 70. This was a joint effort between the Council and the 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.

The Medical Officer of Health 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 ways particularly those old people at risk.

OLD PEOPLE'S CLINICS

Sessions for the elderly in the Borough continued to be held weekly at 2 Clinics. Again the attendance at Mortimer Road was relatively poor, but of course, it is recognised that the Neasden Clinic has been much longer in existence.

Forty-three active 80 years plus elderly people attended, and men were outnumbered 2—1. Forty-two sessions were held and 232 attendances made. Eleven new cases were examined and appreciated the general medical check up, including hearing and vision tests. Arthritic conditions were still the most prevalent and disabling ailment found.

The doctor in attendance discusses social and health problems, and made the following arrangements :

	No. of Patients
Referred to Social Worker for visits	16
" for Council aided Holiday	16
" to Council Chiropodist	10
" to Council Physiotherapist	10
" to Home Help Organiser	5
" to Housing Manager	4
" to Chief Public Health Inspector	3
" to Chief Mental Welfare Officer	2
" to Jewish Welfare Board	2
" for membership of Senior Club	2
" for admission to Old Persons' Home	1
" to Ministry of Social Security	1

VOLUNTARY SERVICES FOR THE AGED

The Women's Royal Voluntary Services continued to give invaluable help in the day-to-day operation of the meals-on-wheels service and at two of the luncheon clubs. At the other luncheon clubs, all of which are entirely staffed by volunteers, much essential help was given by members of the League of Jewish Women and by private individual helpers, many of whom have continued to do this work for many years since the inception of the various clubs.

The Wembley and Willesden Divisions of the British Red Cross Society maintained their traditional services among the elderly including visiting, chiropody, escorting on holidays and outings, and the loan of wheel-chairs and nursing equipment.

In March and April, the Department organised a series of training and information lectures for the benefit of voluntary workers among the elderly and for those interested in taking up such work.

It is pleasing to record an increase during the year of offers of assistance to elderly people, particularly those living alone, from such organisations as the League of Jewish Women, Jewish Youth Voluntary Service, Brent Branch of International Voluntary Service, local church congregations and senior school pupils. The assistance included social visits, shopping, re-decorating of rooms and tending to gardens.

The majority of afternoon clubs for the elderly, 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 Pensions Associations, Community Associations, Churches and private groups. Much voluntary work was also done at the full-time Clubs.

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.

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

NO. OF OLD PEOPLE USING THE LAUNDRY SERVICE

On register 1.1.67	New Cases	Died	Admitted to Hospital	Discontinued	On register 31.12.67
49	70	30	22	12	55

ENVIRONMENTAL HEALTH SERVICES

SANITARY CIRCUMSTANCES OF THE AREA WATER

The Metropolitan Water Board, the Colne Valley Water Company together with the Rickmansworth and Uxbridge Water Board 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 various undertakings.

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.

House refuse is collected weekly and trade refuse as often as required at an agreed charge. The Greater London Council is responsible for the disposal of refuse by controlled tipping and by separation and incineration plant.

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 ensure breakpoint chlorination is installed at each pool. 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 Pools (3)	532,000	6½
Kingsbury Swimming Pool	464,000	4½
Vale Farm Swimming Pool	400,000	5

684 samples were taken, of which 6 were unsatisfactory. (See Public Health Laboratory service page 34).

SANITARY INSPECTION OF THE AREA

Details of inspections carried out are shown in Table 27. Three inspectors were engaged on special surveys in smoke control areas.

DEMOLITION AND CLOSING ORDERS (TABLE 28)

Two Closing Orders and two Demolition Orders were made during the year.

SLUM CLEARANCE AND AREA REDEVELOPMENT

The High Court action concerning the South Kilburn (Extended) Area C.P.O. 1 was heard in the High Court in October. The Judge dismissed the appeal against the Order initiated by certain property owners in the area comprising 417 premises and redevelopment is now proceeding.

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.

144 notices under section 15, Housing Act, 1961, requiring the provision of additional amenities and 112 directions under section 19 of the Act to overcome overcrowding in houses in multiple occupation were served. During the year the Department assumed responsibility for the provision of means of escape from fire in dwelling houses under Section 16 of the Housing Act, 1961. 36 notices 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.

From 1st June, 623 cases were considered and awarded points, where appropriate, on medical grounds. In addition 242 applications for transfer on medical grounds were dealt with during this period.

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

The considerable increase in the number of statutory notices served during 1966 was maintained during this year (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.

CLEAN AIR

There are 22 Smoke Control Orders in operation as shown in Table 34.

Two Smoke Control Areas became operational during the year. The No. 3 (Kingsbury) covering 460 acres with 4,292 dwellings and 108 commercial and other premises came into operation on 1st August, 1967, and No. 4 (Mapesbury) covering 306 acres with 4,322 dwellings and 329 commercial and other premises came into operation on 1st December, 1967.

The No. 5 (Preston Park) Order was confirmed by the Minister of Housing & Local Government on the 5th October, 1967 to come into operation on 1st July, 1968. This Area covers 662 acres and contains 4,593 dwellings with 235 commercial and other premises.

The Smoke Control Area programme approved by the Council in 1965 will be completed in 1971.

The volumetric analysis of sulphur dioxide and measurement of smoke concentration has continued at two stations, Kilburn Grammar School and The G.P.O. Research Station.

Forty-three 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 16 cases.

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

The Food Hygiene (General) Regulations, 1960, prescribe standards for the preparation, storage and sale of food, and since the earlier Regulations of 1955 came into force there has been a steady improvement in hygiene in the production and sale of food. In January 1967 The Food Hygiene (Market, Stalls, and Delivery Vehicles) Regulations, 1966, came into operation with the object of bringing the hygiene of stalls to the standard required in premises. Provision is made, however, for the vendors of certain low-risk foods e.g. fruit and vegetables, to be exempted from the need to carry full washing facilities if these are available nearby, and nine stallholders have qualified for certificates of such exemption.

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 Regulations of 1960 and 1966, legal proceedings were authorised by the Council with the following results:

Hawkers:

- (a) Five contraventions—fined £10.0.0d. £5.0.0d. costs.
- (b) One contravention—fined £10.0.0d. £10.0.0d. costs.
- (c) Three contraventions—absolute discharge and six alleged contraventions—dismissed.
- (d) Nine contraventions—fined £45.0.0d. no costs
- (e) Eight contraventions—fined £16.0.0d. £3.0.0d. costs.
- (f) Seven contraventions—fined £55.0.0d. £10.10.0d. costs.
(To be paid within 3 months or 3 months imprisonment).

Premises:

- (g) Four contraventions—fined £20.0.0d. £10.10.0d. costs.
- (h) Six contraventions—fined £54.0.0d. £9.9.0d. costs.
- (i) Fifteen contraventions—fined £20.0.0d. £5.5.0d. costs.

Persons:

Four persons were individually prosecuted for smoking whilst handling food for which fines totalling £19.0.0d. were imposed and costs totalling £11.9.0d. awarded.

INSPECTION OF POULTRY

There is no slaughtering of poultry carried on in the Borough, but 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 185. Disease appears to be rare in the birds reaching the shops in this Borough and no birds 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 findings 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). Fifty-three applications for registration were received during the year, 52 in respect of ice-cream and one in respect of preserved food premises, and they were all granted.

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 42).

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

Two cwts. 36 lbs. of meat inspected by the Public Health Inspectors was found to be unfit for human consumption and was dealt with as trade refuse.

SLAUGHTERHOUSE

There is one private slaughterhouse licensed in the Borough and three slaughtermen are licensed to work in it. 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.

Fourteen 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 AND UNSOUND FOODS

One hundred and fifteen complaints about foodstuffs were received from members of the public (Table 40). They alleged souring or decomposition, mouldiness, or the presence of dirt or foreign bodies including insects. Twenty-two of these complaints, although made in good faith, were found on professional examination of the foods to be not justified. Of the remainder, formal action was warranted in forty-seven cases. Four were referred to other local authorities for attention, and the Council decided to send thirty-two warning letters, to prosecute in six cases and to take no action in five others.

Proceedings were frustrated in two instances by the disappearance of a vendor, and of a complainant. Two other cases were pending at the end of the year. The results of the other prosecutions and of two carried over from 1966 were:

- (a) Mouldy pies—fined £20.0.0d. and £7.7.0d. costs.
- (b) Dirty milk bottle—fined £10.0.0d. and £3.0.0d. costs.
- (c) Mouldy pies—conditional discharge—£10.10.0d. costs.
- (d) Mouldy pies—fined £10.0.0d. and £10.10.0d. costs.

SAMPLING OF FOOD AND DRUGS

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 opened food, any misdescription can be a contravention of the Food and Drugs Act. Certain packeted or canned food must, however, by the Labelling of Food Order, 1953, bear a name of the food, its ingredients, and the name and address of the packer or a registered trade mark. Again, some imported foods must, when exposed for sale, carry an indication of their origin in accordance with the Merchandise Marks Acts, and Orders made thereunder.

590 visits of inspection for the general purpose of checking the accuracy of marking and labelling food exposed for sale were made, and first warnings were given in 38 instances.

Composition of Food

Of 926 samples taken, 237 were submitted to the Public Health Laboratory for bacteriological examination, 571 to the Public Analyst (31 taken formally), and 118 were examined in the Department (Table 41).

With regard to labelling contraventions, undertakings were received to amend 14 labels, the sale of 4 incorrectly labelled imported foods ceased, and 2 were the subject of legal proceedings.

Of the samples adversely reported upon as to composition, 5 resulted in the local stock being returned to wholesalers for condemnation, 6 led to 3 prosecutions (one pending at the end of the year), 10 warnings were given, and no further action was practicable in 8 cases.

The following results were obtained in the 4 prosecutions:—

- (a) Failure to label canned fish correctly (2 summonses)—fined £10.0.0 and £5.5.0 costs.
- (b) Improper use of preservatives—fined £20.0.0. and £10.10.0 costs.
- (c) Improper use of preservatives—fined £10.0.0 and £10.10.0 costs.

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 are sold daily. The amount of untreated (Kedassia) milk is less than 12 pints per day.

The only bottling plant in the Borough closed in the early part of the year, but there remain 255 persons registered as distributors, all being licensed as dealers in pre-packed milk to which special designations apply.

Samples of milk were submitted for bacteriological examination and compositional analysis, with the results shown in Table 42.

REGISTRATION OF HAWKERS

Hawkers of food, and premises used by them for storage accommodation, must be registered by the Council (Section 11 of the Middlesex County Council Act, 1950).

Ninety-two hawkers are on the current register (36 selling fruit and vegetables, 23 mobile canteens and hot dog vendors, 19 selling ice-cream, 5 fish, 2 cooked poultry, 2 groceries, 3 fish and chips, 1 bread and confectionery and 1 selling milk drinks). Eight were newly registered during the year, and three were taken off the register having ceased to trade.

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 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, five hawkers were prosecuted for trading whilst not being registered. Five summonses were found proved on this count and resulted in the imposition of fines totalling £11.0.0.

PUBLIC HEALTH LABORATORY SERVICE

(TABLE 42)

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 at 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 3 or 4 shewed a reduction from last year. The inadequate cleansing of ice-cream churns revealed by bacteriological examination has been the subject of improvement.

Six samples of water from swimming baths were found to be unsatisfactory as a result of temporary faults in the plant which were immediately corrected. 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 43 and 44.

BASEMENT BAKEHOUSES

There is one basement bakehouse 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. 123 were employed during the year, the largest number (95) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory (Table 45).

NOISE NUISANCE

The Borough Council deals with noise nuisances under the Noise Abatement Act, 1960. It provides that noise and vibration which are nuisances are offences under the Public Health Act 1936.

Public Health Inspectors made 993 day and 12 night observations to determine whether complaints of noise nuisance were justified or not. 194 complaints were received during the year of which 58 were in respect of noise from industrial premises, 89 in respect of commercial premises and 47 domestic. 193 complaints (including 2 outstanding at the end of 1966) were abated and 3 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, road breakers and compressors, "beat groups", and inconsiderate neighbours.

Two orders were made against a Company—one for the abatement of noise and the other for abatement of the emission of soot particles from a launderette. For the second time, summonses were issued against the Company for failure to comply with either Order and the said summonses came before the Magistrates Court. The Company did not appear and the summonses were heard in the defendants absence. After hearing the evidence, the Bench imposed a fine of £5 in respect of each summons and a penalty of £1 a day in respect of each summons from the date of the last conviction to the date of hearing. Total fines amounted to £180. The Company had also been ordered to pay to the Council £10.10.0 by way of costs. Appeals were made but after hearing the evidence, the Appeals Committee of the Middlesex Area Quarter Sessions dismissed both appeals and awarded the Council costs.

Appropriate works have been put in hand and no further complaints have been received.

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 £1.0.0. 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, three of which are outworkers undertaking work for one of the registered premises.

Four samples of filling materials were taken and submitted to the Analyst. Two were found to be unsatisfactory and two repeat samples were taken, one of which was subsequently found to be satisfactory. The result of the repeat sample taken in the remaining case was still being investigated at the end of the year.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

The Act virtually came into force on the 1st August 1964 and with certain exceptions applies to retail shops, wholesale premises, and warehouses, catering establishments and canteens, fuel storage depots 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 46.

The general requirements of the Act deal with matters affecting the safety, health and welfare of the employees and covers cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, accommodation for clothing, seating arrangements, eating facilities when 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 and 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 47 and the defects found and remedied in Table 48.

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 application for exemption from the requirements was made during the past year. One application was received and granted by the Council for exemption under Section 24 (7) of the Act from the First Aid provisions as a first aid room manned at all times by a qualified nurse was provided for the employees.

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. 54 non-fatal accidents were notified, an analysis of their causation and injuries sustained is shown in Table 49. 46 of the accidents were investigated; no prosecutions were instituted, five employers received formal warning, 10 informal advice, with no action necessary in the remainder.

As the contraventions found were either complied with or were being dealt with, no prosecutions were instituted by the Council during 1967. In one instance, however, where there was no guard rail to an opening in the shop floor and the ladder leading from the opening to the basement was in a defective and dangerous condition with no handrail, the necessary works were carried out just prior to a summary application being made to the Court.

During the year fully manned first aid rooms were established at Brent Town Hall and Brent House. In addition a number of officers attended a first aid training course which now enables a fully qualified member of the staff to be in charge of first aid on each floor of every Council office building.

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, 3 new licences were granted and 41 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	.....	.....	.....	337
Borough Council Properties	.....	.....	.....	79
Private Dwellings	—	.....	.....	2,836
Total	.....	.....	.....	3,252

The cost of disinfection of business premises amounted to £733.1.11d., and was recovered from the occupiers. The service is free to occupiers of private dwellings.

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, 120 drains were subject to smoke test and in 40 cases notices were served requiring defects to be remedied.

CONTROL OF WILD PIGEONS

During the year, the ten railway bridges in the Borough, for which there is a contract for the extermination of pigeons, were kept under surveillance. They were systematically treated and 713 birds were destroyed.

UNCLEANLINESS AND SCABIES

Treatment for scabies, lice and nits has continued at Stonebridge Clinic. As compared with 1966, there has been a considerable decrease in the number of cases treated for lice and nits (106 in 1966, 39 in 1967). The number of cases of scabies treated increased from 81 in 1966 to 114 in 1967, the increase being almost entirely among children aged 5—15 years and adults. However, the numbers treated are still small, and there is no evidence of a significant increase in the prevalence of this condition among the population.

DISINFESTATION

The Public Health Inspectors inspect verminous premises and supervise the work of disinfectors employed by the Council (Section 83 of the Public Health Act, 1936) (Table 51).

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

The number of verminous premises treated increased from 54 in 1966 to 97 in 1967, but this number is still very small when considered in relation to the total number of premises in the Borough, and calls for no special comment. There was a considerable increase in the number of wasps nests treated—69 in 1966, 277 in 1967.

PUBLIC MORTUARY

During the year, post mortem examinations were performed on 861 bodies in the Town Hall Mortuary, followed by an inquest in 97 cases. All the inquests were held at Finchley.

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 a full-time attendant are employed.

TABLES

TABLE 1

DEATHS

CAUSES:

	Males	Females	Total
1. Tuberculosis (respiratory)	8	4	12
2. Tuberculosis (other)	—	2	2
3. Syphilitic disease	2	4	6
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	1	1	2
10. Malignant neoplasm, stomach	48	25	73
11. Malignant neoplasm, lung bronchus	162	37	199
12. Malignant neoplasm, breast	—	58	58
13. Malignant neoplasm, uterus	—	22	22
14. Other malignant and lymphatic neoplasms	154	165	319
15. Leukaemia, aleukaemia	10	10	20
16. Diabetes	11	18	29
17. Vascular lesions of nervous system	122	205	327
18. Coronary disease, angina	387	208	595
19. Hypertension, with heart disease	19	16	35
20. Other heart disease	80	142	222
21. Other circulatory disease	77	95	172
22. Influenza	3	1	4
23. Pneumonia	65	93	158
24. Bronchitis	101	42	143
25. Other diseases of respiratory system	13	12	25
26. Ulcer of stomach and duodenum	13	8	21
27. Gastritis, enteritis and diarrhoea	8	11	19
28. Nephritis and nephrosis	8	6	14
29. Hyperplasia of prostate	8	—	8
30. Pregnancy, childbirth, abortion	—	1	1
31. Congenital malformations	18	23	41
32. Other defined and ill-defined diseases	115	118	233
33. Motor vehicle accidents	24	12	36
34. All other accidents	25	22	47
35. Suicide	14	16	30
36. Homicide and operations of war	—	1	1
TOTAL	1,496	1,378	2,874

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	1,024	3.5
Malignant neoplasms	671	2.3
Vascular lesions of nervous system	327	1.1
Respiratory diseases (influenza, pneumonia, bronchitis, etc.)	330	1.1
Violent deaths (motor vehicle accidents, other accidents, suicides and homicide)	114	0.4
All other causes	408	1.4
TOTALS:	2,874	9.8

TABLE 3
INFANT MORTALITY:—BY WARDS

Ward	Number of deaths	Rate
Queensbury	6	46.1
Kingsbury	3	13.3
Kenton	4	23.1
Sudbury	2	10.5
Preston	Nil	—
Chalkhill	4	19.4
Barham	5	18.6
Tokington	5	17.2
Alpertown	4	13.5
Brentwater	3	16.7
Church End	6	29.9
Gladstone	Nil	—
Cricklewood	5	23.7
Willesden Green	6	19.2
Mapesbury	5	16.4
St. Raphael's	3	21.6
Roundwood	12	42.2
Brondesbury Park	9	40.9
Stonebridge	2	7.6
Manor	6	20.6
Chamberlayne	3	16.9
Harlesden	6	21.5
Kensal Rise	6	20.6
Queens Park	8	29.7
Kilburn	4	11.4
Carlton	6	30.1
	123	20.1

TABLE 4

INFANT MORTALITY—CAUSES

	Neo-Natal	1—12 Months	Total	Rate
Respiratory	3	24	27	4.4
Diarrhoea and Enteritis	1	5	6	1.0
Other infections	1	—	1	.2
Congenital malformations	19	10	29	4.7
Prematurity	36	1	37	6.1
Injury at birth	7	—	7	1.1
Other causes	9	7	16	2.6
All causes	76	47	123	20.1

TABLE 5

INFECTIOUS DISEASES

	1967 (1966 in brackets)			
	Notified		Confirmed	
Diphtheria	2	(—)	2	(—)
Dysentery	130	(102)	120	(83)
Erysipelas	6	(15)	6	(15)
Encephalitis, acute Infective, Post Infective	1	(1)	1	(1)
Food poisoning	43	(38)	39	(21)
Malaria	—	(1)	—	(—)
Measles	2,564	(1,985)	2,564	(1,985)
Meningococcal infection	5	(2)	3	(2)
Ophthalmia neonatorum	2	(3)	2	(3)
Paratyphoid fever	—	(1)	—	(1)
Pneumonia	33	(54)	33	(54)
Poliomyelitis and poliomyelitis	—	(1)	—	(1)
Puerperal pyrexia	65	(114)	65	(114)
Scarlet fever	124	(136)	124	(135)
Smallpox	—	(—)	—	(—)
Typhoid fever	3	(2)	3	(2)
Whooping cough	163	(77)	163	(77)

TABLE 6

PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined	242	1,115
Number required treatment	225	614
Number of new cases commenced treatment	204	594
Dentally fit	122	360
Extractions	122	372
Fillings	530	1,244
Scaling and gum treatment	98	24
Silver nitrate dressings	—	147
Dentures	33	—
Number of attendances	725	1,464

TABLE 7

DAY NURSERIES: ATTENDANCES

Nursery	Approved places		Children on register at 31.12.67		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	21	33	5,231	6,907	48
Evefield	25	25	23	25	993	3,864	19
Gladstone Park	25	25	27	27	3,675	2,987	26
Kilburn	25	25	20	32	3,800	7,348	44
Longstone Avenue	25	25	25	27	5,424	5,532	43
Mortimer Road	25	25	8	22	3,299	4,887	32
Princes Avenue	25	25	11	45	2,343	7,712	40
Vale Farm	25	25	10	22	4,455	4,989	37
Villiers Road	25	25	19	39	3,295	6,291	38
Wesley Road	15	25	13	31	2,368	6,311	34
William Dunbar	25	25	22	30	5,732	5,917	46
TOTALS:	265	275	199	333	40,615	62,745	407

TABLE 8

DAY NURSERIES: WAITING LIST

Nursery	1.1.67	31.12.67
Essex Road	9	23
Evefield	15	—
Gladstone Park	63	16
Kilburn	32	26
Longstone Avenue	29	29
Mortimer Road	63	70
Princes Avenue	23	2
Vale Farm	24	37
Villiers Road	44	9
Wesley Road	14	15
William Dunbar	23	33
TOTALS:	339	260

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	31 days
Average length of stay—post-natal	50 days
Total number of women admitted during the year (excluding re-admissions after confinement)	69
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 mothers	91
• Post-natal cases	

CONGENITAL MALFORMATIONS

TABLE 10
SUMMARY OF NOTIFICATIONS

(i)	Number of notifications received during year	118
(ii)	Number of live births included in (i) above	102
(iii)	Number of stillbirths included in (i) above	16
	Macerated	2
	Others	14
(iv)	Number of children with multiple abnormalities	13

TABLE 11
ANALYSIS OF MALFORMATIONS NOTIFIED

Code No.	Classification	Number of cases	Code No.	Classification	Number of cases
0	Central Nervous System		5	Uro-Genital System	
.1	Anencephalus	6	.2	Polycystic kidney	1
.4	Hydrocephalus	4	.6	Hypospadias	5
.5	Microcephalus	2	.9	Indeterminate sex	1
.8	Spina bifida	4	.0	Defects of uro-genital system NOS	1
1	Eye, ear		6	Limbs	
.5	Other defects of eye	3	.3	Polydactyly	15
.9	Other defects of ear	4	.4	Syndactyly	9
2	Alimentary system		.5	Dislocation of Hip	5
.1	Cleft lip	6	.6	Talipes	32
.2	Cleft palate	5	.0	Defects of upper limbs NOS	2
.9	Other defects of alimentary system	1	.1	Defects of lower limbs NOS	5
3	Heart and Great Vessels		8	Other systems	
.9	Other defects of heart and great vessels	2	.2	Defects of muscles	1
			9	Other malformations	
			.6	Mongolism	1
			.7	Other chromosomal syndromes	3

TABLE 12
MIDWIFERY SERVICE

Deliveries attended: —	7
Doctor not booked, doctor present	34
Doctor not booked, doctor not present	168
Doctor booked, doctor present	300
Doctor booked, doctor not present	134
Number of home booked cases transferred to hospital before confinement	
Cases in which analgesia was administered: —	4
Gas and air	350
Trilene	209
Pethilorfan	9
Number of times Emergency Transfusion Service used	
Visits paid: —	
Ante-natal	5,447
During labour	841
Nursing domiciliary confinements	7,453
Nursing institutional discharges	2,221
Clinic Sessions Attended: —	
Ante-natal	605
General practitioners' clinics	28
Relaxation	42
Mothercraft	52
Number of cases in which medical aid was called by midwife	59

TABLE 13
CHIROPODY SERVICE

Number of persons treated during the year.

	By Local Authority	By Voluntary Organisations	Total
Elderly Persons	3,152	292	3,444
Expectant and Nursing Mothers	53	—	53
Children under 5	9	—	9
Others (Physically handicapped who are not old age pensioners)	25	—	25
Total	3,239	292	3,531

Number of treatments given during the year.

	By Local Authority	By Voluntary Organisations	Total
In Clinics	9,085	1,077	10,162
In patients' homes	4,283	540	4,823
In old people's homes	2,242	—	2,242
In chiropodists' surgeries	4,980	—	4,980
Total	20,590	1,617	22,207

Number of local authority clinic sessions—1,866.

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 (—)	2 (—)	— (—)	— (—)
5 to 9	1 (—)	— (—)	1 (—)	— (—)
10 to 14	— (—)	— (—)	1 (—)	— (—)
15 to 19	— (—)	— (—)	— (—)	1 (—)
20 to 24	5 (—)	1 (—)	1 (—)	— (—)
25 to 34	10 (—)	11 (—)	1 (—)	1 (—)
35 to 44	6 (—)	— (1)	4 (—)	— (—)
45 to 54	4 (1)	2 (—)	1 (—)	1 (—)
55 to 64	6 (2)	2 (1)	1 (—)	2 (1)
65 and upwards	6 (5)	2 (2)	— (—)	— (1)
Totals:	40 (8)	20 (4)	10 (—)	5 (2)

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	—	—	—	—	1,151	876
(b) Persons who were given X-ray examination only	—	—	—	—	2,142	1,792
Number of persons found to be tuberculous during the year, including new contacts shown below	65	38	22	15	87	53
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination	—	—	—	—	239	191
(b) Contacts who were given X-ray examination only	—	—	—	—	272	232
Number found to be tuberculous	6	3	2	—	8	3
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	220	165

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
1967	293,370	60	15	75	12	2	14	2,128	389	2,517

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
1967	293,370	20	5	25	4	1	5

TABLE 18

MENTAL HEALTH

Patients under Local Authority care at 31st December, 1967.

	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, 1967	2	1	226	307	536	111	67	181	174	533
2 Attending training centre	—	—	6	3	9	64	34	51	59	208*
3 Awaiting entry thereto	—	—	—	—	—	9	4	9	6	28
4 Receiving home training	—	—	—	—	—	—	—	—	—	—
5 Awaiting home training	—	—	—	—	—	—	—	—	—	—
6 Resident in L.A. home/hostel	—	—	6	6	12	—	—	6	—	6
7 Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—
8 Resident at L.A. expense in other homes/hostels	—	—	6	4	10	5	5	2	10	22
9 Resident at L.A. expense by boarding out in private household	—	—	—	3	3	8	2	6	2	18
10 Attending day hospitals	—	—	—	—	—	—	—	—	—	—
11 Receiving home visits and not included in lines 2—10	2	1	208	291	502	25	22	107	97	251
No. of patients in L.A. area on waiting list for admission to hospital at 31.12.67										
In urgent need of hospital care	—	—	—	—	—	19	7	2	2	30
Not in urgent need of hospital care	—	—	—	—	—	9	6	1	3	19
No. of admissions for temporary residential care (e.g. to relieve the family) during 1967 to N.H.S. Hospitals	—	—	—	—	—	43	17	1	5	66
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, 1967.

	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	2	2	140	302	446	1	—	1	—	2
Hospitals, on discharge from in-patient treatment	—	—	48	94	142	—	—	1	4	5
Hospitals, after or during out-patient or day treatment	—	—	51	83	134	4	1	—	1	6
Local education authorities	—	—	—	—	—	4	3	6	2	15
Police and courts	—	—	16	10	26	—	—	—	—	—
Other sources	2	1	117	222	342	10	8	5	3	26
Total	4	3	372	711	1,090	19	12	13	10	54

TABLE 20

Work of Mental Welfare Officers and Mental Health Social Workers.

(a) Mental Illness:	
Visits made by mental welfare officers	4,116
Compulsory admissions to psychiatric hospitals by mental welfare officers	258
Informal admissions to psychiatric hospitals by mental welfare officers	221
(b) Mental sub-normality:	
Visits to those under Council's community care by mental welfare officers and mental health social workers	1,648

WELFARE OF THE BLIND

TABLE 21

CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUPS

Age Group	No.
Under 5	4
5 — 15	11
16 — 20	9
21 — 29	20
30 — 39	17
40 — 49	44
50 — 59	73
60 — 64	47
65 — 69	49
70 — 79	143
80 — 84	57
85 — 89	42
90 and over	50
Total	566

TABLE 22

AGE AT ONSET OF BLINDNESS

Age Group	No.
Birth	74
1 — 15	54
16 — 20	18
21 — 29	21
30 — 39	30
40 — 49	46
50 — 59	57
60 — 64	46
65 — 69	47
70 — 79	101
80 — 84	24
85 — 89	22
90 and over	7
Unknown	19
Total	566

TABLE 23

ANALYSIS OF OCCUPATIONS OF BLIND PERSONS

Occupation	No.
Masseurs and Physiotherapists	2
Teacher of Languages	1
Teacher of Music	1
Social Worker to the Blind	1
Business Manager	1
Typists, Shorthand Typists	9
Braille Copyist	1
Braille Proof Reader	1
Clerical Worker	1
Telephone Operators	13
Shop Manager	1
Shop Assistant	1
Farm Worker	1
Machine Tool Operators	4
Fitters and Assemblers	7
Inspector	1
Packers	6
Storekeepers	4
Knitters (machine)	7
Mattress Makers	8
Basket Makers	9
Chair Seaters	2
Brush Maker	1
Piano Tuners	8
Craftsmen and Production Process Workers	11
Labourers	5
Domestic/Canteen Workers, Cleaners	8
Miscellaneous Workers	6
Total	121

WELFARE OF THE HANDICAPPED

TABLE 24
REGISTRATIONS

Age	Sex	Number of persons on register at 31st December, 1967					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	—	3	4	—	—	—	1	1
	F	—	—	—	4	4	—	—	—	1	1
16—29	M	2	31	1	25	59	—	1	—	3	4
	F	3	9	2	13	27	—	—	—	—	—
30—49	M	5	16	—	55	76	—	—	—	7	7
	F	3	18	1	53	75	—	1	—	8	9
50—64	M	3	8	2	107	120	1	—	—	23	24
	F	5	10	5	154	174	—	—	1	32	33
65 or over	M	2	6	5	128	141	—	—	—	32	32
	F	9	4	9	312	334	—	—	—	86	86
Total		32	103	25	854	1,014	1	2	1	193	197

TABLE 25

GENERAL CLASSES—ANALYSIS OF DISABILITIES

Disability	Age					Total
	Under 16	16-29	30-49	50-64	65 and over	
Amputations	—	—	5	14	25	44
Arthritis and rheumatism	—	—	14	65	226	305
Congenital malformations and deformities	—	—	3	2	2	7
Diseases of digestive and genito-urinary systems	—	—	2	3	4	9
Diseases of the heart or circulatory systems	—	1	1	21	43	66
Diseases of the respiratory system (other than tuberculosis)	1	1	2	14	29	47
Diseases of the skin	—	—	1	—	—	1
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk	—	—	1	2	3	6
Injuries or diseases (other than tuberculosis) of the upper and lower limbs, and of the spine	—	2	8	13	32	55
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis	7	31	67	139	118	362
Neuroses, psychoses and other nervous and mental disorders	—	—	1	3	—	4
Tuberculosis (respiratory)	—	—	—	1	1	2
Tuberculosis (non-respiratory)	—	—	1	2	1	4
Diseases and injuries not specified above	—	—	2	12	29	43
Total	8	35	108	291	513	955*

* 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	23	30	3	64
(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	—	—	4	3	—	7
(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	—	—	6	4	3	13
(d) Handicapped persons (other than children) who are incapable of, or not available for work	—	27	79	220	437	763
(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	35	112	257	443	854

**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	2,586
Dwellings—re-inspected	6,778
Visits re accumulations	1,394
Visits re Vermin	397
Visits re improper keeping of animals	119
Other nuisances including rats	4,589
Other Visits	1,087

Housing Acts

House-to-house—inspections	848
House-to-house—re-inspections	1,183
Individual houses—inspected	119
Individual houses—re-inspected	307
Houses in multiple occ.—inspected	424
Houses in multiple occ.—re-inspected	1,963
Basement rooms inspected	31
Overcrowding visits	258
Imp. and standard grant inspections	163
Houses inspected—special surveys	420
Other Visits	1,200

Rent Act

Dwellings—inspected	44
Dwellings—re-inspected	29
Other Visits	30

Factories Act

Power factories—inspected	1,495
Power factories—re-inspected	173
Non-power factories—inspected	56
Non-power factories—re-inspected	6
Outworkers' rooms inspected	203
Other visits—building sites	
Basement bakehouses, etc.	32

Food and Drugs Act

Premises—inspected	4,847
Premises—re-inspected	1,987
Visits re unsound food	57
Visits re contaminated food	213
Formal and informal sampling	468
Visits re labelling of food	246
Visits re Merchandise Marks Act	498

Clean Air Act

Boiler plant inspected	109
Premises inspected in SCAs.	9,264
Other visits in SCAs.	15
Visits re nuisance from smoke, etc.	741
Smoke observations	349

Offices and Shops Act

General inspection—office	1,181
General inspection—retail shop	925
General inspection—wholesale/warehouse	127
General inspection—catering establishment	154
General inspection—fuel storage depot	22
Re-inspections	416
Other Visits	228

Infectious Disease

Cases investigated	360
Contacts followed up	557
Food poisoning enquiries	115
Other visits	286

Miscellaneous

Aged persons	45
Attendance at Court or Inquiries	110
Drainage inspections	1,733
Massage, etc. establishments inspected	51
Noise nuisance investigations	993
Places of entertainment inspected	66
Rag, flock, etc. premises inspected	15
Unsuccessful visits	7,600
All other visits	1,842
Food Hawkers	305

TABLE 28

DEMOLITION AND CLOSING ORDERS

HOUSING ACT, 1957 (SECTIONS 17 and 18)

Demolition Orders, section 17, Housing Act, 1957.

3, St. Mary's Road, N.W.10

12, Connaught Road, N.W.10.

Closing Orders, section 18, Housing Act, 1957.

54, Howard Road, N.W.2 (First Floor)

119, Keslake Road, N.W.6 (Basement)

TABLE 29

OVERCROWDING

(a) Dwellings overcrowded at the end of the year	Not known
(b) Overcrowding relieved during the year	205
(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	67
(ii) Persons	349
(e) Section 80, Housing Act, 1957—licences issued	Nil

TABLE 30

NEW DWELLINGS, 1967

	Houses	Flats
Dwellings built by private builders (excluding those built by the police authorities)	53	8
Built by local authority	—	620
Applicants on Council's waiting list at 31.12.67	—	10,376

TABLE 31

NOTICES SERVED
(including Housing Survey)

Intimation notices served	408
Intimation notices complied with	448
Statutory notices served (Public Health Act, 1936)	1,281
Statutory notices complied with (Public Health Act, 1936)	1,224
Statutory notices served (Public Health Act, 1961)	98
Statutory notices complied with (Public Health Act, 1961)	88
Statutory notices served (Shops Act, 1950)	—
Statutory notices complied with (Shops Act, 1950)	—
Statutory notices served (Prevention of Damage by Pests Act, 1949)	33
Statutory notices complied with (Prevention of Damage by Pests Act, 1949)	33
Statutory notices served (Middlesex County Council Act, 1956)	—
Statutory notices complied with (Middlesex County Council Act, 1956)	—
Statutory notices served Housing Act, 1957 (Section 9)	118
Statutory notices complied with Housing Act, 1957 (Section 9)	61
Statutory notices served Housing Act, 1961 (Section 15)	144
Statutory notices complied with Housing Act, 1961 (Section 15)	79
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93)	207
Referred for work to be carried out in default of owners	193

TABLE 32

NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwelling Houses, Water Supply and Service

New cisterns provided	7
Cisterns repaired/renewed	114
Cisterns cleansed/covered	2
Draw taps placed on mains	6
Water supply re-instated	157

Drainage and Sewerage

W.C.'s—pans and traps renewed	40
W.C.'s—cleansed/repared	92
W.C.'s—add. accom. provided	5
W.C.'s—ventilation improved	15
Drains—reconstructed	5
Drains—examined, tested, exposed	8
Drains—cleared, repaired	196
Soil pipes or vent shafts repaired	69
New soil pipes or vent shafts fixed	13
Disconnecting traps or chambers inserted	11
New manhole covers	22

Other Defects

Brickwork repaired/repointed	225
Dampness remedied—D.P. course	212
Dampness remedied—others	175
Exterior paintwork repainted	59
Fireplaces/ranges repaired or renewed	31
Flooring and other woodwork rep./ren.	438
Floor (solid) repaired	50
Floors—add. vent. provided	6
Food stores—ventilation provided	25
Gutters, R.W.Ps., waste pipes repaired	501
Overcrowding abated	48
Plastering repaired/renewed (rooms)	543
Refuse accumulations removed	70
Roofs repaired/renewed	445
Sinks—additional provided	30
Sinks—repaired/renewed	27
Flues repaired	13
Staircases, passages—cleansed	9
Staircases, passages—repaired	39
Walls and ceilings—cleansed	182
Walls and ceilings—repaired	346
Windows repaired	868
Other defects	572

Courts, Forecourts, Yards

Nuisances abated	4
Paving repaired/relaid	81
Accumulations removed	224

Verminous Articles and Premises

Premises disinfested	1
Articles disinfested/destroyed	—

Animals

Nuisances abated	6
------------------	---

Offices and Shops

Ventilation—provided and/or maintained	11
Temperature—reasonable prov./maintained	4
W.C.'s—cleansed/repared	11
W.C.'s—add. acc. provided	4
Lighting—suitable and sufficient provided	11
Other nuisances abated	31

Miscellaneous

Nuisances abated	8
Smoke nuisances abated	1
Hot water provided in dwelling house	134
Cookers	12
Baths	8
Food store	33
Cold water	36

TABLE 33

RENT ACT, 1957

CERTIFICATES OF DISREPAIR

Applications (Form I) received and investigated	7
Agreed and proposal to issue Certificate of Disrepair (Form J) served	4
Refused	3
Undertakings (Form K) received from landlords	1
Accepted	1
Refused	Nil
Certificate of Disrepair (Form L) issued	1
Applications received for cancellation of Certificates of Disrepair (Form M)	21
Granted	18
Refused	3

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
Brent No. 3	1. 8.67	460	4,292	108
Brent No. 4	1.12.67	306	4,322	329
Total	—	6,063.3	54,038	3,498

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	24	24	24	24
Bread and Confectionery	69	69	69	69
Dairy	10	10	10	10
Butcher	174	174	174	174
Grocer and General Store	386	386	386	386
Fishmonger and Fish Fryer	68	68	68	68
Cafe and Restaurant	228	228	228	228
Greengrocer and Fruiterer	197	197	197	197
Ice Cream and Sweet Shop	345	345	193	193
Food Stall	92	—	—	—
Public House	74	74	74	74
Works Canteen	164	164	164	164
School Canteen	63	63	63	63
Food Factory	16	16	16	16
Other Food Premises	62	62	46	46
Totals	1,972	1,880	1,712	1,712

INSPECTIONS AND REVISITS

Inspections: 5,478
Revisits: 1,987

Total: 7,465

TABLE 36

Premises unsatisfactory on 31.12.66	299
Unsatisfactory during the year	606
Premises made satisfactory during year	644
Unsatisfactory 31.12.67	261

TABLE 37

FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.66	Found during the year	Total	Remedied during year	Outstanding at 31.12.67
1. Inadequate lighting and ventilation	7	33	40	35	5
2. Inadequate washing facilities	79	120	199	135	64
3. Inadequate refuse storage	32	74	106	83	23
4. Unsatisfactory or insufficient sanitary accommodation	60	108	168	100	68
5. Inadequate storage accommodation	47	42	89	43	46
6. Defective walls, ceilings or floors	109	161	270	167	103
7. Dirty walls, ceilings or floors	146	213	359	255	104
8. Inadequate first aid materials	34	59	93	62	31
9. Unsatisfactory conditions	13	33	46	35	11
10. Any other defects	39	210	249	222	27
Totals	566	1,053	1,619	1,137	482

TABLE 38

FOOD PREMISES: REGISTRATION

	Premises on register 31.12.66	Applications received	Applications granted	Applications refused	Premises removed from register during 1967	Total on register at 31.12.67
(1) Sale and storage of ice cream	586	52	52	—	14	624
(2) Manufacture of ice cream	10	—	—	—	—	10
(3) Manufacture of preserved food	223	1	1	—	12	212
(4) Fish curing	1	—	—	—	1	—

TABLE 39

SLAUGHTERHOUSE

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	77	—	—	377	—
Number inspected	77	—	—	377	—
All diseases except tuberculosis and cysticerci: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	16	—	—	23	—
Percentage of the number inspected affected with disease other than tuberculosis and cysti- cerci	20.8	—	—	6.1	—
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

CONTAMINATED AND UNSOUND FOOD

Foodstuff	Dirt or Foreign Bodies	Insects	Mould	Souring or other unfitness
Bread and flour confectionery	18 (3)	3	5	1
Meat and meat products	2	2	—	14 (6)
Milk, cream and yogurt	11 (1)	—	1	1
Canned goods	4 (2)	3	—	8 (1)
Bottled goods	4 (2)	—	1 (1)	3 (1)
Cereals	2	3	—	1
Pies	—	1	5	—
Bacon	—	2	1	2 (1)
Cheese	—	1	1	—
Butter and margarine	2	—	—	—
Medicines	—	—	—	2 (1)
Wines and beer	1	—	—	1
Potato crisps	2	—	—	—
Frozen food	—	1	—	—
Fruit	—	—	1 (1)	—
Sweets	1 (1)	—	—	—
Suet	—	1 (1)	—	—
Stock cubes	—	1	—	—
Dried soup	1	—	—	—
Infant food	—	—	—	1
TOTALS	48	18	15	34

Figures in brackets indicate complaints not confirmed.

TABLE 41

SAMPLING OF FOOD AND DRUGS

Articles	Total procured	Unsatisfactory	
		Labelling	Composition
Milk	24	—	—
Milk (condensed and dried)	12	—	—
Creams and yogurt	20	—	2
Ice cream	11	—	—
Meat and meat products	107	—	9
Butter, margarine and fats	23	—	—
Bread, flour and cereals	14	—	1
Fish and fish pastes	25	3	—
Cakes, biscuits, mixtures and fillings	7	—	—
Fruit juices, syrups and soft drinks	49	6	2
Spirits, wine, beer	15	2	2
Coffee, tea and beverages	14	—	—
Sweets and chewing compounds	19	2	2
Fruit and vegetables	90	2	1
Curries, spices and flavourings	38	1	—
Vinegar, pickles and sauces	76	1	5
Cheese and spreads	60	2	3
Jams, jellies and preserves	32	—	2
Drugs	40	1	—
Miscellaneous	13	—	—
TOTALS	689	20	29

TABLE 42

BACTERIOLOGICAL EXAMINATION OF MILK, ICE CREAM AND WATER

Milk examinations—109

	Schools	Dealers' premises			Total
	Pasteurised	Pasteurised	Sterilised	U.H.T.	
Samples	25	65	13	6	109
Satisfactory	25	64	13	6	108
Unsatisfactory	Nil	1	Nil	Nil	1

Ice cream examinations—57

Grade 1	Grade 2	Grade 3	Grade 4	Total
34	7	7	9	57

Water examinations—705

	Domestic supplies	Swimming pools	Paddling pool	Total
Samples	6	684	15	705
Satisfactory	6	678	14	698
Unsatisfactory	Nil	6	1	7

Examinations of cleansed ice cream churns—34

Satisfactory under 50,000 colonies)	Fairly satisfactory (50,000—250,000 colonies)	Unsatisfactory (250,000 + colonies)	Total
26	5	3	34

FACTORIES

TABLE 43

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	34	58	3	—
Factories not included above in which section 7 is enforced by the local authority	897	1,597	77	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers premises)	8	13	—	—
Total	939	1,668	80	—

TABLE 44

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)	9	10*	—	—	—
Overcrowding (sec. 2)	—	—	—	—	—
Unreasonable temperature (sec. 3)	—	—	—	—	—
Inadequate ventilation (sec. 4)	2	1	—	—	—
Ineffective drainage of floors (sec. 6)	—	—	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient	4	3	—	—	—
(b) Unsuitable or defective	61	56	—	—	—
(c) Not separate for sexes	—	1*	—	—	—
Other offences against the Act (not including offences relating to outworkers)	4	3	—	—	—
Total	80	74	—	—	—

* One defect outstanding from previous year.

TABLE 45

OUTWORKERS

Nature of Work	No. of outworkers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.)	95	—	—
Handbags	2	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	5	—	—
Feather sorting	1	—	—
Brass articles	2	—	—
Tie making	1	—	—
Brush making	1	—	—
Locks and keys	1	—	—
Ladies' Belts	1	—	—
Fancy Goods	1	—	—
Millinery	1	—	—
Furrier	2	—	—
Wigs	1	—	—
Metal Boxes	5	—	—
Artificial Flowers	1	—	—
Chocolates	1	—	—
Linen	1	—	—
Racquet or Tennis Balls	1	—	—
Total	123	—	—

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 46

REGISTRATION OF PREMISES AND ANALYSIS OF PERSONS EMPLOYED

Class	No. of premises registered during the year	Total No. of registered premises at end of year	No. of persons employed
Offices	67	716	13,714
Retail Shops	68	669	3,936
Wholesale shops, warehouses	24	68	994
Catering estabs. open to the public, canteens	47	167	1,762
Totals	206	1,620	20,406
		Males	9,998
		Females	10,408

TABLE 47

INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	711	} 3,178
Retail Shops	667	
Wholesale shops, warehouses	67	
Catering estabs. open to the public, canteens	165	
Total	1,610	

TABLE 48

DEFECTS AND UNSATISFACTORY CONDITIONS FOUND AND REMEDIED

Section	Unsatisfactory conditions or defects	Outstanding 1966	Found 1967	Remedied during the year
4	Premises in a dirty state	1	35	33
5	Overcrowding	1	2	3
6	Temperature	—	6	3
	Unreasonable	—	—	—
	Lack of room thermometer	3	27	29
7	Ventilation	2	15	16
8	Lighting	1	14	15
9	Sanitary Conveniences	—	—	—
	Unsuitable and insufficient	8	4	10
	Lack of artificial lighting	1	4	5
	Other nuisances	5	20	23
10	Washing facilities insufficient and unsuitable	8	12	17
11	Adequate supply of drinking water not provided	—	1	1
12	Accommodation for clothing	—	6	6
13	Seating facilities	—	1	1
14	Seats for sedentary work	—	—	—
15	Eating facilities for shop employees	—	2	2
16	Floors, passages and stairs not soundly constructed, properly maintained or kept free from obstruction or slippery substance	3	36	36
17	Dangerous parts of machines not properly fenced	1	6	6
24	First Aid—General Provisions	2	79	75
50	Information for employees, Lack of	13	93	98
Total		49	363	379

TABLE 49

ACCIDENTS REPORTED 1967

	Class of Premises				Total
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	
1. No. of Accidents Reported	8	25	14	7	54
2. No. of Accidents Investigated	7	23	9	7	46
3. Action taken:					
(a) Formal warning	—	2	1	2	5
(b) Informal Advice	2	4	2	2	10
(c) None	5	17	6	3	31
4. Causation:					
(a) Machinery	1	—	—	1	2
(b) Transport	—	—	1	—	1
(c) Falls of Persons	5	11	5	4	25
(d) Stepping on or striking against object or persons	1	3	1	—	5
(e) Handling goods	—	6	5	1	12
(f) Struck by falling objects	1	1	—	—	2
(g) Fires and explosions	—	—	—	—	—
(h) Electricity	—	—	—	—	—
(i) Use of Hand Tools	—	4	1	—	5
(j) Not otherwise specified	—	1	1	—	2
5. Injuries sustained:					
(a) Fractures and dislocations	1	5	1	3	10
(b) Sprains and strains	3	4	3	2	12
(c) Internal injury	—	1	—	—	1
(d) Open wounds/surface injury	—	9	4	2	15
(e) Bruising and crushing	3	6	6	—	15
(f) Foreign Body in Orifice	1	—	—	—	1

TABLE 50

UNCLEANLINESS AND SCABIES

				New cases treated			Attendances		
				Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children under 5 years	.....	.....	.....	24	4	28	57	4	61
Children 5-15 years	.....	.....	.....	29	29	58	64	29	93
Adults	.....	.....	.....	29	5	34	52	5	57
	Men	.....	.....	32	1	33	70	1	71
	Women	.....	.....				
Total	.....	.....	.....	114	39	153	243	39	282

TABLE 51

DISINFESTATION

(a) Verminous Premises :

Council properties 16
Private properties 81

Total

97

(b) Verminous Rooms :

Council properties 59
Private properties 207

Total

266

(c) Clothing and bedding materials :

(i) disinfected 10
(ii) disinfested 13

(d) Miscellaneous :

Ants 13
Cockroaches 6
Wasps nests 277

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

Principal School Medical Officer

E. Grundy, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer

J. H. Smith, M.B., B.S., D.P.H.

Senior Medical Officer

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

Principal School Medical Officer

FOR THE YEAR 1967

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH OF
SOUTHAMPTON
(1967)

Chief Dental Officer

A. J. Smith, M.B., B.S., D.P.H.

School Dental Officer

Mr. Mayor, Ladies and Gentlemen, I have the honour to acknowledge the receipt of your letter of the 14th inst. regarding the report of the Principal School Medical Officer for the year 1967.

The year, which is reviewed in this Report, has been one of consolidation and re-appraisal. The services of School Health have been re-organised on a thorough basis for some time past, and whilst it would be idle to suggest that no changes have been necessary in this time, it is at the same time relevant to express the view that the past organisation and services which were introduced into the School Health Service some three years ago have been tested, modified during the period of consolidation. All staff during this early organisation have worked to the utmost with enthusiasm and a vision which has enabled us to offer more than adequate service to the children during their years of school life.

Routine medical inspection has been continued in the appropriate age groups, both in infants' and in secondary schools. The programme and time table of the inspection is well known, and carried out by medical officers in the same way as in the past. The programme and time table of the inspection is the same but carried out by medical officers in the same way as in the past. The programme and time table of the inspection is the same but carried out by medical officers in the same way as in the past. The programme and time table of the inspection is the same but carried out by medical officers in the same way as in the past.

Report of the Principal School Medical Officer For the Year 1967

The problem of handicap in school children remains one of considerable and increasing magnitude. Particularly in regard to children with physical handicaps, and lack of attainment opportunities, to the medical officers have co-operated with the School Psychological Service and during the year additional provision enabled children requiring special educational treatment to be admitted to the new units.

The School Dental Service continues under the handicap of staff shortage and it is pertinent to note that from January onwards the new London Boroughs where a decision to increase the staff supply has not been made. There can be no doubt that medical and dental grounds that foundation very considerably reduce delay in the teeth of young children, but it is regrettable that there are other and philosophical reasons for objection being made to the foundation of the staff supply on dental, how over, a physician can do no other than state that in his opinion foundation should be adopted.

The Report is the work of many members of the Department and will be of interest to Members desiring to know the extent and scope of the School Health Service.

Your Obedient Servant,

E. GRUNDY

Principal School Medical Officer

Mr. Mayor, Ladies and Gentlemen, I have the honour to acknowledge the receipt of your letter of the 14th inst. regarding the report of the Principal School Medical Officer for the year 1967.

Principal School Medical Officer

Chief Dental Officer

A. J. Smith, M.B., B.S., D.P.H.

School Dental Officer

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Principal School Medical Officer

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Table 30
UNCLEANLINESS AND SCABIES

		New cases treated			Abolished		Total
		Boys	Girls	Total	Boys	Girls	Total
REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER							
FOR THE YEAR 1967							
Children under 5 years		27	4	31			31
Children 5-15 years		64	28	92			92
Men	29	8	34	51	1		57
Adults	32	1	33	70			71
Women							
Total		118	75	193	245	34	282

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH.

Table 31

DISINFESTATION

Mr. Mayor, Ladies and Gentlemen,

The year, which is reviewed in this Report, has been one of consolidation and re-appraisal. The services of School Health have now been organised on a Borough basis for some three years, and whilst it would be idle to suggest that no changes have been necessary in this time, it is at the same time relevant to express the view that the basic organisation and concepts which were introduced into the School Health Service some three years ago have been found effective during the period of consolidation. All staff during this early organisation have responded to difficulties with enthusiasm and a vigour which has enabled us to offer more than adequate service to the children during their years of school life.

Routine medical inspections have been continued in the appropriate age groups, both in infants, junior and secondary schools. The educational reorganisation on a comprehensive basis, which commenced in September, 1967, necessitated a very substantial reorganisation of routine inspections which, as is well known, are carried out by medical officers in the school premises. The programme and time table of examinations is the same but considerable variation has been required in order to meet the needs of the larger units. We have continued the examination of selected groups in certain schools and this very interesting work is proceeding with the co-operation between medical officer and teacher being adequately maintained.

The problem of handicap in school children remains one of considerable and increasing magnitude, particularly in Brent in relation to educational backwardness and lack of attainment appropriate to age. Medical officers have co-operated with the School Psychological Service and during the year additional provision enabled children requiring special educational treatment to be admitted to the new units.

The School Dental Service continues under the handicap of staff shortage and it is pertinent to note that Brent remains one of the few London Boroughs where a decision to fluoridate the water supply has not been made. There can be no doubt, on medical and clinical dental grounds, that fluoridation very considerably reduces decay in the teeth of young children, but it is appreciated that there are other ethical and philosophical reasons for objection being raised to mass fluoridation of the pipe supply; on balance, however, a physician can do no other than state that in his opinion fluoridation should be adopted.

The Report is the work of many members of the Department and will be of interest to Members, disclosing to them the extent and scope of the School Health Service.

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. D.P.H.
<i>Assistant School Medical Officers</i>	-	-	-	-	R. Aaronson, M.D., Vienna. J. Bean, M.B., B.Ch. 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. 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. M. McQuaid, L.R.C.P., M.R.C.P., D.P.H., M.F. Home. C. Sayal, M.B., B.S., D.C.H., D.P.H. Z. Vellani, M.B., B.S. London, L.R.C.P., M.R.C.S. (Eng.), D.R.C.O.G.
<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. I. Brecker, B.D.S., L.D.S., R.C.S. Miss C. A. Brown, B.D.S. Mrs. H. Collins, L.D.S., R.C.S., B.D.S. P. Grimer, B.D.S. Mrs. D. Mailer, L.D.S., R.F.P.S. (Glas.) Mrs. J. Mans, L.D.S. J. A. Rejman, L.D.S., R.C.S. (Eng.), B.D.S. Mrs. G. Segal, L.D.S., R.C.S. Mrs. A. Sowa 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>	-	-	-	-	Mrs. J. Zucker, Eastman Dental Hospital Cert.
<i>Psychiatrists (Part time)</i>	-	-	-	-	Dr. A. K. Graf, M.D., D.P.M., P.M.C. Dr. M. Friedman, M.B., Ch.B., D.P.M.
<i>Chief Educational Psychologist</i>	-	-	-	-	C. Graham, B.Sc., A.B.P.Ps.
<i>Educational Psychologists</i>	-	-	-	-	Mrs. B. Carlton, M.A., Dip. Ed. Mrs. S. Steen, B.Sc.
<i>Speech Therapists</i>	-	-	-	-	Miss A. Elvins, L.C.S.T. Miss S. M. Griffiths, L.C.S.T. Mrs. Williams, 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., 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. 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 and Secondary 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 12,634 children were examined of whom 12,561 were found to be in a satisfactory condition.

3,355 special inspections and 2,623 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, health and cleanliness surveys are undertaken by the School Nurse. Regular inspections of the children are made in school, and talks, films and film strips are used to encourage an interest in personal hygiene and appearance.

A cleansing service is provided at the Stonebridge Health Clinic for the treatment of scabies and for disinfection.

Total number of examinations	14,198
Total number of individuals found to be infested for the first time during the year	176
Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2) of the Education Act 1944	49
Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act 1944	1

WORK OF THE HEALTH VISITOR AND SCHOOL NURSE

The main concern of the Health Visitor and School Nurse in school lies with health surveys, preparation for and assisting the School Medical Officer with medical inspections. The testing for colour blindness is now being undertaken by all nursing staff and doubtful cases referred to the Medical Officer for further testing.

Health education programmes are offered to all schools and more are taking advantage of this special skill of the Health Visitor.

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 parent's 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 1967 the testing of school entrants normally at the age of 5 years was continued throughout 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	3,747
(ii) Number of children from (i) whose parents consented	2,854—76.2%
(iii) Number of those in (ii) negative to Heaf Gun Tests	2,148—75.3%
(iv) Number of those in (iii) B.C.G. vaccinated	2,142—99.7%
(v) Percentage of vaccination to (i) above	57.2%

<i>Entrants</i>	
(i) Number Skin tested	4,033
(ii) Number positive	429—10.6%
(iii) Number negative	3,500—86.8%

CONVALESCENT TREATMENT

Thirty-three 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 or General Practitioner 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
General Debility	14	2 weeks
General Debility	2	4 weeks
Constant catarrh and cough	1	2 weeks
Measles	1	4 weeks
Whooping Cough	1	2 weeks
Asthma and Bronchitis	4	2 weeks
Asthma and Bronchitis	1	4 weeks
Tonsillitis	1	3 weeks
Pneumonia	2	2 weeks
Debility following operations	2	2 weeks
Upper respiratory infection	1	3 weeks
Glandular Fever	1	2 weeks
Diabetes	1	2 weeks
Congenital dislocation of hips	1	2 weeks
Total	33	

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 1966 in brackets.

AUDIOMETRY: CHILDREN TESTED

Routine.

Age Group	1st Tests	Re-tests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Up to 7 years	3,410 (3,254)	120 (141)	96 (81)	33 (36)	62 (56)	191 (173)	
Intermediate	3,074 (2,902)	190 (212)	60 (65)	38 (23)	45 (28)	143 (116)	
Leavers	2,550 (2,920)	121 (162)	41 (29)	35 (21)	40 (30)	116 (80)	
Totals	9,034 (9,076)	431 (515)	197 (175)	106 (80)	147 (114)	450 (369)	

Specials.

All Ages	1st Tests	Re-tests	Failures			Totals
			Both Ears	One Ear		
				Right	Left	
Totals	1,005 (991)	330 (375)	259 (197)	117 (127)	113 (141)	489 (465)

CHIROPODY

The demand for chiropody still increases as children, expectant mothers and nursing mothers are all fast becoming foot conscious.

As usual many school children attended the clinic for treatment for plantar warts and were approximately twice as common in girls but against that more boys suffered with chilblains and clawing toes no doubt due to wearing stretch socks.

Hallux valgus was less common than in the past few years as shoes are a slightly better shape. On the whole children's feet were in a much better condition and mothers now demand that the feet are measured each time they buy new shoes.

CHIROPODY—SCHOOL CHILDREN TREATED 1967

School Clinic	New Cases	1st Attendance this year of old cases	Re-attendance	Total
Kilburn Square	83	6	451	540
London Road	34	7	201	242
Monks Park	2	2	10	14
Mortimer Road	17	7	110	134
Neasden Clinic	33	2	349	384
Stag Lane Library	23	7	160	190
Stonebridge	63	12	237	312
Pound Lane	43	1	260	304
TOTALS	298	44	1,778	2,120

SPEECH THERAPY

Since last year's report two speech therapists have left and a third will shortly be leaving. So far these vacancies have not been filled. This has affected the work at most Clinics and waiting lists have grown.

REPORT OF WORK IN CLINICS

The work at Pound Lane has been improved by the provision of a session at Mortimer Road where yet another session would be advisable if possible. Pound Lane serves a large area and attendance has improved now that children are able to attend the Mortimer Road Clinic, Pound Lane being rather far for some patients who attend alone. Kilburn Square is under-staffed at present but waiting lists are not unavoidably long as the remaining therapist has put in extra sessions there and has been helped by a third year student. Neasden and Stonebridge at the moment have no therapist. Urgent cases attend Pound Lane. College Road has two sessions which are adequate. One Tree Hill and Stag Lane Library Clinics are also adequately staffed. London Road still has the same difficulty as in previous reports, lack of space and insufficient sessions. This is a very central clinic with a large number of schools based upon it and referrals are numerous. Attendances are good and this Clinic needs at least two more sessions for the therapist to be able to cope adequately giving sufficient time to each patient.

The whole area has most co-operative schools, stammering and dyslalia are the speech difficulties most commonly encountered.

REPORTS FROM SPECIAL SCHOOLS

Lower Place Day Special School for Physically Handicapped.

Two therapists are working seven sessions as before although one of these will shortly be leaving. She should however be replaced by the beginning of the next school year. The removal of the school to Kingsbury where there are new premises should improve treating facilities considerably as a much quieter room has been provided for speech therapy.

Woodfield Educationally Sub-normal.

This school has at present no speech therapist. Considerable numbers of children in the school need speech therapy but facilities are most inadequate. The last speech therapist worked under great difficulties frequently arriving there finding she had no room in which to work. If therapy is to continue a suitable treatment room is a necessity.

Vernon House Special Educational Unit.

This school has now three speech therapy sessions which are adequate for the present. Co-operation and facilities are good, retarded language and stammering are the speech problems which predominate.

CONCLUSIONS.

If this report appears less favourable than that of last year this is due to the shortage of therapists which cause great difficulties for the remaining therapists. These should disappear when new therapists are appointed and, compared with other London Boroughs, Brent is still an interesting and co-operative area from the speech therapy point of view. The only serious problems are the need for further sessions at London Road and the need for an adequate treatment room at Woodfield School.

Clinic or School	No. of cases dealt with during the year	
	School children	Pre-school children
College Road Clinic	35	3
Kilburn Square Clinic	105	10
Pound Lane Clinic	38	16
Stonebridge Clinic	57	15
Lower Place Special School	32	—
Mortimer Road Clinic	2	1
Neasden Clinic	44	5
Woodfield Special School	13	—
London Road Clinic	61	5
Stag Lane Library Clinic	38	4
One Tree Hill Clinic	10	1
Vernon House School	9	—
TOTALS	444	60

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

By the end of 1967 there were 9 blind children, all of them boys, being maintained by the Authority at Residential Schools for the Blind. There were 6 boys at Dorton House, Kent, 1 at Condover Hall, Shropshire, 1 at Rushton Hall, Kettering and 1 at a Sunshine House in Sussex.

PARTIALLY SIGHTED CHILDREN

At the end of December 1967, there were 15 partially sighted children placed at Partially Sighted Day Schools in the Inner London Education Authority. 8 girls and 5 boys are attending John Aird School, W.12, and 1 boy and 1 girl are at the New River School, N.16. 1 boy is still awaiting a vacancy and is at the moment attending ordinary school.

DEAF CHILDREN

At the end of December 1967, 12 deaf children, 7 boys and 5 girls, were placed at Day Schools. 9 of these children attend the Heston School for the Deaf, 2 attend Blanche Nevile School, Tottenham and 1 attends Ackmar School in the Inner London Education Authority area.

There are close links with both Heston and Blanche Nevile Schools as the Consultant Otologist at Neasden Audiology Unit supervises the children in both these schools.

There were 4 deaf children at Residential Schools, 1 girl at Mary Hare Grammar School at Newbury, 1 boy at Nutfield Priory, Redhill and a boy and a girl at the Royal School for the Deaf, Margate. At the end of the year there were two boys under five diagnosed as deaf, one awaiting placement at Heston and the other attending the Day Nursery.

PARTIALLY HEARING CHILDREN

Many children who have a hearing handicap and wear a hearing aid manage in ordinary schools. These children are seen regularly at Neasden Audiology Unit and are supervised in their schools and given auditory training by Peripatetic Teachers for the Deaf.

At the end of 1967 there were 5 children in partially deaf units attached to ordinary schools in Hounslow and Tottenham. 2 boys and 5 girls attend Blanche Nevile Partially Deaf School, Tottenham.

Only 3 children were placed in Residential Schools at the end of December, 1967. 1 boy at Rayners School in Buckinghamshire has a dual handicap and 2 boys are placed at the Royal School for the Deaf, Margate.

In the younger age group there were 6 children placed as handicapped children in Day Nurseries and 2 boys not yet at school.

EDUCATIONALLY SUB-NORMAL CHILDREN

Woodfield Special Day School.

During the year Woodfield School has had a waiting list for admissions. At the end of the year there were 120 boys and 76 girls in the school. There has been considerable pressure for places, particularly in the secondary age group. Children in this group are mainly from overseas and provide serious learning problems and not infrequently present behaviour difficulties as well. During the year it has become clear that provisions for special education in the Borough is inadequate and that there are many children in need of this type of education.

During the year 58 children were admitted to Woodfield and 36 children left. 22 of these were school leavers at age 16, 3 children returned to ordinary school and the rest transferred to other schools. The waiting list at the end of the year was 8. If all the children needing special education were ascertained this figure would be very much larger.

Medical inspections are carried out every two weeks during term time and during the year there were 83 children examined. The majority of these were routine examinations but included were children specially referred by the staff or parents. For any further treatment or investigations referrals are made to General Practitioners or to Consultants at Hospitals with the General Practitioners' permission. Children are referred by the Local Authority to Eye, Dental, Orthopaedic, Ear, Nose and Throat and Audiology Clinics and these provide an excellent service for the detection and treatment of defects.

A Speech Therapist attends weekly as there are quite a few children who need help with speech defects.

Health Education is undertaken by the school nurse who has personal contacts with the children and by the staff of the school.

B.C.G. vaccination against tuberculosis is offered to all 13-year-old children who need it.

It is hoped in the future to increase the provision of special education in the Borough, and this will indeed be welcome as the problem of backwardness is very serious and should be dealt with as early as possible.

Other Special Day and Residential Schools.

19 Brent children attend other Day Schools for Educationally Sub-Normal Children, at All Souls Special School, Hillingdon, Carew Manor School in Surrey, Marjory Kinnon School in Feltham, Oak Lodge School in East Finchley and Montfort House, Golders Green.

Fourteen Brent children are placed in Residential Special Schools. In Townhill Park, Southampton for junior children, Swaylands School for senior boys in Kent and Wavendon House for senior girls in Buckinghamshire.

We have some of our children placed in independent residential schools. At Allerton Priory School in Liverpool, at Farmhill House School in Gloucestershire, at St. Joseph's Special School in Surrey, at the Sheiling School at Bristol and in the Society of St. Bernadette in Surrey.

Difficulty is experienced in placing older children in Residential Schools.

EPILEPTIC PUPILS

The majority of epileptic children manage well in ordinary schools, modern education controls the epilepsy and occasional fits in school can be dealt with without much upset.

In a minority of children convulsions are less easily controlled and special schooling is necessary. Three Brent children attend Lower Place Physically Handicapped School and four are placed at Lingfield School for Epileptics in Surrey. One child does not attend school and has home tuition.

MALADJUSTED CHILDREN

An increasing number of children are recommended for residential placement each year and at the end of 1967 there were 95 Brent children in residential schools for maladjusted children. There is a higher proportion of boys in this category, there being 75 boys and only 21 girls.

There is considerable difficulty experienced in placing some types of maladjusted children and many schools may have to be approached before a placing is offered. This delay is unfortunate because the child suffers.

There are proposals for a Brent Residential School for Maladjusted Children and this is very much needed.

The list of schools where Brent children are placed is too long to record.

PHYSICALLY HANDICAPPED CHILDREN

Lower Place Physically Handicapped School.

During the year 1967, the number of children in the school rose and by the end of the year there were 110 children attending. 35 of these children were admitted during the year and 23 left. Of this number 8 were leavers aged 16, 4 were transferred to other physically handicapped schools and 6 were found fit to return to ordinary school. The majority of children who attend Lower Place School are from Brent, but the London Boroughs of Ealing, Harrow, Barnet and Hillingdon also place children in the school.

An increasing number of children attending Lower Place are in the lower age groups. At the end of the year 43 children were aged between 4 and 7 years, 26 between 8 and 11 years and 41 between 12 and 16. Increasing efforts are made to admit children after their fourth birthday and this throws extra strain on the welfare staff as much more needs to be done for these younger children. Coupled with this is the greater instance of more seriously handicapped children who may also have more than one defect. The number of children with spina bifida being admitted to the school is rising. With modern surgery these children survive where previously four out of five cases proved fatal in early life. Many of these children still have quite serious physical handicaps.

Medical inspections are carried out every other week and children are seen every six to nine months. Regular assessments are made of the children's progress and close liaison is maintained with the Consultant Staff in charge of these children at the various London Hospitals. The Orthopaedic Specialist visits the school several times a term and supervises many of the children. Any operative work that may be needed is carried out at the Royal National Orthopaedic Hospital at Stanmore. Two full-time Physiotherapists work at the school under the supervision of the Orthopaedic Specialist.

The Ophthalmologist visits the school and supervises visual defects.

It was disappointing for the school not to be able to move to its new premises at Grove Park in September because of the delay in completion of the building. The new school offers spacious rooms and beautiful surroundings. A hydrotherapy pool will enable the Physiotherapists to provide new means of treatment. Increased accommodation allows the Speech Therapists, Audiometricians and other visiting staff to have rooms free of noise in which to work.

We look forward to next year's report when accounts of the new school can be given.

Residential Schools for Physically Handicapped.

There are five children in residential physically handicapped schools. At Hatchford Park School in Cobham, in Tyne Hall School near Basingstoke, in Hurst School, Whiteness Manor, Kent, in the Thomas de la Rue School in Kent and in the Wilfred Pickles School in Lincolnshire. One child attends the centre for spastic children in Cheyne Walk.

CHILDREN WITH SPEECH DEFECTS

Children with speech defects all attend primary and secondary schools except for 9 children who are pupils at independent schools. 221 children are under 5.

In total there were 699 boys and 242 girls at the end of the year who have speech defects and received therapy at school or at a Clinic.

Speech defects due to deafness are not of course included in this group.

DELICATE AND DIABETIC CHILDREN

There were 9 children in this category attending day schools at the end of the year. Two were placed in Lower Place Physically Handicapped School, four at John Keats Open Air School in the Inner London Education Authority, one at Hazlebury Open Air School in Edmonton and two at Wood Lane Open Air School.

There are of course many more children in residential schools who are delicate than in day schools. The atmosphere of cities is not a healthy environment for a delicate child and when a suitable age is reached to leave home it may be best for the delicate child to be placed in a school out of London.

There are 16 boys and 8 girls placed in schools out of London amongst which are Elmers Court School in Lymington, Park Place in Henley-on-Thames, Port Regis School, Broadstairs, St. Dominic's in Surrey, St. Catherine's Open Air School in the Isle of Wight, Suntrap School on Hayling Island, Tylney Hall in Hampshire, Warnham Court in Sussex, and St. Patrick's Open Air School on Hayling Island.

CHILDREN WITH MULTIPLE DEFECTS

There were at the end of the year 36 boys and 26 girls who suffered from multiple defects and attended special schools either for multiple defects or a school catering for their major handicap.

50 attend Day Schools and the others are in residential placement.

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1967

ASCERTAINMENT

Category	No. of ascertained Cases known 1st day of year		No. of New Cases ascertained during year		No. of ascertained Cases known last day of year	
	B	G	B	G	B	G
Blind Pupils	6	—	2	—	9	—
Partially-Sighted Pupils	9	7	2	—	10	6
Deaf Pupils	8	7	4	1	11	7
Partially Deaf Pupils	13	8	3	4	15	10
Delicate Pupils	27	15	9	2	23	12
Diabetic Pupils						
Educ. Sub-Normal Pupils	119	83	25	26	113	83
Epileptic Pupils	6	—	1	1	7	1
Maladjusted Pupils	76	18	18	6	74	21
Physically Handicapped Pupils	33	21	8	4	32	22
Pupils with Speech Defects	644	240	148	68	699	242
Pupils with Multiple Defects	33	21	9	6	36	26
Totals	974	420	229	118	1,029	430
Grand Totals	1,394		347		1,459	

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1967

DISTRIBUTION

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	—	—	9	—	—	—	—	—	—	—	9	—
Partially-Sighted Pupils	9	6	—	—	1	—	—	—	—	—	10	6
Deaf Pupils	7	5	2	2	—	—	—	—	*2	—	11	7
Partially Deaf Pupils	5	7	3	—	2	—	—	—	**5	**3	15	10
Delicate Pupils	5	4	16	8	2	—	—	—	—	—	23	12
Diabetic Pupils	—	—	—	—	—	—	—	—	—	—	—	—
Edu. Sub-normal Pupils	101	62	5	4	2	5	5	12	—	—	113	83
Epileptic Pupils	2	1	4	—	—	—	—	—	†1	—	7	1
Maladjusted Pupils	2	—	18	1	21	5	33	15	—	—	74	21
Physically Handicapped Pupils	26	18	2	1	2	2	2	—	—	§1	32	22
Pupils with Speech Defects	—	—	—	—	551	160	8	1	140	81	699	242
Pupils with Multiple Defects	27	23	3	2	1	1	2	—	3	—	36	26
Totals	184	126	62	18	582	173	50	28	151	85	1,029	430
Grand Totals	310		80		755		78		236		1,459	

* 1 Boy in Day Nursery.

** 3 Boys and 3 Girls in Day Nurseries.

† 1 Boy receiving Home Tuition.

§ 1 Girl in Cheyne Hospital School.

TYLNEY HALL RESIDENTIAL SPECIAL SCHOOL

This Residential Special School, situated deep in the country near Basingstoke, Hampshire, and geared to secondary modern standards, caters for up to 130 mildly maladjusted and/or mildly delicate boys, whose handicap is such that they do not require psychiatric support or medical treatment. 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 the 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 inspection and treatment is carried out at the School by a dental officer of the Authority.

NEASDEN AUDIOLOGY UNIT

The work of the Audiology Unit continued to increase during the year. The number of new referrals was 30% higher than in the previous year and a high proportion of these were in the younger age groups and reflects awareness of the importance of early diagnosis of this handicap. The total number of cases seen during this year was 453 as compared with 310 last year, and the new cases seen numbered 197 as compared with 113 last year.

Two sessions a week are held at the Audiology Unit, one by the Consultant Otologist and one by a Medical Officer in the Department. Because of the increasing number of cases referred, two special screening sessions were arranged to prevent the waiting list becoming too long. It is most important that a preliminary assessment of each case is made as soon as possible. Priority cases are seen within two or three weeks.

Children are referred from the London Boroughs of Brent, Harrow and Barnet and mainly by the Medical Officers in Department from the Infant Welfare Clinics and the School Clinics in these areas. However, an increasing number of children are being referred by Consultants in hospitals and by General Practitioners. Brent children are referred from Consultants in Audiology Departments of the London hospitals for supervision at Neasden.

Hearing loss is an educational problem and the supervision of school children in school is a most important aspect of the work. The majority of children with a hearing defect can manage in school but special arrangements must be made for these children to sit in a favourable position in the class-room and their progress with work observed. The two peripatetic teachers for the deaf carry out this important work of supervision and discuss with the teacher problems which may arise in the school and refer these, if necessary, to the Consultant Otologist at the next Audiology Session. This very important task of liaison between the teacher in the class-room and the Audiology Unit ensures that the deaf child's difficulties are dealt with as soon as possible. Children whose hearing loss requires a hearing-aid are taught by the peripatetic teachers at home if under five, or at school if over five, in the use of the aid and are helped with their work.

The association of deaf and partially hearing children under five with normally hearing and speaking children is of considerable importance in the development of speech and these children are admitted either full time or part time to the Day Nursery.

The majority of Brent children who are ascertained as partially hearing or deaf and are unable to attend ordinary school are placed at Heston and Tottenham either in the Deaf Schools or in the Partially Hearing Units attached to ordinary schools. Their hearing is supervised there by Dr. Fisch. There are 12 deaf and 12 partially hearing children in Day Schools and 4 deaf and 3 partially hearing children in Residential Schools.

During the year two sessions were held at the Audiology Unit when Medical Officers in the Department attended for discussion of the problems associated with the diagnosis and supervision of deafness. Dr. Fisch emphasised the importance of early diagnosis and discussed some of the difficulties met with in testing babies and small children.

It was hoped that the new Physically Handicapped School at Grove Park would have opened during the latter part of the year, but a delay in the building has postponed this event. Two special classes are planned in the school, one as an Assessment Unit to determine the degree of deafness and other handicaps in a young age group, and the other class is for older children who have a hearing handicap as well as a physical one.

SCHOOL DENTAL SERVICE

The School Dental Service continues to provide for the varying dental needs of the school population and due to a slight improvement in the ratio of school children per dentist can offer more frequent treatment.

It still remains, however, a matter of grave concern to those interested in the dental health of their children to see the better teeth in other areas where the fluoridation of domestic water supplies has been implemented.

One of the primary duties of a Local Authority Health Service is the prevention of illhealth, medical and dental, but this most valuable weapon in reducing dental decay is still withheld from the children for whose health the Authority is responsible.

The figures in the tables in this report give details of the vast amount of work completed by the dental staff but account for only a small proportion of the work required.

CHILD GUIDANCE SERVICE

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

The numbers referred to the service and diagnosed and treated are much the same as previous years. It would seem that with the personnel available, and the type of area, about 700 children are seen for one reason or another by one of the psychologists during the year, and about 350 are referred to one of the two Child Guidance Centres for a full diagnostic investigation, and about 200 are actually seen for a psychiatric diagnostic consultation. About 175 children per year receive individual treatment (usually once weekly) and about the same number received specialised help for reading difficulties in one of the unattached classes.

At the end of the year there were 284 children on the waiting list for the psychologists, and this compares with 228 at the end of 1966. There were 79 children awaiting a full team investigation at one of the Child Guidance Centres at the end of the year and this compares with a waiting list of 56 at the end of 1966.

Type of Referral.

The sources of referral, seen in Table 2, show much the same breakdown as previous years. Of those referred to one of the Child Guidance Centres for psychiatric investigation, a quarter came from School Medical Officers, and a quarter came from the Head Teachers via the educational psychologists.

The reasons for referral to the Child Guidance Centres, seen in Table 3, indicate a change from last year. Behaviour disorders account for 52% of the referrals compared with 42% last year, whereas nervous disorders account for 8% compared with 15% last year. The behaviour disorders usually indicate extroverted "acting out" disturbance, and cause concern for teachers and parents, whereas the nervous disorders usually indicate introversion and are not always regarded as problems by the schools. Many of these behaviour problems result from social conditions and cannot always be helped by the intervention of the Child Guidance Service. There are occasions when the schools refer a child for behaviour difficulty and the Child Guidance team, although accepting that the child is difficult in school, do not consider the child requires ascertainment as maladjusted or is likely to profit from psycho-therapy.

The reverse also applies. From Table 2 it will be seen that three-quarters of the referrals come other than from the schools to the Child Guidance Centres. In these cases, with parental permission, the views of the school staff on the child are asked for. Quite often the schools are surprised at the psychiatric referral and the answer obtained is "we have many worse than this child". What is not always realised is that a child can be no problem in school, in fact sometimes a model pupil, and yet certainly be a psychiatric case.

The reasons for referral to the educational psychologists in the Schools Psychological Service, shown in Table 5, show a marked change from the 1966 figures. Because of the introduction of comprehensive education in the Borough as from September, 1967 the use of educational psychologists in school selection problems has greatly diminished. In 1966 there were 95 such cases and in 1967 only 37; this is all to the good as it now allows more time for the educational psychologists to investigate learning and behaviour problems in the schools.

Over half the children referred to the Schools Psychological Service were seen because of backwardness and as can be seen from Table 6, nearly 40% of the children were recommended to attend special schools or remedial reading classes.

All the Tables at the end of this Report pinpoint the fact that both problems of emotional disturbance and backwardness are much more prevalent amongst boys than girls. About 60% of the Child Guidance referrals were boys (we have found in previous years twice as many boys as girls are referred though the proportion of boys was not quite as high this year). In the six unattached classes there were twice as many boys as girls being helped and in Vernon House during the year four out of five of the children were boys.

Provision of Special Schools and Classes.

During 1967 plans had been made to increase the provision for both educationally sub-normal and maladjusted children.

In February Vernon House Special Educational Unit opened in Willesden Lane at the site of the old Willesden Education Office. The Special Infants' Class was moved from the Stonebridge Infants' School and three classes for maladjusted children, one Infant, one Junior and one Senior, were established. It was hoped that these could function as unattached classes taking maladjusted children, but it soon became apparent that the establishment of a school where the Head Teacher could deal with problems on the spot when they arose was essential. As can be seen from Table 8 the size of these classes has been kept small. The Senior Class consisting of seven boys was closed down in July as the Class Teacher resigned and a suitable replacement could not be found.

Plans have been made for a Day Maladjusted Secondary Mixed School to be opened during 1968.

It is hoped to extend the provision for educationally sub-normal pupils. The establishment of a Primary Mixed E.S.N. School in the near future is hoped for, after which Woodfield would deal with Secondary E.S.N. pupils.

When the Primary E.S.N. School is established it would be advisable to transfer there the Special Infants' Class from Vernon House and increase the provision for Special Infants to a further class.

Contacts with other Agencies.

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

Brent helps in the training of professional workers: psychologists, psycho-therapists, and social workers spend continuous periods doing practical work at the Centres as part of their training and we have many visits from students.

The establishment of the Notre Dame Child Guidance Clinic in Ladbroke Grove is also to be welcomed. The Brent Child Guidance Service has already passed some cases, usually Roman Catholic families who have shown a preference to that Clinic.

Contact with the Courts has not always been as close as it might have been. As can be seen from Table 2 only 2% of the Child Guidance referrals come from the Courts. What seems to have happened on some occasions is that children well-known to the Child Guidance Service have appeared before the Juvenile Court and have then been remanded in custody for a psychiatric report and the investigations already completed by the Child Guidance Service are repeated. The Service is not seeking work, it can barely deal with the referrals that come along at the moment, but reports to the Court on children already known seem a worthwhile use of our services, and to repeat investigations elsewhere takes up scarce professional time.

CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1967 (140 girls, 218 boys)	358	
Number of cases brought forward from 1966 waiting list	56	
		414
Number of new cases dealt with by Psychiatrist and team	204	
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation	131	
Cases remaining on waiting list at 31.12.67	79	
		414
Number of cases seen for regular treatment	173	
Number of cases recommended for residential placement	20	

TABLE 2. SOURCES OF REFERRALS

M.O.H. and School Medical Officers	(25%)	91
Headteachers and Educational Psychologists	(25%)	90
General Practitioners	(15%)	54
Hospitals	(6%)	19
Probation Officers and Juvenile Courts	(2%)	6
Parents	(15%)	54
Children's Department	(6%)	22
Others	(6%)	22
		358

TABLE 3. REASONS FOR REFERRAL

1. <i>Nervous Disorders</i>	(8%)	
(a) Fears and anxieties		22
(b) Inhibited behaviour		7
2. <i>Behaviour Disorders</i>	(52%)	
(a) At home		120
(b) At School		42
(c) Predominantly aggressive		23
3. <i>Habit Disorders</i>	(16%)	
(a) Enuresis (wetting)		32
(b) Involuntary movements		6
(c) Sleep disturbances		6
(d) Speech disorders		10
(e) Head banging		2
4. <i>Psychosomatic</i>	(2%)	
Asthma, Eczema, etc.		8
5. <i>Anti-social Behaviour</i>	(13%)	
(a) Stealing		28
(b) Non-attendance at school		19
6. <i>Psychotic Behaviour</i>		1
7. <i>Educational Difficulties</i>	(9%)	
Backwardness and retardation in school work		32
		358

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years	54	11 years	25
5 years	17	12 years	24
6 years	27	13 years	30
7 years	33	14 years	27
8 years	37	15 years	14
9 years	29	Over 15 years	3
10 years	38		
			<hr/> 358

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGIST

Backwardness	228
E.S.N. School Leavers	23
Behaviour difficulties	60
Assessment for Medical Officer of Health	66
Assessment for allocation to schools	37
	<hr/> 414

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation for Remedial Reading Class	84
Recommendation for Special School	72
Recommendation to Medical Officer of Health	59
Advice to schools	58
Referral to Child Guidance Centre	56
Cases to be reviewed	40
Recommendation to Chief Education Officer on suitable education	25
Advice to parents	17
Notification under 57(3) as severely subnormal	3
	<hr/> 414

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.67

School Psychological Service	180
Cases for Review	59
Cases for testing in Child Guidance Centres	45
	<hr/> 284

TABLE 8. UNATTACHED CLASSES
NUMBERS ATTENDING DURING 1967
REMEDIAL READING CLASSES

BRIDGE

Remedial Teacher: Mrs. Zurawski

	Boys	Girls	Total
Primary	14	3	17
Secondary	15	3	18
Total	<hr/> 29	<hr/> 6	<hr/> 35

GRANVILLE

Remedial Teacher: Mr. Lovell

	Boys	Girls	Total
Primary	26	12	38
Secondary	11	3	14
Total	<hr/> 37	<hr/> 15	<hr/> 52

MORA

Remedial Teacher: Miss Phillips

	Boys	Girls	Total
Primary	11	5	16
Secondary	10	4	14
Total	21	9	30

SUDBURY

Remedial Teacher: Miss Kemsley (until 31.8.67),
Mrs. Scott (from 30.10.67)

	Boys	Girls	Total
Primary	11	3	14
Secondary	14	5	19
Total	25	8	33

KINGSBURY GREEN

Remedial Teachers: Miss Marriot (half-time)
Mrs. Hyams (half-time) from 11.4.67

	Boys	Girls	Total
Primary	13	5	18
Secondary	12	2	14
Total	25	7	32

MORA LANGUAGE CLASS

Teacher: Miss Russell

	Boys	Girls	Total
Primary	21	11	32
Secondary	17	4	21
Total	38	15	53

VERNON HOUSE SPECIAL EDUCATIONAL UNIT

SPECIAL INFANTS' CLASS Teacher: Mrs. Gillespie

Boys	Girls	Total
11	4	15

INFANTS MALADJUSTED CLASS Teacher: Miss Patzau

Boys	Girls	Total
7	3	10

JUNIOR MALADJUSTED CLASS

Teacher: Mrs. Siddiki (until 31.5.67)

Mrs. Slater (from 1.9.67)

Boys	Girls	Total
11	2	13

SENIOR MALADJUSTED CLASS

Teacher: Mrs. Cowen (until July, 1967)

Boys	Girls	Total
7	0	7

PROVISION OF SCHOOL MEALS AND MILK

Milk was supplied free during 1967 to all school children in the Borough. This situation will change in September of 1968 as, from the beginning of the Autumn Term, free milk will no longer be supplied to pupils of Secondary Schools.

A census taken on a day in September, 1967, showed that 27,644 children in maintained schools received $\frac{1}{2}$ of a pint. This amounted to 97.5% of infants present on that day, 90% of juniors and 48% of seniors.

In accordance with the Milk in Schools Scheme free milk is also supplied to non-maintained schools. During 1967 approximately 900 bottles per day were provided.

All milk is pasteurised and the sources of supply are under the constant supervision of the Medical Officer of Health. The average number of meals per day served in term time during 1967 was 26,100 and in the school holidays 310.

Cost of Milk and Meals.

The total cost of meals and milk for 1967/68 has been estimated at £713,205 and the income from payments and other sources at £233,060 giving a nett cost of £480,145 chargeable on the rates.

APPENDIX

TABLE I.—Estimated Number of Pupils in Regular Schools, by Sex and Age Group, 1950-51

Source: U.S. Department of Education, Bureau of Education for the States, "Annual Report of the Commissioner of Education, 1950-51," Table 1.

Table A.1. Estimated Population						
Year	Estimated population in 1950	Estimated population in 1960	Estimated population in 1970	Estimated population in 1980		
				Estimated population in 1980	Estimated population in 1980	Estimated population in 1980
1950	1,000	1,000	1,000	1,000	1,000	1,000
1951	1,000	1,000	1,000	1,000	1,000	1,000
1952	1,000	1,000	1,000	1,000	1,000	1,000
1953	1,000	1,000	1,000	1,000	1,000	1,000
1954	1,000	1,000	1,000	1,000	1,000	1,000
1955	1,000	1,000	1,000	1,000	1,000	1,000
1956	1,000	1,000	1,000	1,000	1,000	1,000
1957	1,000	1,000	1,000	1,000	1,000	1,000
1958	1,000	1,000	1,000	1,000	1,000	1,000
1959	1,000	1,000	1,000	1,000	1,000	1,000
1960	1,000	1,000	1,000	1,000	1,000	1,000
1961	1,000	1,000	1,000	1,000	1,000	1,000
1962	1,000	1,000	1,000	1,000	1,000	1,000
1963	1,000	1,000	1,000	1,000	1,000	1,000
1964	1,000	1,000	1,000	1,000	1,000	1,000
1965	1,000	1,000	1,000	1,000	1,000	1,000
1966	1,000	1,000	1,000	1,000	1,000	1,000
1967	1,000	1,000	1,000	1,000	1,000	1,000
1968	1,000	1,000	1,000	1,000	1,000	1,000
1969	1,000	1,000	1,000	1,000	1,000	1,000
1970	1,000	1,000	1,000	1,000	1,000	1,000
1971	1,000	1,000	1,000	1,000	1,000	1,000
1972	1,000	1,000	1,000	1,000	1,000	1,000
1973	1,000	1,000	1,000	1,000	1,000	1,000
1974	1,000	1,000	1,000	1,000	1,000	1,000
1975	1,000	1,000	1,000	1,000	1,000	1,000
1976	1,000	1,000	1,000	1,000	1,000	1,000
1977	1,000	1,000	1,000	1,000	1,000	1,000
1978	1,000	1,000	1,000	1,000	1,000	1,000
1979	1,000	1,000	1,000	1,000	1,000	1,000
1980	1,000	1,000	1,000	1,000	1,000	1,000
1981	1,000	1,000	1,000	1,000	1,000	1,000
1982	1,000	1,000	1,000	1,000	1,000	1,000
1983	1,000	1,000	1,000	1,000	1,000	1,000
1984	1,000	1,000	1,000	1,000	1,000	1,000
1985	1,000	1,000	1,000	1,000	1,000	1,000
1986	1,000	1,000	1,000	1,000	1,000	1,000
1987	1,000	1,000	1,000	1,000	1,000	1,000
1988	1,000	1,000	1,000	1,000	1,000	1,000
1989	1,000	1,000	1,000	1,000	1,000	1,000
1990	1,000	1,000	1,000	1,000	1,000	1,000
1991	1,000	1,000	1,000	1,000	1,000	1,000
1992	1,000	1,000	1,000	1,000	1,000	1,000
1993	1,000	1,000	1,000	1,000	1,000	1,000
1994	1,000	1,000	1,000	1,000	1,000	1,000
1995	1,000	1,000	1,000	1,000	1,000	1,000
1996	1,000	1,000	1,000	1,000	1,000	1,000
1997	1,000	1,000	1,000	1,000	1,000	1,000
1998	1,000	1,000	1,000	1,000	1,000	1,000
1999	1,000	1,000	1,000	1,000	1,000	1,000
2000	1,000	1,000	1,000	1,000	1,000	1,000
2001	1,000	1,000	1,000	1,000	1,000	1,000
2002	1,000	1,000	1,000	1,000	1,000	1,000
2003	1,000	1,000	1,000	1,000	1,000	1,000
2004	1,000	1,000	1,000	1,000	1,000	1,000
2005	1,000	1,000	1,000	1,000	1,000	1,000
2006	1,000	1,000	1,000	1,000	1,000	1,000
2007	1,000	1,000	1,000	1,000	1,000	1,000
2008	1,000	1,000	1,000	1,000	1,000	1,000
2009	1,000	1,000	1,000	1,000	1,000	1,000
2010	1,000	1,000	1,000	1,000	1,000	1,000
2011	1,000	1,000	1,000	1,000	1,000	1,000
2012	1,000	1,000	1,000	1,000	1,000	1,000
2013	1,000	1,000	1,000	1,000	1,000	1,000
2014	1,000	1,000	1,000	1,000	1,000	1,000
2015	1,000	1,000	1,000	1,000	1,000	1,000
2016	1,000	1,000	1,000	1,000	1,000	1,000
2017	1,000	1,000	1,000	1,000	1,000	1,000
2018	1,000	1,000	1,000	1,000	1,000	1,000
2019	1,000	1,000	1,000	1,000	1,000	1,000
2020	1,000	1,000	1,000	1,000	1,000	1,000
2021	1,000	1,000	1,000	1,000	1,000	1,000
2022	1,000	1,000	1,000	1,000	1,000	1,000
2023	1,000	1,000	1,000	1,000	1,000	1,000
2024	1,000	1,000	1,000	1,000	1,000	1,000
2025	1,000	1,000	1,000	1,000	1,000	1,000
2026	1,000	1,000	1,000	1,000	1,000	1,000
2027	1,000	1,000	1,000	1,000	1,000	1,000
2028	1,000	1,000	1,000	1,000	1,000	1,000
2029	1,000	1,000	1,000	1,000	1,000	1,000
2030	1,000	1,000	1,000	1,000	1,000	1,000
2031	1,000	1,000	1,000	1,000	1,000	1,000
2032	1,000	1,000	1,000	1,000	1,000	1,000
2033	1,000	1,000	1,000	1,000	1,000	1,000
2034	1,000	1,000	1,000	1,000	1,000	1,000
2035	1,000	1,000	1,000	1,000	1,000	1,000
2036	1,000	1,000	1,000	1,000	1,000	1,000
2037	1,000	1,000	1,000	1,000	1,000	1,000
2038	1,000	1,000	1,000	1,000	1,000	1,000
2039	1,000	1,000	1,000	1,000	1,000	1,000
2040	1,000	1,000	1,000	1,000	1,000	1,000
2041	1,000	1,000	1,000	1,000	1,000	1,000
2042	1,000	1,000	1,000	1,000	1,000	1,000
2043	1,000	1,000	1,000	1,000	1,000	1,000
2044	1,000	1,000	1,000	1,000	1,000	1,000
2045	1,000	1,000	1,000	1,000	1,000	1,000
2046	1,000	1,000	1,000	1,000	1,000	1,000
2047	1,000	1,000	1,000	1,000	1,000	1,000
2048	1,000	1,000	1,000	1,000	1,000	1,000
2049	1,000	1,000	1,000	1,000	1,000	1,000
2050	1,000	1,000	1,000	1,000	1,000	1,000
2051	1,000	1,000	1,000	1,000	1,000	1,000
2052	1,000	1,000	1,000	1,000	1,000	1,000
2053	1,000	1,000	1,000	1,000	1,000	1,000
2054	1,000	1,000	1,000	1,000	1,000	1,000
2055	1,000	1,000	1,000	1,000	1,000	1,000
2056	1,000	1,000	1,000	1,000	1,000	1,000
2057	1,000	1,000	1,000	1,000	1,000	1,000
2058	1,000	1,000	1,000	1,000	1,000	1,000
2059	1,000	1,000	1,000	1,000	1,000	1,000
2060	1,000	1,000	1,000	1,000	1,000	1,000
2061	1,000	1,000	1,000	1,000	1,000	1,000
2062	1,000	1,000	1,000	1,000	1,000	1,000
2063	1,000	1,000	1,000	1,000	1,000	1,000
2064	1,000	1,000	1,000	1,000	1,000	1,000
2065	1,000	1,000	1,000	1,000	1,000	1,000
2066	1,000	1,000	1,000	1,000	1,000	1,000
2067	1,000	1,000	1,000	1,000	1,000	1,000
2068	1,000	1,000	1,000	1,000	1,000	1,000
2069	1,000	1,000	1,000	1,000	1,000	1,000
2070	1,000	1,000	1,000	1,000	1,000	1,000
2071	1,000	1,000	1,000	1,000	1,000	1,000
2072	1,000	1,000	1,000	1,000	1,000	1,000
2073	1,000	1,000	1,000	1,000	1,000	1,000
2074	1,000	1,000	1,000	1,000	1,000	1,000
2075	1,000	1,000	1,000	1,000	1,000	1,000
2076	1,000	1,000	1,000	1,000	1,000	1,000
2077	1,000	1,000	1,000	1,000	1,000	1,000
2078	1,000	1,000	1,000	1,000	1,000	1,000
2079	1,000	1,000	1,000	1,000	1,000	1,000
2080	1,000	1,000	1,000	1,000	1,000	1,000
2081	1,000	1,000	1,000	1,000	1,000	1,000
2082	1,000	1,000	1,000	1,000	1,000	1,000
2083	1,000	1,000	1,000	1,000	1,000	1,000
2084	1,000	1,000	1,000	1,000	1,000	1,000
2085	1,000	1,000	1,000	1,000	1,000	1,000
2086	1,000	1,000	1,000	1,000	1,000	1,000
2087	1,000	1,000	1,000	1,000	1,000	1,000
2088	1,000	1,000	1,000	1,000	1,000	1,000
2089	1,000	1,000	1,000	1,000	1,000	1,000
2090	1,000	1,000	1,000	1,000	1,000	1,000
2091	1,000	1,000	1,000	1,000	1,000	1,000
2092	1,000	1,000	1,000	1,000	1,000	1,000
2093	1,000	1,000	1,000	1,000	1,000	1,000
2094	1,000	1,000	1,000	1,000	1,000	1,000
2095	1,000	1,000	1,000	1,000	1,000	1,000
2096	1,000	1,000	1,000	1,000	1,000	1,000
2097	1,000	1,000	1,000	1,000	1,000	1,000
2098	1,000	1,000	1,000	1,000	1,000	1,000
2099	1,000	1,000	1,000	1,000	1,000	1,000
2100	1,000	1,000	1,000	1,000	1,000	1,000

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools 38,328

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)
1963 and later	660	658	2	7	29	33
1962	2,380	2,362	18	60	118	168
1961	1,368	1,354	14	46	79	125
1960	323	319	4	12	32	41
1959	1,441	1,434	7	75	64	126
1958	615	613	2	46	37	77
1957	965	960	5	46	52	94
1956	1,324	1,319	5	81	78	146
1955	636	636	—	23	39	59
1954	196	195	1	8	6	13
1953	820	816	4	23	43	63
1952 and earlier	1,906	1,895	11	97	110	193
Total	12,634	12,561	73	524	687	1,138

Col. (3) total as a percentage of Col. (2) total 99·43% } to two places of decimals.
Col. (4) total as a percentage of Col. (2) total 0·58%

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	.....	3,355
Number of Re-inspections	.....	2,623
Total	.....	5,978

TABLE C. INFESTATION WITH VERMIN

Notes :—All cases of infestation, however slight, are included in Table C. The numbers recorded at (b), (c) and (d) 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	.....	14,198
(b) Total number of individual pupils found to be infested	.....	176
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	.....	49
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	.....	1

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	41
Errors of refraction (including squint)	1,797
Total	1,838
Number of pupils for whom spectacles were prescribed	715

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	60
(b) for adenoids and chronic tonsillitis	11
(c) for other nose and throat conditions	93
Received other forms of treatment	164
Total	164
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1967	11
(b) in previous years	43

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	976
(b) Pupils treated at school for postural defects	—
Total	976

TABLE D. DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	29
Impetigo	1
Other skin diseases	59
Total	89

TABLE E. CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	414

TABLE F. SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	444

TABLE G. OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	546
(b) Pupils who received convalescent treatment under School Health Service arrangements	33
(c) Pupils who received B.C.G. vaccination	2,142
(d) Other than (a), (b) and (c) above Please specify :	
Lungs (Breathing Exercises)	79
Psychological (Stability)	95
" (Development)	12
Total : (a) — (d)	2,907

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	7	17	26	50	5
		O	228	88	199	525	15
5	Eyes—a. Vision	T	116	120	278	514	30
		O	246	233	460	939	14
	b. Squint	T	15	—	5	20	3
		O	84	17	59	160	3
	c. Other	T	5	3	5	13	2
		O	22	26	31	79	7
6	Ears—a. Hearing	T	10	10	23	43	19
		O	157	98	151	406	44
	b. Otitis Media	T	1	1	1	3	1
		O	161	87	77	325	6
	c. Other	T	—	3	3	6	5
		O	103	77	52	232	8
7	Nose and Throat	T	44	15	42	101	7
		O	564	291	308	1,163	38
8	Speech	T	69	19	36	124	7
		O	97	32	72	201	12
9	Lymphatic Glands	T	2	1	—	3	3
		O	248	69	94	411	14
10	Heart	T	2	5	2	9	—
		O	90	50	56	196	15
11	Lungs	T	5	5	2	12	1
		O	181	113	107	401	19
12	Developmental—a. Hernia	T	4	5	2	11	—
		O	73	45	65	183	10
	b. Other	T	1	2	6	9	—
		O	137	45	120	302	16
13	Orthopaedic—a. Posture	T	12	25	40	77	2
		O	65	83	111	259	11
	b. Feet	T	50	56	72	178	1
		O	114	108	157	379	9
	c. Other	T	12	29	17	58	—
		O	47	65	68	180	5
14	Nervous System—a. Epilepsy	T	—	1	1	2	—
		O	3	9	13	25	6
	b. Other	T	1	—	—	1	—
		O	7	15	33	55	3
15	Psychological—a. Development	T	2	3	2	7	5
		O	54	26	66	146	32
	b. Stability	T	42	1	15	58	25
		O	532	233	499	1,264	50
16	Abdomen	T	—	—	1	1	68
		O	35	32	76	143	94
17	Other	T	209	58	363	630	102
		O	31	27	61	119	48

SCHOOL DENTAL SERVICE

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January, 1967 as in Form 7, 7m and 11 schools 38,328

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	3,284	2,377	648	6,309
Subsequent visits	5,611	6,769	2,050	14,430
Total visits	8,895	9,146	2,698	20,739
Additional courses of treatment commenced	589	404	113	1,106
Fillings in permanent teeth	3,345	6,429	2,621	12,395
Fillings in deciduous teeth	5,510	647	—	6,157
Permanent teeth filled	2,759	5,696	2,333	10,788
Deciduous teeth filled	4,979	593	—	5,572
Permanent teeth extracted	111	530	200	841
Deciduous teeth extracted	2,194	551	—	2,745
General anaesthetics	826	316	50	1,192
Emergencies	220	106	33	359

ORTHODONTICS

Number of Pupils X-rayed	555
Prophylaxis	898
Teeth otherwise conserved	738
Number of teeth root filled	30
Inlays	—
Crowns	12
Courses of treatment completed	5,224

Cases remaining from previous year	400
New cases commenced during year	123
Cases completed during year	80
Cases discontinued during year	70
No. of removable appliances fitted	338
No. of fixed appliances fitted	23
Pupils referred to Hospital Consultant	6

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)	—	6	7	13
Number of dentures supplied	—	6	7	13

INSPECTIONS

(a) First Inspection at school. Number of Pupils	21,008
(b) First Inspection at clinic. Number of Pupils	4,147
Number of (a) + (b) found to require treatment	12,782
Number of (a) + (b) offered treatment	12,469
(c) Pupils re-inspected at school clinic	1,713
Number of (c) found to require treatment	1,140

SESSIONS

Sessions devoted to treatment	3,613
Sessions devoted to inspection	242
Sessions devoted to Dental Health Education	22

