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LONDON BOROUGH OF BRENT

REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1968

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



CHIEF AND SENIOR STAFF OF THE HEALTH AND WELFARE DEPARTMENT

Medical Officer of Health:

E. Grady, M.D., M.C.S., D.P.H.

Deputy Medical Officer of Health:

J. P. J. Dunn, M.B., B.Ch., B.A.O., D.P.H.

Senior Medical Officer:

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(1) Registered Medical Practitioner

(2) Certificate of Registration in Social Work Training

(3) Health Visitors Certificate

(4) University Training Diploma in Domestic Science

COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1968/69

HEALTH AND WELFARE COMMITTEE

The Mayor, Alderman A. W. Sharpe, J.P., is an ex-officio member of all Committees and Sub-Committees

Chairman: Councillor Miss D. Cowan

Vice-Chairman: Councillor L. Golding, LL.B.

Alderman A. Otten

Councillor H. Faulkner (until 9.7.68)

Councillor Mrs. J. Bowen

„ Mrs. D. Francis

„ Mrs. K. Bowtell

„ T. Goudie, LL.B.

„ C. Coles

„ E. McDonald

„ A. J. Cowan

„ O. Stone

„ I. Crowther

„ R. Stone

„ M. Curley

„ Mrs. R. Taylor, O.B.E.

„ Mrs. B. De Metz

„ Mrs. G. Tookey

„ W. Dromey

„ H. Tucker

„ Mrs. L. Dunbar

„ Mrs. A. M. Newland (from 10.7.68)

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.
June, 1969

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

Extension and improvement in the services for which the Department is responsible continued during the current year and these are dealt with substantially in the body of the Report. There are, however, some expansions of service which are difficult to place in the sections of the Report which follow but one feels should be noted here.

The opening of Roberts Court, a new Welfare Residential Home, on 23rd October offered increased facilities for the aged in the town, and further provision of temporary accommodation, by the conversion of 54 Winchester Avenue and the acceptance of seven premises in redevelopment areas, helped materially with the accommodation of homeless families.

Brent No. 5 (Preston Park) Smoke Control Order came into operation on 1st July, and Brent No. 6 (Willesden Green) Smoke Control Order was approved by the Minister in December. These advances and improvements in environment it is hoped will show reward in less bronchial disease in these particular neighbourhoods and in the Borough.

A new Day Nursery was opened at Shoot-up Hill on 5th October, and additional clinics provided as a result of the National Health Service (Family Planning) Act, 1967, whilst vaccination of young children against measles was undertaken for the first time as an exercise in preventive epidemiology.

The increasing and very desirable tendency of the Health Department to be closely associated with practitioners in the area, continued during the year by liaison of Health Visitors with four practitioners, and District Nurse attachments to seven general practitioners. These associations will be materially improved with the opening of the Health Centres, but meanwhile valuable experience is being obtained and invaluable service rendered to the patients concerned.

During the year papers were published by members of the staff on the question of reasons for admission to residential accommodation, which appeared in Case Conference journal, and attachment schemes of nursing staff to practitioners, which was written by the Clinical Nursing Officer and a general practitioner in collaboration, and appeared in "Nursing Times". The fact that these were published indicates that the Department is, at least in some respects, regarded as an advanced and forward-looking organisation.

In the administrative structure of the Department it was not necessary to make changes and we were fortunate that no senior members of the staff left the Service during the current year.

The Seeböhm Report on the Reorganisation of Health and Welfare Services was published, and the Green Paper on the National Health Service originated from the central Government. However, in view of local government reorganisation generally, Boroughs were asked to delay implementing decisions on these Reports.

The Committee structure relating to the Health and Welfare Department was rationalised by the inauguration of one Health and Welfare Committee responsible for both services sitting with no permanent sub-committees. This was associated with an extensive delegation of function to the Medical Officer of Health which involved a considerable amount of responsibility and a not inconsiderable amount of extra work. However, the administrative changes at the present moment appear to be operating successfully.

A Joint Circular was issued by the Home Office, Department of Education and Science, and Ministry of Health, on the 4th October, which announced the Government's initiation of an Urban Programme of expenditure mainly on education, housing and health and welfare, in areas of special social need, of which Brent was one. In order to encourage the improvement of services in these areas, the Government was prepared to approve proposals for additional capital expenditure and to approve a new specific grant (additional to the existing rate support grant) towards revenue expenditure on items falling within the programme.

The Government wanted work on the programme started at once, and it had decided that the initial phase should cover the remaining months of the year. Proposals were required before 15th November, 1968.

Expenditure to be approved under the programme in the initial phase was restricted to—

- (i) expenditure on the provision, expansion or improvement of nursery schools and classes, day nurseries and children's homes; and
- (ii) expenditure on additional staff, equipment and running costs necessary to carry on nursery schools and classes, and day nurseries provided in the programme.

Exceptionally, consideration would be given to the approval of capital expenditure on a project of great urgency not falling in these fields where a local authority made a special case for its inclusion.

The Council considered the Joint Circular in relation to the provisions for young children, and also submitted application for sums of money to be granted for the purchase of premises to accommodate homeless families. Eight projects were put forward and five accepted by the Minister. Since then the Council have decided not to proceed with one project but a start has been made in the current year and subsequent progress will be outlined in future Reports.

The great indebtedness of myself and the Department is once again expressed to colleagues in other Departments and within the Health and Welfare Department itself. Thanks are also due to the Mayor, the Chairmen of the Committees and all Members of the Council for their support, help and guidance during the year under review.

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 1968—Registrar General's mid-1968 estimate...	284,460
Number of structurally separate dwellings occupied (1961 census)	81,866
Number of private households (1961 census)	97,701
Rateable value (all hereditaments) 1st April, 1968	£20,363,298
Product of a penny rate, financial year 1968/69 (estimated)	£81,800
Live births	
Number	5,720
Rate per 1,000 population (crude)	20.1
Rate per 1,000 population (adjusted)	18.1
Illegitimate live births per cent. of total live births	14.8
Stillbirths	
Number	86
Rate per 1,000 total live births and stillbirths	14.8
Total live and stillbirths	5,806
Infant deaths (under 1 year)	134
Infant mortality rates	
Total infant deaths per 1,000 total live births	23.4
Legitimate infant deaths per 1,000 legitimate live births	21.9
Illegitimate infant deaths per 1,000 illegitimate live births	31.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	16.9
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	14.9
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	29.5
Maternal mortality (including abortion)	
Number of deaths	2
Rate per 1,000 total live and stillbirths	0.34
Deaths	2,917
Death-rate per 1,000 population (crude)	10.2
Death-rate per 1,000 population (adjusted)	11.5
Deaths from cancer (all forms)	620
Death rate from cancer (all forms) per 1,000 population... ..	2.2

BIRTHS

In 1968, 5,720 live births were registered, giving a crude birth rate of 20.1 per thousand estimated population compared with a rate of 20.8 in 1967. 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 0.90 is applied to the crude birth rate, the standardised rate is 18.1 which is above the provisional rate for England and Wales, which was 16.9 per thousand population.

There were 849 illegitimate live births, i.e. 14.8 per cent. of total live births, a slight increase compared with last year (14.6 per cent.).

STILLBIRTHS

Eighty-six babies were stillborn, giving a rate of 14.8 per thousand live and stillbirths, above the provisional rate for England and Wales which was 14.0.

DEATHS

The total number of deaths was 2,917 giving a crude death rate of 10.2 per thousand population. When the comparability factor is applied, the standardised rate is 11.5, a little below the provisional rate for England and Wales which was 11.9. The number of deaths from all causes is shown in Table 1. The main causes of death and rates per thousand population are shown in Table 2. Heart disease continues to be the

leading cause of death with a rate of 4.8 per thousand population, followed by cancer with a rate of 2.2, and respiratory diseases (influenza, pneumonia, bronchitis and emphysema, asthma, etc.) with a rate of 1.5.

Infectious Diseases

Nine men and two women died from tuberculosis of the respiratory system, almost the same number as last year when 12 deaths were recorded (see page 15). A woman of 82 died from salmonella enteritidis infection (other infective and parasitic diseases). There were no deaths from any other notifiable disease.

Cancer of the Lung and Bronchus

Cancer of the lung and bronchus continues to be the commonest cause of fatal malignant disease. 148 men and 31 women died compared with 162 men and 37 women in 1967. It is pleasing to see a slight decrease in the number of deaths but sad to see so many adolescents and school children persistently smoking in 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 13 talks were given in schools to 481 senior pupils.

Bronchitis and Emphysema

118 men and 42 women died from bronchitis compared with 101 men and 42 women in 1967. 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.

Abortion and Other Complications of Pregnancy

There were two maternal deaths giving a rate of 0.34 per 1,000 total (live and still) births, compared with one death and a rate of 0.16 in 1967. The provisional rate for England and Wales was 0.24 per 1,000 live and still births.

Motor Vehicle Accidents

36 residents died as a result of accidents involving motor vehicles (23 males, 13 females).

All Other Accidents

25 males and 14 females died as a result of other accidents, the commonest causes being carbon monoxide poisoning and asphyxia due to fires, falls at home, and accidental poisoning.

Suicides

17 men and 19 women committed suicide (see page 21).

INFANT MORTALITY

In 1968, 134 children died in the first year of life—85 in the first week and another 12 in the first month. There was a slight increase in the infant mortality rate compared with 1967, from 20.1 per 1,000 live births to 23.4, which was above the provisional figure for England and Wales (18.0). The perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 live and stillbirths) increased slightly from 25.7 to 29.5, above the provisional figure for England and Wales which was 25.0.

CAUSES OF DEATH (TABLE 3)

The main cause of infant mortality was birth injury, difficult labour, and other anoxic and hypoxic conditions. Thirty-eight babies died in the first week of life. Five of these deaths were attributable to birth injury compared with seven last year. The number of deaths and rate due to this cause has remained fairly constant for many years.

Thirty-seven babies died of other causes of perinatal mortality. The majority of these deaths were due to prematurity.

Pneumonia, bronchitis and emphysema, and other diseases of the respiratory system caused 24 deaths. Antibiotics and improved environmental conditions have decreased the number of deaths from these causes considerably over the past few years.

It is pleasing to report that there were only two deaths from enteritis and other diarrhoeal diseases compared with six last year. The Health Visitors continued to spend much time educating mothers, particularly immigrant mothers, many of whose standards leave a great deal to be desired, on infant care and feeding. Special emphasis was placed on attendance at mothercraft classes, and diagrammatical leaflets were prepared and issued to illiterate mothers.

There were 21 deaths from congenital anomalies; and three accidental deaths due, in each case, to head injuries.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

Improved conditions of housing and general standard of living, together with modern medicine and vaccines, have played an important part towards better health and reduction in number of notifiable diseases in the Borough. Health Visitors and Public Health Inspectors have given valuable assistance in health education and hygiene, and where a disease has been notified prompt action and advice has no doubt prevented it from becoming widespread.

The Public Health (Infectious) Diseases Regulations, 1968, came into operation on 1st October, 1968. These Regulations consolidate into one instrument, with amendments, all existing Regulations relating to notification and prevention of infectious disease. The Regulations make leptospirosis notifiable throughout England

and Wales; this disease was hitherto notifiable in certain areas only. In addition, tetanus and yellow fever are made notifiable for the first time in this country. Membranous croup, erysipelas and scarlatina, which were listed as notifiable diseases in the Public Health Act, 1936, have been omitted from the new Regulations as irrelevant to modern conditions; and acute primary pneumonia, acute influenzal pneumonia, puerperal pyrexia and acute rheumatism which were hitherto notifiable under Regulations made under Section 143 of the Public Health Act, 1936, cease to be notifiable.

The diseases now notifiable to the Medical Officer of Health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Infective jaundice	Tuberculosis
Leprosy	Typhoid fever
Leptospirosis	Typhus
Malaria	Whooping cough
Measles	Yellow fever

By an Order made under Section 50 of the Health Services and Public Health Act 1968, the notification fee payable to practitioners (including those in hospitals and chest clinics) was increased to 5/- from 1st October, 1968. Previously the fee was 2/6d. for those in general practice and 1/- for others.

A summary of notified and confirmed cases for 1967 and 1968 is shown in Table 4.

DIPHTHERIA

There were no cases in the Borough during 1968.

DYSENTERY

The number of confirmed cases (33) was considerably less than in the previous year (120). There were no outbreaks at any of the day nurseries.

FOOD POISONING

35 confirmed cases and their contacts were dealt with during the year. Where food handlers were involved, they were excluded from work or given other duties. Three cases contracted the infection whilst on holiday abroad.

MEASLES

There were 1,367 cases of measles notified, the greater number occurring during the last quarter of the year—possibly the forerunner of a biennial epidemic, but with the introduction of measles vaccination in May, the number of cases should not assume the proportions of previous outbreaks.

POLIOMYELITIS

There were no cases in the Borough this year.

SMALLPOX

There were no cases in the Borough. Seven suspected cases under surveillance were found to have chickenpox. Two other people were kept under observation, having travelled in a plane with a confirmed case, but were free from infection.

TYPHOID AND PARATYPHOID

Two cases of typhoid fever were confirmed. The first case was a man, aged 27 years, who arrived from India on 24th July and who was unwell on the plane. On 27th July he consulted a general practitioner and was treated for pyrexia of unknown origin. On 4th August he was admitted to hospital and subsequently was confirmed as suffering from typhoid fever. The second case was a boy, aged five years, who was believed to have been infected by his sister who had recently arrived from the West Indies and who was found to be a carrier. In each case, contacts were kept under strict surveillance.

There were no cases of paratyphoid.

WHOOPING COUGH

There was a decrease in the number of confirmed cases (111) compared with last year (163).

OPHTHALMIA NEONATORUM

There was no impairment of vision in the four confirmed cases.

INFECTIVE JAUNDICE

On 1st June, 1968, this disease became notifiable to all Medical Officers of Health in accordance with the Public Health (Infective Jaundice) Regulations, 1968, and from this date to the end of the year 52 cases were notified, of which 51 were confirmed.

It is considered that general notification will assist Medical Officers of Health to obtain more precise information concerning the incidence of infective jaundice and the circumstances in which the various forms of the disease are spread. Such information could well lead to useful measures of control. Particular attention, for example, has been focussed on the transmission of jaundice by the use of contaminated syringes or needles

by persons who administer drugs intravenously by self-injection, and the occurrence of cases of jaundice has led to the detection of foci of drug addiction. For these reasons the Minister of Health made the Regulations. When information is obtained by the Public Health Inspectors that a person suffering from infective jaundice is a drug addict, the Mental Health Division is informed.

Details of all notifications are forwarded to the North London Blood Transfusion Centre of the National Blood Transfusion Service. The information enables the Service to delete the patient's name from the panel if he or she is a donor, and to defer the call-up of close contacts for six months. In addition, it may enable the Service to stop a recent donation from being used clinically or included in a pool of plasma.

HEALTH EDUCATION

It is the aim of health education to help people strive towards better health and to regard a healthy, happy mind and body as a valuable asset to living. The Department's health education programme is based mainly on lectures illustrated by films, filmstrips and other visual aids.

148 talks were given in 25 Brent schools by assistant medical officers, dental officers, health visitors, chiropodists and public health inspectors. 43 talks were given to outside groups and associations, and 53 to professional bodies. 577 mothercraft classes and instructional demonstrations were held in the Clinics mostly by health visitors and midwives. Many requests were received from outside firms and organisations for posters and leaflets.

A course of lectures for domestic science teachers and others on the services provided by the Department was organised in collaboration with the Education Department and proved most successful.

From 16th to 26th April, the North West Metropolitan Regional Hospital Board's Mass Radiography Unit visited Wembley, and an extensive advertising campaign was conducted on their behalf. Public response was most gratifying and 12,079 people were X-rayed.

A large exhibit depicting the Department's many activities was displayed at the "Welcome to Citizenship" held in April. This is always enjoyed by the 400 to 500 young people who attend, and a considerable number of questions were put to the professional staff who were in attendance. A representative display was mounted in the Civic Services tent at the Brent Show in September.

Mental Health Week from 8th to 14th June was opened by His Worship the Mayor and an exhibition in the foyer of the Gaumont State Cinema in Kilburn was opened by Miss Eunice Gayson. Two other displays were arranged beside "Open Days" in mental health establishments, visits, films and discussions, and a forum. Fuller details are given in the Mental Health Services Section of the Report.

Some of the subjects particularly supported during monthly campaigns were dental care, the need to lock up drugs, care of the feet, and immunisation. The amendments to the Nurseries & Child Minders Regulation Act 1948, were also widely advertised.

A miniature skeleton, charts, a small film strip projector, and a film strip pre-viewer were among the new visual aids purchased during the year and made available to lecturers.

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

New entrants to the Council's service 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, 2,059 assessments were dealt with. Further information was obtained from general practitioners in 21 cases, and from hospitals in 27 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. 174 teachers and 259 trainees were examined by Assistant Medical Officers.

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

PERSONAL HEALTH SERVICES

HEALTH CENTRE DEVELOPMENT

During the year building progress continued on the Health Centre at Chalkhill and it is expected the premises will be in occupation during 1969. Meanwhile the nine practitioners who have signified intention to practise from the new Health Centre, kept in touch by periodic meetings to discuss items of management and functioning in the Centre. The equipment necessary also came under review, and facilities to be provided within the Centre and relationships of the personnel occupied in the Centre to such outside medical provisions as hospital and industrial health, have occupied much attention. These meetings it is hoped will allow a smooth operation of the Health Centre when it is open.

The Health Centre projected for Knatchbull Road is now known as the Craven Park Health Centre and has been modified during the year to include accommodation for four Dental Surgeons instead of, as originally envisaged, two Dental Surgeons. On 2nd October, loan sanction was issued by the Ministry of Housing and Local Government, in the sum of £117,500 for the building of the Centre (including fees) and an item of £20,000 allowed for furniture. Work on Stage III of the Stonebridge Redevelopment Scheme, including this Centre, commenced on 21st October, and it is anticipated that the work will be completed in 1970. Some eight practitioners have indicated their intention to practise from the new Health Centre and four Dental Surgeons intend to offer general dental service from the premises. The Department has been in touch with the practitioners themselves, both dental and medical, and with the Executive Council to crystallise ideas for the Centre's operation and to consider contract arrangements for occupation. The local hospital is extremely interested in this Centre and hopes to utilise the facilities there for training and teaching purposes.

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 five years of age who are not attending primary schools maintained by the local education authority.

CHILD WELFARE AND ANTE-NATAL CLINICS

A comprehensive personal service is provided for ante-natal and post-natal mothers and the care of their children in each of the fifteen health clinics in the Borough. This service is widely used and assistant medical officers and health visitors strive to maintain a standard of good health in the community. A programme of protection against smallpox, diphtheria, whooping cough, poliomyelitis and measles is actively pursued. Vaccination and immunisation is offered at all health clinics.

Child Welfare Clinics

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,285	60,085	21,259	734	26.3

Ante-natal Clinics

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
940	5,596	119	6.1

MOTHERCRAFT CLASSES

Relaxation and mothercraft classes are available at all clinics. There were 557 classes held and 2,735 attendances in 1968. The special evening psycho-prophylaxis class held at Kilburn Square Clinic for ante-natal mothers is well attended.

CERVICAL CYTOLOGY

Cervical cytology sessions were held at Stag Lane Clinic on Wednesday mornings, at Kilburn Square Clinic on Saturday mornings, and at London Road Clinic on Monday mornings. Patients attending the Council's Birth Control Clinics are given this facility if required. There were 1,289 attendances during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

AS AMENDED BY THE HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968

The amendments made to the Nurseries and Child Minders Regulation Act by Section 60 of the Health Services and Public Health Act, 1968, revolutionised the registration of child minders. More stringent regulations are enforced and all women who, for reward, mind one or more children for an aggregate of two hours per day are required to register as child minders. Since November when the amendment was implemented applications have steadily increased. The number of daily minders registered in 1968 was 32, making a total of 69. The total number of nursery premises registered is now 36.

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

(TABLE 5)

The general dental condition of children under five does not vary materially except, as in the last few years, a greater percentage of these children suffer from decay of the anterior teeth. All too frequently when the child is first seen the only possible treatment for these teeth is extraction. This can be a traumatic experience on the child's first introduction to dentistry and it means that in many cases orthodontic treatment will be required later during school life. Far too many parents and prospective parents are apathetic concerning or completely unaware of the importance of dental health and do not avail themselves of the facilities for advice and treatment.

PREVENTION OF BREAK-UP 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.

Until October, 1967, Family Service Unit work in Brent was undertaken by the West London Branch. A Brent Branch was then formed and is now well established at 8 Neasden Lane. This has facilitated the liaison between officers and case workers which is a vital part of the work. Personal contact and case discussions were arranged when necessary. Other Departments and agencies use the service, but all requests and referrals are channelled through the Health Visiting Service.

During 1968, the Unit employed a Fieldwork Organiser, two Caseworkers and a part-time Secretary. Twelve new cases were accepted, eight cases were closed, and the case load at the end of the year was 40 families.

The Council made a grant of £4,000 to the Unit in 1968/69.

DAY NURSERIES

(TABLES 6 AND 7)

The demand for admission to the Council's twelve day nurseries has continued at a high level. The standard charge remained at 17/6d. per child per day with a minimum charge of 1/- per day.

Sixteen students completed their two-year period of training and 13 obtained the N.N.E.B. Certificate. One nursery nurse attended a six-week senior course for qualified and experienced nursery staff at Southwark College of Further Education. Two matrons attended the Annual Conference of the National Association of Nursery Matrons.

The building of the new 50-place Shoot-up-Hill Day Nursery was completed on 28th June, 1968, and on 5th August the first children were admitted. It is anticipated that the final cost of the building will be £46,880, and the cost of furniture £6,500.

Phase I of works at Vale Farm Day Nursery commenced on 24th June, 1968, and were completed on 29th November at a cost of £4,493. The works comprised improvements to the babies' wing and to the heating and hot water services. A specification for Phase II of the works was in course of preparation at the end of the year. New admission, except short term, have been discontinued until all the works have been completed.

In view of extensive alterations which are scheduled for Mortimer Road Nursery in the early part of 1969, the register of children attending the Nursery was slowly run down, and staff vacancies were not filled.

The incorporation of a 50-place nursery within the Neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue made good progress. Tenders for the Scheme were invited at the end of October, and the apportionment of costs was considered by the various Committees concerned with the project in December. Application for loan sanction was made to the Ministry of Housing and Local Government in January, 1969. It is estimated that the cost of the nursery will amount to £48,450, and furniture to £7,000.

CARE OF THE UNSUPPORTED MOTHER AND HER CHILD

(TABLE 8)

Residential accommodation for ante- and post-natal periods is provided by the Council in "Bellevue" Mother and Baby Home which accommodates 12 mothers and 12 babies. Use was also made of similar homes run by other local authorities and voluntary organisations. The services of a Medical Social Worker are provided to deal with cases referred from many quarters for help, which includes counselling and advice, where necessary hostel placement before and after delivery, and, most important, after-care for both mother and child. The services of the Medical Social Worker are shared with the London Borough of Harrow.

At "Bellevue", the year under review was one of continuing smooth operation during which a substantial programme of internal redecoration was completed.

There was a slight drop in the number of applications for help during 1968. These totalled 205 compared with 241 in 1967. This decrease would appear to be general in all areas and is thought to be mainly due to the more readily available oral contraceptive and new legislation relating to legal abortion.

In May, 1968, a meeting of all the London Boroughs was called by the Borough of Camden to discuss the general effect of the drop in applications for places in mother and baby homes. Two homes run by voluntary organisations had already closed and it was felt that there may be a need for others to do likewise.

or to offer a different service such as hostel accommodation for the working mother and her child. The main difficulty regarding this changeover is the financial cost of converting and maintaining an establishment of this kind.

The Council's own home was full for most of the year. There was a slight increase in the number of admissions and a considerable increase in the length of stay during the ante-natal period (73 days compared with 31 in 1967). Many mothers are grateful for the security that the home can give them during the latter part of their pregnancy, but like to feel that once they have made the decision to part with their child they will not have to care for the baby for an indefinite period.

Most adoption societies place babies when they reach the age of six weeks, but if there is to be any delay a mother often prefers to pay foster fees for this period rather than remain with the child and make the parting still more painful. Some mothers requested fostering for their babies from hospital pending adoption and this was arranged.

FAMILY PLANNING

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

When the Act came into operation, five weekly family planning sessions were held in the Council's clinics. One session was run by the Council and four by the Family Planning Association. In 1968, three new weekly sessions commenced, one in the morning, one in the afternoon and one in the evening. The sessions now held are:—

London Road Clinic	Run by the Council	— morning
Kilburn Square Clinic	" " " "	— afternoon
Stonebridge Clinic	" " " "	— morning
Stag Lane Clinic	" " " Family Planning Association	— evening
Neasden Clinic	" " " " "	— evening
Pound Lane Clinic	" " " " "	— evening
One Tree Hill Clinic	" " " " "	— morning and evening

The Clinic premises are provided free of charge to the Family Planning Association for holding sessions. Both medical and social cases are dealt with, and advice and examination are free to all women who apply. Those under 16 are required to produce parental consent. Supplies are issued free to medical cases, but a charge is made to social cases. Oral contraceptives are not supplied, but medical cases recommended or expressing a desire for this method of contraception are referred to their general practitioner. The question of the supply of oral contraceptives from clinics will be considered by the Council early in 1969.

The Council made a grant of £300 to the Family Planning Association in 1968.

INCIDENCE OF CONGENITAL MALFORMATION

In accordance with the requirements of the Chief Medical Officer of the Department of Health and Social Security, 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 9 and 10.

MIDWIFERY SERVICE

(TABLE 11)

There are 16 full-time and four part-time midwives on the establishment. The number of full-time midwives has been maintained during the year. Three part-time midwives were employed, the vacancy is not being filled for the time being.

A scheme for attaching midwives to general practitioners' surgeries is being considered. Midwives hold their own ante-natal sessions observing close liaison with general practitioners, obstetricians and hospital services. Ante-natal care includes classes in preparation for childbirth, use of analgesics, i.e. trilene and entonox.

Sterilised maternity outfits are provided for all mothers who have home confinements, and a modified pack is provided for early discharges from hospital.

The Maternity Medical Services Co-operation Card is used between midwives and general practitioners. Its purpose is to ensure that each member of the team is aware of the attention given to patients by other members.

MEDICAL PRACTITIONER FEES

By virtue of the provisions of the Medical Practitioners (Fees) Regulation, 1967, made under Section 14 of the Midwives Act, 1951, the Council is not now responsible under the Act for the payment of fees to medical practitioners summoned for medical aid to "unbooked" cases.

REFRESHER COURSES

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

Six midwives attended a course in psycho-prophylactic relaxation arranged in conjunction with the London Borough of Barnet.

PUPIL MIDWIVES

A total of 23 pupil midwives were accepted for Part II District Training from Paddington, Hillingdon, Bushey and Central Middlesex Hospitals.

As a result of the continuing decline in domiciliary bookings with its adverse effect on the training of pupil midwives, i.e. insufficient cases to meet the requirements of the Central Midwives' Board, a revised scheme of training was approved by the Board for pupil midwives accepted from St. Mary's Hospital, Harrow Road, W.9 (formerly Paddington General Hospital) and Central Middlesex Hospital. As from 1st November, 1968, the number of cases delivered by pupil midwives was reduced from ten to six. An additional four patients to be delivered within the hospital during the intern part of the training. In addition to complying with the Rules of the Board, a programme of talks and visits was arranged extending over the 13 week period of domiciliary training. At the request of the Board the programme was planned to give pupils a broad outline of community care, with a composite picture of the work of the Local Authority as it affects community care generally and the maternity services in particular.

48 HOUR DISCHARGES

487 patients were discharged from hospital before the 10th day. The majority were planned for early discharge, others were accepted on account of emotional disturbances and domestic difficulties, and a number took their own discharge. Three part-time midwives are employed for the nursing of early discharges.

HEALTH VISITING

At the end of 1968, there were 35 health visitors in post to cover 43 areas. This shortage is liable to have adverse effects through the wide range of medico-social services in which the health visitors are engaged. It is fortunate that a good basic core of health visitors exist, but their work is of necessity becoming more and more selective. They attend all clinic and school health sessions, but the majority of their time is spent giving help and advice to persons in their own homes.

First Effective Visits	Total Effective Visits	Total No Access	Total Visits as School Nurse
22,090	44,912	10,533	2,556

Liaison

Health visitor liaison with general practitioners was extended from one to four practices, and frequent contact between hospitals and the staff continues. Closer liaison with hospital personnel has been encouraged and the result is rewarding. The attachment of a health visitor to the Diabetic Clinic at Central Middlesex Hospital is well established. A new attachment to the Geriatric Unit at Central Middlesex Hospital is proving most satisfactory for both Borough and hospital services. A member of staff attended Study Days arranged by the Geriatric Department of Edgware General Hospital and the National Diabetic Association respectively. An assistant medical officer and a health visitor attended St. Mary's Hospital Maternity Unit to discuss and instruct on psychoprophylaxis.

Refresher Courses

Four health visitors attended a two weeks' non-residential Refresher Course in London, two attended a two weeks' residential course at Canterbury, and two attended a course at Oxford.

Fieldwork Instructor's Course

Two health visitors completed a two weeks' Fieldwork Instructor's Course at Chiswick Polytechnic qualifying them to instruct student health visitors in practical work.

Student Health Visitors

Five sponsored students successfully completed a course of training and obtained the Health Visitor's Certificate, and five are attending the current course.

DISTRICT NURSING

Under Section 25 of the National Health Service Act, 1946, it is the duty of every local health authority to provide nurses for persons who require nursing in their own homes. The establishment of nurses (46 plus two State Enrolled Nurses) was increased by two full-time officers to cover maternity and sick leave. The nurses work in close liaison with general practitioners and hospital staff. Facilities have been given for senior student nurses in general training to accompany the Council's nurses on their rounds.

Seven part-time bathing attendants are employed. They work under the close supervision of the trained nurses, and attend the elderly and infirm patients who require semi-nursing care over a long period, thus allowing the trained nurses to give more time to the acutely ill and surgical patients.

2,143 new patients were referred during the year, and the nurses paid a total of 123,840 visits to all patients. 5,012 visits were paid by bathing attendants. At the end of the year, 1,284 cases were on the register.

GENERAL PRACTITIONER ATTACHMENTS

Three new attachments were started during the year making a total of seven operating in the Borough. The scheme works well to the satisfaction of the doctors and nurses, resulting in better community care for the patients. 2,021 treatments were given in general practitioners' surgeries under the group attachment schemes.

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.

Two State Enrolled Nurses attended Chiswick Polytechnic for the special course in District Nurse Training for State Enrolled Nurses working on the district.

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

DISPOSABLE EQUIPMENT

The use of pre-sterilised and disposable equipment, which materially improves efficiency and safety, was extended to include dressings, towels, as well as syringes, gloves, swabs and emergency dressing packs.

MARIE CURIE MEMORIAL FOUNDATION

Help is given by this Foundation to terminal cases of carcinoma nursed at home. Night nurses were provided for 16 patients during the year, thus enabling relatives to have some rest during the most difficult and trying periods. Two patients were provided with the loan of ripple beds (alternating pressure beds) 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. 52,700 pads were issued in 1968.

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

On the advice of the Joint Committee on Vaccination and Immunisation, the Minister of Health in Circular 9/68 of the 19th March, 1968, asked Local Health Authorities to introduce routine measles vaccination for children during the second year of life. Commencing in May, 2,771 children were vaccinated by the end of the year.

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

During the first year of life	Diphtheria/Tetanus/whooping cough and oral poliomyelitis vaccine (first dose)
	Diphtheria/Tetanus/whooping cough and oral poliomyelitis vaccine (second dose)
	Diphtheria/Tetanus/whooping cough and oral poliomyelitis vaccine (third dose)
During the second year of life	Measles vaccination
	Smallpox vaccination
At 5 years of age or school entry	*Diphtheria/tetanus and oral poliomyelitis vaccine or
	*Diphtheria/tetanus/poliomyelitis vaccine
	Smallpox re-vaccination
	* re-inforcing immunisation

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

Smallpox	Primary vaccination	2,924 (3,156)
	Re-vaccination	380 (209)
Diphtheria/tetanus/whooping cough	Primary immunisation	3,402 (5,639)
	Re-inforcing	3,904 (3,256)
Poliomyelitis	Primary Immunisation	3,870 (5,870)
	Re-inforcing	2,893 (3,339)
Measles	Primary vaccination	2,771 (—)

(Figures for 1967 in brackets)

RECUPERATIVE HOLIDAY HOMES

The authority is empowered as part of its powers in the prevention of illness, for care and after care, under Section 28 of the National Health Service Act, 1946, 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 1968, the Authority arranged and accepted financial responsibility for the placement of 63 persons in recuperative holiday homes, of these 49 were admitted to such homes and 14 cancelled or withdrew. A further 55 applications were received, but were declined as not falling within the scope of the scheme.

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

CHIROPODY

(TABLE 12)

The chiropody service provided by the Council for the elderly, the physically handicapped, expectant and nursing mothers, and children under school age, continued during the year with no slackening in demand.

At the time of the issue of Ministry Circular 11/1959, this service was operated by the former Middlesex County Council, in the main on an agency basis, in the then Area No. 6 through such voluntary organisations as Willesden Old Folk's Association and the Wembley and Willesden Divisions of the Middlesex Branch of the British Red Cross Society. This policy was largely dictated by the difficulty in recruiting suitably qualified chiropodists for employment by the County Council in a directly provided service in its clinics. The recruitment position eased eventually to enable chiropody clinic sessions to be commenced in April, 1960, and when in 1965 the service was taken over by the London Borough of Brent two full-time and three part-time chiropodists were giving treatments in the various health clinics in the Area in addition to the grant-aided service being provided by the voluntary bodies mentioned above. In 1966 that part of the service which had hitherto been run by the Willesden Old Folk's Association, and which at that time involved six part-time chiropodists giving some 6,000 treatments per year in their own surgeries, was taken over by this Department.

During the year under review, as has been the case through all agencies since the inauguration of the service, arrangements were made for a chiropodist to visit the patient's home in cases where, by reason of age or disability, treatment could not be given at a clinic or surgery.

A standard charge of 4/- for treatment of one foot and 8/- for treatment of both feet (with total abatement in the cases of expectant and nursing mothers, pensioners, children and persons with incomes below a specified figure) which had obtained since the beginning of the service, was abolished by this Council in November, 1967.

Chiropody treatment for school children continued to be provided under the Education Act, 1944 (see page 68).

Table 12 indicates a total of 24,075 treatments given in 1968. The growth of the service since it was taken over by this Council is reflected in the following comparative figures:—

1967 —	22,207
1966 —	19,177
1965 —	15,006

At the end of 1968, three full-time and three part-time chiropodists were employed by the Council in its clinics and the part-time services of seven chiropodists were being utilised in their own surgeries.

HOME HELP SERVICE

There were 1,070 applications for the service in 1968, and the number of cases receiving help at the end of the year increased from 1,065 to 1,160. Four tuberculosis cases were helped, and help was provided free to two mothers suffering from toxæmia of pregnancy. 92 bookings were taken for home confinements but only 50 cases were helped, the remainder making other arrangements.

The maximum charge to the public remained at 6/9d. per hour, but the rate of pay of Helpers was increased from 5/6½d. to 5/9½d. per hour from 30th September. The establishment of 95 full-time equivalent Home Helps was not reached, but an average of 88 was maintained. Three persons were employed as Neighbourly Helps during the year.

The Organisers made a total of 6,252 visits.

LOAN OF NURSING EQUIPMENT

The Middlesex Branch of the British Red Cross Society through its Divisions at Willesden and Wembley continues to operate the loan of nursing equipment scheme on behalf of the Council.

Under these arrangements a hire charge is collected from the patient 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 1968, 2,312 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 £858 1s. 4d. in respect of patients' hire charges. The Society, with the Council's agreement, increased their charges as from 1st April owing to rising costs and this is the reason for the higher expenditure compared with that of last year.

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 13—16)

Mortality and Morbidity

There were nine deaths from respiratory tuberculosis among men and two among women, compared with eight and four respectively last year. All the deaths were in the older age groups (45 years +). Three of the men and one of the women were previously unknown to the health authorities. This indicates that in spite of the improvement in case-finding methods, there is still a reservoir of infection among older people in the community which holds special hazards for the young and unprotected. In view of this "hard core" of tuberculous infection, B.C.G. vaccination is an important preventive measure offered to all school leavers to raise their resistance to the disease. (For details of B.C.G. vaccination of school leavers see Report of Principal School Medical Officer, page 67).

Care and After Care

Provisions for care and after-care of patients have continued throughout the year. The focal point of these arrangements is the Chest Clinic, Pound Lane, Willesden. The physician-in-charge, who is employed by the Regional Hospital Board, is a consultant in diseases of the chest. Although, therefore, his prime function is that of clinician concerned with diagnosis and treatment, he is also fully aware that the prevention of disease on the one hand and the after-care of patients on the other cannot be divorced from actual treatment itself. Because of this, the physician has responsibility for the general supervision of the local health authority's scheme for promoting the after-care of patients, and experience over the years has confirmed the desirability and effectiveness of this arrangement at the Clinic. For the furtherance of the same aims, it is also arranged that Council staff employed at the Clinic are under the direct control of the physician-in-charge for day-to-day administration and management of all duties relating to after-care of patients.

Home Visiting

Four tuberculosis visitors were on the staff at the end of the year. Besides home visits to patients, they undertake duties at the Clinic, including that of clinic sister during diagnosis and treatment sessions. In the course of home visiting, the tuberculosis visitors advise on methods to prevent the spread of infection, explain provisions for care and after-care and keep all known contacts under close supervision. Home visits made during the year totalled 1,442, 267 of which were to households proving to be non-tuberculous.

Occupational Therapy

A full-time occupational therapist, as the first stage in the rehabilitation of patients, gives guidance and training in many handicrafts to selected patients in their own homes. As the therapist spends part of his time visiting the homes of physically handicapped persons on behalf of the Welfare Division, it was deemed suitable, although their therapy needs had originated as referrals from the Chest Clinic, to have tuberculous patients also registered with the Welfare Division, so that the occupational therapist now deals with all his cases as part of the same general case-load. The arrangement whereby the same officer provides service to patients in the London Boroughs of Ealing and Hounslow continued in operation, but the numbers of such patients in each of these Boroughs has reduced gradually over the years since the joint arrangement was instituted in 1965. The occupational therapist's visits to the Hostel for Tuberculous Men run by the London Borough of Richmond at Twickenham, ceased in December with the death of the one resident there for whom this authority had responsibility.

One hundred and thirty-three successful visits were made to patients' homes in Brent.

Vaccination against Tuberculosis

Vaccination with B.C.G. is provided for persons who are tuberculosis contacts, school children aged 13 and over, and students attending universities, teachers' training colleges, technical colleges and other further education establishments.

The number of persons vaccinated during the year was 2,146.

The report of the Principal School Medical Officer, page 67, gives details of tuberculosis testing of schoolchildren and school leavers and of B.C.G. vaccination of school leavers.

In July, 1968, there was published a report of an ad hoc sub-committee (chaired by Professor D. G. Scadding, M.D., F.R.C.P.) of the Standing Medical Advisory Committee of the Central Health Services Council, entitled "The Future of the Chest Services". This report reiterated the main recommendations of the 1960 Standing Tuberculosis Advisory Committee, before proceeding to its terms of reference "to consider the general organisation of chest clinics in relation to the rest of the hospital services and to make recommendations." Comment was made on the development, as recommended in 1960, of chest units being incorporated within out-patients departments of general hospitals as against the continuance of provision of facilities in chest clinics separated from the hospitals. Particularly with regard to the former, the sub-committee made recommendations on the future of speciality in chest diseases, siting, staffing and training, special facilities required including radiological and respiratory function laboratories. The role of the local health authority and its responsibility for preventive and after-care services was clearly re-stated. The report also records what has in fact been local experience, that with the decline in the incidence of tuberculosis, the increase in bronchial carcinoma and the increasing recognition of other forms of chronic respiratory disease as causes of morbidity and mortality, the work undertaken in the chest clinic has become more varied.

In the light of the Scadding report, the physician-in-charge prepared for the hospital authorities a detailed review of the functioning of the Willesden Chest Clinic including the possibilities of its being integrated, not without significant capital expenditure, into either Willesden or Central Middlesex General Hospitals or split between the two. He concluded that, particularly in the absence of capital expenditure to provide new buildings elsewhere, there was nothing to be gained from any moves which might disrupt the very satisfactory functioning of the existing chest clinic.

VENEREAL DISEASE

Since the operation of the National Health Service Act, 1946, responsibility for the treatment of venereal disease has rested with Regional Hospital Boards. Local health authorities, however, continue to be concerned in co-operating with the venereal disease Treatment Centres 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 the venereal disease clinic at the Central Middlesex Hospital and her services were utilised for the purpose of tracing contacts, following up defaulters, and assisting patients attending the clinic in meeting any social problems with which they were faced. The majority of Brent residents attended Central Middlesex Hospital and St. Mary's Hospital, W.2, but to preserve anonymity some patients present themselves at clinics far removed from their homes.

The disease is not notifiable, but the number of new cases attending for treatment at various Centres in 1968 is shown in Table 17. The incidence of the disease continues to cause concern.

MENTAL HEALTH

(TABLES 18—20)

MENTAL ILLNESS

Community Care

In the year under review only relatively minor changes occurred within this Section but as these concerned the appointment of key staff, partly into new posts, this should substantially improve the after-care services for the mentally disordered in the Borough. Community services depend to a very large extent on the enthusiasm and skill of professional staff without whom even the best appointed establishments cannot wholly fulfil their purpose. Officers of the desired calibre in most fields are always in short supply but this problem is particularly acute in Mental Health at the present time when qualified social workers are at a premium. It is not always easy to judge what attracts good staff; certainly remuneration plays a not inconsiderable part in this, as a salary structure below that of other competing Authorities will of course discourage a large proportion of potential applicants. However, this apart, it can be said that once a Department, or indeed a Division, has established a reputation for excellence in the standard of work and is in addition known to have formed a harmonious congenial group, then these attributes will act as a strong attraction to staff with the desired level of qualifications.

This is not to say that the size of this Mental Health Division is as yet at its optimum to achieve all, or indeed most, that it should be its function to do; as yet the vast problems of mental disorders are only dealt with in certain of their aspects, i.e. in cases where the disorder has already assumed major proportions. The field of prevention is still virtually untouched in Brent and it is surely here that the richest harvest of community benefit can be reaped. Sight should not be lost of the fact that many a case treated at great financial, as well as emotional, cost to society could have been prevented had our resources been adequate to influence favourably a patient's early emotional environment. A psychiatrically schooled social worker attached to a midwife's ante-natal clinic, for instance, would be in an excellent position to benefit indirectly the mental well-being of the unborn child and in addition possibly to teach the professional midwife some of the simpler skills to prevent maternal mental stress. As yet, unfortunately, such a worker cannot possibly be spared from mental health as each one has to cope with too large a case load as it is. But if primary prevention, as instanced above, is still as yet a future aim, secondary prevention should be a definite possibility even with our somewhat scant resources. I refer to the prevention of further breakdowns in the mentally ill who have returned to the community after often relatively short stays in psychiatric hospitals. The descriptive term "revolving door" is a self-explanatory comment on the "open door" concept. It refers of course to the patient who needs re-admission, often repeatedly, because of an adverse community setting. It is very disappointing to have to report that about half of all patients discharged from Shenley Hospital in 1968 needed to be re-admitted — many of them in crisis. This can happen from a variety of circumstances — as for instance omitting to take the prescribed medication. This specific cause should become less frequent with the recent introduction of psycho-therapeutic drugs in the form of long-lasting injections. More and more patients who are suspected of poor co-operation regarding oral medication have needed the services of our domiciliary psychiatric nurse for this purpose. However, other environmental forces leading to further mental breakdown and possible re-admission to hospital are often of a more subtle kind and need the presence of a skilled mental health social worker. Work of this kind is very time consuming and an officer can be tied to such a patient's household for many hours over a number of days. But how rewarding to have achieved within days an improvement in the patient's condition which would have taken several weeks' treatment in hospital. More economical by far from the point of view of the nation's resources — but unfortunately not immediately appreciated by the ratepayer although he carries the burden in his other role as a taxpayer.

It has therefore to be stated that long-term improvement in the well-being of a large part of the community cannot be effected if short-term economies are deemed of paramount importance. Let us not forget when reviewing the year's statistics and finding that approximately 1,000 persons are receiving community care, that this number is only the tip of an iceberg. The magnitude of the problem is better illustrated by the few surveys carried out by General Practitioners who find in conservative estimates that at least one-third of all their patient-attendances are due in greater or lesser degree to mental or emotional disorder.

Boarding-Out Scheme

As was reported last year a decision was taken to re-introduce in the Borough the boarding-out scheme formerly operated jointly with the London Borough of Harrow on the basis on which it had been taken over from the former Middlesex County Council but which had declined following the resignation of the Boarding-Out Officer. The purpose of the scheme is to place in suitable lodgings, with social worker support and a measure of financial subsidy if warranted, patients who have progressed beyond the need for hostel facilities, those on discharge from hospital without suitable accommodation or an unsatisfactory home environment, or sub-normals capable of functioning with some support from a family. A part-time mental health social worker for boarding-out duties had been included in a revised staff establishment. An officer had been appointed towards the end of the year and had embarked on recruiting suitable landladies, vetting candidates for inclusion in the scheme and had in point of fact made the initial few placements.

"Brentholme" Hostel, 9 Willesden Lane, N.W.6

On the 1st January, 1968, the new Superintendent took up his post with the full complement of supporting staff. Within a couple of months the Hostel was filled to capacity (i.e. 27 male and female psychiatric patients). It soon became evident that the staff's capacity for tolerating even very difficult cases made a strict policy regarding admission criteria almost unnecessary. However, the acceptance of such cases warranted generous professional support which it was possible to provide. In addition to the Senior Medical Officer (Mental Health) and the seconded mental health social worker, the part-time services of a Shenley Hospital Consultant Psychiatrist as well as those of the attached General Practitioner were made available to help the Superintendent in his onerous task.

One evening per week all patients were invited to form a therapeutic group where, in the presence of two doctors and the Superintendent any problems could be ventilated. This session proved to be a very rewarding field of work. Topics covered a wide range of subjects and gave residents the opportunity to criticise and to speak freely of their feelings regarding staff and fellow residents. Undoubtedly, tensions, which arise almost inevitably when any group of people live together as these do, can be resolved or at least lessened by such means. It is also very instructive to the professional staff to observe the gradual advance in certain residents towards accepting responsibility in their small community and to see how group pressure can beneficially influence anti-social traits in others. The General Practitioner plays a quite complex dual role in the Hostel; on the one hand he is easily accessible to any individual resident in his nearby surgery. Some make extensive use of this facility and air any personal problems when obtaining a prescription for their continuous medication. They are greatly helped by these consultations with a doctor who has taken a special interest in psychiatric problems. His other function, that of a group leader or participant, poses problems of a different nature and it is a tribute to his skill that he manages both, so that residents respond in a subtly different way to his presence at the Hostel.

Frequent meetings between Hostel and non-resident professional staff have contributed to the formulation of definite procedural routine regarding both patient admission and general management. There is no doubt that this Hostel has found a firm place in the community and has proved the need for such a service.

The Hostel, 73 Wembley Park Drive

Once more it can be reported that this small, unstaffed hostel has proved its worth. For most of the year all its six places had been filled. When one resident had to return to Shenley as she had been unable to stand up to community stresses, her place was taken speedily by another patient. It was with some reservations that this new patient was admitted as she was over 60 years old, but with an excellent work record while at Shenley, it was felt worthwhile to admit her on trial. This decision has since been proved right as the lady immediately obtained a suitable post and all indications are that she will continue to work well for a long time to come. The patient in question has been a hospital in-patient for approximately 30 years. It is most encouraging to see such a person responding to full community life and having to plan her own day and see to her personal affairs. To somebody sheltered by all that a hospital can offer, it must be quite a formidable task once more to cater and cook for herself and to see to all her other personal needs. Help from the group is of course of great importance but professional support is needed to prevent unnecessary tension built-up during the integration period. However, such support need only be on a fairly superficial level. The weekly visits by the Senior Medical Officer have proved adequate to deal with the various problems arising within such a group. There has been less and less need for additional visits from a mental health social worker but the occasional visits from administrative staff have been found to be very valuable.

A significant indication of the recovery of social functioning by two of the residents during their stay at this Hostel is that during the year they were able separately and alone to fly abroad to stay with relatives they had not seen for a number of years after having made all the arrangements and attended to all the formalities without assistance.

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 the only one in the Borough. It is run by the Jewish Welfare Board. Regular inspections are made by the Senior Medical Officer and the Home continued to provide facilities of a high standard.

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

This occupational therapy centre for the mentally ill, which is now well established, continued to function in 1968 on the scale it has achieved in the last few years. Although the total number of patients admitted approximated to that in previous years, there was a decline in the number of those admitted from adjoining local authority areas because similar facilities have now been provided by their own Councils.

The programme of work and projects has been continued on lines similar to those adopted in the past, but it was possible to extend the scope of group activities, not only in arranging purposeful discussion, but in work placements such as decorating and gardening. As part of the rehabilitation process, group projects outside the Centre but with a therapist in charge, aim to re-establish the ability to work and to form meaningful relationships with the rest of the group. When the patient has achieved this aim among his peers within the group, his further needs for more realistic work situations have to be met by individual placement bringing him alone once more into contact with the more usual working environment. Working groups and individual placements in normal but still not totally exposed situations were found in various Council offices and establishments and with related voluntary organisations. The aims of the working groups coincide in large measure with those of the social activities groups in such pursuits as visits to museums and exhibitions, public swimming baths and tennis courts.

Activities within the Centre included, in addition to those touched on above, light industrial assembly work (provided by Shenley Hospital Industrial Unit), dressmaking, carpentry, repairs and painting of various articles, art classes, marmalade and cake making.

The therapeutic discussion group held weekly with a psychiatric social worker presiding continued throughout the year, as did the regular meetings of staff and patients to discuss management affairs.

As patients became ready for discharge, employment was arranged through the Disablement Resettlement Officer, who attends the Centre weekly. Where this was not possible, mental health social workers, in the exercise of their after-care function, included the follow up of employment prospects.

Communications and exchanges were maintained between the Centre, doctors, psychiatric social workers and mental health social workers, but not without some difficulty as the resources of the Centre in seeking and imparting information have been stretched.

Staff continued to attend the various hospital clinics.

As the premises at the Centre are somewhat cramped financial provision was made in 1968/9 to erect, furnish and equip a prefabricated extension and plans for this were completed at the end of 1968 to be put into effect early in the new year.

Number of patients referred 1st January, 1968—31st December, 1968	71
(25 male, 46 female)	(10 readmissions)
(In addition 18 patients were referred, but not accepted as suitable for the Centre or for domiciliary occupational therapy)	
Number of patients receiving treatment, 31st December, 1968	41
(12 male, 29 female)	
Number of patients discharged	69
(29 male, 40 female)	
Discharged to open employment	20
Transferred to Industrial Therapy Unit	3
Discharged home, rehabilitated to living within the community but not able to take up employment and to be followed up by psychiatric social worker or mental health social worker	24
Re-admitted to Day Centre	10
Admitted to Hospital	5
Left district	1
Transferred to Ealing Day Centre	1
Transferred to Barnet Training Centre	1
Transferred to Maybank Work Centre, Wembley	1
Transferred to Occupational Therapy, Shenley Hospital (Harrow Resident)	1
Died	2

Distribution of patients according to Boroughs:—

Admissions 1968:

Brent	58
Harrow	4
Ealing	4
Haringey	1
Lambeth	1
Westminster	1
Tower Hamlets	1
Barnet	1
	<hr/> 71

Receiving Treatment 31st December, 1968:

Brent	35
Harrow	2
Ealing	2
Camden	1
Haringey	1
	<hr/> 41

Clubs for the Mentally Ill

Clubs for the mentally ill have proved their worth since the first tentative beginnings in this field some 10-15 years ago. One of the great dangers to mentally ill persons is withdrawal from the community and unfortunately many people in a city live very lonely lives. If the nature of their breakdown is in any way attributable to isolation, then a recurrence of mental illness can be expected after the patient's discharge from hospital should an isolated way of life be resumed. Quite frequently, ex-patients can function reasonably well at their workplace without forming such personal relationships as are needed to make them a well integrated part of society. Unless positive forces in the home environment counteract the tendency towards isolation from workmates, deterioration of the mental state can be expected. This dangerous situation can be modified by the provision of clubs specially geared to meet the needs of such people. There is as yet no ideal model for these clubs and it could well be that each type is serving a subtly different need. Many professional workers encourage the attendance of ordinary members of the community (friends and relatives) as is done at the Brent Gateway Club. Others concentrate more on professional participation, including highly skilled group therapists; yet others function well with only minimal professional support. On the whole it would appear that the consensus is, the presence of a certain number of professional workers proves most beneficial. A ratio of approximately 1:10 appears to be the optimum. It does not seem to be of great importance as to which category of mental health worker attends so long as his personality is congenial to the club members. Mostly, of course, mental health social workers are likely to be involved but occupational therapists, certainly at the Brent Club, have proved a great asset. Even with the above staff-patient ratio Clubs are an economical proposition for the after-care of the mentally ill, especially as not infrequently other than official funds are contributing to the various activities, although a Council grant is a great help on special occasions such as the annual Christmas party.

The "Gateway Club" is held at Willesden Day Centre every Tuesday night. Professional staff attending comprise a community mental health social worker, a Shenley Hospital psychiatrist and occupational therapists from the Day Centre as well as from Shenley Hospital. The purpose is purely social and the professional workers are unobtrusively supportive and avoid being in any way directive. A Club of this kind on occasion might appear to be in need of a more structured setting and the professional workers have to resist the demand for an authority figure. However, to be of real benefit to the patients' rehabilitation and their need to learn to function as part of a group, it is necessary that they find their own solutions to management problems with only minimal professional help. Attendances have steadily increased during the year and it is not unusual to find about 30-40 people present. Recreational activities are varied and games of many kinds are encouraged. Attention has been focussed on the need for forming a members' committee and the indications are that this will be forthcoming in the near future specifically for the purpose of organising entertainments and outings.

The "Do-It-Yourself Club" is held on Thursday evenings. The purpose is to help patients in developing hobbies, in the attempt to widen their usually very restricted interests and to enrich their lives. Certainly this Club also fulfills an important social function in giving people a further opportunity to relate to one another in a stimulating work situation.

A senior occupational therapist is in charge and another occupational therapist attends. A Members' Committee is responsible for the various activities which on occasion even includes special outings.

Membership is 35 but only about a dozen or so patients attend at any time. Some members also attend the "Gateway Club" and a few the Club run by the neighbouring Borough of Camden. Indeed "Outings" are often a joint affair between the members of all three clubs.

Day Care for the Elderly Mentally Ill

The needs of this group of patients are partially met by the provision of 10 places at the Harrow Day Centre for the Elderly Mentally Infirm. As in previous years there have only been a handful of referrals for day care and all have been able to be placed at the above Centre. However, it is known by various means that the actual size of the problem is very much larger than is reflected by the number of official referrals. In response to this pressure a small number of such patients (10-12) have been offered a club-type placement on one afternoon per week on the premises of "Brentholme" Hostel under the guidance of an occupational therapist from the Willesden Day Centre. These and many more similar patients should find their specific needs catered for by the proposed provision of a Day Centre for the Elderly Mentally Infirm on the same premises in the coming year. Initially this will provide 12 places on three full days per week as a pilot scheme to assess the true demand for such a Centre in the Southern part of the Borough. Transport and mid-day meals will be provided. An occupational therapist will be in charge helped by two lay assistants.

Provisions of this type undoubtedly will ease the pressure such elderly persons may cause their families (or landlords) and can prevent, or at least postpone, residential admission. This is surely both economical and humane. It is revealing to see how much deteriorated elderly people can still improve if placed in such a setting. Agitation and restlessness can completely subside under professional handling during the day. Provision of a mid-day meal is a very important adjunct to therapy—eating together is so very much part of normality and it has been found that patients who on admission, would hardly communicate at all, first did so at the dinner table. From then on progress can be expected to be quite rapid. For this reason meals will be provided even for those who can only be accommodated for part of the day.

The choice of location for the proposed scheme was governed by the fact that better use could be made of premises that are virtually empty during the day and the games room in conjunction with the dining room at "Brentholme" Mental Aftercare Hostel appeared a good choice for this limited project.

Shenley Hospital

The appointment of a hospital consultant psychiatrist (one session weekly) to this Department has considerably improved the liaison between the Mental Health Division and its catchment hospital for the mentally ill. It has been possible to smooth out many of the difficulties formerly encountered where patient admission is concerned. The easy accessibility of the consultant to the mental health social worker has recently facilitated crisis admissions (formal and informal) and improved liaison for after-care purposes arising from discharges. It had been a matter of considerable concern to the community mental health staff that a number of patients were discharged without prior adequate preparation or consultation with them. Patients were suddenly found to be back at home and the worker's attention was only drawn to this after some communication from worried relatives. Occurrences of this kind should now be a thing of the past as mental health social workers regularly attend the relevant consultant psychiatrist's discharge case-conferences.

In an endeavour to bring community problems nearer to the Shenley Hospital nursing staff, small groups of student nurses now attend the Mental Health Division and participate in some of the activities of the Division. Complementarily senior mental health staff lecture to the nurses during their formal instruction periods at Shenley Hospital. Additional links between Hospital and Community are maintained by the attendance at the "Gateway Club" of a psychiatric senior registrar and an occupational therapist as well as the continued membership of the Senior Medical Officer on the Shenley Hospital Management Committee.

Voluntary Societies

It is with regret that I have to report that there exists still no local branch of the National Association for Mental Health. Since the dissolution of the Willesden Branch in 1965 only the feeblest interest in such a venture has been shown by a few members of the public. This is a great pity as a local branch of this Association could be a great asset to the community.

League of Friends for Shenley Hospital

The Brent Branch, in conjunction with the Harrow one, have continued to provide patients with a number of amenities which neither hospital nor Local Authority would have been in a position to make

available. Within the Hospital the patients' Social Club has been extended and modernised. Christmas parcels were generously donated and the 6 residents at the Hostel in Wembley were included. A very important service to patients and relatives alike is the provision of a coach to allow visitors to travel to Shenley. Public transport from any part of Brent to the Hospital involves a most tedious journey and such a direct coach is therefore much appreciated.

The Brent Samaritans

This year has shown a considerable increase in the number of requests for help and the Organisation's facilities were at times stretched to the limits. Unfortunately numbers of volunteers have hardly increased at all, new ones only just making up vacancies caused by the usual wastage (removals, additional calls on spare time, increasing physical immobility). It has therefore not been possible to increase the hours of telephone manning at the Centre in Harlesden (from 7—10 p.m.). The Harrow Branch, as before, have taken calls for the remainder of the 24 hours. This facility acts in some ways as a safeguard but undoubtedly some distressed persons in great need of help are discouraged when phoning the Harlesden Centre to be redirected by the G.P.O. operator to the Harrow number. Substantial efforts have failed to improve recruiting in Brent. Quite possibly one of the reasons could be the location of the Centre. Persons from the Wembley and Kingsbury areas find it difficult to get to and from Harlesden at night if they have to rely on public transport. Yet it is precisely in these parts of the Borough that public spirited people with a little time on their hands reside. It is to be hoped that the proposed strenuous drive in the new year to recruit more volunteers will show some degree of success. The possibility of amalgamation with the Harrow Branch is the only possible alternative if a 24 hour service can not otherwise be provided.

Approved Medical Practitioners

There were no changes during the year in the list of doctors approved for the purposes of Section 28, Mental Health Act, 1959.

Drug Abuse and Dependence

The public's interest in this problem appears to have undergone a slight decline and, with the decrease of its news value, it is becoming possible to review the drug scene more objectively. Undoubtedly the Minister's timely move (Dangerous Drugs (Supply to Addicts) Regulations, 1968) to restrict the prescribing of heroin and cocaine (the "hard" drugs) to the medical personnel of certain designated Out-Patient Treatment Centres only, has made some impact on this problem. The further restriction in the prescription of the amphetamines particularly that of Methylamphetamines ("Methedrine") in November, 1968, very speedily cut short what can only be described as an epidemic. It is of course too early to assess whether these measures have achieved any reduction in the incidence of drug abuse generally or whether they have only served to redirect the habit into the misuse of other drugs. Undoubtedly the whole problem of drug abuse in Great Britain is only a very minor one when compared with that of alcohol and tobacco.

Little change appears to have taken place within this Borough. Again the numbers of known abusers generally were much higher in the Willesden than the Wembley area. Paradoxically the only case of addiction in school children occurred in the Wembley area where one boy came before the Magistrate's Court.

Of the two Drug Clinics, the one at Monks Park closed down from lack of use. The Kilburn Square one, however, functioned well and showed a moderate number of successes.

It will be recalled that this Clinic was set up primarily to assist probation officers with their addiction cases. A Shenley Hospital psychiatrist and a general practitioner offered their services free of charge. Approximately 60 persons attended during 1968, 25 of whom were on probation. The average attendance was 10 cases per session at the beginning of the year. The majority were dependent on methylamphetamine, a very few on cannabis. By the close of the year the amphetamine "epidemic" was over but a number of persons had changed to narcotics (predominantly Physeptone, a few even to heroin) when their source of supply of the former drug had dried up. Apart from the probation cases, abusers were referred chiefly through attending acquaintances and occasionally by a general practitioner. Treatment included decreasing amounts of the dependency drug (for the minority of cases), group therapy sessions, rarely informal admission to Shenley Hospital (12 cases) and to "Brentholme" Hostel (2 cases). Group attendances varied but 9 attended regularly, 2 of these were still on probation. Results were satisfactory in clients with good personality but less so with those of delinquent propensities.

All attenders could have received the same kind of treatment at a hospital out-patient clinic but the majority would not have been in this way reached as it is only the very informal atmosphere at Kilburn Square that allows these suspicious and wary people to accept help.

Experts advise that hostels should be part of the rehabilitative services offered to drug addicts. Tentative sounding of informed persons in this Borough, however, revealed that there would not be enough local support to open such a residential service. When exploring the possibility of such a hostel in Brent, it was fortunate to be able to draw on the experience and advice of a visiting Director of the "Daytop Centre", (a voluntary New York preventative drug addiction service). This settlement is managed by former addicts for present ones and it is claimed that excellent results are obtained even with the many cases referred to "Daytop" from the courts as an alternative to imprisonment. However such a place, or even the more conventional style hostel staffed with specialist personnel and with psychiatric support, should not, it was recommended, be established near such centres of easy drug accessibility as this Borough is. It remains therefore a matter for the joint effort of the London Boroughs to consider providing a few widely scattered hostels.

On the subject of preventive services, I confess to a feeling of ambiguity. Ample teaching aid material has recently become available to schools and many areas have undertaken all-out drives to warn youngsters while still at school of the great dangers to their health and general wellbeing of drug abuse. It is very tempting to join such a campaign but as yet so little is known of the results of publicity of this kind that the dangers of overstating one's case should not be lost sight of. Psychologists tell us that their knowledge of the science of attitude change makes it extremely unlikely that all we have to do is to invade a classroom, talk about the

horrors of drug dependence and lo!—these children will no longer show any desire to experiment with this dangerous commodity. On the other hand, dare we delay until exact knowledge of attitude changes has accrued before we face our youngsters? However if we decide to carry our propaganda material into the senior classrooms of Brent, who would be the best persons to give these talks, the teachers (many of whom are inveterate tobacco smokers!) or the school doctors? Bearing in mind that some of the latter may be quite inexperienced in teaching techniques it might prove more advantageous for the teachers to take on this task, having been instructed on the important points at issue. Additionally this tricky subject should form part of a series of related health talks, and not be singled out as the object of sensationalism. An additional difficulty is of course, that drug taking does not occur in a vacuum. Therefore attention should be focused on a variety of factors, such as that abuse may be a style of living, a mere whim of fashion, or more seriously, the symptomatic expression of the neurotic or delinquent personality who will not respond to conventional health education techniques. Whatever we choose to do in the way of formal instructions of school children, it must not be forgotten that these will achieve nothing without the supporting services, such as Child Guidance.

It is of interest that society has put so much pressure on the preventive services to deal with the drug abuse problem when so very little notice, in comparison, has been taken of the numerically much greater problems of alcoholism, lung cancer and chronic bronchitis. Could it be that we reap what we sow, a culture that demands alleviation of every minor twinge, every anxiety, with an analgesic, a tranquilliser, a smoke or a drink—and finds itself in the end in self-destructing abuse instead of sensible use of these substances.

MENTAL SUBNORMALITY

Community Care—Support in the Home

The majority of mentally subnormal and severely subnormal adults and children are allocated to two full time mental health social workers as their only type of patient. An increasing number of cases however has been taken over by many of the remaining mental health social workers/mental welfare officers. This is an interesting development as some years ago the tendency in this Department was the reverse. Undoubtedly this points to the increased awareness and acceptance of mental health workers generally that much preventive work can be done with families under stress and, of course, a family that contains one grossly handicapped member is always likely to be so stressed. I hope it will be possible during the course of the next year or two, as opportunity presents, to give each officer an equal and varied caseload of all types of mental disorder.

The services such an officer is called upon to perform are numerous and various. First and foremost she must show a high degree of availability so that she can be expected to respond to a call for help at a moments' notice. Crisis occasions of this kind on the whole however should occur rarely if the family has been regularly contacted. However emergencies do arise and they can be very time-consuming. Illness in the family, particularly in the mother, means a request for immediate short term residential care and a possibly very long journey for officer and escort—a whole day can easily be spent on missions of this kind. Latterly arrangements with the Mental Department of Leavesden Hospital have meant transporting several children together to Abbots Langley. A major role is of course the generally supportive one particularly in the case of the mother with a very young child. The first few years for parents of a severely subnormal infant are often more than they can bear and marital relationships can be strained to breaking point. Expert management can prevent such a crisis and the skilled mental health social worker will be in the position to bring out all the feelings of guilt and aggression that simmer below the surface and may give rise to constant bickering and misunderstanding. Facing the issue squarely quite frequently means also conquering feelings of humiliation and inferiority, but many parents need the help of an understanding trained outsider to work through the problem created by the birth of a grossly handicapped child.

Leavesden Hospital

Close liaison continued between our mental health staff and that of this Hospital for subnormal and severely subnormal patients. Consultant psychiatrists continued to hold sessions in the Borough, on request, on various mental health premises, which greatly facilitated the community worker's task. Unfortunately, it has not been possible to establish a regular out-patient clinic as yet.

Within the Hospital, further progress has been made with the opening of a special unit for subnormal adolescent girls, so that both sexes are now well catered for.

The placement of a male student nurse in our Neasden Special Care Unit has continued and is appreciated by both the Leavesden tutorial staff and that of the Neasden Centre.

It is still difficult to obtain permanent hospital beds and in spite of the Leavesden staff's obvious desire to help, hardship cannot always be avoided when an urgent permanent placement case arises. The now well established practise of short term care has continued as in previous years, Leavesden Hospital remaining our largest outlet for such placements.

Guardianship and Informal Foster Care

The provisions of the Mental Health Act relating to the placing of persons in the guardianship of the local health authority have not needed to be invoked in any instance in the Borough so far.

Informal foster care placements have continued as in previous years, but the difficulty of finding places for severely subnormal children, where residential care becomes necessary as a result of unsuitable home conditions due to social factors or parental inability to cope, remained as acute as ever. The larger part of establishments for the residential care of subnormals, inadequate as it is for total needs, is provided still by the voluntary organizations, and it is to be regretted that due to financial stringencies and other factors, the aims of the Mental Health Act in empowering statutory provision of this sort are still a long way from fruition. Pressures on existing accommodation and the lack of facilities for transferring some suitable subnormals to hostels from hospitals, have nationally only slightly been abated. The two-fold result is that patients continue

to occupy subnormality hospital beds who could well be sustained in hostels in the community, whilst waiting lists for hospital admissions for those needing hospital care remain depressingly long. This Council's earliest projected undertaking in this sphere is a hostel for 30 females which figures in the development plans and programme of capital works for 1971/72 at an estimated cost of £75,000.

At the end of 1968 the Council was maintaining in informal foster care 47 subnormal persons in establishments provided by such organisations as the Brighton Guardianship Society; the Ravenswood Foundation; the Sons of Divine Providence, Teddington; the Retarded Children's Aid Society; Camphill Village Trust Ltd.; as well as various convents and privately-run registered homes.

In order to afford to parents some respite from the constant burden of caring for retarded children at home, to permit family holidays, or to meet crisis or special situations in the home, such as illness or confinements, short term care arrangements were made as needed. Seventy-seven such temporary placements were made in hospitals and thirteen residually elsewhere.

"Homelea" Hostel, 191 Willesden Lane

This Hostel for 12 subnormal working boys has continued to function well.

The Superintendent and Assistant Superintendent arranged and carried out a somewhat adventurous touring and camping holiday abroad, making excellent use of the minibus lent them by the Willesden Association for the Welfare of the Handicapped. The staff reported that the venture ran as smoothly as planned and that the Hostel residents were very stimulated and happy by seeing so much of France and even part of Italy.

I have felt a little uneasy whether this journey has indeed given the boys so much more than a similar holiday in England might have done, bearing in mind the not inconsiderable risks involved with a large group of dependent youngsters, including two additional very young children of staff. However, undoubtedly the officers felt it was all very worthwhile.

There has been a change at the Hostel in the degree of medical practitioner involvement. For some time it had been felt that the residents needed more attention from a general practitioner than the average patient on his list and that the staff needed the support of a family doctor in the physical management of the boys.

Therefore, it was arranged that an interested general practitioner should be offered a small number of sessions to be devoted to the boys within the Hostel setting. It was fortunate that such a doctor could be found whose surgery is within short walking distance of the Hostel, and staff as well as boys have benefitted greatly by this additional support, especially during the latter part of the year when some of the residents became quite disturbed and others suffered from physical ailments.

There were few discharges or admissions and it has to be accepted that the period of stay in this Hostel will always be very much longer than at a mental after-care one.

Neasden Junior Training Centre

This establishment has outgrown its original premises and I am writing in the knowledge that next year it will no longer exist there and in its new home (Kingsbury Junior Training School) may not even be a matter for this annual report. In November the Prime Minister announced in the House of Commons that the decision had been taken to transfer the responsibility for the education of severely subnormal children from the Health to the Education Services. This would in no way adversely affect staff conditions of service or training. The news was received with great satisfaction by the majority of people involved in the work, but there are still considerable difficulties to be faced and many questions regarding responsibilities for the most difficult, often multiple-handicapped, children's care yet to be solved. The Department of Health and Social Security have consequently conducted a survey of a limited number of Special Care Units, including the one attached to this Centre. This was done specifically to assess whether it would be deleterious for multiple-handicapped children to be segregated from those suffering from simple mental retardation of a high degree. We were in a position to prove that certainly in some cases, in the present set-up, transfers from the Special Care Unit to the Training Centre proper were easy and speedy. This would probably not have been the case, had the two units been the responsibility of different departments. This would certainly not have been to the advantage of the children concerned. I feel strongly that it would be wrong to perpetuate a dichotomy merely with separation at yet a lower level of handicap than before. It is to be hoped that the Ministers concerned with the problem will not be swayed by the bogey of "educability" but rather view the matter as one of the needs of all children in much wider terms.

The forthcoming move has necessitated a change of policy regarding the designation of such establishments and, accordingly, the new one will no longer be termed a Centre but will be called "Kingsbury Junior Training School".

The major part of the year has been a very difficult one for the Centre as to the staff situation and the consequent increase in the waiting list for admission. Recruiting of qualified or even only experienced staff has never been quite so difficult as in this year. I feel sure that the most important factor for this was the low salary scale offered. More and more local authorities have departed from the "Assistant Supervisor Scale" and, by raising salaries, have attracted staff who might otherwise have applied for posts at this Centre. This has meant that classes of young children had to be amalgamated for varying periods of time, thus not only depriving children of individual teaching, but also putting a considerable amount of stress on the staff. Consequently, the teacher sickness rate rose, giving rise to even more difficulties in this vicious circle. The least affected fortunately, were the Special Care Unit and the Transition Class at St. Margaret's Church Hall. This latter continued to function well in spite of substandard premises. All the children in this Class are now ready for transfer to the temporary Adult Training Centre which it is hoped will be opened on the premises of the present Junior one at Neasden. Happily, we can look forward to a substantial improvement in this situation in that next year, with the expected opening of the new school, the new staff establishment will be on the substantially higher "Supervisor/Teacher Scale" and this, together with the attraction of the new building, should encourage applicants of the desired calibre.

The rate of progress on the building site of the Kingsbury Junior Training School has been quite remarkable and it would appear that the building might be taken over from the builder before the contractual completion date. It promises to become a very attractive school, although the outside is rather drab due to the special type of construction necessitated by the difficult site. Staff and parents are very much looking forward to its speedy completion.

The Holiday Centre

The success of the 1967 pilot scheme was repeated when a similar "summer school" was run at Northview Infants School this year, again during the four August weeks. Approximately twenty-five children were selected for attendance, one important criterion being absence of gross behaviour disturbance and a fair standard of habit training. This has, of course, limited the choice of children but was necessary as most of the staff had little or no experience in the handling of severely subnormal children.

The school building used this year was purpose-built for the very young, yet in some respects the children were not quite as easily contained as at Wykeham School last year. However, this minor point in no way detracted from the great value of offering our children the facilities a purpose-built school can provide and the ample playground was much appreciated in spite of the wet August weather.

Parents were again invited for an informal "Open Day" and practically all attended. Once more they expressed their appreciation that their children had been given this facility. Many mentioned, in addition, how much help the family had derived from the absence of the handicapped child from the home on certain days when the mother had been able to devote more attention to the demands of her other children at home on school holidays.

We are looking forward to repeating this venture next year on our own new premises at Kingsbury.

Summer Holiday Camps

Adjacent local authorities who have Brent trainees at their centres once again, on behalf of this Borough, included them in their camp holidays arrangements, in those cases where the trainees were fit to participate and where the parents wished them to do so. Escorts were provided by this Department and the cost was shared by the Council and trainees or their parents on an assessed basis. Thirty-three persons had holidays by these means. Special arrangements made for holidays for the residents of "Homelea" Hostel including the few from other local authority areas are mentioned in the paragraph dealing with the Hostel.

Adult Training Centre

On 2nd October, 1968, loan sanction was issued by the Ministry of Housing and Local Government for the building of a Health Centre in Stage III of the Stonebridge Redevelopment Scheme. Work on this Stage commenced in October 1968 and it is anticipated that the Health Centre will be completed in June 1970. The Council have decided that all the services now provided at Stonebridge Health Clinic, Hillside, N.W.10, will be transferred to the new Centre and that the Stonebridge Health Clinic will be adapted and extended to become an Adult Training Centre. The Ministry of Health indicated that subject to any adjustment which may in future be necessitated by the economic situation or other unforeseen circumstances, the Minister hopes to be able to recommend loan sanction in 1969/70 at an estimated cost of £100,000.

The Adult Training Centre projected will accommodate 120 trainees. About eighty of these places will be required for our mentally handicapped adults who from 1965 and since have been admitted to Acton Lodge, Southall, Uxbridge and Brentford Adult Training Centres in the Boroughs of Hounslow, Hillingdon and Ealing. These Boroughs have their own waiting lists and the allocation to Brent of a number of their places under the appropriation arrangements of 1965, entrenched to 1970, are responsibilities that they will be pleased to be able to relinquish when the Stonebridge Centre is at long last available. Although the training position in Brent would have been critical without the allocation of these places, the arrangements have been burdensome for the trainees themselves involving as they do long coach journeys to and from the Centres. Plainly, therefore, it will be a great relief to all concerned when these young people can receive training in their own Borough.

The Council made financial provision in 1968/9 for the setting up of a temporary Adult Training Centre of 30 places to accommodate some of those on the waiting list for whom training could not be found with other local authorities; including teen-agers who were ready to leave the Junior Training Centre and were being accommodated in a Transition Class at St. Margaret's Church Hall, N.W.10. The long search for suitable premises to serve the purpose, without requiring too much financial outlay, began. Several buildings were considered including the recently vacated Brotherhood Hall, Wembley High Road, but as time passed and no solution for the location of a temporary Centre presented itself the Council gave approval to revised proposals. These were to utilise for a temporary Centre, the premises in Neasden due to be vacated in the early part of 1969 by the Junior Training School on its transfer to the new Kingsbury building. Taking into consideration the capacity of the Neasden premises and a further review of actual needs, it was also decided to augment the scheme to provide 50 places, overall financial provision to be budgeted for in 1969/70. The opening of this temporary Adult Training Centre will go a long way to meeting a most pressing and hard-felt need and in bridging the gap until the permanent Centre at Stonebridge is available.

Social Clubs for the Mentally Sub-normal

The two social clubs in the Borough, both operated on a voluntary basis, had another successful year. The Brent Society for Mentally Handicapped Children is responsible for the children's "Bonanza" Club at Tylers Croft School each Saturday afternoon, and the Parents' Association for the "Neasden Teenagers" Club at the Junior Training School on Thursday evenings.

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

The Society has continued to function according to its specific aims and I am very happy to relate that this voluntary body and the Council's professional staff have worked intimately together on many occasions during this year. Mental Health Week, of course, was an important occasion and here closest liaison

obtained. Members of the Society actively participated in many arrangements and wholeheartedly supported the professional staff. I am particularly happy to report the very generous donation of £1,000 for additional items for the Kingsbury Junior Training School. I am delighted that the children will benefit directly from the outdoor sports equipment, and indirectly from the intercommunication system within the School, conveniently linking the Principal with her teaching staff.

Mental Health Week — 9th-15th June, 1968

This was the third of a series of annual campaigns launched under the aegis of the National Association for Mental Health to bring to public awareness and understanding the problems and needs connected with mental disorder. The theme for 1968 was "Targets for Tomorrow" in the sectors of Research, Education, Prevention, Treatment and Care. The programme in Brent during Mental Health Week was the most ambitious to date, involving the closest co-operation in a great deal of hard work among the staffs of the Department, Shenley and Leavesden Hospitals, the Child Guidance Service and members of the Brent Society for Mentally Handicapped Children and Brent Samaritans. A special word of commendation is, I feel, due to my Officers who had perforce to devote their time in the evenings and at the weekends to making preparations for the Week in addition to carrying out their normal duties during the day. A comprehensive programme of events included: —

- (a) extensive press coverage in local newspapers;
- (b) poster displays on over 100 sites in the Borough as well as in business premises;
- (c) distribution of literature at all clinics and libraries;
- (d) displays of photographs and exhibition materials in the foyers of the Town Hall and the A.B.C. Cinema, Ealing Road, Wembley, (with the kind co-operation of the Manager, Mr. L. Leonard);
- (e) a discussion and film session on aspects of mental health affecting teenagers, attended at the Town Hall by 200 senior school pupils;
- (f) a Forum on Mental Disorders, also at the Town Hall, when a panel comprising three hospital psychiatrists, an educational psychologist and mental health staff were plied with questions from an audience of 80 for close on three hours;
- (g) an Open Day at Shenley Hospital, attended by over 100 Brent residents, coach transport being provided for those requiring it;
- (h) Open Days (to invited visitors) at Kilburn and Kingsbury Child Guidance Centres.

Mental Health Week was officially opened by His Worship the Mayor, Alderman R. W. Sharpe, J.P., in the foyer of the State Theatre, Kilburn, which was, by kind permission of the Manager, Mr. B. Weir, the venue for the Week's major effort, a large Exhibition opened officially by well-known actress Miss Eunice Gayson. This was a very comprehensive presentation of all that is being done in the Borough and its catchment area psychiatric and subnormality hospitals for those suffering from mental disorder. Imaginative displays included examples of sophisticated paintings done by Shenley Hospital patients, handicrafts and joinery from the same source, a diversity of products from the industrial training workshops at Leavesden Hospital, a variety of craft work by patients at Willesden Day Centre and a kaleidoscopic array of the work of the children at Neasden Junior Training School. Also on show were numerous photographs and illustrations of various mental health establishments and hospitals and the activities that take place within them, as well as a wide range of literature and publications.

Whilst it is not possible to measure the impact of large scale educational efforts such as Mental Health Week either at national or local levels, and despite some cynical murmurs about preaching to the converted, the fact remains that these are the means, together with others that greater effort and more money will bring into play, by which public apathy, ignorance and fear will by constant attack be ultimately dispelled.

WELFARE SERVICES

TEMPORARY ACCOMMODATION

At the beginning of the year, three hostels (91, Dartmouth Road, 'Rosmoyné', Harrow Road, and 9/11, Nicoll Road), three houses purchased by the Council in advance of requirements in Redevelopment Areas, and one house rented from the Ministry of Transport purchased for eventual demolition in connection with the Neasden Underpass Scheme, provided short stay accommodation for 35 families. In addition, emergency accommodation with its own cooking and personal cleansing facilities was provided for 15 persons at 91, Dartmouth Road.

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, cooking, household budgeting, etc. In addition, a play-group leader from the Save the Children Fund attended the hostel five 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.

On 16th April, the conversion of 54, Winchester Avenue, N.W.6, into six units of accommodation was completed. The property was owned by the Council and was previously the office of the Public Health Department of the former Willesden Borough Council. It is anticipated that the final cost of conversion will be about £15,500. In addition, seven further houses in Redevelopment Areas were handed over to the Department during the year and provided accommodation for 12 families. The purchase of 13, Nicoll Road was still not completed because of various difficulties, but it is hoped that these will be overcome early in 1970.

On 1st January, 1968, 37 families (comprising 23 men, 37 women and 96 children) were in temporary and emergency accommodation. During the year, 74 families were admitted and 59 discharged, leaving 56 families (30 men, 56 women and 170 children) in residence at the end of the year. Of the families discharged, 14 were re-housed by the Council, 3 were re-housed by other local authorities, and 42 found their own accommodation. Several voluntary organisations provided accommodation including Ladyholme Company Ltd., Provident Row Night Refuge and Home, Ambridge House Foundation, and the Salvation Army.

Despite an increase in the accommodation provided and also the fact that more families have been re-housed by the Council, the problem continues to grow. There has been an increase in illegal evictions as well as legal evictions, and although some landlords have been prosecuted and fined for illegally evicting families, they have not been obliged to take them back and the families remain homeless. It has also become more difficult for families to find private unfurnished accommodation for themselves as the extra security given to tenants in unfurnished property has encouraged landlords to stop letting this type of accommodation.

During the year a Social Worker was appointed to work with families in the Council's care.

RESIDENTIAL ACCOMMODATION

The total number of beds provided under Section 21 (1) (a) of the National Assistance Act, 1948 is 517, 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
Roberts Court	50	Men and Women
Wren Park	28	Women

The building of a 50 bed residential home on Stag Lane, N.W.9, which the Council decided to call "Roberts Court", was completed on 30th August, 1968. The first residents were admitted on 23rd October, 1968, and full occupation was reached on 10th December. It is anticipated that the final cost of the building will be £107,590 plus £11,100 for furniture.

During the year, 140 women and 55 men were admitted to the Council's homes, and on 31st December, 1968, 21 men and 55 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 a further 220 residents in voluntary and other local authority homes.

The short stay scheme, which enables relatives or friends to have a holiday and an elderly person a change of routine, continued to operate throughout the year. Six beds for women and 4 for men were retained in 3 of the Wembley Homes. Thirty men and 66 women were accommodated under the scheme, the average stay being 19 days.

The installation of central heating at "Wren Park" was completed on 2nd May, 1968, at a cost of £7,480, and at 5/9, Freeland Road in December at a cost of £15,195.

The incorporation of a 50 bed home within the Neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue made good progress. Tenders for the Scheme were invited at the end of October and the apportionment of costs was considered by the various Committees concerned in the project in December. Application for loan sanction was made to the Ministry of Housing and Local Government in January 1969. It is estimated that the building and fees will amount to £122,332 and furniture will cost £10,500.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

Blind Persons

On 31st December, there were 551 persons on the register. There were 57 new cases (excluding recertifications 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 twenty of those registered suffer from additional physical and/or mental handicaps.

Three children under 5 years of age are at home. Of the 11 children of school age, 4 attend special schools, one is in a Sunshine Home at East Grinstead, and 2 with dual handicaps attend the Melbreth Training School for Spastics and Condover Hall for Blind children respectively. Four are unsuitable for school—one is in Northaw House Children's Hospital near Potters Bar, one attends Neasden Junior Training Centre and the other 2 remain at home.

Three boys between 16-17 years of age continued their education. Two attend Dorton House and the other entered Worcester College for the Blind with seven G.C.E.s at "O" level, and is now studying three art subjects at "A" level standard. A young man of 22 years is studying for a degree in Law at Downing College, Cambridge.

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

Four hundred and thirty seven persons were unemployable or unavailable for work. Of these, 48 were in residential accommodation provided by local authorities, 3 in other Homes and 13 were in hospital for extended periods.

One person was 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 2 persons attended Warwick Row Rehabilitation Centre, S.W.1, for differing periods.

Domiciliary visits to both blind and partially sighted persons were made by social workers with an average case load of 147. Individual teaching was given in both Braille reading and writing, Moon type reading and typewriting.

Four handcraft classes were held weekly in the afternoons and six evening classes organised by the Education Committee, and eight Social clubs offered variety of occupation. Free transport facilities to classes and clubs continued to be provided by the Council.

At the Brent Show on 14th and 15th September an exhibition, competition for handcrafts, and sale of goods made by blind and other physically handicapped persons, was staged. Braille, basketry and light assembly work were demonstrated.

Seventy-one wireless sets were issued on behalf of the British Wireless for the Blind during the year bringing the total issued to 290. The rental of talking book machines issued by the British Talking Book Service for the Blind was paid by the Council in respect of 154 readers; 32 were issued during the year. Various Braille and Moon magazines were circulated free.

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

One hundred and eight applicants applied for assisted holidays. Fifty-three were directly arranged by the Council. Two parties under the supervision of social workers, and British Red Cross helpers, spent a fortnight at the Little Oyster Holiday Camp, Isle of Sheppey. The remainder went to holiday homes run by the Royal National Institute for the Blind, and the Middlesex Association for the Blind.

Thirty-three persons who arranged private holidays and 22 who stayed with relatives or friends received financial aid from the Council.

Partially Sighted Persons

On 31st December, there were 183 persons on the register. There were 28 new cases (excluding recertifications and transfers from other areas) during the year. Fourteen persons were transferred to the blind register.

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

Under 5 years	1
5—15	18
16—20	12
21—49	38
50—64	26
65 and over	88

The child under 5 years of age remained at home. Of the 18 children of school age, 14 attend Special Schools, 3 attend other schools, and one remains at home. Seven of those in the 16—20 years age group are still at school.

Of 46 persons "near and prospectively blind" (aged 16 and over), 9 were employed and 37 incapable or not available for work.

Of 46 persons mainly "industrially handicapped" (aged 16 and over), 40 were employed, one is undergoing training, and 5 not available for employment.

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

WELFARE OF THE HANDICAPPED

Two hundred and seventy-five new cases were registered during the year, and on 31st December there were 1,124 persons on the register. Of these, 28 were deaf with speech, 101 deaf without speech, 24 were hard of hearing, and 971 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 190, 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, 19 worked in sheltered industry, and 21 practised some form of home industry.

Eight hundred and sixty-seven were unemployable or unavailable for work, including 10 children under 16 years of age. Forty-five 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 appointment of an additional Organiser enabled the service to be extended, particularly in the field of home industry.

The Council at their meeting on 20th November, 1968, agreed that the former Civil Defence Headquarters in Carlton Avenue East be used as a rehabilitation/work centre until such time as the premises are required for the extension of the adjoining telephone exchange, and that application be made to the Ministry of Housing and Local Government for consent to borrow £18,750, 75% of the transfer price, to secure the premises. A scheme for the adaptation of the premises was prepared by the Borough Architect and submitted to the Health and Welfare Committee on 16th December, 1968. The estimated cost of the scheme was £13,350, including furniture amounting to £2,200 and fees. The Council approved the proposals in January 1969 and they were submitted to the Ministry of Health for financial consideration.

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

Ninety-three applications for adaptations to the home e.g. provision of ramps, handrails and major constructions such as garages, were approved. Sixty-six car badges were issued to disabled drivers.

Two hundred and eleven applicants applied for assisted holidays. One hundred and thirty-six were directly arranged by the Council. Two parties, under the supervision of social workers and British Red Cross helpers, spent a fortnight at the Little Oyster Holiday Camp, Isle of Sheppey. Nineteen severely handicapped persons went to Crabhill House, South Nutfield, run by the Women's Royal Voluntary Service Winged Fellowship. The Jewish Association for the Physically Handicapped, and the Shaftesbury Society also provided holidays for those requiring orthopaedic designed homes which make full provision for severe disabilities. Most homes are situated within easy reach of the sea, or in the country.

Families are encouraged to arrange a united holiday privately, and 45 applicants were assisted. Thirty 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 held during the afternoon at 170/172, High Road, Willesden, and St. John's Church Hall, Wembley. A further handcraft class was introduced, and supervised by social workers. This class is based on equal participation between registered blind, partially sighted, and other handicapped persons. There was an increased demand for evening classes in choral, cookery, dancing, drama and pottery, organised by the Education Committee. Pottery introduced last year, and cookery this year proving highly successful additional classes. 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 at the disposal of the Willesden Association for the Welfare of the Handicapped free of charge for their annual outing to Sunbury-on-Thames on 15th June. A number of Brent handicapped were conveyed to and from the Brent Show on 14th and 15th September. Nine vehicles conveyed over 100 handicapped persons of all classes on a shopping expedition to three major stores in the Willesden area on 9th December. Shop hours were extended by the Managements to permit the party unhampered freedom of movement. A considerable number of voluntary escorts supervised by social workers assured the success of the event.

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 twenty-nine congenitally deaf and 24 hard of hearing are on the register. Most of the hard of hearing are affected due to accident after birth.

The greater number in both categories are between the ages of 16-49; many of whom were gainfully employed. In the field of employment, the closest co-operation is maintained between the Department of Employment and Productivity and the Council, in seeking to provide suitable and appropriate work.

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

Close liaison has been 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 for 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 8 men and women. A voluntary home for 30 elderly men is maintained by the London Transport Executive (Retired Employees) Housing Association at 100, Forty Avenue, Wembley. Towards the end of the year, work started on the building of an extension to this home.

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. Mrs. H., aged 86 years was living with her mentally handicapped daughter who looked after her, preparing meals and doing the shopping. Her daughter's health deteriorated and she was admitted to hospital on 18th March, 1968. Mrs. H. was unable to care for herself and agreed to enter one of the Council's residential homes. When transport arrived at her house she refused to go. An application was made on 19th March, 1968, to a Justice of the Peace for an Order for her removal. She was admitted on that day to one of the Council's residential homes, 5/9, Freeland Road, Ealing, W.5, and has since expressed her desire to stay there as a resident.

Mrs. K., aged 76 years, was mentally confused and was living in insanitary conditions. She refused to be admitted to hospital for treatment and an application was made on 9th April, 1968, to a Justice of the Peace for an Order for her removal. She was admitted on that day to the Central Middlesex Hospital.

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 movable property of 24 residents who were admitted to hospital when it became apparent that no other suitable arrangements were being made. In 5 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 28 residents was in store in the annex of "Mardale" Residential Home.

BURIAL OF THE DEAD

In accordance with the provisions of section 50 of the National Assistance Act, 1948, arrangements were made for the burial or cremation of 29 persons during the year. Seventeen of these were residents of the Council's residential homes.

WELFARE SERVICES FOR THE ELDERLY IN THE COMMUNITY

The Council continued to provide various services for the elderly under the National Assistance Act 1948 (Amendment) Act, 1962, broadly defined as the provision of meals, and recreation in the home and elsewhere.

Ten luncheon clubs continued to operate during 1968, and 58,264 meals, prepared by the School Meals Service, were served in the clubs at a charge of 1/3d. The meals-on-wheels service continued to be operated in conjunction with the Women's Royal Voluntary Service, deliveries being made on two or three days per week. Seven vehicles are in use on the service on peak delivery days. 37,388 meals were delivered in 1968, at the same charge of 1/3d. Considerable difficulty was experienced during the year due to sickness in staffing the kitchen at the Kensal Rise Senior Club where meals are prepared for delivery in the Willesden area. The meals for the Wembley area are supplied by the School Meals Service.

Once again the three full-time social centres in the Borough—the Willesden Green and Kensal Rise Senior Clubs, and the '49' Club—have had successful years, a varied programme of social activities having been arranged by the respective House Committees. The Council also provided premises for two full-time clubs for men in the Wembley area—the Barham Park and Kingsbury Veterans' Clubs.

During 1968, arrangements were made for pensioners to have two weeks' holiday at three south coast resorts. Six hundred and eighty-one pensioners participated in the scheme at an all-in charge of £4 to each applicant. In addition, the Council made grants to 95 persons towards the cost of privately arranged holidays or to persons going on group holidays organised by bodies other than the Council. The Department also arranged two summer holidays for elderly ladies with the Women's Holiday Fund. As in previous years a grant of £50 was made towards the cost of holidays for elderly Brent patients in Shenley Hospital.

More than 40 afternoon clubs operate in the Borough, and during the winter months the Council, through the Entertainments Department, arranged monthly concerts for the majority of these Clubs. In addition, a series of variety matinees were presented at the Town Hall free of charge to pensioners. Free transport was arranged from the more outlying areas of the Borough. Several clubs received grants to help pay the rent of the premises and to help with additional Christmas expenses.

The Council continued to make available welfare foods, such as Complan, Horlicks, Ovaltine, Bovril, Marmite and tea at reduced prices. These are sold at and delivered to 35 clubs and clinics in the Borough. Sales amounted to almost £4,600.

In August, an outing was arranged to Bray-on-Thames for just over 40 elderly housebound people. Transport was arranged by the Council and the old people were conveyed from and to their homes. Council transport also conveyed housebound persons to the two Senior Clubs on two afternoons per week throughout the year. On five afternoons and one evening a week, Council transport also conveyed non-ambulant members to and from seven old people's clubs, one additional club being included in the arrangement compared with 1967.

At Christmas the Council, in conjunction with the Brent Christmas Comforts Fund for Old People, distributed 1,639 food parcels to those most in need over 70. In addition, the Department supplied to various organisations and schools within the Borough, the names of 288 persons who would not otherwise have received a parcel. The Council also made a grant of £60 to the South Kilburn Old Folks' Fund to help them supply parcels to pensioners in the Carlton and Kilburn Wards of the Borough.

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

The Department's Social Workers concerned with old people's welfare continued their numerous visits to help and advise, and to assess the need for the various services. They were also available at various centres for interviewing elderly people.

OLD PEOPLE'S CLINICS

Fifty old people's clinic sessions were held during 1968 and 214 attendances were made by women and 44 by men. Thirty-two women and 5 men were in the age range 80-89. They were mobile and energetic. Thirty-two persons attended the clinics for the first time.

Painful joints were the most discussed symptoms at the sessions, but coughs and colds also were prominent especially during inclement weather. The family doctor was sent a report after each visit.

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

	No. of Patients
Referred to Social Worker for visits	21
.. to Council Chiropodist	12
.. for Council aided Holiday	6
.. to Council Physiotherapist	5
.. to Housing Manager	4
.. for admission to Council Old Person's Home	3
.. for admission to Senior Club	3
.. to Home Help Organiser	2
.. to Chief Mental Health Social Worker	2
.. to Jewish Welfare Board	2
.. 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, voluntary but essential help was given by members of the League of Jewish Women and private individuals, many of whom have continued to do this work for many years since the inception of the various clubs. There is a shortage of voluntary helpers in the luncheon clubs, and it is hoped that it may be possible to recruit additional helpers in 1969.

The Wembley and Willesden Divisions of the British Red Cross Society continued their many and varied services during 1968 including visiting, chiropody, escorting on holidays and outings, and the loan of wheel-chairs and nursing equipment.

There are many afternoon clubs for the elderly run by voluntary organisations such as the League of Jewish Women (Friendship Clubs for the Jewish Elderly), the British Red Cross Society (Evergreen Clubs), the W.R.V.S. (Darby and Joan Clubs), the National Federation of Old Age Pensions Associations, Community Associations, Churches and private groups. Much voluntary work is done at these clubs and many additional activities, apart from the regular weekly meetings, are arranged.

LAUNDRY SERVICE FOR THE INCONTINENT AGED

A laundry service for the incontinent elderly continues to be 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. The service frequently operates in conjunction with the issue of free incontinence pads.

NO. OF OLD PEOPLE USING THE LAUNDRY SERVICE

On register 1.1.68	New Cases	Died	Admitted to Hospital	Discontinued	On register 31.12.68
55	79	19	25	25	65

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 the Park Royal area is discharged into the West Middlesex Main Drainage system.

The arrangements for sewage disposal are adequate and also those for sewerage with minor exceptions due to local flooding associated with severe storms.

REFUSE DISPOSAL

The Borough Engineer and Surveyor'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.

SWIMMING BATHS

The Borough Engineer and Surveyor 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:—

	<i>Capacity</i> (gallons)	<i>Time taken for water to</i> <i>pass through filters, etc.</i> (hours)
Granville Road Baths	145,000	4
Gladstone Park Swimming Pool	500,000	6
Willesden Sports Centre Swimming Pools (3)	532,000	6½
Kingsbury Swimming Pool	464,000	4½
Vale Farm Swimming Pool	400,000	5

339 samples were taken, of which 38 were unsatisfactory. (See Public Health Laboratory service page 36).

When samples were found to be unsatisfactory, immediate investigations were made and the various causes remedied.

SANITARY INSPECTION OF THE AREA

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

DEMOLITION AND CLOSING ORDERS

Demolition Orders were made by the Council in respect of property at 143 Watford Road, Wembley, and 10 High Street, Wembley.

A Closing Order was determined in respect of 54 Howard Road, N.W.2 (First Floor).

SLUM CLEARANCE AND AREA DEVELOPMENT

The High Court action concerning the South Kilburn (Extended) Area C.P.O. 1 was heard in the High Court in October, 1967. 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.

104 notices under section 15, Housing Act, 1961, requiring the provision of additional amenities and 111 directions under section 19 of the Act to overcome overcrowding in houses in multiple occupation were served. During 1967, the Department assumed responsibility for the provision of means of escape from fire in dwelling houses under Section 16 of the Housing Act, 1961. 56 notices were served during the current year.

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 28), and also details of new dwellings constructed during the year (Table 29).

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.

During the year, 923 cases were considered and awarded points, where appropriate, on medical grounds. In addition, 383 applications for transfer on medical grounds were dealt with.

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 the previous 2 years was maintained (Table 30).

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 31.

RENT ACT, 1957

Details of the applications received and the certificates issued up to the end of the year are shown in Table 32.

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 23 Smoke Control Orders in operation as shown in Table 33.

The Brent No. 5 (Preston Park) Order covering 662 acres with 4,593 dwellings and 235 commercial and other premises came into operation on 1st July, 1968.

The No. 6 (Willesden Green) Order was confirmed by the Minister of Housing and Local Government on 31st December, 1968, and will come into operation on 1st August, 1969. The Order covers 230 acres and contains 4,279 dwellings with 421 commercial and other premises.

The revised Smoke Control Area programme approved by the Council in the early part of the year was later curtailed for reasons of financial stringency. A new programme and completion date have yet to be decided.

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

Twenty 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 15 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 ten stallholders have qualified for certificates of such exemption.

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

For contraventions of the Regulation of 1960 and 1966, legal proceedings were authorised by the Council with the following results:—

Hawkers:

- (a) Two contraventions—Fined £12.0.0d. £10.10.0d. costs.
- (b) Four contraventions—Fined £60.0.0d. £15.15.0d. costs.
- (c) One contravention—Fined £5.0.0d. £2.2.0d. costs.
- (d) One contravention—Fined £10.0.0d. £3.3.0d. costs.

Premises:

- (e) Eight contraventions—Fined £24.0.0d. £1.1.0d. costs.

Persons:

- (f) One contravention—Fined £5.0.0d. £5.5.0d. costs.

INSPECTION OF POULTRY

There is no slaughtering of poultry carried out 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 193. 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 34). Twenty applications for registration were received during the year, 16 in respect of ice-cream and 4 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 41).

EDUCATION IN FOOD HYGIENE

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

FOOD UNFIT FOR HUMAN CONSUMPTION

Eleven cwt. forty-two 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 two slaughtermen are licensed to work in it. Particulars of inspections, carcasses inspected and condemned are shown in Table 38.

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.

Nine 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

Eighty-six complaints about foodstuffs were received from members of the public (Table 39). They alleged souring or decomposition, mouldiness, or the presence of dirt or foreign bodies including insects. Twenty-one of these complaints, although made in good faith, were found on professional examination of the foods to be not justified; seven were referred to other local authorities for attention; and it was decided to take no action in fourteen others. Of the remaining forty-four cases, the Council decided to send forty-one warning letters and to prosecute in three cases.

The results of the prosecutions and of two carried over from 1967 were:—

- (a) Insects in cereal—case dismissed. No order as to costs.
- (b) Dirty milk bottle—fined £10.0.0d. £3.3.0d. costs.
- (c) Mouldy croquette—conditional discharge. £10.10.0d. costs.
- (d) Dirty milk bottle—fined £15.0.0d. £5.5.0d. costs.
- (e) Mouldy fruit pie—fined £10.0.0d. £5.5.0d. 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 open food, any misdescription can be a contravention of the Food and Drugs Act. Certain packeted or canned food must, however, by the Labelling of Food Order, 1953, bear the 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.

713 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 25 instances.

Composition of Food

Of 858 samples taken, 192 were submitted to the Public Health Laboratory for bacteriological examination, 516 to the Public Analyst (9 taken formally), and 150 were examined in the Department (Table 40).

With regard to labelling contraventions, undertakings were received to amend 6 labels, the sale of 3 incorrectly labelled imported foods ceased, 4 warnings were given and 2 were the subject of legal proceedings.

Of the samples adversely reported upon as to composition, 3 resulted in the local stock being returned to wholesalers for condemnation, in 4 cases new recipes were adopted by the manufacturers, 3 led to prosecutions, 3 warnings were given, and no further action was practicable in 2 cases.

The following results were obtained in the prosecutions:—

- (a) Improper use of preservatives—case withdrawn.
- (b) Rancid ingredients in sausages (2)—case withdrawn.
- (c) Failure to label canned food correctly (2)—fined £10.0.0d. and £6.6.0d. 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.

There is no bottling plant in the Borough, but there are 259 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 41.

REGISTRATION OF HAWKERS

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

One hundred hawkers are on the current register (38 selling fruit and vegetables, 27 mobile canteens and hot dog vendors, 19 selling ice-cream, 5 fish, 2 cooked poultry, 2 groceries, 5 fish and chips, 1 bread and confectionery and 1 selling milk drinks). Eight were newly registered during the year.

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, two hawkers were prosecuted for trading whilst not being registered, resulting in fines of £16.0.0d. being imposed.

Many more cases would have been taken but for misleading information being given by individuals as to their names and addresses. In a number of cases addresses were found on subsequent enquiry to be obviously false and in four other instances the court officers were unable to serve summonses, one of which led to the withdrawal of a case owing to the non-appearance of a witness when costs of £10.10.0d. were awarded against the Council.

PUBLIC HEALTH LABORATORY SERVICE

(TABLE 41)

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

Specimens delivered to the Health and Welfare Department and the Health Clinics are collected and taken to the laboratory as 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 showed a reduction from last year. The inadequate cleansing of ice-cream churns revealed by bacteriological examination has been the subject of improvement.

The number of swimming bath water samples reported as being below the very high standard normally achieved, was greater than last year, but the majority occurred during a short period early in the year and were followed by satisfactory conditions for the rest of the season.

FACTORY INSPECTION

The Council supervise sanitary conveniences in all factories and in addition, cleanliness, overcrowding, temperature, ventilation and drainage of floors in non-power factories. Details of inspections and notices served, defects found and remedied, are given in Tables 42 and 43.

BASEMENT BAKEHOUSE

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. 145 were employed during the year, the largest number (93) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory (Table 44).

NOISE NUISANCE

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

Public Health Inspectors made 1,111 day and 10 night observations to determine whether complaints of noise nuisance were justified or not. 193 complaints were received during the year of which 58 were in respect of noise from industrial premises, 72 in respect of commercial premises and 63 domestic. 169 nuisances were abated and 2 were still being dealt with at the end of the year.

The noises objected to by complainants were wide and varied, and included those from factory processes, car delivery and repairs, unloading of milk churns, road breakers and compressors, launderettes, and inconsiderate neighbours.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

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

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

There are seven premises on the register, three of which are outworkers undertaking work for one of the registered premises.

The result of a repeat sample of new pure curled hair which was still outstanding at the end of the previous year revealed a problem relating to the tests made on these samples. After correspondence with the manufacturers and the Retail Trading Standards Association concerning the failure of repeated samples to meet the requirements of the Regulations, the Association stated that the materials used to assess total and/or soluble extracted matter may under certain circumstances extract substances which are not dirty, or impurities.

The Prescribed Analyst states that the samples of curled hair would be regarded as clean by a reasonable person, but due to processing variations, an artificially high total extracted matter resulted.

Two samples have been taken during the year, the results of which were satisfactory.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

The Act 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 45.

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 with hot and cold water supply, 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 46 and the defects found and remedied in Table 47.

As the contraventions found were either complied with or were being dealt with, no prosecutions were instituted by the Council during 1968.

Under Section 46 of the Act the Council have powers 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.

Employers are required to notify to Local Authorities accidents to employees which cause the death of the injured person or disables him for more than three days from doing his usual work. One fatal and 54 non-fatal accidents were notified, an analysis of their causation and injuries sustained is shown in Table 48. The fatal accident was not due to any requirements of the Act being disobeyed. 43 of the accidents were investigated but no prosecutions were instituted. Five employers received formal warning, 19 informal advice, and no action necessary in the remaining cases.

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	...	...	...	...	387
Borough Council Properties	...	...	...	...	124
Private Dwellings	...	...	...	...	2,954
Total	...	...	...	...	3,465

The cost of disinfestation of business premises amounted to £729.0.9d., 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, 57 drains were subject to smoke test and in 25 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. Regular systematic treatment by the Contractor resulted in 467 birds being destroyed, and the problem is now under control.

UNCLEANLINESS AND SCABIES

(TABLE 49)

Treatment for scabies, lice and nits continued at Stonebridge Clinic. As compared with 1967, there has been a decrease in the number of cases treated for scabies (114 in 1967 to 89 in 1968), the decrease being almost entirely among adults. The number of cases treated for lice and nits (41) remained almost the same as in 1967 (39).

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 disinfestation (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 decreased from 97 in 1967 to 72 in 1968. This number is 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 decrease in the number of wasps nests treated, 277 in 1967, 34 in 1968. A further 35 complaints were given suitable advice, 13 of these concerning swarms of bees.

PUBLIC MORTUARY

During the year, Home Office pathologists performed post mortem examinations on 796 bodies in the Town Hall Mortuary, followed by an inquest in 162 cases. All the inquests were held in accommodation provided by the London Borough of Barnet at Avenue House, East End Road, Finchley, N.3.

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

CAUSES OF DEATH

											Males	Females	Total
B.1	Cholera	...	...	...	...	...	...	...	...	...	—	—	—
B.2	Typhoid fever	...	...	...	...	...	...	...	...	...	—	—	—
B.3	Bacillary dysentery and amoebiasis	...	...	...	...	...	...	...	...	...	—	—	—
B.4	Enteritis and other diarrhoeal diseases	...	...	...	...	...	...	...	...	...	3	2	5
B.5	Tuberculosis of respiratory system	...	...	...	...	...	...	...	...	...	9	2	11
B.6	Other tuberculosis, incl. late effects	...	...	...	...	...	...	...	...	...	4	1	5
B.7	Plague	...	...	...	...	...	...	...	...	...	—	—	—
B.8	Diphtheria	...	...	...	...	...	...	...	...	...	—	—	—
B.9	Whooping cough	...	...	...	...	...	...	...	...	...	—	—	—
B.10	Streptococcal sore throat and scarlet fever	...	...	...	...	...	...	...	...	...	—	—	—
B.11	Meningococcal infection	...	...	...	...	...	...	...	...	...	—	1	1
B.12	Acute poliomyelitis	...	...	...	...	...	...	...	...	...	—	—	—
B.13	Smallpox	...	...	...	...	...	...	...	...	...	—	—	—
B.14	Measles	...	...	...	...	...	...	...	...	...	—	—	—
B.15	Typhus and other rickettsioses	...	...	...	...	...	...	...	...	...	—	—	—
B.16	Malaria	...	...	...	...	...	...	...	...	...	—	—	—
B.17	Syphilis and its sequelae	...	...	...	...	...	...	...	...	...	2	—	2
B.18	Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	4	3	7
B.19(1)	Malignant neoplasm—stomach	...	...	...	...	...	...	...	...	...	31	34	65
B.19(2)	Malignant neoplasm—lung, bronchus	...	...	...	...	...	...	...	...	...	148	31	179
B.19(3)	Malignant neoplasm—breast	...	...	...	...	...	...	...	...	...	—	51	51
B.19(4)	Malignant neoplasm—uterus	...	...	...	...	...	...	...	...	...	—	35	35
B.19(5)	Leukaemia	...	...	...	...	...	...	...	...	...	7	6	13
B.19(6)	Other malignant neoplasms, etc.	...	...	...	...	...	...	...	...	...	135	142	277
B.20	Benign and unspecified neoplasms	...	...	...	...	...	...	...	...	...	4	4	8
B.21	Diabetes mellitus	...	...	...	...	...	...	...	...	...	9	21	30
B.22	Avitaminoses and other nutritional deficiency...	...	...	...	...	...	...	...	...	...	—	—	—
B.46(1)	Other endocrine, etc., diseases	...	...	...	...	...	...	...	...	...	3	8	11
B.23	Anaemias	...	...	...	...	...	...	...	...	...	2	8	10
B.46(2)	Other diseases of blood, etc.	...	...	...	...	...	...	...	...	...	1	2	3
B.46(3)	Mental disorders	...	...	...	...	...	...	...	...	...	1	4	5
B.24	Meningitis	...	...	...	...	...	...	...	...	...	1	2	3
B.46(4)	Other diseases of nervous system, etc.	...	...	...	...	...	...	...	...	...	9	20	29
B.25	Active rheumatic fever	...	...	...	...	...	...	...	...	...	—	1	1
B.26	Chronic Rheumatic heart disease	...	...	...	...	...	...	...	...	...	20	26	46
B.27	Hypertensive disease	...	...	...	...	...	...	...	...	...	36	33	69
B.28	Ischaemic heart disease	...	...	...	...	...	...	...	...	...	397	259	656
B.29	Other forms of heart disease	...	...	...	...	...	...	...	...	...	56	101	157
B.30	Cerebrovascular disease	...	...	...	...	...	...	...	...	...	123	178	301
B.46(5)	Other diseases of the circulatory system	...	...	...	...	...	...	...	...	...	59	80	139
B.31	Influenza	...	...	...	...	...	...	...	...	...	7	10	17
B.32	Pneumonia	...	...	...	...	...	...	...	...	...	95	128	223

		Males	Females	Total
B.33(1)	Bronchitis, emphysema	118	42	160
B.33(2)	Asthma	3	4	7
B.46(6)	Other diseases of the respiratory system	25	10	35
B.34	Peptic ulcer	12	7	19
B.35	Appendicitis	—	—	—
B.36	Intestinal obstruction and hernia	4	7	11
B.37	Cirrhosis of liver	2	5	7
B.46(7)	Other diseases of digestive system	15	23	38
B.38	Nephritis and nephrosis	5	3	8
B.39	Hyperplasia of prostate	8	—	8
B.46(8)	Other diseases of the genito-urinary system	5	11	16
B.40	Abortion	—	2	2
B.41	Other complications of pregnancy, etc.	—	—	—
B.46(9)	Diseases of skin and subcutaneous tissue	—	1	1
B.46(10)	Diseases of musculo-skeletal system	6	8	14
B.42	Congenital anomalies	20	13	33
B.43	Birth injury, difficult labour, etc.	20	18	38
B.44	Other causes of perinatal mortality	19	18	37
B.45	Symptoms and ill-defined conditions	1	3	4
BE.47	Motor vehicle accidents	23	13	36
BE.48	All other accidents	25	14	39
BE.49	Suicide and self-inflicted injuries	17	19	36
BE.50	All other external causes	2	7	9
TOTAL		1,496	1,421	2,917

TABLE 2

MAIN CAUSES OF DEATH AND RATES PER 1,000 POPULATION

CAUSE	No.	Rate per 1,000 population
Diseases of the circulatory system (active rheumatic fever, heart disease, hypertensive disease, cerebro-vascular disease, etc.)	1,369	4.8
Malignant neoplasms	620	2.2
Diseases of the respiratory system (influenza, pneumonia, bronchitis and emphysema, asthma, etc.)	442	1.5
Violent deaths (motor vehicle accident, all other accidents, suicides and self-inflicted injuries, all other external causes)	120	0.4
Other causes	366	1.3
TOTALS:	2,917	10.2

TABLE 3

INFANT MORTALITY — CAUSES

	Neo-natal	1-12 months	Total
Enteritis and other diarrhoeal diseases	1	1	2
Malignant neoplasms	—	1	1
Benign and unspecified neoplasms	—	1	1
Endocrine, etc., diseases	—	1	1
Diseases of blood	—	1	1
Meningitis	1	1	2
Pneumonia	7	11	18
Bronchitis and emphysema	—	1	1
Other diseases of respiratory system	—	5	5
Peptic ulcer	—	1	1
Intestinal obstruction and hernia	1	—	1
Other diseases of digestive system	—	1	1
Congenital anomalies	12	9	21
Birth injury, difficult labour and other anoxic and hypoxic conditions	38	—	38
Other causes of perinatal mortality	37	—	37
All other accidents	—	3	3
TOTALS :	97	37	134

TABLE 4

INFECTIOUS DISEASES

	1968 (1967 in brackets)	
	Notified	Confirmed
Diphtheria	— (2)	— (2)
Dysentery	35 (130)	33 (120)
† Erysipelas	7 (6)	7 (6)
Encephalitis Post Infectious	— (1)	— (1)
Food Poisoning	55 (43)	35 (39)
* Infective Jaundice	52 (—)	51 (—)
Malaria	1 (—)	1 (—)
Measles	1,367 (2,564)	1,367 (2,564)
Meningococcal Infection... ..	6 (5)	5 (3)
Ophthalmia Neonatorum	4 (2)	4 (2)
† Pneumonia	31 (33)	31 (33)
† Puerperal Pyrexia	71 (65)	71 (65)
Scarlet Fever	83 (124)	83 (124)
Typhoid Fever	2 (3)	2 (3)
Whooping Cough	111 (163)	111 (163)

* Notifiable as from 1st June, 1968.

† Ceased to be notifiable from 1st October, 1968.

TABLE 5

PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined	179	960
Number required treatment	162	611
Number of new cases commenced treatment	161	603
Dentally fit	296	333
Extractions	84	451
Fillings	503	1,556
Scaling and gum treatment	93	42
Silver nitrate dressings	—	73
Dentures	29	—
Number of attendances	624	1,605

TABLE 6

DAY NURSERIES: ATTENDANCES

Nursery	Approved places		Children on register at 31.12.68		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	22	32	5,764	6,025	46
Evefield	25	25	18	37	4,060	6,321	41
Gladstone Park	25	25	28	26	5,764	5,558	44
Kilburn	25	25	19	34	3,508	7,711	44
Longstone Avenue	25	25	26	28	5,487	5,893	45
Mortimer Road	25	25	—	8	600	3,521	16
Princes Avenue	25	25	6	35	2,537	8,080	42
Vale Farm	25	25	—	13	1,944	3,201	20
Villiers Road	25	25	16	37	3,839	6,996	42
Wesley Road	15	25	15	30	3,018	6,333	37
William Dunbar	25	25	26	25	5,789	5,690	45
Shoot-up Hill	25	25	26	20	1,880	1,292	18
TOTALS:	290	300	202	325	44,190	66,621	440

TABLE 7

DAY NURSERIES: WAITING LIST

Nursery	1.1.68	31.12.68
Essex Road	23	28
Evefield	—	14
Gladstone Park	16	15
Kilburn	26	27
Longstone Avenue	29	64
Mortimer Road	70	31
Princes Avenue	2	23
Vale Farm	37	48
Villiers Road	9	35
Wesley Road	15	24
William Dunbar	33	23
Shoot-up Hill	—	7
TOTALS:	260	339

TABLE 8

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

Total number of beds	12
Total number of cots	12
Average length of stay—ante-natal	73 days
Average length of stay—post-natal	34 days
Total number of women admitted during the year (excluding re-admissions after confinement)	71
Number of admissions for which Council accepted financial responsibility	43
Number of cases sent to mother and baby homes other than "Belle Vue" during year:—	
Expectant mothers	66
Post-natal cases	

CONGENITAL MALFORMATIONS

TABLE 9

SUMMARY OF NOTIFICATIONS

(i)	Number of notifications received during year	112
(ii)	Number of live births included in (i) above	103
(iii)	Number of stillbirths included in (i) above	9
	Macerated	2
	Others	7
(iv)	Number of children with multiple malformations	11

TABLE 10

ANALYSIS OF MALFORMATIONS NOTIFIED

Code No.	Classification	Number of cases	Code No.	Classification	Number of cases
0	Central Nervous System		6	Limbs	
·1	Anencephalus	6	·0	Polydactyly	9
·4	Hydrocephalus	4	·1	Syndactyly	1
·5	Microcephalus	1	·5	Talipes	27
·8	Spina bifida	4	·6	Congenital discoloration of hip	3
1	Eye and Ear		·7	Unspecified malformations of upper limb or shoulder	6
·9	Other specified malformations of ear	2	·8	Unspecified malformations of leg or pelvis	7
2	Alimentary system		8	Other systems	
·1	Cleft lip	2	·1	Other malformations of face and neck	3
·2	Cleft palate	3	·3	Pigmented naevus	1
3	Heart and Great Vessels		·6	Unspecified malformations of hair, nails or teeth	1
·0	Unspecified malformations of heart and great vessels	2	·9	Exomphalos	1
·9	Specified malformations of heart and great vessels	2	9	Other malformations	
5	Uro-genital system		·0	Unspecified congenital malformations	4
·0	Unspecified malformations of uro-genital organs	4	·5	Other syndromes specified due to chromosomal abnormality	4
·1	Indeterminate sex	1	·6	Downs syndrome (mongolism)	1
·2	Undescended testicle	1			
·3	Hydrocele	2			
·5	Malformations of female vagina and external genitalia	2			
·7	Nypospadiis	8			

TABLE 11

MIDWIFERY SERVICE

Deliveries attended: —	
Doctor not booked, doctor present	13
Doctor not booked, doctor not present	30
Doctor booked, doctor present	130
Doctor booked, doctor not present	197
Number of home booked cases transferred to hospital before confinement	64
Cases in which analgesia was administered: —	
Gas and air	31
Trilene	235
Pethilorfan	128
Number of times Emergency Transfusion Service used	7
Visits paid: —	
Ante-natal	4,865
During labour	742
Nursing domiciliary confinements	5,901
Nursing institutional discharges	2,807
Clinic Sessions Attended: —	
Ante-natal	834
General practitioners' clinics	8
Relaxation	42
Mothercraft	32
Number of cases in which medical aid was called by midwife	27

TABLE 12

CHIROPODY SERVICE

Number of persons treated during the year.

	By Local Authority	By Voluntary Organisations	Total
Elderly Persons	3,488	195	3,683
Expectant and Nursing Mothers	31	—	31
Children under 5	12	—	12
Others (Physically handicapped who are not old age pensioners)	41	—	41
Total	3,572	195	3,767

Number of treatments given during the year.

	By Local Authority	By Voluntary Organisations	Total
In Clinics	10,200	1,112	11,312
In patients' homes	5,893	657	6,550
In old peoples' homes	1,961	—	1,961
In chiropodists' surgeries	4,252	—	4,252
Total	22,306	1,769	24,075

Number of local authority clinic sessions — 1,690

TABLE 13

TUBERCULOSIS: NEW CASES AND DEATHS BY AGE GROUPS

(Deaths in brackets—figures under non-respiratory include deaths from late effects)

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 (—)	— (—)	4 (1)	— (—)
45 to 54	4 (1)	2 (1)	1 (2)	1 (—)
55 to 64	6 (3)	2 (—)	1 (—)	2 (—)
65 and upwards	6 (5)	2 (1)	— (1)	— (1)
Totals:	40 (9)	20 (2)	10 (4)	5 (1)

TABLE 14

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	—	—	—	—	1,284	942
(b) Persons who were given X-ray examination only	—	—	—	—	2,239	1,850
Number of persons found to be tuberculous during the year, including new contacts shown below	74	50	32	20	106	70
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination	—	—	—	—	281	264
(b) Contacts who were given X-ray examination only	—	—	—	—	362	315
Number found to be tuberculous	6	6	—	—	6	6
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	312	207

TABLE 15
TUBERCULOSIS: NOTIFIED CASES AND DEATHS

Year	Population	New Cases			Deaths			Cases on Register		
		Pulmonary	Non-pulmonary	All forms	Pulmonary	Other Tuberculosis including late effects	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
1968	284,460	51	37	88	11	5	16	1,941	411	2,352

TABLE 16
TUBERCULOSIS: CASE RATE AND DEATH RATE

Year	Population	New Cases Rate per 100,000 Population			Deaths Rate per 100,000 Population		
		Pulmonary	Non-pulmonary	All forms	Pulmonary	Other Tuberculosis including late effects	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
1968	284,460	18	13	31	4	1	5

TABLE 17
VENEREAL DISEASE

Treatment Centre	Number of new cases in 1968				
	Totals all Venereal Conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
		Primary and Secondary	Other		
St. Thomas' Hospital, S.E.1	52	1	1	10	40
Whitechapel Clinic, E.1	57	—	—	13	44
Central Middlesex Hospital, N.W.10	1,131	5	57	231	838
Westminster Hospital, S.W.1	29	1	—	7	21
St. Mary's Hospital, W.2	892	11	10	222	649
Seamen's Hospital, Greenwich	1	—	—	—	1
TOTALS	2,162	18	68	483	1,593

TABLE 18

MENTAL HEALTH

PATIENTS UNDER LOCAL AUTHORITY CARE AT 31st DECEMBER, 1968

	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, 1968	4	5	378	685	1,072	137	75	185	177	574
2 Attending training centre or day centre	—	—	12	23	35	69	38	51	44	202*
3 Awaiting entry thereto	—	—	1	4	5	30	14	28	27	99
4 Receiving home training	—	—	—	—	—	—	—	—	—	—
5 Awaiting home training	—	—	—	—	—	—	—	—	—	—
6 Resident in L.A. home/hostel	—	—	9	10	19	—	—	7	—	7
7 Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—
8 Resident at L.A. expense in other homes/hostels	—	—	5	6	11	10	2	3	11	26
9 Resident at L.A. expense by boarding out in private household	—	—	1	—	1	9	2	7	4	22
10 Attending day hospitals	—	—	—	—	—	—	—	—	—	—
11 Receiving home visits and not included in lines 2—10	3	5	326	635	969	24	19	89	81	213
No. of patients in L.A. area on waiting list for admission to hospital at 31.12.68										
In urgent need of hospital care	—	—	—	—	—	19	6	2	6	33
Not in urgent need of hospital care	—	—	—	—	—	10	2	1	3	16
No. of admissions for temporary residential care (e.g. to relieve the family) during 1968 to N.H.S. Hospitals	—	—	—	—	—	53	17	3	4	77
Elsewhere	—	—	—	—	—	3	5	1	4	13

* Includes patients attending centres administered by other local authorities.

TABLE 19

NUMBER OF PATIENTS REFERRED DURING YEAR ENDED 31st DECEMBER, 1968

	Mentally ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	—	3	90	170	263	—	—	1	1	2
Hospitals, on discharge from in-patient treatment	—	—	71	102	173	—	—	3	2	5
Hospitals, after or during out-patient or day treatment	1	—	38	68	107	9	7	—	—	16
Local education authorities	—	—	—	—	—	11	2	6	6	25
Police and courts	1	—	19	19	39	—	—	—	—	—
Other sources	—	—	89	163	252	15	9	7	2	33
Total	2	3	307	522	834	35	18	17	11	81

TABLE 20

WORK OF MENTAL WELFARE OFFICERS AND MENTAL HEALTH SOCIAL WORKERS

(a) Mental Illness:

Visits made by mental welfare officers	4,061
Compulsory admissions to psychiatric hospitals by mental welfare officers	195
Informal admission to psychiatric hospitals by mental welfare officers	196

(b) Mental sub-normality:

Visits to those under Council's community care by mental welfare officers and mental health social workers	1,914
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WELFARE OF THE BLIND

TABLE 21

CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUPS

Age Group	No.
Under 5	3
5 — 15	11
16 — 20	8
21 — 29	21
30 — 39	20
40 — 49	42
50 — 59	68
60 — 64	52
65 — 69	50
70 — 79	131
80 — 84	66
85 — 89	41
90 and over	38
Total	551

TABLE 22

AGE AT ONSET OF BLINDNESS

Age Group	No.
Birth	74
1 — 15	54
16 — 20	17
21 — 29	23
30 — 39	27
40 — 49	48
50 — 59	60
60 — 64	45
65 — 69	42
70 — 79	97
80 — 84	28
85 — 89	16
90 and over	6
Unknown	14
Total	551

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 Managers	2
Typists, Shorthand Typists	8
Braille Copyists, Proof Readers	2
Clerical Workers	2
Telephone Operators	9
Shop Manager	1
Shop Assistant	1
Machine Tool Operators	5
Fitters and Assemblers	6
Boxers, Fillers, Packers	8
Warehousemen, Storekeepers	4
Knitters (machine)	7
Mattress Makers	8
Basket Makers	7
Chair Seaters	2
Brush Maker	1
Piano Tuners	7
Craftsmen and Production Process Workers	11
Labourers	7
Domestic/Canteen Workers, Cleaners	5
Launderer, Dry Cleaner	1
Miscellaneous Workers	5
Total	114

WELFARE OF THE HANDICAPPED

TABLE 24

REGISTRATIONS

Age	Sex	Number of persons on register at 31st December, 1968					Number of persons whose names were added to the register during the year ended 31st December, 1968				
		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	—	2	—	5	7	—	—	—	2	2
	F	—	—	—	5	5	—	—	—	2	2
16—29	M	1	26	1	24	52	1	2	1	5	9
	F	—	8	2	16	26	—	3	1	4	8
30—49	M	4	19	—	55	78	—	2	—	8	10
	F	4	16	—	67	87	—	2	—	16	18
50—64	M	3	8	3	114	128	—	—	2	23	25
	F	6	14	3	168	191	1	—	—	40	41
65 or over.....	M	1	5	7	137	150	—	—	3	44	47
	F	9	3	8	380	400	1	—	4	108	113
Total		28	101	24	971	1,124	3	9	11	252	275

TABLE 25

GENERAL CLASSES—ANALYSIS OF DISABILITIES

Disability	Age					Total
	Under 16	16 - 29	30 - 49	50 - 64	65 and over	
Amputations	2	—	4	12	28	46
Arthritis and rheumatism	—	—	25	80	279	384
Congenital malformations and deformities	1	—	2	1	3	7
Diseases of digestive and genito-urinary systems	—	—	2	3	4	9
Diseases of the heart or circulatory systems	—	1	1	29	60	91
Diseases of the respiratory system (other than tuberculosis)	1	1	3	23	36	64
Diseases of the skin	—	—	—	—	—	—
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk	—	—	1	3	6	10
Injuries or diseases (other than tuberculosis) of the upper and lower limbs, and of the spine	—	3	10	10	52	75
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis	9	39	73	151	113	385
Neuroses, psychoses and other nervous and mental disorders	—	—	1	3	—	4
Tuberculosis (respiratory)	—	—	1	2	—	3
Tuberculosis (non-respiratory)	—	—	1	2	1	4
Diseases and injuries not specified above	—	1	6	17	20	44
Total	13	45	130	336	602	1,126*

* 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	—	9	23	31	1	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	—	3	6	10	—	19
(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	—	12	7	1	1	21
(d) Handicapped persons (other than children) who are incapable of, or not available for work	—	16	86	240	515	857
(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	10	—	—	—	—	10
Total	10	40	122	282	517	971

**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	3,024
Dwellings—re-inspected	8,510
Visits re accumulations	1,528
Visits re Vermin	346
Visits re improper keeping of animals	160
Other nuisances including rats	2,531
Other Visits	1,150

Housing Acts

House-to-house—inspections	77
House-to-house—re-inspections	1,551
Individual houses—inspected	154
Individual houses—re-inspected	349
Houses in multiple occ.—inspected	244
Houses in multiple occ.—re-inspected	2,733
Basement rooms inspected	37
Overcrowding visits	206
Imp. and standard grant inspections	158
Houses inspected—special surveys	36
Other Visits	674

Rent Act

Dwellings—inspected	20
Dwellings—re-inspected	37
Other Visits	23

Factories Act

Power factories—inspected	1,827
Power factories—re-inspected	252
Non-power factories—inspected	62
Non-power factories—re-inspected	4
Outworkers' rooms inspected	283
Other visits—building sites	17
Basement bakehouses, etc.	

Food and Drugs Act

Premises—inspected	5,416
Premises—re-inspected	1,633
Visits re unsound food	54
Visits re contaminated food	180
Formal and informal sampling	438
Visits re labelling of food	369
Visits re Merchandise Marks Act	713

Clean Air Act

Boiler plant inspected	80
Premises inspected in SCAs.	5,612
Other visits in SCAs.	66
Visits re nuisance from smoke, etc.	1,121
Smoke observations	201

Offices and Shops Act

General inspection—office	1,318
General inspection—retail shop	935
General inspection—wholesale/warehouse	148
General inspection—catering establishment	256
General inspection—fuel storage depot	2
Re-inspections	348
Other Visits	218

Infectious Disease

Cases investigated	284
Contacts followed up	358
Food poisoning enquiries	85
Other visits	129

Miscellaneous

Aged persons	51
Attendance at Court or Inquiries	131
Drainage inspections	1,919
Massage, etc. establishments inspected	52
Noise nuisance investigations	1,111
Places of entertainment inspected	73
Rag, flock, etc. premises inspected	11
Unsuccessful visits	7,335
All other visits	1,444
Food Hawkers	349

TABLE 28

OVERCROWDING

(a) Dwellings overcrowded at the end of the year	988
(b) Overcrowding relieved during the year	306
(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	51
(ii) Persons	210
(e) Section 80, Housing Act, 1957—licences issued	2

TABLE 29

NEW DWELLINGS 1968

	Houses	Flats
Dwellings built by private builders (excluding those built by the police authorities)	42	184
Built by local authority	106	472
Applicants on Council's waiting list 31.12.68		6,641

TABLE 30

NOTICES SERVED

(including Housing Survey)

Intimation notices served	589
Intimation notices complied with	479
Statutory notices served (Public Health Act, 1936)	1,200
Statutory notices complied with (Public Health Act, 1936)	982
Statutory notices served (Public Health Act, 1961)	104
Statutory notices complied with (Public Health Act, 1961)	103
Statutory notices served (Shops Act, 1950)	—
Statutory notices complied with (Shops Act, 1950)	—
Statutory notices served (Prevention of Damage by Pests Act, 1949)	18
Statutory notices complied with (Prevention of Damage by Pests Act, 1949)	18
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)	24
Statutory notices complied with Housing Act, 1957 (Section 9)	12
Statutory notices served Housing Act, 1961 (Section 15)	104
Statutory notices complied with Housing Act, 1961 (Section 15)	63
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93)	229
Referred for work to be carried out in default of owners	153

TABLE 31

NUISANCES ABATED AND IMPROVEMENTS EFFECTED

Dwelling Houses, Water Supply and Service

New cisterns provided	1
Cisterns repaired/renewed	110
Cisterns cleansed/covered	3
Draw taps placed on mains	1
Water supply re-instated	20

Drainage and Sewerage

W.C.'s—pans and traps renewed	94
W.C.'s—cleansed/repared	124
W.C.'s—add. accom. provided	8
W.C.'s—ventilation improved	3
Drains—reconstructed	3
Drains—examined, tested, exposed	57
Drains—cleared, repaired	192
Soil pipes or vent shafts repaired	114
New soil pipes or vent shafts fixed	5
Disconnecting traps or chambers inserted	2
New manhole covers	20

Other Defects

Brickwork repaired/repointed	457
Dampness remedied—D.P. course	551
Dampness remedied—others	12
Exterior paintwork repainted	81
Fireplaces/ranges repaired or renewed	26
Flooring and other woodwork rep./ren.	736
Floor (solid) repaired	18
Floors—add. vent. provided	—
Food stores—ventilation provided	1
Gutters, R.W.Ps., waste pipes repaired	824
Overcrowding abated	5
Plastering repaired/renewed (rooms)	1,035
Refuse accumulations removed	19
Roofs repaired/renewed	672
Sinks—additional provided	69
Sinks—repaired/renewed	53
Flues repaired	1
Staircases, passages—cleansed	3
Staircases, passages—repaired	39
Walls and ceilings—cleansed	295
Walls and ceilings—repaired	157
Windows repaired	1,130
Other defects	569

Courts, Forecourts, Yards

Nuisances abated	46
Paving repaired/relaid	89
Accumulations removed	256

Verminous Articles and Premises

Premises disinfested	5
Articles disinfested/destroyed	—

Animals

Nuisances abated	13
------------------	----

Offices and Shops

Ventilation—provided and/or maintained	16
Temperature—reasonable prov./maintained	12
W.C.'s—cleansed/repaired	44
W.C.'s—add. acc. provided	5
Lighting—suitable and sufficient provided	32
Other nuisances abated	254

Miscellaneous

Nuisances abated	60
Smoke nuisances abated	11
Hot water provided in dwelling house	338
Cookers	39
Baths	21
Food store	201
Cold water	74

TABLE 32

RENT ACT 1957

CERTIFICATES OF DISREPAIR

Applications (Form I) received and investigated	11
Agreed and proposal to issue Certificate of Disrepair (Form J) served	11
Refused	—
Undertakings (Form K) received from landlords	4
Accepted	4
Refused	—
Certificate of Disrepair (Form L) issued	7
Applications received for cancellation of Certificates of Disrepair (Form M)	6
Granted	3
Refused	3

TABLE 33

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
Brent No. 5	1. 7.68	662	4,593	235
Total	—	6,725.3	58,631	3,733

TABLE 34

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

Types of Food Premises	No.	Food Hygiene (General) Regulations, 1960		
		No. fitted to comply with Reg. 16 (provision of wash-hand basins)	No. to which Reg. 19 applies (facilities for washing food and equipment)	No. fitted to comply with Reg. 19
Baker	26	26	26	26
Bread and Confectionery	70	70	70	70
Dairy	9	9	9	9
Butcher	175	175	175	175
Grocer and General Store	379	379	379	379
Fishmonger and Fish Fryer	68	68	68	68
Cafe and Restaurant	245	245	245	245
Greengrocer and Fruiterer	197	197	197	197
Ice Cream and Sweet Shop	334	334	193	193
Food Stall	102	—	—	—
Public House	78	78	78	78
Works Canteen	186	186	186	186
School Canteen	71	71	71	71
Food Factory	14	14	14	14
Other Food Premises	56	56	46	46
Totals	2,010	1,908	1,757	1,757

INSPECTIONS AND REVISITS

Inspections: 6,716
 Revisits: 1,633

Total: 8,349

TABLE 35

Premises unsatisfactory on 31.12.67 118
 Unsatisfactory during the year 642
 Premises made satisfactory during year 600
 Unsatisfactory 31.12.68 160

TABLE 36

FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.67	Found during the year	Total	Remedied during year	Outstanding at 31.12.68
1. Inadequate lighting and ventilation	5	17	22	10	12
2. Inadequate washing facilities	64	130	194	104	90
3. Inadequate refuse storage	23	117	140	104	36
4. Unsatisfactory or insufficient sanitary accommodation	68	93	161	96	65
5. Inadequate storage accommodation	46	40	86	28	58
6. Defective walls, ceilings or floors	103	164	267	127	140
7. Dirty walls, ceilings or floors	104	279	383	242	141
8. Inadequate first aid materials	31	87	118	77	41
9. Unsatisfactory conditions	11	33	44	16	28
10. Any other defects	27	234	261	125	136
Totals	482	1,194	1,676	929	747

TABLE 37

FOOD PREMISES: REGISTRATION

	Premises on register 31.12.67	Applications received	Applications granted	Applications refused	Premises removed from register during 1968	Total on register at 31.12.68
(1) Sale and storage of ice cream —	624	16	16	—	8	632
(2) Manufacture of ice cream —	10	—	—	—	—	10
(3) Manufacture of preserved food —	212	4	4	—	—	216

TABLE 38

SLAUGHTERHOUSE

CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	52	—	—	376	—
Number inspected	52	—	—	376	—
All diseases except tuberculosis and cysticerci: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	10	—	—	14	—
Percentage of the number inspected affected with disease other than tuberculosis and cysti- cerci	19.2	—	—	3.7	—
Tuberculosis only: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	—
Cysticercosis: —					
Carcasses of which some part or organ was condemned	—	—	—	—	—
Carcasses submitted to treatment by refrigera- tion	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

TABLE 39

CONTAMINATED FOOD COMPLAINTS

Foodstuff	Dirt or Foreign Bodies	Insects	Mould	Souring or other unfitness
Bread and flour confectionery	17 (4)	—	1	3 (3)
Milk, cream and yogurt	7	—	2	3 (1)
Meat and meat products	2 (2)	1	1	6 (2)
Canned foods	4 (1)	1	—	5 (3)
Bottled foods	1	—	—	—
Cereals	3	—	—	—
Pies	1 (1)	3	3	—
Cheese	—	1	2	—
Butter and margarine	2	—	—	—
Wines and beer	2	—	—	1 (1)
Frozen food	—	—	—	1
Sweets	1	—	—	—
Fruit and vegetables	1	—	—	4 (3)
Beverages	—	3	—	—
Fish	—	—	2	1
Eggs	—	—	—	1
TOTALS	41	9	11	25

Figures in brackets indicate complaints not confirmed.

TABLE 40

SAMPLING OF FOOD AND DRUGS

Articles	Total procured	Unsatisfactory	
		Labelling	Composition
Milk	4	—	—
Milk (condensed and dried)	5	—	—
Creams and yogurt	14	1	2
Ice cream	7	—	—
Meat and meat products	93	1	3
Meat pies	54	—	1
Butter, margarine and fats	15	—	—
Bread, flour and cereals	18	1	—
Fish and fish pastes	19	—	2
Cakes, biscuits, mixtures and fillings	12	—	—
Fruit juices, syrups and soft drinks	48	3	—
Spirits, wine, beer	18	1	—
Coffee, tea and beverages	23	—	—
Sweets and chewing compounds	27	—	2
Fruit and vegetables	109	7	1
Curries, spices and flavourings	24	—	1
Vinegar, pickles and sauces	56	—	2
Cheese and spreads	32	1	—
Jams, jellies and preserves	36	—	—
Drugs	38	—	—
Soups and mixes	9	—	1
Miscellaneous	5	—	—
TOTALS	666	15	15

TABLE 41

BACTERIOLOGICAL EXAMINATION OF MILK, ICE CREAM AND WATER

Milk examinations—73

	Schools	Dealers' premises			Total
	Pasteurised	Pasteurised	Sterilised	U.H.T.	
Samples	26	36	8	3	73
Satisfactory	26	36	8	3	73
Unsatisfactory	Nil	Nil	Nil	Nil	Nil

Ice cream examinations—67

Grade 1	Grade 2	Grade 3	Grade 4	Total
32	19	9	7	67

Water examinations—340

	Domestic supplies	Swimming pools	Paddling pool	Total
Samples	1	333	6	340
Satisfactory	1	296	5	302
Unsatisfactory	Nil	37	1	38

Examinations of cleansed ice cream churns—25

Satisfactory (under 50,000 colonies)	Fairly satisfactory (50,000—250,000 colonies)	Unsatisfactory (250,000 + colonies)	Total
20	4	1	25

FACTORIES

TABLE 42

ON REGISTER AND INSPECTIONS

	No. on register	Inspections	Written notices	Occupiers prosecuted
Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authority	29	89	2	—
Factories not included above in which section 7 is enforced by the local authority	949	1,817	78	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers premises)	8	6	—	—
Total	986	1,912	80	—

TABLE 43

DEFECTS FOUND

	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (sec. 1)	8	8	—	—	—
Overcrowding (sec. 2)	—	—	—	—	—
Unreasonable temperature (sec. 3)	1	1	—	—	—
Inadequate ventilation (sec. 4)	2	2	—	—	—
Ineffective drainage of floors (sec. 6)	1	—	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient	5	2	—	—	—
(b) Unsuitable or defective	74	70	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)	—	1*	—	—	—
Total	91	84	—	—	—

* One defect outstanding from previous year.

TABLE 44

OUTWORKERS

Nature of Work	No. of outworkers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.)	93	—	—
Handbags	5	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	7	—	—
Christmas crackers	3	—	—
Brass articles	1	—	—
Stuffed toys	6	—	—
Brush making	1	—	—
Packeting or boxing of buttons, pins, etc.	4	—	—
Ladies' Belts	3	—	—
Fancy Goods	1	—	—
Millinery	6	—	—
Lampshades	11	—	—
Wigs	2	—	—
Metal Boxes	1	—	—
Artificial Flowers	1	—	—
Total	145	—	—

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

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE 45

REGISTRATION OF PREMISES AND ANALYSIS OF PERSONS EMPLOYED

Class	No. of premises registered during the year	Total No. of registered premises at end of year	No. of persons employed
Offices	72	765	13,008
Retail Shops	30	691	4,009
Wholesale shops, warehouses	12	78	1,879
Catering estabs. open to the public, canteens	13	174	1,801
Totals	127	1,708	20,697
		Males	10,208
		Females	10,489

TABLE 46

INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	760	} 3,225
Retail Shops	690	
Wholesale shops, warehouses	78	
Catering estabs. open to the public, canteens	174	
Total	1,702	

TABLE 47

DEFECTS AND UNSATISFACTORY CONDITIONS FOUND AND REMEDIED

Section	Unsatisfactory conditions or defects	Outstanding 1967	Found 1968	Remedied during the year
4	Premises in a dirty state	3	35	33
5	Overcrowding	—	2	2
6	Temperature			
	Unreasonable	3	63	58
	Lack of room thermometer	1	20	16
7	Ventilation	1	16	17
8	Lighting	—	21	20
9	Sanitary Conveniences			
	Unsuitable and insufficient	2	5	4
	Lack of artificial lighting	—	28	21
	Other nuisances	2	51	45
10	Washing facilities insufficient and unsuitable	3	67	65
11	Adequate supply of drinking water and hot water	—	13	13
12	Accommodation for clothing	—	15	15
13	Seating facilities	—	—	—
14	Seats for sedentary work	—	6	6
15	Eating facilities for shop employees	—	1	—
16	Floors, passages and stairs not soundly constructed, properly maintained or kept free from obstruction or slippery substance	3	31	31
17	Dangerous parts of machines not properly fenced	1	37	34
24	First Aid—General Provisions	6	105	95
50	Information for employees, Lack of	8	129	119
Total		33	645	594

TABLE 48

ACCIDENTS REPORTED 1968

	Class of Premises				Total
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	
1. No. of Accidents Reported	10	28	12	5	55
2. No. of Accidents Investigated	8	25	8	2	43
3. Action taken:					
(a) Formal warning	1	3	1	—	5
(b) Informal Advice	3	10	4	2	19
(c) None	6	15	7	3	31
4. Causation:					
(a) Machinery	1	2	1	—	4
(b) Transport	—	—	1	—	1
(c) Falls of Persons	7	5	1	1	14
(d) Stepping on or striking against object or persons	2	3	1	1	7
(e) Handling goods	—	9	8	3	20
(f) Struck by falling objects	—	1	—	—	1
(g) Fires and explosions	—	—	—	—	—
(h) Electricity	—	—	—	—	—
(i) Use of Hand Tools	—	7	—	—	7
(j) Not otherwise specified	—	1	—	—	1
5. Injuries sustained:					
(a) Fractures and dislocations	4	1	1	2	8
(b) Sprains and strains	2	5	4	2	13
(c) Internal injury	2	1	—	—	3
(d) Open wounds/surface injury	—	15	1	—	16
(e) Bruising and crushing	2	6	5	—	13
(f) Amputation	—	—	1	—	1
(g) Burns	—	—	—	1	1

TABLE 49
UNCLEANLINESS AND SCABIES

				New cases treated			Attendances		
				Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children	under 5 years	—	—	25	3	28	45	3	48
Children	5-15 years	—	—	22	34	56	35	56	91
Adults	Men	—	—	19	—	19	41	—	41
	Women	—	—	23	4	27	41	6	47
Total				89	41	130	162	65	227

TABLE 50

DISINFESTATION

(a) <i>Verminous Premises:</i>				
	Council properties	—	—	21
	Private properties	—	—	51
	Total	—	—	72
(b) <i>Verminous Rooms:</i>				
	Council properties	—	—	65
	Private properties	—	—	145
	Total	—	—	210
(c) <i>Clothing and bedding materials:</i>				
	(i) disinfected	—	—	5
	(ii) disinfested	—	—	4
(d) <i>Miscellaneous:</i>				
	Ants	—	—	5
	Silver Fish	—	—	3
	Wasps nests	—	—	34

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1968

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE BOROUGH.

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.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
<i>Assistant School Medical Officers</i>	- - -	R. Aaronson, M.D. (Vienna) J. Bean, M.B., B.Ch. P. A. Garrard, M.B., B.S., M.R.C.S., L.R.C.P. A. J. Gower, M.B., Ch.B., 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), D.R.C.O.G., D.P.H. L. Morris, M.B., B.S. C. Sayal, M.B., B.S., D.C.H., D.P.H. Z. Vellani, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.
<i>Chief Dental Officer</i>	- - -	A. Henderson, L.D.S., D.P.D. (U.S.A. AND)
<i>School Dental Officers</i>	- - -	Miss S. Broady, B.D.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. Mrs. M. Perera, 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.P.S.
<i>Education Psychologists</i>	- - -	Mrs. B. Carlton, M.A., Dip. Ed. Mrs. S. Steen, B.Sc.
<i>Speech Therapists</i>	- - -	Miss J. A. Brewer, L.C.S.T., L.A.M.D.A. Miss A. Elvins, L.C.S.T. Miss V. S. Hunt, L.C.S.T. Miss S. Oliver, L.C.S.T. Mrs. J. M. Shinkfield, L.C.S.T. Mrs. Williams, L.C.S.T.
<i>Physiotherapists</i>	- - -	Mrs. H. J. Amery, S.R.Ph. Mrs. M. Gilbert, M.C.S.P. Mrs. B. Kane, M.C.S.P. Mrs. P. MacArthur, 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. Mortimer Road Clinic, Mortimer Road, N.W.10.
<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, Mortimer Road 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>Chiroprody</i> - - - -	Kilburn Square, Pound Lane, Stonebridge, Neasden, Monks Park, London Road, Stag Lane Library and Mortimer Road Clinics.

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	31,020
Total number of individuals found to be infested for the first time during the year	195
Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2) of the Education Act 1944	109
Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act 1944	4

WORK OF THE HEALTH VISITOR AND SCHOOL NURSE

The Health Visitor and School Nurse is concerned especially in maintaining good health amongst school children. This is done by carrying out routine health surveys, preparing for and assisting the School Medical Officers with medical inspections. Contact is made with Heads of Schools and a link with the families and homes of the pupils is fostered.

The Health Visitors special skill of health teaching is offered to all schools and many members of staff participate in health programmes.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Vaccination against tuberculosis continued to be offered to 13-year-old pupils attending both main-
tained 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 1968, the testing of school entrants normally at the age of five years was continued throughout the Borough. In all cases where a reaction was noted the child was 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	2,825
(ii) Number of children tested	2,135—75.6%
(iii) Number of those in (ii) negative to Heaf Tests	1,709—80%
(iv) Number of those in (iii) B.C.G. vaccinated	1,668—97.6%
(v) Percentage of vaccination to (i) above	59%
<i>Entrants</i>	
(i) Number skin tested	4,315
(ii) Number positive	405—9.4%
(iii) Number negative	3,811—88.3%

CONVALESCENT TREATMENT

Eighteen children were recommended for recuperative holidays under Section 28 of the National Health Service Health 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
Asthma	3	2 weeks
Asthma and Bronchitis	1	2 weeks
Debility	1	2 weeks
Debility and failure to thrive	2	3 weeks
Diabetes	1	2 weeks
Epilepsy	3	1 week
Frequent Upper Respiratory Infections	2	2 weeks
Sprained Left Hip	1	3 weeks
Physically Handicapped	3	2 weeks
Virus Meningitis	1	2 weeks
Total	18	

AUDIOMETRY

This scheme provides for the routine testing by pure tone audiometer of every school child'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 the school and failures are then retested at clinics under more favourable conditions. Children failing a second time are then referred to School Medical Officers for further investigation. It has been found increasingly difficult to maintain the routine testing due to the number of immigrant children being admitted to school who through language or other difficulties take considerably longer to test, also additional sessions at the Audiology Unit where the Audiometrician is required has allowed less time for testing in school. It is hoped to increase the establishment of operators during the coming year.

Special cases (for example, 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 overleaf, the figures for 1967 in brackets.

AUDIOMETRY: CHILDREN TESTED

Routine.

Age Group	1st Tests	Re-tests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Up to 7 years	4,586 (3,410)	142 (120)	86 (96)	62 (33)	82 (62)	230 (191)	
Intermediate	3,684 (3,074)	259 (190)	48 (60)	37 (38)	43 (45)	128 (143)	
Leavers	1,730 (2,550)	69 (121)	17 (41)	20 (35)	13 (40)	50 (116)	
Totals	10,000 (9,034)	470 (431)	151 (197)	119 (106)	138 (147)	408 (450)	

Specials.

All Ages	1st Tests	Re-tests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Totals	1,053 (1,005)	277 (330)	193 (259)	95 (117)	140 (113)	428 (489)	

CHIROPODY

The demand for chiropody for school children remains fairly consistently high as a result of parents having become increasingly foot conscious over recent years.

As usual, many school children attended the clinic for treatment for plantar warts, and more boys suffered with chilblains and clawing toes, no doubt to wearing stretch socks. The incidence of verrucae showed some increase.

Hallux valgus was again 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.

As indicated below, the total number of treatments given in 1968 was 1,809. This was some 300 less than in the previous year but fluctuation in total figures from year to year is largely attributable to the fact that only short term treatment is required in the majority of cases. New cases dealt with at 293 were almost exactly the same as in 1967.

CHIROPODY—SCHOOL CHILDREN TREATED 1968

School or Clinic	New Cases	1st Attendance this year of old cases	Re-attendance	Total
Kilburn Square	38	17	168	223
London Road	47	16	207	270
Monks Park	7	3	29	39
Mortimer Road	14	5	101	120
Neasden Clinic	44	17	366	427
Stag Lane Library	37	13	140	190
Stonebridge	80	24	246	350
Pound Lane	26	14	150	190
Totals	293	109	1,407	1,809

SPEECH THERAPY

There are at present four full-time and two part-time Speech Therapists working in the Borough, and during the year sessions at the various clinics have proved adequate and waiting lists have not been unmanageable.

At Vernon House Day School for maladjusted pupils, teaching conditions have not been completely satisfactory as the Therapist has been obliged to work in a library which means that she has been subjected to interruptions. She has found her sessions inadequate here as an increasing number of children are being referred.

Because of this situation, and because the Woodfield Day Special School for educationally sub-normal pupils will shortly be divided into Junior and Senior Departments and housed in two separate buildings, and the need for sessions at the new Health Centre to be opened in the Chalkhill area, it may be that an addition of at least one Therapist to the present staff will be necessary in the future.

This will give the Woodfield Therapists an opportunity to see their patients twice weekly which would produce quicker results with these slower children. The present Therapists would not be able to cope with any more work than they have at present at the clinics.

In general, conditions have been satisfactory, and co-operation by Schools, Psychological Services and Clinic Staff has been greatly appreciated.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

At the end of 1968, there were eight blind children, all of them boys, being maintained by Brent at residential schools for the blind. There were four children at Dorton House, Sevenoaks, one at Condover Hall, Shropshire, one at Rushton Hall, Kettering, one at Sunshine House, Sussex, and one at Worcester College, Worcester.

PARTIALLY SIGHTED CHILDREN

Unlike the previous group of children who are all boys, the partially sighted children consist of thirteen boys and six girls. At the end of 1968 they were placed at day schools in the Inner London Education Authority. There are twelve boys and four girls at John Aird School, one girl at New River School and one boy at Nansen School. One child is not at school.

DEAF CHILDREN

At the end of 1968, there were thirteen boys and seven girls ascertained as deaf and the majority were placed at day schools, all outside the Brent area.

Of the twelve boys and girls at day schools, seven were at Heston School, three at Blanche Neville School in Tottenham, and one boy and one girl at Ackmar School in the Inner London Education Authority.

There were at the end of 1968 three boys and a girl under statutory school age and attending day Nurseries in the Brent area as handicapped children. They were seen regularly at the nursery by the Peripatetic Teacher for the Deaf.

There were three boys and a girl in residential schools for the deaf, one boy at Nutfield Priory School, Redhill, one boy at Larchmoor School, Bucks, and one boy and girl at the Royal School for the Deaf, Margate.

PARTIALLY HEARING CHILDREN

We have in our ordinary schools in Brent many children who have a hearing handicap and wear a hearing aid. These children manage in ordinary schools with the help of the Peripatetic Teachers for the Deaf who visit the schools and give auditory training and help. The children are supervised at Neasden Audiology Unit where they are seen by the Otologist with the Peripatetic Teacher for the Deaf present. Any evidence that the child is not making progress is then investigated and a recommendation for a partly hearing unit made if necessary. There is a shortage of places in these units which means waiting sometimes many months when the child is in need of this special placement. It is hoped that Brent will be able to establish two partially hearing classes in 1969 which will enable children to be placed immediately.

At the end of 1968 there were sixteen boys and fifteen girls ascertained as partially hearing. Twenty-one of these children were placed in Day Partially Hearing Units attached to ordinary schools in the London Borough of Hounslow and the London Borough of Haringey, two children at Heston School and eight children at the Blanche Neville School. One child was attending Haverstock Hill Partially Hearing Unit in the Inner London Education Authority.

There were three children in residential schools, one at Rayners School in Penn where children have dual handicaps, and one child was placed at the Royal School for the Deaf, Margate.

Four children who were not yet attending school were placed as handicapped children in Brent Day Nurseries.

EDUCATIONALLY SUB-NORMAL CHILDREN

Woodfield Special Day School

During 1968, Woodfield School has been full except in September when admissions were suspended because of staffing problems. Throughout the year there was a waiting list and the majority of children on this list were of secondary school age.

The increase in the need for places at Woodfield and particularly amongst children in the older age groups has been obvious for some years and has necessitated the provision of more places for children with learning difficulties. It is planned next year to have a separate junior school and to eventually double the number of places available for this type of special schooling.

At the end of the year there were 198 children on roll, 60 of them of junior age and 138 seniors. During the year there were 21 juniors and 31 seniors admitted and 46 children left the school, 4 returning to ordinary school.

Medical inspections are carried out every two weeks during term time and these consist of routine medical examinations together with special examinations requested 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 Practitioner's permission. Children are referred by the local authority to Eye, Dental, Orthopaedic, Ear, Nose & Throat and Audiology Clinics and these provide an excellent service for detection and treatment of defects.

A Speech Therapist attends the school six sessions a week.

Health education is undertaken by the school nurse both in her personal contacts with the children and in weekly classes.

Other Special Day and Residential Schools

22 Brent children attend other day schools for educationally sub-normal children at Montford House, Golders Green, Oak Lodge School in East Finchley, Marjory Kinnon School in Feltham and Hedgewood School, Hayes.

There are 23 Brent children placed at residential special schools—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—St. Joseph's, Cranleigh, at the Sheiling School in Bristol, at the Society of St. Bernardette in Surrey, at All Souls', Hillingdon, at Besford Court, Worcestershire, at Farm Hill House School in Gloucestershire, at Pontville Roman Catholic School and at Bowden House.

EPILEPTIC PUPILS

Serious epilepsy presents considerable problems and residential schooling is usually necessary. Fortunately with modern methods of treatment the majority of children can manage at ordinary schools, and the occasional epileptic attack is not a problem. At the end of 1968, there were three boys attending Grove Park School, and five children placed residentially at Lingfield Hospital School in Surrey. One boy is having home tuition and another is not yet of school age and is attending a day nursery in Brent.

MALADJUSTED CHILDREN

The problem of maladjusted children is increasing in Brent and the number recommended for residential placement has risen. At the end of 1968, there were 87 boys and 26 girls ascertained as maladjusted. Of this number 73 are at residential schools for maladjusted children and at independent residential schools accepting maladjusted children.

A number of children who were thought to be mildly maladjusted were placed at Brent's residential school, Tylney Hall.

Barretts Green School

This school was established in September 1968, for children of secondary age who are maladjusted. Owing to staffing difficulties the number of children admitted in the first term was limited, but the school can accommodate 40 pupils.

Vernon House

A special educational unit for maladjusted children of infant and junior age, and not yet designated a special school in 1968, is established at Vernon House. At present there are 30 children attending with one infant and two junior classes. Housed also in the school is a special diagnostic class which will eventually be part of a junior E.S.N. school. When this class has been moved, room will then be available for another class for maladjusted children.

It is anticipated that as a result of the increase in Brent of facilities for day maladjusted schooling, fewer places at residential schools will be needed in the future.

PHYSICALLY HANDICAPPED CHILDREN

Grove Park School

After several delays due to building problems the school for physically handicapped children moved at the end of the Easter term 1968 from Lower Place to the fine new building at Grove Park in Kingsbury. This single-storey building, contemporary in design, provides light, spacious rooms and corridors and is set in a most pleasant area. The playgrounds are on several levels and the landscaping around these areas is being commenced and when completed will provide attractive outlooks for almost all classrooms.

Within the building there are increased facilities for the medical auxiliary work essential for so many of the children. The Physiotherapy Department has a large room for massage and exercises and adjacent is a hydrotherapy pool which has provided great enjoyment and physical treatment for many children who previously were unable to attend ordinary swimming baths with the rest of the school. There are three full-time Physiotherapists who carry out a very comprehensive programme of treatment.

A large sound proofed room is provided for the speech therapists and there are now two therapists attending the school giving a full-time service.

The medical suite comprises a medical room with a large adjoining room used for treatment and for the children's rest periods. In the Summer, the beds can be taken outside onto a small terrace. Shower accommodation and facilities for washing and drying are in an adjoining room.

A large hall serves the dual purpose of dining room and assembly hall and the kitchens are so arranged that they will be shared with the Junior Training School next door.

The Domestic Science Room is equipped with a variety of cookers and provides the girls with the opportunity of using gas or electricity for cooking. Next door is a needlework room, a large woodwork department and a science laboratory. There is a flourishing art department and delightful paintings and art work is displayed along the corridor walls.

As part of the school there are two special classes, one for children who are partially hearing and have a physical handicap in addition, and the other a diagnostic class for young children who have communication difficulties and may have multiple handicaps requiring some period of observation.

During the year the number of children in the school rose and by the end of 1968 there were 134 children on the roll at the school and a waiting list for admission. Of the children in the school 77 were Brent children and the other places were taken by children from Ealing, Harrow, Barnet, Hillingdon and Heston. Each of these areas has experienced a rise in the number of children with physical handicaps judged by the number of applications received from them for admission to Grove Park.

During 1968, 18 children left and 35 children were admitted. There were four leavers aged 16 or over, four children transferred to other schools for physically handicapped children, six children were deemed fit to return to ordinary school and three left the district.

As in 1967 the bulk of the new admissions this year, and those on the waiting list, is comprised of children in the younger age groups. By the end of 1968 there were in the school 43 children between the ages of 4 and 7 years, 48 between the ages of 8 and 11 and 43 between the ages of 12 and 16 years.

There is particular need for a nursery class at Grove Park. Handicapped children suffer deprivation during their early years because they are unable to take part in normal play activities and experiences with others of their age. This is particularly true of the children who are usually immobilised by their handicap such as the children with cerebral palsy and spina bifida. A nursery class is planned and it is hoped that this will be added in the near future.

The children with cerebral palsy form the largest single group in the school, the next two largest groups being children with spina bifida and those with muscular dystrophy.

Medical inspections are carried out every other week in the school and the children are regularly assessed, close liaison being maintained with Consultants in charge of the children at the various London Hospitals and Centres.

The Orthopaedic Consultant attends the school several times a term and operative treatment is carried out by him at the Royal National Orthopaedic Hospital at Stanmore. The Ophthalmologist visits the school twice a term.

Regular visits are made by the Audiometrician and hearing defects and the children in the two special classes are supervised by the Consultant Otologist at Neasden Audiology Unit.

Residential Schools for Physically Handicapped

There are five children placed in residential schools—at Hatchford Park School in Cobham, Tylney Hall School near Basingstoke, St. Michael's School, Eastcote, St. Thomas De La Rue School, Tunbridge, and at Wilfrid Pickles School in Lincolnshire.

CHILDREN WITH SPEECH DEFECTS

There were at the end of 1968, 727 boys and 255 girls who were considered to suffer from speech defects and who received speech therapy. Of these children, 736 attend primary and secondary schools in Brent, and seven at independent day schools. 236 of the children are under five.

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

There are no children placed residentially, purely because of a speech handicap.

DELICATE AND DIABETIC CHILDREN

At the end of 1968, there were 30 boys and 12 girls in this group, of which 26 were placed in residential schools and 16 in day open air schools. Among the schools attended daily by these children are John Keats and Wood Lane Schools in the Inner London Education Authority, and Hazelbury School in the London Borough of Enfield. Two children are placed as delicate at Grove Park School.

The residential schools attended by the 26 children placed out of London include Elmers Court, Lymington, Suntrap School, Hayling Island, St. Dominiques School, Surrey, Park Place, Henley-on-Thames, Port Regis School, Broadstairs, Tylney Hall, Nr. Basingstoke, St. Patrick's, Hayling Island, St. Catherine's, Isle of Wight, and Palingswick Diabetic Hostel.

CHILDREN WITH MULTIPLE HANDICAPS

By the end of 1968, there were 36 boys and 27 girls with two or more handicaps. It has become evident that children with multiple handicaps are increasing in number, this is particularly evident amongst the younger age groups and presents problems in education particularly in the deaf/blind children.

The 63 children in this group attend either special schools for multiple defects of which there are only few, or schools catering for their major handicap. 56 are in day schools, six in residential schools and one not at school.

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1968

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	9	—	—	—	8	—
Partially-Sighted Pupils	10	6	2	1	13	6
Deaf Pupils	11	7	3	1	13	7
Partially Deaf Pupils	15	10	4	1	16	15
Delicate Pupils	23	12	8	7	30	12
Diabetic Pupils	—	—	—	—	—	—
Educ. Sub-Normal Pupils	113	83	18	18	125	102
Epileptic Pupils	7	1	3	—	10	1
Maladjusted Pupils	75	21	23	13	87	26
Physically Handicapped Pupils	32	22	9	6	33	27
Pupils with Speech Defects	699	242	90	56	727	255
Pupils with Multiple Defects	36	26	4	3	36	27
Totals	1,030	430	164	106	1,098	478
Grand Totals	1,460		270		1,576	

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1968

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	—	—	8	—	—	—	—	—	—	—	8	—
Partially-Sighted Pupils	13	5	—	—	1	—	—	—	—	1	13	6
Deaf Pupils	7	5	3	1	—	—	—	—	*3	*1	13	7
Partially Deaf Pupils	9	12	3	—	2	1	—	—	*2	*2	16	15
Delicate Pupils	6	1	20	6	4	4	—	1	—	—	30	12
Diabetic Pupils	—	—	—	—	—	—	—	—	—	—	—	—
Edu. Sub-normal Pupils	98	77	10	7	10	8	7	†10	—	—	125	102
Epileptic Pupils	3	—	5	1	—	—	—	—	§*2	—	10	1
Maladjusted Pupils	4	—	20	2	23	6	40	18	—	—	87	26
Physically Handicapped Pupils	25	21	2	1	2	2	2	—	**2	**3	33	27
Pupils with Speech Defects	—	—	—	—	565	171	7	—	155	84	727	255
Pupils with Multiple Defects	29	24	3	2	1	1	2	—	1	—	36	27
Totals	194	145	74	20	607	193	58	29	165	91	1,098	478
Grand Totals	339		94		800		87		256		1,576	

* Attending Day Nursery.

§ In receipt of Home Tuition.

† 1 Girl placed at Private School by parent.

** 1 Girl attending Cerebral Palsy Unit.

** 1 Girl receiving Home Tuition.

** 1 Boy and 1 Girl attending Day Nursery.

TYLNEY HALL SCHOOL

Tylney Hall School caters for mildly maladjusted and mildly delicate boys whose handicap is such that they do not require psychiatric support or medical treatment. In other words, so far as maladjusted boys are concerned this is not a school for those who are seriously disturbed but for those whose maladjustment is so mild that often the change in environment in itself provides most beneficial results.

Provided there is room the school may also accommodate some ordinary boarders.

The school is housed in a late nineteenth century family mansion (formerly belonging to the Rotherwick family) standing in some 100 acres of pleasant Hampshire countryside. It is about seven miles from Basingstoke, twelve miles from Reading and forty-five miles from London. There are extensive playing fields, tennis courts and a swimming pool. The normal classrooms and craft rooms are supplemented by a library, a hall (the original ballroom), a gymnasium and recreation rooms for leisure time activities.

The non-teaching staff includes full-time supervisors who, in conjunction with the teachers, are responsible for the welfare of the boys out of school hours. Catering is dealt with by a superintendent who, with matron and other staff, is also responsible for the boys' general welfare.

In broad terms the curriculum followed is designed to meet the needs of boys in secondary modern schools. Since the classes are small a good deal of individual and group work is possible. Every advantage is taken of the rural surroundings and craft-work, rural studies, gardening, etc., play an important part in the school programme. The boys as appropriate take the normal C.S.E. and/or R.S.A. Examinations.

The after-school activities include such things as The Young Farmers' Club, Scouts, a cycling club, craft clubs, Judo, and week-end camping during the summer. Visits are made to such places as Winchester, Southampton and Reading.

The boys sleep in small dormitories, varying from three to twelve beds in size. Meals are served in the large dining hall on small tables and are supervised by members of the staff. Special attention is paid to the needs of delicate children. There is a resident school nurse and the school doctor is always available. The boys attend local churches according to their denomination and clergy visit the school regularly.

There are normally two or three visiting days a term and parents are informed of the arrangements directly by the school. The usual school holidays are taken at home including long half-term holidays.

The maximum number of boys to be accommodated is 130.

NEASDEN AUDIOLOGY UNIT

The Audiology Unit has continued in 1968 to provide a diagnostic, follow-up and supervisory service for children with hearing difficulties in Brent, Harrow and part of Barnet.

During the year 449 children were seen, and of this number 132 were new referrals to the clinic. These children are of all ages, and are referred to the unit from doctors in the Infant Health Clinics, in the School Health Service, from General Practitioners and from Pediatricians, and from Nose, Throat and Ear Surgeons in London hospitals.

Two clinics are held each week, one taken by the Consultant Otologist, Doctor Fisch, and the other by the Senior Medical Officer, School Health, and present during these clinics are the Peripatetic Teacher for the Deaf and the Audiometrician, who make up the team at Neasden.

A large number of children under two are seen at the Audiology Unit and this reflects the care taken at Infant Health Clinics to detect possible hearing loss. All infants who may run the risk of a hearing defect are examined by the clinic doctor between the ages of six and twelve months as part of a general developmental examination at the local clinic. If there is any doubt about the infant's responses, referral is made to the Audiology Unit.

As in previous years, the number of children waiting for appointments has increased and special screening sessions have been held on several occasions to make preliminary assessment of a hearing loss and to commence auditory training and supervision. Certain cases are given priority and are seen within a few weeks.

Since the establishment of the Audiology Unit the number of children in ordinary schools known to have a hearing defect has greatly increased. These children may wear a hearing aid or may manage by sitting in a favourable position in the class. All these children are supervised by our two Peripatetic Teachers for the Deaf who visit the schools.

The majority of those children ascertained as deaf and partially hearing and unable to attend ordinary school are day pupils at the deaf schools in Heston and Tottenham and the partially hearing units attached to ordinary schools in these districts. There they are supervised by Doctor Fisch.

It is hoped that next year Brent will be able to establish two classes for partially hearing children attached to ordinary schools.

At the new school for physically handicapped children at Grove Park there are two special classes, one for children with hearing difficulties and physical handicaps and the other a diagnostic class for young children with communication difficulties who need a period of observation and further investigation before recommendations for their future schooling can be made.

Pre-school children suffering from hearing handicaps are particularly in need of the opportunity and stimulus of mixing with normally hearing children of the same age, and these children are placed in the day nurseries. In 1968, 13 have been admitted to day nurseries and in total there are 17 such children in day nurseries. The Peripatetic Teacher for the Deaf supervises the auditory training and progress of these pre-school children in the day nurseries, or if not attending the nurseries she visits at home.

Visitors to the Audiology Unit are very welcome, and indeed encouraged. Some restriction, however, on the numbers has been necessary because of the limited space available. There are plans to install a one-way viewing window next year so that the small room next door to the Consulting Room can be used for visitors. It is hoped then that any worker associated with the care of children, and in particular those who are associated with hearing handicapped children, will visit the clinic sessions.

During this year we have been visited by Medical Officers in Department, Health Visitors, School Nurses, Matrons of Day Nurseries, General Practitioner Trainees, Health Visitor Students and Medical Officers from other areas. We hope that teachers who have partially hearing children in their classes will be able to visit the clinic in the future. We would welcome any General Practitioners who can spare the time.

In September, 1968, it was decided, as a trial for a year, to test the hearing responses of all six-months old infants in the Neasden Clinic area. With the very generous help of the Health Visitors at the clinics, who let us have monthly the list of children reaching the age of six months, special screening sessions were arranged.

Already after the fourth month up to the end of December 1968, some valuable and interesting information has been obtained.

SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer

Inspection of the mouth of the average school child in the various age groups shows little change from the last few years in the number of teeth decayed, missing or filled. One encouraging feature particularly with reference to older children is the smaller number of teeth missing and the correspondingly larger number of teeth filled. It is obvious that many children who do not accept treatment under the local authority dental service do in fact receive regular dental treatment elsewhere. With the gradual introduction of more modern equipment in the clinics and the adoption of more sophisticated techniques in conserving teeth, it has been possible to further reduce the percentage of teeth extracted to teeth filled. It is however very rare indeed to find a school leaver who has had no experience of dental caries. It is hard to believe that such a situation would be tolerated in any other sphere of preventive medicine and, to date, considering the indifference of parents and children in general the only effective and proven method of prevention is the fluoridation of public water supplies.

CHILD GUIDANCE SERVICE

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

More cases have been referred to the Service than ever before, and, unhappily, there is a longer waiting list at the end of the year than ever before. Below is given for the years since the formation of Brent the waiting list for children to be seen by the psychologists and psychiatrists:—

	Psychologist	Psychiatrist
1965	180	63
1966	228	56
1967	284	79
1968	340	116

This waiting list at the end of the year means that, on average, there will be a waiting period before a child can be seen. This would appear to be about the same as the national average, viz. P.28 "Health of the School Child 1965." Naturally the urgency of a case will determine its degree of priority.

The Service continues to be organised administratively into the School Psychological Service, where referrals come largely from head teachers and involve more classroom problems, and the Child Guidance Centres, where referrals come from others, such as medical sources or parents themselves, where the problems are more deep-seated emotional ones.

The Service is also divided geographically in that the Kilburn Centre, in Brondesbury Villas, deals with referrals south of the Borough, and the Kingsbury Centre, in Church Lane, deals with referrals north of the Borough.

Altogether, during the year, 919 children were referred to either the School Psychological Service or the Child Guidance Centres, 277 to Kingsbury and 642 to Kilburn.

Type of Referral

Of the referrals to the Child Guidance Centres, a quarter came through the schools, a quarter from parents themselves and about a third came from medical services, as can be seen from Table 2. It is particularly encouraging to see an increase from the previous year of the number of referrals from parents themselves. This group is often found the most profitable since the parents come for advice and are motivated to attend regularly. The picture is not always the same when "psychological treatment" is recommended, whether from school or medical sources, for parent and child, who are not too willing to admit to the existence of a problem.

The very high proportion (about 50%) of children with behaviour disorders is at the same high level as last year, and of referrals to the School Psychological Service alone (Table 5), there were nearly twice as many referred for behaviour problems as last year. It cannot be too strongly emphasised that although these children make life difficult for teachers and parents, they are by no means the only group who need psychological investigation. It may well be that there are children with nervous, habit and psychosomatic disorders who do not get referred because they are not particular problems for teachers and parents.

One does get the impression that many of the referrals to Kilburn (well over twice as many as to Kingsbury) are social problems that often cannot be helped by the Child Guidance Service.

The age distribution (Table 4) is much the same as previous years. It is naturally far easier for children to be helped if they are referred as early as possible, whether it be for emotional or learning problems. One is often surprised to have an older Secondary child referred for the first time and then to find a difficulty which could have been delineated many years earlier.

As is usual, twice as many boys as girls were referred to the Child Guidance Centres. Also three times as many boys as girls were admitted to Remedial Reading Centres.

Staff

During the whole year, the Kilburn Centre has had one P.S.W. short, out of an establishment of 2½. This has hindered the investigation and treatment of Child Guidance referrals.

Immigration

At the beginning of the year Brent's school population consisted of 25% immigrants, most of these being West Indian children. There is little doubt that a higher proportion of these children present problems which impinge on the Child Guidance Service. If West Indian children come into the Borough, say, after the age of nine, with very low educational attainments, it is very difficult to help the situation. Added to this, one must emphasise that "intelligence" tests appear to give low results for this group, probably due to cultural factors. Woodfield Day E.S.N. School has 44% immigrant children, and it is interesting to note that this ratio of immigrant children in the E.S.N. School links up with the Inner London figure (13% all schools, 24% E.S.N. schools).

A recent I.L.E.A. educational research project pointed out that if immigrant children have a full school career in Great Britain, their educational standards are not much different from indigenous children.

Many immigrant children are also referred for behaviour problems by the schools. If one bears in mind the fact that they have to adjust to a new social and school environment and have frequently had a long period of separation from their parents, this is not at all surprising. The typical boisterous, often aggressive behaviour is not necessarily one that can be helped by the Child Guidance Service.

Exclusions from School

During 1968 there were 23 formal exclusions from Brent schools. The numbers were made up as follows:—

	Boys	Girls	Total
Infant - - -	5	0	5
Junior - - -	3	1	4
Secondary - - -	7	7	14
Total - - -	15	8	23

Once again it is interesting to note that twice as many boys as girls are involved. Over half the exclusions were adolescents who were considered by the head teachers to be too difficult to contain in school. Some of these have been very decidedly emotionally disturbed children requiring further help. However, some of them have not been psychiatric problems. It is to be hoped that such children may be referred and advice sought *before* the extreme measure of exclusion becomes necessary.

Provision of Special Schools and Classes

In September, Barretts Green Secondary Mixed Day Special School was opened with Mr. Strong as headmaster in the premises vacated by Lower Place Special School. At the same time, Mr. Staniland took up his duties as headmaster of Vernon House Primary Mixed Day Special School. There has been great difficulty in obtaining teaching staff for Barretts Green School. Both these schools deal with maladjusted children and fulfil a long standing need in the Borough. However, these schools must not be regarded as "dumping grounds" for children who are simply discipline problems in the ordinary classroom. Admission is dealt with by consultation amongst the Child Guidance Service, the School Health Department and the head teachers. Nor should these schools be regarded as "holding units", the aim must be to help these children with their difficulties and eventually to reinstate these children back into ordinary schools. It is hoped to rearrange the sessions of psychotherapists so that some psychotherapeutic time can be given to these schools.

A further Remedial Reading Class was opened at Lower Place School at the beginning of the year. During the year 221 children attended one of the six Remedial Reading Centres in the Borough. A comprehensive remedial reading library is being built up at Kilburn under the guidance of Mr. Rigby, and it is hoped that teachers in the Borough will use it.

The Language Class, formerly at Mora Junior School, was incorporated in the new Language Centre which opened in September, and admissions are being dealt with by Mr. Zemla, the modern languages adviser.

Liaison with Other Agencies

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

During the year a request was received from Mr. Whalley, Children's Officer, for consultative conferences at the Reception Centre. As a result of this, Dr. Graf and Mr. Graham spend one afternoon a month at the Reception Centre in conference with the staff.

Mr. Graham was asked to be consultant psychologist at the newly formed Kilburn Square Drug Abuse Centre, and attended some meetings to help on the research design and testing of clients.

The Brent Consultation Centre as a "walk-in service" for adolescents is most welcome. A few of the older children referred to the Child Guidance Centres have been passed on there. Dr. Friedman serves on the honorary treatment panel, Mr. Graham is their honorary consultant psychologist and Mrs. Lester acts as P.S.W.

Liaison with agencies outside the Borough is not always as efficient as one would desire. This occurs (a) when a schoolchild is referred, usually by a local G.P., to a London hospital child psychiatry outpatients department, (b) when a schoolchild is brought before the Juvenile Court and remanded in custody for psychiatric reports. In both cases children will be seen, although not by the Brent Child Guidance Service, and they may also be referred by the Schools. The resultant fragmenting of responsibility causes difficulties from time to time, since the Educational Psychologists cannot get involved in somebody else's cases.

In conclusion, the Child Guidance Service is most grateful to Mr. Wyeth and the Education Department, and Dr. Grundy and the Health Department for the close co-operation and help which is always forthcoming.

CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1968 (124 girls, 252 boys)	376
Number of cases brought forward from 1967 waiting list	79
	<hr/> 455
Number of new cases dealt with by psychiatrist and team	230
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation	109
Cases remaining on waiting list at 31.12.68	116
	<hr/> 455
Number of cases seen for regular treatment	182
Number of cases recommended for residential placement	24

TABLE 2. SOURCES OF REFERRALS

M.O.H. and School Medical Officers	(18%)	66
Headteachers and Educational Psychologists	(25%)	95
General Practitioners	(13%)	50
Hospitals	(4%)	14
Probation Officers and Juvenile Courts	(2%)	7
Parents	(25%)	95
Children's Department	(7%)	26
Others	(6%)	23
		<hr/> 376

TABLE 3. REASONS FOR REFERRAL

1. <i>Nervous Disorders</i>	(11%)	
(a) Fears and anxieties		30
(b) Inhibited behaviour		12
2. <i>Behaviour Disorders</i>	(46%)	
(a) At home		94
(b) At school		54
(c) Predominantly aggressive		23
3. <i>Habit Disorders</i>	(14%)	
(a) Enuresis (wetting)		33
(b) Involuntary movements		5
(c) Sleep disturbance		9
(d) Speech disorders		5
(e) Head banging		2
4. <i>Psychosomatic</i>	(5%)	
Asthma, Eczema, etc.		17
5. <i>Anti-social behaviour</i>	(16%)	
(a) Stealing		32
(b) Non-attendance at school		29
6. <i>Psychotic behaviour</i>		2
7. <i>Educational difficulties</i>	(8%)	
Backwardness and retardation in school work		29
		<hr/> 376

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years	48	11 years	25
5 years	33	12 years	28
6 years	29	13 years	32
7 years	34	14 years	24
8 years	34	15 years	16
9 years	31	Over 15 years	4
10 years	38		
			<hr/> 376

SCHOOL PSYCHOLOGICAL SERVICE

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGIST

Backwardness	168
Assessment for Medical Officer of Health	49
Behaviour difficulties	116
Assessment for allocation to schools	43
E.S.N. School Leavers	18
	<hr/> 394

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation for Remedial Reading Class	84
Recommendation for Special School	46
Recommendation to Medical Officer of Health	52
Advice to schools	63
Referral to Child Guidance Centre	53
Cases to be reviewed	46
Recommendation to Chief Education Officer	25
Advice to parents	16
Notification under 57(4) as severely subnormal	9
	<hr/> 394

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.68

School Psychological Service	218
Cases for Review	46
Cases for testing in Child Guidance Centres	76
	<hr/> 340

TABLE 8. UNATTACHED CLASSES

NUMBERS ATTENDING REMEDIAL READING CLASSES IN 1968

BRIDGE

Remedial Teacher: Mrs. Zurawski

	Boys	Girls	Total
Primary	14	4	18
Secondary	12	4	16
Total	<hr/> 26	<hr/> 8	<hr/> 34

GRANVILLE

Remedial Teacher: Mr. Lovell

	Boys	Girls	Total
Primary	28	10	38
Secondary	12	1	13
Total	<hr/> 40	<hr/> 11	<hr/> 51

MORA

Remedial Teacher: Miss Kiverstein

		Boys	Girls	Total
Primary	.....	18	8	26
Secondary	.....	10	2	12
Total	.....	28	10	38

LOWER PLACE

Remedial Teacher: Miss Robinson (until July)

Mrs. Richmond (from September)

		Boys	Girls	Total
Primary	.....	11	1	12
Secondary	.....	9	6	15
Total	.....	20	7	27

SUDBURY

Remedial Teacher: Mrs. Scott

		Boys	Girls	Total
Primary	.....	10	5	15
Secondary	.....	12	6	18
Total	.....	22	11	33

KINGSBURY GREEN

Remedial Teachers: Miss Marriot (half-time)

Mrs. Hyams (half time)

		Boys	Girls	Total
Primary	.....	18	6	24
Secondary	.....	11	3	14
Total	.....	29	9	38

PROVISION OF SCHOOL MEALS AND MILK

Milk

Free milk was supplied until July 1968, to all school children in the Borough and from the Autumn term onwards to children in Primary Schools and Special Schools only.

A census taken on a day in September 1968, showed that 21,534 children in maintained Primary and Special Schools received one-third of a pint of milk. This was made up of 96.7% of infants present, 90% of juniors and 89% of secondary special pupils.

Free milk is also supplied to approximately 1,000 children of Primary school age in non-maintained schools.

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

Meals

The average number of meals per day served to children during term time during 1968 was 26,000 and in the school holidays 250.

Cost of Meals and Milk

The estimate for total expenditure on meals and milk for 1968/69 is £816,095 and for income from payment and other sources—£330,135. This gives a nett cost of £485,960 chargeable on the rates.

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.

TABLE 4. ALMA MATER OF MEMBERS

Year	Remedial Teacher: Miss Kjerfve			
	Boys	Girls	Total	Year
1951	21	21	42	1951
1952	18	18	36	1952
1953	10	10	20	1953
1954	10	10	20	1954
1955	10	10	20	1955
1956	10	10	20	1956
1957	10	10	20	1957
1958	10	10	20	1958
1959	10	10	20	1959
1960	10	10	20	1960
1961	10	10	20	1961
1962	10	10	20	1962
1963	10	10	20	1963
1964	10	10	20	1964
1965	10	10	20	1965
1966	10	10	20	1966
1967	10	10	20	1967
1968	10	10	20	1968
1969	10	10	20	1969
1970	10	10	20	1970
1971	10	10	20	1971
1972	10	10	20	1972
1973	10	10	20	1973
1974	10	10	20	1974
1975	10	10	20	1975
1976	10	10	20	1976
1977	10	10	20	1977
1978	10	10	20	1978
1979	10	10	20	1979
1980	10	10	20	1980
1981	10	10	20	1981
1982	10	10	20	1982
1983	10	10	20	1983
1984	10	10	20	1984
1985	10	10	20	1985
1986	10	10	20	1986
1987	10	10	20	1987
1988	10	10	20	1988
1989	10	10	20	1989
1990	10	10	20	1990
1991	10	10	20	1991
1992	10	10	20	1992
1993	10	10	20	1993
1994	10	10	20	1994
1995	10	10	20	1995
1996	10	10	20	1996
1997	10	10	20	1997
1998	10	10	20	1998
1999	10	10	20	1999
2000	10	10	20	2000
2001	10	10	20	2001
2002	10	10	20	2002
2003	10	10	20	2003
2004	10	10	20	2004
2005	10	10	20	2005
2006	10	10	20	2006
2007	10	10	20	2007
2008	10	10	20	2008
2009	10	10	20	2009
2010	10	10	20	2010
2011	10	10	20	2011
2012	10	10	20	2012
2013	10	10	20	2013
2014	10	10	20	2014
2015	10	10	20	2015
2016	10	10	20	2016
2017	10	10	20	2017
2018	10	10	20	2018
2019	10	10	20	2019
2020	10	10	20	2020
2021	10	10	20	2021
2022	10	10	20	2022
2023	10	10	20	2023
2024	10	10	20	2024
2025	10	10	20	2025
2026	10	10	20	2026
2027	10	10	20	2027
2028	10	10	20	2028
2029	10	10	20	2029
2030	10	10	20	2030
2031	10	10	20	2031
2032	10	10	20	2032
2033	10	10	20	2033
2034	10	10	20	2034
2035	10	10	20	2035
2036	10	10	20	2036
2037	10	10	20	2037
2038	10	10	20	2038
2039	10	10	20	2039
2040	10	10	20	2040
2041	10	10	20	2041
2042	10	10	20	2042
2043	10	10	20	2043
2044	10	10	20	2044
2045	10	10	20	2045
2046	10	10	20	2046
2047	10	10	20	2047
2048	10	10	20	2048
2049	10	10	20	2049
2050	10	10	20	2050
2051	10	10	20	2051
2052	10	10	20	2052
2053	10	10	20	2053
2054	10	10	20	2054
2055	10	10	20	2055
2056	10	10	20	2056
2057	10	10	20	2057
2058	10	10	20	2058
2059	10	10	20	2059
2060	10	10	20	2060
2061	10	10	20	2061
2062	10	10	20	2062
2063	10	10	20	2063
2064	10	10	20	2064
2065	10	10	20	2065
2066	10	10	20	2066
2067	10	10	20	2067
2068	10	10	20	2068
2069	10	10	20	2069
2070	10	10	20	2070
2071	10	10	20	2071
2072	10	10	20	2072
2073	10	10	20	2073
2074	10	10	20	2074
2075	10	10	20	2075
2076	10	10	20	2076
2077	10	10	20	2077
2078	10	10	20	2078
2079	10	10	20	2079
2080	10	10	20	2080
2081	10	10	20	2081
2082	10	10	20	2082
2083	10	10	20	2083
2084	10	10	20	2084
2085	10	10	20	2085
2086	10	10	20	2086
2087	10	10	20	2087
2088	10	10	20	2088
2089	10	10	20	2089
2090	10	10	20	2090
2091	10	10	20	2091
2092	10	10	20	2092
2093	10	10	20	2093
2094	10	10	20	2094
2095	10	10	20	2095
2096	10	10	20	2096
2097	10	10	20	2097
2098	10	10	20	2098
2099	10	10	20	2099
2100	10	10	20	2100

APPENDIX

PROVISION OF SCHOOL MEALS AND MILK

Free milk was supplied until July 1965, to all school children in the Borough and from the Autumn term onwards to children in Primary Schools and Special Schools only.

A census taken on 1st September 1965 showed that 21,524 children (approximately 90% of Primary and 89% of Secondary special pupils) were eligible for free milk. This was made up of 20,725 of infants, 90% of Primary and 89% of Secondary special pupils.

Free milk is also supplied to approximately 1,000 children of Primary school age in non-maintained schools.

All milk is pasteurized and the sources of supplies are under the constant supervision of the Medical Officer of Health.

The average number of meals per day served to children during term time during 1968 was 26,000 and in the school holidays 250.

The estimate for total expenditure on meals and milk for 1968/69 is £216,000 and for income from payment and other sources—£230,132. This gives a net cost of £48,968 chargeable on the voter.

Year	Meals	Milk	Total
1968/69	41	4	45
1969/70	41	4	45
1970/71	41	4	45
1971/72	41	4	45
1972/73	41	4	45
1973/74	41	4	45
1974/75	41	4	45
1975/76	41	4	45
1976/77	41	4	45
1977/78	41	4	45
1978/79	41	4	45
1979/80	41	4	45
1980/81	41	4	45
1981/82	41	4	45
1982/83	41	4	45
1983/84	41	4	45
1984/85	41	4	45
1985/86	41	4	45
1986/87	41	4	45
1987/88	41	4	45
1988/89	41	4	45
1989/90	41	4	45
1990/91	41	4	45
1991/92	41	4	45
1992/93	41	4	45
1993/94	41	4	45
1994/95	41	4	45
1995/96	41	4	45
1996/97	41	4	45
1997/98	41	4	45
1998/99	41	4	45
1999/00	41	4	45
2000/01	41	4	45
2001/02	41	4	45
2002/03	41	4	45
2003/04	41	4	45
2004/05	41	4	45
2005/06	41	4	45
2006/07	41	4	45
2007/08	41	4	45
2008/09	41	4	45
2009/10	41	4	45
2010/11	41	4	45
2011/12	41	4	45
2012/13	41	4	45
2013/14	41	4	45
2014/15	41	4	45
2015/16	41	4	45
2016/17	41	4	45
2017/18	41	4	45
2018/19	41	4	45
2019/20	41	4	45
2020/21	41	4	45
2021/22	41	4	45
2022/23	41	4	45
2023/24	41	4	45
2024/25	41	4	45
2025/26	41	4	45
2026/27	41	4	45
2027/28	41	4	45
2028/29	41	4	45
2029/30	41	4	45
2030/31	41	4	45
2031/32	41	4	45
2032/33	41	4	45
2033/34	41	4	45
2034/35	41	4	45
2035/36	41	4	45
2036/37	41	4	45
2037/38	41	4	45
2038/39	41	4	45
2039/40	41	4	45
2040/41	41	4	45
2041/42	41	4	45
2042/43	41	4	45
2043/44	41	4	45
2044/45	41	4	45
2045/46	41	4	45
2046/47	41	4	45
2047/48	41	4	45
2048/49	41	4	45
2049/50	41	4	45
2050/51	41	4	45
2051/52	41	4	45
2052/53	41	4	45
2053/54	41	4	45
2054/55	41	4	45
2055/56	41	4	45
2056/57	41	4	45
2057/58	41	4	45
2058/59	41	4	45
2059/60	41	4	45
2060/61	41	4	45
2061/62	41	4	45
2062/63	41	4	45
2063/64	41	4	45
2064/65	41	4	45
2065/66	41	4	45
2066/67	41	4	45
2067/68	41	4	45
2068/69	41	4	45
2069/70	41	4	45
2070/71	41	4	45
2071/72	41	4	45
2072/73	41	4	45
2073/74	41	4	45
2074/75	41	4	45
2075/76	41	4	45
2076/77	41	4	45
2077/78	41	4	45
2078/79	41	4	45
2079/80	41	4	45
2080/81	41	4	45
2081/82	41	4	45
2082/83	41	4	45
2083/84	41	4	45
2084/85	41	4	45
2085/86	41	4	45
2086/87	41	4	45
2087/88	41	4	45
2088/89	41	4	45
2089/90	41	4	45
2090/91	41	4	45
2091/92	41	4	45
2092/93	41	4	45
2093/94	41	4	45
2094/95	41	4	45
2095/96	41	4	45
2096/97	41	4	45

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools — 39,981

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)
1964 and later	542	542	—	9	18	24
1963	2,556	2,528	28	57	101	154
1962	1,340	1,334	6	41	79	113
1961	424	418	6	13	24	36
1960	1,469	1,461	8	66	62	127
1959	554	551	3	31	24	49
1958	1,040	1,029	11	40	37	75
1957	1,363	1,349	14	67	83	139
1956	712	711	1	30	32	61
1955	232	230	2	8	8	16
1954	684	683	1	34	27	57
1953 and earlier	1,848	1,835	13	81	96	164
Total	12,764	12,671	93	477	591	1,015

Col. (3) total as a percentage of Col. (2) total 99.28%
 Col. (4) total as a percentage of Col. (2) total 0.72%
 } to two places of decimals.

TABLE B. OTHER INSPECTIONS

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

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

Number of Special Inspections	2,469
Number of Re-inspections	2,123
Total	4,592

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	31,020
(b) Total number of individual pupils found to be infested	195
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	109
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	4

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	39
Errors of refraction (including squint)	2,451
Total	2,490
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	1,039
(b) for adenoids and chronic tonsillitis	70
(c) for other nose and throat conditions	12
Received other forms of treatment	98
Total	1,800
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1968	14
(b) in previous years	52

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	984
(b) Pupils treated at school for postural defects	—
Total	984

TABLE D. DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm (a) Scalp	1
(b) Body	25
Scabies	2
Impetigo	49
Other skin diseases	—
Total	77

TABLE E. CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	455

TABLE F. SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	424

TABLE G. OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	626
(b) Pupils who received convalescent treatment under School Health Service arrangements	18
(c) Pupils who received B.C.G. vaccination	2,135
(d) Other than (a), (b) and (c) above	
Please specify :	
Lungs (Breathing Exercises)	82
Psychological (Stability)	98
" (Development)	10
Total : (a) — (d)	2,969

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	15	25	34	74	5
		O	224	124	197	545	45
5	Eyes— <i>a.</i> Vision	T	95	85	204	384	84
		O	299	243	420	962	112
	<i>b.</i> Squint	T	17	3	8	28	3
		O	60	9	41	110	3
	<i>c.</i> Other	T	7	5	3	15	1
		O	30	12	39	81	16
6	Ears— <i>a.</i> Hearing	T	4	6	13	23	35
		O	171	41	102	314	93
	<i>b.</i> Otitis Media	T	6	—	2	8	3
		O	253	28	171	452	17
	<i>c.</i> Other	T	—	—	5	5	9
		O	88	11	45	144	18
7	Nose and Throat	T	33	9	24	66	14
		O	523	68	270	861	52
8	Speech	T	33	4	19	56	25
		O	118	5	73	196	16
9	Lymphatic Glands	T	1	1	1	3	2
		O	264	19	211	494	28
10	Heart	T	—	1	—	1	1
		O	83	22	56	161	10
11	Lungs	T	5	2	1	8	—
		O	173	21	101	305	43
12	Developmental— <i>a.</i> Hernia	T	3	—	3	6	2
		O	62	10	56	128	7
	<i>b.</i> Other	T	3	1	10	14	1
		O	126	18	80	224	17
13	Orthopaedic— <i>a.</i> Posture	T	9	15	14	38	—
		O	73	42	136	251	21
	<i>b.</i> Feet	T	39	28	42	109	31
		O	128	71	165	364	18
	<i>c.</i> Other	T	8	16	12	36	15
		O	55	39	59	153	10
14	Nervous System— <i>a.</i> Epilepsy	T	—	—	1	1	—
		O	8	3	12	23	2
	<i>b.</i> Other	T	—	1	—	1	—
		O	15	12	16	43	6
15	Psychological— <i>a.</i> Development	T	1	1	2	4	2
		O	76	14	69	159	32
	<i>b.</i> Stability	T	87	44	61	192	50
		O	371	93	366	830	166
16	Abdomen	T	—	—	1	1	1
		O	31	12	46	89	27
17	Other	T	222	51	331	604	38
		O	44	38	126	208	81

SCHOOL DENTAL SERVICE

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January 1968 as in Form 7, 7m and 11 Schools 39,981

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	3,671	2,736	777	7,184
Subsequent visits	6,654	7,801	2,561	17,016
Total visits	10,325	10,537	3,338	24,200
Additional courses of treatment commenced	793	493	135	1,421
Fillings in permanent teeth	3,546	8,312	3,967	15,825
Fillings in deciduous teeth	6,971	886	—	7,857
Permanent teeth filled	2,913	7,236	3,457	13,606
Deciduous teeth filled	6,202	752	—	6,954
Permanent teeth extracted	147	587	173	907
Deciduous teeth extracted	2,521	798	—	3,319
General anaesthetics	1,000	346	49	1,395
Emergencies	177	103	28	308

ORTHODONTICS

Number of Pupils X-rayed	704
Prophylaxis	1,134
Teeth otherwise conserved	487
Number of teeth root filled	27
Inlays	10
Crowns	15
Courses of treatment completed	5,801
Cases remaining from previous year	172
New cases commenced during year	126
Cases completed during year	96
Cases discontinued during year	68
No. of removable appliances fitted	235
No. of fixed appliances fitted	30
Pupils referred to Hospital Consultant	37

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time) — — —	—	—	—	—
Pupils supplied with other dentures (first time) — — —	1	6	8	15
Number of dentures supplied —	1	6	8	15

INSPECTIONS

(a) First Inspection at school. Number of Pupils —	20,494
(b) First Inspection at clinic. Number of Pupils —	4,815
Number of (a) + (b) found to require treatment	15,499
Number of (a) + (b) offered treatment — —	12,647
(c) Pupils re-inspected at school clinic — —	1,802
Number of (c) found to require treatment —	1,184

SESSIONS

Sessions devoted to treatment — — —	4,382
Sessions devoted to inspection — — —	269.5
Sessions devoted to Dental Health Education —	14



