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THE HEALTH  
OF BRENT

1971



# THE HEALTH OF BRENT

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The Mayor, Alderman H. V. Drury, the Leader of the Majority Party, Alderman P. H. Hartley, and the  
Leader of the Minority Party, Councillor R. Sheppard, F.I.O.B., M.R.S.H., and  
Committee and Sub-Committee Members

## REPORT

VITAL STATISTICS, INFECTIOUS DISEASES, HEALTH EDUCATION, STAFF  
MEDICAL EXAMINATIONS, STAFF

OF THE

MEDICAL OFFICER OF HEALTH AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1971

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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



THE HEALTH  
OF BRENT  
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## LONDON BOROUGH OF BRENT

HEALTH DEPARTMENT

HEATH ROAD,

WINDYBUSH,

August, 1972.

To the Mayor, Aldermen and Councillors of the Borough.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the health of the Borough for the year 1971. I do this on behalf of my predecessor Dr. Ernest Grady who retired on the 15th April, 1972 at the time the Report was first being compiled and I would therefore like to take this opportunity of outlining his career.

Dr. Ernest Grady first qualified M.B.C.S., L.R.C.P. in May, 1929, proceeded to M.B., B.S., in January 1930, took his D.P.H. in October 1931 and obtained M.D. (Hygiene) in 1933, and entered the public health field with the London County Council as an Assistant Medical Officer in May 1930. In 1935 he joined the Wandsworth Borough Council as an Assistant Medical Officer and was promoted to Senior Medical Officer in 1938. In 1943 he was appointed Medical Officer of Health of the Borough of Southall, where he remained until he joined the R.A.M.C. in 1943. He was demobilised in 1946 and returned to Southall as Medical Officer of Health. In March 1950 he was appointed to the Wandsworth Borough Council as Medical Officer of Health and in 1951 he was appointed to the Brent Borough Council as Medical Officer of Health.

## COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1971/72

The Mayor, Alderman H. V. Drury, the Leader of the Majority Party, Alderman P. H. Hartley, and the Leader of the Minority Party, Councillor R. Sheppard, F.I.O.B., M.R.S.H., are ex-officio members of all Committees and Sub-Committees except Education Committee.

## HEALTH COMMITTEE

*Chairman:* Councillor E. Beasley

*Vice-Chairman:* Councillor M. Topp

Councillor C. K. M. Coles

„ V. K. Crompton

„ Mrs. B. de Metz

„ R. E. Dinsey

„ Mrs. D. M. Francis

„ Mrs. M. T. Goudie

„ E. I. Hughes

„ J. Hughes

Councillor K. Hussain

„ Mrs. L. Lesser

„ W. A. McLellan

„ Mrs. A. M. Newland

„ H. L. Tucker

„ H. Unger (from 15.7.71)

„ T. A. Williams (until 14.7.71)

Expansion of the Birth Control Service directly provided by the Council continued during the year by the addition of six further family planning units each at Neasden and Monica Park Health Clinics and at Clapham and Chance Park Health Centres and two at the Central Middlesex Hospital. By the end of the year the total number of family planning units in the Borough was 20, 15 organised by the Health Department and five by the Family Planning Association using clinic premises.

Integration of the day-time service in the area was further increased by the introduction of the Domestic Violence in September and by the opening of the General Practitioner Unit at Central Middlesex Hospital in October. The Domestic Violence allows the Council's Domestic Midwives to deliver selected patients in the Obstetric Department at Central Middlesex Hospital, to nurse them there for approximately 48 hours and on their discharge to continue the nursing in the home.

Integration of the day-time service in the area was further increased by the introduction of the Domestic Violence in September and by the opening of the General Practitioner Unit at Central Middlesex Hospital in October. The Domestic Violence allows the Council's Domestic Midwives to deliver selected patients in the Obstetric Department at Central Middlesex Hospital, to nurse them there for approximately 48 hours and on their discharge to continue the nursing in the home.

It is my privilege to express gratitude to all the members of staff within the Department who so conscientiously helped the Council during this year, and to give thanks to the Mayor, the Chairman of the 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,

CATHARINE HOLMAN,

Director of Health.

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## CHIEF AND SENIOR STAFF OF THE HEALTH DEPARTMENT

AT 31ST DECEMBER, 1971

Director of Health:	E. Grundy, M.D., M.R.C.S., D.P.H.
Principal Medical Officers:	J. P. J. Burns, M.B., B.Ch., B.A.O., D.P.H. Peggy Snow, M.B., B.S., D.C.H., D.P.H.
Chief Dental Officer:	A. D. Henderson, L.D.S., D.P.D.
Chief Public Health Inspector:	R. G. Goodhead, M.A.P.H.I., M.R.S.H.
Chief Nursing Officer:	Miss A. L. Morris, S.R.N., S.C.M. (e)
Superintendent Health Visitor:	Miss B. E. Bateman, S.R.N., S.C.M. (e)
Non-Medical Supervisor of Midwives:	Miss E. M. Clark, S.R.N., S.C.M.
Superintendent of Home Nurses:	Mrs. J. M. Hawkins, S.R.N., Q.N.
Chief Administrative Officer:	A. F. Cowan, D.P.A.

(e) Health Visitors Certificate



# LONDON BOROUGH OF BRENT

BRENT HOUSE,  
HIGH ROAD,  
WEMBLEY.

August, 1972.

To the Mayor, Aldermen and Councillors of the Borough.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the health of the Borough for the year 1971. I do this on behalf of my predecessor Dr. Ernest Grundy who retired on the 19th April, 1972 at the time the Report was first being compiled and I would therefore like to take this opportunity of outlining his career.

Dr. Ernest Grundy first qualified M.R.C.S., L.R.C.P. in May, 1929, proceeded to M.B., B.S., in January 1930, took his D.P.H. in October 1931 and obtained M.D. (Hygiene) in 1933, and entered the public health field with the London County Council as an Assistant Medical Officer in May 1930. In 1935 he joined the Willesden Borough Council as an Assistant Medical Officer and was promoted to Senior Medical Officer in 1936. In 1938 he was appointed Medical Officer of Health of the Borough of Southall, where he remained until he joined the R.A.M.C., in 1943. He was demobbed in 1946 and returned to Southall as Medical Officer of Health. In March 1948 he was appointed Medical Officer of Health with the Wembley Borough Council and later in the year became also the joint Area No. 6 Medical Officer of Health with the Middlesex County Council. From 1963 to 1965 he was Medical Officer of Health with both the Wembley and Willesden Borough Councils and the Area No. 6 Medical Officer of Health with the Middlesex County Council. In April 1965 he became Medical Officer of Health of the London Borough of Brent and in 1971 was made Director of Health.

He was a member of the Hospital Management Committee of the Central Middlesex Hospital Group of Hospitals from 1950 until 1953, and from 1951 has been a member of the Board of Governors at the Charing Cross Hospital. From April 1952 until 1967 he was a member of the Kingsbury Maternity House Committee and from 1967 Chairman of this Committee. From 1951 until 1965 he was a part-time lecturer for the Diploma in Public Health at the London School of Hygiene and Tropical Medicine.

Dr. Grundy served the London Borough of Brent in a loyal and efficient manner and at all times discharged his duties with characteristic courtesy and consideration. He was instrumental in setting up the first Cervical Cytology Clinic in Middlesex early in 1965 prior to the introduction of the national scheme. Later he became very interested in the promotion of Health Centres and the success of the one at Chalkhill is a tribute to his careful planning and thoughtfulness.

1971 saw the transfer of the Welfare and Mental Health functions to the newly created Social Services Department and this took place on the 1st April, though for the time being it was agreed to leave the supervision of child minders and pre-school play groups to the care of the Health Visitors. On the appointed day the whole operation went smoothly and very few administrative problems were encountered. The Health Department undertook to give medical advice to the new Department, when and where necessary, and in particular to continue to visit all the Residential and Day establishments of the Social Services Department to advise on hygienic and general medical matters.

In May the Government issued a Consultative Document on the Re-organisation of the National Health Service which amended the proposals of the two previous Green Papers and outlined a revised administrative structure.

On 18th October, Craven Park Health Centre received its first patient and was officially opened by Mr. Laurie Pavitt, Member of Parliament for Willesden West on the 30th October in the presence of his Worship the Mayor, Alderman H. V. Drury. This Health Centre, being the second in the Borough, provides for nine general medical practitioners and two general dental practitioners as well as for the Council's personal and school health and dental services which were transferred from the old Stonebridge Clinic.

Expansion of the Birth Control Service directly provided by the Council continued during the year by the addition of six further weekly sessions, one each at Neasden and Monks Park Health Clinics and at Chalkhill and Craven Park Health Centres and two at the Central Middlesex Hospital. By the end of the year the total number of weekly sessions held in the Borough was 20, 15 organised by the Health Department and five by the Family Planning Association using clinic premises.

Integration of the Midwifery Service in the area was further increased by the introduction of the Domino Scheme in September and by the opening of the General Practitioner Unit at Central Middlesex Hospital in October. The Domino Scheme allows the Council's Domiciliary Midwives to deliver selected patients in the Obstetric Department at Central Middlesex Hospital, to nurse them there for approximately 48 hours and on their discharge to continue the nursing in the home.

It is my privilege to express gratitude to all the members of staff within the Department who so conscientiously helped Dr. Grundy during this year, and to give thanks to the Mayor, the Chairman of the 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,

CATHARINE HOLLMAN,  
Director of Health.



## SUMMARY OF VITAL STATISTICS

Area	10,927 acres
Population 1971 census	278,735
Population 1971—Registrar General's mid-1971 estimate	280,260
Number of structurally separate dwellings occupied (1961 census)	81,866
Number of private households (1961 census)	97,701
Rateable value (all hereditaments) 1st April, 1971	£20,952,471
Product of a 1p rate, financial year 1971/72 (estimated)	£203,100
<b>Live births</b>	
Number	4,924
Rate per 1,000 population (crude)	17.6 (16.0)
Rate per 1,000 population (adjusted)	15.8 (16.0)
Illegitimate live births per cent. of total live births	16.0 (8)
<b>Stillbirths</b>	
Number	74
Rate per 1,000 total live births and stillbirths	14.8 (12)
Total live and stillbirths	4,998
Infant deaths (under 1 year)	103
<b>Infant mortality rates</b>	
Total infant deaths per 1,000 total live births	20.9 (18)
Legitimate infant deaths per 1,000 legitimate live births	19.6 (17)
Illegitimate infant deaths per 1,000 illegitimate live births	27.9 (24)
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12.4 (12)
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	10.4 (10)
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	25.0 (22)
<b>Maternal mortality (including abortion)</b>	
Number of deaths	1
Rate per 1,000 total live and stillbirths	0.20 (0.17)
Deaths	2,831
Death-rate per 1,000 population (crude)	10.1 (11.6)
Death-rate per 1,000 population (adjusted)	11.1 (11.6)
Deaths from cancer (all forms)	672
Death rate from cancer (all forms) per 1,000 population	2.3

(Figures for England and Wales in brackets)

## BIRTHS

In 1971, 4,924 live births were registered (2,485 males and 2,439 females) giving a crude birth rate of 17.6 per thousand estimated population compared with rates of 19.5 in 1969 and 18.8 in 1970. 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 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 15.8 which is slightly below the provisional rate for England and Wales which was 16.0 per thousand population.

There were 789 illegitimate live births i.e. 16 per cent of the total live births, a slight increase compared with last year (15 per cent). The figure for England and Wales was 8 per cent.

## STILLBIRTHS

Seventy-four babies were stillborn giving a rate of 14.8 per thousand live and stillbirths, above the provisional rate for England and Wales which was 12.0.



## DEATHS

The total number of deaths was 2,831 giving a crude death rate of 10.1 per thousand population. When the comparability factor is applied, the standardised rate is 11.1, slightly below the provisional rate for England and Wales which was 11.6. 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, (heart disease, hypertensive disease, cerebrovascular disease, etc.) continue to be the leading cause of death with a rate of 4.9, followed by malignant neoplasms with a rate of 2.3.

*Infectious Diseases*

Three men and one woman died from tuberculosis of the respiratory system and late effects of respiratory tuberculosis. A girl aged 15 years died from infective hepatitis associated with leukaemia. 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 sixty-four men and 43 women died compared with 155 men and 34 women in 1970. On request, the Department distributed literature on the relationship between smoking and lung cancer to schools, youth clubs and other organisations. Posters were displayed in clinics and health centres and literature was available. The display of posters in the waiting rooms and corridors at the Central Middlesex Hospital continued, and these were changed bi-monthly.

*Bronchitis and Emphysema*

Ninety-nine men and 43 women died from bronchitis and emphysema compared with 100 men and 45 women in 1970. The sex difference in numbers of deaths is probably related to the heavier smoking habits of men and to a lesser extent their working conditions.

*Abortion and other Complications of Pregnancy*

It is pleasing to report that there was only one maternal death giving a rate of 0.20 per thousand total live and stillbirths, compared with 5 deaths and a rate of 0.94 in 1970. The provisional rate for England and Wales was 0.17 per thousand total live and stillbirths.

*Motor Vehicle Accidents*

Thirty-one residents died as a result of accidents involving motor vehicles (16 males, 15 females).

*All Other Accidents*

Twenty-one males and 15 females died as a result of other accidents, the commonest causes being falls at home and at work, carbon monoxide poisoning, drug overdose, burns and inhalation of fire fumes, and drowning. Nearly 45 per cent of the deaths were among children under 5 and people over 65 years. (5 children and 11 over 65 years).

*Suicides*

Twelve men and 16 women committed suicide or died from self inflicted injuries.

## INFANT MORTALITY

In 1971, 103 children died in the first year of life—51 in the first week and another 10 in the first month. There was an increase in the infant mortality rate compared with 1970 from 17.2 per 1,000 live births to 20.9 which was slightly above the provisional figure for England and Wales (18.0). The perinatal mortality (stillbirths and deaths under one week combined per 1,000 live and stillbirths) also increased slightly from 23.9 to 25.0 above the provisional figure for England and Wales which was 22.0.

## CAUSES OF DEATH (TABLE 3)

The main causes of infant mortality were birth injury, difficult labour and other anoxic and hypoxic conditions. Twenty-two babies died in the first week of life and two in the second.

Twenty-one babies died of other perinatal causes, eighteen of these deaths were due to prematurity. Pneumonia and other diseases of the respiratory system caused 23 deaths.

There were 3 deaths 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 20 deaths from congenital anomalies, one from leukaemia, one from avitaminoses, one from other endocrine etc. diseases, one from diseases of nervous system, 4 from symptoms and ill-defined conditions, one from an accident (inhalation of fire fumes) and three from all other external causes (one infanticide and two manslaughter).

## 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 play an invaluable role in health education and 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 1970 and 1971 is shown in Table 4.



## SUMMARY OF CHOLERA STATISTICS

## CHOLERA

There were no cases in the Borough but 127 people were put under surveillance after returning from endemic areas without valid vaccination certificates. The noticeable increase in cases under surveillance compared with 1970 (8) was mainly due to the outbreak that occurred in Spain during the late summer.

## DIPHTHERIA

There were no cases during 1971 in the Borough.

## DYSENTERY

There were 26 confirmed cases compared with 49 in 1970. On 6 occasions more than one member of a family was found to be infected.

However these were sporadic incidents, the various families were not connected in any way and there was no evidence of a common source of infection. There was one case of amoebic dysentery which was contracted abroad.

Four children were excluded from a day nursery after shigella sonnei was isolated from their stools. These children and two adult contacts received treatment and the children were allowed to return to the nursery when free from infection.

## FOOD POISONING

Of the 62 cases notified 46 were confirmed. The infection was also isolated from 14 symptom-less contacts.

Where food-handlers were involved they were either excluded from work or given other duties. Seven of the cases were suspected of having contracted the infection whilst on holiday abroad.

One general outbreak occurred at an old people's home. Out of 100 residents at risk 12 were affected and 5 cases were confirmed after laboratory investigations. The agent causing the outbreak was clostridium welchii. The source of infection was not established as there was no food available for bacteriological examination but the suspected food was cold brisket.

## MEASLES

There was a noticeable decrease in the number of cases notified (616) compared with 1970 (1,191). Measles vaccine was introduced in 1968 and this probably accounts for the decrease in the number of cases notified.

## POLIOMYELITIS

There were no cases in the Borough this year.

## SMALLPOX

There were no cases in the Borough but 50 people were put under routine surveillance after arriving from endemic areas abroad without valid vaccination certificates.

## TYPHOID AND PARATYPHOID

During the year 3 cases of typhoid were notified but only 2 were confirmed.

One of these, a 53-year-old nurse, was admitted to hospital on 21st June and typhoid fever was subsequently confirmed. It was discovered that she had nursed a case of typhoid prior to her illness and this was believed to be the route of infection.

The other case was a 4-year-old child who was probably infected by his parents as they were both found on investigation to be symptomless excretors.

As well as these cases and their contacts, 5 people were kept under surveillance after they had returned to the Borough from endemic areas abroad.

There were no cases of paratyphoid fever.

## WHOOPIING COUGH

Fifty cases were notified this year compared with 78 in 1970.

## OPHTHALMIA NEONATORUM

There were 11 confirmed cases notified this year.

## INFECTIVE HEPATITIS

Details of the 50 confirmed cases were sent to the North London Blood Transfusion Service. The information enables the service to delete the patients name from the panel if he or she is a donor and to defer the call up of close contacts for six months. In addition it may enable the service to prevent a recent donation from being used clinically or introduced into "pooled" plasma.

Particular attention has been focussed on the transmission of jaundice by the use of contaminated syringes or needles by persons who administer drugs intravenously by self-injection and the occurrence of cases of jaundice has led to the detection of foci of drug addiction. When information has been obtained by the Public Health Inspector that a person suffering from infective jaundice is a drug addict the Social Services Department is informed.



## MENINGITIS AND ENCEPHALITIS

Thirteen cases were confirmed compared with 10 in 1970.

In one instance three members in one family were infected. The first, the father was admitted to Neasden Hospital on 24th June. One of the sons was admitted on 4.9.71 and a second son on 7.9.71.

There were no cases of encephalitis.

## HEALTH EDUCATION

The World Health Organisation defines health as a state of complete mental, physical and social well-being and not merely the absence of disease or infirmity. Health Education is primarily concerned with teaching preventive medicine by the understanding of the working of the human body and the nature of illnesses and conditions.

The organisation of the Health Education programme consisted therefore in the main of providing well illustrated talks or lectures followed by discussion in groups. Many of the professional staff of the department, for example, doctors, dentists, health visitors, midwives, chiropodists, physiotherapists where so involved, and in all 81 talks were given in 17 schools and 128 talks provided for religious and social groups, and in addition a Health Visitor gave a talk on Baby Care on Radio London.

Regular mothercraft classes were held to help expectant and nursing mothers care for themselves and their infants, and 291 talks, supported by films and demonstrations were given at these sessions.

There were good attendances of both expectant mothers and fathers at the bi-monthly showings of the film "To Janet a Son" which emphasised the interest and need for education in this field. People attended from as far away as Essex and Surrey. Gas and air demonstrations followed the film and expectant mothers were able to handle the apparatus and try it out for themselves.

Film shows held monthly for all the Department's professional staff gave them opportunity to review new visual aid material.

Mothers' clubs were organised at some clinics, where mothers could meet and discuss problems whilst their children played under supervision, and for these, a variety of subjects were presented by the department's staff and some outside lecturers.

45 talks and visits were made to the various visitors that came to the Department e.g. medical students, nurses, midwives, trainee general practitioners, the content of which were to demonstrate the provision of community health services.

During a "Welcome to Citizenship" evening held in the Town Hall, Health Department staff were personally able to interest a group of 300 young people in health education topics, in particular in answering questions on the subject of venereal disease. A stand depicting the community health service was also mounted at the Brent Show held in September.

Full support was given where possible to the national campaigns instituted by the Health Education Council particularly the anti-smoking campaign. Posters and literature on dental care, foot care, personal hygiene, food hygiene, venereal disease, cervical cytology, family planning and home safety were widely distributed. Other information, leaflets, and posters were supplied on request to individuals and leaders and organisers of groups and associations.

## 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, 2,188 assessments were dealt with. Further information was obtained from general practitioners in 18 cases, from hospitals in 12 cases and from Chest Clinics in 9 cases. It was not necessary to carry out any medical examinations.

Twenty medical examinations were carried out on behalf of other local authorities. Four 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. Eight 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. 178 teachers and 228 trainees were examined by Medical Officers in the Department.

## TRAINING

Details of the training undertaken by the nursing staff are contained in the Sections of the Report dealing with "Midwifery", "Home Nursing" and "Health Visiting". The training undertaken by the remainder of the staff is summarised below.

### *Medical Officers*

The Principal Medical Officer for School Health attended a three-day seminar on "The Adolescent" and a four-day course on "Intelligence Systems and Management", both arranged by the Society of Medical Officers of Health, and a two-day course on "Reynell Developmental Language Scales" arranged by the Institute of Child Health. One medical officer attended a I.U.D. practical training course and another a family planning course both arranged by the Family Planning Association. One medical officer attended a six-weeks course on "Developmental Paediatrics" arranged by the Society of Medical Officers of Health. Four other medical officers attended one-day courses or symposia on "The Wheezy Child", "New aspects of Infant Feeding" and "Living with Diabetes".







## PERSONAL HEALTH SERVICES

### HEALTH CENTRES

The Craven Park Health Centre, the second to be provided by the Council, was handed over to the Department on 4th October, 1971. The Centre, which occupies the ground floor of a block of flats in the Stonebridge Redevelopment Area, is a short distance from Harlesden Station and is on the main bus routes. There are nine consulting and nine examination rooms for general practitioners, four dental surgeries (two for private and two for local authority dental surgeons), two surgeries for a dental hygienist and dental auxiliary, and accommodation for the Council's personal health services. The final estimated cost, including building fees, furniture and equipment is £137,500.

During the two weeks following the hand over, the Centre was almost completely furnished and equipped and on 18th October was opened to the public. Two general practitioners commenced practising from the Centre on that day, as were all the Council's personal health services transferred from the old Stonebridge Health Clinic. In the next few weeks three more general practitioners moved in and the Council's services were expanded to include the sale of old peoples' welfare foods and an evening family planning service.

Dr. Malcolm Mitchell, Chairman of the Management Committee, has kindly provided the following report:—

"On October 30th, 1971 in the presence of His Worship the Mayor, the Craven Park Health Centre was opened by Mr. Laurie Pavitt, Member of Parliament for Willesden West.

The conditions in which the general practitioners work are ideal, and they are now able to plan their days work by means of an appointment system, and with a considerable amount of ancillary help. There is close liaison between the local health authority, the general practitioners, and the Central Middlesex Hospital. Although this is a new project in this area, the patients themselves have been full of admiration for the Centre, and for its working.

Scope of the Centre is such that it includes a full general practitioner service, in association with local health authority services of school medical officer, health visitors, nursing services and chiropody, and services for the elderly. Also there is a family planning clinic and a school dental department.

At the present time there are still vacancies both for general practitioners and for dental practitioners in the building, but it is hoped that the remaining accommodation will be occupied in the near future."

The Chalkhill Health Centre, the first to be provided by the Council had its first full year of operation.

On 1st January 1971 a collection service for pathological specimens was inaugurated in conjunction with the Central Middlesex Hospital. Council transport picks these up from the Health Centre each day and takes them to the hospital for examination. Results are received through the post within 48 hours.

Later in the same month the health visitors started a Mothers' Club, where young mothers can bring their children to the Centre and have lectures on a variety of subjects by different speakers. These have included a Police Officer, a Marriage Guidance Counsellor and a representative from ROSPA. A cup of tea is provided and the social and instructional hour is much appreciated.

The cytology sessions were extended in January to include an evening clinic which is especially useful for working women.

A dentist providing general dental services under the National Health Service Act moved from his surgery in Chalkhill Road to the Health Centre on 20th April 1971 and now practises there two days a week. On the other three days he is at his surgery in South London.

The speech therapy clinic started in mid May and the chiropody sessions at the end of May. In early June the local authority Dental Department opened.

It was found necessary to commence another birth control clinic due to increased demand and it was thought preferable to hold this as an evening session. It commenced on 2nd December, 1971.

During the year, six lunchtime film shows were given by drug firms on various medical subjects, to which doctors, health visitors and nurses were invited.

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

"The Chalkhill Health Centre can now be regarded as a fully established general practitioner and local authority unit in the style that is becoming prevalent throughout the country. Indeed hardly a week has gone by without visits from doctors and administrative officers in this country and from overseas—all interested in the actual working arrangements of a health centre. Notable amongst our visitors was Senator Edward Kennedy who paid us a visit on 10th September 1971 on behalf of the U.S. Senate Health Committee. This evoked considerable mass media interest. An Australian Government Commission on Health Services, and recently Professor Andrew, Dean of Monash University, Australia, paid us a visit. In addition, nurses, medical secretaries and Middlesex Hospital medical students in their first clinical and later years have all had conducted instructional visits to the Centre.

After our initial settling down period in consolidating the routine work of the centre, considerable thought has been given to the additional roles that the Centre can usefully carry out on behalf of the community it serves. Towards this end, with the help of the Central Middlesex Hospital Industrial Health Unit, and in consultation with the Secretary of State, a small industrial unit operating from the Chalkhill Health Centre will soon be set up to serve the needs of local industry.

The Health Centre is an ideal place for participation in projects and discussions are now being held with personnel of the Northwick Park Hospital M.R.C. Clinical Research Centre.



The nursing facilities in the Health Centre treatment room and for domiciliary visiting have widened the scope and helped the work of general practitioners very considerably.

The Health Education room is now being used for extra waiting space and for the sale of birth control requisites; but because the folding partition affords little protection against noise from the reception centre, relaxation and mothercraft classes have to be held elsewhere.

The rest room and staff accommodation is also proving barely adequate for committee and other education functions that have developed. Serious thought will have to be given to further accommodation for these and other activities.

The working arrangements of the secretariat employing 4 full-time and 11 part-time staff have been very satisfactory and a relatively pioneering effort—a combination of local authority and general practice which should be regarded as a successful achievement in co-operation on the part of our administrator and the Borough and Executive Council officers.

Many of our architectural problems have been dealt with but the difficulties of satisfactory ventilation, particularly in the summer months, and the prevention of over-flowing Garcheys in the flats above, remain to be solved.

Our exact situation within the format of the new Health Service regulations starting in 1974 is uncertain. In the main we are optimistic for the future."

The Neasden Health Clinic in Balnacraig Avenue was opened on 12th June, 1961. There is sufficient land around the building to enable an extension to be added, and in August it was decided to explore the possibility of extending the building to form a Health Centre. All general practitioners within a mile radius of the Clinic were circulated and invited to a meeting on 2nd September to discuss the proposal and as several were obviously interested a further meeting was arranged at the Chalkhill Health Centre on 28th October. Following this meeting a letter was sent to them by the Executive Council and seven signed a declaration of intent. Subsequently as a result of roadworks at Neasden connected with the Neasden Underpass a small plot of land adjoining the Clinic belonging to the Department of the Environment became available which the Council decided to purchase; also as the Special Care Unit moved from a site next to the Clinic because of the changed environmental conditions the Education Committee agreed to release the site to the Health Committee. These two plots will assist in the planning of the Centre and enable adequate car parking facilities to be provided.

On 15th December the Health Committee resolved that the officers be authorised to submit to the Department of Health and Social Security application for approval in principle for a Health Centre at Neasden in accordance with the provisions of Section 21 of the National Health Service Act and the Development Committee was asked to arrange for preparation of a schedule of accommodation and the drawing of plans.

## CARE OF MOTHERS AND YOUNG CHILDREN

### CHILD HEALTH AND ANTE-NATAL CLINICS

The Craven Park Health Centre opened in October and provides services similar to those at Chalkhill Health Centre. General practitioner and local authority services are held there as at Chalkhill. A Management Committee meets monthly to discuss the many different aspects of working together in a health centre.

#### Child Health Clinics

Clinic sessions	Total Attendances	Seen by doctor	Referred elsewhere	Average attendance per session
2,305	53,526	21,892	484	23.2

#### Ante-natal Clinics

Sessions	Attendances		Average attendance per session
	Ante-natal	Post-natal	
732	2,328	67	3.2

On the recommendation of the Department of Health and Social Security routine smallpox vaccination of young children was discouraged but the staff continued to advise parents to take advantage of all other prophylaxis offered.

#### CERVICAL CYTOLOGY

The sessions for screening for cervical cancer operating at Kilburn Square and London Road Clinics and at the Chalkhill Health Centre were well attended. Mothers attending the Borough's birth control clinics were also offered this service. During the year a session was opened at the Chalkhill Health Centre, on Wednesday evenings. The number of patients who availed themselves of this service was 1,603.



## NURSERIES AND CHILD MINDERS REGULATION ACT 1948

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

The number of persons registered as child minders increased to 486 at the end of the year. There was also a number of removals. The registration of premises for private nurseries and play groups rose from 53 to 65. The part-time fire-prevention officer appointed in December 1970 to inspect the premises of all child minders, moved from the area at the end of March. During his short period in the department his advice proved of great value as many child minders were visited and informed of the necessary fire precautions to be observed.

## PRIORITY DENTAL SERVICE

(TABLE 5)

## REPORT OF THE CHIEF DENTAL OFFICER

The number of patients examined and treated has shown a decline. As the number of children presenting at the first school inspection who require dental treatment is high efforts will be intensified to persuade nursing and expectant mothers of the advantages to be gained by attending for dental treatment as early as possible. Treatment is immediately available.

## FAMILY PLANNING

The ever increasing demand for birth control services resulted in an expansion of the Council's service during the year. The session planned at Neasden Clinic commenced in February, and a service for post-natal mothers, similar to that operating at Kingsbury Maternity Hospital, was started at Central Middlesex hospital in February. Later a second session was arranged in order that hospital staff and patients could attend if they wished. A session opened at Monks Park Clinic in November and in December evening sessions commenced at Chalkhill Health Centre and the new Craven Park Health Centre. The two sessions operating at Stonebridge Clinic were transferred to the Craven Park Health Centre in October.

The Family Planning Association continued to have free use of Borough Clinics for 5 sessions per week and a grant of £950 was made to North West London Branch.

A domiciliary birth control service was made available but only developed very slowly.

Patients who attended Borough Clinics received free advice and treatment no matter whether they were medical or social cases. Medical cases and social cases in receipt of Social Security Benefits, also received free supplies. Patients attending F.P.A. sessions were required to pay a fee except at Pound Lane Clinic where a free pilot scheme came into operation on 1st October.

At their meeting on the 15th December, the Health Committee recommended that a completely free service be provided from the 1st April, 1972 for patients attending both Council and F.P.A. Clinics, and this was agreed by the Council.

*Borough Clinic Sessions*

Sessions	New Cases	Total Attendances	Average Attendance per Session
562 (337)	1967 (911)	5,917 (3,214)	10.5 (9.5)

Figures for 1970 in brackets

*Family Planning Association Clinic Sessions*

Sessions	New Cases	Total Attendances	Average Attendance Per Session
274 (356)	691	5,447	15.3

Figure in brackets represents single doctor equivalent sessions.



## Sessions Held

Clinic or Health Centre		Sessions Per Week
Chalkhill Health Centre	Administered by the Council	1 afternoon and 1 evening
Kilburn Square Clinic	Administered by the Council	1 morning
Kilburn Square Clinic	Administered by the Council	2 afternoons
Kingsbury Maternity Hospital	Administered by the Council	1 afternoon
London Road Clinic	Administered by the Council	2 mornings
Neasden Clinic	Administered by the Council	1 morning
Monks Park Clinic	Administered by the Council	1 morning
Craven Park Health Centre	Administered by the Council	1 morning
Craven Park Health Centre	Administered by the Council	1 afternoon
Craven Park Health Centre	Administered by the Council	1 evening
Central Middlesex Hospital	Administered by the Council	2 afternoons
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. Notifications are received in the Health Department, recorded and scrutinised. Further information may be sought from hospitals so that the defect can be more narrowly defined and accurately placed in classification form.

A summary of notifications received and an analysis of malformations notified are shown in Tables 6 and 7.

## MIDWIFERY SERVICE

(TABLE 8)

There are 19 full-time midwives on the establishment. 11 full-time and 2 part-time midwives were employed at the end of the year. The vacancies are not being filled for the time being due to the diminished number of home confinements.

The attachment of midwives to general practitioners' surgeries continued and the scheme is working satisfactorily. Those Midwives not attached held their own ante-natal sessions, observing close liaison with General Practitioners, Obstetricians and hospital services. Ante-natal care included classes in preparation for child birth, and the classes were shared with Health Visitors.

Sterilised maternity packs were provided for all mothers having home confinements, and a modified outfit was provided for early discharges from hospital.

The maternity medical services co-operation card was used between midwives, general practitioners, and hospital services, ensuring that each member of the team was aware of attention given to the patients by other members.

## "DOMINO" SCHEME

Under this scheme which commenced in conjunction with the Central Middlesex Hospital in September 1971, patients are delivered by the domiciliary midwives in a hospital suite. The selection of patients is carried out by a Consultant Obstetrician who shares the ante-natal care with the midwives. Following delivery the domiciliary midwife gives nursing care for approximately 48 hours in the hospital and then continues to do so at home.

## GENERAL PRACTITIONER UNIT

In October 1971 a small unit was made available in Central Middlesex Hospital to general practitioners who wished to care for and deliver their own patients within the safety of the hospital premises. The domiciliary midwives participate in this scheme and share ante-natal care with the General Practitioner and continue to look after the mother following delivery first in hospital and then at home.

## EARLY DISCHARGES

618 patients were discharged from hospital before the 10th day compared with 610 in 1970. The majority were planned early discharges, others were accepted on account of emotional or domestic difficulties and a number took their own discharge. Two part-time midwives were employed solely for the nursing of these cases, assisted by full-time midwives acting as maternity nurses where necessary.

## REFRESHER COURSES

The Supervisor of Midwives and two midwives attended these courses in 1971 to comply with Section G1 of the Central Midwives Board Rules.

## PUPIL MIDWIVES

A total of 13 pupil midwives were accepted for Part 2 district training from St. Mary's and Central Middlesex Hospitals. A community care programme of lectures and visits was organised to give a composite picture to the pupils of the work of Local Authority as it affects community care generally and maternity services in particular.



### OBSTETRIC STUDENTS

Medical students from Kingsbury Maternity Hospital, St. Mary's and Central Middlesex Hospitals continued to spend one day each with the domiciliary midwives to observe their work in the care of mothers booked for home confinements and planned early discharge.

### HEALTH VISITING

The health visitors' work is mainly preventive. Their task of health education and social advice continued in homes, clinics, schools and with other groups with the objective of assisting in the promotion and maintenance of good physical and mental health. They were assisted in their work by clinic nurses who relieved them of much of the routine work in schools and clinics.

First Effective Visits	Total Effective Visits	Total No. Access Visits	Total Visits as School Nurse
20,571 (21,359)	42,545 (43,544)	11,268 (11,457)	2,195 (2,320)

(Figures for 1970 in brackets)

The decrease in the number of visits made was in part the result of increased demands on the health visitors' time of other aspects of their work. They were invited to attend case conferences in hospitals and with other Borough Services, and there is increasing liaison with hospitals and general practitioners. Also in areas where there are multi-racial communities, much time was spent in helping new-comers who have not only language difficulties but other problems of adjustment because of different cultural backgrounds.

There were no additional attachments to general practices which remained at four, three within the Chalkhill Health Centre and one outside.

Attachment to hospital diabetic, geriatric and paediatric units continued and proved beneficial to both hospital and local authority staffs.

The health visitors have responded to requests to take part in a number of surveys in association with research studies being carried out by various authorities.

Many demands were made on the staff to assist with providing students with experience of local authority health services. During the year, the health visiting staff accepted 238 students for observation visits. The majority of these were hospital student nurses and midwives, the remainder being medical students and post-registration nursing students.

### TRAINING

The Superintendent Health Visitor attended a five day course arranged by the London Boroughs' Training Committee on "Supervision and Consultation". The Deputy Superintendent attended a middle management course arranged by the London Boroughs' Training Committee, and one Senior Health Visitor attended a management training course arranged by the Chiswick Polytechnic. Two health visitors attended fieldwork instructors courses at Chiswick Polytechnic and the Polytechnic of North London and two attended a post certificate course arranged by the Health Visitors' Association. One senior health visitor was sent on a course of 8 sessions on birth control methods at Upton Hospital, Slough and is able to assist in the in-service training of staff. Five health visitors attended miscellaneous short courses of study appropriate to their work.

Five student health visitors were sponsored for training for the Health Visitors' Certificate course which commenced at Chiswick Polytechnic in September.

### 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 hospitals. They also introduce student and pupil nurses to community care by taking them on their rounds.

Seven part-time bathing attendants are employed. They work under the supervision of the nurses and receive in-service training to enable them to work with nurses in small teams and obtain greater job satisfaction.

Two thousand four hundred and forty-one new patients were referred during the year and the nurses paid a total of 112,340 visits to all patients. Five thousand two hundred and sixty-nine visits were paid by bathing attendants. At the end of the year, 1,225 cases were on the register.

### GENERAL PRACTITIONER ATTACHMENTS

One new liaison was started during the year, making a total of 17 attachments and one liaison operating in the Borough. The schemes work well for patients, nurses and doctors. One thousand six hundred and ninety-seven treatments were given in general practitioners surgeries under the schemes.



### TRAINING AND REFRESHER COURSES

Four nurses attended District Nurse Training Courses for State Enrolled Nurses and obtained the National Certificate of the Department of Health and Social Security, two attended a District Nurse Training Course for State Registered Nurses, and two attended Practical Work Instructors Courses, all of which were held at Chiswick Polytechnic. Four nurses also attended day courses as appropriate.

### DISPOSABLE EQUIPMENT

The range of pre-sterilised and disposable equipment has been extended, thus facilitating the nurses' work and giving greater safety to patients.

### MARIE CURIE MEMORIAL FOUNDATION

During the year, night nurses were provided for 23 terminal cases of carcinoma. Eight ripple beds were also provided by a medical equipment firm paid for by the Foundation thus ensuring that maximum care was obtained for these patients who chose to be nursed at home. The Council made a grant of £367 to the Foundation.

### INCONTINENCE SERVICE

Incontinence pads are provided free of charge to all incontinent patients who need them. They are either delivered to their homes or may be collected from certain Clinics or Health Centres. Requests are received from general practitioners, hospitals, home nurses, etc. 117,450 pads were issued in 1971.

There is also a service for the collection of soiled pads and dressings for patients who have difficulty in disposal, and these are incinerated at the Greater London Council refuse disposal plant at Alperton.

There is also an incontinent laundry service for the aged operating in the Borough which is administered by the Council. The articles are laundered at Neasden Hospital by arrangement with the Central Middlesex Group Hospital Management Committee, and at Colindale Hospital under a similar arrangement with the Hendon Group Hospital Management Committee. Transport is provided by the Borough Council.

Patients are referred by hospitals, doctors, home nurses and relatives. The service enables patients, who might otherwise have to be admitted to hospital, to be nursed at home and more beds are thus available for urgent cases. It is greatly appreciated by the patients and their relatives. The service frequently operates in conjunction with the issue of incontinence pads. Just over 8 tons 12 cwt. of laundry was laundered by the hospitals in 1971

### NUMBER OF OLD PEOPLE USING LAUNDRY SERVICE

On Register 1.1.71	New Cases	Died	Admitted to Hospital	Discontinued	On register 31.12.71
39	36	9	18	4	44

### VACCINATION AND IMMUNISATION

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

During 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 second year of life

Measles vaccination

At five years of age or school entry

\*Diphtheria/tetanus or oral poliomyelitis vaccine or

\*Diphtheria/tetanus/poliomyelitis vaccine

\* re-inforcing immunisation

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

Diphtheria/tetanus/whooping cough	Primary immunisation	5,091	(4,809)
	Re-inforcing	3,360	(3,552)
Poliomyelitis	Primary immunisation	5,082	(4,879)
	Re-inforcing	3,230	(3,309)
Measles	Primary vaccination	2,804	(3,146)

(Figures for 1970 in brackets)

In addition 902 girls in their fourteenth year (i.e. aged 13) were vaccinated against Rubella (German Measles).

Circular 12/71 issued by the Department of Health and Social Security stated that the Secretary of State had accepted the advice of the Joint Committee on Vaccination and Immunisation that vaccination against smallpox need no longer be recommended as a routine procedure in early childhood. Vaccination continues to be recommended for travellers to and from countries where smallpox is endemic or where eradication programmes are in progress, and for health service staff who may come into contact with patients. Vaccination continues to be offered to children of parents who desire it but has been deleted from the current schedule of vaccination and immunisation procedures.



## RECUPERATIVE HOLIDAYS

Under Section 28 of the National Health Service Act 1946, the Council is empowered to arrange for admissions 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 1971, the Council arranged and accepted financial responsibility for the placement of 50 persons in recuperative holiday homes, and of these 31 were admitted to such homes and 19 cancelled or withdrew. A further 15 applications were received, but were declined as not falling within the scope of the scheme.

In addition, 20 schoolchildren were placed in recuperative holiday homes under Section 45 of the Education Act 1944.

## CHIROPODY

TABLE 9

The chiropody service provided by the Council for the elderly, physically handicapped, expectant and nursing mothers, and children under school age, continued to increase during the year. Five thousand and seventy patients were treated compared with 4,869 in 1970.

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 48).

## 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, two being in owner-occupied property and one in Council property on the Chalkhill Estate which was carried forward from 1970 and completed early in 1971. The cost of adapting a room suitable to home dialysis in this case amounted to £163.20. The two adaptations in owner occupied property cost £359.45 and £159 respectively.

## 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 1971, 1,666 articles were loaned to patients and £1,122 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 10-13)

### Mortality and Morbidity

During 1971, 3 men and 1 woman died of respiratory tuberculosis compared with 3 men and 4 women in 1970. They were all in the higher age group one being in the group 45-54 and one in the group 55-64 and two in the group 75 and over. Three 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.



### Care and After Care

As in previous years, the same provisions for the care and after care of patients continued with the 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 North-West Metropolitan 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 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. 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 practice has evolved of having chest patients who need occupational therapy being registered as physically handicapped with the Social Services Department. Their therapy needs are then met by occupational therapists in that Department as part of their 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 (for details of B.C.G. vaccination of school leavers see Report of Principal School Medical Officer, page 47).

### 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 1,103 of which 241 were to households proving to be non-tuberculous.

## VENEREAL DISEASE

(TABLE 14)

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 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 have attended the Special Clinic at Central Middlesex Hospital.

Advice, treatment and indeed, attendance at the Clinics is entirely confidential. Details are not divulged even to husband or wife without the written consent of the patient. 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 Special Services Social Worker, who until April, 1971 was employed jointly by Brent and the London Borough of Harrow, resigned in November 1971. It was decided to implement the recommendation of the Department of Health and Social Security and to appoint a contact tracer to liaise with the Special Clinic at Central Middlesex Hospital. It was arranged that this appointment would be made as early as possible in 1972. The tracing of contacts is of the utmost importance in preventing the spread of V.D.

The increase in the incidence of V.D., particularly gonorrhoea, can be attributed to the popularity of oral contraceptives and increasing promiscuity among younger people. People are coming forward in growing numbers for treatment, the main problem is lack of education amongst the young, many of whom have very little knowledge of such details as signs and symptoms of gonorrhoea or syphilis. Health Education must, therefore, be increased in schools and colleges and in the mass media.

V.D. was one of the subjects selected by the Department for display at the "Welcome to Citizenship" held at the Town Hall in April. Considerable interest was shown by many of the young people who attended and the staff who were present answered a number of questions. Talks on the subject were also combined with sex education in some schools.



## OLD PEOPLE'S CLINICS

A Geriatric Clinic is held weekly on Friday mornings at Neasden Clinic, Balnacraig Avenue, N.W.10. During 1971, 37 sessions were held and the total attendances were 153. Nine out of 54 cases were seen for the first time. The majority made the journey on foot, with or without public transport. Over 90 per cent were receiving chiropody treatment from the Council's Chiropodists. Ten women and 3 men in attendance were in their 80's and 4 women and one man were in their 90's. One of the women was registered blind. The majority of these elderly citizens attended unaccompanied even during the variations of our seasonal weather. This underlines their stamina and courage—they were moulded in great character these youngsters of yester year. Six of those who attended last year died, 2 men and 2 women were in their 80's and one woman and one man were in their late 70's.

40 per cent of those attending during 1971 were living alone and a number of these were depressed. Two out of every five in attendance had rheumatism in one form or another and this complaint rarely failed to remind them of the long wintery months. A quarter had blood pressure.

This type of Clinic has a useful part to play in keeping the elderly active and contented. They can discuss with the doctor and nurse in attendance their health and social problems and get advice about niggling medical matters.

The following referrals were made during the year:—

	No. of Patients
To Social Worker	8
For Council aided holidays	7
To Council Physiotherapist	4
To Council Chiropodist	3
To Home Help Organiser	2
To Housing Manager	2
To Hospital	2
To Social Services Department for Residential Old Persons' Accommodation	2
To Public Health Inspector	2
To Medical Practitioner	1



## 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 examinations of the water are 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

### SANITARY INSPECTION OF THE AREA

(TABLES 15-20)

#### DEMOLITION AND CLOSING ORDERS

A Demolition Order was made in respect of 112 Brondesbury Villas, N.W.6, and Closing Orders were made in respect of the following properties:—

- 141 Carlton Vale, N.W.6 (basement rooms)
- 143 Carlton Vale, N.W.6 (top floor rooms)
- 14 Elms Lane, Sudbury (basement)
- 179 Purves Road, N.W.10 (whole house)
- 25 St. Julians Road, N.W.6 (basement)
- 43 St. Julians Road, N.W.6 (basement)
- 16 College Parade, Salusbury Road, N.W.6 (basement)

The Closing Order on 30 Chevening Road, N.W.6 (basement) and the Demolition Order on 184 Villiers Road, N.W.2 were determined because schedules of works to make the premises fit for human habitation were completed satisfactorily in each case. The Demolition Order on 10 High Street, Wembley, was determined, and a Closing Order substituted under Section 26 of the Housing Act, 1961, because the proposed tenant gave an undertaking to carry out certain works and to use the premises as a book store only, planning permission having been obtained in respect of this change of user.

#### SLUM CLEARANCE

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

#### HOUSES IN MULTIPLE OCCUPATION

Multiple occupation, resulting in over occupation of houses and inadequate provision of basic amenities for families and persons, continued to be a problem.

It was apparent that this form of occupation was spreading with little control throughout the whole of the Borough. This trend reflected not only the pressures for living accommodation within the Greater London area but also the ever increasing cost of houses and high interest rates with subsequent difficulty in repayment of mortgages.

It was decided to pursue with vigour a policy of inspection of existing houses in multiple occupation, and for appropriate action to be taken to obtain compliance with statutory provisions and a Code of Practice relating to occupation, the provision of amenities, and the provision of means of escape in case of fire.



In addition, a Scheme was prepared to take effect from 1st March 1972, and applicable to the whole of the Borough, for the registration of houses in multiple occupation, by which it is hoped not only to register existing properties but to obtain a form of effective control regarding proposed increased occupancies.

#### 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, 1,358 cases were considered and awarded points, where appropriate, on medical grounds. In addition 82 applications for transfer on medical grounds were dealt with.

#### CLEAN AIR

##### (TABLE 21)

Because of a threatened national shortage of Solid Smokeless Fuel it was necessary to suspend 13 Smoke Control Orders (totalling 40% of the total premises) until the 31st March, 1971.

The Brent No. 7 (Sudbury) Smoke Control Order made by the Council on the 14th July, 1971 was confirmed by the Secretary of State for the Environment on the 8th November, 1971 to come into operation on 1st July, 1972. This Smoke Control Area covers 740 acres and contains 5,519 dwellings and 111 industrial commercial and other premises. When the Order comes into operation 70% of the area of the Borough will be covered by Smoke Control Areas.

The Smoke Control Area programme for the Borough could be completed by 1973.

Measurements of sulphur dioxide and smoke concentration were taken throughout the year at Kilburn High School, Kingsbury High School and the G.P.O. Research Station, Dollis Hill.

Twenty-two notifications of new boiler plant were received in accordance with Section 3 of the Clean Air Act 1956 and the heights of 4 new chimneys were approved.

#### INSPECTION OF FOOD AND FOOD PREMISES

##### (TABLES 22-25)

The changing picture of what is now the food purchasing and eating habits of the populace of Brent can be compared to the difference between a Strauss waltz and modern beat music.

Immigrants from the Commonwealth have brought with them to the shops, foods which years ago were delicacies and only to be purchased in selective areas, now an everyday occurrence, avocado pears, melons, beetle nuts, to mention a few are, laid alongside apples and tomatoes on display. Goat meat is sold without comment alongside beef, yams all sizes, colours and shapes, exotic sauces and flavours all for the choosing. Coupled with an increase in travel at holiday time, people are now widening their choice, not only of what they purchase for consumption at home but also when eating out—a Chinese meal is as common place as fish and chips, an Indian curry as a steak.

Further extension of the altering of people's palates are the greater provision in food premises of wines, from the common place to the vintage, of cheeses from the world at large, delicatessens are in demand, count even the different types of bread sold at any baker's shop—all these point to the change in eating habits.

Frozen foods as stored within the home are on the increase, more stores especially catering for these needs are opening, giving a service covering virtually all aspects of food. The home freezer is still in its infancy, but surely in time will take its place alongside the more conventional refrigerator in the household.

With such changing habits, the need for vigilance on the part of the Public Health Inspector and his need to keep abreast of such transformation is of first priority—happily it is taken in its stride and no difficulties experienced.

The question is often posed of language difficulties of the Inspectorate and the food trader. This rarely, if ever occurs, remembering and balancing the old saying of "there are none so deaf as those who do not wish to hear", language presents little or no barrier, by sufferance, education, even by interpretation the message gets through eventually. Fortunately one of the Public Health Inspectors has a great knowledge of Chinese and many dialects so there is no problem here, in fact he frequently gives lectures on food hygiene to the resident Chinese population—these lectures being well received.

Legal proceedings were taken relating to 18 premises under the Food Hygiene (General) Regulations 1970 resulting in a total of £1,198 fines and costs (Table 25).

#### INSPECTION OF POULTRY

There is no slaughtering of poultry carried on within the District. The inspection of poultry purveyed by butchers and similar establishments is carried out as routine, with particular emphasis at Christmas.



## PREMISES WHERE FOOD IS PREPARED

(TABLE 26)

Premises where ice cream is manufactured, stored, or sold; and premises used for the preparation or manufacture of sausages, potted, pressed, pickled, or preserved food are required to be registered under Section 16, Food and Drugs Act 1955.

The majority of ice cream sold in the borough is manufactured outside the district, and is mostly pre-packed. There are, however, 6 small manufacturers in the borough, whose premises are regularly inspected and are of a satisfactory standard.

## 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. fifty four 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 27.

## THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

These Regulations require that all liquid egg used for human consumption shall be pasteurised at 148°F for 2½ minutes. Samples must pass the Alpha Amylase test which is a decolourising test similar to Methylene Blue. Ten samples were taken and all proved satisfactory.

## CONTAMINATED AND UNSOUND FOODS

One hundred and twelve complaints about food stuffs were received. They varied from allegations of mould, foreign matter to unsatisfactory taste. In 48 instances warning letters were sent, one was referred to another local authority and four were referred for prosecution. In two instances the food was found to be fit for human consumption and in 57 instances no action was taken (Table 28).

The results of the prosecutions heard which included six cases not reported upon in 1970 were:—

- |                                     |                        |
|-------------------------------------|------------------------|
| 1. Foreign matter in bottle of milk | —Fined £50—£10 costs   |
| 2. Mouldy loaf                      | —Fined £30—£10 costs   |
| 3. Foreign matter in bottle of milk | —Fined £60—£10 costs   |
| 4. Mouldy pork pie                  | —Fined £12.50—£5 costs |
| 5. Mouldy pork pie                  | —Fined £12.50—£5 costs |
| 6. Bad tasting fancy cakes          | —Case withdrawn        |
| 7. Foreign matter in bottle of milk | —Fined £50—£10 costs   |
| 8. Dirty bottle of milk             | —Fined £25—£20 costs   |
| 9. Mouldy loaf                      | —Fined £25—£10 costs   |

one remaining case is incomplete

In two instances where the occupiers of 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 siezed and removed and was condemned by a Justice of the Peace, the following penalties were imposed:—

1. Flour and steamed noodles, contaminated by mice—Fined £60—£5 costs
2. Rice, peas, beans and cereals, contaminated by mice—Fined £110—£2 costs.

## SAMPLING OF FOOD AND DRUGS

The Council is a Food and Drugs Authority under the Food and Drugs Act, 1955, and the Director of Health and the Public Health Inspectors are authorised Officers for the purposes of the Act.



During the year, a total of 270 informal samples were submitted to the Public Analyst of which 24 were unsatisfactory. The Analyst's reports were as follows:—

NAME OR DESCRIPTION OF ARTICLE	NATURE OF ADULTERATION OR IRREGULARITY
Milk with red foreign matter	Bottle not properly cleansed
Toffee popcorn	Incorrect description
Energex	Incorrect labelling
Pineapple syrup	Incorrect labelling
Hot pepper sauce	Incorrect labelling
Pasteurised milk	False description
Milk	Deficient in solids—not-fat
Milk	Contained added water
Buttered rolls (3 samples)	False description
Milk (2 samples)	Deficient in solids—not-fat
Syrup drink	Contained mould spores and hyphae
Brown bread	Contained dirty dough
Unlabelled food	Packet gave no description
Beverage	Contaminated by foreign matter
Buttermilk	Sample was of whipping cream
Buttermilk	Sample was one of cream
Melon balls in syrup (2 samples)	Can had 'blown'
Cordial Strawberry	Misleading labelling
One pint of milk (for identification of fouling)	Foreign matter on exterior of bottle
Ham roll	Contained rodent droppings

Sixteen formal samples were taken of which 3 were unsatisfactory. The Analyst's reports were as follows:—

NAME OR DESCRIPTION OF ARTICLE	NATURE OF ADULTERATION OR IRREGULARITY
Milk (in glass)	False description—milk powder reconstituted
Milk (in glass)	Contained added water
Buttered roll	False description—spread with margarine

Of the 27 unsatisfactory samples, 7 were referred to the Solicitor and Administration Manager, 2 were dealt with by warning letters to the suppliers, 14 were dealt with informally, 2 Companies subsequently ceased trading and the importation of two commodities was discontinued.

## BACTERIOLOGICAL SAMPLING

(TABLE 29)

The Local Authority is responsible for food hygiene in all its aspects. In particular, the fitness or otherwise of foodstuffs and the prevention of food borne illness. Bacteriology and sampling for bacteriological examination is a necessary part of this duty, and during the year 338 samples of high risk foods were taken and submitted to the Public Health Laboratory Service for examination. Of these, 298 were satisfactory and 40 were unsatisfactory.

### Water Samples

Regular samples were taken from all the swimming baths in the Borough. Each sample was examined for coliform bacilli and for faecal organisms. One hundred and forty-one samples were taken and 140 were satisfactory.

### Meat and Meat Products

Sixty-three samples of meat and meat products were submitted to the Laboratory and were examined for specific food poisoning organisms, the commonest of which are Salmonellae and Straphylococci. The presence of these organisms in meat foods is of concern and adverse samples are always followed by a full investigation by the Public Health Inspector. Where the food is cooked prior to eating, the danger of illness is not such a threat but the risk of cross contamination with other products which are not cooked before consumption is a considerable one.

### Ice Cream

The manufacture of ice cream is controlled by the Ice Cream (Heat Treatment etc.) Regulations 1959/63. Ice Cream is subjected to a methylene blue reduction test in a similar fashion to milk. Although not a statutory test, it is the accepted standard test. Samples graded 1 and 2 are satisfactory. Grades 3 and 4 are unsatisfactory and indicate some deficiencies in practice, usually the unsatisfactory sterilisation of equipment. The standards of a producer are usually judged on a series of tests rather than one or two isolated results.

### Milk

The Milk (Special Designation) Regulations 1963/65 lay down the statutory tests to be applied to designated milk.

Ultra heat treated milk known as U.H.T. or Long Life milk is "heat treated" at a temperature of 270°F for not less than one second. The "colony count test" is applied to such milk and a satisfactory sample must have a total colony count of less than 10.

Pasteurised milk must satisfy a methylene blue test and a phosphatase test. The methylene blue test is a test of keeping quality and a blue dye (methylene blue) must not be decolourised in 30 minutes. In the phosphatase test the presence of phosphatase (a milk enzyme) indicates that the pasteurisation process, which destroys phosphatase, has not been satisfactorily carried out.



Homogenised milk is pasteurised milk which has been subjected to homogenisation (a process of breaking up the fat to form an emulsion). Samples must pass the methylene blue and phosphatase tests.

### 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 thirty-four hawkers are registered (40 sell fruit and vegetables, 40 have mobile canteens and hot dog stalls, 31 sell ice-cream, 7 fish, 3 cooked poultry, 3 groceries, 7 fish and chips, 1 meat, fish and vegetables, 1 bread and confectionery and 1 milk drinks). There were 8 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.

### 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 30 and 31.

### 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 seventeen were employed during the year, the largest number (93) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory (Table 32).

### NOISE NUISANCE

Complaints of noise nuisances are dealt with by the Public Health Inspectors under the Noise Abatement Act, 1960, and the Public Health Act, 1936.

During the year, 1,019 visits were made by the Inspectors in connection with noise complaints. Many of these involved visits at night and during the week-end and on a number of occasions inspectors were involved throughout the whole of the night.

The construction of the Neasden Underpass was the biggest single problem in this field. Many observations were made and noise level readings were taken throughout the twenty-four hours to establish mean background levels as well as nuisance peaks. As a result of representations made by the department, the main contractors changed some of their major equipment and installed silent operating pile drivers.

Work is still continuing and is still being kept under observation.

### RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The Rag Flock and Other Filling Materials Act, 1951 and Regulations of 1971 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. Eight business premises were on the register at the end of the year. Five samples were obtained during the year, the results of which were satisfactory.

### 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, catering establishments, canteens, fuel storage depots, and certain railway premises. The exceptions are premises used by self-employed persons, premises in which only near relatives are employed, and other premises where not more than 21 man hours weekly are normally worked.

The number of premises newly registered during the year, the total number of registered premises at the end of the year, and the number of persons employed are shown in Table 33.

Public Health Inspectors are principally responsible for enforcing the general provisions of the Act in offices, food shops, catering establishments open to the public, canteens, wholesale premises and warehouses. Other premises are inspected by the Shops Inspectors. The total number of general inspections and visits of all kinds are shown in Table 34.



There were no prosecutions under the Act during 1971.

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

On 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. Eight lifts were reported to the Council where defects were found needing urgent attention. All were immediately made safe to use.

Employers are required to notify local authorities of accidents to employees which cause death or cause disablement which prevents an employee for more than three days from doing his or her usual work. There were no fatal accidents during the year. Thirty-eight non-fatal accidents were reported and investigated and an analysis of their causation and the injuries sustained is shown in Table 35. In thirty cases no action was necessary, and in the remaining eight cases informal advice was given to minimise risk.

#### 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, 2 new licences were granted and 36 were renewed. All the applicants are suitable persons to hold licences and their premises were found to be satisfactory.

#### RODENT CONTROL

In addition to the treatment of rat infestations in private dwellings, the treatment of mice is now undertaken free of charge. Mice are a particular problem in those areas of the Borough where the houses are in multi-occupation and in addition to the treatment written instructions are given to occupiers detailing the steps necessary to abate the infestation.

The Council does not at present undertake the treatment of infestations in business premises.

Nine hundred and twelve infestations of rats and 1,105 infestations of mice were treated.

Fifty notices under Section 4 of the Prevention of Damage by Pests Act, 1949 were served and in 4 cases food contaminated by mice was seized and condemned by a Justice of the Peace.

#### CONTROL OF WILD PIGEONS

Monthly treatments of 10 railway bridges where nuisance is caused were carried out by a contractor under the supervision of the Rodent Officer. Five hundred and one pigeons were killed.

The treatment is to be extended to trapping in view of the increased number of complaints received and the obvious increase in pigeon population.

#### UNCLEANLINESS AND SCABIES

##### (TABLE 36)

Treatment for scabies, lice and nits was provided at the Stonebridge Health Clinic until 18th October when the Clinic was closed and all the services were transferred to the Craven Park Health Centre. Compared with 1970, there was a decrease in the total number of cases treated for scabies (128 in 1970, 110 in 1971), the decrease being among adults. There was a slight increase in the number of children aged 5-15 years treated (51 in 1970, 64 in 1971). The number of cases treated for lice and nits increased from 80 in 1970 to 180 in 1971, the main increase being among children. The numbers treated, however, are still small bearing in mind the school population is almost 43,000.

#### 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 37).

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.

Two hundred and forty five complaints were received regarding wasps and 167 nests were destroyed. The remaining 78 nests were not accessible. Twenty four properties were dealt with concerning complaints of squirrels in lofts etc. entailing 120 visits by the Rodent Control staff. The charges in accordance with the Council's Scale were met.



## TABLES

TABLE 1

## CAUSES OF DEATH

		Males	Females	Total
B.1	Cholera ... ..	—	—	—
B.2	Typhoid fever ... ..	—	—	—
B.3	Bacillary dysentery and amoebiasis ... ..	—	—	—
B.4	Enteritis and other diarrhoeal diseases ... ..	3	1	4
B.5	Tuberculosis of respiratory system .. ..	2	1	3
B.6(1)	Late effects of respiratory T.B. ... ..	1	—	1
B.6(2)	Other tuberculosis ... ..	3	—	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 ... ..	—	—	—
B.18	Other infective and parasitic diseases ... ..	3	1	4
B.19(1)	Malignant neoplasm, buccal cavity, etc. ... ..	4	3	7
B.19(2)	Malignant neoplasm, oesophagus ... ..	10	4	14
B.19(3)	Malignant neoplasm, stomach ... ..	35	15	50
B.19(4)	Malignant neoplasm, intestine ... ..	43	40	83
B.19(5)	Malignant neoplasm, larynx ... ..	3	—	3
B.19(6)	Malignant neoplasm, lung, bronchus ... ..	164	43	207
B.19(7)	Malignant neoplasm, breast ... ..	—	61	61
B.19(8)	Malignant neoplasm, uterus ... ..	—	24	24
B.19(9)	Malignant neoplasm, prostate ... ..	15	—	15
B.19(10)	Leukaemia ... ..	11	15	26
B.19(11)	Other malignant neoplasms ... ..	73	109	182
B.20	Benign and unspecified neoplasms ... ..	5	9	14
B.21	Diabetes mellitus ... ..	10	21	31
B.22	Avitaminoses and other nutritional deficiency... ..	1	—	1
B.46(1)	Other endocrine, etc., diseases ... ..	2	6	8
B.23	Anaemias ... ..	—	5	5
B.46(2)	Other diseases of blood, etc. ... ..	2	2	4
B.46(3)	Mental disorders ... ..	1	3	4
B.24	Meningitis ... ..	1	2	3
B.46(4)	Multiple Sclerosis ... ..	1	3	4
B.46(5)	Other diseases of nervous system, etc. ... ..	5	11	16
B.25	Active rheumatic fever ... ..	—	—	—
B.26	Chronic Rheumatic heart disease ... ..	16	25	41
B.27	Hypertensive disease ... ..	24	31	55

		Males	Females	Total
B.28	Ischaemic heart disease ... ..	422	296	718
B.29	Other forms of heart disease ... ..	37	74	111
B.30	Cerebrovascular disease ... ..	115	185	300
B.46(6)	Other diseases of the circulatory system ... ..	50	90	140
B.31	Influenza ... ..	1	2	3
B.32	Pneumonia ... ..	73	117	190
B.33(1)	Bronchitis, emphysema ... ..	99	43	142
B.33(2)	Asthma ... ..	1	4	5
B.46(7)	Other diseases of the respiratory system ... ..	24	17	41
B.34	Peptic ulcer ... ..	16	10	26
B.35	Appendicitis ... ..	3	1	4
B.36	Intestinal obstruction and hernia ... ..	2	8	10
B.37	Cirrhosis of liver ... ..	4	6	10
B.46(8)	Other diseases of digestive system ... ..	12	11	23
B.38	Nephritis and nephrosis ... ..	3	8	11
B.39	Hyperplasia of prostate ... ..	4	—	4
B.46(9)	Other diseases of the genito-urinary system ... ..	9	13	22
B.40	Abortion ... ..	—	1	1
B.41	Other complications of pregnancy, etc. ... ..	—	—	—
B.46(10)	Diseases of skin and subcutaneous tissue ... ..	1	—	1
B.46(11)	Diseases of musculo-skeletal system ... ..	1	5	6
B.42	Congenital anomalies ... ..	18	13	31
B.43	Birth injury, difficult labour, etc. ... ..	17	7	24
B.44	Other causes of perinatal mortality ... ..	9	12	21
B.45	Symptoms and ill-defined conditions ... ..	3	6	9
BE.47	Motor vehicle accidents ... ..	16	15	31
BE.48	All other accidents ... ..	21	15	36
BE.49	Suicide and self-inflicted injuries ... ..	12	16	28
BE.50	All other external causes ... ..	5	5	10
	TOTAL ... ..	1,416	1,415	2,831

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.) ... ..	1,365	4.9
Malignant neoplasms ... ..	672	2.3
Diseases of the respiratory system (influenza, pneumonia, bronchitis and emphysema, asthma, etc.) ... ..	381	1.4
Violent deaths (motor vehicle accidents, all other accidents, suicides and self-inflicted injuries, all other external causes) ... ..	105	0.4
Other causes ... ..	308	1.1
TOTALS:	2,831	10.1



TABLE 3

## INFANT MORTALITY — CAUSES

	Neo-natal	1-12 months	Total
Enteritis and other diarrhoeal diseases	—	3	3
Leukaemia	—	1	1
Avitaminoses	1	—	1
Other Endocrine etc. Diseases	1	—	1
Other Diseases of Nervous System	—	1	1
Pneumonia	2	6	8
Other Diseases of Respiratory System	—	15	15
Congenital anomalies	12	8	20
Birth Injury, difficult labour and other anoxic and hypoxic conditions	24	—	24
Other causes of perinatal mortality	21	—	21
Symptoms and ill defined conditions	—	4	4
Accidents (excluding motor vehicle accidents)	—	1	1
All other external causes	—	3	3

TABLE 4

## INFECTIOUS DISEASES

	1971 (1970 in brackets)			
	Notified		Confirmed	
Diphtheria	—	(—)	—	(—)
Dysentery	31	(55)	26	(49)
Encephalitis	—	(1)	—	(—)
Food Poisoning	62	(58)	46	(46)
Infective Jaundice	50	(47)	50	(46)
Malaria	7	(2)	7	(2)
Measles	616	(1,191)	616	(1,191)
Meningococcal Meningitis	13	(13)	13	(10)
Ophthalmia Neonatorum	11	(2)	11	(2)
Paratyphoid	—	(2)	—	(2)
Scarlet Fever	28	(45)	28	(45)
Typhoid Fever	3	(5)	2	(5)
Whooping Cough	59	(78)	59	(37)

TABLE 5

## PRIORITY DENTAL SERVICE

	Expectant and Nursing Mothers	Children under 5
Number examined	174	853
Number required treatment	167	557
Number of new cases commenced treatment	160	551
Dentally fit	119	388
Extractions	55	265
Fillings	503	1,393
Scaling and gum treatment	99	30
Silver nitrate dressings	—	130
Dentures	14	—
Number of attendances	492	1,454

## CONGENITAL MALFORMATIONS

TABLE 6

## SUMMARY OF NOTIFICATIONS

(i) Number of notifications received during year	91
(ii) Number of live births included in (i) above	83
(iii) Number of stillbirths included in (i) above	8
Macerated	1
Others	7
(iv) Number of children with multiple malformations	6

TABLE 7

## 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	13
.8	Spina bifida	7	.1	Syndactyly	1
.4	Hydrocephalus	6	.4	Unspecified reduction deformity of limbs	2
.5	Microcephalus	1	.5	Talipes	12
.6	Other specified malformations of brain or spinal cord	4	.6	Congenital dislocation of hip	4
.9	Unspecified malformation of brain spinal cord and nervous system	1	.7	Other specified malformations of upper limb or shoulder	1
1	Eye and Ear		.8	Other specified malformations of leg or pelvis	3
.8	Accessory auricle	2	7	Other parts of Musculo-skeletal System	
.6	Unspecified malformations of ear	1	.0	Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	3
2	Alimentary System		8	Other Systems	
.1	Cleft lip	1	.1	Other malformations of face and neck	1
.0	Unspecified malformations of alimentary system	1	.9	Exomphalos, omphalocele (excluding umbilical hernia)	3
3	Heart and Circulatory System		.3	Pigmented naevus	1
.0	Unspecified malformations of heart and circulatory system	3	9	Other Malformations	
5	Urino-genital System		.0	Other and unspecified congenital malformations	1
.1	Indeterminate sex and true hermaphroditism	1	.9	Multiple congenital malformations not specified	1
.7	Hypospadias, epispadias	9	.3	Other monster (includes cyclops)	2
.2	Undescended testicle	2	.6	Down's syndrome (mongolism)	2
.4	Malformations of male external genitalia	2			
.9	Other specified malformations of urino-genital organs (includes pseudohermaphroditism)	2			

TABLE 8

## MIDWIFERY SERVICE

Deliveries attended:—	
Doctor not booked, doctor present	—
Doctor not booked, doctor not present	9
Doctor booked, doctor present	20
Doctor booked, doctor not present	92
"Domino" Scheme	7
Number of home booked cases transferred to hospital before confinement	16
Cases in which analgesia was administered:—	
Gas and air	28
Trilene	68
Pethilorfan	43
Number of times Emergency Transfusion Service used	1
Visits paid:—	
Ante-natal	1,946
During labour	244
Nursing domiciliary confinements	1,814
Nursing institutional discharges	3,967
Clinic Sessions Attended:—	
Ante-natal	771
General practitioners' clinics	118
Relaxation	12
Mothercraft	13
Number of cases in which medical aid was called by midwife	9



TABLE 9

## CHIROPODY SERVICE

Number of persons treated during the year.

	By Local Authority	By British Red Cross Society	Total
Elderly Persons .....	4,784	187	4,971
Expectant and Nursing Mothers .....	19	—	19
Children under 5 .....	16	—	16
Others (Physically handicapped who are not old age pensioners) .....	64	—	64
<b>Total .....</b>	<b>4,883</b>	<b>187</b>	<b>5,070</b>

Number of treatments given during the year.

	By Local Authority	By British Red Cross Society	Total
In Clinics .....	12,557	795	13,352
In patients' homes .....	5,562	385	5,947
In old peoples' homes .....	2,076	—	2,076
In chiropodists' surgeries .....	597	—	597
<b>Total .....</b>	<b>20,792</b>	<b>1,180</b>	<b>21,972</b>

Number of Local Authority clinic sessions—1,887.

TABLE 10

## 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	2 (—)	2 (—)	2 (—)	— (—)
5 to 9	2 (—)	3 (—)	4 (—)	— (—)
10 to 14	1 (—)	— (—)	2 (—)	— (—)
15 to 19	6 (—)	3 (—)	1 (—)	— (—)
20 to 24	13 (—)	6 (—)	4 (—)	4 (—)
25 to 34	25 (—)	7 (—)	12 (—)	7 (—)
35 to 44	15 (—)	2 (—)	10 (—)	5 (—)
45 to 54	8 (1)	5 (—)	3 (—)	5 (—)
55 to 64	15 (1)	2 (—)	— (—)	1 (—)
65 and upwards	6 (1)	4 (1)	2 (—)	1 (—)
<b>Totals:</b>	<b>93 (3)</b>	<b>34 (1)</b>	<b>40 (3)</b>	<b>23 (—)</b>

TABLE 11

## TUBERCULOSIS: SUMMARY OF WORK OF WILLESDEN CHEST CLINIC

	Pulmonary		Non-pulmonary		Total	
	M	F	M	F	M	F
<b>NEW</b>						
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	—	—	—	—	1,111	845
(b) Persons who were given X-ray examination only	—	—	—	—	1,978	1,606
Number of persons found to be tuberculous during the year, including new contacts shown below	73	43	17	26	90	69
Number of new contacts seen for the first time during the year and included above						
(a) Contacts who were given a full medical examination	—	—	—	—	235	237
(b) Contacts who were given X-ray examination only	—	—	—	—	288	227
Number found to be tuberculous	5	6	—	—	5	6
<b>OLD</b>						
Total number of old cases and contacts seen and X-rayed during the year:—						
(a) Contacts seen by doctor	—	—	—	—	452	520
(b) Cases seen by doctor	—	—	—	—	2,077	1,385
(c) Contacts who were X-rayed only	—	—	—	—	87	80
(d) Cases who were X-rayed only	—	—	—	—	489	372
(e) Tuberculous patients seen	—	—	—	—	1,445	865
Number of cases not on the register but who are under observation at the chest clinic	—	—	—	—	338	238

TABLE 12  
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
1971	280,260	127	63	190	4	3	7	1,600	484	2,084

TABLE 13  
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
1971	280,260	45	22	68	1	1	2



TABLE 14

## VENEREAL DISEASE

NUMBER OF NEW CASES IN 1971

Treatment Centre	Totals all Venereal Conditions	Syphilis		Gonorrhoea	Other Genital Infections	Other Conditions
		Primary and Secondary	Other			
St. Mary's Hospital, W.2.	1,291	5	10	309	478	489
Central Middlesex Hospital, N.W.10	1,765	5	24	388	836	512
St. Thomas' Hospital, S.E.1.	97	—	—	16	60	21
Westminster Hospital, S.W.1.	35	—	—	7	17	11
Whitechapel Clinic The London Hospital	73	—	—	9	42	22
The Middlesex Hospital, W.C.1.	1,018	5	7	106	598	302
St. Bartholomews Hospital, E.C.1.	32	—	—	3	18	11
Seaman's Hospital, Greenwich	3	—	—	—	3	—
Moorfield Eye Hospital, E.C.1.	4	—	1	—	3	—
TOTALS	4,318	15	42	838	2,055	1,368

## SANITARY INSPECTION OF THE AREA

TABLE 15

## INSPECTIONS AND VISITS BY PUBLIC HEALTH INSPECTORS

*Public Health Act*

Dwellings—inspected	2,397
Dwellings—re-inspected	5,571
Visits re accumulations	1,499
Visits re Vermin	222
Visits re improper keeping of animals	45
Other nuisances including rats	673
Other Visits	1,138

*Housing Acts*

House-to-house—inspections	217
House-to-house—re-inspections	101
Individual houses—inspected	114
Individual houses—re-inspected	218
Houses in multiple occ.—inspected	658
Houses in multiple occ.—re-inspected	579
Basement rooms inspected	58
Overcrowding visits	107
Imp. and standard grant inspections	410
Houses inspected—special surveys	261
Other Visits	2,569



<i>Rent Act</i>		
Dwellings—inspected	.....	20
Dwellings—re-inspected	.....	5
Other Visits	.....	18
<i>Factories Act</i>		
Power factories—inspected	.....	862
Power factories—re-inspected	.....	214
Non-power factories—inspected	.....	19
Non-power factories—re-inspected	.....	3
Outworkers' rooms inspected	.....	130
Other visits—building sites	.....	
Basement bakehouses, etc.	.....	16
<i>Food and Drugs Act</i>		
Premises—inspected	.....	4,860
Premises—re-inspected	.....	3,067
Visits re unsound food	.....	217
Visits re contaminated food	.....	100
Formal and informal sampling	.....	466
Visits re labelling of food	.....	44
Visits re Merchandise Marks Act	.....	29
<i>Clean Air Act</i>		
Boiler plant inspected	.....	30
Premises inspected in SCAs.	.....	21
Other visits in SCAs.	.....	46
Visits re nuisance from smoke, etc.	.....	576
Smoke observations	.....	147
<i>Offices and Shops Act</i>		
General inspection—office	.....	310
General inspection—retail shop	.....	368
General inspection—wholesale/warehouse	.....	80
General inspection—catering establishment	.....	38
General inspection—fuel storage depot	.....	3
Re-inspections	.....	128
Other Visits	.....	52
<i>Infectious Disease</i>		
Cases investigated	.....	289
Contacts followed up	.....	440
Food poisoning enquiries	.....	101
Other visits	.....	211
<i>Miscellaneous</i>		
Aged persons	.....	5
Attendance at Court or Inquiries	.....	106
Drainage inspections	.....	1,283
Massage, etc. establishments inspected	.....	67
Noise nuisance investigations	.....	1,019
Places of entertainment inspected	.....	89
Rag, flock, etc. premises inspected	.....	8
Unsuccessful visits	.....	3,383
All other visits	.....	1,660
Food Hawkers	.....	376

TABLE 16

## OVERCROWDING

(a)	Dwellings overcrowded at the end of the year	.....	1,271
(b)	Overcrowding relieved during the year	.....	198
(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	.....	45
	(ii) Families transferred to alleviate overcrowding	.....	25
	(iii) Persons transferred to alleviate overcrowding	.....	132
(e)	Section 80, Housing Act, 1957—licences issued	.....	2

TABLE 17

## NEW DWELLINGS 1971

	Houses & Bungalows	Flats & M's'n'tt's
Dwellings built by private builders (excluding those built by the police authorities) .....	49	165
Built by local authority .....	113	965
Applicants on Council's waiting list 31.12.71 .....	—	7,000

TABLE 18

## NOTICES SERVED

Intimation notices served .....	842
Intimation notices complied with .....	764
Statutory notices served (Public Health Act, 1936) .....	1,085
Statutory notices complied with (Public Health Act, 1936) .....	1,029
Statutory notices served (Public Health Act, 1961) .....	36
Statutory notices complied with (Public Health Act, 1961) .....	35
Statutory notices served (Public Health (Recurring Nuisances) Act, 1969) .....	12
Statutory notices complied with (Public Health (Recurring Nuisances) Act, 1969) .....	10
Statutory notices served (Shops Act, 1950) .....	—
Statutory notices complied with (Shops Act, 1950) .....	—
Statutory notices served (Prevention of Damage by Pests Act, 1949) .....	50
Statutory notices complied with (Prevention of Damage by Pests Act, 1949) .....	69
Statutory notices served Housing Act, 1957 (Section 9) .....	49
Statutory notices complied with Housing Act, 1957 (Section 9) .....	12
Statutory notices served Housing Act, 1961 (Section 15) .....	124
Statutory notices complied with Housing Act, 1961 (Section 15) .....	41
Statutory notices served Housing Act, 1961 (Section 16) .....	118
Statutory notices complied with Housing Act, 1961 (Section 16) .....	11
Directions made under Housing Act, 1961 (Section 19) .....	78
Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93) .....	262
Referred for work to be carried out in default of owners .....	57

TABLE 19

## NUISANCES ABATED AND IMPROVEMENTS EFFECTED

<i>Dwelling Houses, Water Supply and Service</i>	
New cisterns provided .....	—
Cisterns repaired/renewed .....	56
Cisterns cleansed/covered .....	5
Draw taps placed on mains .....	—
Water supply re-instated .....	4
<i>Drainage and Sewerage</i>	
W.C.'s—pans and traps renewed .....	12
W.C.'s—cleansed/repared .....	107
W.C.'s—additional accommodation provided .....	1
W.C.'s—ventilation improved .....	1
Drains—reconstructed .....	1
Drains—examined, tested, exposed .....	46
Drains—cleared, repaired .....	96
Soil pipes or vent shafts repaired .....	37
New soil pipes or vent shafts fixed .....	3
Disconnecting traps or chambers inserted .....	—
New manhole covers .....	12



*Other Defects*

Brickwork repaired/repointed	202
Dampness remedied—D.P. course	65
Dampness remedied—others	203
Exterior paintwork repaired	2
Fireplaces/ranges repaired or renewed	8
Flooring and other woodwork repaired/renewed	332
Floor (solid) repaired	3
Floors—add. vent. provided	—
Food stores—ventilation provided	5
Gutters, R.W.Ps., waste pipes repaired	361
Overcrowding abated	1
Plastering repaired/renewed (rooms)	499
Refuse accumulations removed	3
Roofs repaired/renewed	374
Sinks—additional provided	24
Sinks—repaired/renewed	16
Flues repaired	—
Staircases, passages—cleansed	—
Staircases, passages—repaired	7
Walls and ceilings—cleansed	68
Walls and ceilings—repaired	79
Windows repaired	437
Other defects	374

*Courts, Forecourts, Yards*

Nuisances abated	—
Paving repaired/relaid	22
Accumulations removed	253

*Verminous Articles and Premises*

Premises disinfested	—
Articles disinfested/destroyed	—

*Animals*

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

*Offices and Shops*

Ventilation—provided and/or maintained	75
Temperature—reasonable prov./maintained	10
W.C.'s—cleansed/repaid	135
W.C.'s—additional accommodation provided	6
Lighting—suitable and sufficient provided	24
Other nuisances abated	1,621

*Miscellaneous*

Nuisances abated	1
Smoke nuisances abated	4
Hot water provided in dwelling house	65
Cookers	16
Baths	5
Food store	4
Cold water	16

TABLE 20  
RENT ACT 1957

CERTIFICATES OF DISREPAIR	
Applications (Form I) received and investigated	1
Agreed and proposal to issue Certificate of Disrepair (Form J) served	1
Refused	—
Undertakings (Form K) received from landlords	—
Certificate of Disrepair (Form L) issued	1
Applications received for cancellation of Certificates of Disrepair (Form M)	2
Accepted	1
Refused	—

TABLE 21  
CLEAN AIR

Area No.	Date of operation	Acreage	No. of dwellings	No. of other premises
Willesden No. 1	1. 6.59	48.5	627	73
Willesden No. 2	1.10.60	271	2,351	143
Willesden No. 3	1.11.61	380	5,057	450
Willesden No. 4	1.10.62	210.8	3,667	421
Willesden No. 5	1.11.63	355	4,192	121
Willesden No. 6	1.11.64	144	3,496	213
Willesden No. 7	1.12.65	409	5,042	214
Wembley No. 1	1.10.61	299	1,377	26
Wembley No. 2	1.10.62	265	758	82
Wembley No. 3	1.10.62	148	564	40
Wembley No. 4	1.10.62	119	1,137	7
Wembley No. 5	1.10.62	158	1,017	37
Wembley No. 6	1.10.63	163	853	19
Wembley No. 7	1.10.63	391	997	96
Wembley No. 8	1.10.63	398	831	155
Wembley No. 9	1.11.64	243	2,262	150
Wembley No. 10	1.11.65	310	2,226	54
Wembley No. 11	1.11.65	279	2,162	176
Brent No. 1	1. 7.66	505	3,929	414
Brent No. 2	1.12.66	201	2,879	170
Brent No. 3	1. 8.67	460	4,292	108
Brent No. 4	1.12.67	306	4,322	329
Brent No. 5	1. 7.68	662	4,593	235
Brent No. 6	1. 8.69	230	4,279	421
Brent No. 7	1. 7.72	740	5,519	111
Total	—	7,695.3	68,429	4,265



TABLE 22

## INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

Types of Food Premises	No.	Food Hygiene (General) Regulations, 1970		
		No. fitted to comply with Reg. 18 (provision of wash-hand basins)	No. to which Reg. 21 applies (facilities for washing food and equipment)	No. fitted to comply with Reg. 21
Baker	21	21	21	21
Bread and Confectionery	80	80	80	80
Dairy	7	7	7	7
Butcher	162	162	162	162
Grocer and General Store	324	324	324	324
Fishmonger and Fish Fryer	66	66	66	66
Cafe and Restaurant	248	248	248	248
Greengrocer and Fruiterer	152	152	152	152
Ice Cream and Sweet Shop	270	270	141	141
Food Stall	134	—	—	—
Public House and Off Licence	123	123	123	123
Works Canteen	158	158	158	158
School Canteen	90	90	90	90
Food Factory	19	19	19	19
Other Food Premises	76	76	76	76
<b>Totals</b>	<b>1,930</b>	<b>1,796</b>	<b>1,667</b>	<b>1,667</b>

## INSPECTIONS AND REVISITS

Inspections :	4,860
Revisits :	3,067
<b>Total :</b>	<b>7,927</b>

TABLE 23

Premises unsatisfactory on 31.12.70	273
Unsatisfactory during the year	675
Premises made satisfactory during the year	527
Unsatisfactory 31.12.71	421

TABLE 24

## FOOD PREMISES: DEFECTS REMEDIED

Defects	Outstanding at 31.12.70	Found during the year	Total	Remedied during year	Outstanding at 31.12.71
1. Inadequate lighting and ventilation	16	15	31	18	13
2. Inadequate washing facilities	155	177	332	164	168
3. Inadequate refuse storage	48	90	138	88	50
4. Unsatisfactory or insufficient sanitary accommodation	70	69	139	53	86
5. Inadequate storage accommodation	68	58	126	56	70
6. Defective walls, ceilings or floors	176	195	371	200	171
7. Dirty walls, ceilings or floors	219	380	599	312	287
8. Inadequate first aid materials	49	42	91	37	54
9. Unsatisfactory conditions	44	49	93	48	45
10. Any other defects	229	318	547	248	299
<b>Totals</b>	<b>1,074</b>	<b>1,393</b>	<b>2,467</b>	<b>1,224</b>	<b>1,243</b>

TABLE 25

## FOOD PREMISES: LEGAL PROCEEDINGS

Type of Premises	No. of Contraventions or Summonses	Result of Hearing	
		Fines	Costs
		£	£
Grocers	36	113	10
Grocers	11	110	2
Food Shop and Restaurant	6	60	5
Grocers	5	32	5
Grocers	11	70	4
Restaurant	9	45	5
Grocers	2	10	3
Cafe	5	20	5
Bakehouse and Foodshop	20	101	—
Restaurant	34	152	20
Restaurant	1	10	2
Restaurant	1	5	2
Grocers	5	25	10
Restaurant	14	120	10
Grocers	11	80	20
Wimpey Bar	1	25	5
Snack Bar	1	10	2
Restaurant	10	90	10
<b>TOTAL</b>	<b>183</b>	<b>1,078</b>	<b>120</b>

TABLE 26

## FOOD PREMISES: REGISTRATION

	Premises on register 31.12.70	Applications received	Applications granted	Applications refused	Premises removed from register during 1971	Total on register at 31.12.71
(1) Sale and storage of ice cream	619	19	19	—	112	526
(2) Manufacture of ice cream	6	—	—	—	—	6
(3) Manufacture of preserved food	190	13	13	—	66	137

532



TABLE 27

## SLAUGHTERHOUSE

## CARCASSES INSPECTED AND CONDEMNED

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	60	—	—	361	—
Number inspected	60	—	—	361	—
All diseases except tuberculosis and cysticerci :—					
a. Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	16	—	—	22	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	26.7	—	—	6.1	—
Tuberculosis only :					
b. Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	—
Cysticercosis :—					
c. Carcasses of which some part or organ was condemned	—	—	—	—	—
Carcases submitted to treatment by refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

TABLE 28

## COMPLAINTS CONCERNING UNSOUND FOOD

Cause of Complaint	Total Received	No Action	Warning Letter Sent	Referred to other authority	Found fit for human consumption	Referred for Prosecution
Mould	21	7	13	—	—	1
Foreign Matter	43	17	21	1	1	3
Bad Taste	12	10	2	—	—	—
Abscess	1	1	—	—	—	—
Unsound Tin/ contents	4	3	—	—	1	—
Contaminated/ Unsound Food	31	19	12	—	—	—
<b>TOTALS</b>	<b>112</b>	<b>57</b>	<b>48</b>	<b>1</b>	<b>2</b>	<b>4</b>

TABLE 29

## BACTERIOLOGICAL EXAMINATION OF MILK, ICE-CREAM AND MEAT AND MEAT PRODUCTS

## Milk Examinations—31

Type	Samples Taken	Satisfactory	Unsatisfactory
U.H.T. ....	1	1	—
Homogenised .....	2	2	—
Pasteurised .....	7	7	—
Glasses .....	21	21	—

## Meat and Meat Products—63

Type	Samples Taken	Satisfactory	Unsatisfactory	
			No.	Reason
Pork Sausages .....	4	3	1	Unexamined
Beef Sausages .....	44	35	9	Bacterial count too high—4. Staphylococcus aureus present—4. Faecal coli present—1.
Sausage meat .....	1	—	1	Staphylococcus aureus present.
Minced beef .....	5	4	1	Salmonella typhimurium present.
Pork loins .....	9	8	1	Bacterial count too high.

## Ice-Cream—103

Type	Samples Taken	Grade				Void	Satisfactory
		1	2	3	4		
Heat treated .....	85	61	8	12	3	1	69
Soft .....	11	2	2	2	5	—	4
Cold mix .....	6	—	2	3	1	—	2
Water ice .....	1	—	—	—	—	—	1

## FACTORIES

TABLE 30

## 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 .....	42	22	—	—
Factories not included above in which section 7 is enforced by the local authority .....	920	1,076	39	—
Other premises in which section 7 is enforced by the local authority (excluding outworkers premises) .....	8	16	—	—
Total .....	970	1,114	39	—



TABLE 31

## DEFECTS FOUND

	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (sec. 1) .....	8	6	—	—	—
Overcrowding (sec. 2) .....	—	—	—	—	—
Unreasonable temperature (sec. 3) .....	—	—	—	—	—
Inadequate ventilation (sec. 4) .....	1	1	—	—	—
Ineffective drainage of floors (sec. 6) .....	—	—	—	—	—
Sanitary conveniences (sec. 7)					
(a) Insufficient .....	3	3	—	—	—
(b) Unsuitable or defective .....	35	32	—	—	—
(c) Not separate for sexes .....	—	1	—	—	—
Other offences against the Act (not including offences relating to outworkers) .....	1	1	—	—	—
<b>Total</b> .....	<b>48</b>	<b>44</b>	<b>—</b>	<b>—</b>	<b>—</b>

TABLE 32

## OUTWORKERS

Nature of Work	No. of outworkers in August list	No. of instances of work in unwholesome premises	Notices served
Wearing apparel (making, etc.) .....	93	—	—
Ladies' Belts .....	4	—	—
Fancy Goods .....	9	—	—
Lampshades .....	11	—	—
<b>Total</b> .....	<b>117</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 33

## 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 .....	27	793	14,555
Retail Shops .....	20	681	3,991
Wholesale shops, warehouses	10	88	2,156
Catering estabs. open to the public, canteens .....	7	182	1,769
<b>Totals</b> .....	<b>64</b>	<b>1,744</b>	<b>22,471</b>
		Males .....	11,470
		Females .....	11,001

## REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

TABLE 34

## INSPECTIONS AND VISITS

Class	No. of registered premises receiving general inspection during the year	Number of visits of all kinds
Offices	310	1,029
Retail Shops	368	
Wholesale shops, warehouses	80	
Catering estab. open to the public, canteens	88	
<b>Total</b>	<b>846</b>	

TABLE 35

## ACCIDENTS REPORTED

	Class of Premises				Total
	Offices	Retail Shops	Wholesale Shops and Warehouses	Catering Establishments and Canteens	
1. No. of Accidents Reported	9	15	10	4	38
2. No. of Accidents Investigated	9	15	10	4	38
3. Action taken:					
(a) Formal warning	—	—	—	—	—
(b) Informal Advice	3	4	—	1	8
(c) None	6	11	10	3	30
4. Causation:					
(a) Machinery	2	—	1	—	3
(b) Transport	1	—	—	—	1
(c) Falls of Persons	5	5	2	2	14
(d) Stepping on or striking against object or persons	1	1	—	—	2
(e) Handling goods	—	4	6	2	12
(f) Struck by falling objects	—	1	—	—	1
(g) Fires and explosions	—	—	—	—	—
(h) Electricity	—	—	—	—	—
(i) Use of Hand Tools	—	4	1	—	5
(j) Not otherwise specified	—	—	—	—	—
5. Injuries sustained:					
(a) Fractures and dislocations	2	1	1	—	4
(b) Sprains and strains	2	4	3	2	11
(c) Internal injury	—	1	—	—	1
(d) Open wounds/surface injury	3	6	3	1	13
(e) Bruising and crushing	2	3	3	1	9
(f) Amputation	—	—	—	—	—
(g) Burns	—	—	—	—	—
(h) Poisoning	—	—	—	—	—
(i) Other injuries	—	—	—	—	—



TABLE 36

## UNCLEANLINESS AND SCABIES

Number of visits of all kinds	New cases treated			Total Attendances		
	Scabies	Lice and nits	Total	Scabies	Lice and nits	Total
Children under 5 years	16	22	38	20	27	47
Children 5-15 years	64	144	208	74	165	239
Adults	Men	16	5	21	18	23
	Women	14	9	23	16	25
Totals	110	180	290	128	206	334

TABLE 37

## DISINFESTATION

(a) <i>Verminous Premises :</i>			
	Council properties	.....	34
	Private properties	.....	70
	Total	.....	104
(b) <i>Verminous Rooms :</i>			
	Council properties	.....	120
	Private properties	.....	374
	Total	.....	494
(c) <i>Clothing and bedding materials :</i>			
	(i) disinfected	.....	1
	(ii) disinfested	.....	8
(d) <i>Miscellaneous:</i>			
	Ants	.....	1
	Wasps nests	.....	167
	Fleas	.....	89
	Unclean rooms	.....	1
	Earwigs	.....	1
	Maggots	.....	1
	Squirrels	.....	24
(e) <i>Clothing disinfected prior to despatch abroad—</i> <i>12 parcels (204 articles)</i>			
(f) <i>Premises disinfected following infectious disease—1</i>			
Totals			2,471

# REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

FOR 1971

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> - - - - -	Miss M. Beeton, General Dental Council Certificate
<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., F.B.P.S.S.
<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. Keeyes 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. } until September, 1971 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.

\*Director of Education's Department.



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. London Road Clinic, London Road, Wembley. Perrin Road Clinic, Perrin Road, Sudbury. One Tree Hill Clinic, Bridgewater Road, Alperton. Stag Lane Clinic, 245 Stag Lane, Kingsbury, N.W.9. College Road Clinic, College Road, Wembley. Mortimer Road Clinic, Mortimer Road, N.W.10. Craven Park Health Centre, Shakespeare Crescent, N.W.10.
<i>Dental</i> - - - -	Kilburn Square, Pound Lane, Neasden, London Road, Perrin Road, One Tree Hill, Stag Lane, College Road Clinics. Stag Lane Library Clinic, Stag Lane, Kingsbury, N.W.9. Chalkhill & Craven Park Health Centres.
<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, London Road, College Road, Stag Lane, One Tree Hill, Mortimer Road Clinics. Chalkhill and Craven Park Health Centres.
<i>Physiotherapy</i> - - - -	Kilburn Square, Pound Lane, Neasden, Stonebridge and London Road Clinics.
<i>Ophthalmic</i> - - - -	Kilburn Square, Pound Lane, Stag Lane and Monks Park Clinic, Monks Park, Wembley. Craven Park Health Centre.
<i>Audiology</i> - - - -	Neasden Audiology Unit, Neasden Clinic.
<i>Ear, Nose and Throat</i> - - - -	Kilburn Square, Pound Lane Clinics. Craven Park Health Centre.
<i>Chiropody</i> - - - -	Kilburn Square, Pound Lane, Neasden, Monks Park, London Road, Stag Lane and Mortimer Road Clinics. Chalkhill and Craven Park Health Centres.

SCHOOL HYGIENE

Under Section 54 of the Education Act, health and cleanliness surveys are undertaken by the School Nurse. Regular inspections of the children are made in school, and talks, films and film strips are used to encourage an interest in personal hygiene and appearance.

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

Total number of examinations	24,522
Total number of individuals found to be infested for the first time during the year	374
Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2) of the Education Act, 1944	128
Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act, 1944	—

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 and family counselling. During the year there was an increased demand for the Health Visitor/School Nurse to participate in health education in schools.



## 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 1971, the testing of school entrants, at the age of five years was also continued throughout the Borough. In all cases where a reaction was noted the child was referred to the Chest Clinic.

The table below gives the number of children tested and vaccinated :—

<i>Leavers</i>		
(i) Number of children whose parents were approached	.....	2,380
(ii) Number of children tested	.....	2,098—88.1%
(iii) Number of those in (ii) negative to Heaf Tests	.....	1,752—83.05%
(iv) Number of those in (iii) B.C.G. vaccinated	.....	1,675—95.06%
(v) Percentage of Vaccination to (i) above	.....	70.38%

  

<i>Entrants</i>		
(i) Number skin tested	.....	3,024
(ii) Number positive	.....	156—5.16%
(iii) Number negative	.....	2,740—90.61%

## 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
Quinsy	1	2 weeks
Debility	4	"
Diabetes	3	"
Frequent upper respiratory infections	4	"
Epileptic	4	"
Pneumonia	2	"
Appendicitis	1	"
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.

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 1970 in brackets.



## AUDIOMETRY: CHILDREN TESTED

## Routine

Age Group	1st Tests	Retests	Failures				Totals
			Both Ears	One Ear			
				Right	Left		
Up to 7 years ...	3,532 (3,597)	176 (97)	115 (135)	81 (68)	91 (83)	287 (286)	
Intermediate ...	3,128 (2,926)	245 (127)	64 (68)	47 (38)	40 (35)	151 (141)	
Leavers ...	2,195 (2,538)	128 (64)	33 (47)	37 (27)	27 (21)	97 (95)	
Totals ...	8,855 (9,061)	549 (288)	212 (250)	165 (133)	158 (139)	535 (522)	

## Specials

All Ages	1st Tests	Retests	Failures			Total
			Both Ears	One Ear		
				Right	Left	
Totals ...	949 (1,013)	106 (176)	168 (249)	79 (117)	78 (101)	325 (467)

## CHIROPODY

Many schoolchildren visit the clinic chiropodist during the year, most of them suffering from planter warts. The cause of this complaint is thought to be due to a virus, and spread from one child to another and appears to occur more in conditions where the feet are immersed in water e.g. swimming baths, than in other types of barefoot activity.

School talks on foot health to ten and eleven year olds were given at regular intervals with some success and were designed to impress upon them the need for foot care and hygiene. There is no doubt that with a good and active foot Health Education programme today, we will save our children from becoming the pain stricken, semi-crippled pensioners of tomorrow.

## CHIROPODY—SCHOOL CHILDREN TREATED 1971

School or Clinic	New Cases	1st Attendance this year of old cases	Re-attendance	Total
Kilburn Square	25	8	91	124
London Road	31	10	81	122
Monks Park	5	1	25	31
Mortimer Road	10	4	75	89
Neasden Clinic	12	9	81	102
Stag Lane	10	8	39	57
Stonebridge	83	13	244	340
Pound Lane	16	4	27	47
Chalkhill	6	—	18	24
Totals	198	57	681	936



## SPEECH THERAPY

During 1971, there has been a marked improvement in the speech therapy service provided in Brent. Apart from a short period at Neasden Clinic, the establishment of the equivalent of 5 full-time therapists has been complete throughout the twelve months. In addition, one of these posts has been upgraded to a senior position, providing co-ordination and supervision of the service in general and the opportunity to organise a special treatment programme during the school holidays.

### *School Health Clinics*

Approximately 135 children have received speech therapy in school health clinics during 1971. In addition some 250 children have been kept under observation and their progress in overcoming their speech difficulties has been reviewed periodically. There remain a further 80 children awaiting assessment and treatment. Further details of these figures can be found in Table I.

Speech therapy has continued in the eight clinics where it has been provided in previous years. In addition two sessions have been introduced at the new Chalkhill Health Centre. The four sessions previously held at Stonebridge Clinic have been transferred to the new Craven Park Health Centre. At both of these new health centres a room is specifically set aside for speech therapy.

However there have been extreme difficulties in continuing the service provided in the Kingsbury area, following the transfer from Stag Lane Library Clinic to the main clinic at 245 Stag Lane. In this busy clinic there is little opportunity of finding a quiet room where school children with speech defects can be treated without interruption. It is envisaged that the speech therapy service may have to be temporarily suspended at this clinic until satisfactory accommodation can be provided.

### *Special Schools*

The problems of inadequate accommodation and insufficient sessions still remain in the special schools, with the exception of Grove Park. At present approximately 120 children within five special schools receive regular treatment. A further 50 children are in need of treatment or additional treatment sessions. Details of these figures are given in Table II.

The new extension built at the Manor School has slightly eased the problem of accommodation for the speech therapist. But as the number of children within the school has increased, particularly in the diagnostic classes, provision for a full-time therapist is already necessary.

Attempts have been made to establish a speech therapy service at Balnacraig Special Care Unit. Initially it was planned that this should be undertaken by the therapist working at Neasden Clinic. But when the unit was rehoused at Ashley Gardens other arrangements had to be made. At present the therapist from College Road Clinic visits the unit regularly to discuss the problems of these children, with regard to their speech and language difficulties, with the staff. It is hoped that a more permanent arrangement can be made in the near future since at least 10 children in this unit are considered to be suitable for treatment.

### *Day Nurseries*

During 1971, the day nurseries in the Borough have been contacted by the speech therapists in their areas. This new extension of the service is considered necessary since many of these children may, for social reasons, have delayed language development. In addition, handicapped pre-school children are often placed in these day nurseries and the close liaison between therapist and nursery will benefit both the staff and the children concerned.

### *'The summer group': a programme of intensive treatment*

A further innovation this year has been the programme of intensive treatment which took place at Stonebridge Clinic during the month of August. Many mothers find difficulty bringing young children to the clinic sufficiently frequently, on a weekly basis, for their treatment to be successful. This was found particularly among pre-school children with severe language retardation.

Six children, between the ages of 3½ years and 4½ years and living in the Stonebridge area, were therefore selected to attend the clinic each morning between 10 a.m. and 12 noon. The children were collected and returned home by council transport. Two therapists jointly organised and ran the group, each in turn acting as a coach guide to provide a link with the parent at home. The mother of each child had already attended the clinic when the child was individually assessed, prior to the first group session and the aims of the treatment programme were explained to her. In every case she was very pleased that these arrangements were being made.

The aims of treatment were as follows :

1. to encourage the children to mix with others of similar age.
2. to stimulate verbal communication within the group.
3. to develop and improve basic language structures.
4. to establish and increase spoken vocabulary.

Treatment was presented very informally by means of games, stories, songs and various activities in which the children were encouraged to take part. Nursery furniture and equipment was borrowed from other clinics within the Borough for use during the sessions. A portable cassette tape-recorder was used to great advantage.

On re-assessment, all the children were found to have improved in varying degrees, both in their social adjustment to the group and their use of verbal communication. One little boy who was particularly withdrawn and who, at first, would not leave his mother's side, gained a great deal of self-confidence and became quite talkative as tape recordings made during the final sessions have illustrated. As a result of the close daily contact with the children, some other problems relating to delayed development in other areas have shown up and, in these cases, the children have been referred for further specialised assessment.



In general, it can be said that this somewhat experimental method of treatment has proved very successful and it is hoped that it may be extended to involve other groups of patients in the future.

These improvements in the speech therapy service in Brent have been made possible by the involvement of all the therapists working in the Borough. It is hoped that the increase in the establishment to include three more full-time therapists and one more part-time therapist, will enable a further extension of the service in 1972.

#### NUMBERS OF CHILDREN RECEIVING TREATMENT IN CLINICS

Clinic	Children receiving regular treatment	Children on review*	Children on waiting list
Stag Lane	17	33	3
One Tree Hill	6	20	1
Kilburn Square	20	76	37
Stonebridge/Craven Park H.C.	26	20	6
College Road	14	13	9
Neasden	14	25	12
London Road	10	20	10
Pound Lane	20	35	3
Chalkhill H.C.	8	10	2
<b>TOTALS :</b>	<b>135</b>	<b>252</b>	<b>83</b>

\* Children on review; These children may have received treatment in the past and their need for further treatment is re-assessed after a period of 3-6 months. Alternatively they may be children whose defect is considered too minimal to warrant regular attendance but whose progress is reviewed regularly.

#### NUMBERS OF CHILDREN TREATED IN SPECIAL SCHOOLS

Special School	Children Treated	Additional Treatments Required
Woodfield	20	25
Manor	16	23
Grove Park	35	Nil
Vernon House	8	5
Kingsbury Day	40	Nil
Balnacraig	Nil	Unknown
<b>Totals</b>	<b>119</b>	<b>53</b>



## HANDICAPPED PUPILS AND SPECIAL SCHOOLS

The year 1971 saw the implementation of the Education (Handicapped Children) Act 1970 which became effective from the 1st April, 1971. Under this Act severely subnormal children became the responsibility of the Local Education Authority. I have therefore included this year under the heading of Special Schools, Kingsbury Day Special School and Balnacraig Special School.

The school population in Brent has continued to rise and has reached 43,700. Certain categories of handicapped children still present problems in relation to the placement of these children as more children are ascertained than can easily be found places. This has applied to children of junior age requiring day placement as maladjusted. The number of places available at Vernon House is 40 and there has usually been a waiting list of something between 10 and 15 children during 1971.

The accommodation at the two schools for severely sub-normal children has not been able to absorb the waiting list of children requiring this form of special schooling.

Deaf children requiring day special schooling at Heston School for the Deaf have had to wait some months before places have become available and in addition have to travel a considerable distance to Heston, the only day placement now available to Brent.

## BLIND CHILDREN

At the end of 1971 there were four children, all of them boys, placed in residential schools for the blind. It is interesting to note that while in all other groups of handicapped children there has been an increase in their number over the last six years, an actual decrease in the numbers of blind children has occurred.

Two boys are at Worcester College, one at Dorton House and one at Rushton Hall.

## PARTIALLY SIGHTED CHILDREN

The number of children ascertained as partially sighted at the end of 1971 was 22, 14 boys and eight girls, one less than in 1970. All these children attend day schools, 17 at John Aird and three at New River School in the Inner London Education Authority. One boy attends a special class in Hogarth Primary School, Chiswick and suffers with multiple handicaps being partially sighted and deaf.

## DEAF CHILDREN

The number of children ascertained in this group has remained much the same as in the previous year and at the end of 1971 there were 23 children receiving special education either at day or residential schools. Three children were at Blanche Nevile School in the London Borough of Haringey, 12 at Heston School for the Deaf in the London Borough of Hounslow, and four at Frank Barnes and Ackmar Schools in the Inner London Education Authority.

Four children were attending residential schools at the Royal School for the Deaf, Margate, Tewin Water School and Mill Hall School, one child was at home and receiving tuition from a teacher of the deaf.

## PARTIALLY HEARING CHILDREN

At the end of 1971 there were 37 children, 17 boys and 20 girls ascertained in this group. Thirty-three of these children attended day special schools and 12 of the children were placed in special classes attached to Kingsbury Green School.

*Partially Hearing Unit, Kingsbury Green School*

The two special classes for partially hearing children attached to Kingsbury Green School have been most successful. It has been possible to arrange admission of children as young as 3½-4 years of age so that they can receive regular special school as early as possible.

The two classrooms are large and well lit from both sides and the walls and ceiling soundproofed. During the year soundproofing was further improved by the addition of soft flooring. Acoustic equipment, such as the loop system, group aids and a radio microphone are used in the unit. Integration of the children into the activities of the rest of the school is part of the programme planned for these children. In the early stages following a child's admission this may be mainly in the social activities but is later extended to the classroom situation and the gradual increase in the number of lessons which the child can manage. Several of the children may not be fully integrated by the time they reach secondary age and provision of a secondary age class for the partially hearing will require consideration.

There are 12 children attending units for the partially hearing attached to ordinary schools in Heston and five children in partially hearing units in Tottenham.

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

A number of children attend ordinary schools in Brent and are supervised by the teachers of the deaf who visit the schools and ensure that the children's difficulties are explained to the teaching staff and that the children work under the best conditions possible. These children manage very satisfactorily with the help of a hearing aid and are reviewed regularly at Neasden Audiology Unit where the teacher of the deaf reports on school progress. When this is not satisfactory and other causes have been eliminated special schooling may have to be arranged and the child transferred to a partially hearing unit. After a period of specialised help in the unit the child may be able to return to ordinary school.

## EDUCATIONALLY SUB-NORMAL CHILDREN

*Woodfield Day Special School*

Woodfield School provides education for secondary age pupils with learning difficulties and the school can accommodate 200 pupils.

At the end of 1971 there were 149 boys and girls on the roll. During the year there were 57 admissions and 58 children left. Of this 58, the majority, 38, left at the end of their school life, ten moved out of Brent and three transferred back to ordinary school. The rest transferred to either residential or other special schools.



Admissions were arranged as soon as ascertainment had been completed and this has been a considerable advantage to the children as the previously long waiting list before Manor School was established meant that children waited sometimes two or three terms before admission, during which time their school performance further deteriorated.

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 examinations. For any further treatment or investigation required, referrals were made to general practitioners or the 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 had speech defects and the speech therapists attended the school for six sessions a week.

#### *Manor Day Special School*

This school was in the process of being enlarged at the end of 1971 with the building of a new block so that the total accommodation would provide facilities for 200 children.

At the end of 1971 there were 65 children on the roll. Eighteen children were admitted during the year and 30 left. Of this latter number 26 transferred to Woodfield Day Special School, one returned to ordinary school, one transferred to Montford House, one to residential school and one to Kingsbury Day Special School.

Two diagnostic classes of ten children each are incorporated in the school and provide for children aged between five and seven who did not fit into the infant school system. These children on admission may appear to have several different handicaps ranging from emotional, intellectual, mild physical, behavioural and social difficulties. In this small group, with skilled and loving care, some of these problems can be resolved and the type of education that is best suited for the child can then be defined. This is only undertaken after a period ranging from six months to two years in the class and following full investigation by the medical, psychological and teaching team. At the end of 1971 there were 19 children in these two classes and during the year nine were admitted and eight left. Five of this number transferred to Kingsbury Day Special School and four moved into classes in Manor School itself.

Regular medical examinations were carried out at Manor School during each term and a speech therapist attended two days a week. It is hoped that in future a full time speech therapist will be available in the school.

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

There were 32 children placed outside Brent at Day Schools, 19 at Montford House and the rest at other day special schools in London. Thirty-one children were placed at residential schools.

#### SEVERELY SUB-NORMAL CHILDREN

This group of children, previously under the care of the Health Department was transferred to the Education Department in April and at the end of 1971 there were 224 ascertained as requiring special schooling.

The majority of these children attend Kingsbury Day Special School and Balnacraig Special School. Some were placed in residential special schools and others with foster parents and in special nursing homes. Some 35 children were in Leavesden.

#### *Kingsbury Day Special School*

This new purpose-built school which is on the same campus as Grove Park School was opened in 1969. It accommodates 146 children and provides care for both pre-school children and those requiring largely nursing care in the special care unit, together with the major group of children receiving special education. The majority of the severely handicapped and the pre-school children require physiotherapy and many of the children in the school require speech therapy. Unfortunately the school was built without accommodation for medical examinations, physiotherapy and speech therapy rooms or a sick room. It is expected that these facilities will be added to the school. The services of a school nurse were also required. Nursing members of the welfare and teaching staff at present undertake this duty. Regular medical inspections at two-weekly intervals were performed and the ophthalmologist visited the school each term to see the children and regular audiometric examinations took place.

#### *Balnacraig Day Special School*

The children attending this school are all very seriously handicapped, and require special care. The unit can accommodate 24 children. However, at the end of 1971 an evacuation of the building was mounted at very short notice as a result of the Neasden Underpass road works. Excavations came perilously near the end of the building and the noise level became intolerable. Alternative accommodation was found at Ashley Gardens in Wembley where the school is temporarily housed until further plans are made.

The children were kept under regular medical supervision and the physiotherapist and speech therapist visited the school weekly.

#### *Other Day and Residential Schools*

Four children were placed in day special units outside Brent and 14 at residential special schools. Eighteen children were placed in foster homes and special nursing homes outside Brent, some receiving education at local day special schools and some without this type of day care. It is hoped that increasing provision will be made in their localities by the Local Education Authority and that day placement will be found at special schools.



## 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 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 1971 two children with fits attended Grove Park School, and one child attended Hazelbury School for delicate children in Enfield.

Four boys were placed residentially at Lingfield School and one girl attended St. Elizabeth's School, Much Hadam.

## MALADJUSTED CHILDREN

The number of children ascertained as maladjusted continued to rise, and at the end of 1971 there were 209 children as compared with 187 the previous year and 70 new cases were ascertained during 1971 as compared with 60 in 1970. Earlier ascertainment has been the trend during the year and this is excellent from the point of view of treatment, as the earlier a child is exposed to the special environment of a school for maladjusted the greater the chance of readjustment and return to ordinary school. However, the 40 places available for the younger age group has proved inadequate and a waiting list existed throughout 1971 for places at Vernon House, the primary school for maladjusted children.

*Barretts Green Secondary School*

This school can accommodate 40 pupils of secondary age and at the end of 1971 there were 24 children on the roll. During the year 13 children were admitted.

During 1971 the school staffing shortage improved and the structure of the school became more firmly established with a full secondary curriculum.

Regular case conferences were held at the school during term time and these were attended by the Head Teacher and staff, child psychiatrists, psychologists, psychiatric social workers and the Principal Medical Officer for School Health.

Medical examinations were carried out during each term and referrals for further investigations of defects found or for treatment were made to general practitioners or to Local Authority health services. The school nurse visited the school and instituted a programme of health education.

*Vernon House School*

This school provides 40 places for primary age maladjusted children and throughout 1971 the school was full and the waiting list varying from 10 to 15 children. During 1971, 13 children were admitted and 16 discharged. Of the 16 children discharged, five returned to ordinary school, six transferred to boarding school, one to a remand home, one to another area and three children to the secondary school for maladjusted at Barretts Green.

Regular medical inspections were carried out through 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 Principal Medical Officer for School Health, the School Nurse, Speech Therapist and all the Vernon House staff, to discuss the progress of pupils and to make plans for their future placement.

*Other Day and Residential Schools for Maladjusted Children*

Thirteen Brent children attended other day schools for maladjusted children in London. Forty-six mildly maladjusted boys attended Tylney Hall and 56 children attended 42 different residential, special and independent schools.

## PHYSICALLY HANDICAPPED CHILDREN

*Grove Park School*

Grove Park School caters for a maximum of 120 physically handicapped children and 12 children with hearing loss and additional handicaps. The children vary in type and severity of handicap and require special education and often special teaching methods to enable them to overcome the difficulties resulting from their handicaps. The aim of the teachers, therapists, nurses and welfare assistants is to develop to the full the physical and educational potential of each child. Small classes enable the children to receive individual attention and each child progresses at his own rate. Many of the children require physiotherapy and speech therapy and this is carried out with as little interruption to their school work as possible.

At the end of 1971 there were 116 children on roll and during the year 22 children were admitted and 31 discharged. The school accepts children from Ealing, Hillingdon, Harrow and Barnet, 64 of the total school roll being from Brent. On the children leaving Grove Park, four returned to ordinary school, 13 were school leavers, and the others variously transferred to schools for E.S.N. pupils, to partially hearing units, to residential schools, to open air schools or moved to other areas.

Unfortunately except for the 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 the addition of a nursery class and this we hope will be provided next year. Also planned is an additional classroom which will enable children to be admitted without having to await a vacancy.

Regular medical examinations were carried out at school during 1971 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 various London hospitals.

Vision and hearing are regularly tested and a Consultant Ophthalmologist visits the school twice a term.

Mr. Sullivan, Orthopaedic Surgeon, attended the school several times a term and any corrective surgery required was carried out at Stanmore Orthopaedic Hospital.



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 Otologist.

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

The nurse who is in full attendance at the school is supported by Welfare Assistants who help with the care of the children.

*Residential Schools for Physically Handicapped Children*

There are seven children placed at residential schools, one at Colney Hill School, Kent, one at True-loves, three at Welborn Hall, one at St. Michael's and one at Tylney Hall.

CHILDREN WITH SPEECH DEFECTS

Speech and communication difficulties in young children are an ever 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 1971 there was a total of 1,036 children requiring help with speech.

DELICATE AND DIABETIC CHILDREN

At the end of 1971 there were 64 children ascertained as delicate, 43 boys and 21 girls. Twenty-one of the children are placed at day schools, at John Keats and Wood Lane in the Inner London Education Authority, at Hazelbury School in the London Borough of Enfield and at Grove Park.

Twenty-nine children were placed at residential schools.

Two diabetic children were placed at Pailingswick Hostel in Hammersmith in 1971 and attended ordinary school in the Inner London Education Authority.

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 the staff there understand something of diabetes and in this way avoid considerable unnecessary anxiety.

Regular medical inspections were carried out through the year and the school nurse co-operated closely with the staff of the school. There were five six case conferences each term with the team from the Health Department, the Special Medical Officer for Schools, the School Nurse, Speech Therapist and all the Vernon House staff to discuss the progress of pupils and to make plans for their future placement.

Over 500 children were referred for assessment by the Special Medical Officer for Schools. Thirty-two children attended over day schools for residential children in London. Forty-six mildly handicapped boys attended Tylney Hall and 26 children attended 12 different residential special and independent schools.

ESPECIALLY HANDICAPPED CHILDREN

At the end of 1971 there were 116 children on roll and during the year 23 children were admitted and 31 discharged. The school accepts children from Ealing, Hillingdon, Harrow and Brent. 64 of the total school roll being from Brent. On the children leaving Grove Park, four returned to ordinary school, 12 were school leavers, and the others were placed in residential or day schools for E.S.N. pupils. In partially hearing units it is essential to have a school or other arrangements for the children. It is essential to have a residential school for the small percentage of children who are partially hearing children the school is unable to admit children of under five years of age but plans have been approved for the admission of a nursery class and the work will be provided next year. Also planned is an additional classroom which will enable children to be admitted without having to wear a hearing aid.

At the end of 1971 there were 116 children on roll and during the year 23 children were admitted and 31 discharged. The school accepts children from Ealing, Hillingdon, Harrow and Brent. 64 of the total school roll being from Brent. On the children leaving Grove Park, four returned to ordinary school, 12 were school leavers, and the others were placed in residential or day schools for E.S.N. pupils. In partially hearing units it is essential to have a school or other arrangements for the children. It is essential to have a residential school for the small percentage of children who are partially hearing children the school is unable to admit children of under five years of age but plans have been approved for the admission of a nursery class and the work will be provided next year. Also planned is an additional classroom which will enable children to be admitted without having to wear a hearing aid.

Regular medical examinations were carried out at school during 1971 and the children were fully assessed concerning their progress and the need for any further special treatment. Close liaison was maintained with specialists in terms of the children in various London hospitals.

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## RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1971

## 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	8	—	2	—	4	—
Partially-Sighted Pupils	12	9	1	—	14	8
Deaf Pupils	12	12	1	—	10	13
Partially Deaf Pupils	16	20	4	2	17	20
Delicate Pupils	44	23	5	2	43	21
Diabetic Pupils						
Educ. Sub-Normal Pupils	141	137	27	19	143	134
*Severely Sub-Normal Pupils	127	63	13	8	145	79
Epileptic Pupils	9	3	—	—	7	2
Maladjusted Pupils	153	43	57	13	167	42
Physically Handicapped Pupils	47	31	9	6	52	27
Pupils with Speech Defects	798	297	121	55	762	274
Totals	1,367	638	240	105	1,364	620
Grand Totals	2,005		345		1,984	

†Pupils with Multiple Defects — 35 18 20 21 55 28

†Included above and placed in Category dealing with major handicap.

\*From 1st April 1971.



RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1971

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	—	—	4	—	—	—	—	—	—	—	4	—
Partially-Sighted Pupils	12	8	—	—	1	—	—	—	1	—	14	8
Deaf Pupils	7	11	2	1	—	—	—	1	1	—	10	13
Partially Deaf Pupils	6	11	3	1	7	8	1	—	—	—	17	20
Delicate Pupils	13	8	21	7	9	5	—	1	—	—	43	21
Diabetic Pupils	—	—	—	—	—	—	—	—	—	—	—	—
Educ. Sub-Normal Pupils	112	109	23	7	4	3	4	15	—	—	143	134
Severely Sub-Normal Pupils	124	68	—	—	—	—	11	3	10	8	145	79
Epileptic Pupils	2	1	4	1	2	—	—	—	1	—	7	2
Maladjusted Pupils	59	18	45	1	23	8	29	16	—	—	144	43
Physically Handicapped Pupils	40	22	6	1	4	3	—	—	2	1	52	27
Pupils with Speech Defects	—	—	—	—	546	159	7	—	209	115	762	274
<b>Totals</b>	<b>375</b>	<b>256</b>	<b>108</b>	<b>19</b>	<b>598</b>	<b>188</b>	<b>58</b>	<b>33</b>	<b>225</b>	<b>124</b>	<b>1,364</b>	<b>620</b>
<b>Grand Totals</b>	<b>631</b>		<b>127</b>		<b>786</b>		<b>91</b>		<b>349</b>		<b>1,984</b>	

\*Pupils with Multiple Defects

49 25

4

2

1

—

1

1

—

—

55

28

\*Included above and placed in school dealing with major handicap

## TYLNEY HALL SCHOOL

Tylney Hall caters for 130 mildly maladjusted and/or mildly delicate senior boys whose handicaps are such that they do not require psychiatric support or special medical treatment—in fact, as far as maladjusted boys are concerned, this is not a school for those who are seriously disturbed but for those whose maladjustment is so mild that often a change of environment in itself provides beneficial results. Those classed as delicate are usually mild asthmatic cases, some with dietary problems (over-weight), or suffering from neuroses due to home conditions.

The School is housed in a late 19th century family mansion formerly belonging to the Rotherwick family, standing in over 100 acres of pleasant Hampshire countryside. The school estate comprises orchards, kitchen gardens, boys' gardens and extensive playing fields and woodland areas. There are tennis courts and an open-air swimming pool. The school is located about seven miles from Basingstoke, 12 miles from Reading, and 45 miles from London. There are new motorways—the M.4 to the North, the M.3 to the South, providing easy access to London and the West Country by road, and an excellent half-hourly train service to Waterloo. The nearest railway station is Hook, and subsidised taxi fares are made available for resident staff to and from the station for recreational purposes. Additionally the School has its own 15 seater mini bus.

The teaching establishment comprises 12, and in broad terms the curriculum followed is similar to a conventional secondary school where, according to ability, boys may take the C.S.E. (Southern Board) examinations in English, Literature, Mathematics, Art, Geography, History, General Science, Music, etc. Since all classes are small, a good deal of individual or remedial work is also possible. There is also a strong musical tradition in the school.

The School is geared to a ten class timetable structure—four classes following a four-year course to C.S.E., five classes a more practical course, culminating in a year's day release course at Basingstoke Technical College in constructional skills. There is a possibility that the C.S.E. classes may also follow a two-year Engineering Course for external examinations at the Technical College as well. A practical work programme will also be introduced on the School Estate—building, farming and rural studies.

The non-teaching staff includes eight full-time Residential Child Care Officers who are responsible for the welfare of the boys during out-of-school hours. (The teaching staff additionally perform extraneous duties of not more than 15 hours per week. These duties are connected primarily with semi-educational activities.) Accommodation for the teaching staff can be either in flats or semi-detached houses on the estate, or in bed-sitting rooms for single staff. The Residential Child Care Officers are provided with bed-sitting rooms plus a communal staff room and utility room for the preparation of light snacks when off duty.

Additionally there is a Domestic Bursar responsible for catering and general supervision on the domestic front, an Assistant Domestic Bursar with principal responsibility for boys' clothing, two Nurses and full supporting domestic staff. There is also a School Engineer who, with a staff of Painter, Carpenter and Handyman, is responsible for all routine maintenance of the buildings. The school estate, grounds and playing fields are maintained by a staff of seven Gardeners.

Boys' accommodation is divided into two principal parts: the younger boys are housed on the junior floor under the care of three Residential Child Care Officers. Boys normally stay here until approaching 14, and then they move to the senior block where there are 78 boys in the care of five Child Care Officers. There are quiet games and T.V. rooms for each section. Meals are served at a single sitting in the dining room, and are supervised by members of the teaching or supervisory staff.

Accommodation varies from dormitories holding ten to small dual rooms in the Leavers' Block, which boys enter in their final two terms here, and where emphasis is placed on self-reliance in preparation for leaving. There is strong liaison with the Careers Officer from the London Borough of Brent over finding employment.

After-school activities are well organised and include such things as The Duke of Edinburgh Award Scheme, the Young Farmers' Club, Scouts, an Army Cadet Force Unit, camping and visits to places of interest in the locality. Normally such activities are planned for a nightly two-hour session between tea and supper during the school week, and for weekends in longer periods.

Boys are allowed home for one weekend in each half-term. These are generally arranged to coincide with time off for their Residential Child Care Officers.

Parents are always welcome to visit the school, particularly at weekends, providing sufficient notice is given. The Headmaster, his Deputy or Senior Master can normally be seen by appointment at weekends.

## NEASDEN AUDIOLOGY UNIT

Neasden Audiology Unit was established at the end of 1963 to provide a diagnostic follow-up and supervisory service for children with hearing handicaps in Brent, Harrow and part of Barnet. This unit together with Heston Hearing Clinic and Tottenham Audiology Unit provided a comprehensive service for the whole of the Middlesex area. During the eight years since the formation of Neasden Audiology Clinic, 1,469 children have been seen in the unit. The majority of these children have required follow-up and many have been seen at regular intervals for supervision of hearing loss for many years.

During 1971, 382 children were seen at the clinic and of these 144 were new patients and 86 of the new patients were in the pre-school years.

Children are referred from doctors at child health clinics, school medical officers, paediatricians, general practitioners and ear, nose and throat consultants. Early detection of possible hearing impairment is carried out by screening tests performed by doctors in the child health clinics and if these tests are failed or in doubt referral is made to the Audiology Unit for more detailed investigation and differential diagnosis.



Audiometric screening of all children entering primary schools is carried out by our three audiometricians and repeated again when the children reach the age of nine and 13 years. Children who fail these tests are referred first to the school doctor who decides whether the child requires further investigation at the Audiology Unit. Close co-operation is maintained between the Audiology Unit and ear, nose and throat consultants, paediatricians and other specialists in the hospital services. We are particularly grateful to Mr. Pease at Central Middlesex Hospital to whom we refer the majority of children who require further investigation and possible surgery.

During 1971 two sessions were held weekly at Neasden Audiology Unit, one by Dr. Fisch, the Consultant Otologist, and the other by the Principal Medical Officer for School Health. The three teachers of the deaf have continued to supervise the auditory training of the young deaf and partially hearing children and to visit schools where children with hearing difficulties or those with hearing aids are integrated with ordinary pupils.

During the year there have been many visitors at Neasden Audiology Unit, coming from all services involving the care of children and the observation room has been in constant use and usually very full. Visitors have included medical students, health visitors, school nurses, Matrons and Day Nursery and Children's Homes staff, paediatricians, general practitioners and G.P. trainees, speech therapists and many others. We welcome visitors because we believe that in this way we can help those working with children to understand the problems of deaf and partially hearing children.

## SCHOOL DENTAL SERVICE

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The fluoridiation of water supplies has still not been approved.

The progressive introduction of modern equipment in Clinics has resulted in a higher output of work per dental clinical session. An evaluation of the methods of intra-oral application of fluoride has been undertaken and a practical clinical trial is to be introduced at one Clinic over a minimal period of two years.

Anticipating the new National Health Service due to be introduced in 1974 it must surely be mandatory on some section of the dental profession to provide dental treatment for school children and this in turn must involve close liaison with Education Authorities.

The pattern of treatment is unaltered but again emphasis must be put on the number of children found to require treatment at their first school dental inspection. If children arrived at their first school dental inspections "dentally fit" the foundations would have been laid for their remaining "dentally fit" for the rest of their lives.

## CHILD GUIDANCE SERVICE

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

### *Organisation of the Service*

The four Educational Psychologists each has specific schools allocated to him and all referrals from the schools are seen initially in the School Psychological Service. They are then referred to one of the two Child Guidance Centres if full team assessment is considered necessary. Referrals from other agencies, unless clearly educational problems, are considered for a full team assessment. The Kilburn Child Guidance Centre deals with children living south of the Borough and the Kingsbury Centre deals with children living north of the Borough. Cases are normally dealt with in chronological order but of course urgent cases are given priority. There are waiting lists both for diagnostic facilities and treatment and also for placement in many of the Special Schools, especially Residential Maladjusted.

The Child Guidance Service is geared neither in Brent nor anywhere else for that matter for immediate action involving facilities for placing children. This is often forgotten by some of the referral agencies who frequently imagine that *immediate* placement of a difficult child elsewhere is a practical proposition. At the end of the year there were 394 children waiting to be seen by one of the four educational psychologists (compared with 327 at the end of 1970) and 51 children to be seen by one of the two half-time consultant psychiatrists (compared with 128 at the end of 1970). The shortened waiting list for full psychiatric diagnostic procedure is gratifying.

### *Referrals*

There were 936 children referred to the whole Service in 1971 and this is in keeping with the pattern over the past four years viz: 900—1,000 referrals per year. Just about half of these referrals were school referrals to Kilburn.

In 1971 in Brent there were 209 ascertained maladjusted children, 277 ascertained as E.S.N. and 226 ascertained as E.S.N. (Severely subnormal). Quite obviously all these children would need assessing by psychologists, and the maladjusted group would need a full team investigation.

Table 1 showing the children referred to the Centres for full psychiatric investigation, has the usual higher proportion of boys to girls. It also shows that nearly 300 children (about the same as last year) were being seen for some form of individual psychotherapeutic help.

Table 2 shows the sources of referrals to the Child Guidance Centres. About a third come from schools, a third from medical agencies and a third from other sources, notably the parents themselves. The Child Guidance teams find most profitable those cases where the parents themselves ask for help, since there is greater motivation to receive help. So often when referral is pressed on reluctant parents, it ends up as a case withdrawn before full investigation, or one where treatment interviews are kept only spasmodically.



In this context it should be remembered that when referrals to the Child Guidance Service are for emotional or behavioural difficulties, permission of the parents is first obtained. In the case of referral for educational difficulties this is not absolutely essential, although still desirable, since the Educational Psychologist can be regarded as a supernumerary teacher seeing the child in school. This ruling, of course, presents some difficulties to the schools since it is often the most unruly, behaviourally acting out children where parental co-operation is not forthcoming. Sometimes a threat of exclusion from school is the only course of action.

Table 3 shows the reasons for referral to the Child Guidance Centres. About two-thirds are referred for behaviour disorders and anti-social conduct. No doubt most of these are correct referrals for psychiatric investigation, although it means that only a third are referred because of the more withdrawn type of behaviour such as habit or nervous disorders. These latter cases do not make life as difficult for the teachers and parents as do the behaviour disorder group, and for this very reason are often overlooked. One case can exemplify this situation. A child was referred by a General Practitioner for general anxiety and the headteacher was asked for a school report, which is the normal procedure if the parents give their permission. The school were indignant that the child had ever been referred, writing "Mary is a perfectly normal little girl who needs no treatment at all". In fact, the psychiatrist considered that "she certainly seems sufficiently emotionally unsettled to be in need of individual psychotherapy."

Quite clearly referral to the psychologist or psychiatrist should not be used as a threat, or as a reason for derision ("He's a case!") but for cogent reasons, just as referrals are made to a doctor or a dentist.

#### *Staff and Premises*

During the year the Kingsbury Centre took over the ground floor of the premises in Church Lane, formerly housing a Maternity and Child Welfare Clinic. This now means that accommodation for the Service in the North of the Borough is adequate. The Kilburn Centre, however, is not large enough for the staff, and its condition and situation leave much to be desired. The Education Committee's proposal, after submission of the 1970 Child Guidance Service Annual Report, that the Kilburn Centre be moved to the former L.C.S. premises in Willesden High Road never materialised. It is hoped that alternative, larger premises will be forthcoming.

During the year, Miss Braithwaite, Psychiatric Social Worker at the Kingsbury Centre, left after many years with the Authority, and was replaced by Mr. Brown. The establishment of four Educational Psychologists was filled throughout the year, although Dr. Varma had a lengthy sick leave absence. There were changes amongst the sessional psychotherapists during the year. Miss Stone, Miss Mykura, Mrs. Elkan and Miss Gehr left the service and Mrs. Hopkins joined the service.

The secretarial staff has undergone some changes, Mrs. Evans was appointed as the full-time secretary at the Kingsbury Centre, Mrs. Fitch started as part-time secretary at Kilburn, and Mrs. England and Mrs. Klein left the Service. Mrs. Paling, the senior secretary in the Child Guidance Service, was on sick leave for the last quarter of the year.

During the year Mr. Graham obtained a Doctorate of Philosophy Degree from London University and was also elected a Fellow of the British Psychological Society.

The recommendation of the Education Committee, after submission of the 1970 Annual Report, that the establishment of staff be increased, is to be implemented in 1972, so that the Educational Psychologist establishment will be increased from 4.1 to 6 and the P.S.W's from 4½ to 5.

#### *Exclusions from School*

The number of formal exclusions from school remains at about the same level as last year, i.e. about 35 children. These vary from children aged five in their first term at school to children aged 15 in their last term at school. Quite half of these are recommended for return to ordinary school. Without doubt they have all exhibited difficult behaviour in school, but this does not necessarily signify that ascertainment as maladjusted is called for, or that residential placement is to be considered.

#### *Residential Placement*

It is quite surprising how many teachers and social workers consider that residential placement to be the answer to a social behaviour. So many times the Child Guidance Service gets requests not so much to investigate the behaviour difficulty but to find a residential setting for the child. It is as though the referral agent is saying "This child is difficult for us, get rid of him". The Child Guidance Service can ascertain a child as maladjusted and make a recommendation for a Special Residential School. This would normally be done if conditions at home are unfavourable and not easily modifiable. The placing of a child in a residential setting does not necessarily solve the problems of the child, and this procedure is used sparingly. There is, of course, the added problem of finding suitable residential schools. Brent uses a considerable number of independent schools for this purpose.

#### *Liaison with Other Agencies*

The arrangements whereby School Medical Officers attend a monthly case conference at the Kilburn Child Guidance Centre continues.

The Staff of the Child Guidance Service have regular monthly conferences at Vernon House and Barretts Green Day Maladjusted Schools, to discuss the children in the schools and the best ways of treating them.

Professional trainees, educational psychologists, psychiatric social workers and psychotherapists continue to use our facilities for giving practical training in their professions.

The establishment of the Social Services Department means that facilities to deal with social problems will be increased and that those cases involving more social than psychological causation can be passed to one



of the area teams to be considered. Likewise, where the Social Services Department has referrals already known to the Child Guidance Service, or where there is a large psychological content, liaison between the two departments becomes necessary.

In conclusion, the Child Guidance Service has been most grateful for the support and co-operation received from Mr. Wyeth, the former Director of Education, and looks forward to continued encouragement from Miss Rickus, the new Director. Similarly a co-operative relationship has been established with Dr. Grundy, Director of Health, and we look forward to similar co-operation with his successor, Dr. Hollman.

### CHILD GUIDANCE CENTRES

TABLE 1. REFERRALS

Number of cases referred to the Centres in 1971 (135 girls, 228 boys) .....	363
Number of cases brought forward from 1970 waiting list .....	128
	491
Number of new cases dealt with by Psychiatrist and team .....	280
Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation .....	160
Cases remaining on waiting list at 31.12.71 .....	51
	491
Number of cases seen for regular treatment .....	292
Number of cases recommended for residential placement .....	26

TABLE 2. SOURCES OF REFERRALS

Director of Health and School Medical Officers .....	(12%)	45
Headteachers and Educational Psychologists .....	(30%)	108
General Practitioners .....	(14%)	51
Hospitals .....	(3%)	12
Probation Officers and Juvenile Courts .....	(1%)	5
Parents .....	(21%)	76
Social Services Department .....	(7%)	26
Others .....	(11%)	40
		363

TABLE 3. REASONS FOR REFERRALS

1. <i>Nervous Disorders</i> .....	(12%)	
(a) Fears and anxieties .....		24
(b) Inhibited behaviour .....		10
(c) Depression .....		10
2. <i>Behaviour Disorders</i> .....	(51%)	
(a) At Home .....		94
(b) At School .....		47
(c) Predominantly aggressive .....		44
3. <i>Habit Disorders</i> .....	(12%)	
(a) Enuresis (wetting) .....		12
(b) Encopresis (soiling) .....		11
(c) Involuntary movements .....		3
(d) Sleep disturbance .....		9
(e) Speech disorders .....		8
4. <i>Psychosomatic</i> .....	(3%)	
Asthma, Eczema, etc. ....		10
5. <i>Anti-social Behaviour</i> .....	(18%)	
(a) Stealing .....		38
(b) Non-attendance at school .....		27
6. <i>Psychotic behaviour</i> .....	(1%)	1
7. <i>Educational difficulties</i> .....	(8%)	
Backwardness and retardation in school work .....		15
		363

TABLE 4. AGE DISTRIBUTION OF REFERRALS

Under 5 years .....	32	11 years .....	31
5 years .....	28	12 years .....	35
6 years .....	35	13 years .....	29
7 years .....	26	14 years .....	31
8 years .....	35	15 years .....	15
9 years .....	31	Over 15 years .....	4
10 years .....	31		
			363

## SCHOOL PSYCHOLOGICAL SERVICE

TABLE 5. REASON FOR REFERRAL TO PSYCHOLOGIST

Backwardness	157
Assessment for Director of Health	113
Behaviour difficulties	73
Assessment for allocation to schools	40
E.S.N. school leavers	39
	<hr/>
	422

TABLE 6. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

Recommendation for Remedial Reading Class	64
Recommendation for Special School	80
Recommendation to Director of Health	27
Advice to schools	86
Referral to Child Guidance Centre	32
Cases to be reviewed	97
Recommendation to Director of Education	23
Advice to parents	13
	<hr/>
	422

TABLE 7. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.71

School Psychological Service	225
Cases for review	111
Cases for testing in Child Guidance Centres	58
	<hr/>
	394

## MEALS AND MILK

*Meals*

Nutritionally balanced meals are served in maintained schools on 91 different premises. The average number of pupils provided with a meal on each school day during 1971/72 was 26,140 and 200 per day during the school holidays.

Three play centres were open at Whitsun 1972 and eight will be open during the summer holiday, an average of 250 children receiving meals at each centre.

*Milk*

One third of a pint of milk was supplied free to children in maintained primary, non-maintained primary and special schools up to the end of the summer term 1971, but from the commencement of the autumn term 1971, milk was restricted to children of infant age only, special schools, and also, on health grounds, to children of junior school age.

A census taken on a day in October 1971, showed that 11,802 children each received a third of a pint of milk. Of these, 11,170 were attending maintained and 632 non-maintained schools. This represented 44.3% of all children present in primary and special schools on that day. On this particular day, 23 children of junior age were receiving milk on health grounds, but this number is expected to increase.

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

*Cost of Meals and Milk*

The total expenditure of school meals and milk estimated for 1971/2 was £1,103,345 and the income from payments and other sources at £450,300, giving a net expenditure of £653,045.

TABLE C. IMMUNISATION WITH VACCINES

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	34,522
(b) Total number of individual pupils found to be infected	374
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	128
(d) Number of individual pupils in respect of whom disinfecting orders were issued (Section 54 (3), Education Act, 1944)	26









## 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		80	
Errors of refraction (including squint)		1,740	
Total		1,820	
Number of pupils for whom spectacles were prescribed		638	

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		42	
(c) for other nose and throat conditions		2	
Received other forms of treatment		25	
Total		70	
Total number of pupils in schools who are known to have been provided with hearing aids:			
(a) in 1971		9	
(b) in previous years		40	

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

		Number known to have been treated	
(a) Pupils treated at clinics or out-patients departments		590	
(b) Pupils treated at school for postural defects		—	
Total		590	

TABLE D. DISEASES OF THE SKIN

		Number of pupils known to have been treated	
Ringworm (a) Scalp		—	
(b) Body		—	
Scabies		64	
Impetigo		1	
Other skin diseases		—	
Total		65	

TABLE E.- CHILD GUIDANCE TREATMENT

		Number known to have been treated	
Pupils treated at Child Guidance Clinics		491	

TABLE F. SPEECH THERAPY

		Number known to have been treated	
Pupils treated by speech therapists		350	

TABLE G. OTHER TREATMENT GIVEN

		Number known to have been dealt with	
(a) Pupils with minor ailments		1,641	
(b) Pupils who received convalescent treatment under School Health Service arrangements		19	
(c) Pupils who received B.C.G. vaccination		1,675	
(d) Other than (a), (b) and (c) above Please specify : Psychological (Stability)		65	
Total : (a) — (d)		3,400	



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

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	15	8	29	52	18
		O	248	156	282	686	68
5	Eyes—a. Vision	T	121	111	318	550	114
		O	376	341	716	1,433	169
	b. Squint	T	21	7	16	44	2
		O	130	26	129	285	3
	c. Other	T	2	2	4	8	4
		O	21	25	20	66	16
6	Ears—a. Hearing	T	15	52	48	115	44
		O	103	56	164	323	138
	b. Otitis Media	T	1	—	6	7	8
		O	75	20	97	192	25
	c. Other	T	10	11	40	61	1
		O	33	10	40	83	22
7	Nose and Throat	T	27	5	22	54	4
		O	570	85	327	982	80
8	Speech	T	34	3	21	58	21
		O	144	12	83	239	30
9	Lymphatic Glands	T	3	—	1	4	7
		O	299	19	154	472	34
10	Heart	T	9	—	1	3	1
		O	24	18	111	223	9
11	Lungs	T	6	—	8	14	3
		O	135	16	129	280	43
12	Developmental—a. Hernia	T	5	—	4	9	1
		O	82	16	59	157	5
	b. Other	T	1	1	20	22	4
		O	122	15	129	266	38
13	Orthopaedic—a. Posture	T	9	8	25	42	4
		O	71	76	138	285	6
	b. Feet	T	15	23	66	104	91
		O	112	98	188	398	25
	c. Other	T	8	18	22	48	4
		O	56	30	67	153	15
14	Nervous System—a. Epilepsy	T	—	1	—	1	—
		O	21	8	19	48	2
b. Other	T	—	—	—	—	—	
	O	13	4	14	31	9	
15	Psychological—a. Development	T	1	2	4	7	2
		O	103	34	117	254	134
	b. Stability	T	9	1	16	26	23
		O	419	148	499	1,066	160
16	Abdomen	T	1	—	4	5	—
		O	66	49	94	209	4
17	Other	T	229	31	396	656	22
		O	71	64	148	283	84

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 ..... 43,700

## ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	4,055	2,939	848	7,842
Subsequent visits	7,156	7,221	2,457	16,834
Total visits	11,211	10,160	3,305	24,676
Additional courses of treatment commenced	741	502	230	1,473
Courses completed	—	—	—	7,005
Fillings in permanent teeth	4,054	8,390	3,916	16,360
Fillings in deciduous teeth	9,213	1,327	—	10,540
Permanent teeth filled	3,382	7,337	3,496	14,215
Deciduous teeth filled	8,190	886	—	9,076
Permanent teeth extracted	128	494	139	761
Deciduous teeth extracted	2,081	668	—	2,759
General anaesthetics	721	263	27	1,011
Emergencies	260	158	61	479

## ORTHODONTICS

Number of Pupils X-rayed	858
Prophylaxis	1,387
Teeth otherwise conserved	612
Number of teeth root filled	9
Inlays	3
Crowns	35
Courses of treatment completed	—
Cases remaining from previous year	—
New cases commenced during year	121
Cases completed during year	118
Cases discontinued during year	28
No. of removable appliances fitted	408
No. of fixed appliances fitted	54
Pupils referred to Hospital Consultant	14



## PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	12	4	18
Number of dentures supplied	2	12	4	18
<b>INSPECTIONS</b>				
(a) First Inspection at school. Number of Pupils			23,561	
(b) First Inspection at clinic. Number of Pupils			6,216	
Number of (a) + (b) found to require treatment			17,794	
Number of (a) + (b) offered treatment			16,108	
(c) Pupils re-inspected at school clinic			2,182	
Number of (c) found to require treatment			1,513	
<b>SESSIONS</b>				
Sessions devoted to treatment			4290.5	
Sessions devoted to inspection			170.5	
Sessions devoted to Dental Health Education			42	
<b>OTHER</b>				
Orthodontic— a. First			101	19
b. Other			89	25
Orthodontic— a. Other			48	4
Orthodontic— a. Other			551	15
Nervous System— a. Fuller			48	2
Other			31	9
Psychological— a. Stability			86	23
b. Other			561	161
Other			5	—
Other			202	4
Other			576	22
Other			283	84





