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LONDON BOROUGH OF BRENT

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# REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1970

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



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## COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1970/71

The Mayor, Councillor D. J. Jackson, is an ex-officio member of all Committees and Sub-Committees.

### HEALTH COMMITTEE

*Chairman:* Councillor Miss D. J. Cowan

*Vice-Chairman:* Councillor Mrs. A. M. Newland

Alderman A. Otten	Councillor W. Dromey
Councillor Mrs. K. Bowtell	.. Mrs. D. M. Francis (from 31.12.70)
.. P. T. Capel (until 31.12.70)	.. R. Haslehurst (until 31.12.70)
.. A. J. Cowan	.. O. Stone
.. M. Curley	.. R. Stone (from 31.12.70)
.. Mrs. B. de Metz	.. H. Tucker
.. R. E. Dinsey	

### SOCIAL SERVICES COMMITTEE

*Chairman:* Alderman Mrs. R. G. N. Taylor, O.B.E.

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

Alderman A. Otten	Councillor Mrs. B. de Metz
Councillor F. W. Abraham	.. Mrs. L. Dunbar
.. Mrs. J. Bowen	.. J. Lebor
.. Mrs. K. Bowtell	.. Mrs. A. M. Newland
.. Mrs. P. Brothers	.. Mrs. G. Tookey
.. G. R. Cadogan-Ogg	

# LONDON BOROUGH OF BRENT

## 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) (Resigned 31.7.70)
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 M. Wetherell, S.C.M. (Retired 31.3.70) Miss A. L. Morris, S.R.N., S.C.M. (e) (appointed 1.4.70)
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.  
July, 1971

To the Mayor, Aldermen and Councillors of the Borough.

Mr. Mayor, Ladies and Gentlemen,

The second Green Paper on the health services was made available by the Government during the year and for a large part of the period it was confidently expected that the suggestions put forward in the Green Paper would be adopted and would represent a pattern for the personal health services of local health authorities in the foreseeable future. However, the change of government completely altered this picture and the concept of the area health board responsible for each of the three branches of the National Health Service became very much less likely and certainly far more remote. It appeared, therefore, that in the foreseeable future the personal services and the environmental activities of the health department must remain local authority functions.

During the year, also, the Seebohm Committee Report was before Parliament and resulted in the Local Authority Social Services Act, which produced a clear-cut line between medical services and social services. Mental health, day nurseries, home helps and quite a number of other functions were to be removed from the medical department and placed with the social services department. A division was necessarily made and no matter where the line is drawn, this line must be fictitious, as the two are indivisible. However, the Act clearly instructed local authorities to appoint a Director of Social Services and to transfer the functions.

Needless to say, this division and this fragmentation of health including the removal of functions under the National Assistance Act from the Health Department has created a very substantial feeling of insecurity amongst the members of the Health Department staff. Recruiting in all professional and technical categories has become extremely difficult as the future is by no means clear. Many staff will be transferred to the Social Services Department and opportunities in health will be substantially reduced. The Council appointed a Director of Social Services in July, but in agreement with the Director, the Medical Officer of Health continued to be responsible through his staff for the day to day running of social services, whereas the Director concerned himself with forward planning. This agreement has meant that the clients did not suffer and despite difficulties has functioned reasonably effectively.

Implicit in this arrangement was that the Annual Report should take the same form for this year as it had done in previous years because the function of the services, despite committee changes, remained substantially unchanged until the end of the year.

During the year the management report on Brent which was submitted late in 1969 was the subject of discussion and decision by the Council. The effect of the report was to place members of the staff on their mettle and insofar as it stimulated contemplation of function was of benefit to the Council's services though considerable reorganisation and re-adjustment was necessary during the year under the management scheme and the effects of this reflected substantially on the organisation of the Department towards the end of the year under review.

The role of the medical administrator was examined by a National Working Party set up by the Government called the Hunter Working Party which is at the present time reviewing the functions of the medical administrators both in the health service and in the hospital and Executive Council services. What the outcome of this investigation will be remains for the future but it is contained that the Health Department requires as its head a medically trained manager just as a legally qualified person should be the Clerk of the Peace or a financially trained director in charge of a financial corporation.

In the autumn the first health centre constructed in the Borough to bring together medical practice and local authority services was opened at Chalkhill. This was the culmination of several years work and planning and has resulted in a centre which is functionally more than adequate, in fact, it is one of the better health centres which it has been my experience to visit. In the early stages of planning it was impossible to obtain help from publications and difficult to obtain assistance from visits to existing health centres as few were operative. However, the planning has resulted in a more than satisfactory health centre which with the co-operation of the staff, the family doctors and the Executive Council is serving a large number of residents in the Borough.

In conclusion, I express my gratitude to colleagues within the Department who have so conscientiously helped to prepare the report and to the staff of other departments who have given advice and assistance. My thanks are due also to the Mayor, the Chairman of the Health Committee and to all Members of the Council for their continued support, guidance and advice during the year.

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 1970—Registrar General's mid-1970 estimate	278,500
Number of structurally separate dwellings occupied (1961 census)	81,866
Number of private households (1961 census)	97,701
Rateable value (all hereditaments) 1st April, 1970	£20,648,487
Product of a penny rate, financial year 1970/71 (estimated)	£82,800
Live births	
Number	5,243
Rate per 1,000 population (crude)	18.8
Rate per 1,000 population (adjusted)	16.9
Illegitimate live births per cent. of total live births	15.0
Stillbirths	
Number	68
Rate per 1,000 total live births and stillbirths	12.8
Total live and stillbirths	5,311
Infant deaths (under 1 year)	90
Infant mortality rates	
Total infant deaths per 1,000 total live births	17.2
Legitimate infant deaths per 1,000 legitimate live births	15.7
Illegitimate infant deaths per 1,000 illegitimate live births	25.3
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12.6
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	11.3
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	23.9
Maternal mortality (including abortion)	
Number of deaths	5
Rate per 1,000 total live and stillbirths	0.94
Deaths	2,919
Death-rate per 1,000 population (crude)	10.5
Death-rate per 1,000 population (adjusted)	11.6
Deaths from cancer (all forms)	706
Death rate from cancer (all forms) per 1,000 population	2.5

## BIRTHS

In 1970, 5,243 live births were registered (2,731 males and 2,512 females) giving a crude birth rate of 18.8 per thousand estimated population compared with rates of 20.1 in 1968 and 19.5 in 1969. 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 16.9 which is slightly above the provisional rate for England and Wales, which was 16.0 per thousand population.

There were 789 illegitimate live births, i.e. 15 per cent of total live births, a slight increase compared with last year (14.7 per cent). The figure for England and Wales was 8 per cent.

## STILLBIRTHS

Sixty-eight babies were stillborn, giving a rate of 12.8 per thousand live and stillbirths, slightly below the provisional rate for England and Wales which was 13.0.

## DEATHS

The total number of deaths was 2,919 giving a crude death rate of 10.5 per thousand population. When the comparability factor is applied, the standardised rate is 11.6, slightly below the provisional rate



for England and Wales, which was 11.7. The number of deaths from all causes is shown in Table 1. The main causes of death and rates per thousand population are shown in Table 2. Diseases of the circulatory system (active rheumatic fever, heart disease, hypertensive disease, cerebrovascular disease, etc.) continue to be the leading cause of death with a rate of 4.8, followed by malignant neoplasms with a rate of 2.5.

#### *Infectious Diseases*

Three men and four women died from tuberculosis of the respiratory system and late effects of respiratory tuberculosis. There were no deaths from any other notifiable disease.

#### *Cancer of the Lung and Bronchus*

Once again cancer of the lung and bronchus continued to be the commonest cause of fatal malignant disease. One hundred and fifty-five men and 34 women died compared with 158 men and 44 women in 1969. The Department distributed a considerable amount of literature on the relationship between smoking and lung cancer to schools, youth clubs and other organisations. Posters were displayed in clinics and literature was available. In response to a request from the Central Middlesex Hospital, posters were displayed in the hospital waiting rooms and corridors in November and these posters will be changed bi-monthly.

#### *Bronchitis and Emphysema*

One hundred men and 45 women died from bronchitis and emphysema compared with 116 men and 49 women in 1969. The sex difference in numbers of deaths is probably related 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 5 maternal deaths, giving a rate of 0.94 per thousand (total live and stillbirths), compared with 4 deaths and a rate of 0.72 in 1969. The provisional rate for England and Wales was 0.18 per thousand total live and stillbirths.

#### *Motor Vehicle Accidents*

Thirty-two residents died as a result of accidents involving motor vehicles (22 males, 10 females).

#### *All Other Accidents*

Twenty-five males and 27 females died as a result of other accidents, the commonest causes being falls at home and at work, burns and inhalation of fire fumes, carbon monoxide poisoning, drug overdose and drowning. More than 50 per cent of the deaths were among children under 5 and people over 65 years (12 children and 18 over 65 years).

#### *Suicides*

Twelve men and 9 women committed suicide or died from self-inflicted injuries.

### INFANT MORTALITY

In 1970, 90 children died in the first year of life—59 in the first week and another 7 in the first month. There was a decrease in the infant mortality rate compared with 1969, from 19.1 per 1,000 live births to 17.2, which was slightly below 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) also decreased slightly from 24.3 to 23.9, a little above the provisional figure for England and Wales, which was 23.0.

#### CAUSES OF DEATH (TABLE 3)

The main cause of infant mortality was birth injury, difficult labour and other anoxic and hypoxic conditions. Twenty-seven babies died in the first week of life and 2 in the second.

Seventeen babies died of other causes of perinatal mortality. Eleven of these deaths were due to prematurity.

Pneumonia and other diseases of the respiratory system caused 12 deaths. Antibiotics and improved environmental conditions have decreased the number of deaths from these causes considerably over the past few years.

Once again there was only 1 death from enteritis and other diarrhoeal diseases. There is no doubt that the valuable educational work done by the health visitors has contributed to this low death rate.

There were 18 deaths from congenital anomalies, 6 from intestinal obstruction, hernia and other diseases of the digestive system, 6 from miscellaneous causes, and 2 from accidents, both children being involved in fires.

### PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

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

A summary of notified and confirmed cases for 1969 and 1970 is shown in Table 4.

#### CHOLERA

There were no cases in the Borough, but 8 people were put under surveillance after returning from endemic areas without valid vaccination certificates.

## DIPHTHERIA

There were no cases during 1970 in the Borough.

## DYSENTERY

There were 49 confirmed cases compared with 113 in 1969. On 8 occasions, several members of one family were found to be infected. However, these were sporadic incidents, the various families were not connected in any way and there was no evidence of or common source of infection. All cases were followed up until free from infection.

Several children at a day nursery were suffering from loose stools and on examination of stools of all the children attending, 4 were found to have shigella sonnei. These children received treatment and were excluded from the nursery until free from infection.

## ENCEPHALITIS

One case was notified but not confirmed.

## FOOD POISONING

During the year, 46 confirmed cases and their contacts were dealt with. Where food handlers were involved they were either excluded from work or given other duties.

There were no general outbreaks of food poisoning in the Borough this year. Nine cases were thought to have contracted the infection whilst on holiday abroad, and another 2 cases were residents involved in two separate outbreaks originating outside the Borough.

## MEASLES

There was an increase in the number of cases notified (1,191) compared with 1969 (970), but they did not reach the figure of 1968 which was 1,367.

## POLIOMYELITIS

There were no cases in the Borough this year.

## SMALLPOX

There were no cases in the Borough, but 60 people were put under routine surveillance after arriving from endemic areas abroad without valid vaccination certificates.

## TYPHOID AND PARATYPHOID FEVER

During the year 5 cases of typhoid and 2 cases of paratyphoid fever were notified and confirmed. There was no pattern indicating route of infection. In the case of typhoid fever, 2 patients were young children, one of whom was probably infected through the mother, found on investigation to be a carrier, and the second probably infected from a house contact who gave a history of typhoid fever in Dominica five years ago.

Despite the frequency of continental holidays, only one patient apparently contracted the disease abroad and was subsequently diagnosed on return to this country. The fourth case was a man aged 23 who suffered from a "flu-like" illness but was subsequently admitted to hospital with an abscess of the right tibia, pus from which revealed a heavy growth of *Salmonella typhi*.

The final case was a male sound recordist who freelanced for television companies travelling during the relevant period in Turkey and the Lebanon. At the time of the visits vaccination against smallpox and cholera was compulsory for visitors to these lands, but the history of TAB vaccination was doubtful.

No secondary cases occurred from the notified individuals. It is sound practice, however, if holidays are contemplated in Europe and further afield, to receive prior vaccination some three months at least before the visit is undertaken.

Of the 2 paratyphoid cases, one had recently returned from Pakistan where the infection probably occurred, and the second developed symptoms within 14 days of return from a tour of Europe.

As well as these cases, 31 persons were kept under surveillance after they had returned to the Borough from endemic areas abroad or had been contacts of confirmed cases in other Boroughs.

## WHOOPIING COUGH

There were 78 cases notified this year compared with 37 for 1969.

## OPHTHALMIA NEONATORUM

There was no impairment of vision in the 2 cases which were confirmed.

## INFECTIVE JAUNDICE

Details of the 46 cases confirmed as suffering from the disease were sent 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 6 months. In addition, it may enable the Service to stop a recent donation from being used clinically or induced in a pool of plasma.

Particular attention has been focused 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. 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.

### HEALTH EDUCATION

Prevention is better than cure. Most of us have used this expression but we do not really practice it. We over indulge ourselves in one way or another to the detriment of our mind, body and environment. We grumble about having too little money yet we spend some of what we have to build up discomfort and ill health and then spend more to relieve the eventual outcome.

Accidents, painful feet, bad teeth, and some infections, for example, can mostly be prevented with a little effort. We don't need to abuse drugs, venereal disease approaches measles in its incidence and so the list of unnecessary ailments and illnesses goes on.

Obesity is on the increase and some Doctors greatly concerned with the growing number of children with this incapacity, are holding special sessions to encourage and help them to reduce weight. How much easier it would be if we did not encourage the "sweet tooth" in the first place. An extra spoonful of sugar in baby's bottle, a sweet as a reward, another one to comfort and so it builds up as a habit to be given into whenever consolation is needed.

Brent's team of health lecturers gave 187 talks to school children in 30 schools in the Borough. Sixty-five talks were given to various lay adult groups and 41 to professional students. Three hundred and seventy-five mothercraft classes were held in Clinics. Films and demonstrations supported many of the aforesaid talks.

A monthly preview of films were shown to professional audiences and parents-to-be visited Clinics for showings of the film "To Janet a Son".

The increase in venereal disease has caused great concern and notices were prepared and displayed in all the Council's public toilets, giving details of services available in Hospitals for those suspecting they may have contracted the disease. Requests were also received from factories for copies of this notice.

Family planning, cervical cytology, immunisation and home safety were among the many subjects campaigned in the year.

Interest in anti smoking campaigns appeared to be waning when the Central Middlesex Group Hospital Management Committee asked for help in an all out drive to bring to the notice of visitors, patients and staff the great dangers of smoking, both long and short term. Smoking is not now allowed in the Central Middlesex Hospital except in the appropriate lounges. Posters were displayed in all corridors and waiting rooms in the Hospital, and are renewed bi-monthly. A great deal of interest is shown by the staff of the Hospital in the project.

The Brent Show and Welcome to Citizenship were again supported by displays, and the questions asked by the young people at the Welcome to Citizenship again showed their interest in the work of the Health Department.

General Practitioners work in close liaison with the health staff and more trainees are visiting the Department to see for themselves the services available to Brent residents.

Posters and leaflets have been requested on a great many subjects by schools, general practitioners, factory managements and students to mention just a few.

### MEDICAL ASSESSMENTS AND MEDICAL REPORTS

New entrants to the Council's service are requested to complete a medical assessment form. The forms are scrutinized 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 carried out. During the year 1970, 2,144 assessments were dealt with. Further information was obtained from general practitioners in 15 cases, from hospitals in 7 cases and from Chest Clinics in 5 cases. It was not necessary to carry out any medical examinations.

Eleven medical examinations were carried out on behalf of other local authorities. Seven medical examinations were carried out on behalf of other Departments of the Council where the Chief Officer considered it necessary before granting an extension of service. Eleven members of the staff were recommended for retirement on the grounds of permanent ill health.

It is a requirement of the Department of Education and Science that all teachers, on their first appointment, and applicants for entry to Teacher Training Colleges, be medically examined. One hundred and thirty-four teachers and 202 trainees were examined by Medical Officers in the Department.

### TRAINING

The scheme of training in the Health and Welfare Department commenced at the inauguration of the Borough and its rapid development demonstrates its value in securing adequate and competent staff. In this report, a summary of the training undertaken in 1970 is provided to demonstrate the present extent and scope of programmes within the Department. The Department cannot maintain a staff of adequate standard apart from in-service training. The authority must also recognise its responsibility to raise the professional and technical standards within its scope and accept also some obligation for interdisciplinary management training.

Generally speaking, the emphasis in this Department has been to train staff specifically for and up to the standard of a recognisable qualification, preferably of national standing, which is basic to the technical discipline involved and is secured by examination at the end of the period of instruction. Other items of training are undertaken which constitute revision or refreshing the in-service member of the staff, but these are regarded as secondary to the basic professional training leading to qualification.

#### *Medical and Dental Officers*

No medical officer was seconded in this year to complete the Diploma in Public Health course, but in the last 5 years 3 doctors have been sent and successfully taken the Diploma in Public Health examination.

Two medical officers have been sponsored for the 2 weeks' course on the Developmental Assessment of Children, and four medical officers have also been permitted to attend school in-service seminars. It is the normal practice to delegate the Medical Officer of Health to attend the Royal Society of Health Congress and the Deputy Medical Officer of Health to attend the Royal Institute of Public Health and Hygiene Conference. A senior medical officer attended the five day management course of the Society of Medical Officers of Health. Three dental officers attended refresher courses of 2 to 5 days and one represented the Borough at the British Dental Association Conference.

One speech therapist attended the National Conference of the College of Speech Therapists and 2 audiologists day refresher courses.

#### *Administrative Officers*

The Deputy Chief Administrative Officer attended the London Boroughs Management Appreciation Course and a Senior Administrative Officer attended the Summer School of the Association of Health Administrative Officers. One officer is on day release, studying for the D.M.A. and several clerical officers are released one day a week for various studies appropriate to their calling.

#### *Public Health Inspectors*

The establishment includes 4 pupil inspectors and during the year 3 were in post, pursuing the 4 year course leading to the Diploma of the Public Health Inspectors' Education Board. The training programme runs from year to year and during 1970, 2 pupils qualified, one remaining to sit the examination in the future. Various inspectors attended a Poultry Hygiene Course arranged by the College for the Distributive Trades, and Symposia on Housing and on Noise Control. The Chief Inspector attended the Annual Conference of the Association of Public Health Inspectors and his Deputy the Conference of the National Society for Clean Air.

#### *Nursing Services*

Students are sponsored for one academic year on a course which qualifies them to sit for the Health Visitors' Certificate. The pupil attends a technical college for 3 terms and is required to do 3 months practical training in the summer. Five student health visitors were recruited during the year and 4 were successful in qualifying. Four health visitors attended refresher courses and 2 attended an audiology course. Seven were allowed to participate in various day courses on subjects such as geriatrics, diabetes and spina bifida. The Superintendent attended the Conference of the National Association for Maternal and Child Welfare and the Annual Congress of the Royal Society of Health. She was also present on a one day Management Appreciation Course.

Three midwives attended refresher courses, as required by the rules of the Central Midwives Board. Selected district nurses, after recruitment, are released to attend the Chiswick Polytechnic 2 days per week for 3 months on a course leading to the Ministry of Health's National Certificate in District Nursing. Five nurses completed this training course and 4 attended refresher courses. Eight nurses attended one day courses of study on appropriate subjects and the Clinical Nursing Officer was allowed to participate in a Management Appreciation Course.

#### *Day Nurseries*

Extensive training takes place year by year in the Day Nursery Service and at any one time some 60 students are employed on the staff, taking 2 days release per week in order to attend the technical colleges and qualify themselves to sit for the National Nursery Examination Board Certificate. During the year 60 students were in post and at the end of the year some 28 were successful in securing the N.N.E.B. qualification. Two matrons attended the Annual Conference of the National Association of Nursery Matrons.

#### *Social Work Training*

Two trainee mental health social workers were following full-time courses leading to the Certificate in Social Work, and 2 officers were seconded on full-time courses for recognised qualifications appropriate to their calling. No individual submitted himself for examination during the year, as the two year courses did not expire during the period. Six social workers attended day release courses and the Deputy Chief Mental Health Social Worker attended the London Boroughs' Management Course for one week. One social worker on general duties was seconded on a full-time course leading to the Certificate for Social Work and was successful in the examination. One was allowed day release for preliminary study leading to the Certificate for Social Work. One senior officer attended a Conference on Geriatric Services and also a Conference on the Use of Drugs in Old Persons' Homes.

#### *Residential Staff*

Training of residential staffs included 1 matron attending the London Boroughs' Course (day release) for 3 terms and 6 attendants attended similar day release courses for 7 weeks.

This amount of training throws strain on the officers who remain behind, who must meet the work load, but is thought to be essential to provide in the future adequate qualified staffs.

## PERSONAL HEALTH SERVICES

### HEALTH CENTRE DEVELOPMENT

The Chalkhill Health Centre, the first to be provided by the Council, was handed over to the Department by the Borough Architect's Department on 22nd September 1970. The Centre occupies the ground floor of a block of flats in the Chalkhill Redevelopment Area, and is a few minutes walk from Wembley Park Station and main bus routes. There are ten consulting and ten examination rooms for general practitioners; two dental surgeries with dark room, workshop and separate waiting area; and accommodation for the Council to provide clinic services. The final estimated cost, including building, fees, furniture and equipment is £83,880.

The Department moved into the Centre on 22nd September followed 2 days later by the first general practitioner. On the 25th September, the first patients attended the general practitioner's surgery and the local authority's child welfare clinic. During the early part of October, 8 more general practitioners moved in and vaccination and immunisation, ante-natal and birth control clinics organised by the Council commenced. A morning cytology clinic commenced on 2nd December. His Worship the Mayor, Councillor D. Jackson, officially opened the Centre on 5th December.

With the opening of the Centre, Church Lane Clinic was closed and the premises handed back to the Education Department.

It is anticipated that a tenth general practitioner and a private dental surgeon will move in during the early part of 1971. A Mothers' Club and an evening cytology clinic are planned to commence in January 1971, speech therapy and chiropody clinics in May 1971 and the local authority dental service in June.

Dr. Michael Arnold, Chairman of the Management Committee, has very kindly provided the following report:—

"About 6 years ago, following discussions between general practitioners in the Wembley Park area, the Health and Welfare Department, the Ministry of Health and the Middlesex Executive Council, a steering committee was set up to consider the possibility of a combined general practitioner/local authority health centre in the Chalkhill/Wembley Park area.

At the end of September the first general practitioner moved into the Chalkhill Health Centre, together with other health workers. This was quickly followed by the inclusion of 8 more general practitioners from the immediate area. This move necessitated the maintenance of the doctors' previous practice commitments in a new setting, and the inclusion of certain new patients from the area of the Chalkhill Estate. Overnight patients and doctors, hitherto used to the familiar surroundings of individual surgeries, found themselves dealing with a new, interesting and initially strange, sometimes puzzling, environment.

We have now had several months to settle in and appraise the new situation. While this Centre can be regarded as in the vanguard of British health centre progress, within a few years such establishments will become quite common throughout the country.

What do patients feel? Are the doctors and medical staff happy in this new environment? Although some patients had difficulties initially, it is becoming clear that there are distinct advantages:—

1. A modern Centre with pleasant, comfortable surroundings and better waiting facilities;
2. A considerably shorter waiting period due to an appointments system, a situation which we hope will continue to improve;
3. A wider range of available services under the one roof, which will continue to expand as time goes by;
4. The waiting area incorporates a children's playroom and pram shelter.

Considerable organisational problems have had to be overcome and there have been the usual structural difficulties that one would expect in a new building, but these are being dealt with. From the doctors' point of view the surroundings are more comfortable and the appointments system makes for more organised and predetermined work. The telephone system is good and the question of property maintenance, staffing, cleaning, etc., is handled to a considerable extent by the Borough.

The presence of health visitors, ancillary local authority clinics and those who run them, makes certain services more accessible to the general practitioner and there is no doubt that working in closer liaison with one's colleagues has created an added value and interest.

Some may feel that there is the danger of an erosion of the personal side of the doctor/patient relationship in the operation of a health centre. However, this has been borne very much in mind and, except for holidays and emergency situations, we hope that patients who have been used to seeing their own doctor will continue to do so at the Centre, as hitherto."

The building of the Craven Park Health Centre continued and the expected date of completion is July 1971. It is similar to Chalkhill in that it also occupies the ground floor of a block of flats in the Stonebridge Redevelopment Area. There will also be accommodation for 9 general practitioners and the Council's personal health services, but there will be 4 dental surgeries (2 for private dental surgeons and 2 for local authority dental surgeons) and 2 other surgeries which will normally be used by a dental hygienist and a dental auxiliary.

### CARE OF MOTHERS AND YOUNG CHILDREN

Under Section 22 of the National Health Service Act 1946, it is the duty of the local health authority to make arrangements for the care, including dental care, of expectant and nursing mothers and of children under 5 years of age who are not attending primary schools maintained by the local education authority.

## CHILD HEALTH AND ANTE-NATAL CLINICS

Chichester Terrace Clinic came under the South Kilburn Redevelopment programme, and was closed on 25th March prior to demolition. All records were transferred to Kilburn Square Clinic and families were invited to attend the sessions there. A special session was arranged where they could meet their own district health visitor and so continue contact and relationships already formed. Furniture and fittings were allocated to various clinics and services of the Council, or stored at Kilburn Square until needed elsewhere.

The Chalkhill Health Centre was opened in September. Local authority and general practitioner services are held under the same roof, and a Management Committee deals with re-orientation and adjustment to a new way of working.

Provision of a comprehensive personal service for ante-natal and post-natal mothers and the care of their children is the constant aim of the Council's health clinics. Emphasis is placed upon preventive and health education aspects, and parents are encouraged to avail themselves of all the services for prophylaxis.

The accelerated birth control programme and the increase in child minding both reported elsewhere, have no doubt contributed to the decrease in clinic attendances during the year under review.

*Child Health Clinics*

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,302	53,279	17,217	646	23.1

*Ante-natal Clinics*

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
840	3,492	89	4.3

## MOTHERCRAFT CLASSES

Provision of classes for relaxation and mothercraft for ante-natal mothers are provided in most clinics in the Borough. Two mothers' clubs have been opened, one at Kilburn Square and one at Pound Lane Clinic. A third is being organised at Chalkhill Health Centre. Child development, health and prophylaxis, along with other topics on environment are discussed. A special class to give guidance and support to mothers with children showing behavioural stress or handicap is held at London Road Clinic.

## CERVICAL CYTOLOGY

Sessions for screening for cervical cancer were held throughout the year at London Road Clinic on Friday mornings, Kilburn Square clinic on Saturday mornings and Stag Lane on Wednesday mornings until transfer to Chalkhill Health Centre on 2nd December 1970.

Patients attending the birth control clinics at Chalkhill Health Centre, London Road, Stonebridge and Kilburn Square clinics, and Kingsbury Maternity and Central Middlesex hospitals are also offered screening if required. A scheme to give appointments to Post Office personnel was set up, and provision of an evening session is being actively pursued. One thousand, three hundred and thirty-six patients attended during 1970.

## NURSERIES AND CHILD MINDERS REGULATION ACT 1948

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

There was a steady increase in the number of applications for registration as child minders throughout the year; and a number of removals. Four hundred and thirty-nine persons were registered at the end of 1970, providing 1,356 places. The total number of premises registered for play-groups increased from 45 to 53, providing 1,551 places.

The Council accepted the London Fire Brigade's recommendations on Regulations for Fire Precautions, circulated in October 1969.

All play-groups were visited by one of the Fire Service's Prevention Officers, accompanied by the Superintendent Health Visitor. Advice was given at each visit and written recommendation forwarded to the owner of each group.

In December, a part-time Fire-Prevention Officer was appointed to inspect the premises of all child minders, and progress is most satisfactory.

## PRIORITY DENTAL SERVICE

(TABLE 5)

## REPORT OF THE CHIEF DENTAL OFFICER

More sessions are now being devoted to this service, more patients treated, and more treatment completed. It is felt, however, that only a tiny minority of those requiring dental treatment are actually seen, particularly in the under five group. This is verified by the number found to require treatment at their first school inspection. As there is no compulsory inspection for this age group, it is not possible to assess the percentage which should have treatment. It is important therefore to intensify dental health education for expectant and nursing mothers by every possible means, and to make them aware that full dental treatment is now available on request.

The dread of the dental chair by young children is decreasing, and the blame for the small numbers being treated must be attributed to the apathy or ignorance of parents. Much suffering would be avoided and many teeth saved if more parents appreciated the need for and cared more about dental treatment for young children. Many youngsters and teenagers of tomorrow may well feel resentful regarding the indifference of their parents today.

## PREVENTION OF BREAK-UP OF FAMILIES

The specialised support which the service gives to families in need has been well maintained throughout the year. A hard core of problem families exists in the Borough and all available help is given by the Council's officers to support, advise and encourage such families to be self-supporting. This is extremely time consuming, and selected cases are referred to the Family Service Unit for their intensive case-work.

Case conferences are called when necessary, an evaluation of progress made, and future methods of helping the family are discussed and selected by joint consultation of all officers involved.

Withdrawal of the Family Service Unit social worker is gradual and the Council's officer resumes responsibility when the family shows signs of being able to manage their affairs with less intensive help. Most cases are protracted, many need guidance with finance and budgeting, and/or personal relationship with family and friends.

During 1970, 7 new cases were accepted by the Family Service Unit, 15 cases were closed, and the total case-load was 39.

The Council made a grant of £4,000 to the Unit in 1970/71.

## DAY NURSERIES

(TABLES 6 AND 7)

The Council has 12 day nurseries providing places for 590 children. The standard charge was increased from 17s. 6d. to 25s. 0d. per child per day from 7th January 1970, and the minimum charge was increased from 1s. 0d. to 1s. 9d. per day from 30th November 1970.

Twenty-three students completed their two-year period of training and 20 obtained the N.N.E.B. Certificate. Two matrons attended the Annual Conference of the National Association of Nursery Matrons.

The outstanding work at Vale Farm Nursery, which was approved by the Home Office under the first Phase of the Urban Programme, was completed early in April and re-admission of children commenced on 23rd April. The work consisted of improvement of toilet and cloakroom facilities for children aged 1 to 5, replacement of solid fuel boilers by gas fired boilers, and enlargement of kitchen, at a total cost of £12,500.

The building of the 50 place nursery within the Neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue continued and is due for completion in July 1971. The revised estimated cost of the nursery is £53,900 which includes furniture and fees. It was decided by the Council that the nursery will be known as the Furness Day Nursery.

No further action was taken on the proposal to build a 50 place nursery in the Chalkhill Redevelopment area. The Department of Health and Social Security agreed the need for the nursery but because the number of applications for loan sanction for day nurseries exceeded the amount of capital available for day nursery building, it was not possible for the Secretary of State to include it in the list of capital building projects for which it was hoped to provide loan sanction in the years 1970/71—1972/73.

## 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 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 Social Worker are shared with the London Borough of Harrow.

"Bellevue" was full for most of the year. The number of admissions increased from 59 in 1969 to 78 this year. The average length of stay during the post-natal period increased from 40 days in 1969 to 45 days, and the average length of stay during the ante-natal period was 27 days, which is in line with most other mother and baby homes.

The trend for the year under review seems to have been for mothers to keep their babies, especially in the cases where they spent the 6 week post-natal period in a mother and baby home. However, some mothers wanted their babies fostered directly from hospital pending adoption, and these arrangements were made.

### BIRTH CONTROL

The increasing demand for birth control advice has fully justified the Council's decision to maintain and expand a separate Borough service. The number of sessions was increased and new projects begun. A comprehensive list of clinic sessions is given below, but mention must be made of the session commenced at Kingsbury Maternity Hospital. This was opened in April, in conjunction with the hospital post-natal clinic; all women attending for post-natal examination being offered the service at a time most appropriate for contraceptive advice.

Arrangements were put in hand to set up a similar service at Central Middlesex Hospital, and preliminary discussions commenced on the provision of a domiciliary birth control service. Extra sessions in the Borough clinics were opened at Chalkhill Health Centre and Kilburn Square Clinic. A session at Neasden was arranged and will open when staff are available.

All patients are given free consultations and a modified system of payment for supplies is practised. Free supplies are prescribed for patients in receipt of Social Security Benefit.

The Family Planning Association have free use of Borough Clinics for 5 sessions per week and a grant of £300 was made to the North-West London Branch in 1970/71. A few urgent cases and follow-up patients have had fees paid by the Council.

#### *Clinic Sessions*

Sessions	New Cases	Total Attendances	Average Attendance Per Session
337	911	3,214	9.5

#### *Sessions Held*

Clinic or Health Centre		Sessions Per Week
Chalkhill Health Centre	Administered by Council	1 afternoon
Kilburn Square Clinic	Administered by Council	1 morning and 2 afternoons
Kingsbury Maternity Hospital	Administered by Council	1 afternoon
London Road Clinic	Administered by Council	2 mornings
Stonebridge Clinic	Administered by Council	1 morning and 1 afternoon
Neasden Clinic	Administered by F.P.A.	1 evening
One Tree Hill Clinic	Administered by F.P.A.	1 morning and 1 evening
Pound Lane Clinic	Administered by F.P.A.	1 evening
Stag Lane Clinic	Administered by F.P.A.	1 evening

### 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 19 full-time midwives on the establishment. Thirteen full-time and 1 part-time midwife were employed, the vacancies are not being filled for the time being because of the decrease in the number of domiciliary confinements.

The scheme for attaching midwives to general practitioners' surgeries continues and 5 midwives are now attached. The scheme continues to work satisfactorily.

Midwives who are not attached 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 and use of analgesics, i.e. gas and air, trilene, entinox and pethilorfan.

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

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



Proposals are being considered for the provision of a General Practitioner Unit at Central Middlesex Hospital and it is envisaged that the domiciliary midwives will participate in the scheme in the very near future.

#### REFRESHER COURSES

Two 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.

#### PUPIL MIDWIVES

A total of 20 pupil midwives were accepted for Part II district training from St. Mary's Hospital, Harrow Road, W.9, and Central Middlesex Hospital.

As a result of the continuing decline in domiciliary bookings with its adverse effect on the training of pupils, i.e. insufficient cases to meet the requirements of the Central Midwives' Board, a revised scheme of training was approved by the Board. As from 1st November 1968, the number of cases delivered by pupils was reduced from 10 to 6, an additional 4 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

Six hundred and ten patients were discharged from hospital before the tenth day, compared with 469 in 1969. 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. One part-time midwife is employed solely for the nursing of early discharges, assisted by full-time midwives acting in the capacity of maternity nurses.

#### HEALTH VISITING

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

The increase in the number of child minders has placed a considerable burden upon the staff, in time taken in follow-up visits, enquiries and investigations.

First Effective Visits	Total Effective Visits	Total No. Access	Total Visits as School Nurse
21,359	43,544	11,457	2,320

This year saw the attachment of health visitors to four general practices, one outside the Chalkhill Health Centre and three to practices now operating from within. Liaison schemes are in operation elsewhere.

Attachment to hospital Diabetic and Geriatric Units has proved valuable to both hospital and Council staffs, and provided a more personal service in patient-care.

Study days are shared with hospitals and health visitors attend paediatric rounds at Kingsbury Maternity, Edgware General and Central Middlesex Hospitals. Health visitors have been invited to Case Conferences at Mount Vernon Hospital and Northwick Park Hospital.

#### *Refresher Courses*

Three health visitors attended refresher courses and the Superintendent Health Visitor attended the final weekend follow-up course on Management at Lady Margaret Hall, Oxford.

#### *In-Service Training*

The Group Adviser, who also holds a Tutors' Certificate, has been responsible for the instruction of staff in birth control methods. In this way trained staff have facilitated the rapid expansion of Borough birth control clinics.

Other training is included on page 9.

#### 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 is 49 plus 2 State Enrolled Nurses. 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.

Two thousand, five hundred and seventy new patients were referred during the year, and the nurses paid a total of 116,951 visits to all patients. Six thousand, two hundred and sixty-nine visits were paid by bathing attendants. At the end of the year, 1,316 cases were on the register.

#### GENERAL PRACTITIONER ATTACHMENTS

One new attachment was started during the year, making a total of 17 operating in the Borough. The scheme works well to the satisfaction of the doctors and nurses, resulting in better community care for the patients. One thousand six hundred and thirty-six treatments were given in general practitioners' surgeries under the group attachment schemes.

#### TRAINING AND REFRESHER COURSES

Five nurses attended the District Nurse Training Course at Chiswick Polytechnic. Four were successful and obtained the National Certificate of the Department of Health and Social Security.

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

Four nurses attended refresher courses to comply with the Department of Health and Social Security's recommendation that all home nurses should attend such courses every 5 years.

#### DISPOSABLE EQUIPMENT

The use of pre-sterilised and disposable equipment, which materially improves efficiency and safety, continued.

#### MARIE CURIE MEMORIAL FOUNDATION

Help is given by this Foundation to terminal cases of carcinoma nursed at home. Night nurses were provided for 32 patients during the year, thus enabling relatives to have some rest during the most difficult and trying periods. Three 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. Ninety-seven thousand, two hundred pads were issued in 1970.

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

#### VACCINATION AND IMMUNISATION

Vaccination and immunisation of children against diphtheria, tetanus, whooping cough, poliomyelitis, smallpox and measles was undertaken by Assistant Medical Officers at the Council's clinic 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 five 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	3,088	(2,944)
	Re-vaccination	610	(512)
Diphtheria/tetanus/whooping cough	Primary immunisation	4,809	(3,896)
	Re-inforcing	3,552	(1,991)
Poliomyelitis	Primary immunisation	4,879	(4,325)
	Re-inforcing	3,309	(3,345)
Measles	Primary vaccination	3,146	(2,374)

(Figures for 1969 in brackets)

On 16th September the Health Committee considered Circular 11/70 issued by the Department of Health and Social Security and agreed, as recommended by the Department, that vaccination against Rubella (German Measles) should be offered to all girls in the Borough in their 14th year (i.e. aged 13).

The purpose of this recommendation is to ensure that as many girls as possible are offered protection against rubella before reaching child bearing age, because of the known risks associated with rubella infection in pregnancy.

Only a few vaccinations were done in the Council's clinics or by general practitioners up to the end of the year, but there was an increase from the beginning of 1971 following publicity being given to the scheme and the completion of the necessary administrative arrangements.

### RECUPERATIVE HOLIDAY HOMES

Under Section 28 of the National Health Service Act 1946, the Council is empowered to arrange for the admission to recuperative homes. Recommendations by general practitioners, hospitals and clinics are accepted provided the medical condition is such as to indicate that patients require no form of medical or nursing care, are able to walk and dress unaided, and are 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 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 1970, the Council arranged and accepted financial responsibility for the placement of 52 persons in recuperative holiday homes, and of these 35 were admitted to such homes and 17 cancelled or withdrew. A further 32 applications were received, but were declined as not falling within the scope of the scheme.

In addition, 19 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, physically handicapped, expectant and nursing mothers, and children under school age, continued during the year with no slackening in demand. Four thousand, eight hundred and sixty-nine patients were treated compared with 4,299 in 1969.

The service, which has been free since November 1967, was provided in the main by 3 full-time and 3 part-time chiropodists employed by the Council, partly by arrangement with 5 private chiropodists and partly by arrangement with the British Red Cross Society. Where treatment could not be given in a health clinic or a private chiropodist's surgery, because of the patient's age or disability, arrangements were made for a chiropodist to visit the patient's home.

Chiropody treatment for school children was provided under the Education Act 1944 (see page 65).

### HOME DIALYSIS

Ministry of Health Circular 2/68 of the 4th January, 1968, informed local health authorities that adaptations for the installation of kidney machines could be carried out under Section 28 of the National Health Service Act, 1946, and that the Minister approved the making by the Council of such charges for this service as the Council considered reasonable having regard to the means of the person concerned. Hospital Authorities are responsible for providing the machinery and the running costs.

Three cases were dealt with during the year under review, all in owner-occupied property. One case was carried forward from 1969 and completed early in 1970. In another case where the adaptation was for the house-owner's son aged 20 years, the father required an extension to his house rather than adapting a room and the Council made a grant towards the cost of the work. The remaining case concerned a married woman in her late forties, and the adaptation of an existing bedroom was completed.

At the end of the year one case was outstanding, this being in Council property on the Chalkhill Estate.

### HOME HELP SERVICE

There were 981 applications for the service in 1970 and the number of cases receiving help at the end of the year was 1,155. There are no longer any tuberculosis cases receiving help. Fifty-two bookings were taken for home confinements and 48 hour discharge cases, but only 23 were helped, the remainder making other arrangements.

The maximum charge was increased to 8s. 3d. per hour, and the rate of pay for Helpers to 7s. 10d. per hour. The establishment of Home Helps is 95 and at the end of the year the full-time equivalent in post was 90.5. An average of 91.7 full-time equivalent was maintained throughout the year. Eight persons were employed as Neighbourly Helps.

The Organisers made a total of 5,998 home 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 this is paid by the Council. During 1970, 2,106 articles were loaned to patients and £1,055 was paid to the Society to meet the hire charges. The Council arranges transport for the collection and delivery of bulky articles.

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*

During 1970, 3 men and 4 woman died of respiratory tuberculosis compared with 5 men only in 1969. They were all in the higher age groups, 3 being in the group 45—54 years, 2 in the group 65—74 years, and 2 in the 75 and over group. Five of the cases had not been previously notified to the Council as suffering from the disease which indicates that there is still an undetected reservoir of infection among older people in the community which holds hazards for the young and unprotected. In view of this, B.C.G. vaccination is a very 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 64).

### *Care and After Care*

The same provisions for the care and after care of patients, as have obtained in previous years, continued with Willesden Chest Clinic, Pound Lane as the focal point of the chest services, although a small number of Brent patients are also treated at Harrow and Edgware Chest Clinics. The Regional Hospital Board employs the Physician-in-Charge at Willesden Clinic. As a consultant in chest diseases, he is primarily clinically engaged with diagnosis and treatment, but he is also vitally concerned with prevention and after care. For this reason, the Physician has general responsibility for this Authority's measures for ensuring the after care of patients and this arrangement has stood the test of time well. To the same ends, the arrangements also provide for the Physician-in-Charge to have direct control of Council staff at the Clinic who are involved with the after care of patients.

### *Occupational Therapy*

The services of the one full-time occupational therapist are now fully utilised by this Department but in the main in the Welfare Division. The practice has evolved of having chest patients registered as physically handicapped so that their therapy needs are met as part of the general case-load, both as regards guidance and training in handicrafts at home as well as placement, where suitable, in sheltered work centres.

### *Vaccination against Tuberculosis*

B.C.G. vaccination is provided for persons who are tuberculosis contacts, school children aged 13 years and over as well as students attending Universities, Teacher Training Colleges and other further educational establishments.

### *Home Visiting*

At the end of the year 4 tuberculosis visitors were employed. Although their prime function is visiting patients' homes to advise on methods to overcome the spread of infection, to explain care and after care facilities and to closely supervise all known contacts, they also have duties at the Chest Clinic, including acting as Clinic Sister during diagnosis and treatment sessions. Home visits during the year totalled 1,021 of which 182 were to households proving to be non-tuberculous.

## VENEREAL DISEASE

(TABLE 17)

The Venereal Disease Service was established in this country in 1916. Since then clinics staffed by Specialists in venereology have been attached to the out-patient departments of most large general hospitals in the United Kingdom. These clinics exist to advise and help patients and to control the spread of disease, by investigation of all cases in which genital infection is suspected, by prompt treatment of patients and infected contacts, and by follow up, to establish that treatment has been successful.

The clinics now deal with all the conditions transmitted by sexual intercourse and with some other non-transmissible conditions of the genitalia so that patients who attend are no longer clearly stigmatised as "V.D. patients".

The post of Special Services Social Worker at Brent is shared with the London Borough of Harrow and her duties include that of social worker at the Special Clinic at Central Middlesex Hospital which she attends twice a week. Her services include the tracing of contacts who are referred either by the patients themselves or by other special clinics, the follow up of defaulters and the assisting of patients who attend the clinic with any problems they may have. These range from financial problems to problems concerning unwanted pregnancies, homosexuality and domestic troubles. In spite of the apparently wide needs for

medico-social work, it has been possible to provide only limited service to patients suffering from venereal disease. The social worker is dealing with only about 10 cases per month, most of which are seen at the clinic. Her visits to defaulters are rare and there is practically no contact tracing.

The services are being reviewed and it is intended to involve health visitors in the work. The majority of Brent patients attend either Central Middlesex Hospital or St. Mary's Hospital, Harrow Road, but in order to be treated in complete anonymity some Brent patients do prefer to attend clinics further afield. Conversely patients from many other Boroughs as far away as Tower Hamlets and Kingston-on-Thames, have attended the Special Clinic at Central Middlesex Hospital.

Advice, treatment and indeed, attendance at the Centres is entirely confidential. Details are not divulged, even to husband or wife without the written consent of the patient to whom they refer. The patient may attend without appointment or doctor's letter. He does not have to give his name if he does not wish (although he is encouraged to do so to aid in the procedure of follow-up). At the clinic he is referred to by number only. No charge is made for drugs prescribed in venereal disease clinics. Rather than being forced to present prescriptions at chemists or at the hospital pharmacy, patients are given their treatment at the clinic itself in order to avoid any embarrassment and to ensure that they are in fact receiving the necessary treatment.

The clinic treats patients suffering from syphilis (primary and secondary stages); gonorrhoea:— post-pubertal infections, vulvo-vaginitis and ophthalmia neonatorum; other genital infections:—chancroid (lymphogranuloma venereum), granuloma inguinale, non-specific genital infections with or without arthritis, trichomoniasis, candidiasis, scabies, pubic lice, herpes simplex, warts, molluscum contagiosum and other conditions including treponemal diseases other than syphilis.

The following table illustrates the rapid increase in the number of patients attending the Special Clinic. As can be seen, over the past 5 years, the numbers have doubled.

Year	Numbers Attending
1966	4,006
1967	5,001
1968	5,953
1969	7,477
1970	8,006

The number of patients suffering from gonorrhoea has increased considerably and this is mostly attributed to easily available oral contraceptives. As a result of this, the number of very young patients attending the clinic has increased. So too have the numbers of married women in their thirties who, as a result of oral contraception feel free to engage in extra-marital intercourse. There has also been a steady increase in the number of male homosexuals.

The following table shows growth in the number of younger patients (under the age of 24) attending the Special Clinic for the treatment of gonorrhoea.

Age	1965	1968	1969	1970
Years				
16	Nil	3	7	4
16—17	5	16	22	33
18—19	15	28	58	64
20—24	17	109	146	164

The next table gives a detailed break-down of patients suffering from gonorrhoea who attended the Special Clinic at Central Middlesex Hospital during the year.

	Male	Female
West Indian	257	51
African	3	0
Asian	13	1
Mediterranean	3	0
British	102	57
Irish	33	7
European	3	2
Other Non-Negro	3	0
Other Negro	1	0

It must be pointed out here that the Central Middlesex Hospital is situated in Park Royal and in its catchment area there are many neighbourhoods which have a high proportion of immigrants from both Ireland and the West Indies. In the past 15 years immigrants to this country have been mostly young, fit unattached males. However they very seldom bring venereal disease into Britain. With few exceptions they

are infected by girls and women in this country. This is especially the case with the West Indian community. Although the venereal disease rate amongst immigrants has been falling in recent years the total rate in our country has gone on rising steadily and this increase has been made by people born in this country.

As mentioned earlier, easily available oral contraceptives account for an ever increasing amount of promiscuity among the young. Also television programmes, advertising, theatre and films capitalise on sexual tolerance and liberty to such an extent that casual intercourse is now more widely thought to be a norm. Although people are coming forward in growing numbers for treatment, it certainly seems that the main problem we are facing today is the lack of education amongst the young. Sex education has, over the years, certainly improved but young people appear to have very little knowledge of such details as the signs and symptoms of gonorrhoea or syphilis. It would therefore seem that the only future weapon we have against spread of venereal disease is to increase education on this subject not only in schools and colleges but in the mass media as well.

The subject of venereal disease was included in the health education programme for schools. Mostly it formed part of a talk or discussion on sex education given or conducted by health visitors, and occasionally by school doctors. Only 3 talks were devoted solely to the subject. Five schools were involved, including Woodfield School for the Educationally Sub-Normal. Children were in the older age range approaching school leaving time. Numbers attending varied considerably from the 150 audience at a film show to the more intimate, and presumably more effective, discussion groups comprising mostly about 10 pupils.

Precise information on the number of occasions when venereal disease was brought up during talks, discussion groups and question-and-answer periods involving sex education generally is not available but the staff concerned say that this subject was raised about 50 times.

Venereal disease has so far played a minor role in the health education programme. However, there now appears to be an urgent need for revision as the steeply rising notifications indicate much lack of awareness of the prevalence of this group of diseases. It will not be easy to overcome a certain amount of resistance likely to be shown by some head teachers. Venereal disease is bound to arouse negative emotional responses in those for whom this "dirty" subject evokes one of their own childhood taboos. However it is only a comparatively few years ago that inclusion of the subject of sex education in any health education programme in schools was generally unpopular, yet it now forms an accepted part of the biology curriculum where it is not otherwise introduced as a separate subject dealt with by school doctor or health visitor.

## MENTAL HEALTH

(TABLES 18—20)

### MENTAL ILLNESS

#### *Community Care and the Social Workers*

The year started with a distinct improvement of the Mental Health Social Work services due, to some extent, to the appointment of a trained Senior Mental Health Social Worker and also to the settling down of field staff into the more efficient routine initiated in the previous year. Unfortunately, however, it was not possible to maintain the higher standard of service for many months due to a variety of circumstances. The size of the staff establishment became depleted for quite lengthy periods. One officer resigned due to domestic circumstances and her replacement took considerable time. Another officer resigned because she had obtained privately a place on a social work training course and again replacement proved difficult and was possible only after a considerable lapse of time. In addition, financial stringencies did not allow a vacant Trainee post to be filled. In these circumstances it needed only one or two officers to go on sick leave to make the efficient running of the Section a great problem as this situation increased the social workers case loads to unmanageable proportions.

A further strain was put on the staff due to emotional responses evoked by the impending reorganisation of the services. In June, the Director of Social Services was appointed but although no immediate organisational changes took place, unsettling rumours were rife and speculation abounded regarding the fate of individuals. The strongly expressed feelings of insecurity felt by many had repercussions and showed itself in the quality of their work. It is to be hoped that morale will improve rapidly once the reorganisation is completed and officers are able once more to direct their full energies towards their work. This difficult period underlined the fact that a service run on a bare minimum of staff is in grave danger if an unfortunate combination of circumstances depletes the staff establishment markedly, even if only for comparatively short periods.

Mental health social workers have now accepted a mixed case load of both mentally ill and mentally subnormal patients thus more nearly approximating the concept of generic work.

The senior staff lectured on a variety of subjects to voluntary groups, thus accepting their role as health educators and doing preventive work.

#### *Boarding-out Scheme*

This scheme has continued to operate, but once more, throughout the year, on a somewhat restricted scale or at least not as extensively as had been hoped. The factors militating against the extension of the scheme have continued to be the wariness of private persons to taking into their homes, as lodgers, people who have been mentally ill, and the need to be extremely selective in choosing ex-patients for placing in this sort of situation.

At the end of December, 17 persons had been boarded out under the scheme of whom 9 were still in their lodgings. Only 2 of this number were having their lodging or board/lodging charges subsidised by the Council, 4 were paying their own way in full from their earnings and the remainder were the responsibility of Social Security.

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

The affairs of this establishment have run smoothly throughout the year. This may well be due to the fact that there has been no change of staff. Criteria for admission have remained the same, i.e. only such cases are accepted as are deemed to be able to benefit from short term rehabilitation. Bed occupancy rates have been approximately 90 per cent, and the turnover has been reasonably satisfactory. However this could have been speeded up in a number of cases had there been better facilities available to accommodate those residents who were rehabilitated to the extent of needing less intensive help from staff and were yet not quite able to live completely independent lives. This type of accommodation is proposed to be provided in the near future and is included in the Corporate Plan.

#### *The Hostel, 73 Wembley Park Drive*

This unstaffed Group Home for 6 ladies continues to prove the worth of this kind of accommodation. It should be appreciated, however, that regular weekly evening visits by professional staff appear to be essential support if the group is to function well. Time and again it has been found that comparatively minor mood swings in one of the residents can set up a chain reaction which could prove most detrimental to all 6 residents. It has not been possible to discharge anybody although 2 of the ladies could now be considered ready to leave and share a flat together and support each other. Lack of adequate housing provision however prevents this desirable step, thus clogging valuable hostel places.

*Registration of Residential Homes—Section 37 National Assistance Act, 1948, as applied by Section 19, Mental Health Act, 1959.*

Ealon House, Mapesbury Road, N.W.6 remains the only voluntary hostel in the Borough. The hostel is run by the Jewish Welfare Board to excellent standards. It is regularly inspected by the Senior Medical Officer, Mental Health, who reports that the establishment, which is for 27 residents, is successfully helping increasing numbers back into a realistic work situation. Those residents, not in employment, usually attend the Board's Charles Jordan occupational therapy Day Centre in Finchley, special transport being provided. The maintaining local authorities normally pay for this day centre placement for their cases.

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

This Centre was opened in 1962 and was designed by the then Middlesex County Council to provide for patients in the area now covered by the London Boroughs of Brent and Harrow and had as its prime

function the provision of occupational therapy facilities as one of the processes in rehabilitation towards a normal working existence and the achievement once more of economic independence. However since the early days of the Centre's existence it has emerged that apart from Harrow providing its own similar facilities, the psychiatric hospitals have increasingly provided day facilities for patients suffering from acute episodes with generally favourable prognosis. Therefore the pathology of patients referred to the Centre for occupational therapy in the community tended more and more to be of a chronic nature requiring long term attendance at the Centre. It would appear therefore that in the light of these developments total successful rehabilitation would become much more rare. The indications are strongly indicative of the need to keep the precise function of the Centre constantly under review.

The statistics relating to the work of the Centre for 1970 were:—

Patients referred 92

Patients not taking up places offered 31

Patients admitted 61 (34 male, 27 female)

Patients receiving treatment at end of year 27 (13 male, 14 female).

In addition the Monday Afternoon Club for the more elderly mentally infirm provided for 16 members of whom 8 on average attended each week.

#### *Clubs for the Mentally Ill*

The two clubs run in the Borough for the mentally ill continued in successful operation during 1970. These are the "Gateway Club" which is held at Willesden Day Centre on Tuesday evenings and which follows purely social pursuits, and the "Do-it-Yourself Club" held at the same venue on Thursday evenings and which has as its main aim helping members to develop hobbies and other active interests so as to widen and enrich what might otherwise be somewhat restricted lives. Both these clubs operate with the support of occupational therapist and mental health social worker staffs. Each receives a small annual cash grant from the Council.

#### *Day Care for the Elderly Mentally Ill*

As in previous years, the needs of this large group of patients have been only very partially met by the few places (10) allocated to Brent at the Harrow Day Centre for the Elderly Mentally Infirm. These provisions do not anywhere near meet the total needs among the aged and it is with much regret that I had to accept that, on financial grounds, extension of this much needed service would have to be postponed once more despite pressing needs, in the present situation.

#### *Shenley Hospital*

Close liaison between the professional officers of the Local Authority and of Shenley Hospital continued on a variety of work, much of this concerned with continuity of patient management. The Hospital attempts to provide this by encouraging their nurses to follow-up discharged patients and those on leave from the ward to their home, but scarcity of nursing staff inevitably leads eventually to the handing over of patients to community based workers, the domiciliary psychiatric nurse or the social worker. Improved community services are reflected in the reduction of the number of beds. The accompanying tables show the interesting fact that bed occupancy rates have decreased although the number of total admissions have marginally increased during the 10 year period 1960/1970.

Beds Available				Beds Occupied				Total Admissions			
31st Dec.	M	F	Total	31st Dec.	M	F	Total	Year	M	F	Total
1960	821	1,334	2,155	1960	783	1,285	2,068	1960	485	704	1,189
1965	815	1,229	2,044	1965	780	1,254	2,034	1965	589	934	1,523
1970	774	1,046	1,820	1970	715	986	1,701	1970	638	939	1,577

It is striking to note many unoccupied beds when walking through the hospital wards as it is only a very short while ago that many beds were dually used, i.e. new patients had to occupy those otherwise allocated to patients on home leave. It could well be that the forecast need of only 150 acute psychiatric beds for this borough by 1981 will prove to be accurate. It is proposed that by that date all Brent patients will be accommodated at the Central Middlesex Hospital psychiatric unit and Shenley Hospital beds will become available to patients from other North London boroughs who now have to be admitted to hospitals in the Epsom area which are much further from their homes.

#### *League of Friends of Shenley Hospital*

As in past years, the Brent Branch of the League of Friends of Shenley Hospital contributed generously to the comforts of ex-Shenley patients in the community. Christmas gifts for the residents at 73 Wembley Park Drive and "Brentholme" Hostels, and donations of money towards the Christmas activities at the "Gateway" Club, Bertie Road, were very much appreciated by residents and patients.

The Branch also made valuable contributions to some of the League's major projects for the benefit of patients in Shenley Hospital, projects such as providing an extension to the Alpha Club in the way of a games lounge and a new library besides, providing extra ward facilities, holidays and Christmas parcels for patients.

Coaches for the benefit of visitors to Shenley continue to operate once a month from Harlesden and Willesden.

In addition the Edgware Council of Churches has sponsored a coach to convey relatives from that area on one Sunday per month.



### *The Brent Samaritans*

The Director, the Rev. Keith Johnson has kindly furnished the following report:—

"The Brent Samaritans have continued to grow, more in the work involved than in the number of volunteers. We had more than 350 new clients in 1970, an increase of over 100, and if the present trend continues, we shall have over 600 next year. Of these clients, still too few come into the centre, too many never are "befriended" or get beyond the initial telephone call. This year there has been an increase in the seriousness of calls—less people seeking accommodation, etc., more with deep problems. In the light of this, the befriending we do has assumed a greater importance, and the guidance we get from Dr. Dominian (Consultant Psychiatrist) and his staff at Central Middlesex Hospital has proved invaluable. We cherish the outside links we have, including the training of new volunteers done by Officers of the Brent Mental Health Section. Still we offer only a 12 hour service (7 p.m.—7 a.m.) chiefly due to the shortage of volunteers; our chief worry. But we hope soon to start an extra 4 hour shift, probably 7—11 a.m. A new branch will probably soon open in Ealing, therefore we are spreading our publicity and work more in the direction of Kensington, Paddington, etc. But before we can expand, we must consolidate on the basis of what we do now; and we can only hope not to need to expand when the sum total of despairing, suicidal and desperate people diminishes."

### *Approved Medical Practitioners*

One general practitioner was added to the list of those approved for the purposes of Section 28 of the Mental Health Act, 1959, and 6 who were originally approved for these purposes in 1965 were approved for a further period of 5 years.

### *Drug Abuse and Dependency*

Expectations of re-opening the "Centre" at Kilburn Square Clinic for the assessment of the psychiatric and social needs of young people dependent on drugs, have suffered a set-back. It has been impossible to obtain the services of experienced medical staff in spite of wide advertising. An important reason for this could well be that few psychiatrists are as yet attracted to the sub-speciality as the work is most demanding and unfortunately often unrewarding. In addition some full time hospital psychiatrists are not permitted by their terms of service to undertake outside work.

Nothing has happened in 1970 to indicate that the problem of drug dependency among young people in the Borough is on the increase, but unfortunately there is no evidence either to support the hope that it has decreased.

A recent police raid on premises within the Borough resulted in the discovery of a very large amount of cannabis. This is concrete evidence of the presence of a "drug ring" and that of "pushers" with the inevitable ultimate risk of an increase of addicts. Disclosures like this serve to warn even the most complacent among us that the paths our young people tread in their quest for fun and excitement have many dangers and tragic consequences.

Talks to schools, townswomens guilds and industrial firms in the Borough have continued to educate the public, on the dangers of drug dependency especially among young people. We are aware of, and accept the fact that we live in a drug orientated age, and that drugs in one form or another are a life saving necessity for certain patients. However, we must not stand by and watch a necessity turned into abuse by young healthy adolescents to such a degree that it disorganises their lives, their homes and in the end the society they form part of. Drug abuse is the road to disaster and while we cannot as yet abolish it we should make every effort to contain it. That is what we, engaged in the field of mental health, try to do by informing and educating wherever and whenever the opportunity presents itself.

## MENTAL SUBNORMALITY

### *Community Care—Support in the Home*

The introductory remarks to the section of this Report dealing with mental illness from the point of view of social worker involvement in community care has relevance in the major part to the support of the mentally handicapped and their families.

### *Leavesden Hospital*

Modernisation is going ahead in this establishment's very old buildings and wards, albeit at a pace that impatient staff find slower than had been hoped for. A new children's ward was opened during this summer, the first ward to be built for very many years. It is to be hoped that this will alleviate the pressure on our long waiting list: severely sub-normal multiple-handicapped children still have to wait a very long time for a bed. The hospital's policy of accepting a patient only if the local authority will accept back into the community another case has proved to be quite a problem for the Leavesden nursing staff. High grade, easily manageable patients, who have been unpaid helpers for the nurses for many years are now leaving the hospital to be replaced by very severely handicapped patients who are in need of much skilled nursing care. Fortunately recruitment of nurses has become much easier since conditions in the hospital generally have improved considerably. A particular success has been an experimental ward of mixed (male and female) patients, of various degrees of handicap, including some very young children and even babies. The ward has been subdivided imaginatively so that family units are formed: for example a cot has been placed in a 2-bed cubicle where two female adults share the responsibility of looking after a baby supervised by a nurse. The staff are delighted with the experiment and claim that their work has become enjoyable as well as rewarding at long last.

Patients thrive on this new regime as each individual can contribute, if only partially, to the needs of others. Particularly the babies and young children appear to benefit from the much increased personal attention given them by their "foster mothers".

Discussions between the hospital consultant psychiatrist and Brent officers have taken place and point to the possibility of establishing a hostel in the Borough to be run on similar lines to the ward mentioned as a joint hospital/community project.

#### *Guardianship and Informal Foster Care*

It remained the position during the year that it was not necessary to make use of the Mental Health Act provisions in regard to the placing of any person in guardianship.

Informal foster care placements for the severely subnormal with various voluntary organisations, privately-run homes or foster parents continued on the same lines as in previous years, i.e. about 50 persons were so placed at any one time. The position with regard to availability of such places generally has not noticeably improved and it remains true that much more needs to be done by local authorities themselves in the implementation of their powers under the Act to provide hostel accommodation for the subnormal and severely subnormal.

This Council's one such hostel for males is referred to in the following paragraph. A hostel for 15 females, estimated to cost £85,000, figures in the Capital Works Programme for 1970/71. A good deal of difficulty was experienced during the year in trying to expedite this urgently needed project. As is so often the case in the Borough where new undertakings are involved, suitable building sites are very difficult to find and the search for one for this hostel had not been successful up to the end of the year. A number of existing properties were also inspected, with a view to adaptations, but for a variety of reasons none of those looked at was suitable for the purpose. The search goes on.

The usual arrangements for short term care either in hospital or elsewhere were put into effect during the year so as to give parents some respite from the constant caring for retarded children at home, to allow for family holidays or to meet some special situation or emergency in the family. Ninety-eight such placements were made in hospitals and 7 residentially elsewhere, representing an increase of about 20 placements over the previous year.

Some of the establishments used for placement of mentally handicapped children will, following the enactment of the Education (Handicapped Children) Act, 1970, become independent educational establishments, responsibility for maintenance at which will transfer to education authorities on 1st April, 1971. In general, the provision of purely residential provision for the mentally handicapped (as opposed to special residential schools for those of school age) will transfer to the new Social Services Department.

#### *"Homelea" Hostel, 191 Willesden Lane*

At long last it was possible to appoint a full staff complement, consisting of Superintendent and his wife (part-time) in addition to a Deputy Superintendent.

Because of the great pressure on the Authority to provide hostel places for mentally handicapped girls and young women it was decided experimentally to introduce a small number of these into "Homelea", hitherto entirely reserved for boys. The enthusiasm of the staff (and the boys) soon overcame minor technical difficulties and by the end of the year Brent had its first "mixed" hostel for the mentally handicapped. It is to be hoped that the happy experimental stage will become a permanent state of affairs.

Steps have been undertaken to speed up the provision of another hostel, catering for 15—20 male and female mentally handicapped adults. The matter has become particularly urgent due to the vigorously pursued policy of the Leavesden Hospital medical staff discussed elsewhere in this report.

#### *Kingsbury Junior Training School*

Children and staff continued to benefit from the many advantages this purpose-built school has to offer. Any minor snags arising from the move into the new premises were eliminated during the year and the establishment was made ready for the take-over by the Education Authority scheduled to take place on 1st April 1971.

I view with some misgivings the transfer of responsibilities for teaching and training mentally handicapped children from Health to Education Departments specifically with regard to provisions for the very young child. The pre-school section had been specifically designed to meet the special needs of small babies for continued attention from experienced and sensitive staff in an imaginative and stimulating environment. This susceptible group of children responded very well to the type of management offered. Not only was there definite improvement in parental attitudes to their handicapped baby but also marked developmental progress was noted in the child.

Handicapped children under the age of 2 years will, on 1st April 1971, become a joint responsibility of the Health and Social Services Departments. Should medical opinion favour management in a day care placement this will have to be provided in a day nursery. I am concerned that handicapped children may have to stay at the tail end of the waiting list whilst other children will be given preference on "social" grounds. Loss of places in the Kingsbury pre-school section also means loss of ancillary services to young children as, of course, day nurseries do not include physiotherapists or speech therapists on their staff. It might become necessary to think in terms of special units attached to a day nursery which would admit children with various types of handicaps.

As to older children the Brent Education Authority have agreed to keep these in the school up to the age of 19 should this be found to be desirable. This might well ease any possible pressure put on the presently limited adult training centre facilities.

The school staff look forward eagerly to the appointed day of change-over. They hope at last to become fully recognised as professional teachers. Their new status should be reflected in much enhanced salaries thus meeting their constant and often repeated claims.

### *Neasden Special Care Unit*

This establishment admirably fulfilled its purpose in providing overspill day care for multiple handicapped children for whom there was no provision at Kingsbury Junior Training School. Average number on roll at this 24 place unit was about 18 thus proving a real need for additional places to the 36 provided in the Special Care Unit at Kingsbury Junior Training School.

Although these severely damaged children's major need is nursing and medical care, as much emphasis as possible is put on actual teaching. The background of the Unit's professional staff is predominately nursing and nursery training. They feel keenly their lack of teaching expertise; to help them and the children it was arranged for the Deputy Principal of Kingsbury Junior Training School to attend on one day each week whenever it was possible to spare her from her own establishment. These visits proved to be most successful and of much benefit to the staff and children as this enthusiastic and well qualified person was able to demonstrate and teach modern techniques and methods. It is envisaged for staff to attend special short training courses at the Clinical Psychology Department at Leavesden Hospital to help them further in their work with the children in their care.

### *The Holiday Centre*

For the fourth year a "Summer School" was provided for some 2 dozen mentally handicapped children for four weeks during the month of August. The event took place at Kingsbury Junior Training School as in the previous year. The parents again expressed their appreciation of the facility which allowed them to devote more time to their other children home during school holidays and gave the handicapped child ample play facilities in the attractive building and grounds of the Training School.

The person in charge was a member of the school staff but all other personnel were young volunteers, most of them male and female students to whom contact with handicapped children proved to be a unique experience and who managed to enjoy themselves while doing a worthwhile job. It is hoped that this popular scheme will be adopted by the Education Department who next year will be the responsible authority.

### *Summer Holiday Camps*

As in previous years adjoining Authorities at whose adult training centres our trainees attend, collaborated most kindly in including some of them in their arrangement for summer holiday camps. This Department was able to help with the provision of attendants and with the financing of such holidays for 31 Brent trainees who were required to contribute to the cost on an assessed basis.

Separate arrangements were made for the residents of "Homelea" Hostel, who, under the supervision of the Superintendent and his Deputy, spent an enjoyable holiday in flatlets at Blackpool.

### *Adult Training Centre*

The arrangements which were instituted in 1965 for Brent to have the use of a number of adult training centre places in the Boroughs of Hounslow, Hillingdon and Ealing fell due for review in 1970 at the expiration of the original prescribed period of five years. The London Borough of Ealing, owing to its own pressures for places, found it necessary to ask us to make other arrangements for our three remaining trainees with them and it was possible to do so for this small number. Eighty other Brent persons continued to attend Acton Lodge and Ranton's Centres in Hounslow and Uxbridge Centre in Hillingdon.

The Borough's own temporary adult training centre at Neasden had its first full year of operation and despite the limitations imposed by the old unsuitable building, a generally very successful year it has proved; an achievement due in no small measure to the enthusiasm and devotion of the staff. A constant and varied flow of work went through the centre which with a number of social, recreational and basic academic activities contributed to a balanced training programme. With an eye to future development in this field, the Senior Instructor/Supervisor and one of the Trainee-Instructors were seconded in September on the one year training courses at Bournemouth and Chiswick respectively.

Planning for the new 120-place Training Centre at Stonebridge continued, and at the end of the year had, after a number of consultations with the Department of Health and Social Security, reached the stage where it was anticipated that loan sanction and tenders for the work would be to hand in the early part of 1971. The actual commencement of work will depend on the completion of the new Craven Park Health Centre, to which the Stonebridge Clinic facilities will transfer so as to permit the conversion of the Clinic premises as part of the training centre project.

### *Social Clubs for the Mentally Subnormal*

Two such clubs, both sponsored by voluntary bodies, continued in successful operation during the year, viz:—

The "Bonanza Club" (by the Brent Society for Mentally Handicapped Children) in the hall at Grove Park Special School, N.W.9 each Saturday afternoon; and

The "Neasden Teenagers' Club" (by the Parents' Association) in the Gibbons Social Centre, Gibbons Road, N.W.10.

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

Apart from the function referred to above, the Society has continued its very valuable work in support of the persons and families it was formed to serve, where necessary in liaison with officers of the Department. It is with great appreciation that I have to record that in addition to providing a sum of £1,000 for extra outdoor sports equipment and an internal communications system at Kingsbury Junior Training School, which was installed just before the School opened in 1969, the Society further undertook at a cost of almost £400 the conversion of a small storeroom into a kitchen for the more convenient preparation of meals required for children in the Special Care Unit at the School. This latter facility was completed in 1970 and has proved to be a great boon.

## WELFARE SERVICES

### TEMPORARY ACCOMMODATION

At the end of the year temporary accommodation was provided for 132 families in 8 hostels (91 Dartmouth Road; "Rosmoyne", 642 Harrow Road; 54 Winchester Avenue; 9/13 Nicoll Road; 41 Shoot-up Hill; 240 Willesden Lane; 169 Ealing Road and 60 Brondesbury Villas), in 14 houses purchased by the Council in advance of requirements in Redevelopment Areas, and in 21 properties on loan from the Department of the Environment, which were purchased by the Department for eventual demolition in connection with the Neasden Underpass Scheme and North Circular Trunk Road Improvement Scheme. These latter properties will have to be vacated early in 1971 when the two Schemes commence and accommodation will have to be found for 40 families.

A domestic science leader from the London Council of Social Service ran a home making group one day per week at 91 Dartmouth Road. During the year the group had an average attendance of 7 mothers, who were given instruction in sewing, cooking and household budgeting, etc. A playgroup was held on 2 sessions per week at 9/13 Nicoll Road and the London Council of Social Service also provided a leader for a mothers' group at this hostel. In addition, a playgroup leader from the Save the Children Fund attended at 91 Dartmouth Road five mornings a week. The sessions are of great benefit to the children and mothers, who are given guidance of methods of play and the caring of their children.

During the year a further property, 41 Shoot-up Hill, was purchased out of the £80,000 expenditure authorised by the Home Office under Phase I of the Urban Development Programme, bringing the total number of houses purchased to 8.

In October a team of 3 social workers and 1 welfare assistant was formed to deal with the problems of homeless families.

On the 1st January 1970, 98 families (comprising 97 women, 55 men and 299 children) were in temporary and emergency accommodation. During the year 81 families were admitted and 47 discharged, leaving 132 families (comprising 132 women, 84 men and 375 children) in residence at the end of the year. Of the families discharged, 20 were rehoused by the Council, 13 were rehoused by the G.L.C., and 14 found their own accommodation. Several voluntary organisations helped provide accommodation, such as Ladyeholme Company; Gilbert House; Shac and the Salvation Army.

The problem of providing temporary accommodation has remained a serious one. The availability of economically rented, private accommodation is dwindling. Despite increased co-operation from housing authorities and the help given by voluntary bodies, the number of families remaining in temporary accommodation has still tended to increase.

### RESIDENTIAL ACCOMMODATION

The total number of beds provided under Section 21(1)(a) of the National Assistance Act 1948 is 515, 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	...	...	26	Women

During the year, 108 women and 41 men were admitted to the Council's homes on a permanent basis, and on 31st December 1970, 99 women and 28 men 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 213 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 four for men were retained in three of the Wembley homes. Thirty-eight men and 69 women were accommodated under the scheme, the average stay being 19 days.

The building of a 50 bed home within the neighbourhood Centre Scheme at the junction of Harlesden Road and Longstone Avenue continued and it is now anticipated that it will be completed in July 1971. The estimated cost of the building, including fees is £115,200 and furniture £13,250.

The "Friends of Hillcrest", a voluntary association of local residents was formed in January 1968 to provide extra amenities for the residents of "Hillcrest". Outings and musical evenings are arranged, presents given to the residents on birthdays and at Christmas, and a fully equipped ladies' hairdressing salon, a putting green for men, two sun lounges, a greenhouse and a storage shed have been provided. An amplifier, speakers and a microphone have been purchased to facilitate the entertainments programme. There is a similar voluntary association giving invaluable help at "Kenton Grange".

## WELFARE OF THE BLIND AND PARTIALLY SIGHTED

*Blind Persons*

On 31st December, there were 535 persons on the register. There were 57 new cases (excluding re-certifications and transfers from other areas) during the year. The majority of referrals for registration came from hospitals. The classification of blind persons by age groups is shown in Table 21. Ninety of those registered suffer from additional physical and/or mental handicaps.

Five children are under five years of age. Of the eight children of school age, five attend special schools, the remainder are unsuitable for education at school. One young man who left school at 16 years of age entered pre-vocational training.

Ninety-five persons were in full employment, and an analysis of their occupations is shown in Table 22.

Four hundred and twenty-six persons were unemployable or unavailable for work.

Domiciliary visits to both blind and partially sighted persons were made by social workers. Individual teaching was given in both Braille reading and writing, Moon type reading and typewriting.

Two handcraft classes were held weekly in the afternoons, six evening classes organised by the Education Committee and nine 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 12th and 13th September, an exhibition, competition for handcrafts, and sale of goods made by blind and other physically handicapped persons, were staged.

Fifty wireless sets were issued on behalf of the British Wireless for the Blind during the year bringing the total issued to 287. The rental of talking book machines issued by the British Talking Book Service for the Blind was paid by the Council in respect of 156 readers; 12 were issued during the year. Various Braille and Moon magazines were circulated free.

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

One hundred and forty-seven applicants applied for assisted holidays. Sixty-four were directly arranged by the Council, and 41 persons who arranged private holidays and 42 who stayed with relatives or friends received financial aid from the Council.

*Partially Sighted Persons*

On 31st December there were 198 persons on the register. There were 22 new cases (excluding re-certifications and transfers from other areas) during the year. Four persons were transferred to the blind register.

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

Under 5 years	...	...	...	...	...	NIL
5—15	...	...	...	...	...	19
16—20	...	...	...	...	...	11
21—49	...	...	...	...	...	44
50—64	...	...	...	...	...	27
65 and over	...	...	...	...	...	97

Of the 19 children of school age, 18 attend special schools and one attends ordinary school.

Fifty-six persons were in full employment, one undergoing training and 6 actively seeking and capable of work.

One hundred and sixteen persons were unemployable or unavailable for work.

## WELFARE OF THE HANDICAPPED

There were 308 new registrations during the year, and on 31st December, 1,424 persons were on the register. Of these 33 were deaf with speech, 101 deaf without speech, 30 were hard of hearing and 1,260 were in the general classes. Details of registrations, an analysis of disabilities and occupational grouping of the general classes are shown in Tables 23, 24 and 25.

Domiciliary visits made by social workers enabled 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-nine persons continued normal employment in open industry, 67 worked in sheltered industry and 35 practised some form of home industry.

There were 1,089 persons, including 12 children under 16 years of age, who were unemployable or unavailable for work. Sixty-one of these were maintained in residential homes.

The new Rehabilitation/Work Centre at Carlton Avenue East opened on 15th June 1970. The premises were formerly the Headquarters of the Civil Defence. It is estimated that the final cost of adaptations, fees and furniture and equipment will be £12,375. The new Centre operates for two sessions per day, five days per week, and has a capacity of 50 workers per session. Light assembly work is carried out for various firms and the workers are transported to the Centre by Council transport, public transport or travel in their own vehicles. An Industrial Works Organiser delivered work to 28 persons in their own homes. On the opening of the new Centre, the old Centre at Church Lane, N.W.10 was closed.

The demand for aids and gadgets continued; these are issued on free loan, and are invaluable in assisting the handicapped person. Two hundred and four aids such as metal walking frames, hoists, pick-up sticks, special knives and forks, can openers, etc., were issued.

One hundred and fifty-three applications for adaptations to the home received approval, e.g. provision of ramps, handrails, ground floor toilet accommodation, etc.

Two hundred and forty-six applicants applied for assisted holidays. One hundred and fifty-seven were directly arranged by the Council. Under the supervision of social workers, one party spent a week in May at a holiday camp at Bracklesham Bay and two parties spent 10 days each in August at the Little Oyster Holiday Camp, Isle of Sheppey. Eight 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 59 applicants were assisted. Thirty handicapped persons who stayed with relatives or friends received financial aid from the Council.

Further education evening classes on choral, cookery, dancing and pottery were provided by the Education Committee, and received an increasing response. Closer integration between all classes of handicapped persons has developed voluntarily through these shared interests. 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. Four social clubs continued to be 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 loaned free of charge to the Willesden Association for the Welfare of the Handicapped for their annual outing to Sunbury-on-Thames on 13th June. A number of handicapped were conveyed to and from the Brent Show on 12th and 13th September. Additional transport facilities were provided for summer outings.

#### *Deaf and Hard of Hearing Persons*

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

One hundred and thirty-four congenitally deaf and 30 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 2 Clubs in the vicinity of Brent, meeting fortnightly—the Queensbury Deaf/Dumb Club and the Wembley and Willesden group of the Middlesex and Surrey League for the Hard of Hearing. The Council provides transport to the latter.

Close liaison has been maintained 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 the Royal National Institute of the Deaf concerned with general welfare and 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 five 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 9 women and 2 men; 39, Sedgcombe Avenue, Kenton, accommodating 7 women and 1 man; and 13, Princes Court, Wembley and 51, Briar Road, Kenton, both registered to accommodate 7 men or women. The London Transport Executive (Retired Employees) Housing Association maintains a voluntary home at 100, Forty Avenue, Wembley, for 53 elderly men.

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 seven clear days notice of an intended application must be given. The National Assistance (Amendment) Act 1951 permits immediate removal, provided the Medical Officer of Health and another Registered Medical Practitioner certify that it is in the interests of the person to remove him without delay. The Order in this case can be made either by a Court of Summary Jurisdiction or by a single Justice having such jurisdiction. The amending Act modifies the period from three months to three weeks for a person to be detained in the first instance.

Two persons were removed in accordance with the provisions of the Acts, in each case an Order was obtained from a Justice of the Peace.

Several other 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 statutory 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 21 residents who were admitted to hospital when it became apparent that no other suitable arrangements were being made. In 4 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 26 residents was in store in the annexe 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 31 persons during the year. Eighteen 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 operated in 1970, and 61,719 meals, prepared by the School Meals Service, were served in the Clubs at a charge of 1s. 3d. The Meals-on-Wheels Service continued to be run in conjunction with the Women's Royal Voluntary Service, deliveries being made on 2 or 3 days per week. Seven vehicles are in use on the Service on peak delivery days. Thirty-nine thousand, one hundred and thirteen meals were delivered in 1970, at the same charge of 1s. 3d. Meals for delivery in the Willesden area are prepared at the Kensal Rise Senior Club and those 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 1970, arrangements were made for pensioners to have two weeks holiday at three south coast resorts. Six hundred and eighty pensioners participated in the scheme at an all-in charge of £4 to each applicant. In addition, the Council made grants to 101 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 2 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 premises and to help with additional Christmas expenses.

The Council continues 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 £4,867.

In the Summer, two outings were arranged for elderly housebound people. One party of 56 went to Abingdon in July and another party of just over 60 to Bray-on-Thames. Council transport also conveyed non-ambulant members to and from 7 Old People's Clubs.

At Christmas the Council, in conjunction with the Brent Christmas Comforts Fund for Old People, distributed 1,688 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 90 persons who would not otherwise have received a parcel. The Council also made a grant of £75 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.

## OLD PEOPLE'S CLINICS

Thirty-six sessions for elderly persons living in the Borough were held at Neasden Clinic. Forty-nine cases were seen, five of these attending for the first time, and together they made 153 attendances during the year. Ninety per cent made their own way to the clinic, and attendances even during the wintry inclement weather were very good. This underlines the sturdy character of these elderly folk when it is realised that 15 were over 80 and 3 over 90 years old—a praiseworthy effort indeed!

Influenza lingered on at the beginning of the year for a short period and bronchitis was troublesome for the elderly. Medical practitioners treated many in their own homes, but some required admission to hospital.

One third of those attending the clinic had aches and pains in the joints and surrounding soft tissues, and cold damp weather added to the intensity of their discomfort. A fifth had a raised blood pressure and a few had depression and anxiety through living alone.

All aspects of their physical, mental and social well-being were discussed by the Nurse and Doctor in attendance and nearly every one purchased dietary supplements at the clinic.

The following referrals were made during the year:—

	No. of Patients
To Council Chiropodist ... ..	9
To Social Worker for visits ... ..	6
For Council aided holidays ... ..	5
To Council Physiotherapist ... ..	5
To Housing Manager ... ..	3
To Home Help Organiser ... ..	2
To Home Nursing Section ... ..	2
To Jewish Welfare Board ... ..	1
To Clergymen ... ..	1
To Hospital ... ..	1
To Public Health Inspectors ... ..	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 five of the luncheon clubs. At the other luncheon clubs, voluntary and 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 1971.

The Wembley and Willesden Divisions of the British Red Cross Society continued their many and varied services during 1970 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 regular weekly meetings, are arranged.

During the year under review there was no proposal for any change in the way in which the various services are provided. It is hoped that the various services will continue to be provided in the same way as in the past.

The Department of Health and Social Security is currently reviewing the way in which the various services are provided. It is hoped that the various services will continue to be provided in the same way as in the past.

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## 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 Amenities and Works 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 Director of Amenities and Works has kindly supplied the following information in respect of the five swimming baths in the Borough.

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

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

Four hundred and eighteen samples were taken of which 7 were unsatisfactory. (See Public Health Laboratory Service page 33).

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

### SANITARY INSPECTION OF THE AREA

(TABLES 26—31)

#### DEMOLITION AND CLOSING ORDERS

Demolition Orders were made in respect of property at 35, Beaconsfield Road, N.W.10, and 22, Connaught Road, N.W.10; and Closing Orders were made in respect of basements at 187, Carlton Vale, N.W.6, 854 Harrow Road, N.W.10 and 10 St. Julians Road, N.W.6.

The Demolition Order was determined in respect of 12 Connaught Road, N.W.10; and the Closing Orders on the ground floor of 2, Bramshill Road, N.W.10, and the basements of 864, Harrow Road, N.W.10 and 119 Keslake Road, N.W.6 were determined. Schedules of works to make the premises fit for human habitation were completed satisfactorily in each case.

#### SLUM CLEARANCE

During the year under review there were no proposals for slum clearance considered.

#### HOUSE TO HOUSE INSPECTION AND MULTIPLE OCCUPATION

House to house inspection was limited and having regard to changes in thinking concerning the effectiveness of this work and the benefits to be derived from concentrating in areas of high density arising from multiple occupation, consideration will be given to the implementation of house to house inspection when a decision has been made concerning registration of houses in multiple occupation.

The service of Notices under Sections 15, 16 and 19 of the Housing Act, 1961, must also receive consideration in any future project.

#### OVERCROWDING

The extent of over-crowding illegally or statutorily is not known and is not static. From time to time it is dealt with by flagrant breaches of the provisions of the Act being brought to the notice of the Department.

### 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 the 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 1,022 cases were considered and awarded points where appropriate, on medical grounds. In addition 228 applications for transfer on medical grounds were dealt with.

### WORK IN DEFAULT

Where Notices have been served and the statutory procedure has been finalised and the owner has failed to comply with any Notice served, the work is carried out in default by Private Contractors instructed by this Department.

### HOUSING ACT 1969

Applications are still being received and are being dealt with by this Department. Where it is considered obligatory so to do Certificates are issued or refused.

### CLEAN AIR

#### (TABLE 32)

The national shortage of solid smokeless fuels caused the Council to defer until April 1971 consideration of Smoke Control Order No. 7 which was to become operative in 1970. The Council also considered it necessary to suspend from 12th November, 1970, until 31st March, 1971, 40 per cent of the total premises covered by Smoke Control Orders in the Borough (13 Smoke Control Orders altogether).

Volumetric analysis of sulphur dioxide and measurement of smoke concentration continued at Kilburn High School and at the G.P.O. Research Station. Measurements are now also being made at Kingsbury High School.

Thirty notifications of installation of new boiler plant were received in accordance with Section 3 of the Clean Air Act 1956, and the heights of 13 new chimneys were approved.

### INSPECTION OF FOOD AND FOOD PREMISES

#### (TABLES 33—35)

An increased number of visits to food premises were made (12,454 compared with 8,870 in 1969) and occupiers were notified of breaches of the Regulations except those cases for which immediate legal proceedings were authorised.

On 9 occasions it was found necessary to seize food contaminated by rodents or which was otherwise unfit for human consumption. Legal proceedings under the Food and Drugs Act 1955 were authorised in each instance and 6 cases have been heard resulting in a total of £428 fines and costs.

Legal proceedings were taken relating to thirteen food premises under the Food Hygiene (General) Regulations 1960 and the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966 resulting in a total of £732 fines and costs.

### INSPECTION OF POULTRY

There is no slaughtering of poultry carried out in the Borough. The number of visits made to premises dealing with ready plucked table birds was 164. Disease was not found in birds being offered for sale in the shops.

It is not practicable to institute a system of inspection to cover the 130 shop premises at which a great number of birds are dressed every week, often at irregular times. Butchers usually retain carcasses of which they had any doubt, for examination by the Inspectors.

### 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 may, in the first instance, appeal to the Council and if again refused he may appeal to a court of summary jurisdiction (Table 36). Fifty applications for registration were received during the year, 40 of which related to the sale of ice-cream and 10 related to the sale of preserved food. They were all granted.

Most of the ice-cream sold in the Borough is manufactured outside the district, and is usually pre-packed. Samples submitted have shown that the standards of production relative to contamination are good (Table 40).

### EDUCATION IN FOOD HYGIENE

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

## FOOD UNFIT FOR HUMAN CONSUMPTION

Five cwts. seventy-nine lbs. of meat and other foods examined by the Public Health Inspectors was found to be unfit for human consumption and was destroyed.

### 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 37.

### THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

The quantity of pasteurised liquid egg used annually in the manufacture of bakery and confectionery products is approximately 1,500 tons. As there is not a registered pasteurising plant within the Borough, the supply is obtained from authorised sources elsewhere.

### CONTAMINATED AND UNSOUND FOODS

One hundred and twenty complaints about foodstuffs were received (Table 38). They varied from allegations of souring, decomposition, mouldiness, dirt, foreign bodies to insect infestation. Upon examination of the foods, fourteen of the complaints were not found to be justified. Seven were referred to other local authorities. In 35 instances no further action was taken. Fifty-two warning letters were sent and 12 prosecutions were taken.

The results of the prosecutions heard which included 13 cases not reported upon in 1969 were:—

1. Ham out of condition—Case withdrawn.
2. Fresh cream out of condition—Case dismissed.
3. Maggots in sausages—Fined £30, £5.5.0 costs.
4. Mouldy Yoghourt—Fined £3, £1 costs.
5. Mouldy loaf—Case withdrawn—Unreliable witness.
6. Bacon out of condition—Case withdrawn—Witness ill.
7. Mouldy dessert cream—Fined £10.
8. Mouldy loaf—Case withdrawn—Unreliable witness.
9. Foreign matter in bottle of milk—Case withdrawn.
10. Insects in biscuits—Fined £10, £5.5.0 costs.
11. Insects in biscuits—Fined £10.
12. Mouldy sausages—Case withdrawn—Witness did not attend.
13. Mouldy pork pie—Case withdrawn—Other legal proceedings taken.
14. Unsound Chicken—Case dismissed.
15. Dirty bottle of milk—Fined £75, £10.10.0 costs.
16. Insect in meat pie—Fined £20, £5 costs.
17. Maggots in sausages—Fined £10, £5 costs.
18. Mouldy loaf—Fined £15, £5 costs.
19. Foreign matter in bottle of milk—Case not proceeded with—Witness left district.

The remaining six cases are incomplete.

The occupiers of 9 premises were found to have food exposed for sale or in their possession for the purpose of sale which was unfit for human consumption, and which was seized and removed and was condemned by a Justice of the Peace. The following penalties were imposed:—

1. Cereals, Cooked Meats, contaminated by mice—Fined £60, £5.5.0 costs.
2. Rice, contaminated by mice—Fined £25.
3. Sugar, contaminated by mice—Fined £40, £5 costs.
4. Currants, contaminated by mice—Fined £50, £5 costs.
5. Rice, contaminated by mice—Fined £20.
6. Meat—Fined £40, £15 costs.

The three remaining cases are incomplete.

### SAMPLING OF FOOD AND DRUGS

(TABLE 39)

By the provisions of the Food and Drugs Act 1955, the Council became a food and drugs Authority on 1st April 1965. The Medical Officer of Health and the Public Health Inspectors are authorised officers for the purposes of the Act.

*Marking and Labelling of Food—Labelling of Food Order, 1953 and Labelling of Food Regulations, 1970.*

Whilst it is not at present a requirement to identify by a label, the type or variety of an open food, any misdescription may be a contravention of the Food and Drugs Act. Certain pre-packed or canned foods must, however, by the above mentioned Orders and Regulations, bear the name of the food, its ingredients and the name and address of the packer or a registered trade mark. Some imported foods must, when exposed for sale, carry an indication of the Country of origin in accordance with the Merchandise Marks Acts. The afore-mentioned Regulations contain provisions which do not come into operation until 1st January, 1973, concerning (1) the labelling of pre-packed food sold by retail and otherwise, (2) the labelling of certain foods for sale by retail which are not pre-packed; (3) the advertisement of food for sale from

vending machines; (4) restrictions on the use of the words "milk", "butter" and "cream"; (5) claims based on the value in or benefit to be derived from foods; (6) claims as to the presence of vitamins and minerals in food and foods which are starch reduced or can aid slimming; (7) claims that foods are suitable or have been specially prepared for diabetics or have tonic, restorative or medicinal properties.

Five hundred and eight inspections were made to check the accuracy of marking and labelling of food exposed for sale. Warnings were given in 8 instances, and 8 undertakings were received to amend labels which were in contravention of legislation.

#### *Composition of Food :*

Ten formal samples and 643 informal samples were taken. One hundred and twenty-three of these were submitted to the Public Health Laboratory for bacteriological examination, and 422 to the Public Analyst. The remaining 98 were examined within the Department.

Twenty samples had adverse reports relating to composition and of these in 9 cases the stock was returned to the wholesalers, 7 warnings were given to the producers and 4 infringements were referred for legal proceedings (see "Contaminated and Unsound Foods" page 32, items (9), (15), (16) and (19)).

### 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, about 214,000 pints should be sold daily. The amount of untreated (Kedassia) milk is less than 12 pints per day.

There is no bottling plant within the Borough. There are 249 persons registered as distributors, being licensed as dealers in pre-packed milk to which the special designations apply.

Samples of milk were submitted for bacteriological examination and chemical analysis, with the results shown in Table 40.

On 31st December, 1970, all licences relating to Special Designations expired, and all dealers were notified accordingly to remind them of the necessity to apply for renewal of their licence for the ensuing quinquennial period.

### 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 and twenty-six hawkers are registered (39 sell fruit and vegetables, 38 have mobile canteens and hot dog stalls, 29 sell ice-cream, 6 fish, 3 cooked poultry, 3 groceries, 6 sell fish and chips, 1 sells bread and confectionery and 1 sells milk drinks). There were 15 new registrations during the year.

Some hawkers are also licensed street traders at fixed sites. The majority are itinerant, and appear in the Borough only when events of national or international importance take place at Wembley Stadium and the Empire Pool. At such times there is an influx of unregistered hawkers who cause problems relating to the hygienic handling of food commodities. There now appears to be a number of depots in London from which individuals can hire hot dog trollies under contractual conditions, which vary, as for example, sales on a commission basis, renting the vending vehicle, or as employees of the owner. Consequently there are difficulties in establishing ownership when infringements of the Regulations are found and the problem of false information with regard to names and addresses persists.

### PUBLIC HEALTH LABORATORY SERVICE

(TABLE 40)

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

Specimens delivered to the Health and Welfare Department and the Health Clinics were collected and taken to the laboratory at Central Middlesex Hospital. A report by telephone is given to the doctor as soon as possible followed by a written report.

Samples of milk, ice cream and water are submitted for examination.

The percentage of ice cream samples graded 3 or 4 showed a continued improvement compared with last year.

The number of swimming bath water samples reported as being below standard showed a reduction compared with last year. All samples taken from domestic supplies were found to be satisfactory.

Ten uncooked chickens which were examined were found to be satisfactory. Thirty samples of bulk pasteurised frozen cream were found to be free from pathogens.

### FACTORY INSPECTION

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

## 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. One hundred and forty-two were employed during the year, the largest number (102) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory (Table 43).

## NOISE NUISANCE

Public Health Inspectors made 1,036 visits (including 20 at night) under the Noise Abatement Act 1960 and the Public Health Act 1963, in connection with 152 complaints of alleged nuisance caused by noise or vibration from factory processes, launderettes, compressors, noisy animals, commercial deliveries, ice cream vendors and parties.

The details are as follows:—

No. of complaints investigated and nuisance corroborated	...	...	...	...	...	152
No. of complaints where nuisance abated after service of Notice	...	...	...	...	...	1
No. of complaints where nuisance abated by informal action	...	...	...	...	...	151

## 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 Act does not cover the re-making of an article and consequently the standards of quality and cleanliness do not apply to articles being repaired.

Samples are normally taken during the course of each year to ensure that the standard of materials used comply, in all respects, with the requirements of the Regulations, but because of a dispute relating to the fees payable, it was not possible to submit samples for analysis for the period under review.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

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

The number of premises registered during the year together with the number of persons employed is shown in Table 44.

Public Health Inspectors are principally responsible for enforcing the general provisions of the Act in offices, food shops, wholesale premises, warehouses, catering establishments open to the public, and factory canteens. The remainder of premises are inspected by the Shops Inspectors. The total number of general inspections made by the Public Health Inspectors is shown in Table 45.

No prosecutions were instituted by the Council during 1970.

Section 46 of the Act empowers the Council to grant exemption in respect of the requirements relating to room space for employees, temperature, provisions of sanitary conveniences and the provision of running water for washing facilities. No applications for exemption were made during the year.

On the 28th May, 1969 regulations came into operation imposing requirements as to the construction, maintenance and examination of hoists and lifts in all premises to which the Act applies. Twenty-four lifts were reported to the Council where defects were found needing urgent attention. All 24 were immediately made safe to use.

Employers are required to notify to local authorities accidents to employees which cause the death of an injured person or disables him for more than 3 days thus preventing him from doing his usual work. There were no fatal accidents, but 61 non fatal accidents were notified and an analysis of their causation and injuries sustained is shown in Table 47. Forty-four of the accidents were investigated but no prosecutions were instituted. Twenty-three received informal advice and no action was 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

During the year, complaints were received of nuisance from squirrels in gardens, etc. It is not generally recognised that these rodents, if encouraged by feeding, may, with the advent of cold weather, obtain access to roof spaces, where they can cause serious damage by gnawing roof timbers, electric cables and water pipes. As the squirrel population appears to be on the increase, it was decided to implement a service to help

the occupiers of premises where these rodents had obtained access to buildings (usually in the roof space). Where they frequented gardens, traps were loaned and advice was given as to methods of trapping. Charges were made in accordance with the Council's scale.

Sixty-two Notices under Section 4 of the Prevention of Damage by Pests Act 1949 were served on occupiers of food and other premises, and in 8 instances it was found necessary to seize food contaminated by mice and have it condemned by a Justice of the Peace. Legal proceedings were taken and penalties were imposed in each case which has been heard.

Seven hundred and sixty-two inspection chambers in drainage systems were inspected and defects were found in 87. Action was taken to have these defects remedied. When refuse collection was interrupted during the national dispute, 1,002 visits were made to treat temporary refuse dumps.

Nine hundred and fifty-seven complaints of rats were received and 27 additional infestations were found by Rodent Operators, making a total of 984 initial visits and 2,952 visits and revisits. One thousand, three hundred and forty-one visits were made to dwellings which were treated for mice infestation. Two hundred and ninety-three complaints of rat infestation were found to be mice infestation. Advice was given by the Rodent Officer on methods of treatment.

### CONTROL OF WILD PIGEONS

During the year, the 10 railway bridges in the Borough, for which there is a contract for the extermination of pigeons, were systematically treated by the Contractor, under the supervision of a Senior Public Health Inspector. Three hundred and twenty birds were destroyed.

### UNCLEANLINESS AND SCABIES

(TABLE 48)

Treatment for scabies, lice and nits continued to be provided at the Stonebridge Health Clinic. Compared with 1969, there has been a decrease in the number of cases treated for scabies (156 in 1969, 128 in 1970), the decrease being mainly among children under 5 years of age. The number of cases treated for lice and nits increased slightly from 52 in 1969 to 80 in 1970, the main increase being among children aged 5 to 15 years. The numbers treated are still small however, and there is no evidence of a significant increase in the prevalence of these conditions among the population.

### DISINFESTATION

The Public Health Inspectors inspect verminous premises and supervise the work of the disinfectors employed by the Council (Section 83 of the Public Health Act 1936) (Table 49).

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 remains very small when considered in relation to the total number of premises in the Borough, and calls for no special comment.

Three hundred and fifteen complaints were received regarding wasps and 228 nests were destroyed. The remaining 87 nests were not accessible. The charges in accordance with the Council's Scale were met.

### PUBLIC MORTUARY

During the year, Home Office pathologists performed post mortem examinations on 801 bodies in the Town Hall Mortuary, followed by an inquest in 145 cases. All the inquests were held by the Coroner 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 and contains a refrigerated chamber for 9 bodies, 2 post mortem tables, waiting room, viewing room and offices for the pathologist and mortuary superintendent. In addition to the mortuary superintendent, a full-time attendant is 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 ... ..	2	1	3
B.5	Tuberculosis of respiratory system ... ..	1	2	3
B.6(1)	Late effects of respiratory T.B. ... ..	2	2	4
B.6(2)	Other tuberculosis ... ..	2	1	3
B.7	Plague ... ..	—	—	—
B.8	Diphtheria ... ..	—	—	—
B.9	Whooping cough ... ..	—	—	—
B.10	Streptococcal sore throat and scarlet fever ... ..	—	—	—
B.11	Meningococcal infection ... ..	—	—	—
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 ... ..	1	—	1
B.18	Other infective and parasitic diseases ... ..	3	2	5
B.19(1)	Malignant neoplasm, buccal cavity, etc. ... ..	4	5	9
B.19(2)	Malignant neoplasm, oesophagus ... ..	5	5	10
B.19(3)	Malignant neoplasm, stomach ... ..	47	22	69
B.19(4)	Malignant neoplasm, intestine ... ..	52	48	100
B.19(5)	Malignant neoplasm, larynx ... ..	1	1	2
B.19(6)	Malignant neoplasm, lung, bronchus ... ..	155	34	189
B.19(7)	Malignant neoplasm, breast ... ..	2	76	78
B.19(8)	Malignant neoplasm, uterus ... ..	—	23	23
B.19(9)	Malignant neoplasm, prostate ... ..	16	—	16
B.19(10)	Leukaemia ... ..	11	6	17
B.19(11)	Other malignant neoplasms ... ..	96	97	193
B.20	Benign and unspecified neoplasms ... ..	4	4	8
B.21	Diabetes mellitus ... ..	7	8	15
B.22	Avitaminoses and other nutritional deficiency... ..	1	—	1
B.46(1)	Other endocrine, etc., diseases ... ..	3	7	10
B.23	Anaemias ... ..	5	9	14
B.46(2)	Other diseases of blood, etc. ... ..	—	2	2
B.46(3)	Mental disorders ... ..	1	10	11
B.24	Meningitis ... ..	—	2	2
B.46(4)	Multiple Sclerosis ... ..	1	—	1
B.46(5)	Other diseases of nervous system, etc. ... ..	8	17	25
B.25	Active rheumatic fever ... ..	—	—	—
B.26	Chronic Rheumatic heart disease ... ..	25	29	54
B.27	Hypertensive disease ... ..	22	33	55

								Males	Females	Total
B.28	Ischaemic heart disease	...	...	...	...	...	...	419	249	668
B.29	Other forms of heart disease	...	...	...	...	...	...	38	64	102
B.30	Cerebrovascular disease	...	...	...	...	...	...	123	200	323
B.46(6)	Other diseases of the circulatory system	...	...	...	...	...	...	55	86	141
B.31	Influenza	...	...	...	...	...	...	10	8	18
B.32	Pneumonia	...	...	...	...	...	...	96	126	222
B.33(1)	Bronchitis, emphysema	...	...	...	...	...	...	100	45	145
B.33(2)	Asthma	...	...	...	...	...	...	3	3	6
B.46(7)	Other diseases of the respiratory system	...	...	...	...	...	...	17	9	26
B.34	Peptic ulcer	...	...	...	...	...	...	11	2	13
B.35	Appendicitis	...	...	...	...	...	...	4	1	5
B.36	Intestinal obstruction and hernia	...	...	...	...	...	...	8	15	23
B.37	Cirrhosis of liver	...	...	...	...	...	...	5	4	9
B.46(8)	Other diseases of digestive system	...	...	...	...	...	...	19	22	41
B.38	Nephritis and nephrosis	...	...	...	...	...	...	2	12	14
B.39	Hyperplasia of prostate	...	...	...	...	...	...	5	—	5
B.46(9)	Other diseases of the genito-urinary system	...	...	...	...	...	...	9	5	14
B.40	Abortion	...	...	...	...	...	...	—	3	3
B.41	Other complications of pregnancy, etc.	...	...	...	...	...	...	—	2	2
B.46(10)	Diseases of skin and subcutaneous tissue	...	...	...	...	...	...	—	—	—
B.46(11)	Diseases of musculo-skeletal system	...	...	...	...	...	...	5	8	13
B.42	Congenital anomalies	...	...	...	...	...	...	15	15	30
B.43	Birth injury, difficult labour, etc.	...	...	...	...	...	...	19	10	29
B.44	Other causes of perinatal mortality	...	...	...	...	...	...	7	10	17
B.45	Symptoms and ill-defined conditions	...	...	...	...	...	...	6	4	10
BE.47	Motor vehicle accidents	...	...	...	...	...	...	22	10	32
BE.48	All other accidents	...	...	...	...	...	...	25	27	52
BE.49	Suicide and self-inflicted injuries	...	...	...	...	...	...	12	9	21
BE.50	All other external causes	...	...	...	...	...	...	9	3	12
TOTAL								1,520	1,399	2,919

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, cerebrovascular disease, etc.)	1,343	4.8
Malignant neoplasms	706	2.5
Diseases of the respiratory system (influenza, pneumonia, bronchitis and emphysema, asthma, etc.)	417	1.5
Violent deaths (motor vehicle accidents, all other accidents, suicides and self-inflicted injuries, all other external causes)	117	0.4
Other causes	336	1.2
TOTALS:	2,919	10.5



TABLE 3  
INFANT MORTALITY — CAUSES

	Neo-natal	1-12 months	Total
Enteritis and other diarrhoeal diseases ... ..	—	1	1
Other infective and parasitic diseases ... ..	—	1	1
Benign and unspecified neoplasms ... ..	1	—	1
Anaemias ... ..	—	1	1
Other diseases of the blood ... ..	1	—	1
Heart disease ... ..	1	—	1
Pneumonia ... ..	3	6	9
Other diseases of respiratory system ... ..	—	3	3
Intestinal obstruction and hernia ... ..	2	2	4
Other diseases of digestive system ... ..	1	1	2
Congenital anomalies ... ..	11	7	18
Birth injury, difficult labour and other anoxic and hypoxic conditions ... ..	29	—	29
Other causes of perinatal mortality ... ..	17	—	17
Accidents (excluding motor vehicle accidents) ...	—	2	2

TABLE 4  
INFECTIOUS DISEASES

	1970 (1969 in brackets)			
	Notified		Confirmed	
Diphtheria ... ..	—	(—)	—	(—)
Dysentery ... ..	55	(35)	49	(33)
Encephalitis ... ..	1	(—)	—	(—)
Food Poisoning ... ..	58	(55)	46	(33)
Infective Jaundice ... ..	47	(52)	46	(51)
Malaria ... ..	2	(1)	2	(1)
Measles ... ..	1,191	(1,367)	1,191	(1,367)
Meningococcal Infection... ..	13	(6)	10	(5)
Ophthalmia Neonatorum	2	(4)	2	(4)
Paratyphoid ... ..	2	(—)	2	(—)
Scarlet Fever ... ..	45	(83)	45	(83)
Typhoid Fever ... ..	5	(2)	5	(2)
Whooping Cough ... ..	78	(111)	37	(111)

TABLE 5  
PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined .....	192	936
Number required treatment .....	176	576
Number of new cases commenced treatment .....	167	569
Dentally fit .....	124	364
Extractions .....	96	296
Fillings .....	624	1,581
Scaling and gum treatment .....	107	37
Silver nitrate dressings .....	—	58
Dentures .....	27	—
Number of attendances .....	598	1,569

TABLE 6  
DAY NURSERIES: ATTENDANCES

Nursery	Approved places		Children on register at 31.12.70		Attendances for the year		Average daily attendances
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years	
Essex Road	25	25	25	30	4,869	6,161	43
Evefield	25	25	11	28	2,079	6,853	35
Gladstone Park	25	25	20	34	4,963	4,210	36
Kilburn	25	25	15	39	3,663	7,525	44
Longstone Avenue	25	25	17	33	4,980	5,697	42
Mortimer Road	25	25	20	38	3,565	7,296	43
Princes Avenue	25	25	8	32	1,206	6,269	29
Vale Farm	25	25	16	30	1,186	4,214	30
Villiers Road	25	25	15	32	2,391	6,292	34
Wesley Road	15	25	14	26	2,173	5,259	29
William Dunbar	25	25	12	37	5,253	5,523	42
Shoot-up Hill	25	25	18	32	4,221	5,448	38
<b>TOTALS:</b>	290	300	191	391	40,549	70,747	445

TABLE 7

DAY NURSERIES: WAITING LIST

Nursery	1.1.70	31.12.70
Essex Road	12	4
Evefield	4	—
Gladstone Park	15	3
Kilburn	29	18
Longstone Avenue	44	22
Mortimer Road	15	51
Princes Avenue	1	—
Vale Farm	50	—
Villiers Road	9	—
Wesley Road	14	1
William Dunbar	17	6
Shoot-up Hill	7	8
<b>TOTALS:</b>	217	113

TABLE 8

MOTHER AND BABY HOME—"BELLEVUE", WILLESDEN LANE

Total number of beds	12
Total number of cots	12
Average length of stay—ante-natal	27 days
Average length of stay—post-natal	45 days
Total number of women admitted during the year (excluding re-admissions after confinement)	78
Number of admissions for which Council accepted financial responsibility	68
Number of cases sent to mother and baby homes other than "Bellevue" during year:—	
Expectant mothers	27
Post-natal cases	

## CONGENITAL MALFORMATIONS

TABLE 9

## SUMMARY OF NOTIFICATIONS

(i) Number of notifications received during year	85
(ii) Number of live births included in (i) above	74
(iii) Number of stillbirths included in (i) above	11
Macerated	1
Others	10
(iv) Number of children with multiple malformations	12

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	9	·0	Polydactyly	15
·8	Spina bifida	7	·1	Syndactyly	2
·4	Hydrocephalus	3	·2	Reduction deformity of hand or arm	1
·5	Microcephalus	1	·5	Talipes	9
·6	Other specified malformations of brain or spinal cord	3	·6	Congenital dislocation of hip	2
1	Eye and Ear		·7	Other specified malformations of upper limb or shoulder	1
·9	Specified malformations of ear	1	·8	Other specified malformations of leg or pelvis	1
·6	Unspecified malformations of ear	1	·9	Unspecified limb malformations	3
2	Alimentary system		7	Other parts of Musculo-skeletal System	
·1	Cleft lip	4	·0	Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	1
·2	Cleft palate	3	8	Other systems	
·0	Unspecified malformations of alimentary system	1	·0	Branchial cleft, cyst or fistula; pre-auricular sinus	1
3	Heart and Circulatory System		·1	Other malformations of face or neck	2
·0	Unspecified malformations of heart and circulatory system	2	·3	Pigmented naevus	1
4	Respiratory System		·6	Unspecified malformations of hair, nails or teeth	1
·7	Malformations of diaphragm	1	9	Other malformations	
5	Urino-genital system		·9	Multiple congenital malformations not specified	1
·7	Hypospadias, epispadias	7	·3	Other monster (includes cyclops)	2
·3	Hydrocele	3	·6	Down's syndrome (mongolism)	4
·9	Other specified malformations of urino-genital organs (includes pseudohermaphroditism)	1			

TABLE 11  
MIDWIFERY SERVICE

Deliveries attended:—	
Doctor not booked, doctor present	2
Doctor not booked, doctor not present	10
Doctor booked, doctor present	32
Doctor booked, doctor not present	130
Number of home booked cases transferred to hospital before confinement	29
Cases in which analgesia was administered:—	
Gas and air	29
Trilene	86
Pethilorfan	55
Number of times Emergency Transfusion Service used	—
Visits paid:—	
Ante-natal	2,561
During labour	269
Nursing domiciliary confinements	2,266
Nursing institutional discharges	3,529
Clinic Sessions Attended:—	
Ante-natal	592
General practitioners' clinics	104
Relaxation	19
Mothercraft	23
Number of cases in which medical aid was called by midwife	14

TABLE 12

## CHIROPODY SERVICE

Number of persons treated during the year.

	By Local Authority	By British Red Cross Society	Total
Elderly Persons .....	4,533	245	4,778
Expectant and Nursing Mothers	23	—	23
Children under 5 .....	21	—	21
Others (Physically handicapped who are not old age pensioners)	47	—	47
<b>Total</b> .....	<b>4,624</b>	<b>245</b>	<b>4,869</b>

Number of treatments given during the year.

	By Local Authority	By British Red Cross Society	Total
In Clinics .....	11,179	760	11,939
In patients' homes .....	5,361	439	5,800
In old peoples' homes .....	2,013	—	2,013
In chiropodists' surgeries .....	1,621	—	1,621
<b>Total</b> .....	<b>20,174</b>	<b>1,199</b>	<b>21,373</b>

Number of local authority clinic sessions— 1,755.

TABLE 13

## TUBERCULOSIS: NEW CASES AND DEATHS BY AGE GROUPS

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

Age groups	New Cases			
	Respiratory		Non-respiratory	
	Male	Female	Male	Female
Under 1	— (—)	— (—)	— (—)	— (—)
1 to 4	1 (—)	— (—)	— (—)	1 (—)
5 to 9	— (—)	— (—)	2 (—)	— (—)
10 to 14	— (—)	2 (—)	— (—)	— (—)
15 to 19	2 (—)	3 (—)	1 (—)	— (—)
20 to 24	1 (—)	1 (—)	— (—)	— (—)
25 to 34	4 (—)	1 (—)	5 (—)	— (—)
35 to 44	2 (—)	1 (—)	3 (—)	— (—)
45 to 54	3 (1)	1 (2)	2 (1)	4 (—)
55 to 64	3 (—)	2 (—)	— (1)	3 (—)
65 and upwards	2 (2)	1 (2)	— (—)	— (1)
<b>Totals:</b>	<b>18 (3)</b>	<b>12 (4)</b>	<b>13 (2)</b>	<b>8 (1)</b>

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	—	—	—	—	1,074	843
(b) Persons who were given X-ray examination only	—	—	—	—	2,388	1,795
Number of persons found to be tuberculous during the year, including new contacts shown below	81	36	22	32	103	68
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination	—	—	—	—	196	215
(b) Contacts who were given X-ray examination only	—	—	—	—	279	241
Number found to be tuberculous	5	3	—	1	5	4
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	334	230

TABLE 15  
TUBERCULOSIS: NOTIFIED CASES AND DEATHS

Year	Population	New Cases			Deaths			Cases on Register		
		Pulmonary	Non-pulmonary	All forms	Pulmonary including late effects	Other Tuberculosis	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
1969	281,530	42	25	67	5	4	9	1,848	426	2,274
1970	278,500	30	21	51	7	3	10	1,691	425	2,106

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 including late effects	Other Tuberculosis	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
1969	281,530	15	9	24	2	1	3
1970	278,500	11	8	18	3	1	4

TABLE 17  
VENEREAL DISEASE  
NUMBER OF NEW CASES IN 1970

Treatment Centre	Totals all Venereal Conditions	Syphilis		Gonorrhoea	Other Venereal Conditions
		Primary and Secondary	Other		
St. Thomas' Hospital, S.E.1	62	1	—	17	44
Central Middlesex Hospital, N.W.10	1,539	5	59	373	1,102
Westminster Hospital, S.W.1	28	—	2	2	24
St. Mary's Hospital, W.2	1,167	6	3	340	818
Seamen's Hospital, Greenwich	3	—	1	—	2
Moorfields Eye Hospital, E.C.1	4	—	—	—	4
Whitechapel Clinic	112	—	—	23	89
St. Bartholomew's Hospital, E.C.1	23	—	—	1	22
<b>TOTALS</b>	<b>2,938</b>	<b>12</b>	<b>65</b>	<b>756</b>	<b>2,105</b>

TABLE 18

## TUBERCULOSIS SURVEILLANCE MENTAL HEALTH ALLERDEN CHIST CLINIC

PATIENTS UNDER LOCAL AUTHORITY CARE AT 31st DECEMBER, 1970

	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, 1970	—	—	125	232	357	169	87	201	184	641
2 Attending training centre or day centre	—	—	24	26	50	105	51	56	61	273*
3 Awaiting entry thereto	—	—	2	8	10	—	—	5	4	9
4 Receiving home training	—	—	—	—	—	—	—	—	—	—
5 Awaiting home training	—	—	—	—	—	—	—	—	—	—
6 Resident in L.A. home/hostel	—	—	12	16	28	—	—	8	3	11
7 Awaiting residence in L.A. home/hostel	—	—	1	1	2	—	—	—	—	—
8 Resident at L.A. expense in other homes/hostels	—	—	8	12	20	18	4	7	11	40
9 Resident at L.A. expense by boarding out in private household	—	—	5	7	12	2	—	5	6	13
10 Attending day hospitals	—	—	—	—	—	2	—	—	—	2
11 Receiving home visits and not included in lines 2—10	—	—	73	162	235	42	32	120	99	293
No. of patients in L.A. area on waiting list for admission to hospital at 31.12.70										
In urgent need of hospital care	—	—	3	6	9	8	6	—	—	14
Not in urgent need of hospital care	—	—	—	—	—	15	5	—	4	24
No. of admissions for temporary residential care (e.g. to relieve the family) during 1970 to N.H.S. Hospitals	—	—	—	—	—	59	29	3	7	98
Elsewhere	—	—	—	—	—	5	—	2	—	7

\* Includes patients attending centres administered by other local authorities.

TABLE 19  
NUMBER OF PATIENTS REFERRED DURING YEAR ENDED 31st DECEMBER, 1970

	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 .....	1	1	91	167	260	—	—	1	2	3
Hospitals, on discharge from in-patient treatment .....	1	1	12	23	37	2	—	1	—	3
Hospitals, after or during out-patient or day treatment .....	—	1	42	108	151	5	2	—	—	7
Local education authorities .....	—	—	—	—	—	9	4	4	6	23
Police and courts .....	—	1	20	16	37	—	—	—	—	—
Other sources .....	1	5	169	261	436	6	8	7	4	25
<b>Total .....</b>	<b>3</b>	<b>9</b>	<b>334</b>	<b>575</b>	<b>921</b>	<b>22</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>61</b>

TABLE 20

WORK OF MENTAL WELFARE OFFICERS AND MENTAL HEALTH SOCIAL WORKERS

## (a) Mental illness:

Visits made by mental welfare officers and interviews with clients (home and office) .....	5,771
Compulsory admissions to psychiatric hospitals by mental welfare officers .....	219
Informal admissions to psychiatric hospitals by mental welfare officers .....	147

## (b) Mental sub-normality:

Visits and interviews by mental health social workers .....	1,987
---	-------

## WELFARE OF THE BLIND

TABLE 21

## CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUPS

Age Group	No.
Under 5	5
5—15	8
16—20	4
21—29	20
30—39	19
40—49	36
50—59	61
60—64	52
65—69	46
70—74	70
75—79	63
80—84	73
85—89	42
90 and over	36
<b>Total</b>	<b>535</b>



TABLE 22

ANALYSIS OF OCCUPATIONS OF BLIND PERSONS

Occupation		No.
Masseurs and Physiotherapists	2	
Teacher of Languages	1	
Teacher of Music	1	
Social Workers	2	
Business Managers	4	
Typists, Shorthand Typists	6	
Braille Copyists, Proof Readers	2	
Clerical Workers	1	
Telephone Operators	6	
Shop Managers	2	
Gardeners	2	
Machine Tool Operators	8	
Fitters and Assemblers	4	
Boxers, Fillers, Packers	7	
Warehousemen, Storekeepers	2	
Knitters (machine)	6	
Mattress Makers	6	
Basket Makers	6	
Chair Seaters	2	
Brush Maker	1	
Piano Tuners	5	
Craftsmen and Production Process Workers	7	
Labourers	9	
Domestic/Canteen Workers, Cleaners	3	
<b>Total</b>	<b>95</b>	

WELFARE OF THE BLIND

CLASSIFICATION OF REGISTERED BLIND PERSONS BY AGE GROUP

Age Group	No.
Under 2	2
2-12	3
13-19	4
20-29	20
30-39	19
40-49	20
50-59	21
60-69	22
70-79	24
80-89	23
90 and over	20
<b>Total</b>	<b>232</b>

\* Includes persons who are registered as blind but who are not receiving any form of special assistance.

WELFARE OF THE HANDICAPPED

TABLE 23  
REGISTRATIONS

Age	Sex	Number of persons on register at 31st December, 1970					Number of persons whose names were added to the register during the year ended 31st December, 1970				
		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	3	—	2	7	—	—	—	—	—
	F	—	—	—	5	5	—	—	—	1	1
16—29	M	1	26	2	36	65	—	3	—	5	8
	F	1	10	2	18	31	—	—	—	3	3
30—49	M	4	16	—	65	85	—	—	—	11	11
	F	4	15	1	81	101	—	—	—	15	15
50—64	M	3	9	5	131	148	—	2	2	31	35
	F	7	12	4	210	233	—	—	—	44	44
65 or over	M	2	7	3	194	206	—	2	2	60	64
	F	9	3	13	518	543	—	—	2	125	127
Total		33	101	30	1,260	1,424	—	7	6	295	308

TABLE 24

## GENERAL CLASSES—ANALYSIS OF DISABILITIES

Disability	Age					Total
	Under 16	16-29	30-49	50-64	65 and over	
Amputations .....	—	2	1	12	30	45
Arthritis and rheumatism .....	—	—	21	101	408	530
Congenital malformations and deformities	1	1	1	4	5	12
Diseases of digestive and genito-urinary systems .....	—	—	1	3	10	14
Diseases of the heart or circulatory systems .....	—	2	8	31	92	133
Diseases of the respiratory system (other than tuberculosis) .....	—	1	3	25	43	72
Diseases of the skin .....	—	—	—	—	1	1
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk .....	—	—	—	3	10	13
Injuries or diseases (other than tuberculosis) of the upper and lower limbs, and of the spine .....	—	3	14	19	63	99
Organic nervous diseases, epilepsy, poliomyelitis, multiple sclerosis .....	6	49	76	125	199	455
Neuroses, psychoses and other nervous and mental disorders .....	—	—	2	2	3	7
Tuberculosis (respiratory) .....	—	—	1	4	1	6
Tuberculosis (non-respiratory) .....	—	—	2	5	2	9
Diseases and injuries not specified above	—	—	6	20	37	63
Total .....	7	58	136	354	904	1,459

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

TABLE 25

## 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	—	7	24	32	6	69
(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	—	7	23	37	—	67
(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	—	5	11	19	—	35
(d) Handicapped persons (other than children) who are incapable of, or not available for work	—	32	89	295	661	1,077
(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	12	—	—	—	—	12
Total	12	51	147	383	667	1,260

\*\*Actual number of persons employed within these categories.

## SANITARY INSPECTION OF THE AREA

TABLE 26

## INSPECTIONS AND VISITS BY PUBLIC HEALTH INSPECTORS

*Public Health Act*

Dwellings—inspected	2,718
Dwellings—re-inspected	7,755
Visits re accumulations	3,550
Visits re Vermin	304
Visits re improper keeping of animals	63
Other nuisances including rats	937
Other Visits	1,124

*Housing Acts*

House-to-house—inspections	32
House-to-house—re-inspections	149
Individual houses—inspected	64
Individual houses—re-inspected	568
Houses in multiple occ.—inspected	257
Houses in multiple occ.—re-inspected	977
Basement rooms inspected	89
Overcrowding visits	172
Imp. and standard grant inspections	416
Houses inspected—special surveys	121
Other Visits	3,131

<i>Rent Act</i>		
Dwellings—inspected	.....	20
Dwellings—re-inspected	.....	55
Other Visits	.....	40
<i>Factories Act</i>		
Power factories—inspected	.....	1,604
Power factories—re-inspected	.....	382
Non-power factories—inspected	.....	43
Non-power factories—re-inspected	.....	3
Outworkers' rooms inspected	.....	186
Other visits—building sites	.....	46
Basement bakehouses, etc.	.....	
<i>Food and Drugs Act</i>		
Premises—inspected	.....	6,991
Premises—re-inspected	.....	5,463
Visits re unsound food	.....	328
Visits re contaminated food	.....	386
Formal and informal sampling	.....	422
Visits re labelling of food	.....	176
Visits re Merchandise Marks Act	.....	332
<i>Clean Air Act</i>		
Boiler plant inspected	.....	88
Premises inspected in SCAs.	.....	224
Other visits in SCAs.	.....	24
Visits re nuisance from smoke, etc.	.....	690
Smoke observations	.....	269
<i>Offices and Shops Act</i>		
General inspection—office	.....	974
General inspection—retail shop	.....	920
General inspection—wholesale/warehouse	.....	160
General inspection—catering establishment	.....	162
General inspection—fuel storage depot	.....	1
Re-inspections	.....	148
Other Visits	.....	32
<i>Infectious Disease</i>		
Cases investigated	.....	431
Contacts followed up	.....	386
Food poisoning enquiries	.....	128
Other visits	.....	264
<i>Miscellaneous</i>		
Aged persons	.....	27
Attendance at Court or Inquiries	.....	104
Drainage inspections	.....	1,353
Massage, etc. establishments inspected	.....	88
Noise nuisance investigations	.....	1,036
Places of entertainment inspected	.....	53
Rag, flock, etc. premises inspected	.....	1
Unsuccessful visits	.....	4,076
All other visits	.....	1,502
Food Hawkers	.....	311

TABLE 27

## OVERCROWDING

(a) Dwellings overcrowded at the end of the year	.....	1,277
(b) Overcrowding relieved during the year	.....	239
(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) Families	.....	51
(iii) Persons	.....	304
(e) Section 80, Housing Act, 1957—licences issued	.....	1

TABLE 28

## NEW DWELLINGS 1970

	Houses & Bungalows	Flats & M's'n'tt's
Dwellings built by private builders (excluding those built by the police authorities) .....	39	10
Built by local authority .....	97	1,798
Applicants on Council's waiting list 31.12.70 .....		9,004

TABLE 29

## NOTICES SERVED

Intimation notices served .....	862
Intimation notices complied with .....	765
Statutory notices served (Public Health Act, 1936) .....	1,018
Statutory notices complied with (Public Health Act, 1936) .....	849
Statutory notices served (Public Health Act, 1961) .....	5
Statutory notices complied with (Public Health Act, 1961) .....	5
Statutory notices served (Public Health (Recurring Nuisances) Act, 1969) .....	8
Statutory notices complied with (Public Health (Recurring Nuisances) Act, 1969) .....	7
Statutory notices served (Shops Act, 1950) .....	—
Statutory notices complied with (Shops Act, 1950) .....	—
Statutory notices served (Prevention of Damage by Pests Act, 1949) .....	62
Statutory notices complied with (Prevention of Damage by Pests Act, 1949) .....	43
Statutory notices served Housing Act, 1957 (Section 9) .....	16
Statutory notices complied with Housing Act, 1957 (Section 9) .....	10
Statutory notices served Housing Act, 1961 (Section 15) .....	62
Statutory notices complied with Housing Act, 1961 (Section 15) .....	50
Statutory notices served Housing Act, 1961 (Section 16) .....	1
Statutory notices complied with Housing Act, 1961 (Section 16) .....	4
Directions made under Housing Act, 1961 (Section 19) .....	81
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93) .....	212
Referred for work to be carried out in default of owners .....	36

TABLE 30

## NUISANCES ABATED AND IMPROVEMENTS EFFECTED

*Dwelling Houses, Water Supply and Service*

New cisterns provided .....	—
Cisterns repaired/renewed .....	70
Cisterns cleansed/covered .....	3
Draw taps placed on mains .....	—
Water supply re-instated .....	6

*Drainage and Sewerage*

W.C.'s—pans and traps renewed .....	27
W.C.'s—cleansed/repared .....	144
W.C.'s—additional accommodation provided .....	3
W.C.'s—ventilation improved .....	4
Drains—reconstructed .....	—
Drains—examined, tested, exposed .....	58
Drains—cleared, repaired .....	67
Soil pipes or vent shafts repaired .....	33
New soil pipes or vent shafts fixed .....	8
Disconnecting traps or chambers inserted .....	1
New manhole covers .....	1

*Other Defects*

Brickwork repaired/repointed	150
Dampness remedied—D.P. course	95
Dampness remedied—others	140
Exterior paintwork repainted	—
Fireplaces/ranges repaired or renewed	3
Flooring and other woodwork repaired/renewed	314
Floor (solid) repaired	21
Floors—add. vent. provided	1
Food stores—ventilation provided	6
Gutters, R.W.Ps., waste pipes repaired	443
Overcrowding abated	—
Plastering repaired/renewed (rooms)	539
Refuse accumulations removed	1
Roofs repaired/renewed	329
Sinks—additional provided	78
Sinks—repaired/renewed	27
Flues repaired	—
Staircases, passages—cleansed	1
Staircases, passages—repaired	3
Walls and ceilings—cleansed	464
Walls and ceilings—repaired	175
Windows repaired	496
Other defects	482

*Courts, Forecourts, Yards*

Nuisances abated	2
Paving repaired/relaid	46
Accumulations removed	382

*Verminous Articles and Premises*

Premises disinfested	57
Articles disinfested/destroyed	—

*Animals*

Nuisances abated	—
------------------	---

*Offices and Shops*

Ventilation—provided and/or maintained	75
Temperature—reasonable prov./maintained	6
W.C.'s—cleansed/repaired	6
W.C.'s—additional accommodation provided	3
Lighting—suitable and sufficient provided	21
Other nuisances abated	697

*Miscellaneous*

Nuisances abated	—
Smoke nuisances abated	5
Hot water provided in dwelling house	88
Cookers .. .. .	3
Baths .. .. .	2
Food store .. .. .	6
Cold water .. .. .	7





TABLE 33  
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	23	23	23	23
Bread and Confectionery	57	57	57	57
Dairy	5	5	5	5
Butcher	164	164	164	164
Grocer and General Store	328	328	328	328
Fishmonger and Fish Fryer	60	60	60	60
Cafe and Restaurant	224	224	224	224
Greengrocer and Fruiterer	161	161	161	161
Ice Cream and Sweet Shop	303	303	168	168
Food Stall	126	—	—	—
Public House and Off Licence	124	124	124	124
Works Canteen	178	178	178	178
School Canteen	88	88	88	88
Food Factory	13	13	13	13
Other Food Premises	24	24	24	24
<b>Totals</b>	<b>1,878</b>	<b>1,752</b>	<b>1,617</b>	<b>1,617</b>

INSPECTIONS AND REVISITS

Inspections: 6,991  
Revisits: 5,463

Total: 12,454

TABLE 34

Premises unsatisfactory on 31.12.69	234
Unsatisfactory during the year	974
Premises made satisfactory during year	935
Unsatisfactory 31.12.70	273

TABLE 35

FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.69	Found during the year	Total	Remedied during year	Outstanding at 31.12.70
1. Inadequate lighting and ventilation	14	46	60	44	16
2. Inadequate washing facilities	123	288	411	256	155
3. Inadequate refuse storage	45	197	242	194	48
4. Unsatisfactory or insufficient sanitary accommodation	93	143	236	166	70
5. Inadequate storage accommodation	59	108	167	99	68
6. Defective walls, ceilings or floors	171	259	430	254	176
7. Dirty walls, ceilings or floors	162	495	657	438	219
8. Inadequate first aid materials	47	90	137	88	49
9. Unsatisfactory conditions	31	62	93	49	44
10. Any other defects	168	409	577	348	229
<b>Totals</b>	<b>913</b>	<b>2,097</b>	<b>3,010</b>	<b>1,936</b>	<b>1,074</b>

TABLE 36

## BACTERIOLOGICAL FOOD PREMISES: REGISTRATION

	Premises on register 31.12.69	Applications received	Applications granted	Applications refused	Premises removed from register during 1970	Total on register at 31.12.70
(1) Sale and storage of ice cream	633	40	40	—	54	619
(2) Manufacture of ice cream	10	—	—	—	4	6
(3) Manufacture of preserved food	193	10	10	—	13	190
						625

TABLE 37

## SLAUGHTERHOUSE

## CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	58	—	—	370	—
Number inspected	58	—	—	370	—
All diseases except tuberculosis and cysticerci: —					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	17	—	—	7	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	29.3	—	—	1.9	—
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 refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

TABLE 38

## CONTAMINATED FOOD COMPLAINTS

Foodstuff	Dirt or Foreign Bodies	Insects	Mould	Souring or other unfitness
Bread and flour confectionery	6	1	12	5
Milk, cream and yogurt	18	—	1	1
Meat and meat products	4	—	4	14 (6)
Canned foods	—	3	—	7 (1)
Bottled foods	1	—	1	2 (1)
Cereals	1	3	—	5 (1)
Pies	2	1	2	2
Cheese	—	—	1	—
Butter and margarine	—	—	—	1
Sweets	—	2	2	4 (2)
Fruit and vegetables	—	1	1	5
Beverages	—	—	—	1 (1)
Fish	1	—	—	3 (2)
Eggs	—	—	—	2
<b>TOTALS</b>	<b>33</b>	<b>11</b>	<b>24</b>	<b>52</b>

Figures in brackets indicate complaints not confirmed.

TABLE 39

## SAMPLING OF FOOD AND DRUGS

Articles	Total procured	Unsatisfactory	
		Labelling	Composition
Milk	11	—	6
Milk (condensed and dried)	16	1	1
Creams and yogurt	10	—	—
Meat and meat products	41	2	1
Meat pies	5	—	—
Butter, margarine and fats	11	—	—
Bread, flour and cereals	39	—	2
Fish and fish pastes	4	—	1
Cakes, biscuits, mixtures and fillings	13	—	2
Fruit juices, syrups and soft drinks	49	—	5
Spirits, wine, beer	11	—	—
Coffee, tea and beverages	17	—	—
Sweets and chewing compounds	26	1	1
Fruit and vegetables	30	3	—
Curries, spices and flavourings	33	—	1
Vinegar, pickles and sauces	20	1	—
Cheese and spreads	9	—	—
Jams, jellies and preserves	17	—	—
Drugs	46	—	—
Soups and mixes	14	—	—
<b>TOTALS</b>	<b>422</b>	<b>8</b>	<b>20</b>

TABLE 40

## BACTERIOLOGICAL EXAMINATION OF MILK, ICE CREAM AND WATER

## Milk examinations—26

	Schools	Dealers' premises			Total
	Pasteurised	Pasteurised	Sterilised	U.H.T.	
Samples .....	6	17	2	1	26
Satisfactory .....	6	16	2	1	25
Unsatisfactory .....	—	1	—	—	1

## Ice Cream examinations—87

Grade 1	Grade 2	Grade 3	Grade 4	Total
62	8	12	5	87

## Water examinations—418

	Domestic supplies	Swimming pools	Paddling pool	Total
Samples .....	236	167	15	418
Satisfactory .....	236	161	14	411
Unsatisfactory .....	—	6	1	7

## FACTORIES

TABLE 41

## ON REGISTER AND INSPECTIONS

	No. on register	Inspections	Written notices	Occupiers prosecuted
Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authority .....	23	46	—	—
Factories not included above in which section 7 is enforced by the local authority .....	936	1,986	79	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers premises) .....	9	46	3	—
<b>Total</b> .....	<b>968</b>	<b>2,078</b>	<b>82</b>	<b>—</b>

TABLE 42

## DEFECTS FOUND

	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (sec. 1) .....	11	11	—	—	—
Overcrowding (sec. 2) .....	—	—	—	—	—
Unreasonable temperature (sec. 3) .....	—	—	—	—	—
Inadequate ventilation (sec. 4) .....	2	2	—	—	—
Ineffective drainage of floors (sec. 6) .....	1	1	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient .....	9	9	—	—	—
(b) Unsuitable or defective .....	72	50	—	—	—
(c) Not separate for sexes .....	4	—	—	—	—
Other offences against the Act (not including offences relating to outworkers) .....	2	2	—	—	—
<b>Total</b> .....	<b>101</b>	<b>75</b>	<b>—</b>	<b>—</b>	<b>—</b>

TABLE 43

## OUTWORKERS

Nature of Work	No. of outworkers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.) .....	102	—	—
Handbags .....	8	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper .....	2	—	—
Christmas crackers .....	2	—	—
Brass articles .....	—	—	—
Stuffed toys .....	4	—	—
Brush making .....	1	—	—
Packeting or boxing of buttons, pins, etc. ....	1	—	—
Ladies' Belts .....	3	—	—
Fancy Goods .....	3	—	—
Millinery .....	5	—	—
Lampshades .....	10	—	—
Wigs .....	1	—	—
Metal Boxes .....	—	—	—
Artificial Flowers .....	—	—	—
<b>Total</b> .....	<b>142</b>	<b>—</b>	<b>—</b>

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

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE 44

## REGISTRATION OF PREMISES AND ANALYSIS OF PERSONS EMPLOYED

Class	No. of premises registered during the year	Total No. of registered premises at end of year	No. of persons employed
Offices	52	786	13,881
Retail Shops	18	683	4,069
Wholesale shops, warehouses	10	81	1,938
Catering estabs. open to the public, canteens	7	178	1,735
<b>Totals</b>	<b>87</b>	<b>1,728</b>	<b>21,623</b>
		Males	10,969
		Females	10,654

TABLE 45

## INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	751	} 2,397
Retail Shops	675	
Wholesale shops, warehouses	76	
Catering estabs. open to the public, canteens	178	
<b>Total</b>	<b>1,680</b>	

TABLE 46  
DEFECTS AND UNSATISFACTORY CONDITIONS FOUND AND REMEDIED

Section	Unsatisfactory conditions or defects	Outstanding 1969	Found 1970	Remedied during the year
4	Premises in a dirty state	5	67	65
5	Overcrowding	—	—	—
6	Temperature			
	Unreasonable	3	35	38
	Lack of room thermometer	4	46	45
7	Ventilation	—	75	75
8	Lighting	—	21	21
9	Sanitary Conveniences			
	Unsuitable and insufficient	2	9	11
	Lack of artificial lighting	—	5	5
	Other nuisances	8	65	69
10	Washing facilities insufficient and unsuitable	4	57	58
11	Adequate supply of drinking water and hot water	—	—	—
12	Accommodation for clothing	—	4	4
13	Seating facilities	—	—	—
14	Seats for sedentary work	—	—	—
15	Eating facilities for shop employees	—	1	1
16	Floors, passages and stairs not soundly constructed, properly maintained or kept free from obstruction or slippery substance	3	58	61
17	Dangerous parts of machines not properly fenced	—	21	21
22	Dangerous practices and conditions	—	—	—
24	First Aid—General Provisions	9	95	93
50	Information for employees, Lack of	7	123	122
—	Other nuisances	1	124	119
	Total	46	806	808

TABLE 47  
ACCIDENTS REPORTED 1970

	Class of Premises				Total
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	
1. No. of Accidents Reported	10	26	21	4	61
2. No. of Accidents Investigated	7	22	12	3	44
3. Action taken:					
(a) Formal warning	—	—	—	—	—
(b) Informal Advice	1	13	6	3	23
(c) None	6	9	6	—	21
4. Causation:					
(a) Machinery	—	1	2	—	3
(b) Transport	—	1	2	—	3
(c) Falls of Persons	4	5	4	2	15
(d) Stepping on or striking against object or persons	—	1	1	—	2
(e) Handling goods	4	9	11	1	25
(f) Struck by falling objects	—	—	—	—	—
(g) Fires and explosions	—	—	—	—	—
(h) Electricity	—	—	—	—	—
(i) Use of Hand Tools	—	8	—	1	9
(j) Not otherwise specified	2	1	1	—	4
5. Injuries sustained:					
(a) Fractures and dislocations	1	1	1	—	3
(b) Sprains and strains	2	4	8	1	15
(c) Internal injury	—	—	—	—	—
(d) Open wounds/surface injury	4	12	5	2	23
(e) Bruising and crushing	3	9	7	1	20
(f) Amputation	—	—	—	—	—
(g) Burns	—	—	—	—	—
(h) Poisoning	—	—	—	—	—
(i) Other injuries	—	—	—	—	—

## REPORT OF THE PRINCIPAL MEDICAL OFFICER

TABLE 48

## UNCLEANLINESS AND SCABIES

	New cases treated			Attendances		
	Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children under 5 years	17	7	24	21	11	32
Children 5-15 years	51	65	116	62	76	138
Adults						
Men	23	2	25	24	2	26
Women	37	6	43	44	6	50
Total	128	80	208	151	95	246

TABLE 49

## DISINFESTATION

(a) *Verminous Premises:*

Council properties	---	---	---	24
Private properties	---	---	---	55
Total	---	---	---	79

(b) *Verminous Rooms:*

Council properties	---	---	---	99
Private properties	---	---	---	140
Total	---	---	---	239

(c) *Clothing and bedding materials:*

(i) disinfected	---	---	---	3
(ii) disinfested	---	---	---	17

(d) *Miscellaneous:*

Ants	---	---	---	1
Wasps nests	---	---	---	228
Fleas	---	---	---	14
Unclean Rooms	---	---	---	4
Earwigs	---	---	---	2
Maggots	---	---	---	1

(e) *Clothing disinfected prior to despatch abroad—  
10 parcels (260 articles)*(f) *Premises disinfected following infectious disease—1*



## REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1970

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) 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. F. X. Letellier, M.R.C.S., L.R.C.P., D.P.H. O. J. Macdonald, M.D., M.B., CH.B. 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. G. Walshe, M.B., B.CH., B.A.O., D.C.H.
<i>Chief Dental Officer</i>	- - - - -	A. Henderson, L.D.S., D.P.D. (U.S.T.A.N.D)
<i>Senior Dental Officer</i>	- - - - -	M. Tonkin, L.D.S., R.C.S.
<i>School Dental Officers</i>	- - - - -	Mrs. Bogush 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. A. Mannall, L.D.S., R.C.S. 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. A. 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. (Resigned October 1970)
<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>	- - - - -	Dr. C. Graham, B.Sc., D.E.P., A.B.P.S.S.
<i>Education Psychologists</i>	- - - - -	D. Ganley, B.A., D.E.P., A.B.P.S.S. Dr. V. P. Varma, M.A., LL.B. Mrs. A. Smith, B.A.
<i>Speech Therapists</i>	- - - - -	Mrs. T. Abrahams, L.C.S.T. Mrs. M. Cohen, L.C.S.T. Miss S. Oliver, L.C.S.T. Mrs. J. M. Shinkfield, L.C.S.T. Mrs. Sunshine, M.C.S.T. Miss K. Watt, L.C.S.T.
<i>Physiotherapists</i>	- - - - -	Mrs. M. Gilbert, M.C.S.P. Mrs. I. B. Johnson, S.R.P., M.C.S.P. Mrs. P. MacArthur, M.C.S.P. Mrs. A. Temmink, M.C.S.P.
<i>Audiometricians</i>	- - - - -	Mrs. D. V. Bell Mrs. E. Keays Mrs. D. Pursey
<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>Chiropody</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 disinfestation.

Total number of examinations	19,639
Total number of individuals found to be infested for the first time during the year	229
Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2) of the Education Act 1944	111
Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act 1944	1

## WORK OF THE HEALTH VISITOR/SCHOOL NURSE

The Health Visitor/School Nurse is closely concerned with promoting good health amongst school children. This is done by carrying out routine hygiene and health surveys, and preparing for and assisting the School Medical Officers. Particular attention is paid to maintaining as high a rate of protection against infectious diseases as possible. Much of the routine work is delegated to clinic nurses (State Registered Nurses but not qualified Health Visitors) to enable Health Visitors to concentrate on more skilled tasks of health teaching or family counselling.

## PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Vaccination against tuberculosis continued to be offered to 13-year-old pupils attending both maintained and independent schools.

After the parent's consent has been obtained a simple skin test is administered to determine whether or not the child needs protection. If the skin reacts to the test it usually means the child has developed some immunity, but all such cases are investigated at the Mass X-ray Unit or Chest Clinic. During 1970, 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 ... ..	3,040
(ii) Number of children tested ... ..	2,322—76.38%
(iii) Number of those in (ii) negative to Heaf Tests ... ..	1,941—83.6%
(iv) Number of those in (iii) B.C.G. vaccinated ... ..	1,831—94.3%
(v) Percentage of Vaccination to (i) above ... ..	60.2%
<i>Entrants</i>	
(i) Number skin tested ... ..	4,233
(ii) Number positive ... ..	194— 4.6%
(iii) Number negative ... ..	3,949—93.3%

## CONVALESCENT TREATMENT

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

Details of illness and length of stay are given below:—

Diagnosis	No. of Children	Length of Stay
Debility ... ..	7	2 weeks
Diabetes ... ..	2	"
Emotional instability ... ..	2	"
Frequent upper respiratory infections ...	3	"
Physically handicapped ... ..	2	"
Epileptic ... ..	3	"
Total	19	

## AUDIOMETRY

The routine testing of pure tone audiometer of every school child's hearing continued. A "sweep" test is carried out in the first instance in the school, normally at the ages of 6, 9 and 13 years, failures are retested at clinics under more favourable conditions. Children failing the second test are then referred to School Medical Officers for further investigation.

The establishment of operators was increased by one part-time operator during the year. This was necessary because of additional sessions at the Audiology Unit where an operator is required and the increasing number of immigrant children being admitted to school who through language or other difficulties take longer to test.

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

A table showing the numbers dealt with during the year is given below, the figures for 1969 in brackets.

## AUDIOMETRY: CHILDREN TESTED

## Routine

Age Group	1st Tests	Retests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Up to 7 years ...	3,597 (4,422)	97 (143)	135 (78)	68 (63)	83 (65)	286 (206)	
Intermediate ...	2,926 (4,026)	127 (180)	68 (43)	38 (35)	35 (32)	141 (110)	
Leavers ...	2,538 (3,043)	64 (60)	47 (25)	27 (19)	21 (15)	95 (59)	
Totals ...	9,061 (11,491)	288 (383)	250 (146)	133 (117)	139 (112)	522 (375)	

## Specials

All Ages	1st Tests	Retests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Totals ...	1,013 (1,110)	176 (296)	249 (178)	117 (96)	101 (125)	467 (399)	

## CHIROPODY

Verrucae or plantar warts were once again the most common reason for school children to seek chiropody treatment during 1970 many of whom spread the infection before their own condition had been detected. It was pleasing to note however, that in a number of cases where parents and children were more knowledgeable about foot complaints, the child attended in the early stages of the condition and thus prevented the spread of infection.

Other infections such as tinea pedis or athlete's foot appear to be on the decrease due to the introduction of effective and improved fungicidal powders and creams.

The fifth toe is still the most usual site for superficial surgery. This is quite often due to the wearing of badly fitting shoes and the long term effects are bunching of all the toes and the dropping of the metatarsal bones.

While health education is doing much to make school children aware of the necessity for good foot health, there is still a great deal of work to be done in this field if youngsters are going to avoid pain and deformity in later life.

## CHIROPODY—SCHOOL CHILDREN TREATED 1970

School or Clinic	New Cases	1st Attendance this year of old cases	Re-attendance	Total
Kilburn Square	35	6	126	167
London Road	32	13	75	120
Monks Park	11	1	50	62
Mortimer Road	25	8	90	123
Neasden Clinic	20	15	140	175
Stag Lane Library	25	5	61	91
Stonebridge	67	20	182	269
Pound Lane	14	4	17	35
Totals	229	72	741	1,042

## SPEECH THERAPY

During the past twelve months the number of speech therapists has increased to three full-time and four part-time therapists. This covers four sessions provided at the Junior Training School. The establishment has recently been altered to include a Senior Speech Therapist which will considerably improve the overall service provided.

*Working Clinics*

Speech therapy is currently provided at eight clinics and approximately 120 children are treated weekly. In the same clinics there is a total waiting list of approximately 70 children and it is extremely unlikely that with the present staffing this situation can be greatly improved.

In all the clinics served by speech therapists a room is specifically set aside and this greatly assists with treatment.

*Work in Special Schools*

At Grove Park Day Special School for physically handicapped pupils excellent provision is made for speech therapy. However, at Woodfield and Manor (educationally subnormal) and Vernon House (mal-adjusted) Schools inadequate provision is made; this is reflected in two main areas:

1. As there are insufficient sessions at these schools, some children requiring speech therapy are unable to be seen weekly. However, many need to be seen intensively two or three times weekly for their treatment to be successful.
2. Adequate accommodation is not provided and therapists are constantly being moved from room to room several times a day. Mentally handicapped children frequently suffer from poor concentration and these disturbances severely hinder their treatment.

An extension to the Manor Junior E.S.N. School is planned for January 1972 accommodating 108 children. Judging by present proportions approximately 20 of these children will probably need treatment, but it is understood that no room has been set aside for speech therapy in the new plans. At this stage it is envisaged that approximately 50 children within the whole school will need therapy.

*Conclusion*

The speech therapy service has improved considerably over the past twelve months as two new full-time therapists have been appointed. In addition the future appointment of a Senior Speech Therapist will assist with co-ordination to improve the service.

## HANDICAPPED PUPILS AND SPECIAL SCHOOLS

It is interesting and instructive to review the increased provision made for day special education for handicapped children in Brent over the last five years and from present trends to give some indication of our needs in the future.

The School population has risen from 35,669 in 1965 to 42,622 children in 1970 representing a 20% increase. As might be expected with this substantial rise there has been an associated increase in the number of children ascertained as handicapped but as will be seen from the Table at the end of this section this increase has not been 20% but twice this at 40%. This has placed a considerable strain on facilities available for special education and made necessary an increase in provision. I would point out however that the majority of children with speech defects attend ordinary schools and their increase in number does not require special education but does involve an increase in the establishment of Speech Therapists to enable those children to be treated.

In 1965 there were two special schools, one Woodfield for children with learning difficulties (E.S.N.) and accommodating 200 pupils, and Lower Place School for physically handicapped children with 90 places filled, providing 290 places in all. During the last five years Woodfield School has been changed to a secondary age school for 200 pupils (E.S.N.) and the Manor School has been established for the primary aged E.S.N. pupils and will when completed be able to take 200 children. These schools are meeting the heavy demands made for places required for children with learning problems.

Lower Place School for physically handicapped children moved to Grove Park, a new purpose built school, and in 1970 has been full with 124 children. A Nursery Unit and extra classroom are awaited and scheduled for future addition.

Two schools for maladjusted pupils, one for primary aged children at Vernon House and one secondary aged at Barrett's Green have been established and together accommodate 80 pupils.

Two classes for the partially hearing primary aged children opened in 1970 at Kingsbury Green School and will provide 18 places.

The total number of children in 1965 placed at Day Special Schools in Brent was 290 and at the end of 1970 the number had risen to 682.

In association of course with the increased need and provision made for Day Special Schools in the Borough for particular handicaps there has been an increase of children with other handicaps such as the delicate child and the deaf child who attend Day Special Schools outside Brent.

The number of delicate children requiring Special Education has doubled since 1965 and 17 are placed at Day School outside Brent involving a considerable journey.

The deaf children, particularly the young ones, require day placement in the Borough as at the moment these children travel to Heston (as did previously our partially hearing children now in the Special Unit at Kingsbury Green School).

The number of children ascertained as maladjusted continues to rise and in addition to the 80 places provided at our two Day Special Schools in the Borough there are 90 placed in residential schools. A Brent residential school specifically for maladjusted pupils would ease the considerable difficulties experienced in placing these children. Tylney Hall provides places only for the very mildly maladjusted.

This review I hope gives some indication of the increasing demand being met by the Education Department and the School Health Service in the important field of handicapped children and special education and a guide to some of our future needs.

This year I have asked the Head Teachers of the special schools in Brent to make a contribution of this report and these are included within sections where their schools are reviewed.

#### HANDICAPPED PUPILS FOR YEAR ENDED

	1965	1970	
Blind ... ..	8	6	
Partially-Sighted ... ..	16	21	
Deaf ... ..	14	24	
Partially-Hearing ... ..	21	34	
Delicate & Diabetic ... ..	31	64	
ESN ... ..	187	259	
Epileptic ... ..	3	10	
Maladjusted ... ..	86	187	
Physically Handicapped ... ..	49	62	
Speech Defects ... ..	836	1,095	
Multiple Handicaps ... ..	43	53	
Grand Total ... ..	1,294	1,815	40% increase
Total School Population ... ..	35,669	42,622	20% increase

#### BLIND CHILDREN

At the end of 1970 there were six blind children, all of them boys, placed in residential schools for the blind. There were three children at Dorton House, Sevenoaks, one at Conover Hall, Shropshire, one at Rushdon Hall, Sussex, and one at Worcester College, Worcester.

It is interesting to note that in this group of children the numbers have fallen since 1965. It is, however, the only group of handicapped children where this has occurred.

#### PARTIALLY SIGHTED CHILDREN

All these children, unlike the previous group, are placed at Day Special Schools but outside the London Borough of Brent, and consist of 13 boys and ten girls. This number has increased by five since last year. Nineteen of the children are at John Aird School, three at New River School, and one at a special class in the Hogarth Primary School, Chiswick. This last child is multiply handicapped, being partially sighted and deaf.

#### DEAF CHILDREN

At the end of 1970 there were 24 children ascertained as deaf, of whom 16 attended day schools at Heston School for the Deaf, Blanche Neville School, Tottenham, Frank Barnes and Akmar Schools in the Inner London Education Authority. Five children were placed residentially, at the Royal School for the Deaf, Margate, Tewin Water and Mill Hall School.

Five pre-school children receive tuition from the Peripatetic Teacher of the Deaf, either at home or in Brent Day Nurseries.

The importance of early auditory training in deaf children cannot be over-emphasised, and admission to a special nursery class for the deaf child with an associated primary unit for deaf children to which transfer can be made at the appropriate age is an increasing need in Brent. At present our young children have to make the daily journey to Heston.

As with both the deaf and partially hearing, regular supervision is maintained by Dr. Fisch, the Consultant Otologist, either at Neasden Audiology Unit or at his clinics in association with the Heston School for the Deaf, or at Blanche Neville School in the London Borough of Haringey.

#### PARTIALLY HEARING CHILDREN

In September 1970, two classes for primary aged partially hearing children opened in Kingsbury Green School under the care of two teachers for the deaf. The two classrooms were specially adapted by means of sound-proofing and the installation of special electronic equipment for teaching hearing handicapped children. The numbers of children in the classes are small, and individual teaching is given to each child, as well as group classroom instruction. Considerable importance is attached to the integration of the partially hearing children into the activities of the rest of the school for games, crafts, playtime and meals. As children in the unit progress they are transferred for some lessons into the ordinary classrooms. It is hoped that many will be able to take their place in ordinary schools by the time they are of secondary age.

The two special classes at Kingsbury commenced with six children, but can accommodate 18. The infant class accepted children who would otherwise have had to make the journey to Heston daily or have continued to await a place as the waiting list there is long. Older children already placed at Heston or Tottenham were not withdrawn as this would have interrupted their schooling, and the classes at Kingsbury will, within the next two years, be fully used with young children who will be of school age.

At the end of 1970 there were 36 children ascertained as partially hearing, 16 boys and 20 girls. Four of these children were of pre-school age and were either receiving auditory training at home or in the Day Nurseries. Six children were in the partially hearing unit at Kingsbury, six in partially hearing units in Heston (London Borough of Hounslow), and 12 in partially hearing units in Tottenham (London Borough of Haringey).

There was one boy in the partially hearing unit at Haverstock Hill Day School in the Inner London Education Authority, and one child attends a local private school.

Four children are placed at residential school at the Royal School for the Deaf in Margate.

There are children in the ordinary schools in Brent who are partially hearing but not ascertained as in need of special schooling. These children manage with the help of their hearing aid, and the Peripatetic Teacher of the Deaf visits these schools regularly to review their progress and give assistance to the staff when necessary. The children are seen regularly at the Neasden Audiology Unit by the Consultant Otologist and the audiology team. Where necessary, it will now be possible to give some of these children who are experiencing difficulty in ordinary schools a period of help in the partially hearing unit to enable them to catch up with their work and then return to ordinary school.

#### EDUCATIONALLY SUB-NORMAL CHILDREN

##### *Woodfield Day Special School*

At the beginning of 1970 Woodfield School, which had been housing since the previous September both a primary and secondary section with separate Head Teachers, Mr. Whitehead and Mrs. Molloy, separated, the primary section moving to Manor School whose previous occupation had been postponed by building delays.

Woodfield School adjusted to its new status as a Secondary School and Mr. Whitehead commenced the difficult task of re-organising the school. Staffing problems and the large number of older children in the school who presented with behaviour problems as well as their learning difficulties made this a very difficult situation.

It was very disappointing that when considerable improvement in the school became evident that Mr. Whitehead was appointed to the Headship of his previous school and left at the end of December 1970.

During the Easter and Summer terms, leavers' conferences were held and included the Careers Officer, Head Teacher, Educational Psychologist, Social Worker and Senior Medical Officer.

At the end of 1970 there were 161 children in the school and during the year there was no delay in admitting a child. This was of considerable benefit to the children as previously because of the long waiting list, delays of up to two or three terms sometimes occurred before admission and much valuable time was lost in commencing special schooling.

Also as a result of available places in the school, several children, who it was thought would benefit from a further year at school, were allowed to remain after normal school leaving age.

During 1970, 43 new children were admitted to Woodfield and 51 left the school of whom 29 were of school leaving age.

During the year regular visits were made to the school by the School Medical Officer and special and routine medical inspections carried out. Children were seen at the request of parents and teachers as well as at the usual ages for routine examination. For any further treatment or investigation required, referrals were made to General Practitioners or to Consultants at Hospitals, with the General Practitioner's permission. Children were referred to the Local Authority Eye, Dental, Orthopaedic, Ear, Nose and Throat or Audiology Clinic.

The School Nurse visited the school regularly and instituted a programme of health education. Many of the children at Woodfield School have speech defects and a Speech Therapist attended the school for six sessions a week.

##### *Manor Day Special School*

This school opened in January 1970 with 45 children and the number on role at the end of 1970 was 71 children with 20 children in special infant classes. Forty-four children were admitted during the year and 13 transferred to other schools, mainly Secondary School, Woodfield, in September 1970.

At the end of 1970 there were 15 children awaiting admission to the main school and five for the special infant classes.

Many of the children in school require speech therapy and the Speech Therapist attended for four sessions a week.

Regular discussion about the children's progress and future placement took place between the school staff, Educational Psychologist and School Medical Officer during the year.

I am indebted to Mrs. Molloy, the Head Teacher for the following report about the school during its first year.

"Manor Day Special School for E.S.N. primary pupils was opened in January 1970. Incorporated with the school was a diagnostic unit for ten children. This is composed of a group of children aged between five and seven years who do not fit in to the Infant School System. In April 1970 a second diagnostic class was opened and we therefore have 20 children all of whom need very special attention. The teachers observe

them very closely and make very detailed reports. However, the atmosphere in these rooms is far from clinical, the two teachers and Welfare Assistants providing all the loving care that these children need and in some cases have never experienced in a good home with sensible loving parents. Play is vitally important and the way these children play or are unable to play is very revealing. Shortly after their seventh birthday it is usually possible to decide the type of education most suited to their needs. Many of them transfer to the E.S.N. Department of the school which consists of 72 boys and girls aged between seven and 12 years of age. Here the accent must of necessity be on teaching the academic subjects such as reading, writing and numbers as the children have little or no knowledge of the basic subjects on admission and our aim is to transfer them to Woodfield Senior School with a good grounding in these subjects.

"We are constantly seeking ways and means of stimulating the children so that they find the work interesting and will therefore be prepared to make the effort to learn.

"We are fortunate in having the visual and aural aids which help us to provide this stimulating material. There is a teacher who was given a special post in April 1970 in charge of visual and aural aid programmes. We use television programmes, and film slides, radio, tape recorders, record players, overhead projectors, flannel graphs, magnetic board and the not to be despised blackboard. Many of our children need a great deal of physical activity, particularly the children who live in restricted and poor housing conditions and we have quite a number of these children.

"In addition to the routine P.E. classes, groups of 24 children go swimming every Wednesday morning and during the year 20 children received swimming certificates. The school also has a football team, netball and rounders team and also the beginnings of a cricket team.

"There have been many highlights during the year such as the open evenings for parents and it was very gratifying to see how many parents attended. We held a highly successful jumble sale, the proceeds of which have enabled us to take the children to such places as Golders Hill Park and Kew Gardens; we held a Sports Day at Malorees School field in June and of course from the children's point of view Christmas was the most important celebration. The children made up their own concert and we had a Carol Concert, a film show and a Christmas Party attended by Father Christmas (Father Christmas being one of our School Coach Drivers).

"This was a happy ending to what I considered to be a quite promising first year at Manor School."

#### *Other Day Special and Residential Schools*

There were 28 Brent children placed outside the Borough at Day Special Schools, 17 at Montford House, Golders Green, seven at schools in the Inner London Education Authority and in Harrow and four children who live outside the London area but who are in care of the Children's Department and are living with foster parents and attending Day Special Schools in their areas.

Twenty-nine children were placed in Residential Schools, 14 of whom are at Swaylands School, Penshurst.

#### EPILEPTIC CHILDREN

The majority of epileptic children are well controlled by modern anti convulsant medication and provide no problem in ordinary school. From time to time fits may become worse and admission is arranged to Grove Park School until stabilization has occurred. In a minority of children however the fits are difficult to control and associated behaviour problems may occur in which special schooling is required.

During 1970 three children with fits attended Grove Park School. One child was placed at Vernon House, and one at Hazelbury School for Delicate Children in Enfield. There were two ascertained epileptic pupils in ordinary school.

Four boys were placed residentially at Lingfield School, one at Colthurst House and one at St. Elizabeths School, Much Hadham.

#### MALADJUSTED CHILDREN

The number of children ascertained as maladjusted continues to rise and at the end of 1970 there were 187 children as compared with 150 the previous year. As a result of earlier referral and assessment more children in the younger age group have been ascertained. This is excellent from the point of view of treatment, as the earlier a child is given the special environment of a school for maladjusted children the greater the chance of recovery and return to ordinary school. However, the 40 places available for this younger age group has been inadequate and there was a waiting list throughout 1970 for places at Vernon House, our primary unit for maladjusted children.

There were fewer referrals for day placement in the secondary age group but more for residential schooling at this age.

#### *Barretts Green Secondary School*

This school can accommodate 40 pupils of secondary age. During the year there have been staffing shortages which have limited some of the activities of the school. Many of the children referred at this age present quite serious behaviour problems of an acting out and violent nature, which has created considerable difficulties for the staff.

At the end of 1970 there were 24 children on roll and during the year 18 children were admitted and nine left.

Regular case conferences were held at the school during the year, attended by the Head Teacher and Staff, Child Psychiatrists, Psychologists, Psychiatric Social Workers and the Senior Medical Officer for School Health.

Medical examinations were carried out during each term and referrals for further investigation of defects found, or for treatment were made to General Practitioners or to Local Authority Health Services.



### *Vernon House School*

This school provides 40 places for primary aged maladjusted children and throughout the year the school was full. At the end of 1970 there were eight children on the waiting list. In the case of all these children admission was urgent as a recommendation for special schooling is only made for the children most seriously needing help.

Regular medical inspections were carried out throughout the year and the School Nurse co-operated closely with the staff of the school. There were five or six case conferences each term with the team from the Child Guidance Clinic, the Senior Medical Officer for School Health, the School Nurse and all the Vernon House Staff to discuss the progress of pupils and to make plans for their future placement.

I am indebted to Mr. Staniland, the Headmaster, for the following account of the structure and aims of the school.

"This is a day school for emotionally disturbed children of primary school age. The children represent a total social cross section and display a variety of both neurotic and psychotic symptoms. Many of the children have been excluded from normal school, some for withdrawn behaviour but mostly for acting out violent behaviour both in and out of school. For these children, the idea of removal from normal school because they cannot be tolerated, is purely negative; what follows and what we aim to provide here at Vernon House is directed towards restitution and successful return into normal society. This is done by providing a therapeutic family type environment where the grossly sick child is totally accepted and where there are secure, warm adults with whom the child can successfully relate, as many of the problems have origins in poor family relationships.

"The school is divided into four groups each with a different function, one is an Infant Group not necessarily for infant age children but where there is plenty of regressive type activity that allows the children to relive unsatisfactory periods of their early childhood. Another is an Art Therapy Type Group that apart from following a normal type educational programme is involved in considerable therapeutic art and craft work. Many of these children have expressed their aggression and played out fantasies in the past in a destructive way towards objects or people but I believe it is possible to channel these manifestations in safe and more guiltless ways by providing a variety of creative activities throughout the school. The time table includes two periods of swimming and most of the children are able to swim. Students from both the St. Alban's School of Art, Art Therapy Course, and the Guildhall Post-Graduate Music Therapy Course now join us for long periods of practice, and the Institute of Education, London University used the school to make a closed-circuit film for Advanced Education Students. Each year most of the children attend school journeys to St. Mary's Bay Holiday Camp. Two other groups are structured both in different ways and contain children who have worked through their problems to the extent that they can take sustained periods of school work. Last year 60% of the leavers went to normal Secondary Schools. The remainder went to Boarding School, Hospital Units or Barretts Green Special School.

"Close contact is kept with Child Guidance Clinics and their Staffs and the Senior Medical Officer for School Health, and the Vernon House Staff attend meetings at school where individual cases and general problems affecting the school are discussed.

"Research has shown that a small percentage of all school children are handicapped by emotional disturbance and in need of specialised help. It is important that teachers are aware of the symptoms of maladjustment and refer children as soon as possible and certainly before the problems begin to crystallize in adolescence.

"My aim is to see these children back into normal school and to make them well enough to cope with their often unsatisfactory home background and, therefore, more likely to succeed and become self-sufficient both in school and adulthood."

### *Residential Schools for Maladjusted Children*

At the end of 1970, 90 of the 187 ascertained maladjusted pupils were placed at a wide variety of special and maintained residential schools for maladjusted pupils and at independent residential schools accepting maladjusted children.

Forty mildly maladjusted children were placed at Tylney Hall.

### PHYSICALLY HANDICAPPED CHILDREN

#### *Grove Park School*

Grove Park School provides primary and secondary schooling for children with a wide variety of physical handicaps. These children require special education and often special teaching methods to enable them to overcome the difficulties resulting from their handicaps. At the same time a large proportion of the children require regular physiotherapy and this is carried out with as little interruption of their school work as possible. Throughout 1970 the school was full and there was a waiting list of children for admission.

At the end of 1970 there were 124 children on roll, 74 of whom were from Brent, 25 from Ealing, 16 from Harrow, eight from Barnet and one child from Hillingdon.

During the year 25 children left of whom six returned to ordinary school and six left at the age of 16. The rest either transferred from the district or to residential or other special schools.

The younger age groups in the school make up the larger section and the number of children with spina bifida has contributed to this increase.

As reported last year the pattern of disabilities has changed over the years and more of the younger children being admitted now are seriously disabled and usually have more than one handicap.

It is these children who so desperately need the advantages of a nursery class in the school as many, in their pre-school years, have had to remain confined to their homes without opportunities of playing and mixing with other children, until they reach Grove Park at age five. It is hoped that the long awaited nursery class will soon become available.

Regular medical examinations were carried out at the school during 1970 and the children were periodically assessed concerning their progress and the need for any further special treatment. Close liaison was maintained with specialists in charge of the children at the various London hospitals. Vision and hearing are regularly tested and a consultant ophthalmologist visits the school twice a term.

The orthopaedic consultant attended the school several times a term and any corrective surgery required was carried out at Stanmore Orthopaedic Hospital.

The children from the two special classes with hearing handicaps and other partially hearing children in the school were supervised at Neasden Audiology Unit by the consultant otologist.

Three full-time physiotherapists provided treatment in the large physiotherapy department and the adjacent hydrotherapy pool. Children who were able also visited swimming baths with the school.

The School Nurse who is in full-time attendance at the school is supported by welfare assistants who help with the care of the children.

Mr. Scott, the Head Master of Grove Park School, has contributed the following account of the activities there in 1970.

"Grove Park School, opened in 1968, caters for a maximum of 120 physically handicapped children and 12 children with severe hearing loss and additional handicaps.

"The children, chiefly between the ages of five and 16, vary in type and severity of handicap but the aim of the teachers, therapists, nurses and welfare assistants is to develop to the full the physical and educational potential of each child. Many of the children are able after a time at the school to return to normal schools but facilities exist for all staying on at school to reach a good standard of general education and to take the usual examinations. Small classes enable the children to receive individual attention and each child progresses as his own rate.

"Visits to places of interest are encouraged, each class arranging its own programme of visits, and parties are taken to the State Cinema orchestral concerts and the Saturday morning Robert Mayer concerts at the Royal Festival Hall. Art work is entered for the many local and national exhibitions and many successes gained, often in competition with non-handicapped children.

"In physical activities, archery and swimming are very popular with the children and many swimming certificates are gained each year. Annual Sports Day with other similar schools in London are arranged and greatly enjoyed by children, staff and parents.

"A strong Parent/Teacher Association exists and in its first year has provided the school with Hall curtains, three electric typewriters and a cine projector.

"Unfortunately, except for a small assessment class of partially hearing children, the school is unable to admit children of under five years of age but plans have been approved for addition of a nursery class and this we hope will be provided in the near future. Plans have also been approved for an additional classroom to be added to the school and this addition we hope will ensure that physically handicapped children of statutory school age will not have to take their place on a school 'waiting list'."

#### *Residential Schools for Physically Handicapped Children*

There were six children placed at residential schools, one each at Coney Hill School, Kent; Tylney Hall; St. Dominics; St. Michaels, Eastcote; and two children at Welburn Hall, Yorkshire.

#### CHILDREN WITH SPEECH DEFECTS

Speech and communication difficulties in young children are an increasing problem in the Borough and many children in the Special Schools have this defect in association with other handicaps.

The major proportion of speech handicapped children attend ordinary schools and have speech therapy at the Local Authority Health Clinics. At the end of 1970 there was a total of 1,095 children requiring help with speech, mainly boys who constitute 798 of this total. Two hundred and ninety-seven of the children were under the age of five years.

#### DELICATE AND DIABETIC CHILDREN

At the end of 1970 there were 64 children ascertained as delicate, 44 boys and 20 girls. Nineteen of the children are placed at Day Schools, at John Keats in Wood Lane in the Inner London Education Authority, at Hazelbury School in the London Borough of Enfield and at Grove Park.

Thirty-four were placed at Residential Schools, Tylney Hall, Suntrap School Hayling Island, St. Dominic School Surrey, Elmers Court Lymington, Park Place Henley on Thames, Port Regis School Broadstairs, St. Patrick's School Hayling Island, at St. Stephen's School Kent, Fairfield House and George Rainey School.

#### *Diabetic Children*

Two diabetic children were placed at Palingswick Hostel in Hammersmith in 1970 and attended ordinary school in the Inner London Education Authority.

During 1970 the British Diabetic Association carried out a survey with the co-operation of the Health Department and the Education Department in Brent to ascertain the number of diabetic children attending ordinary school and as a result 30 children were found. Many but not all of these children were already known to the School Health Department.

Special education is not required for diabetic children and providing teaching staff are fully informed about the condition there is no reason why these children should experience any difficulty or the staff any anxiety when attending ordinary school.

Hostel accommodation is occasionally required when home conditions are poor and management of the child's diabetes by the parents is faulty.

Brent is fortunate in having a Health Visitor particularly concerned with the diabetic patient. Her work entails attendance at the Diabetic Clinic at Central Middlesex Hospital and help in co-ordinating the treatment recommended by the Physician, by visiting the home and, in the case of children, advising the mother how to carry out the Physician's instructions and manage her child's diet, and by visits to school to ensure that staff there understand something of diabetes and in this way avoiding considerable unnecessary anxiety.

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1970  
ASCERTAINMENT

Category	No. of ascertained Cases known 1st day of year		No. of New Cases ascertained during year		No. of ascertained Cases known last day of year	
	B	G	B	G	B	G
Blind Pupils	6	—	—	—	6	—
Partially-Sighted Pupils	11	7	—	1	12	9
Deaf Pupils	13	7	—	5	12	12
Partially Deaf Pupils	15	20	3	1	15	19
Delicate Pupils	39	16	8	5	43	21
Diabetic Pupils	129	119	25	31	131	128
Educ. Sub-Normal Pupils	10	1	1	2	9	1
Maladjusted Pupils	119	31	42	18	144	43
Physically Handicapped Pupils	34	25	5	5	35	27
Pupils with Speech Defects	781	274	95	52	798	297
Pupils with Multiple Defects	37	24	7	1	35	18
Totals	1,194	524	186	121	1,240	575
Grand Totals	1,718		307		1,815	

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1970

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	—	—	6	—	—	—	—	—	—	—	6	—
Partially-Sighted Pupils	12	9	—	—	—	—	—	—	—	—	12	9
Deaf Pupils	7	8	3	1	—	—	—	1	2	2	12	12
Partially Deaf Pupils	7	10	3	1	4	4	1	—	—	4	15	19
Delicate Pupils	11	6	24	8	8	6	—	1	—	—	43	21
Diabetic Pupils	—	—	—	—	—	—	—	—	—	—	—	—
Edu. Sub-normal Pupils	101	104	17	2	6	8	7	14	—	—	131	128
Epileptic Pupils	3	1	4	—	2	—	—	—	—	—	9	1
Maladjusted Pupils	49	17	43	2	23	8	29	16	—	—	144	43
Physically Handicapped Pupils	26	21	6	—	2	3	—	1	1	2	35	27
Pupils with Speech Defects	—	—	—	—	599	191	7	1	192	105	798	297
Pupils with Multiple Defects	30	17	2	1	1	—	2	—	—	—	35	18
<b>Totals</b>	<b>246</b>	<b>193</b>	<b>108</b>	<b>15</b>	<b>645</b>	<b>220</b>	<b>46</b>	<b>34</b>	<b>195</b>	<b>113</b>	<b>1,240</b>	<b>575</b>
<b>Grand Totals</b>	<b>439</b>		<b>123</b>		<b>865</b>		<b>80</b>		<b>308</b>		<b>1,815</b>	

## TYLNEY HALL SCHOOL

Tylney Hall School which caters for mildly maladjusted and mildly delicate boys is housed in a late 19th century mansion standing in some 100 acres of pleasant Hampshire countryside about seven miles from Basingstoke.

The number on roll has been kept around the maximum of 130 since September 1969. The majority of the boys come from the London area—37 from Brent, 35 from other London Boroughs whilst most of the remainder come from the south or south-east of England. The exceptions to this pattern cause some concern as the long distance from home makes it difficult for them to go home for week-end leaves or to receive visitors from home. There are normally two or three visiting days a term. The usual school holidays are taken at home.

The school is organized into nine classes, four of which follow a course leading to C.S.E., the other five are traditional though limited secondary modern type. Since the classes are small a good deal of individual and group work is possible. Every advantage is taken of the rural surroundings and craftwork, rural studies, gardening, etc., play an important part in the school programme. There are extensive playing fields, tennis courts and a swimming pool.

After school activities have been slightly modified and in addition to the traditional programmes of indoor games, scouts, etc., senior boys have been encouraged to join a local Youth Club and play football for local teams. The Duke of Edinburgh's award scheme has started and there is an active Camping Club.

The boys sleep in small dormitories varying from three to 12 beds in size. Meals are served in the large Dining Hall on small tables and are supervised by members of 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 the Clergy visits the school regularly.

## NEASDEN AUDIOLOGY UNIT

During 1970 the special services provided at Neasden Audiology Unit have been increasingly in demand. These services include the diagnosis, follow up and supervision of children with hearing handicaps.

During the year 437 children were seen at the Audiology Unit and of these 175 were new patients and of this group 57 were in the pre-school years.

It has been noted in the pre-school group that more of these children are being seen for delay in speech development and are being referred by Paediatricians at Central Middlesex Hospital, Northwick Park Hospital and Edgware General Hospital. As part of the assessment of these children their hearing must be investigated and in this way we have been able to co-operate with the Paediatricians at these Hospitals. Children with speech delay were often found not to have a hearing defect but to be suffering from under-stimulation and to be living in a poor environment. Delay in other spheres of development was also often evident. Where possible these children were placed in Brent Day Nurseries to enable them to experience speech and play opportunities with other children and to have the skilled and understanding care of the Nursery Staff.

Children of pre-school age with hearing handicaps were also admitted to Day Nurseries where auditory training was provided by the Peripatetic Teacher of the Deaf and at the end of 1970 there were six such children in the Day Nurseries in Brent.

The major proportion of children attending the Audiology Unit are school children and have been referred for varying degrees and types of hearing loss found at routine school audiometric screening sessions. Many of these children suffer a conductive hearing loss in association with a catarrhal condition of the middle ear which, with correct treatment, may often be fully corrected. Other children may have losses of a more permanent nature. These children are seen regularly for supervision and follow up ensuring that treatment has been instituted, or where the loss is more permanent, deterioration is not occurring and that all these children are progressing satisfactorily at school and that their educational progress is not being hampered by the hearing loss. The importance of a teacher understanding her pupils difficulty and for the child to sit in a favourable position in the classroom is stressed and information is passed to the Education Department so that the teacher may be fully informed. The Peripatetic Teacher of the Deaf also may visit the School. Children attending Special Schools for the Deaf and Partially Hearing are seen in the holidays and their progress reviewed.

The problems of immigrant children whose language is not English presented considerable difficulties when deafness was diagnosed. Several of the older children had previously to arrival in England, received no formal education nor had they had the advantages of amplification of sound with a hearing aid. Consequently the teachers of the deaf either at the Schools for Deaf or during home teaching have had very considerable problems in teaching language and providing education. Finding school placements for these children has proved difficult.

Referrals to the Audiology Unit come from Medical Officers in Child Health Clinics, the School Health Service, from Paediatricians and from General Practitioners. The Unit serves Brent, Harrow and part of Barnet. Great importance is attached to the early diagnosis of a hearing handicap and Medical Officers are encouraged to refer cases at the earliest suspicion that the infant is not responding to sound stimuli, and priority for appointments is given for infants and young children. The problems of a lengthy waiting list were partly solved during 1970 by holding several screening sessions and this enabled children on the waiting list to be seen as soon as possible and an early estimate of their difficulties made so that treatment could be commenced. A later appointment for fuller assessment was then made.

Two sessions are held weekly at Neasden Audiology Unit, one by Dr. Fisch, the Consultant Otologist and the other by the Senior Medical Officer for School Health.

During 1970 five Brent children were ascertained as deaf and four as partially hearing.

The Audiology Unit has been most fortunate in being able to refer children, with the General Practitioner's approval, to Mr. Pease, Consultant Ear, Nose and Throat Surgeon at Central Middlesex Hospital when further investigation has been required and possible surgical treatment needed. Our children have received excellent care and attention and during the year many suffering from conductive hearing losses have been treated and shown great improvement. We are greatly indebted to Mr. Pease for his co-operation.

In 1970 our establishment of two peripatetic teachers of the deaf was increased to three to enable the greatly increased caseload to be reduced for each teacher. The importance of the work of the teachers of the deaf cannot be over stressed. When deafness is diagnosed in an infant or young child, it is the teacher of the deaf who visits the child in the home and gives help in the use of the hearing aid, commences regular auditory training so that the development of language and speech can begin as soon as possible. She guides the parents in their management of the child's auditory training and supports them in the many anxieties that parents under these circumstances suffer.

Children in ordinary school with moderate hearing loss and those who can manage with a hearing aid are supervised by the Peripatetic Teacher of the Deaf who visits them in school regularly, discussing the children's progress with Heads and Teachers. She can explain to teaching staff the very special difficulties some of these children may have. If progress at school is unsatisfactory in the case of any particular child, then an appointment is made for the child to be seen as soon as possible at Neasden Audiology Unit by the Audiology team for re-assessment.

In September 1970 the two eagerly awaited partially hearing classes were opened in Kingsbury Green School and five children were admitted. It is a great relief now to know that our young partially hearing children are no longer having to undertake daily the long journey to Heston.

We are now faced however with the same problem for our deaf children who still have to make this journey.

During the latter part of the year the London Borough of Haringey informed this Authority that no further places would be available for Brent children in their School for the Deaf or in their partially hearing unit. The School for the Deaf and partially hearing units at Heston in the London Borough of Hounslow are now the only day schools for deaf and partially hearing children available to Brent children and the waiting list there is long. Fortunately we now have our own primary partially hearing unit.

During the year we have had many visitors at Neasden Audiology Unit, coming from all spheres involving the care of children and our observation room has been in constant use and usually very full. Amongst our visitors have been Paediatricians, General Practitioners and their trainees, Medical Students, Health Visitors, School Nurses, Matrons in Day Nurseries and Children's Homes. We are always pleased to welcome visitors as we believe that widening the experience for those concerned in the care of children in the problems associated with hearing loss, is an important part of our work.

## SCHOOL DENTAL SERVICE

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The fluoridation of public water supplies has not yet been approved.

A Senior Dental Officer has been appointed in a busy clinic which has been seriously understaffed for some considerable time, and this should result in a much improved dental service to the schools allocated to this clinic. There have been only minor staff changes during the year which is fortunate as patients do not take kindly to being treated by several different dental officers in a short space of time, and will frequently transfer to a dentist in the National Health Service to obtain continuity of treatment.

Older equipment still serviceable is being supplemented by items considered essential to modern dental practice, and obsolete appliances have been replaced in several clinics by the latest types available. Every effort has been made however to minimise costs by avoiding the installation of what might be considered luxury equipment. The co-operation of the staff in pursuing these policies has always been excellent and has been of great value in maintaining the smooth running of the clinics.

In extending the programme of dental health education, including film shows and talks to classes and at school dental inspections, much assistance and tolerance have been required from School Heads and secretaries, and in almost every instance these have been willingly given.

With the advent of increased charges for dental treatment in the National Health Service, dentists therein will no doubt hope to attract greater numbers of patients of school age, and the school dental service will have to be particularly watchful and progressive to maintain the present wide acceptance which it enjoys in this Borough.

## CHILD GUIDANCE SERVICE

PREPARED BY DR. C. GRAHAM, B.S.C., CHIEF EDUCATIONAL PSYCHOLOGIST

### *Organisation of the Service*

The Child Guidance Service continues to be organized into the School Psychological Service where the Educational Psychologists see children in school referred for predominantly educational difficulties, and the Child Guidance Centres where the whole team investigates the case referred for predominantly emotional/behavioural difficulties. Naturally, the School Psychological Service passes on those cases to the Child Guidance Centre where a full psychiatric investigation is desirable and, in fact, about one third of all Centre referrals come from the schools.

The Kilburn Centre in Brondesbury Villas deals with all referrals concerning children living in the Willesden area and the Kingsbury Centre in Church Lane deals with all referrals concerning children living in the Wembley area.

At the end of the year there were 327 children waiting to be seen by one of the four psychologists (compared with 314 at the end of 1969), and 128 children to be seen by one of the two half-time consultant psychiatrists (compared with 94 at the end of 1969).

Clearly then, there is a waiting period before a child is seen, but urgent cases are given priority. Urgencies tend to be where reports are required by the Juvenile Courts, or a child has been excluded from school or the description of the child's difficulties suggests severe disturbance.

#### Referrals

There were 943 children referred to the whole Service in 1970 (compared with 1,000 in 1969 and 919 in 1968), and these can be sub-divided as follows:—

	Kingsbury	Kilburn	Total
School Psychological Service	107	419	526
Child Guidance Centres ...	155	262	417
Total ... ..	262	681	943

Quite obviously the main pressures come from school referrals from the Willesden side of the Borough.

As can be seen from Table 1, of the children referred to the Centre for full psychiatric investigation, there were more than twice as many boys as girls, but this is quite typical of referrals throughout the country.

Of the referrals about one third came from medical sources, one third from the schools and one third from elsewhere.

Table 1 shows that nearly 300 children were seen for some regular help after the initial diagnostic investigation. This is a notable figure, and by far the highest since the Brent Service was inaugurated (comparable figures were 146 in 1965 and 270 in 1969). This individual help will vary—sometimes it will be as much as one hour a week with a psychiatrist or psychotherapist over an extended period, sometimes it will be only half an hour once in three months.

Table 3 shows the reasons for referral to the Centres. About two thirds of the referrals are for behaviour problems where the child makes life difficult for the teacher or parent. Many of these children obviously require investigation and help, but two observations, mentioned in previous reports, should not be forgotten. Firstly, little can be accomplished if the parents do not see the problem and remain unco-operative. Secondly, the great emphasis on this group of children should not detract from the referring of the equally important type of children who may not be as difficult with adults, but because of their withdrawn, sensitive or nervous symptoms require help with their emotional adjustment.

Table 4 shows the age distribution of referrals. This is much the same as previous years, although a tendency is noted of fewer infant referrals and more secondary referrals. Child Guidance Services throughout the country ask for earlier referrals. Brent is no exception. The 70 children referred at 14+ present a particular problem, more so if the reason for referral is acting out "difficult" behaviour, and some of these children were referred for the first time at that late age.

#### Staff and Premises

As from the beginning of the year, Dr. Friedman, Consultant Child Psychiatrist at Kingsbury, gave up one session a week. Mrs. Smith replaced Mr. Rigby as Educational Psychologist at Kilburn. Miss Hindley and Mrs. Hutten, sessional P.S.W's at Kilburn, left the Service and were replaced by Mrs. Brett Jones and Mrs. Agranoff.

The total staff establishment has been filled except for a few sessions of psychotherapy.

The employment of such a large number of sessional/part-time workers does present problems. The establishment of P.S.W's and psychotherapists is 7½ and this is filled by 18 people. Not only does this present problems of accommodation, but also it detracts from the continuity of the work. If one professional worker is dealing with a case, any problems arising cannot easily be passed to somebody else during the absence of the responsible officer.

Two sessions of psychotherapy time is given to Barretts Green Secondary Day Maladjusted School. Miss Stone attends there for one day a week.

The Kingsbury Centre will take over the ground floor premises in Church Lane after the Maternity and Child Welfare Clinic moves out, and this extra space will prove most useful. The Kilburn Centre is very overcrowded, and it is hoped that some plans to alleviate this will be formulated.

#### Exclusions from School

During 1970 there were 37 formal exclusions from Brent schools compared with 31 in 1969 and 23 in 1968. The numbers were made up as follows:—

	Boys	Girls	Total
Infant ... ..	6	0	6
Junior ... ..	2	1	3
Secondary ... ..	12	16	28
Total ... ..	20	17	37

Of the 37, half were regarded as not requiring Special Educational Treatment or special facilities and reinstated in the same school or transferred to another ordinary school, ten were transferred to some form of Special Education, and the remainder were dealt with by other departments, e.g. transferred to Approved School by the Juvenile Court or placed in care by the Children's Department.

#### Immigration

About 27% of Brent's school children are immigrants, largely from the West Indies. There is no doubt that on average these children have a lower level of educational attainment than indigenous children.

This is likely to be due to poor previous schooling, disrupted home conditions and linguistic problems.

Immigrant children on average also score lower on intelligence tests than indigenous children. This is so whatever type of intelligence test is used—individual or group, verbal, non-verbal or performance. However, no intelligence test is culturally free, and therefore such results should always be viewed with caution.

There has been great national publicity concerning the proportion of immigrant pupils in E.S.N. schools. In Brent about 50% of the ascertained E.S.N. pupils are immigrant. Therefore, there are approximately twice as high a proportion in E.S.N. schools as in ordinary schools. It is interesting to note that the I.L.E.A. has just the same proportion i.e. twice as many immigrants in E.S.N. schools as in ordinary schools.

In spite of this, it should always be remembered that only 1% of immigrant pupils in Brent are ascertained as E.S.N.

Before a child is ascertained E.S.N., he first must be regarded as very backward by the ordinary school, he must then be found to be grossly educationally retarded on standardized tests, and he would be approximately in the bottom 2% of his age group on individual intelligence tests. The intelligence tests form only one aspect of the assessment. After his ascertainment as E.S.N., he can always be transferred back to the normal school system if sufficient progress is made.

From a follow-up of all E.S.N. school leavers in Brent over the past six years, it does not appear that the immigrant pupils have made greater progress than the indigenous ascertained pupils.

#### *Provision of Special Educational Facilities*

There are now two Day Maladjusted Schools and two Day E.S.N. Schools in the Borough dealing with those children requiring Special Educational Treatment. The Manor Primary E.S.N. School has two Special Infant Diagnostic Classes instead of the former one at Vernon House. These classes are particularly useful in the case of young children where no firm decision can as yet be made about them.

The six Remedial Reading Classes dealt with 212 children during the year, and over twice as many boys as girls were dealt with, but this is usual.

During the year 44 children were recommended for residential placement as maladjusted pupils. This compares with 26 in 1969 and 24 in 1968. There is great difficulty in finding suitable residential placements, more so when the child is older or more backward. It is a very great pity that the demands of the Borough cannot be married up with the facilities offered by Brent's Residential School, Tylney Hall. However, 130 secondary boys on one site could not offer facilities for the genuinely maladjusted.

The question of residential placement generally is also one requiring great thought. So often the Child Guidance personnel feel that they are regarded by others merely as a means whereby a child can be sent away to school. Parents, teachers and even Child Care Officers and Probation Officers refer children to the Service with this in mind. Residential placements may not solve long term problems and unsuitable placement could do harm. It does seem quite useless seeking placement for children of 14+, because such facilities rarely exist.

#### *Liaison with other Agencies*

The formation of the new Social Services Department should prove most valuable, and it is to be hoped that the Child Guidance Service will work closely with the new area teams so that each may pass cases to the other where facilities and trained personnel can deal with the referred problem.

The former arrangements whereby School Medical Officers attend a monthly case conference at the Kilburn Centre continues, as does the regular monthly visit of Dr. Graf and Dr. Graham to the Barretts Green Reception Centre.

Professional trainees, especially Educational Psychologists, continue to be sent to the Brent Child Guidance Service by training departments and they all mention the varied facilities and taxing problems they meet.

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

### CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1970 (133 girls, 284 boys)	417
Number of cases brought forward from 1969 waiting list	94
	511
Number of new cases dealt with by Psychiatrist and team	281
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation	102
Cases remaining on waiting list at 31.12.70	128
	511
Number of cases seen for regular treatment	291
Number of cases recommended for residential placement	44



TABLE 2. SOURCES OF REFERRALS

M.O.H. and School Medical Officers	(19%)	78
Head Teachers and Educational Psychologists	(31%)	129
General Practitioners	(11%)	48
Hospitals	(5%)	22
Probation Officers and Juvenile Courts	(3%)	12
Parents	(17%)	69
Children's Department	(7%)	29
Others	(7%)	30
		<hr/> 417

TABLE 3. REASONS FOR REFERRAL

1. <i>Nervous Disorders</i>	(16%)	
(a) Fears and anxieties		43
(b) Inhibited behaviour		16
(c) Depression		8
2. <i>Behaviour Disorders</i>	(46%)	
(a) At Home		86
(b) At School		69
(c) Predominantly Aggressive		38
3. <i>Habit Disorders</i>	(10%)	
(a) Enuresis (wetting)		18
(b) Encopresis (soiling)		4
(c) Involuntary movements		5
(d) Sleep disturbance		6
(e) Speech disorders		6
4. <i>Psychosomatic</i>	(2%)	
Asthma, Eczema, etc.		9
5. <i>Anti-social behaviour</i>	(18%)	
(a) Stealing		41
(b) Non-attendance at school		36
6. <i>Psychotic behaviour</i>		1
7. <i>Educational difficulties</i>	(8%)	
Backwardness and retardation in school work		31
		<hr/> 417

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years	27	11 years	30
5 years	30	12 years	36
6 years	37	13 years	46
7 years	34	14 years	42
8 years	47	15 years	24
9 years	25	Over 15 years	3
10 years	38		
			<hr/> 417

## SCHOOL PSYCHOLOGICAL SERVICE

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGIST

Backwardness	203
Assessment for Medical Officer of Health	95
Behaviour difficulties	110
Assessment for allocation to schools	14
E.S.N. School Leavers	17
	<hr/> 439

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation for Remedial Reading Class	83
Recommendation for Special School	60
Recommendation to Medical Officer of Health	62
Advice to schools	58
Referral to Child Guidance Centre	59
Cases to be reviewed	80
Recommendation to Chief Education Officer	23
Advice to parents	12
Notification under 57(3) as severely subnormal	2
	<hr/> 439

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.70

School Psychological Service	163
Cases for Review	102
Cases for testing in Child Guidance Centres	62
	<hr/> 327

TABLE 8. UNATTACHED CLASSES

## NUMBERS ATTENDING REMEDIAL READING CLASSES IN 1970

## BRIDGE

Remedial Teacher: Mrs. Zurawski until 31.8.70

Mr. Burden from 1.9.70

	Boys	Girls	Total
Primary	15	9	24
Secondary	20	5	25
Total	35	14	49

## GRANVILLE

Remedial Teacher: Mr. Lovell until 13.4.70

Mr. Johnson from 14.4.70

	Boys	Girls	Total
Primary	21	11	32
Secondary	5	1	6
Total	26	12	38

## MORA

Remedial Teacher: Miss Kiverstein

	Boys	Girls	Total
Primary	17	4	21
Secondary	12	3	15
Total	29	7	36

## LOWER PLACE

Remedial Teacher: Mrs. Richmond

	Boys	Girls	Total
Primary	16	3	19
Secondary	10	2	12
Total	26	5	31

SUDBURY

Remedial Teacher: Mrs. Scott

	Boys	Girls	Total
Primary	12	2	14
Secondary	12	1	13
Total	24	3	27

KINGSBURY GREEN

Remedial Teachers:

	Mrs. Hyams (Half-time)	Mrs. Chaleb (Half-time)	Boys	Girls	Total
Primary	—	—	15	3	18
Secondary	—	—	11	2	13
Total	—	—	26	5	31

PROVISION OF SCHOOL MEALS AND MILK

*Milk*

During 1970/71, one third pint of milk was supplied free to all children in maintained primary and special schools. This arrangement is to terminate at the end of next summer term, after which milk will be available in infants' schools or departments only.

This change will also apply to non-maintained schools where children of primary age are currently supplied with free milk.

A census taken on a day in September 1970 showed that 24,018 children each received one third pint of milk. Of these 23,061 were attending maintained and 957 non-maintained schools. This represented 93% of all children present in primary schools on that day.

School milk is pasteurised and the supplying dairies are supervised by the Director of Health.

*Meals*

Nutritionally balanced meals are served in maintained schools on 86 different premises. The average number provided to pupils on each school day during 1970/71 was 25,540, and during holidays 200 per day.

*Cost of Meals and Milk*

The total expenditure on school meals and milk estimated for 1970/71 was £995,765 and the income from payments and other sources at £394,360 giving a net expenditure of £601,405.

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.

STATISTICS CONCERNING MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of inspected primary, secondary, special and nursery schools

Part I—Medical Inspection of Pupils, including Medical, Physical, and Secondary Schools (including Nursery and Special Schools)

of pupils found to require medical attention

Age Group inspected (by year of birth)	No. of pupils who have received a full medical examination	Physical Condition of pupils inspected		Total individual pupils
		Satisfactory	Unsatisfactory	
1955	1,231	1,117	114	1,231
1954	1,200	1,081	119	1,200
1953	1,200	1,081	119	1,200
1952	1,200	1,081	119	1,200
1951	1,200	1,081	119	1,200
1950	1,200	1,081	119	1,200
1949	1,200	1,081	119	1,200
1948	1,200	1,081	119	1,200
1947	1,200	1,081	119	1,200
1946	1,200	1,081	119	1,200
1945	1,200	1,081	119	1,200
1944	1,200	1,081	119	1,200
1943	1,200	1,081	119	1,200
1942	1,200	1,081	119	1,200
1941	1,200	1,081	119	1,200
1940	1,200	1,081	119	1,200
1939	1,200	1,081	119	1,200
1938	1,200	1,081	119	1,200
1937	1,200	1,081	119	1,200
1936	1,200	1,081	119	1,200
1935	1,200	1,081	119	1,200
1934	1,200	1,081	119	1,200
1933	1,200	1,081	119	1,200
1932	1,200	1,081	119	1,200
1931	1,200	1,081	119	1,200
1930	1,200	1,081	119	1,200
1929	1,200	1,081	119	1,200
1928	1,200	1,081	119	1,200
1927	1,200	1,081	119	1,200
1926	1,200	1,081	119	1,200
1925	1,200	1,081	119	1,200
1924	1,200	1,081	119	1,200
1923	1,200	1,081	119	1,200
1922	1,200	1,081	119	1,200
1921	1,200	1,081	119	1,200
1920	1,200	1,081	119	1,200
1919	1,200	1,081	119	1,200
1918	1,200	1,081	119	1,200
1917	1,200	1,081	119	1,200
1916	1,200	1,081	119	1,200
1915	1,200	1,081	119	1,200
1914	1,200	1,081	119	1,200
1913	1,200	1,081	119	1,200
1912	1,200	1,081	119	1,200
1911	1,200	1,081	119	1,200
1910	1,200	1,081	119	1,200
1909	1,200	1,081	119	1,200
1908	1,200	1,081	119	1,200
1907	1,200	1,081	119	1,200
1906	1,200	1,081	119	1,200
1905	1,200	1,081	119	1,200
1904	1,200	1,081	119	1,200
1903	1,200	1,081	119	1,200
1902	1,200	1,081	119	1,200
1901	1,200	1,081	119	1,200
1900	1,200	1,081	119	1,200
1899	1,200	1,081	119	1,200
1898	1,200	1,081	119	1,200
1897	1,200	1,081	119	1,200
1896	1,200	1,081	119	1,200
1895	1,200	1,081	119	1,200
1894	1,200	1,081	119	1,200
1893	1,200	1,081	119	1,200
1892	1,200	1,081	119	1,200
1891	1,200	1,081	119	1,200
1890	1,200	1,081	119	1,200
1889	1,200	1,081	119	1,200
1888	1,200	1,081	119	1,200
1887	1,200	1,081	119	1,200
1886	1,200	1,081	119	1,200
1885	1,200	1,081	119	1,200
1884	1,200	1,081	119	1,200
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1879	1,200	1,081	119	1,200
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1876	1,200	1,081	119	1,200
1875	1,200	1,081	119	1,200
1874	1,200	1,081	119	1,200
1873	1,200	1,081	119	1,200
1872	1,200	1,081	119	1,200
1871	1,200	1,081	119	1,200
1870	1,200	1,081	119	1,200
1869	1,200	1,081	119	1,200
1868	1,200	1,081	119	1,200
1867	1,200	1,081	119	1,200
1866	1,200	1,081	119	1,200
1865	1,200	1,081	119	1,200
1864	1,200	1,081	119	1,200
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1862	1,200	1,081	119	1,200
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1849	1,200	1,081	119	1,200
1848	1,200	1,081	119	1,200
1847	1,200	1,081	119	1,200
1846	1,200	1,081	119	1,200
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1817	1,200	1,081	119	1,200
1816	1,200	1,081	119	1,200
1815	1,200	1,081	119	1,200
1814	1,200	1,081	119	1,200
1813	1,200	1,081	119	1,200
1812	1,200	1,081	119	1,200
1811	1,200	1,081	119	1,200
1810	1,200	1,081	119	1,200
1809	1,200	1,081	119	1,200
1808	1,200	1,081	119	1,200
1807	1,200	1,081	119	1,200
1806	1,200	1,081	119	1,200
1805	1,200	1,081	119	1,200
1804	1,200	1,081	119	1,200
1803	1,200	1,081	119	1,200
1802	1,200	1,081	119	1,200
1801	1,200	1,081	119	1,200
1800	1,200	1,081	119	1,200
1799	1,200	1,081	119	1,200
1798	1,200	1,081	119	1,200
1797	1,200	1,081	119	1,200
1796	1,200	1,081	119	1,200
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1777	1,200	1,081	119	1,200
1776	1,200	1,081	119	1,200
1775	1,200	1,081	119	1,200
1774	1,200	1,081	119	1,200
1773	1,200	1,081	119	1,200
1772	1,200	1,081	119	1,200
1771	1,200	1,081	119	1,200
1770	1,200	1,081	119	1,200
1769	1,200	1,081	119	1,200
1768	1,200	1,081	119	1,200
1767	1,200	1,081	119	1,200
1766	1,200	1,081	119	1,200
1765	1,200	1,081	119	1,200
1764	1,200	1,081	119	1,200
1763	1,200	1,081	119	1,200
1762	1,200	1,081	119	1,200
1761	1,200	1,081	119	1,200
1760	1,200	1,081	119	1,200
1759	1,200	1,081	119	1,200
1758	1,200	1,081	119	1,200
1757	1,200	1,081	119	1,200
1756	1,200	1,081	119	1,200
1755	1,200	1,081	119	1,200
1754	1,200	1,081	119	1,200
1753	1,200	1,081	119	1,200
1752	1,200			

## MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools .... 42,622

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)
1966 and later	447	476	1	14	13	26
1965	2,311	2,304	7	36	99	127
1964	1,706	1,687	19	58	88	128
1963	303	300	3	16	20	34
1962	1,700	1,681	19	83	78	153
1961	627	621	6	34	36	66
1960	1,130	1,117	13	54	69	104
1959	2,015	1,995	20	87	96	163
1958	839	838	1	42	28	64
1957	144	139	5	10	3	13
1956	647	638	9	37	31	62
1955 and earlier	1,827	1,819	8	34	51	78
<b>Total</b>	<b>13,726</b>	<b>13,615</b>	<b>111</b>	<b>505</b>	<b>612</b>	<b>1,018</b>

Col. (3) total as a percentage of Col. (2) total 99.11%

Col. (4) total as a percentage of Col. (2) total 0.88%

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	.....	2,640
Number of Re-inspections	.....	1,877
<b>Total</b>	.....	<b>4,517</b>

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	.....	19,639
(b) Total number of individual pupils found to be infested	.....	229
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	.....	111
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	.....	1

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

TABLE A. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	38
Errors of refraction (including squint)	1,830
Total	1,868
Number of pupils for whom spectacles were prescribed	659

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
(b) for adenoids and chronic tonsillitis	31
(c) for other nose and throat conditions	1
Received other forms of treatment	20
Total	53
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1968	8
(b) in previous years	35

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	753
(b) Pupils treated at school for postural defects	—
Total	753

TABLE D. DISEASES OF THE SKIN

	Number of pupils known to have been treated
Ringworm (a) Scalp	—
(b) Body	—
Scabies	51
Impetigo	2
Other skin diseases	3
Total	56

TABLE E. CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	511

TABLE F. SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	357

TABLE G. OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	1,797
(b) Pupils who received convalescent treatment under School Health Service arrangements	19
(c) Pupils who received B.C.G. vaccination	1,831
(d) Other than (a), (b) and (c) above Please specify :	
Lungs (Breathing Exercises)	31
Psychological (Stability)	87
" (Development)	—
Developmental (Hernia)	—
<b>Total : (a) — (d)</b>	<b>3,765</b>

## 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	9	15	33	57	29
		O	235	110	239	584	52
5	Eyes— <i>a.</i> Vision	T	116	102	272	490	74
		O	365	269	591	1,425	140
	<i>b.</i> Squint	T	11	3	13	27	1
		O	113	21	115	249	3
	<i>c.</i> Other	T	4	—	11	15	3
		O	21	16	46	83	9
6	Ears— <i>a.</i> Hearing	T	6	9	14	29	43
		O	100	45	135	280	120
	<i>b.</i> Otitis Media	T	1	1	6	8	—
		O	53	8	76	137	16
	<i>c.</i> Other	T	16	10	15	41	14
		O	56	12	71	139	26
7	Nose and Throat	T	24	4	17	45	3
		O	431	82	410	923	56
8	Speech	T	45	3	24	72	25
		O	95	11	47	153	33
9	Lymphatic Glands	T	7	—	2	9	1
		O	192	18	154	364	27
10	Heart	T	2	—	9	11	—
		O	111	24	113	248	6
11	Lungs	T	6	1	7	14	3
		O	141	30	139	310	62
12	Developmental— <i>a.</i> Hernia	T	4	—	5	9	—
		O	70	14	69	153	2
	<i>b.</i> Other	T	4	1	9	14	—
		O	156	5	137	298	17
13	Orthopaedic— <i>a.</i> Posture	T	7	10	25	42	5
		O	60	50	164	274	6
	<i>b.</i> Feet	T	47	30	95	172	284
		O	108	79	243	430	17
	<i>c.</i> Other	T	7	6	10	23	6
		O	54	28	53	135	14
14	Nervous System— <i>a.</i> Epilepsy	T	—	1	—	1	1
		O	25	5	32	62	3
	<i>b.</i> Other	T	—	—	—	—	—
		O	19	7	14	40	4
15	Psychological— <i>a.</i> Development	T	—	—	8	8	3
		O	78	31	76	185	41
	<i>b.</i> Stability	T	25	4	23	52	17
		O	476	136	590	1,202	202
16	Abdomen	T	3	—	1	4	—
		O	48	41	87	176	3
17	Other	T	251	33	395	679	32
		O	15	45	126	186	579

T = Pupils found to require treatment.  
O = Pupils found to require observation.



## SCHOOL DENTAL SERVICE

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January 1971 as in Form 7, 7m and 11 Schools ..... 42,622

## ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	4,067	3,103	829	7,999
Subsequent visits	7,370	8,514	2,419	18,303
Total visits	11,437	11,617	3,248	26,302
Additional courses of treatment commenced	768	1,730	206	2,704
Fillings in permanent teeth	4,300	9,850	3,929	18,079
Fillings in deciduous teeth	9,327	1,101	—	10,428
Permanent teeth filled	3,595	8,574	3,412	15,581
Deciduous teeth filled	8,232	1,065	—	9,297
Permanent teeth extracted	126	586	140	852
Deciduous teeth extracted	2,431	708	—	3,139
General anaesthetics	971	250	31	1,252
Emergencies	302	165	44	511

## ORTHODONTICS

Number of Pupils X-rayed	881
Prophylaxis	1,461
Teeth otherwise conserved	524
Number of teeth root filled	25
Inlays	4
Crowns	17
Courses of treatment completed	7,190
Cases remaining from previous year	300
New cases commenced during year	143
Cases completed during year	136
Cases discontinued during year	27
No. of removable appliances fitted	259
No. of fixed appliances fitted	42
Pupils referred to Hospital Consultant	40

## 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	1
Number of dentures supplied .....	—	—	1	1

## INSPECTIONS

(a) First Inspection at school. Number of Pupils .....	21,832
(b) First Inspection at clinic. Number of Pupils .....	5,999
Number of (a) + (b) found to require treatment	16,119
Number of (a) + (b) offered treatment .....	14,679
(c) Pupils re-inspected at school clinic .....	2,045
Number of (c) found to require treatment .....	1,507

## SESSIONS

Sessions devoted to treatment .....	4282.5
Sessions devoted to inspection .....	256
Sessions devoted to Dental Health Education .....	38





