

[Report of the Medical Officer of Health for Brent].

Contributors

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THE HEALTH OF BRENT

1972



COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1972/73

The Mayor, Councillor R. Crane, 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.

THE HEALTH OF BRENT

Chairman: Councillor E. Boxley

Vice-Chairman: Councillor J. Hughes

Alderman A. W. Sharpe (from 4.1.73)

Councillor K. Humain

Mrs. R. Taylor, O.B.E.

E. O. McDonald

Councillor Mrs. I. H. Burger

G. T. Macklin

Councillor Q. E. Crane

S. Marks

Councillor V. K. Crompton

Mrs. A. M. Newland

Councillor B. K. Davey

M. Topp

Councillor Mrs. B. de Mota

H. L. Tucker

Councillor Mrs. D. M. French

REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1972

To the Mayor, Aldermen and Councillors

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the Annual Report on the health of the Borough for the year 1972. It is a pleasure to note that the report was given in last year's Annual Report. I took up office on 1st March.

The year has seen a closer working relationship develop between the general practitioners and the Health Department staff at the Chalkhill and Cavers Park Health Centres. With the opening of a branch of the Central Middlesex Industrial Health Service Unit in November, Chalkhill became the first Health Centre in the country to provide such services to local industry.

A free birth control service was introduced in April for all Brent residents attending the Council's own clinics and those of the Family Planning Association. Additional new services were introduced at the Road and Found Lane Clinics, and during the summer the Council agreed to the setting up of a Youth Advisory Clinic to provide counselling and advice to young people of age 16-24 years.

The management structure of the Community Nursing Service was strengthened in April by the appointment of three Nursing Officers (Home Nursing) and in August by one Nursing Officer (Midwifery). The sudden heavy influx of Ugandan Asians into parts of the Borough in the Autumn resulted in a greatly increased demand for home visits on the part of the Health Visitors, which to some extent was relieved by the temporary employment of an Indian speaking S.R.N. whose salary was reimbursed by the Ugandan Asian Relief Fund.

The medical establishment was increased in April by the addition of a third Principal Medical Officer post and by one Senior Medical Officer (School Health) post to which Dr. Chandra Sayal was promoted from within the Department. The Council also agreed to the post of a further Health Education Officer.

Plans for the re-organisation of the National Health Service went ahead throughout the year but with greater momentum outside the metropolitan area in November when it was finally learned that Brent and Harrow were to be one of the sixteen Area Health Authorities in Greater London. The Council thereupon nominated Mr. Cowan, Chief Administrative Officer, to be one of the representatives on the Brent/Harrow Liaison Committee to the Area Health Authority.

CATHARINE HOLLMAN, M.B., B.S., D.P.H., M.F.C.M.

It is my privilege to express gratitude to all the members of staff within the Department who so ably helped me during the 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.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

CATHARINE HOLLMAN,

Director of Health.

THE HEALTH OF BRENT

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COMMITTEE MEMBERSHIP—MUNICIPAL YEAR 1972/73

The Mayor, Councillor B. Crane, 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 J. Hughes

Alderman A. W. Sharpe (from 4.1.73)

„ Mrs. R. Taylor, O.B.E.

Councillor Mrs. I. H. Burger

„ G. E. Crane

„ V. K. Crompton

„ B. K. Davey

„ Mrs. B. de Metz

„ Mrs. D. M. Francis

Councillor K. Hussain

„ E. G. McDonald

„ G. T. Macklin

„ S. Marks (until 3.1.73)

„ Mrs. A. M. Newland

„ M. Topp

„ H. L. Tucker

LONDON BOROUGH OF BRENT

BRENT HOUSE,
HIGH ROAD,
WEMBLEY.

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 1972. My predecessor Dr. Ernest Grundy retired in April and an outline of his career was given in last year's Annual Report. I took up office on 1st March.

The year has seen a closer working relationship develop between the general practitioners and the Health Department staff at the Chalkhill and Craven Park Health Centres resulting in an improved service to the patients. With the opening of a branch of the Central Middlesex Industrial Health Service Unit in November, Chalkhill became the first Health Centre in the country to provide such services to local industry.

A free birth control service was introduced in April for all Brent residents attending the Council's own clinics and those of the Family Planning Association. Additional new sessions were commenced at Perrin Road and Pound Lane Clinics, and during the Summer the Council agreed to the setting up of a Youth Advisory Clinic to provide counselling and birth control advice to young people of age 16-24 years.

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It is my privilege to express gratitude to all the members of staff within the Department who so ably helped me during the 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.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

CATHARINE HOLLMAN,

Director of Health.

CHIEF AND SENIOR STAFF OF HEALTH DEPARTMENT

AT 31st DECEMBER, 1972

| | |
|---|--|
| Director of Health and Principal School Medical Officer: | Catharine Hollman, M.B., B.S., D.P.H., M.F.C.M. |
| 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., M.F.C.M. Vacancy |
| Senior Medical Officer: | Chandra Sayal, M.B., B.S., D.C.H., D.P.H. |
| Chief Dental Officer: | A. D. Henderson, L.D.S., D.P.D. |
| Senior Dental Officer: | M. J. Tonkin, L.D.S., R.C.S. |
| Chief Nursing Officer: | Miss A. L. Morris, S.R.N., S.C.M. (a) |
| Area Nursing Officer (Health Visiting): | Miss B. E. Bateman, S.R.N., S.C.M. (a) |
| Area Nursing Officer (Home Nursing): | Mrs. J. M. Hawkins, S.R.N., Q.N. |
| Nursing Officer— Non-medical Supervisor of Midwives: | Miss P. Jenkins, S.R.N., S.C.M. |
| Nursing Officers (Health Visiting): | Mrs. V. J. German, S.R.N., S.C.M. (a) Miss O. Hirst, S.R.N., S.C.M. (a) Vacancy |
| Nursing Officers (Home Nursing): | Mrs. E. Cairns, S.R.N. Mrs. D. Dawson, S.R.N., S.C.M. Mrs. C. Woods, S.R.N., S.C.M. |
| Senior Physiotherapist: | Mrs. M. Gilbert, M.C.S.P. |
| Senior Speech Therapist: | Mrs. E. P. Wyatt, L.C.S.T. |
| Audiology Assistant: | Mrs. D. Pursey |
| Chief Administrative Officer: | A. F. Cowan, D.P.A. |
| Senior Administrative Assistants: | |
| School Health: | B. H. Lovett |
| Family Health: | A. Sayers |
| Finance and Staffing: | Mrs. F. Dawson |
| (a) Health Visitors' Certificate | |
| <i>Regional Hospital Board 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>Regional Hospital Board Consultants attending School Clinics</i> | |
| Audiology: | L. Fisch, F.R.C.S. |
| Ophthalmic: | 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). |
| E.N.T.: | P. Carter, F.R.C.S. |
| <i>Chief Educational Psychologist (Education Department)</i> | |
| | Dr. C. Graham, B.Sc., D.E.P., F.B.Ps.S. |

SUMMARY OF VITAL STATISTICS

| | |
|---|--------------|
| Area | 10,927 acres |
| Population 1971 census | 280,655 |
| Population 1972—Registrar General's mid-1972 estimate | 275,570 |
| Number of structurally separate dwellings occupied (1971 census) | 86,335 |
| Number of private households (1971 census) | 98,220 |
| Rateable value (all hereditaments) 1st April, 1972 | £21,240,124 |
| Product of a 1p rate, financial year 1972/73 (estimated) | £204,000 |
| Live births | |
| Number | 4,490 |
| Rate per 1,000 population (crude) | 16.3 (14.8) |
| Rate per 1,000 population (adjusted) | 14.7 (14.8) |
| Illegitimate live births per cent. of total live births | 15.3 (9.0) |
| Stillbirths | |
| Number | 48 |
| Rate per 1,000 total live births and stillbirths | 10.6 (12) |
| Total live and stillbirths | 4,538 |
| Infant deaths (under 1 year) | 81 |
| Infant mortality rates | |
| Total infant deaths per 1,000 total live births | 18.0 (17) |
| Legitimate infant deaths per 1,000 legitimate live births | 16.8 (17) |
| Illegitimate infant deaths per 1,000 illegitimate live births | 24.8 (21) |
| Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) | 12.5 (12) |
| Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) | 10.5 (10) |
| Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) | 20.9 (22) |
| Maternal mortality (including abortion) | |
| Number of deaths | Nil |
| Rate per 1,000 total live and stillbirths | — (0.15) |
| Deaths | 2,759 |
| Death-rate per 1,000 population (crude) | 10.0 (12.1) |
| Death-rate per 1,000 population (adjusted) | 11.2 (12.1) |
| Deaths from cancer (all forms) | 651 |
| Death-rate from cancer (all forms) per 1,000 population | 2.4 |

(Figures for England and Wales in brackets)

BIRTHS

In 1972, 4,490 live births were registered (2,207 males and 2,283 females) giving a crude birth rate of 16.3 per thousand estimated population compared with rates of 18.8 in 1970 and 17.6 in 1971. 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 rate, the standardised rate is 14.7 which is very slightly below the provisional rate for England and Wales which was 14.8 per thousand population.

There were 685 illegitimate live births, i.e. 15.3 per cent of the total live births, a slight decrease compared with last year (16.0 per cent). The figure for England and Wales was 9 per cent.

STILLBIRTHS

Forty-eight babies were stillborn giving a rate of 10.6 per thousand live and stillbirths, below the provisional rate for England and Wales which was 12.0.

DEATHS

The total number of deaths was 2,759 giving a crude rate of 10.0 per thousand population. When the comparability factor is applied, the standardised rate is 11.2, slightly below the provisional rate for England and Wales which was 12.1. 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 4.7, followed by malignant neoplasms with a rate of 2.4.

Infectious Diseases

One man and four women died of tuberculosis of the respiratory system and late effects of respiratory tuberculosis. A woman aged 57 years died from infectious hepatitis associated with hepato-cellular failure. There were no deaths from any other notifiable disease.

Cancer of the Lung and Bronchus

Cancer of the lung and bronchus continued to be the commonest cause of fatal malignant disease. One hundred and forty-two men and 40 women died compared with 164 men and 43 women in 1971. On request, the Department distributed posters and literature on the relationship between smoking and lung cancer to schools, youth clubs and other organisations. Posters were displayed at health centres and clinics and leaflets were available to the public. By arrangement, posters continued to be displayed in the corridors and waiting rooms at the Central Middlesex Hospital. These were changed bi-monthly.

Bronchitis and Emphysema

One hundred and seventeen men and 52 women died from bronchitis and emphysema compared with 109 men and 43 women in 1971. The sex difference in numbers of deaths is probably related to the heavier smoking habits of men and to their working conditions.

Abortions and Other Complications of Pregnancy

It is pleasing to report that there were no maternal deaths this year. There was only one in 1971 giving a rate of 0.20 per thousand total live and stillbirths. The provisional rate for England and Wales for 1972 was 0.15 per thousand total live and stillbirths.

Motor Vehicle Accidents

Twenty-two residents died as a result of accidents involving motor vehicles (14 males, 8 females).

All Other Accidents

Twenty-seven men and 13 females died as a result of other accidents, the commonest cause being falls at home, accidents at work, drug overdose, burns and inhalation of fire fumes and drowning. Forty-five per cent of the deaths were among children under 5 and people over 65 years (4 children and 14 over 65 years).

Suicides

Seventeen men and 18 women committed suicide or died from self inflicted injuries.

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 | 1 | 3 | 4 |
| B.6(1) | Late effects of respiratory T.B. | — | 1 | 1 |
| B.6(2) | Other tuberculosis | 1 | 1 | 2 |
| 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 | 2 | — | 2 |
| B.18 | Other infective and parasitic diseases | 1 | 3 | 4 |
| B.19(1) | Malignant neoplasm, buccal cavity, etc. | 6 | 1 | 7 |
| B.19(2) | Malignant neoplasm, oesophagus | 9 | 10 | 19 |
| B.19(3) | Malignant neoplasm, stomach | 37 | 29 | 66 |
| B.19(4) | Malignant neoplasm, intestine | 36 | 38 | 74 |
| B.19(5) | Malignant neoplasm, larynx | 4 | 2 | 6 |
| B.19(6) | Malignant neoplasm, lung, bronchus | 142 | 40 | 182 |
| B.19(7) | Malignant neoplasm, breast | — | 60 | 60 |
| B.19(8) | Malignant neoplasm, uterus | — | 18 | 18 |
| B.19(9) | Malignant neoplasm, prostate | 17 | — | 17 |
| B.19(10) | Leukaemia | 14 | 13 | 27 |
| B.19(11) | Other malignant neoplasms | 87 | 88 | 175 |
| B.20 | Benign and unspecified neoplasms | — | 2 | 2 |
| B.21 | Diabetes mellitus | 10 | 12 | 22 |
| B.22 | Avitaminoses and other nutritional deficiency... .. | — | 1 | 1 |
| B.46(1) | Other endocrine, etc., diseases | 1 | 3 | 4 |
| B.23 | Anaemias | 4 | 4 | 8 |
| B.46(2) | Other diseases of blood, etc. | 1 | — | 1 |
| B.46(3) | Mental disorders | 1 | 11 | 12 |
| B.24 | Meningitis | — | 5 | 5 |
| B.46(4) | Multiple Sclerosis | 1 | 2 | 3 |
| B.46(5) | Other diseases of nervous system, etc. | 15 | 13 | 28 |
| B.25 | Active rheumatic fever | — | — | — |
| B.26 | Chronic rheumatic heart disease | 10 | 25 | 35 |
| B.27 | Hypertensive disease | 23 | 25 | 48 |

| | | Males | Females | Total |
|--------------|--|-------|---------|-------|
| B.28 | Ischaemic heart disease | 417 | 289 | 706 |
| B.29 | Other forms of heart disease | 26 | 70 | 96 |
| B.30 | Cerebrovascular disease | 107 | 165 | 272 |
| B.46(6) | Other diseases of the circulatory system | 52 | 89 | 141 |
| B.31 | Influenza | 5 | 6 | 11 |
| B.32 | Pneumonia | 66 | 119 | 185 |
| B.33(1) | Bronchitis, emphysema | 117 | 52 | 169 |
| B.33(2) | Asthma | 3 | 5 | 8 |
| B.46(7) | Other diseases of the respiratory system | 23 | 9 | 32 |
| B.34 | Peptic ulcer | 13 | 9 | 22 |
| B.35 | Appendicitis | — | 1 | 1 |
| B.36 | Intestinal obstruction and hernia | 8 | 11 | 19 |
| B.37 | Cirrhosis of liver | 2 | 6 | 8 |
| B.46(8) | Other diseases of digestive system | 7 | 15 | 22 |
| B.38 | Nephritis and nephrosis | 8 | 4 | 12 |
| B.39 | Hyperplasia of prostate | 6 | — | 6 |
| B.46(9) | Other diseases of the genito-urinary system | 5 | 8 | 13 |
| B.40 | Abortion | — | — | — |
| 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 | 2 | 4 | 6 |
| B.42 | Congenital anomalies | 12 | 14 | 26 |
| B.43 | Birth injury, difficult labour, etc. | 16 | 10 | 26 |
| B.44 | Other causes of perinatal mortality | 6 | 6 | 12 |
| B.45 | Symptoms and ill-defined conditions | 5 | 12 | 17 |
| BE.47 | Motor vehicle accidents | 14 | 8 | 22 |
| BE.48 | All other accidents | 27 | 13 | 40 |
| BE.49 | Suicide and self-inflicted injuries | 17 | 18 | 35 |
| BE.50 | All other external causes | 7 | 7 | 14 |
| TOTAL | | 1,397 | 1,362 | 2,759 |

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.) | 1,298 | 4.7 |
| Malignant neoplasms | 651 | 2.4 |
| Diseases of the respiratory system (influenza, pneumonia, bronchitis and emphysema, asthma, etc.) | 405 | 1.5 |
| Violent deaths (motor vehicle accidents, all other accidents, suicides and self-inflicted injuries, all other external causes) | 111 | 0.4 |
| Other causes | 294 | 1.0 |
| TOTALS: | 2,759 | 10.0 |

INFANT MORTALITY

In 1972, 81 children died in the first year of life—47 in the first week and another 9 in the first month. There was a decrease in the infant mortality rate compared with 1971 from 20.9 per 1,000 live births to 18.0 which was slightly above the provisional figure for England and Wales (17.0). The perinatal mortality (stillbirths and deaths under one week combined, per 1,000 live and stillbirths) also decreased from 25.0 to 20.9, below 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-five babies died in the first week of life and one in the second.

Twelve babies died of other perinatal causes, 11 of these deaths being due to prematurity.

Pneumonia and other diseases of the respiratory system caused 11 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 19 deaths from congenital anomalies, one from infective and parasitic diseases, one from anaemia, one from meningitis, one from diseases of the nervous system, one from diseases of the genito-urinary system, four from symptoms and ill-defined conditions, and one from an accident (shock due to burns).

TABLE 3
INFANT MORTALITY—CAUSES

| | Neo-natal | 1-12 months | Total |
|--|-----------|-------------|-------|
| Enteritis and other diarrhoeal diseases | 1 | 2 | 3 |
| Other infective and parasitic diseases | 1 | — | 1 |
| Anaemia | 1 | — | 1 |
| Meningitis | 1 | — | 1 |
| Other diseases of nervous system | — | 1 | 1 |
| Pneumonia | 1 | 6 | 7 |
| Other diseases of respiratory system | — | 4 | 4 |
| Other diseases of genito-urinary system | 1 | — | 1 |
| Congenital anomalies | 12 | 7 | 19 |
| Birth, injury, difficult labour and other anoxic and hypoxic conditions | 26 | — | 26 |
| Other causes of perinatal mortality | 12 | — | 12 |
| Symptoms and ill-defined conditions | — | 4 | 4 |
| Accidents (excluding motor vehicle accidents) ... | — | 1 | 1 |

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 1972 and 1971 is shown in Table 4.

TABLE 4
INFECTIOUS DISEASES

| | 1972 (1971 in brackets) | | | |
|---------------------------------|-------------------------|-------|-----------|-------|
| | Notified | | Confirmed | |
| Diphtheria | — | (—) | — | (—) |
| Dysentery | 31 | (31) | 30 | (26) |
| Encephalitis | 1 | (—) | 1 | (—) |
| Food Poisoning | 37 | (62) | 23 | (46) |
| Infective Jaundice | 53 | (50) | 51 | (50) |
| Malaria | 13 | (7) | 13 | (7) |
| Measles | 601 | (616) | 601 | (616) |
| Meningococcal Meningitis | 4 | (13) | 4 | (13) |
| Ophthalmia Neonatorum | 6 | (11) | 6 | (11) |
| Paratyphoid | — | (—) | — | (—) |
| Scarlet Fever | 63 | (28) | 61 | (28) |
| Typhoid Fever | 7 | (3) | 7 | (2) |
| Whooping Cough | 16 | (59) | 16 | (59) |

CHOLERA

There were no cases in the Borough but 10 people were put under surveillance after returning from endemic areas without valid vaccination certificates.

DIPHTHERIA

There were no cases in the Borough during 1972.

DYSENTRY

There were 30 confirmed cases compared with 26 in 1971 on four occasions more than one member of a family were found to be affected. Two of these occasions were sporadic incidents and the families were not connected in any way. The common source connecting the two other families was a school where several children were reported to have loose stools. On examination of both children and kitchen staff in the school three of the children were found to have *Shigella Sonnei*. These children were excluded from school until they were free from infection. There was one case of *Shigella Flexner* which was contracted abroad.

FOOD POISONING

During the year 23 confirmed cases and their contacts were dealt with. Where food-handlers were involved they were either excluded from work or given other duties. There were no general outbreaks of food-poisoning in the Borough this year but on three occasions more than one member of a family were found to be affected. Five cases were thought to have contracted the infection whilst on holiday abroad.

MEASLES

There was a very slight decrease in the number of cases notified (601) compared with 616 in 1971.

MENINGITIS AND ENCEPHALITIS

Four cases were notified compared with 13 in 1971. There was one case of Post Infectious Encephalitis in a man who had been suffering from chickenpox.

POLIOMYELITIS

There were no cases in the Borough this year.

SMALLPOX

There were no cases in the Borough but 80 people were put under routine surveillance after arriving from endemic areas abroad without valid vaccination certificates.

TYPHOID AND PARATYPHOID

During the year 7 cases of typhoid were notified and confirmed.

The first case was a woman 33 years of age of West Indian origin who suffered a flu-like illness. Another man aged 30 years suffered a high fever whilst abroad in the West Indies. He returned to this country, was admitted to hospital where typhoid was subsequently confirmed.

A 12-year-old boy who returned from West Pakistan developed symptoms almost immediately. He was admitted to hospital and typhoid was confirmed.

Another case a man 48 years of age returned from a holiday in the Cameroons and was admitted to hospital on his arrival in this country.

Another confirmed case was a man 28 years of age who developed symptoms whilst in India and was admitted to hospital shortly after his arrival in this country.

A Ugandan immigrant 30 years of age developed symptoms two weeks after his arrival in this country and was once again admitted to hospital and typhoid was subsequently confirmed.

The final case was an Englishman 24 years of age who had never been abroad. He was admitted to hospital with a high fever, a routine specimen was taken and the diagnosis of typhoid was confirmed. Extensive enquiries were made as to the source of infection but nothing was established.

As well as these cases 15 people were kept under surveillance after they had returned to the Borough from endemic areas abroad.

WHOOPING COUGH

Sixteen cases were notified compared with 59 in 1971.

OPHTHALMIA NEONATORUM

There was no apparent impairment to vision in the six cases which were notified.

INFECTIVE HEPATITIS

Details of the 51 confirmed cases were sent to the North London Blood Transfusion Service. The information enables the service to delete the patient's name from the panel if he or she is a donor and to defer the call up of close contacts for six months. In addition it may enable the service to prevent a recent donation from being used clinically or introduced into "pooled" plasma.

Particular attention has been focused on the transmission of jaundice by the use of contaminated syringes or needles by persons who administer drugs intravenously by self-injection and the occurrence of cases of jaundice has led to the detection of foci of drug addiction. When information 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.

HEALTH EDUCATION

The Health Department's role in Local Authority Services is in preventive medicine, Health Education is a key role in preventive medicine.

Every member of the Health Department's staff, or indeed, clerical staff answering questions, dealing with queries, is in effect a health educator. Doctors, midwives, home nurses, dentists, therapists, chiropodists, all carry out health education in their professional duties, but the Health Visitor must, by the nature of her work and contacts carry the largest load.

Talks in Schools and to other groups, both inside and outside the Clinics are given in the main by Health Visitors, with the Dental Auxiliary also holding many educational sessions. Twenty-nine schools requested talks in 1972, and 205 talks were given on health and related subjects. Eighty-seven talks were given to adult lay audiences.

In Clinics, mothercraft sessions were well attended and 408 talks were given in these sessions. Five Mothers' Clubs were held in the Borough and many demonstrations were given by outside lecturers, as well as Health staff.

Campaigns were conducted to advertise the provision of free birth control advice in Brent and the visits of the mobile Mass X-Ray Unit to sites in the Wembley area of the Borough.

Central Middlesex Hospital continues to co-operate in the anti-smoking campaign and posters were changed regularly throughout the hospital buildings.

Very good attendances were recorded at the "Welcome to Citizenship" Exhibiton and "Doubts for New Voters". This exhibition is always of great satisfaction to all participants as evidenced by the questions and interest of the young people.

Many programmes of practical visits were arranged for doctors, medical students and others wishing to learn about Brent Health and related services.

Posters and leaflets were circulated and supplied freely to Services throughout the Borough, as well as through our own establishments, and many requests for material and visual aids were received from Group Leaders, lecturers and individual enquirers. Personal callers have always been welcome, but difficulties have been encountered when appointments are not made, owing to shortage of staff. This is bound to improve with the additional staff, budget and facilities promised for the future.

MEDICAL ASSESSMENTS AND MEDICAL REPORTS

New entrants to the Council's service are requested to complete a medical assessment form. The forms are scrutinised by an assessing Medical Officer and if considered necessary further information is obtained from the entrant's general practitioner or a hospital, and/or medical examination carried out. During the year 2,546 assessments were dealt with. Further information was obtained from general practitioners, hospitals and Chest Clinics in a number of cases.

Twenty-nine medical examinations were carried out on behalf of other local authorities. Five 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 or entrance into the Superannuation Fund. Five 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. 220 teachers and 280 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. The number of officers attending is shown in brackets after each course.

Principal and Senior Medical Officers

National Association for Mental Health Refresher Course—5 days (1); Discussion Group Meeting on Drug Dependency—1 day (1); Griffiths Extension Course, 2-8 years—2 days (1); Mental Handicap—Play and Toys—1 day (1); Joint Meetings of the British Society of Audiology and the Society of Audiolyg Technicians—1 day (1); Study Day in Paediatric Neurology and Developmental Medicine—1 day (2); Cerebral Palsy and Allied Problems—5 days (1); The Assessment and Education of Severely Handicapped Children and Young Adults—5 days (1); Symposium on Content of Education for the Pre-school Mentally Handicapped Child—1 day (1); Society of Medical Officers of Health Refresher Course—5 days (1).

Medical Officers in Department

Family Planning Training Course (Practical)—6 x 2 hour sessions (1); Family Planning Training Course—3 days (2); Study Day on Yam Tomorrow—1 day (1); Study Day on Developmental Paediatrics—1 day (3); Mentally Subnormal Children—4 weeks (1); Paediatrics—2 days (3); Venereal Infection—1 day (1).

Dental Staff

Postgraduate Course in Oral Surgery—5 days (1); Training Course for N.H.S. Re-organisation—3 weeks (1); Refresher Course for Dental Officers—4 days (2); Preventive Dentistry—2 days (1); Training Course for Dental Auxiliaries—1 day (1); Scientific Meeting for Dental Auxiliaries—1 day (1).

Medical Auxiliaries

Paediatric Physiotherapy—3 days (1); Symposium for Speech Therapists on Severe Subnormality—1 day (2); Early Development—Normal and Abnormal—1 day per week for 4 weeks (7); The use of Speech Therapy in the Management of Hearing Impairment—1 day (5).

Administrative and Clerical Officers

Summer School—4 days (1); Office Management—5 days (1); Ordinary National Certificate in Public Administration—day release (3); Local Government Examination Board—day release (1).

PERSONAL HEALTH SERVICES

HEALTH CENTRES

The Chalkhill Health Centre, the first to be provided by the Council, completed its second full year of operation. Nine general practitioners practise from the Centre. During the year additional chiropody, family planning, audiology and speech therapy sessions commenced. The main event was the opening of the Industrial Health Unit, which deals with safety in factories and industrial injuries, etc., and is under the supervision of Dr. G. French, Consultant in Industrial Medicine at the Central Middlesex Hospital and Director of Central Middlesex Industrial Health Service Ltd. This Unit, general practitioners, the dentist providing general dental services under the National Health Service Act, and the local health authority clinics make Chalkhill unique in having all these services under one roof.

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

"The Chalkhill Health Centre has now become well established and most, but not all, of the growing pains have been overcome with the co-operation of the Director of Development and his staff. However, adequate ventilation in the summer is still a problem.

"This Centre was to a great extent experimental and, as the first to be completed in Brent, we have had to establish a number of methods of operation by trial and error, but, in the main, it can be said that the population of Chalkhill and surrounding areas is able to derive general practitioner and a range of other clinical and welfare services under the one roof, with probably a good deal more co-ordination than in days prior to its existence.

"We have continued to be a focus of considerable interest to other practitioners and health workers who have visited us from local areas and various parts of the world. These visitors have included a delegation of local authority officials from Denmark, and the Romanian Minister of Health. Doctors interested in setting up and about to move into health centres have visited us for information regarding various problems that we have had to overcome, and we hope that this has been helpful to them.

"We have continued to help in providing visits for medical students from the Middlesex Hospital, and various students from this hospital, Charing Cross and other hospitals have been attached to the Centre for periods varying from one to three weeks. A number of nurses have come to the Centre as part of their instruction, and we have also had parties from medical secretarial colleges which has proved to be a useful feature of our work.

"Several practitioners have also been working here during the year under the N.H.S. trainee practitioner scheme, which we expect may merge in time into the new extended vocational G.P. training scheme.

"Regular clinical meetings for the medical staff and other workers have been held, also a Patients' Association started this year.

"A small paediatric referral clinic has been initiated with the help of Northwick Park Paediatric Department. We also have a physiotherapist working in the Centre".

The Craven Park Health Centre, completed its first full year of operation. Attendances have steadily increased particularly at family planning and immunization sessions. The Mothers Club is flourishing. Mothers attend talks and demonstrations whilst their children are looked after in another room. Film shows are held from time to time in the evenings, which enable husbands to come along. There has been an increase in the number of speech therapy sessions held in the Centre, and an ear, nose and throat specialist attends regularly to see children from the whole of the Southern part of the Borough. A variety of courses and lectures were held at the Centre, including a Management Appreciation Course run by Chiswick Polytechnic. There were five general practitioners practising from the Centre at the end of the year leaving five suites unoccupied.

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

"This year has seen an increase in the work done in the Health Centre, although as yet no further general practitioners have moved in. It is hoped that within the next few months there will be an increase in our number.

"During the year there has been a steady increase in the number of patients attending the Centre. Comments must be made concerning the smooth co-operation between the general practitioners and all departments of the local authority, medical and welfare services working together in the Centre.

"During the year there has been an increase in the uses made in the Health Centre for teaching purposes. There have been attachment of medical students from the Middlesex Hospital, and a start has been made in the teaching of Postgraduates in vocational training for general practitioners. In addition there have been many visits made by trainee health visitors, etc., which duties have been undertaken by the local authority staff".

On 27th January the Secretary of State, Department of Health and Social Security, stated he was prepared to approve the Council's proposals to provide a Health Centre at Neasden, subject to agreement to need and consideration of the scheme in detail. The Centre will be in Balnacraig Avenue, Neasden, and will be formed by extending the existing health clinic which was opened in June 1961. It will accommodate five general practitioners who have signed declarations of intent and additional accommodation will be provided for the Council's personal health services. During the year, meetings were held with the general practitioners and plans were agreed. The scheme was submitted to the Department of Health and approved in principle on 24th November. At the end of the year working drawings had commenced.

CARE OF MOTHERS AND YOUNG CHILDREN

Every local health authority makes arrangements for the care of expectant and nursing mothers and children who have not attained the age of 5 years and who are not attending primary schools maintained by the local education authority.

Advice on the feeding, hygiene and general management of the infant was made available at 13 centres throughout the Borough.

These sessions have a high educational value and are much appreciated by the young nursing mother, who requires sympathetic guidance and encouragement with her new responsibilities.

Particular attention is paid to the developmental progress of each child and special surveillance instituted when any deviations from the normal are noted.

Sample screening tests are performed; geared to the detection of defects in children at an early age.

The changing pattern of confinement away from the domiciliary confinement to delivery in hospital with or without early discharge home continued during the year proportionately and was associated with a corresponding decrease change in the pattern of ante-natal care of the expectant mother.

Child Health Clinics

| Clinic sessions | Total Attendances | Seen by doctor | Referred elsewhere | Average attendance per session |
|-----------------|-------------------|----------------|--------------------|--------------------------------|
| 2,166 | 50,678 | 21,419 | 453 | 24.3 |

Ante-natal Clinics

| Sessions | Attendances | | Average attendance per session |
|----------|-------------|------------|--------------------------------|
| | Ante-natal | Post-natal | |
| 862 | 2,614 | 73 | A/N 3. P/N 3.5 |

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. The number of patients who availed themselves of this service was 1,036.

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 460 at the end of the year. There was also a number of removals. The registration of premises for private nurseries and play groups totalled 65.

PRIORITY DENTAL SERVICE

(TABLE 5)

REPORT OF THE CHIEF DENTAL OFFICER

"Little satisfaction can be enjoyed from reviewing the priority dental service. The word 'priority' apparently only has meaning for the Health Authorities, their dental staffs and the comparatively small number of parents seeking treatment for themselves and their young children. Large numbers of children under school age receive no dental treatment other than emergency from any of the services available, a fact all too apparent when teeth are inspected at the first school inspection. Because dental disease is insidious and seldom dramatic, it is frequently undetected by parents and even when observed may be considered unimportant or even a natural process in young children. We are grateful to those parents who do care about the dental health of their children and hope that they will also try to persuade others to seek early advice and treatment. Treatment is carried out with modern equipment in modern clinics, is free and immediately available".

FAMILY PLANNING

The ever increasing demand for birth control services resulted in the expansion of the Council's service during the year.

The sessions planned for Perrin Road Clinic commenced in September and Pound Lane Clinic in July 1972.

It is hoped to extend the service to Mortimer Road Clinic and College Road in early 1973.

From April 1972 patients attending Borough clinics and Family Planning Association clinics received free advice and treatment. Brent residents attending Family Planning Association clinics outside the Borough were also paid for by Brent.

Borough Clinic Sessions

| Sessions | New Cases | Total Attendances | Average Attendance per Session |
|-----------|---------------|-------------------|--------------------------------|
| 671 (562) | 2,726 (1,967) | 8,983 (5,917) | 13.4 (10.5) |

Figures for 1971 in brackets

Family Planning Association Clinic Sessions

| Sessions | New Cases | Total Attendances | Average Attendance per Session |
|-----------|-----------|-------------------|--------------------------------|
| 277 (406) | 1,106 | 6,517 | 16.1 |

Figure in brackets represents single doctor equivalent sessions.

Sessions Held

| Clinic of Health Centre | | Sessions Per Week |
|----------------------------|-----------------------------|---|
| Chalkhill Health Centre | Administered by the Council | 1 afternoon and 1 evening (extra afternoon 16.12.72) |
| Kilburn Square Clinic | Administered by the Council | 1 morning |
| Kilburn Square Clinic | Administered by the Council | 2 afternoons |
| 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 |
| Perrin Road Clinic (Sept.) | Administered by the Council | 1 afternoon |
| Pound Lane Clinic (July) | Administered by the Council | 1 afternoon |
| 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 | 1 afternoon |
| Neasden Clinic | Administered by F.P.A. | 1 evening |
| One Tree Hill Clinic | Administered by F.P.A. | 1 morning and 1 evening |
| Pound Lane Clinic | Administered by F.P.A. | 1 evening |
| Stag Lane Clinic | Administered by F.P.A. | 1 evening |

INCIDENCE OF CONGENITAL MALFORMATION

The total number of births notified in 1972 dropped by 9%.

The total number of congenital malformations dropped by 42. This is a real drop in notifications of 37% and is probably due in part to modern birth control services or abortion facilities being more freely available.

CONGENITAL MALFORMATIONS

(TABLE 6)

SUMMARY OF NOTIFICATIONS

| | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|----|
| (i) Number of notifications received during the year | ... | ... | ... | ... | ... | ... | 54 |
| (ii) Number of live births included in (i) above | ... | ... | ... | ... | ... | ... | 51 |
| (iii) Number of stillbirths included in (i) above | ... | ... | ... | ... | ... | ... | 3 |
| Macerated | ... | ... | ... | ... | 1 | | |
| Others | ... | ... | ... | ... | 2 | | |
| (iv) Number of children with multiple malformations | ... | ... | ... | ... | ... | ... | 3 |

TABLE 6

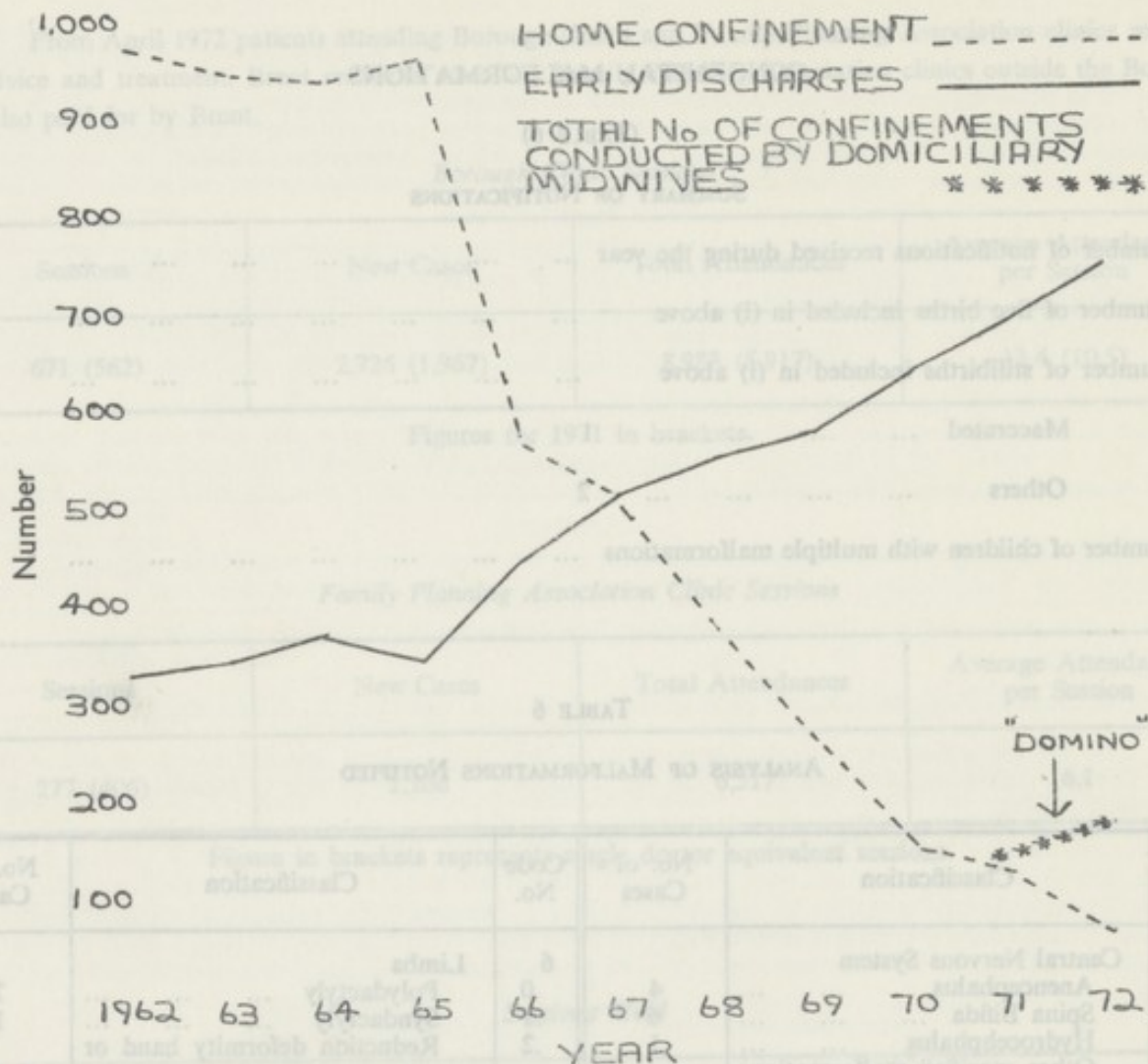
ANALYSIS OF MALFORMATIONS NOTIFIED

| Code No. | Classification | No. of Cases | Code No. | Classification | No. of Cases |
|----------|---|--------------|----------|--|--------------|
| 0 | Central Nervous System | | 6 | Limbs | |
| .1 | Anencephalus | 4 | .0 | Polydactyly | 7 |
| .8 | Spina Bifida | 6 | .1 | Syndactyly | 1 |
| .4 | Hydrocephalus | 1 | .2 | Reduction deformity hand or arm | 1 |
| .6 | Other specified malformations of spine or spinal cord ... | 3 | .5 | Talipes | 11 |
| 1 | Eye and Ear | | .6 | Congenital dislocation of hip | 2 |
| .6 | Unspecified malformations of ear | 1 | .9 | Unspecified limb malformations | 3 |
| 2 | Alimentary System | | 7 | Other parts of Musculo-skeletal system | |
| .2 | Cleft Palate | 2 | .2 | Malformations of spine-scoliosis curvature-lordosis, not otherwise stated | 1 |
| .4 | Tracheo - oesophageal fistula, oesophageal atresia stenosis ... | 1 | .5 | Chondrodystrophy | 1 |
| .9 | Other specified malformations of alimentary system | 1 | 8 | Other Systems | |
| .0 | Unspecified malformations of alimentary system | 1 | .9 | Exomphalos, omphalocele (excluding umbilical hernia) ... | 2 |
| 5 | Urino-genital system | | .2 | Other unspecified malformations of muscles, skin and fascia | 1 |
| .1 | Indeterminate sex and true hermaphroditism | 2 | 9 | Other malformations | 1 |
| .3 | Hydrocele | 5 | .6 | Down's syndrome (Mongolism) | |
| .5 | Malformations of female vagina and external genitalia | 1 | .8 | Other specified syndromes ... | 1 |

INCIDENCE OF MIDWIFERY SERVICE

There are 19 full-time midwives on the establishment with the additional appointment of one nursing officer recruited from within the service under recommendation of Department of Health & Social Security for Management in Local Authority nursing structure (Supervisor of Midwives). Ten full-time and 3 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 trend towards hospital confinement continues with the resulting decrease in home confinements and the steady increase in the number of early discharges from hospitals inside and outside the borough. The graph below is an example of this trend over the past 10 years.



Bookings for early discharges escalated during the year and by the end of 1973 an estimate of 850-900 attendances per year will have been made by the midwives.

An integrated scheme for one period midwifery training commenced at Central Middlesex Hospital in November 1972.

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.

The number of confinements conducted by midwives increased from 7 cases in 1971 to 85 cases in 1972, enabling the midwives to maintain their expertise, and maintain continuity of patient care.

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. Ten patients were delivered in 1972.

EARLY DISCHARGES

750 patients were discharged from hospital before the 10th day compared with 618 in 1971. The majority were planned early discharges, others were accepted on account of emotional or domestic difficulties and a number took their own discharge.

REFRESHER COURSES

One midwife attended these courses in 1972 to comply with Section G1 of the Central Midwives Board Rules.

TRAINING

A total of 23 pupil midwives from Central Middlesex Hospital and St. Mary's Hospital were accepted for Part 2 district training and domiciliary experience.

78 Obstetric nurses spent one half day per week with midwives.

6 Community option students spent one week with midwives.

28 Ward sisters from Central Middlesex Hospital spent one half day on an exchange basis to acquaint them with the domiciliary midwifery service.

OBSTETRIC STUDENTS

Nurse students from 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.

MIDWIFERY SERVICE

Deliveries attended:—

[illegible]

Cases in which analgesia was administered:—

| | | |
|--|--------|-----|
| Gas and air | | ... |
| Trilene | | ... |
| Pethilorfan | | ... |
| Number of times Emergency Transfusion Service used | | ... |

Visits paid:—

[illegible]

Clinic Sessions Attended:—

[illegible]

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.

| Effective First Visits | Total Effective Visits | Total No-access Visits | Total Visits as School Nurse |
|------------------------|------------------------|------------------------|------------------------------|
| 32,492 (20,571) | 54,818 (42,545) | 12,133 (11,268) | 1,103 (2,195) |

(Figures for 1971 in brackets)

The increased demand for visits paid by the Health Visitor is partly due to the influx of Ugandan Asians and partly due to other varying aspects of their work.

They continue to attend Case Conferences in hospitals and with other Borough services.

There were no additional attachments to general practice which remained at four—three within Chalkhill Health Centre and one outside, but several liaisons were instigated with a view to becoming attachments next year.

Attachments to hospitals continue to develop with an additional one at Northwick Park Hospital in the Paediatric Unit.

In May 1972 a programme of exchange visits was commenced between Health Visitors and Ward Sisters at Central Middlesex Hospital which proved beneficial to community and hospital staff alike.

Brent still responds to requests to take part in several surveys in association with research studies with various authorities.

Increase in demand was made on the staff in providing students with community experience. The Community option pilot scheme was undertaken with a view to implementing the requirements for training of Student nurses under the new G.N.C. syllabus. During the year, the Health visiting staff accepted 305 students for observational visits. The majority of these were hospital student and pupil nurses and midwives, the remainder being medical students and post-registration nursing students.

TRAINING

Four student health visitors were sponsored for training for the Health Visitors' Certificate course which commenced at Chiswick Polytechnic and North London Polytechnic.

2 Health Visitors attended H.V.A. refresher courses.

1 Health Visitor attended H.V. re-entry course.

2 Health Visitors attended Fieldwork Instructors course.

1 Health Visitor attended Inter-professional Co-operation Course at Windsor with G.P.s and Social Workers.

Superintendent Health Visitor attended H.V.A. conference.

Number of seminar study days attended by Health Visitors and clinic nurses.

6 Health Visitors attended Management Appreciation Courses—half-day release course held at Craven Park Health Centre for 10 weeks.

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. Under the recommendations of the Department of Health & Social Security for the Management Structure in Local Authority nursing services, 3 Nursing officers were appointed in April 1972 and recruited from within the service.

The nurses work in close liaison with general practitioners, hospitals and social services. They also assist in the training programme of student and pupil nurses from hospitals by introducing them to community care and accompanying them on visits into patients' homes.

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 seven hundred and twenty-three new patients were referred during the year and the nurses paid a total of 111,656 visits to all patients. Six thousand and sixty-four visits were paid by bathing attendants. At the end of the year, 1,147 cases were on the register.

GENERAL PRACTITIONER ATTACHMENTS

One new liaison was started during the year, making a total of 17 attachments and 2 liaison operating in the Borough. The schemes work well for patients, nurses and doctors. One thousand and two treatments were given in general practitioners surgeries under the schemes.

POST CERTIFICATE TRAINING AND REFRESHER COURSES

Courses for nurses are arranged to extend and widen the depth of knowledge already obtained in their basic training and are held at Chiswick Polytechnic, Royal College of Nursing, London Boroughs Training Committee and within the Borough.

In November 1972 arrangements were made between the Borough and Chiswick Polytechnic for the commencement of a Management Appreciation Course for Fieldworkers in the nursing services to be held at Craven Park Health Centre. This project was unique in its entirety as previously all management courses were specifically organised by Polytechnic Colleges and held on the college premises.

The format of the course covered half day a week for a period of 11 weeks.

Course tutors visited the Borough and gave lectures and tuition at the Health Centre.

Since the commencement of this project other Boroughs have shown considerable interest in this field.

COURSES ATTENDED BY NURSING STAFF

| | <i>No. Attended</i> |
|---|---------------------|
| First Line Management Appreciation Course for Senior Nurses | 4 |
| District training for State Registered Nurses | 2 |
| Day release courses at London Borough T.C. and hospitals | 11 |
| Diploma in nursing studies (R.C.N.) | 1 |
| First Line Management Appreciation Courses for Fieldworkers | 8 |

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 15 terminal cases of carcinoma. Thirty 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 £290 to the Foundation, this is half of what Marie Curie Foundation spends on the Borough in a year.

2,723 new cases Jan. - Dec. 1972

111,656 total visits Jan. - Dec. 1972

1,147 on register at end of year

Marie Curie Night Nurses 15

Ripple beds 30

Surgery Treatments 1,702

Bathing Attendants 6,064 visits

G.P. Attachments 17 plus 2 liaisons

Training Courses 4 S/Nurses First Line Management

1 S/Nurse Management Appreciation—2 weeks

2 S/Nurses S.R.N. District Training

8 Nurses Management Appreciation—Craven Park

11 Nurses Study Days

1 Nurse Diploma Course

INCONTINENCE SERVICE

Incontinence pads are provided free of charge to all incontinent patients and handicapped 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 and health visitors. 117,450 pads were issued in 1971 and 1972.

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. Over eight tons of laundry was laundered by the hospitals in 1971/1972.

NUMBER OF OLD PEOPLE USING LAUNDRY SERVICE

| On Register 1.1.72 | New Cases | Died | Admitted to Hospital | Discontinued | On register 31.12.72 |
|-----------------------|--------------|------|-------------------------|--------------|-------------------------|
| 47 | 43 | 16 | 9 | 17 | 48 |

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 | 4,596 | (5,091) |
| | Re-inforcing | 3,022 | (3,360) |
| Poliomyelitis | Primary immunisation | 4,569 | (5,082) |
| | Re-inforcing | 2,761 | (3,230) |
| Measles | Primary vaccination | 2,160 | (2,804) |

(Figures for 1971 in brackets)

In addition 621 girls in their fourteenth year (i.e. aged 13) were vaccinated against Rubella (German Measles).

It is interesting to note that the fall in the birth rate is approx. 500 children, which is almost the same as reflected in the immunisation and vaccination figures. It suggests, therefore, that the rates have remained about the same.

RECUPERATIVE HOLIDAYS

Council is empowered, under Section 28 of the National Health Service Act 1946, to arrange recuperative holidays for patients, who have had recent medical or surgical illness, but have sufficiently recovered that they do not require any form of medical or nursing care, are able to walk and dress unaided, and are fit to travel by public transport. These holidays are usually recommended by the general practitioners, hospitals and clinics; and are intended for patients to have short periods of rest, fresh air, good food, etc. Which enables them to recover from their recent illness and set-back in health.

During 1972, Council arranged and accepted financial responsibility for 44 persons in recuperative holiday homes, and of these 24 were admitted to such homes and 20 cancelled or withdrew. A further 17 applications were received, but were declined as not falling within the scope of the scheme.

In addition, 13 children were placed in recuperative holiday homes under Section 45 of the Education Act 1944.

Patients who require convalescence but are in need of medical and nursing care are the responsibility of the Regional Hospital Board.

CHIROPODY

The Council provided free chiropody service to the elderly, who are in receipt of retirement pension; handicapped, expectant and nursing mothers and the children under school age. The number of patients seen during this year increased by 151, i.e. the figure in 1971 was 5,070 and in 1972 it was 5,221.

TABLE 7
CHIROPODY SERVICE

Number of persons treated during the year.

| | By Local Authority | By British Red Cross Society | Total |
|---|--------------------|------------------------------|-------|
| Elderly Persons | 4,960 | 178 | 5,138 |
| Expectant and Nursing Mothers | 15 | — | 15 |
| Children under 5 | 7 | — | 7 |
| Others (Physically handicapped who are not old age pensioners) | 61 | — | 61 |
| Total | 5,043 | 178 | 5,221 |

Number of treatments given during the year.

| | By Local Authority | By British Red Cross Society | Total |
|-----------------------------------|--------------------|------------------------------|--------|
| In Clinics | 13,834 | 681 | 14,515 |
| In patients' homes | 6,176 | 332 | 6,508 |
| In old peoples' homes | 2,303 | — | 2,303 |
| In chiropodists' surgeries | 435 | — | 435 |
| Total | 22,748 | 1,013 | 23,761 |

Number of Local Authority clinic sessions—1985.

The Council employed four full-time Chiropodists and two part-time Chiropodists who mainly worked from the health clinics, but were also available for the domiciliary service which is given to the aged infirm, who are home-bound and cannot reach the clinics. In addition to this four private Chiropodists were employed. Arrangements were also made with the British Red Cross Society in rendering the chiropody service.

Chiropody treatment was also given to the school children, under the Education Act of 1944.

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. In two of these rooms were adapted, one in Council property costing £335.25 and one in owner occupied property costing £426.63 (the owner was assessed to pay £250 towards the cost). The third case presented problems in that no room in a small terraced house was available for adaptation. A portable building was installed in the rear garden by hoisting it over the roofs of the terrace. The total cost of providing the building and ancillary works was £1,638.

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 1972, 1,705 articles were loaned to patients and £1,043 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.

TABLE 8
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 | — (—) | 3 (—) | — (—) | 1 (—) |
| 5 to 9 | 5 (—) | 3 (—) | — (—) | — (—) |
| 10 to 14 | 3 (—) | 2 (—) | — (—) | 1 (—) |
| 15 to 19 | 6 (—) | 4 (—) | 3 (—) | 1 (—) |
| 20 to 24 | 16 (—) | 8 (—) | 1 (—) | 5 (—) |
| 25 to 34 | 21 (—) | 15 (—) | 6 (—) | 13 (—) |
| 35 to 44 | 15 (—) | 5 (—) | 3 (—) | 4 (1) |
| 45 to 54 | 11 (—) | 3 (1) | 2 (1) | 4 (—) |
| 55 to 64 | 7 (—) | 3 (2) | — (—) | 3 (—) |
| 65 and upwards | 7 (1) | 6 (1) | — (—) | 4 (—) |
| Totals: | 91 (1) | 52 (4) | 15 (1) | 36 (1) |

TABLE 9
TUBERCULOSIS: SUMMARY OF WORK OF WILLESSEN CHEST CLINIC

| | Pulmonary | | Non-pulmonary | | Total | |
|--|-----------|----|---------------|----|-------|-------|
| | M | F | M | F | M | F |
| NEW | | | | | | |
| 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 ... | — | — | — | — | 1,131 | 808 |
| (b) Persons who were given X-ray examination only ... | — | — | — | — | 1,837 | 1,450 |
| Numbers of persons found to be tuberculous during the year, including new contacts shown below ... | 85 | 42 | 20 | 29 | 105 | 71 |
| Number of new contacts seen for the first time during the year and included above. | | | | | | |
| (a) Contacts who were given a full medical examination ... | — | — | — | — | 193 | 187 |
| (b) Contacts who were given X-ray examination only ... | — | — | — | — | 275 | 248 |
| Number found to be tuberculous | 5 | 4 | — | 1 | 5 | 5 |
| OLD | | | | | | |
| Total number of old cases and contacts seen and X-rayed during the year:— | | | | | | |
| (a) Contacts seen by doctor ... | — | — | — | — | 538 | 517 |
| (b) Cases seen by doctor ... | — | — | — | — | 2,136 | 1,391 |
| (c) Contacts who were X-rayed only | — | — | — | — | 59 | 62 |
| (d) Cases who were X-rayed only ... | — | — | — | — | 462 | 360 |
| (e) Tuberculous patients seen ... | — | — | — | — | 1,180 | 845 |
| Number of cases not on the register but who are under observation at the chest clinic ... | — | — | — | — | 361 | 266 |

TABLE 10
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 |
| 1972 | 275,570 | 143 | 51 | 194 | 5 | 2 | 7 | 1,505 | 459 | 1,964 |

TABLE 11
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 |
| 1972 | 275,570 | 52 | 18 | 70 | 2 | 1 | 3 |

VENEREAL DISEASE

In 1972 there was an overall increase in the number of cases of venereal disease notified to the department. The continued popularity of oral contraceptives must in some measure be a contributing factor in this increase. There was however a small though welcome drop in the number of gonorrhoea cases notified.

There is an urgent need, especially among the young, to increase both the amount of availability of all forms of health education in order to reach all groups of vulnerable young people.

The tracing of contacts remains a vital part of the work in preventing the spread of venereal diseases. In February 1972 as a result of a Department of Health and Social Security recommendation, a State Registered Nurse was appointed as Contact Tracer in the Borough. She worked closely with the special clinic staff at Central Middlesex Hospital, interviewing patients and undertaking follow-up visits. Unfortunately in September she left the Borough and despite repeated advertising the post remained vacant at the end of the year.

TABLE 12

VENEREAL DISEASE

Number of New Cases in 1972

| Treatment Centre | Totals all Venereal Conditions | Syphilis | | Gonorrhoea | Other Genital Infections | Other Conditions |
|---|--------------------------------|-----------------------|-------|------------|--------------------------|------------------|
| | | Primary and Secondary | Other | | | |
| St. Mary's Hospital, W.2. ... | 1,705 | 4 | 7 | 310 | 793 | 591 |
| Central Middlesex Hospital, N.W.10 ... | 1,607 | 2 | 23 | 305 | 718 | 559 |
| St. Thomas Hospital, S.E.1. ... | 76 | 0 | 0 | 15 | 50 | 11 |
| Westminster Hospital, S.W.1 ... | 40 | 0 | 0 | 7 | 22 | 11 |
| Whitechapel Clinic The London Hospital ... | 66 | 0 | 1 | 11 | 38 | 16 |
| The Middlesex Hospital, W.1. ... | 1,025 | 3 | 5 | 105 | 567 | 345 |
| St. Bartholomew's Hospital, E.C.1. ... | 42 | 0 | 0 | 3 | 28 | 11 |
| Seamen's Hospital, Greenwich... | 1 | 0 | 0 | 1 | 0 | 0 |
| University College Hospital ... | 258 | 0 | 2 | 36 | 129 | 91 |
| TOTALS ... | 4,820 | 9 | 38 | 793 | 2,345 | 1,635 |

About half of those attending lived alone and all were troubled with rheumatism in its many forms. The aches and pains were most in evidence during cold, damp weather, and on occasions interfered with sleep. Some were depressed and lonely and missed visits by relatives and close friends. Several had raised blood pressure and a few were overweight and this added to their difficulties in getting about.

The following referrals were made:—

| | No. of Patients |
|----------------------------|-----------------|
| To Social Workers | 4 |
| To Council Chiropodists | 4 |
| To Hospital | 3 |
| To Home Help Organiser | 2 |
| For Council Aided Holidays | 2 |
| To Council Physiotherapist | 2 |
| To Medical Practitioner | 1 |
| To Housing Director | 1 |

1
SANITARY INSPECTION OF

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 13 - 15)

DEMOLITION AND CLOSING ORDERS

Closing Orders were made in respect of the following properties:—

- 118 Brondesbury Road, N.W.6 (basement)
- 52A Brondesbury Villas, N.W.6 (basement)
- 91 Brondesbury Villas, N.W.6 (basement room)
- 14 Charteris Road, N.W.6 (whole house)
- 1, 2, 3 and 4 Pound Lane, N.W.10 (whole house)
- 30 Station Road, N.W.10 (whole house)

The Closing Orders on 179 Purves Road, N.W.10 and 8 Union Road, Wembley were determined because schedules of works to make the premises fit for human habitation were completed satisfactorily in each case.

SLUM CLEARANCE

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

HOUSES IN MULTIPLE OCCUPATION

The problems particularly arising from the multiple occupation of houses continue to give rise for concern. These are over occupation, inadequate amenities and inadequate means of escape in case of fire.

The problem of over-occupation is one beyond the immediate ability and resources of the Local Authority to solve. It is only possible to ameliorate sub-standard conditions by improving the amenities and safety factors and by bringing houses into a more satisfactory state of repair. It must be accepted that with the continued shortage of accommodation and high capital and interest costs of housing, multiple occupation will be with us for many years and for those living in unsatisfactory conditions, the worst aspects of overcrowding must be alleviated by the limitation of numbers of households and persons.

In order to obtain a more effective control of houses in multiple occupation in the Borough, the Council introduced the London Borough of Brent (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme 1972. The scheme became effective from the 1st March 1972. Under the Informatory part of the scheme, all existing houses within the Borough other than houses controlled or owned by the Borough or Greater London Council, which were occupied by more than two households or one household and four persons, were and are required to be registered. Under the Regulatory part of the scheme it is necessary for application to be made to the Council before a house may be occupied by more persons or households than previously registered or if it is proposed that a house is to become a house in multiple occupation for the first time in accordance with the scheme.

The attention of owners, agents, solicitors and other interested persons was drawn to the provisions of the scheme by letter, posters and advertisements. By the 31st December 1972 a total of 1,034 applications for registration had been received, 473 had been visited under the Informatory part of the scheme. In addition, 6 applications under Part II were received.

In due course every property in multiple occupation will be required to conform to a minimum standard of services and facilities in accordance with a Code of Practice adopted by the Council which is supplied to all interested persons. A Management Order under Section 14 was made in respect of a property in Kilburn, N.W.6.

OVERCROWDING

The extent of overcrowding illegally or statutorily is not known and is not static. However the extent of the problem may be indicated by the fact that there were 950 applicants registered on the housing list in December 1972 who were statutorily overcrowded. From time to time action is taken 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 quite 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, 1,960 cases were considered and awarded points, where appropriate, on medical grounds. In addition 205 applications for transfer on medical grounds were dealt with.

TABLE 13
NEW DWELLINGS 1972

| | Houses & Bungalows | Flats & M's'n'tt's |
|---|--------------------|--------------------|
| Dwellings built by private builders (excluding those built by the police authorities) | 15 | 56 |
| Built by local authority | 50 | 384 |
| Applicants on Council's waiting list 31.12.72 | | 8,000 |

TABLE 14
NOTICES SERVED

| | |
|--|-------|
| Intimation notices served | 416 |
| Intimation notices complied with | 329 |
| Statutory notices served (Public Health Act, 1936) | 1,354 |
| Statutory notices complied with (Public Health Act, 1936) | 1,036 |
| Statutory notices served (Public Health Act, 1961) | 106 |
| Statutory notices complied with (Public Health Act, 1961) | 77 |
| Statutory notices served (Public Health Recurring Nuisances) Act, 1969) | 27 |
| Statutory notices complied with (Public Health Recurring Nuisances) Act, 1969) | 14 |
| Statutory notices served (Shops Act, 1950) | — |
| Statutory notices complied with (Shops Act, 1950) | — |
| Statutory notices served (Prevention of Damage by Pests Act, 1949) | 42 |
| Statutory notices complied with (Prevention of Damage by Pests Act, 1949) | 45 |
| Statutory notices served Housing Act, 1957 (Section 9) | 268 |
| Statutory notices complied with Housing Act, 1957 (Section 9) | 25 |
| Statutory notices served Housing Act, 1961 (Section 15) | 373 |
| Statutory notices complied with Housing Act, 1961 (Section 15) | 78 |
| Statutory notices served Housing Act, 1961 (Section 16) | 557 |
| Statutory notices complied with Housing Act, 1961 (Section 16) | 110 |
| Directions made under Housing Act, 1961 (Section 19) | 497 |
| Non-compliance with statutory notices referred to Town Clerk (Public Health Act, 1936, Section 93) | 367 |
| Referred for work to be carried out in default of owners | 56 |

INSPECTIONS AND VISITS BY PUBLIC HEALTH INSPECTORS AND TECHNICAL ASSISTANTS

[illegible]

CLEAN AIR

(TABLE 16)

The Smoke Control Area programme for the Borough will 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.

Nine notifications of new boiler plant were received in accordance with Section 3 of the Clean Air Act 1956 and the heights of 8 new chimneys were approved.

TABLE 16
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 |
| Brent No. 9 | 1.12.72 | 653 | 4,943 | 333 |
| Brent No. 11 | 1.12.72 | 453 | 3,680 | 155 |
| Total | — | 8,801.3 | 77,052 | 4,753 |

INSPECTION OF FOOD AND FOOD PREMISES

(TABLES 17 - 20)

The picture of the food purchasing and eating habits of the populace of Brent continues to change.

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 every day occurrence, avocado pears, melons, betel nuts, to mention a few are laid alongside apples and tomatoes on display. Goat meat is sold without comment alongside beef, yams of all sizes, colours and shapes, exotic sauces and flavours all for the choosing. 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, and Indian curry as steak and over the past year there has been a rise in the number of take away food premises providing a wide range of foods such as Indian and Chinese meals, American fried chicken and shish kabab which may be eaten in the comfort of one's own home.

Further extensions 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 continue to increase, more stores especially catering for these needs are opening, giving a service covering virtually all aspects of food. The home freezer is taking 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 and presents little or no barrier by sufferance, education, even by interpretation the message gets through eventually.

Legal proceedings were taken relating to 15 premises and food stalls under the Food Hygiene (General) Regulations 1970 resulting in a total of £979 fines and costs. (Table 20.)

TABLE 17

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 | 36 | 36 | 36 | 36 |
| Bread and Confectionery ... | 68 | 68 | 68 | 68 |
| Dairy | 5 | 5 | 5 | 5 |
| Butcher | 148 | 148 | 148 | 148 |
| Grocer and General Store ... | 282 | 282 | 282 | 282 |
| Fishmonger and Fish Fryer ... | 61 | 61 | 61 | 61 |
| Cafe and Restaurant | 250 | 250 | 250 | 250 |
| Greengrocer and Fruiterer ... | 202 | 202 | 202 | 202 |
| Ice Cream and Sweet Shop ... | 230 | 230 | 123 | 123 |
| Food Stall | 30 | — | — | — |
| Public House and Off Licence ... | 133 | 133 | 133 | 133 |
| Works Canteen | 172 | 172 | 172 | 172 |
| School Canteen | 82 | 82 | 82 | 82 |
| Food Factory | 18 | 18 | 18 | 18 |
| Other Food Premises | 99 | 99 | 99 | 99 |
| Totals | 1,816 | 1,786 | 1,679 | 1,679 |

INSPECTION AND REVISITS

Inspections: 1,616

Revisits: 2,206

Total: 3,822

TABLE 18

| | |
|--|-----|
| Premises unsatisfactory on 31.12.71 | 421 |
| Unsatisfactory during the year ... | 119 |
| Premises made satisfactory during the year ... | 236 |
| Unsatisfactory 31.12.72 ... | 304 |

TABLE 19

FOOD PREMISES: DEFECTS REMEDIED

| Defects | Outstanding at 31.12.71 | Found during the year | Total | Remedied during year | Outstanding at 31.12.72 |
|--|-------------------------|-----------------------|-------|----------------------|-------------------------|
| 1. Inadequate lighting and ventilation | 13 | 8 | 21 | 13 | 8 |
| 2. Inadequate washing facilities ... | 168 | 47 | 215 | 156 | 59 |
| 3. Inadequate refuse storage ... | 50 | 21 | 71 | 41 | 30 |
| 4. Unsatisfactory or insufficient sanitary accommodation ... | 86 | 16 | 102 | 40 | 62 |
| 5. Inadequate storage accommodation | 70 | 15 | 85 | 22 | 63 |
| 6. Defective walls, ceilings or floors | 171 | 33 | 204 | 53 | 151 |
| 7. Dirty walls, ceilings or floors ... | 287 | 92 | 379 | 107 | 272 |
| 8. Inadequate first aid materials ... | 54 | 12 | 66 | 48 | 18 |
| 9. Unsatisfactory conditions ... | 45 | 14 | 59 | 43 | 16 |
| 10. Any other defects ... | 299 | 97 | 396 | 162 | 234 |
| Totals ... | 1,243 | 355 | 1,598 | 685 | 913 |

TABLE 20

FOOD PREMISES: LEGAL PROCEEDINGS

| Type of Premises | No. of Contraventions or Summonses | Result of Hearing Fines | Costs |
|------------------------------|------------------------------------|----------------------------|-------|
| | | £ | £ |
| Cafe ... | 2 | 50 | 5 |
| Food Shop and Restaurant ... | 23 | 100 | 10 |
| Grocers ... | 2 | 20 | 10 |
| Caterers ... | 5 | 5 | 5 |
| Food Manufacturer ... | 12 | 285 | 35 |
| Wholesale Food Warehouse ... | 26 | 234 | 95 |
| Food Stall ... | 6 | 48 | 10 |
| Food Stall ... | 1 | 2 | 3 |
| Food Stall ... | 4 | 27 | 5 |
| Food Stall ... | 1 | 2 | 3 |
| Food Stall ... | 1 | 2 | 3 |
| Food Stall ... | 2 | 7 | 5 |
| Food Stall ... | 1 | 2 | 2 |
| Food Stall ... | 1 | 2 | 2 |
| Restaurant ... | 23 | Awaiting Hearing | |
| TOTAL ... | 110 | 786 | 193 |

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 21

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 satisfactory standard.

(TABLE 21)

FOOD PREMISES: REGISTRATION

| | Premises on register 31.12.71 | Applications received | Applications granted | Applications refused | Premises removed from register during 1972 | Total on register at 31.12.72 |
|--|--|--------------------------|-------------------------|-------------------------|---|--|
| (1) Sale and storage of ice cream ... | 526 | 15 | 15 | — | 16 | 525 |
| (2) Manufacture of ice cream ... | 6 | — | — | — | — | 6 |
| (3) Manufacture of preserved food... | 137 | 2 | 2 | — | — | 139 |
| | | | | | | 531 |

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

Two tons, 2 cwt. 70 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 22.

TABLE 22
SLAUGHTERHOUSE
CARCASSES INSPECTED AND CONDEMNED

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs |
|--|-----------------------------|------|--------|--------------------|------|
| Number killed | 51 | — | — | 363 | — |
| Number inspected | 51 | — | — | 363 | — |
| All diseases except tuberculosis and cysticerci:— | | | | | |
| a. Whole carcasses condemned | — | — | — | — | — |
| Carcasses of which some part or organ was condemned | 3 | — | — | 5 | — |
| Percentage of the number inspected affected with disease other than tuberculosis and cysticerci | 5.8 | — | — | 1.1 | — |
| Tuberculosis only:— | | | | | |
| b. Whole carcasses condemned | — | — | — | — | — |
| Carcasses 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 | — | — | — | — | — |
| Carcasses submitted to treatment by refrigeration | | | | | |
| Generalised and totally condemned | — | — | — | — | — |

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. Seven samples were taken and all proved satisfactory.

CONTAMINATED AND UNSOUND FOODS

One hundred and forty-two complaints about foodstuffs were received. They varied from allegations of mould, foreign matter to unsatisfactory taste. In 71 instances warning letters were sent, one was referred to another Local Authority and 19 were referred for prosecution. In 51 instances no action was taken. (Table 23.)

The results of the prosecutions heard which include one case not reported upon in 1971 were:—

1. Contaminated milk drink —Fined £30—£10 costs
2. Foreign matter in steak and kidney pie —Fined £10—£10 costs
3. Mouldy pork pie —Case dismissed
4. Unsound tin of fruit —Fined £20—£10 costs
5. Foreign matter in bottle of milk —Fined £10—no costs
6. Foreign matter in fruit pie —Fined £20—£15 costs
7. Unsound sliced cooked ham —Fined £20—£5 costs
8. Foreign matter in tin of meat —Case dismissed
9. Mouldy meat pie —Fined £25—£5 costs
10. Foreign matter in pork pie —Fined £15—£10 costs
11. Mouldy beef sausages —Fined £50—£30 costs
12. Watered milk —Fined £50—£5 costs
13. Ham roll containing rodent droppings —Fined £25—£5 costs
14. Foreign matter in meat pie —Fined £15—£10 costs

Six remaining cases are incomplete.

In three instances where the occupiers of premises were found to have food exposed for sale or in their possession for the purposes of sale which was unfit for human consumption, and which was seized and removed and was condemned by a Justice of the Peace, the following penalties were imposed:—

1. Sliced cooked ham and bacon —Fined £60—£5 costs
2. Yoghurt unsound —Fined £50—£30 costs
3. Packet soups, French toasts, cheese, beans, chocolate wafers, macaroni, etc., contaminated by mice —Fined £234—£20 costs
Appeal against conviction dismissed—£75 costs

TABLE 23

COMPLAINTS CONCERNING UNSOUND FOOD

| Cause of Complaint | Total Received | No Action | Warning Letter Sent | Referred to other authority | Referred for Prosecution |
|-------------------------------|----------------|-----------|---------------------|-----------------------------|--------------------------|
| Mould ... | 27 | 5 | 18 | — | 4 |
| Foreign Matter ... | 55 | 16 | 26 | 1 | 12 |
| Bad Taste/Odour | 10 | 7 | 2 | — | 1 |
| Contaminated/ Unsound Food | 50 | 23 | 25 | — | 2 |
| TOTALS ... | 142 | 51 | 71 | 1 | 19 |

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 425 informal samples were submitted to the Public Analyst of which 55 were unsatisfactory. The Analyst's reports were as follows:—

| NAME OR DESCRIPTION OF ARTICLE | NATURE OF ADULTERATION OR IRREGULARITY |
|--|---|
| Prawns curry | Sample was of shrimp curry, deficient in weight |
| Minced beef with peas | Omission in labelling |
| Hot dog sausages | Frankfurter, deficient in meat |
| Lemon pickle | Irregular labelling |
| Indian herb | Irregular labelling |
| Ganthia | Irregular labelling |
| Unlabelled Indian sweet | Irregular labelling |
| A beer kit | Contained insufficient yeast for adequate fermentation |
| Curry rice and meat meal | Contained foreign matter—a piece from the stem of ginger |
| A loaf of bread (foreign body) | Contained foreign matter—dirty dough |
| A loaf of bread with foreign matter on outside | Foreign matter consisted of cotton fibres and general dirt |
| Milk—complaint re foreign matter | Contained foreign matter; unclean bottle |
| A dirty milk bottle | Contained foreign matter; unclean bottle |
| Heinz savoury rice and chicken | Not fit for human consumption |
| Milk | Deficient in fat |
| Puff pastry—complaint | Not fit for human consumption |
| Bacon joint (prepacked, cooked) | Not fit for human consumption when received (4 days after purchase) |
| Pasteurised milk | Contained added water |
| Milk | Not of substance demanded |
| Milk from dispenser | Deficient in fat |
| Foreign body in slice of seed bread | Not of substance demanded |
| Portion of Jamaican pasty with foreign matter | Foreign matter—2 papillae from buccal epithelium of a bovine |
| Home brewed stout | Misleading description |
| Textured soya protein food, beef flavour | Insufficient description on pack |
| Foreign body found in milk | Bottle not properly cleansed |
| Half a loaf of bread | Not of substance demanded |
| Golden ideal milk | Bottle not properly cleansed |
| Steak and kidney pie containing unidentified object with hair attached | Not of substance demanded |

| NAME OR DESCRIPTION OF ARTICLE | NATURE OF ADULTERATION OR IRREGULARITY |
|---|--|
| Golden Ostermilk-Glaxo | Sample had high peroxide value |
| Golden Ostermilk-Glaxo | Sample had high peroxide value |
| Golden Ostermilk-Glaxo | Sample had high peroxide value |
| A mouldy pie | Not fit for human consumption |
| A dirty milk bottle—complaint No. 94 | Bottle not properly cleansed |
| Pork pie | Not of substance demanded |
| Mini pizza | Ingredients not stated in their proper order |
| Walls raised pork pie containing black foreign matter | Not of substance demanded |
| Bottle of milk containing foreign matter | Not of substance demanded |
| Butter containing foreign body | Not of substance demanded |
| Chopped pork with ham | Discolouration of small portion of meat and at seam of can |
| 108) Ghee (Discolouration Rust?, Dust?) | Iron rust on top surface |
| Dirty one-pint milk bottle | Bottle not properly cleansed |
| Beans | Unfit for human consumption |
| Spaghetti hoops | Contained excess of tin |
| Condensed milk | Contents had turned brown |
| Discoloured rice and coloured hemp from bag containing rice | Both coloured mauve by methyl violet |
| Cream | Had somewhat sour taste and smell |
| Bread containing foreign matter | Not of substance demanded |
| Dirty milk bottle | Bottle not properly cleansed |
| A slice of bread | Contained carbonised organic matter |
| Milk and dirt from milk bottle | Contained mould spores and hypae |
| Walls pork sausages | Foreign matter submitted with sample, consisting of two pieces of plastic material |
| Fresh milk concentrate | Incorrect description |
| Worthington 'E' bottled beer | Foreign matter submitted with sample, consisting of mould spores and hyphae |
| Ginger ale | Contained mould spores and hypae |
| Angel sandwich cake | Contained mould spores and hypae |

Three formal samples were taken and proved to be unsatisfactory. The Analyst's reports were as follows:—

| | |
|------------------|---|
| Prawns—curry | Sample was of shrimp curry, deficient in weight |
| Milk (2 samples) | Deficient in fat |

Of the 55 unsatisfactory samples, 6 were referred to the Solicitor and Administration Manager, 24 were dealt with by warning letters to the suppliers, 25 were dealt with informally.

BACTERIOLOGICAL SAMPLING

TABLE 25

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 239 samples of high risk foods were taken and submitted to the Public Health Laboratory Service for examination. Of these, 183 were satisfactory and 56 were unsatisfactory.

Water Samples

Samples were taken from all the swimming baths in the Borough. Each sample was examined for coliform bacilli and for faecal organisms. Forty-seven samples were taken and 45 were satisfactory.

Meat and Meat Products

Sixty-seven 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 Staphylococci. 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 discoloured in 30 minutes. In the phosphatase test the presence of phosphatase (a milk enzyme) indicates that the pasteurisation process, 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.

TABLE 25

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

Milk Examinations — 40

| Type | Samples Taken | Satisfactory | Unsatisfactory |
|--------------------|---------------|--------------|----------------|
| U.H.T. | 1 | 1 | — |
| Sterilised | 1 | 1 | — |
| Pasteurised | 10 | 8 | 2 |
| Glasses | 28 | 25 | 3 |

Meat and Meat Products — 67

| Type | Samples Taken | Satisfactory | Unsatisfactory | |
|---|---------------|--------------|----------------|--|
| | | | No. | Reason |
| Beef sausages | 41 | 34 | 7 | Bacterial plate count too high Salmonella present—1 |
| Pork sausages | 6 | 2 | 4 | Staphylococcus aureus present —3 |
| Liver sausage, black pudding, haggis and faggots | 14 | 11 | 3 | Micrococci, coliform bacilli and aerobic sporing bacilli present |
| Beefburgers | 1 | — | 1 | Staphylococcus aureus present |
| Meat pie | 1 | 1 | — | — |
| Bacon trimmings | 4 | 4 | — | — |

Ice Cream — 87

| Type | Samples Taken | Grade | | | | Void | Satisfactory |
|---------------------|---------------|-------|---|---|---|------|--------------|
| | | 1 | 2 | 3 | 4 | | |
| Heat treated | 70 | 51 | 5 | 5 | 9 | — | 56 |
| Soft | 15 | 8 | 1 | 3 | 3 | — | 9 |
| Cold mix | 2 | — | 2 | — | — | — | 2 |

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 fifty-one hawkers are registered (40 sell fruit and vegetables, 43 have mobile canteens and hot dog stalls, 40 sell ice cream, 7 fish, 3 cooked poultry, 4 groceries, 7 fish and chips, 1 fish and hot dogs, 1 meat, fish and vegetables, 4 bread and confectionery and 1 milk drinks). There were 17 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 38 and 39 in appendix.

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. Ninety were employed during the year, the largest number (74) altering and making clothing. Public Health Inspectors inspected these workers' homes, which were all found to be satisfactory. (Table 40) in appendix.

NOISE NUISANCE

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

During the year, 1,271 visits were made by the Inspectors in connection with noise complaints. Many of these involved visits at night and during the weekend and on a number of occasions inspectors were involved throughout the whole of the night.

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.

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 26.

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 41 in appendix.

There were no prosecutions under the Act during 1972.

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. Seven lifts were reported to the Council where defects were found needing urgent attention. All were 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-seven non-fatal accidents were reported and investigated and an analysis of their causation and the injuries sustained is shown in Table 42 in appendix. In twenty-eight cases no action was necessary, in five cases formal warning was given and in the remaining four cases informal advice was given to minimise risk.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

TABLE 26

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 | 12 | 805 | 15,006 |
| Retail shops | 13 | 694 | 4,086 |
| Wholesale shops, warehouses ... | 3 | 91 | 2,230 |
| Catering establishments open to the public, canteens | — | 184 | 1,774 |
| Totals | 28 | 1,774 | 23,094 |
| | | | Males 11,831 |
| | | | Females 11,263 |

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, 6 new licences were granted and 35 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 now undertakes the treatment of infestations in certain business premises for which a charge is made.

One thousand one hundred and seventy-one infestations of rats and 2,696 infestations of mice were treated.

Forty-two notices under Section 4 of the Prevention of Damage by Pests Act, 1949 were served.

CONTROL OF WILD PIGEONS

Monthly treatments of 10 railway bridges where nuisance is caused were carried out under the supervision of the Rodent Officer.

The treatment was also extended to trapping in view of the increased number of complaints received and the obvious increase in pigeon population. A total of 593 pigeons were destroyed.

UNCLEANLINESS AND SCABIES

(TABLE 27)

Treatment for scabies, lice and nits continued to be provided at the Craven Park Health Centre. Compared with 1971, there was a decrease in the total number of cases treated for scabies (110 in 1971, 81 in 1972), the decrease being mainly among school children. The number of cases treated for lice and nits increased from 180 in 1971 to 202, the increase being mainly among school children. The numbers treated however are still small bearing in mind the school population is almost 43,000.

TABLE 27
UNCLEANLINESS AND SCABIES

| | New Cases Treated | | | Total Attendances | | |
|-------------------------------|-------------------|---------------|-------|-------------------|---------------|-------|
| | Scabies | Lice and nits | Total | Scabies | Lice and nits | Total |
| Children under 5 years | 12 | 13 | 25 | 12 | 14 | 26 |
| Children 5-15 years | 32 | 176 | 208 | 37 | 181 | 218 |
| Adults Men | 12 | 4 | 16 | 13 | 6 | 19 |
| Women | 25 | 9 | 34 | 25 | 9 | 34 |
| Totals | 81 | 202 | 283 | 87 | 210 | 297 |

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

Two hundred and twenty-three complaints were received regarding wasps and 100 nests were destroyed. Thirty properties were dealt with concerning complaints of squirrels in lofts, etc., entailing 149 visits by the Rodent Control staff. The charges in accordance with Council's Scale were met.

DISINFESTATION

| | | | | |
|--------------------|-----|-----|-----|-------|
| Council properties | ... | ... | ... | 23 |
| Private properties | ... | ... | ... | 48 |
| | | | | <hr/> |
| Total | ... | ... | ... | 71 |

| | | | | |
|--------------------|-----|-----|-----|------------|
| Council properties | ... | ... | ... | 52 |
| Private properties | ... | ... | ... | 128 |
| Total | ... | ... | ... | 180 |

| | | | | |
|------------------|-----|-----|-----|----|
| (i) disinfected | ... | ... | ... | — |
| (ii) disinfested | ... | ... | ... | 12 |

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|
| Ants | ... | ... | ... | ... | ... | 5 |
| Wasps nests | ... | ... | ... | ... | ... | 100 |
| Unclean rooms | ... | ... | ... | ... | ... | 1 |
| Squirrels | ... | ... | ... | ... | ... | 30 |

29 parcels (455 articles)

THE SCHOOL HEALTH SERVICE

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 and 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 and London Road Clinics. Craven Park Health Centre. |
| <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> - - - | 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 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 30,949 |
| Total number of individuals found to be infested for the first time during the year | ... | ... | ... | ... | ... | ... | ... | ... | ... | 436 |
| Number of individual pupils in respect of whom cleansing notices were issued under Section 54(2) of the Education Act, 1944 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 252 |
| Number of individual pupils in respect of whom cleansing orders were issued under Section 54(3) of the Education Act, 1944 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 6 |

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 main-
tained and independent schools. After the parent's consent has been obtained a simple skin test is administered
to determine whether or not the child needs protection. If the skin reacts to the test it usually means the
child has developed some immunity, but all such cases are investigated at the Mass X-ray Unit or Chest
Clinic.

During 1972, 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 ... | ... | ... | ... | 2,481 |
| (ii) | Number of children tested ... | ... | ... | ... | 2,038—82.14% |
| (iii) | Number of those in (ii) negative to Heaf Tests ... | ... | ... | ... | 1,725—84.64% |
| (iv) | Number of those in (iii) B.C.G. vaccinated ... | ... | ... | ... | 1,633—94.66% |
| (v) | Percentage of Vaccination to (i) above) ... | ... | ... | ... | 65.82% |

| <i>Entrants</i> | | |
|-----------------|------------------------|--------------|
| (i) | Number skin tested ... | 3,538 |
| (ii) | Number positive ... | 168— 4.74% |
| (iii) | Number negative ... | 3,291—93.01% |

CONVALESCENT TREATMENT

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

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

| Diagnosis | No. of Children | Length of Stay |
|---|--------------------|----------------|
| Debility | 4 | 2 weeks |
| Diabetes | 3 | " |
| Frequent upper respiratory infections ... | 1 | " |
| Epileptic | 5 | " |
| Total | 13 | |

AUDIOMETRY

The routine testing by pure tone audiometer of every school child's hearing continued. A "sweep"
test is carried out in the first instance in school routinely at the ages of 6, 9 and 13 years. In addition new
entrants, particularly those from overseas for whom no previous records are available are tested at the earliest
opportunity irrespective of age. 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) are 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 1971 in
brackets.

AUDIOMETRY: CHILDREN TESTED

Routine

| Age Group | 1st Tests | Retests | Failures | | | Totals |
|-------------------|----------------|-----------|-----------|-----------|-----------|-----------|
| | | | Both Ears | One Ear | | |
| | | | | Right | Left | |
| Up to 7 years ... | 4,052 (3,532) | 177 (176) | 106 (115) | 100 (81) | 80 (91) | 286 (287) |
| Intermediate ... | 4,583 (3,128) | 361 (245) | 74 (64) | 76 (47) | 65 (40) | 215 (151) |
| Leavers ... | 3,011 (2,195) | 164 (128) | 22 (33) | 51 (37) | 41 (27) | 114 (97) |
| Totals ... | 11,646 (8,855) | 702 (549) | 202 (212) | 227 (165) | 186 (158) | 615 (535) |

Specials

| All Ages | 1st Tests | Retests | Failures | | | Totals |
|---------------|-------------|-----------|-----------|----------|---------|-----------|
| | | | Both Ears | One Ear | | |
| | | | | Right | Left | |
| Totals | 1,513 (949) | 105 (106) | 195 (168) | 124 (79) | 92 (78) | 411 (325) |

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 1972

| School or Clinic | New Cases | 1st Attendance this year of old cases | Re-attendance | Total |
|--------------------|-----------|---|---------------|-------|
| Kilburn Square ... | 34 | 6 | 73 | 113 |
| London Road ... | 22 | 8 | 64 | 94 |
| Monks Park ... | 8 | 1 | 48 | 57 |
| Mortimer Road ... | 9 | 5 | 75 | 89 |
| Neasden Clinic ... | 39 | 4 | 186 | 229 |
| Stag Lane ... | 24 | 9 | 67 | 100 |
| Stonebridge ... | 74 | 16 | 187 | 277 |
| Pound Lane ... | 8 | — | 21 | 29 |
| Chalkhill ... | 12 | 1 | 30 | 43 |
| Totals ... | 230 | 50 | 751 | 1,031 |

PROTECTION OF MIND SPEECH THERAPY

In 1972 the establishment for five full-time Therapists (50 sessions) was increased to that of (84 sessions) 8 full-time Therapists and one part time; the increase in establishment was based on a survey of the case load in clinics and Special Schools carried out in August 1971. During the course of the year the establishment was not complete and in December 1972 was the equivalent of 75 sessions. Mrs. Shinkfield, the Senior Speech Therapist left in February after five years of service in the Borough; Mrs. Spinney left in March after two years of service. Mrs. Wyatt was appointed to the senior post in July, and five other Therapists were appointed during the course of the year, three full-time and two on a part-time basis.

School Health Clinics

In 1972, 522 children were referred for Speech Therapy and of these, 267 were admitted for treatment (see Table 28). Sessions have continued in the nine clinics throughout the Borough with the exception of College Road where there was a break from September to December due to the limited number of referrals.

Extra sessions are still needed at some clinics, particularly at Craven Park Health Centre and Kilburn Square Clinic.

With the increase in the case load at clinics the administrative problems for Therapists have become considerable.

Special Schools

During the year the case load in special schools was reviewed and sessions distributed accordingly. Sessions were reduced from ten to seven at Grove Park School, two morning sessions were undertaken at Woodfield School, as this was felt to be more worthwhile than covering the school for a whole day, thus enabling some children to receive twice weekly treatment. Sessions at Manor School were increased from four to eight, but with the planned expansion of the school and the increased case load further provision for full-time coverage will have to be made.

Sessions at Kingsbury were increased from four to seven. Sessions were resumed at Balnacraig in September; two were felt to be sufficient and allowed the Therapist time to undertake a survey of the children there in order to review the situation. In most cases, sessions at special schools are undertaken by two speech Therapists.

Grove Park School

During the year sessions were reduced from full-time coverage to seven sessions which was considered sufficient to meet the needs of the current case load. A policy of screening all new admissions to the school has been adopted, and although not all children screened require treatment, many show some language delay.

Woodfield School

Two sessions were resumed in May (i.e. one day) after a break of two months without a Therapist, and in September these two sessions were carried out on two separate mornings. It was decided to screen every child who was on the treatment register (including those on review) and any child a teacher wished to refer. During the course of the year 55 children were referred, 36 of whom were found not to need treatment. Of the 19 children remaining, several of these were put on review. Many of the children on the current register appeared to have received a considerable amount of treatment in the past, and apart from three children were not considered to be in urgent need of treatment. Every child admitted to Woodfield School from May to December was seen for assessment, and it is hoped to continue this policy.

Manor School

Sessions were increased from four to eight in September, undertaken by two Speech Therapists.

Vernon House

Two sessions have been undertaken during the year, and since September have been carried out on two separate mornings which has meant that the children receive treatment twice a week.

Kingsbury School

Sessions were increased from four to seven in September, undertaken by two Speech Therapists and this has meant a considerable easing in the pressure of work. It was decided that a survey should be carried out in the school to collect information relating to the speech of all the children, in order to investigate the referral procedures, criteria for acceptance for treatment and a more balanced view of the speech difficulties experienced. This survey was commenced in December.

Balnacraig School

Sessions were recommenced in September. Every child was referred for Speech Therapy, investigated and assessment reports were written. It is felt that none of the children has a great deal of potential as far as language is concerned, and only four children were considered for regular treatment; the others are observed from time to time; and discussed with the staff who provide a valuable source of language stimulation to the children during the course of daily activities.

Day Nurseries

Visits to day nurseries have continued. Each clinic is responsible for a nursery, and the Therapist concerned undertakes regular visits in order to:—

1. Assess any children causing concern.
2. Advise nursery staff.
3. Treat children should numbers warrant a session.
4. Meet parents and discuss any relevant problems, etc.

Ideally more time should be spent in the nurseries as earlier diagnosis, management and treatment of children with speech and language disorders is desirable, and thus acts as a preventative measure.

Schools

Regular visits to all primary schools have been undertaken since September. This has proved most valuable, bringing the Therapist into closer contact with the teacher. The aims of the visits are to assess any children referred, to obtain further information about children already under treatment, to discuss treatment aims with the teachers involved, and to carry out a treatment session where the number of children warrant this. In addition to this, visits have been made to the partially hearing unit at Kingsbury Green School.

Stammer Group—a programme of Intensive Treatment

In view of the number of children referred to us with stammers, and the long term nature of the treatment, it was decided to hold a two week intensive treatment course for stammerers between the ages of 12 to 15.

Courses

During the year provision was made for three Speech Therapists to attend one day of the National Conference of Speech Therapists at Bedford in September. Two Speech Therapists attended a symposium on severe subnormality held by the Inner London Education Authority, also in September. Four Speech Therapists attended a joint meeting of the British Society of Audiology and the College of Speech Therapists held in December.

The improvement in the Speech Therapy Service for Brent has been made possible by the involvement and high standard of work by all the Speech Therapists working in the Borough and it is hoped that with an increase in establishment there will be a further extension of the service in 1973.

TABLE 28
NUMBERS OF CHILDREN RECEIVING TREATMENT IN CLINICS

| Clinics | No. Children Referred | No. Children Admitted | No. Children* Rec'd Treatment | No. Children Discharged |
|-----------------------|-----------------------|-----------------------|-------------------------------|-------------------------|
| Chalkhill | 39 | 33 | 66 | 23 |
| College Road | 5 | 4 | 37 | 18 |
| Craven Park | 75 | 35 | 58 | 5 |
| Kilburn Square | 40 | 30 | 147 | 49 |
| London Road | 40 | 16 | 45 | 17 |
| Neasden | 13 | 13 | 41 | 10 |
| One Tree Hill | 17 | 13 | 48 | 5 |
| Pound Lane | 104 | 25 | 71 | 56 |
| Stag Lane | 77 | 38 | 71 | 24 |
| Total | 410 | 207 | 584 | 207 |

TABLE 29
NUMBERS OF CHILDREN RECEIVING TREATMENT IN SPECIAL SCHOOLS

| Special Schools | No. Children Referred | No. Children Admitted | No. Children* Rec'd Treatment | No. Children Discharged |
|---------------------|-----------------------|-----------------------|-------------------------------|-------------------------|
| Grove Park | 12 | 9 | 42 | 3 |
| Woodfield | 55 | 19 | 19 | 4 |
| Manor | 16 | 13 | 43 | 9 |
| Vernon House | 0 | 0 | 10 | 3 |
| Kingsbury | 15 | 14 | 50 | 5 |
| Balnacraig | 14 | 5 | 5 | 0 |
| Total | 112 | 60 | 169 | 24 |

* Numbers include those children under observation.

HANDICAPPED CHILDREN

HANDICAPPED CHILDREN OF PRE-SCHOOL AGE

Children are notified to the Child Health Section of the Health Department as soon as a handicap has been identified. These notifications come from the maternity hospital following a child's birth, from medical officers in the child health clinics, health visitors, paediatricians and from workers in the Social Services Department.

A Handicapped Children's Register is maintained centrally at Brent House and during 1972 with the appointment of a Senior Medical Officer in the Schools Health Section it was possible to extend and co-ordinate the supervision of these children more fully.

A medical examination is carried out after reports from all those concerned with the child's care have been obtained. The needs of the child are assessed and a programme of further care arranged. Many of these children are admitted to the day nursery for some hours a day, others to the special nursery attached to one of Brent Special Schools. Arrangements to ensure physiotherapy and speech therapy may be necessary and the support of the Social Services Department or voluntary organisations may be required.

Regular re-appraisal of the needs of these children is necessary and reviews are carried out yearly or more often as required to ensure the changing factors in the child's physical, mental and social progress are assessed and alterations to the programme of care are made where needed.

Close contact is maintained with the School Psychological Service and plans for future schooling, either in special schools or in ordinary schools with supportive care are made.

HANDICAPPED CHILDREN IN DAY NURSERIES

Brent is fortunate to have 13 day nurseries. It was always the policy when these nurseries were under the care of the Health Department to integrate a certain number of handicapped children into each day nursery. This provided an opportunity for these children to experience normal play and social activities with other children and thus reduced the developmental delay that could occur. Handicapped children are often unable to mix normally for play with other children in the pre-school years as their handicap may confine them to their homes.

When the Social Services Department took over the administration of the day nurseries, this policy was continued and extended and interpreted literally for the care of all handicaps.

During 1972 there were 88 handicapped children in the 13 day nurseries. These children were usually admitted for a limited number of hours each day, not spending the full day there unless for other reasons whole time care is required. Each nursery may accept up to five children, usually with different handicaps. The staff in day nurseries are now well experienced in the care and management of the different handicaps. Speech therapists visit the day nursery to give both treatment to individual children and assistance and advice to nursery staff in the stimulation of speech and language. Physiotherapists also visit the nurseries and give advice on the care and management of the physically handicapped.

It is interesting to record the wide variety of handicaps admitted to the day nurseries (Table 30).

It will be noted that the number of children who have delay in speech and language development without evidence of any other handicap is fairly high. This problem is a common one in Brent where social and cultural deprivation often combines to retard development in speech and language skills. Immigrant children have additional problems because of their differing cultural patterns.

Considerable help to remedy this handicap can be given to these children by admission to the day nursery where speech and language development can be actively stimulated by the staff at the nursery. It is in this respect that speech therapists have much to offer in their contact with the day nurseries.

With the increase in the establishment of speech therapists in 1972, it had been possible for them to undertake regular nursery visits. They are able to help the day nursery staff extend their knowledge of language development so that some structuring of the language environment in the day nurseries can be assisted.

The development of satisfactory communication ability before starting school is basic to the child's opportunity of benefiting from education being offered. If speech and language understanding are retarded this can remain an educational handicap for the child which he may never fully recover from during his school life.

As an advisory service to the Social Services Department, medical officers visit the day nurseries regularly and supervise the general health of all the children in the nursery as well as assessing the progress of the handicapped children placed there.

HANDICAPPED PUPILS IN SPECIAL SCHOOLS

During 1972 the overall school population continued to rise and at the end of December 1972 had reached the figure of 44,974, which is an increase of 2.9% on the previous year's school population.

As would be expected this was also reflected in the rise in the numbers of children ascertained as handicapped during the year.

At the end of 1972 there was a 5% increase in the total number of children ascertained as handicapped pupils. There was however during the year an increase of 16% in the number of new pupils ascertained as handicapped.

During 1972 a review of the future needs in special education was made. Two groups of children were identified for whom additional facilities would be needed and these were for the maladjusted and for the severely subnormal.

The increasing number of maladjusted children and their special educational requirements have been reported in previous annual reports, but the urgent problems associated with the day placement within the Borough for the primary age children were very apparent in 1972 and Vernon House, the special school for these children, had a long waiting list.

Problems associated with the large number of maladjusted children both at residential schools and awaiting placement again underlined the need for Brent to have a residential school of its own for maladjusted children.

Tylney Hall is only able to cater for the very mildly maladjusted and is not suitable for the majority of children recommended for residential placement by the psychiatrists at Kilburn and Kingsbury Child Guidance Centres.

The other group of children requiring an extension of special schooling facilities are those suffering from severe sub-normality. This was also reported in last year's annual report.

In the past many of these children have been placed in foster homes and hostels in different parts of the country and in sub-normality hospitals.

The White Paper entitled "Better Services for the Mentally Handicapped" makes it clear that in future these children should be accommodated within their own community and attend local special schools. Only a few children are in need of the nursing care available in hospitals.

Estimates based on pre-school children known to be likely to require special education in this group, who are already on the Handicap Register, together with those in various parts of the country as mentioned above and those in Leavesden Hospital who might be able to return to hostels in the community, suggested that additional school places would be required in the next few years. Also Balnacraig Special Care Unit is in temporary accommodation and will require rehousing. All these factors were taken into account and suggested the need for a school, additional to Kingsbury Day Special School of some 100-120 pupils.

During the latter part of 1972 an exciting plan was outlined for the possible use of the St. Andrews Hospital site at Dollis Hill for a complex consisting of a small hospital for 32 sub-normal children, a special school for 120 pupils and a hostel for mentally handicapped children. The site would also contain a housing section and a children's reception centre. This plan, if executed, could provide all the needs outlined in the previous paragraph with exciting opportunities for collaboration between hospital, local authority and school medical services.

This could give Brent parents and their children a most satisfactory service with a flexibility in placement not easy to arrange now.

Another group of children for whom future plans have to be made are the senior partially hearing pupils who are at the present moment of junior age in Kingsbury Green Partially Hearing Unit. When these children reach senior age which will be within the next few years, many will still require a special class in ordinary school, although some will be able to integrate for most of the time in ordinary secondary school classes. Plans are being made to establish a special class for this group of children in a secondary school in the Borough.

ANNUAL REVIEWS OF HANDICAPPED PUPILS

All children who attend special schools either day or residential *outside* Brent are seen for an annual review by school doctors in Brent during the holidays. This has revealed defects of vision and hearing which have developed and have not always been identified at their schools.

These defects and others found have been dealt with in the school clinics and referred either for specialist opinion and treatment or to general practitioners as necessary.

Annual reviews of children attending schools for the maladjusted are arranged at the Child Guidance Clinic with the Psychiatrist in charge of the child's case.

In this way a regular re-appraisal is made of the progress of all these children.

TABLE 30
HANDICAPPED CHILDREN IN DAY NURSERIES 1972

| Category (handicap) | Number |
|--|--------|
| Blind | 1 |
| Deaf and partially hearing | 6 |
| General retardation in development (including mentally handicapped) | 26 |
| Physically handicapped (including cerebral palsy, spina bifida, hydrocephalus, Hirschprung's disease, hemiparesis, fragilitas ossium, coeliac disease) | 15 |
| Delicate (including congenital cardiac disease, asthma and eczema) | 4 |
| Epilepsy | 1 |
| Failure to thrive and poor nutrition | 2 |
| Behaviour problems | 8 |
| Serious deprivation | 4 |
| Speech retardation (without other apparent handicap) | 21 |
| Total | 88 |

A. BLIND CHILDREN

At the end of 1972 there were four boys ascertained as blind. One boy attended John Aird School as a day pupil and the other three were at Residential Schools, one at the Ruston Hall and two at Worcester College.

The number of blind children remains the same as last year and no new cases were ascertained in 1972.

B. PARTIALLY SIGHTED CHILDREN

At the end of 1972 there were 23 children in this group, 15 boys and 8 girls, all attending Day Schools.

Twenty of the children attended the Inner London Education Authority Schools John Aird and New River School. One child attends the Hogarth Infants' School Special Class for Partially Sighted and Partially Hearing children. The other two children are at Maintained Schools.

Three children in this group were newly ascertained during 1972.

C. DEAF CHILDREN

Only three new pupils were ascertained as deaf during 1972 as compared with five in 1971 and at the end of 1972 there were 23 children receiving special schooling in this group.

Eighteen children attend Day School, either at Blanche Nevile School in the London Borough of Haringey, Heston School for the Deaf in the London Borough of Hounslow or in the Inner London Education Authority Schools at Ackmar and Frank Barnes School.

Five children attend Residential School at the Royal School for the Deaf, Margate, Tewin Water, and the Royal School for the Deaf at Cheadle Hulme and Mill Hall School.

D. PARTIALLY HEARING CHILDREN

There were 40 children ascertained in this group at the end of 1972.

Twenty of these children attended Day Special Schools outside Brent, including Partially Hearing Units attached to ordinary schools in Heston and Tottenham.
Kingsbury Green School Partially Hearing Classes

Fourteen of the children were placed in the two special classes attached to Kingsbury Green School. These two classes were established in 1970 and admitted mainly young children in the four to seven year old age range with three or four children who were between seven and eight years old. This avoided withdrawing children already placed outside Brent and enabled the very young children to be admitted to the Kingsbury Class and so avoid the long journeys previously undertaken to Heston. Plans are now being made to establish a Secondary age class where these children can transfer.

During 1972 further integration took place of many of the pupils into the main school for social activities and for formal work continued. Plans were made for addition of the loop system to eight of the main classrooms, the Hall and the Television Room together with the addition of radio microphones for some of the children.

Residential Schools

Four children attend the Royal School for the Deaf in Margate, one child is at Mary Hare School and one at Mill Hall School.

Partially Hearing Children in Ordinary Schools

There are a number of children who attend ordinary schools in Brent who are partially hearing. These children are supervised by the Teachers of the Deaf who visit the schools and ensure that teaching staff are fully aware of the particular difficulties these children experience. Children are seen regularly at Neasden Audiology Unit and should any of them be failing educationally the Teacher of the Deaf brings this to the notice of the team at the Audiology Unit. Arrangements can be made for additional help by the Teacher of the Deaf or transfer to the Partially Hearing Unit if necessary. After a period of special help there the child may return to ordinary school.

E. EDUCATIONALLY SUB-NORMAL CHILDREN

This group of children are now well provided for in special education. There is no waiting list for either Woodfield or Manor Day Special School.

The total number of children included in both the categories Educationally Sub-Normal and Severely Sub-Normal is 513 and this represents 1.1% of the total school population.

It is usually considered that near 1½% of the school population may require special education in this category.

The number of children in the Severely Sub-Normal group is proportionately within the expected range but children in the ability range for the educationally sub-normal is lower than expected. This may be because children are being contained in ordinary schools or it may be that they are not being presented for assessment to the Psychological Service.

Woodfield Day Special School

Woodfield School is a Secondary School for boys and girls with learning difficulties and can when full accommodate 200 pupils.

The school is situated overlooking the Welsh Harp and is surrounded on three sides by fields and parkland towards the Harp. The School has ample play and sports accommodation and pupils at the school are outstanding in their athletic achievements.

At the end of 1972 there were 172 children on roll, 87 boys and 85 girls. During the year 22 boys were admitted and 32 girls. Of this number 21 had transferred from Manor Primary School.

Twenty-six children left this school during the year, 21 at the end of their school career, one child transferred to ordinary school, one to Tylney Hall, and one to Shaftesbury School in Harrow. Two children left the district.

During the year staffing problems occurred in the school but there has never been any serious delay in the admission of children following ascertainment.

Regular visits were made to the school during the year by the School Medical Officer and special and routine medical inspections were carried out.

The School Nurse visited the school regularly and was involved in the health education given at the school.

The Speech Therapist held regular sessions each week at the school to treat the children requiring therapy.

Manor Primary School

The school can provide primary education for up to 200 children.

At the end of 1973 there were 82 children on roll and during the year 38 children were admitted and 27 left. 21 of those leaving transferred to the Senior School at Woodfield, one to Residential School and two other children moved out of the area.

There are three special diagnostic classes incorporated within the school, each accommodating 10 children.

These children may present several different handicaps ranging from emotional, intellectual, mild physical, behavioural and social difficulties which would make adjustment to the Infant Class in an ordinary school difficult.

In the small groups skilled teaching and loving care is provided to which the majority of the children respond and after a period of six months to two years it is possible to assess the type of schooling most suitable for each individual child. This is only undertaken after careful assessment by the medical, psychological and teaching team.

At the beginning of 1972 there were two diagnostic classes for infant aged children but in September a third class for children of junior age was established.

During 1972, 13 children were admitted to the diagnostic class and eight left, one to ordinary school, five transferred to the main school of Manor Primary, and two children left Brent. At the end of 1972 there were 24 children in the special classes.

Many of the children at Manor School and in the diagnostic classes require speech therapy and the Therapist attends the school three days a week. It is hoped to increase this to a full-time Therapist when the establishment of 10 full-time Therapists for the Borough is filled.

Regular medical examinations were carried out at the Manor School during each term and the School Nurse visited the school regularly. Dental and ophthalmic services are arranged for the children at the School Health Clinic. The audiometrist attends the school to screen all the children's hearing at regular intervals.

Other Day Special and Residential Schools

Twenty-eight children attend other Day Special Schools outside Brent and 25 children are placed at Residential Schools.

Severely Sub-Normal Children

At the end of 1972 there were 206 children in this group, the majority attending Kingsbury Day Special School and Balnacraig Special School. There were children placed with foster parents, in special hostels and Nursing Homes as well as at Residential Schools outside Brent. There were 32 Brent children in Leavesden Hospital.

Kingsbury Day Special School

At the end of 1972 there were 146 children on roll including the pre-school children in the nursery classes attached to the School. There were 16 admissions during the year and 11 discharges. One leaver transferred to the Adult Training Centre, two children were admitted to Leavesden Hospital and two children were admitted to the Centre for Spastic Children at Cheyne Walk. Six children left the district with their families.

Admissions to Kingsbury Day Special School were restricted because the discharges at school leaving age were very limited. The opening of the new Adult Training Centre at Stonebridge was postponed for some time and school-leavers had to be retained at Kingsbury School.

Kingsbury Day Special School is a purpose-built school and accommodates 146 children providing for both the pre-school age group and those requiring special care and nursing as well as the main school stream.

There is a full speech therapy service in the school and the Physiotherapists from the Centre at Grove Park School treat the children needing care.

The school still lacks a medical room, physiotherapy and speech therapy rooms as well as a room for sick children, but plans are being made to remedy this urgent need.

A classroom has to be used by the Speech Therapist thus reducing admissions by eight to 12 children and the Physiotherapist has to treat children either in classrooms or in corridors.

The School Nurse is in full-time attendance and regular two-weekly medical inspections were held at the School.

Parents were invited to attend and the value of the meeting between the child, the parent, School Doctor and the teaching staff would be very substantially increased if social work time could be allocated to these assessments at school.

The Ophthalmologist and the Audiometrist visit the school each term.

Balnacraig Day Special School

This school originally sited in a small purpose-built hut at Neasden was transferred in 1971 to the Games Pavilion at Ashley Gardens near Preston Road because of the proximity of the new Neasden underpass. The school accommodated 24 children, but although larger the new premises required some alterations and decorations and the full complement of children could not be taken during 1972. At the end of December 1972 there were 16 children on roll, only two being admitted during the year, and four were discharged. One of the children leaving the school was transferred to Kingsbury Day Special School and one to Leavesden Hospital. One child left the district with his family and one child died.

The children were seen regularly by the School Doctor and visits were made weekly by the Speech Therapist and the Physiotherapist.

During the year a case of infectious hepatitis occurred and contacts amongst staff and children were protected by the use of gamma globulin.

Other Day and Residential Schools

Five boys and two girls are fostered by Brent Social Services Department and attend Special Schools in the areas where they live. 18 children attended independent schools.

Seventeen children do not receive schooling and of these one boy and two girls are in the Day Nursery, one boy has home tuition, five boys and two girls are in Residential Homes with no recognised education available. Six children are in their own homes.

The two children in the Day Nursery were retained there after five years as the waiting list for Kingsbury Day Special School prevented admission. This as was previously indicated was due to the older children not being able to transfer to the Adult Training Centre.

F. EPILEPTIC CHILDREN

Modern anti-convulsant therapy offers a variety of drugs in the treatment of epilepsy and it is seldom that convulsions cannot be well controlled and the majority of children suffering from this condition are contained in ordinary schools.

Teaching staff are tolerant of a child with epilepsy when the condition is understood and the appropriate action to be taken explained. It is the responsibility of the School Doctor to ensure that no anxiety exists for the Teacher and to give advice on the management of the condition. Other children in the class usually take the odd fit in a classmate in their stride.

Children whose fits cannot be controlled require special schools. There are two children at Grove Park School in Brent and one child at Hazelbury School for Delicate Children in the London Borough of Enfield.

There are two children at Lingfield School for Epileptics and two children at St. Elizabeth's School, Much Haddam. One child is at a maintained school and one not attending school.

G. MALADJUSTED CHILDREN

The number of children in this group continued to rise as it has done for the last seven years since the inception of the London Borough of Brent.

At the end of 1972 there were 242 children ascertained as maladjusted as compared with 209 in 1971 and 187 in 1970. As already reported the main problem in placement has been for the junior age day pupils in Brent and for those children requiring Residential Schools. It is almost impossible to find a Boarding School for boys and girls over the age of 13.

At the end of 1972 there were 78 boys and girls placed at 50 different Residential Schools and there are 27 mildly maladjusted boys at Tynney Hall.

Barretts Green Secondary School

The numbers in this school have increased during the year and in December 1972 there were 31 children on roll. The school can accommodate 40 children and with the increase in staffing during the year the full number of children can be admitted.

Twelve boys and six girls were admitted during the year and 11 children left the school. Of this 11, seven left at the age of 16, two transferred to Leavesden Hospital Special Unit, one child returned to the West Indies and one child was sent to an Approved School.

The activities in the curriculum of the school have been extended and a full secondary course of education is offered.

Regular Case Conferences are held to discuss the progress and management of the children and these are attended by the school staff, Child Psychiatrists, Psychologists, Psychiatric Social Workers, Social Workers and the Principal Medical Officer for School Health.

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

Vernon House School

Throughout 1973 the school has been full. The place of each child who left has been immediately filled by another child in urgent need of special schooling taken from the long waiting list. On occasion children have jumped from their place low on the waiting list because of urgent difficulties arising in their school and the child has been excluded. This is a difficult situation as children with one particular type of problem tend to be admitted rather than a mixture which would help to produce a better school environment.

There were 45 children on roll at the end of December 1972. 15 children were admitted during the year and nine left. Of the nine leaving three transferred to Barretts Green Secondary School, three returned to ordinary school, one was placed in a Residential School and two moved away from Brent.

H. PHYSICALLY HANDICAPPED CHILDREN

Grove Park School

Grove Park School is a purpose built school for 120 physically handicapped boys and girls from the age of five until school leaving. The building is a single storey one with wide corridors and graded inclines which allow wheelchairs and slowly moving children to get about easily and without danger.

Classrooms are light and well equipped.

There is a well designed medical area consisting of a large physiotherapy room, hydrotherapy pool, medical room, large treatment and rest room with associated shower and washing facilities.

The school was full throughout 1972 with a total roll in December of 122 and of this number 61 were Brent children.

The school accepts children from the adjacent Boroughs of Barnet, Harrow, Ealing and Hillingdon.

During the year 20 children were admitted and 11 left. Of those who left one transferred to an open air school, two returned to ordinary school, three left at the age of 16 and one transferred to a Training Centre for Spastic Children. Four children left the district.

The children attending this school vary in the type of severity of their handicap. Spastic children form the largest single group with children with spinabifida now the second largest group.

Small classes enable the children to receive individual attention and each child progresses at his own rate.

The aim of all the staff, teachers, therapists, nurses and welfare assistants, is to develop to the full the physical and educational potential of each child. Facilities exist for all at the school to reach a good standard of general education and to take the usual examinations.

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

Except for a small assessment class of partially hearing children, the school is unable to admit children under the age of five but this year the plans for the long awaited Nursery Class really appear likely to become a reality in 1973.

A Nursery Class will enable us to admit the severely handicapped children requiring regular physiotherapy and speech therapy and enable these children to have the advantage of Nursery education.

Regular medical examinations were carried out at school during 1972 and the children were periodically assessed concerning their progress and need for further special treatment.

Vision and hearing are regularly tested and Dr. Da Silva, the Consultant Ophthalmologist, visits the school each term.

Mr. Sullivan, Orthopaedic Surgeon, attends the school several times each term and any 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 Consultant Otologist.

Four full-time physiotherapists provided treatment in the large Physiotherapy Department and the adjacent Hydrotherapy Pool. Children who were able also visited swimming baths with the school.

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

Other Day and Residential Schools

Two children who are physically handicapped attend Hazelbury Special School in the London Borough of Enfield and there are three children who attend Cheyne Walk Unit for Spastic Children.

There are six children placed in Residential Schools, one child is at Coney Hill School for children with spinabifida, three children are at Welburn Hall, one child is at Tylney Hall and one at Trueloves School.

I. SPEECH DEFECT

There are no children attending a special school for speech defects only but there are children in Brent Special Schools such as Grove Park, Manor School and Kingsbury Day Special School who have severe speech defects and the report of the Senior Speech Therapist gives an account of the work in these schools.

The majority of children who make up the number of 1,085 pupils reported in 1972 to have speech defects are in the ordinary schools and receive their treatment at the School Clinics.

Greater emphasis is now being directed to the pre-school child in the identification of speech and language defects because earlier treatment is so vital for the child's successful progress.

J. DELICATE AND DIABETIC PUPILS

At the end of 1972 there were 63 children ascertained as delicate, one less than the previous year. Of this number 40 were boys and 23 girls.

Twenty of the children were attending Day Special Schools, 10 at Hazelbury School for Delicate Children in the London Borough of Enfield, seven at Wood Lane School and one at John Keats School in the Inner London Education Authority. Two children were at Grove Park School.

Twenty-five were placed residentially including eight boys at Tylney Hall.

There is one boy and one girl placed at Pailingswick Hostel in Hammersmith and who attend an 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 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 the visits to school to ensure that the staff there understand something of diabetes and in this way to avoid considerable unnecessary anxiety.

A Diabetic Register is maintained at Brent House so that all new children developing this condition can be offered the supportive services of the Health Visitor and through her the facilities provided by the British Diabetic Association.

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1972

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 | 4 | — | — | — | 4 | — |
| Partially-Sighted Pupils | 14 | 8 | 3 | — | 15 | 8 |
| Deaf Pupils | 10 | 13 | 2 | 1 | 9 | 14 |
| Partially Deaf Pupils | 17 | 20 | 1 | 2 | 18 | 22 |
| Delicate Pupils | 43 | 21 | 7 | 3 | 40 | 23 |
| Diabetic Pupils | | | | | | |
| Educ. Sub-Normal Pupils | 143 | 134 | 34 | 33 | 158 | 149 |
| Severely Sub-Normal Pupils | 145 | 79 | 7 | 8 | 132 | 74 |
| Epileptic Pupils | 7 | 2 | 1 | — | 6 | 3 |
| Maladjusted Pupils | 167 | 42 | 45 | 17 | 192 | 50 |
| Physically Handicapped Pupils | 52 | 27 | 4 | 5 | 53 | 33 |
| Pupils with Speech Defects | 762 | 274 | 152 | 77 | 791 | 294 |
| Totals | 1,364 | 620 | 256 | 146 | 1,418 | 670 |
| Grand Totals | 1,984 | | 402 | | 2,088 | |

*Pupils with Multiple Defects ... 55 28 23 11 66 30

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

RETURN OF HANDICAPPED PUPILS, YEAR ENDED 31st DECEMBER, 1972

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 ... | 1 | — | 3 | — | — | — | — | — | — | — | 4 | — |
| Partially-Sighted Pupils ... | 13 | 7 | — | — | 2 | 1 | — | — | 1 | — | 15 | 8 |
| Deaf Pupils ... | 6 | 12 | 3 | 1 | — | — | — | 1 | — | — | 9 | 14 |
| Partially Deaf Pupils ... | 5 | 12 | 3 | 1 | 7 | 9 | 3 | — | — | — | 18 | 22 |
| Delicate Pupils ... | 13 | 7 | 18 | 7 | 9 | 9 | — | — | — | — | 40 | 23 |
| Diabetic Pupils ... | — | — | — | — | — | — | — | — | — | — | — | — |
| Educ. Sub-Normal Pupils ... | 131 | 131 | 22 | 2 | 1 | 2 | 4 | 14 | — | — | 158 | 149 |
| Severely Sub-Normal Pupils ... | 108 | 63 | — | — | — | — | 14 | 4 | 10 | 7 | 132 | 74 |
| Epileptic Pupils ... | 2 | 1 | 2 | 2 | 1 | — | — | — | 1 | — | 6 | 3 |
| Maladjusted Pupils | 63 | 20 | 38 | 5 | 39 | 15 | 52 | 10 | — | — | 192 | 50 |
| Physically Handicapped Pupils | 41 | 23 | 5 | 1 | 4 | 4 | — | — | 3 | 5 | 53 | 33 |
| Pupils with Speech Defects ... | — | — | — | — | 535 | 157 | 7 | — | 249 | 137 | 791 | 294 |
| Totals | 383 | 276 | 94 | 19 | 598 | 197 | 80 | 29 | 263 | 149 | 1,418 | 670 |
| Grand Totals | 659 | | 113 | | 795 | | 109 | | 412 | | 2,088 | |

*Pupils with Multiple Defects

59 26 2 2 3 1 2 1 — — 66 30

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

PHYSIOTHERAPY

In April 1972 the physiotherapy establishment was increased from 5 physiotherapists to 7½ physiotherapists. A Superintendent Physiotherapist for the Borough was also appointed.

Grove Park School

A complement of 4½ physiotherapists work at this school. Individual treatments are given, as well as group therapy and hydrotherapy in the school pool. The physiotherapists are responsible for the weekly swimming session at Granville Road Swimming Baths. About 30 children attend this session.

The Physiotherapists are responsible for apparatus work in the gymnasium, and with a few exceptions, every child, in the school takes part.

Many other forms of sport are encouraged, including archery, and the annual Inter Schools Sports Day was held at the Martindale School, Hounslow on Saturday, 8th July, 1972. The children from three schools, Martindale, Hangers Wood and Grove Park competed.

It had been anticipated that riding lessons would start in September 1972 for some of the children, but this has been abandoned as the Riding School were not granted permission for a larger indoor riding school.

An Orthopaedic Consultant from the Royal National Orthopaedic Hospital, Stanmore, visits the school two or three times a term.

One physiotherapist attended a 3-day course on Spina-Bifida at the Hospital for Sick Children, Great Ormond Street in July 1972.

All the physiotherapists attended a series of evening lectures on "The Development, Handling and Treatment of the Handicapped Child" at the Institute of Child Health.

Kingsbury Day Special School

The work at this school is divided among three physiotherapists making one full time physiotherapist.

The physiotherapists working at this school are doing so under difficult conditions as there is no physiotherapy treatment room. Children have to be treated either in the classroom or in the school corridors, which greatly affects the children's ability to concentrate and they are very easily distracted by the other children.

Balnacraig Special Care Unit

Two physiotherapists attend the unit for two sessions a week each. Again, they work under great difficulty as there is no physiotherapy treatment room.

School Health Service

Physiotherapy sessions are held at the following clinics:—

Kilburn Square

Pound Lane

Neasden

London Road

Craven Park Health Centre

Children are referred for orthopaedic and postural defects and for breathing exercises.

Day Nurseries

The physiotherapists visit day nurseries which have admitted handicapped children and treat them at the nursery. Advice on handling the children is given to the day nursery staff, from whom the utmost co-operation is always received.

Domiciliary Visits

If necessary, handicapped children under five years of age are treated at home. Home visits are also made to children attending special schools to discuss and advise on home management of the child, and suggestions and advice given on any necessary adaptations and equipment required.

During 1972, with the increase in establishment, the physiotherapy service in the Borough has been expanded. Greater liaison is now possible with many hospitals as physiotherapists are encouraged to accompany the children on hospital visits and this is most beneficial both to the Hospital Staff and to the parents. By attending courses and lectures, the physiotherapists are able to meet other physiotherapists working in similar fields and this leads to a lively interchange of ideas and theories and practise of treatments.

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

Communication by speech is one of the most complex and important aspects of man's development. Without hearing this becomes virtually impossible, very seriously handicapping the sufferer. It is for this reason that the early detection of a hearing loss is so important.

The combination of auditory training and the provision of amplification (hearing aid) enables even the severely deaf the opportunity to establish communication by speech.

The services of the Neasden Audiology Unit exist to identify hearing loss from infancy until the young person leaves school, and provides for diagnosis, handicaps, follow-up and supervision of all children with hearing

The Clinic was established nine years ago under the Middlesex County Council and provides services for Brent, Harrow and part of Barnet. Each year an increasing number of children have been seen at the Clinic.

During 1972, 460 children were seen, 86 more than last year, and of those seen 166 were new cases and 97 were of pre-school age.

I am indebted to Dr. Fisch, the Consultant Otologist at Neasden Audiology Unit for the following account of the year's work.

"The Neasden Audiology Clinic which has now been in existence almost ten years had a busy year.

"Regular clinical sessions were held by Dr. L. Fisch, Consultant, and by the Principal Medical Officer and Senior Medical Officer.

"As in previous years, strenuous efforts had to be made to keep the waiting list down and to avoid long waiting for an appointment.

"Some clinical sessions, during which normally six to seven children can be seen, had to be organised as screening sessions especially for children who failed the school audiometry and subsequent full threshold audiometric test.

"During these sessions all children have a full audiometric test, otological examination and a test of hearing for speech. About 15 children are seen at such a screening clinic and a surprisingly large proportion of

these are referred for treatment of various middle ear conditions to the Ear, Nose & Throat Department of Central Middlesex Hospital.

"Close co-operation exists with Mr. Pease, Consultant Ear, Nose & Throat Surgeon for that Hospital.

"During normal clinical sessions the Consultant, Principal Medical Officer, Teachers of the Deaf and Audiometricians work as a team and this close team work proved to be, as in previous years, most useful and important.

"Children continued to be referred for this issue of hearing aids, making ear inserts, and servicing aids, to the Hearing Aid Distribution Centre at St. Mary's Hospital. Close co-operation existed also with this Department which continued to give valuable service to hearing impaired children from the Clinic.

"We have been fortunate to have the services of a full complement of Teachers of the Deaf and the children attending at the Clinic receive a very intensive training, parent guidance and close supervision of their progress when the children are in a normal school.

"During the year we had a large number of visitors, especially Medical Officers, Health Visitors, etc. The installation of a one-way observation window makes it possible to demonstrate techniques of testing and assessment.

"Children who are educated in the Special Classes for Partially Hearing Children attended for full re-assessment in groups, as a class, and the class teachers were present. Close co-operation between the Clinic and the teachers from the Classes for Partially Hearing Children was established and the joint assessment sessions proved to be most useful.

"During a period when there was a shortage of Teachers in the Partially Hearing Classes our Peripatetic Teachers were able to help out and give valuable advice to teachers who were not fully trained as Teachers of the Deaf.

"Steps have been taken during the year to elaborate similar co-operation with a newly opened class for partially hearing children in Harrow.

"The order of a valuable new piece of equipment has been approved. This is a so-called "impedance meter" which will enable us to measure the pressure in the middle ear and improve our diagnostic facility.

"£300 has been received from the Appeal Organiser by I.T.V. and it was decided to spend the money on equipment which would help children who are not in Special School (amplifying equipment, etc.).

"An information pamphlet about the Clinic was prepared and it is hoped that this will be published in 1973. This gives all-round information about the work of the Clinic and is meant for General Practitioners and other medical personnel concerned with the care of a child with hearing impairment.

"Children were referred as in previous years from a great variety of sources, e.g. Paediatricians, Medical Officers of various Local Authority Clinics, E.N.T. Specialists of surrounding hospitals. An increasing number of General Practitioners refer children and the new Department of Paediatrics at Northwick Park also referred children and we hope to elaborate close co-operation with this new hospital.

"A considerable number of children were referred as a result of school screen audiometry. School audiometricians' task is a very difficult one. They often have to work in very unsatisfactory conditions and it is only due to their great enthusiasm and persistence that this work is maintained at a very high standard.

"The records show that school screen audiometry is one of the very important aspects of the school child's health.

"As in previous years we had the full support of the Education Department for which we are grateful. Without a close co-operation of the medical and Education Authorities this work would not be possible".

SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The main difficulty affecting this Service is shortage of Dental Officers. At routine school inspections, it is hoped that the majority of children are receiving dental treatment from one source or another and badly neglected mouths, particularly in the older age groups, are not common. Nevertheless, although Brent is more fortunate than many Authorities, much more could be achieved with an improved staffing situation. As Dentists in general practice are accepting an increasing proportion of private patients, it seems likely that more and more children will wish and, indeed, may be obliged to turn to the School Service for dental treatment. As salary scales are nationally negotiated, no additional financial inducements are available to attract staff and the most the Authority can do, is to provide the best supporting staff and equipment and materials. This policy continues to operate, as indeed it has, for some considerable time.

Unkept appointments still cause concern, but this is not just a local problem, and all efforts are made to minimise this wastage.

The population of Brent do not yet enjoy the benefits of fluoridation of the public water supply and some effort is made to reduce this deficiency by the topical application of fluorides to the teeth in selected cases. This is of considerable importance as the emphasis today, in dentistry worldwide, is on prevention.

CHILD GUIDANCE SERVICE

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

Organisation of Service

The Educational Psychologists continue to have specified schools allocated to them and to see in school those children referred to the School Psychological Service, usually by head teachers. Where a full Child

Guidance psychiatric diagnosis is required, the cases are referred on to one of the two Child Guidance Centres. The Child Guidance Centres themselves receive direct referrals from many sources other than the schools.

Children are usually seen in order of referral, although for urgent cases, this is waived. Reports for the Juvenile Court are given priority and can usually be completed within three weeks. An increasing demand on our service is that of investigation of children excluded from school. This is also given priority since the children are out of school and are not normally re-instated until reports are received.

There are waiting lists for all aspects of the Service—educational diagnostic investigations, full Child Guidance assessments, psychological treatment and placement in Special Schools, both Day and Residential.

At the end of 1972 there were 521 cases on the waiting list to be seen by a psychologist. This compares with 394 a year earlier, and is the longest waiting list that the Service has known.

Staff

In April 1972 the establishment of Educational Psychologists was increased from 4.1 to 6, but by the end of the year it had not been possible to fill this. During the year only four Educational Psychologists were employed at any one time. We were sorry to lose the services of Mrs. Smith who left to go to Herts, and Dr. Varma left the Service at the end of the year, after having had long periods of illness previously. Two temporary Educational Psychologists, Mrs. Feuuerstein and Miss Sampson, helped by working for short periods of time.

The Regional Hospital Board has been unable to increase the psychiatric time available to the Service. The additional Psychiatric Registrar asked for previously did not materialise, and therefore the heavy workload of Dr. Graf and Dr. Friedman, the Consultant Child Psychiatrist, has not diminished.

Mrs. Hopkins, Child Psychotherapist, left at the end of the year, and Miss Markowitz and Miss Thompson began as sessional Child Psychotherapists, whilst still in training at the Hampstead Child Therapy Clinic.

The establishment of Psychiatric Social Workers was increased from 4½ to 5 and Miss Dickeson increased her hours to become full time. Miss Lee, Psychiatric Social Worker at the Kingsbury Centre left to move to the Harrow Social Services Department and was replaced by Miss Van Erkelans.

Mrs. Paling, the Senior Clerical Assistant, who had worked in the Child Guidance Service for ten years, died in September 1972. She had had long periods of sick leave in earlier years, but her death came as a profound shock to her colleagues. Both her conscientious work and her cheerful personality will be sadly missed.

Miss Bayliss, who had acted as Senior Clerical Assistant during the last few months of Mrs. Paling's illness, left after her marriage and moved to Bedford. Mrs. Lofman was appointed as Senior Clerical Assistant, and Mrs. Hammant joined the Service as a Clerical Assistant at the end of the year.

Premises

During the year there were modifications to the premises at the Kingsbury Centre, after the ground floor was taken over from the Health Department. This Centre has sufficient space and is purpose built. The same cannot be said of the Kilburn Centre. For the past 20 years this has been housed in a four storeyed, nineteenth century terraced house. The conditions are cramped, and it is with great anticipation that the staff are awaiting the new Kilburn Child Guidance Centre which is earmarked for a site adjacent to the Kilburn Maternity and Child Welfare Clinic.

Referrals

354 children were referred to the Child Guidance Centres in 1972 (see Table 31), which is about the same as last year. As is usual, there were twice as many boys as girls referred. 240 children received some form of regular individual treatment in the Centres.

The sources of referral (Table 32) shows that about a third were from medical sources, a third from the schools, and a third from elsewhere. This is much the same picture as previous years.

Referrals from the schools for behavioural/emotional difficulties and problems are accepted only after the parents have clearly given their permission. It is regarded as an infringement of parents' rights to expect a psychological examination of a child without parental knowledge and permission. In any case, without parental co-operation there is no easily provided remedy.

The reasons for referral (Table 33) give perhaps grounds for some disquiet. The proportion of referrals in the categories of behaviour difficulties and anti-social behaviour now makes up three-quarters of all referrals. This has been growing over the years, and it is now the highest ever. Clearly many such children do need a full Child Guidance investigation, but this should not detract from the referral of children with nervous or habit disorders, who just as much need investigation and help. Amongst teachers particularly, it is surprising how often one still meets the response that a certain child does not warrant psychological help because he is not difficult in school.

The largest category of children referred to the Educational Psychologists in the School Psychological Service are those who are backward in school work.

Backwardness in Reading and Dyslexia

There are large groups of children who do not master a reading level which is commensurate with their age. No doubt this is frequently related to a lower level of general ability than that found in an average child. However, it is undoubtedly true that there are children who possess a level of general ability which is average or above average and yet who are backward in reading. There can be many reasons for this, such as eyesight or hearing difficulties, emotional problems, absence from or frequent changes of school or poor teaching techniques. Far too readily dyslexia is given as a diagnostic label, rather like measles or influenza, particularly by doctors or parents. It is apposite to quote from the Department of Education and Science booklet "Children with Specific Reading Difficulties": "The term 'dyslexia' has been very closely used in educational contexts and we do not consider it can usefully be employed for educational purposes".

During the year 190 children received help in the six unattached Remedial Reading Classes. However, with children of Secondary School age who have hardly started to read at all, something more is needed than help in groups of ten children. It is hoped that a Remedial Reading teacher can be attached to the two Child Guidance Centres to deal with such children on an individual basis.

School Phobia and Exclusions from School

A number of referrals are in the category of "school refusal". This is a better term to use than "school phobia" which is reserved for a smaller group of children who have an irrational fear of going to school, and this has little to do with the school, but more to do with the home. "Schoolphobia" is totally different from truancy.

The number of exclusions from school has followed the pattern of last year with about 30 in all. Most of these children, after investigation, are reinstated in ordinary schools.

With these two categories of referral, one is dealing with one group of children who refuse to attend school, and the other group that the school does not want there.

Liaison with Other Agencies

School Medical Officers regularly attend each month a case conference at the Kilburn Child Guidance Centre.

The Staff of the Child Guidance Service have regular monthly conferences at Vernon House and Barretts Green Day Maladjusted Schools to discuss the children and the best way of treating them. On a few occasions during the year some of the Child Guidance team have met the staff of Woodfield Secondary E.S.N. School to discuss children known to both.

We have welcomed the appointment of Mr. Kettle as Adviser for Compensatory Education, and have worked closely with him and other Advisers in courses for teachers.

In conclusion, the Child Guidance Service has been grateful for the support and co-operation from Miss Rickus, Director of Education and Dr. Hollman, Director of Health.

CHILD GUIDANCE CENTRES

TABLE 31. REFERRALS

| | |
|---|-----------|
| Number of cases referred to the Centres in 1972 (123 girls, 241 boys) | 364 |
| Number of cases brought forward from 1971 waiting list | 51 |
| | <hr/> 415 |
| Number of new cases dealt with by Psychiatrist and team | 256 |
| Number of cases investigated by Educational Psychologist and P.S.W. or withdrawn before full investigation | 83 |
| Cases remaining on waiting list at 31.12.72 | 76 |
| | <hr/> 415 |
| Number of cases seen for regular treatment | 240 |
| Number of cases recommended for residential placement | 26 |

TABLE 32. SOURCES OF REFERRAL

| | | |
|---|-------|-----------|
| Director of Health and School Medical Officers | (17%) | 60 |
| Headteachers and Educational Psychologists | (34%) | 125 |
| General Practitioners | (17%) | 62 |
| Hospitals | (6%) | 22 |
| Probation Officers and Juvenile Courts | (2%) | 7 |
| Parents | (13%) | 49 |
| Social Services Department | (7%) | 26 |
| Others | (4%) | 13 |
| | | <hr/> 364 |

TABLE 33. REASONS FOR REFERRAL

| | | |
|--------------------------------------|-------|-----|
| 1. <i>Nervous Disorders</i> | (12%) | |
| (a) Fears and anxieties | | 21 |
| (b) Inhibited behaviour | | 10 |
| (c) Depression | | 14 |
| 2. <i>Behaviour Disorders</i> | (57%) | |
| (a) At Home | | 100 |
| (b) At School | | 68 |
| (c) Predominantly aggressive | | 39 |
| 3. <i>Habit Disorders</i> | (8%) | |
| (a) Enuresis (wetting) | | 8 |
| (b) Encopresis (soiling) | | 8 |
| (c) Involuntary movements | | 4 |
| (d) Sleep disturbance | | 3 |
| (e) Speech disorders | | 6 |

| | | |
|--|-------|-----------|
| 4. Psychosomatic | (1%) | |
| Asthma, Eczema, etc. | | 4 |
| 5. Anti-social Behaviour | (17%) | |
| (a) Stealing | | 34 |
| (b) Non-attendance at school | | 26 |
| 6. Psychotic Behaviour | (1%) | 4 |
| 7. Educational Difficulties | (4%) | |
| Backwardness and retardation in school work | | 15 |
| | | <hr/> 364 |

TABLE 34. AGE DISTRIBUTION OF REFERRALS

| | | | |
|----------------------|----|----------------------|-----------|
| Under 5 years | 31 | 11 years | 22 |
| 5 years | 25 | 12 years | 33 |
| 6 years | 34 | 13 years | 35 |
| 7 years | 44 | 14 years | 30 |
| 8 years | 30 | 15 years | 13 |
| 9 years | 36 | Over 15 years | 2 |
| 10 years | 29 | | |
| | | | <hr/> 364 |

SCHOOL PSYCHOLOGICAL SERVICE

TABLE 35. REASON FOR REFERRAL TO PSYCHOLOGIST

| | |
|---|-----------|
| Backwardness | 156 |
| Assessment for Director of Health | 56 |
| Behaviour difficulties | 86 |
| Assessment for allocation to schools | 51 |
| E.S.N. school leavers | 23 |
| | <hr/> 372 |

TABLE 36. DISPOSAL OF SCHOOL PSYCHOLOGICAL SERVICE CASES

| | |
|--|-----------|
| Recommendation for Remedial Reading Class | 46 |
| Recommendation for Special School | 47 |
| Recommendation to Director of Health | 27 |
| Advice to schools | 72 |
| Referral to Child Guidance Centre | 43 |
| Cases to be reviewed | 73 |
| Recommendation to Director of Education | 18 |
| Advice to parents | 46 |
| | <hr/> 372 |

TABLE 37. WAITING LIST FOR PSYCHOLOGISTS AT 31.12.72

| | |
|--|-----------|
| School Psychological Service | 321 |
| Cases for review | 140 |
| Cases for testing in Child Guidance Centres | 60 |
| | <hr/> 521 |

MEALS AND MILK

Meals

Nutritionally balanced meals are served in maintained schools on 94 different premises. The average number of pupils provided with a meal on each school day during 1972/73 was 27,541 and 100 per day during the school holidays.

Milk

One-third pint of milk was supplied free to children in maintained infants, non-maintained infants, special schools, and also on health grounds, to children of junior school age in maintained schools.

A census taken in October 1972 showed that 12,867 children each received one-third pint of milk. Of these 12,247 were attending maintained and 620 non-maintained schools. This represented 47.86% of all children present in primary and special schools on that day. On this particular day 1,029 children of junior age in maintained primary schools were receiving milk on health grounds.

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 1972/73 was £1,302,590 and the income from payments and other services at £548,310, giving a net expenditure of £754,280.

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 | 16 |
| Errors of refraction (including squint) | 1,791 |
| Total | 1,807 |
| Number of pupils for whom spectacles were prescribed | 689 |

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 | 10 |
| (b) for adenoids and chronic tonsillitis | 16 |
| (c) for other nose and throat conditions | 2 |
| Received other forms of treatment | 19 |
| Total | 47 |
| Total number of pupils in schools who are known have been provided with hearing aids: | |
| (a) in 1972 | 10 |
| (b) in previous years | 48 |

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

| | Number known to have been treated |
|---|-----------------------------------|
| (a) Pupils treated at clinics or out-patients departments | 595 |
| (b) Pupils treated at school for postural defects | — |
| Total | 595 |

- Notes:—All cases of infestation, however, at the time of inspection, were recorded at (a), (b), (c) and (d) unless otherwise stated.
- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 30,949
- (b) Total number of individual pupils found to be infested 436
- (c) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(2), Education Act, 1944) 252
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) 6

TABLE D. DISEASES OF THE SKIN

| | Number of pupils known to have been treated |
|-------------------------|---|
| Ringworm (a) Scalp ... | — |
| (b) Body ... | — |
| Scabies ... | 32 |
| Impetigo ... | — |
| Other skin diseases ... | 4 |
| Total ... | 36 |

TABLE E. CHILD GUIDANCE TREATMENT

| | Number known to have been treated |
|--|-----------------------------------|
| Pupils treated at Child Guidance Clinics ... | 415 |

TABLE F. SPEECH THERAPY

| | Number known to have been treated |
|---|-----------------------------------|
| Pupils treated by speech therapists ... | 517 |

TABLE G. OTHER TREATMENT GIVEN

| | Number known to have been dealt with |
|---|--------------------------------------|
| (a) Pupils with minor ailments ... | 1,392 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements ... | 13 |
| (c) Pupils who received B.C.G. vaccination ... | 1,544 |
| (d) Other than (a), (b) and (c) above Please specify: | |
| Psychological (Stability) ... | 83 |
| Development ... | 93 |
| Total: (a) — (d) | 3,125 |

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

Cost of Meals and Milk

The total expenditure of schools on meals and milk for 1972/73 was £1,307,590 and the income from payments and other services at £548,310, giving a net expenditure of £759,280.

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary, secondary, special and nursery schools ... 44,974

PART I.—*Medical Inspection of Pupils attending Maintained Primary and Secondary Schools*
(including Nursery and Special Schools)

TABLE A. PERIODIC MEDICAL INSPECTIONS

| Age Groups inspected (by year of birth) | No. of Pupils who have received a full medical examination | Physical Condition of Pupils Inspected | | Pupils found to require treatment (excluding dental diseases and infestation with vermin) | | |
|---|--|--|----------------|---|---|-------------------------|
| | | Satisfactory | Unsatisfactory | for defective vision (excluding squint) | for any other condition recorded at Part II | Total individual pupils |
| | | No. | No. | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1968 and later | 678 | 676 | 2 | 9 | 12 | 18 |
| 1967 | 2,401 | 2,390 | 11 | 44 | 34 | 82 |
| 1966 | 1,342 | 1,336 | 6 | 42 | 50 | 83 |
| 1965 | 333 | 332 | 1 | 24 | 16 | 40 |
| 1964 | 1,722 | 1,716 | 6 | 110 | 42 | 146 |
| 1963 | 722 | 710 | 12 | 53 | 34 | 86 |
| 1962 | 1,404 | 1,396 | 8 | 65 | 53 | 116 |
| 1961 | 1,826 | 1,824 | 2 | 101 | 41 | 137 |
| 1960 | 676 | 671 | 5 | 29 | 30 | 57 |
| 1959 | 199 | 196 | 3 | 13 | 14 | 27 |
| 1958 | 784 | 779 | 5 | 32 | 25 | 57 |
| 1957 and earlier | 2,082 | 2,066 | 16 | 104 | 69 | 166 |
| Total | 14,169 | 14,092 | 77 | 626 | 420 | 1,015 |

Col. (3) total as a percentage of Col. (2) total 99.46%
Col. (4) total as a percentage of Col. (2) total 0.54%

TABLE B. OTHER INSPECTIONS

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

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

| | | | |
|-------------------------------|-----|-----|-------|
| Number of Special Inspections | ... | ... | 3,407 |
| Number of Re-inspections | ... | ... | 721 |
| Total | ... | ... | 4,128 |

TABLE C. INFESTATION WITH VERMIN

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

| | | | | | | |
|---|-----|-----|-----|-----|-----|--------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons | ... | ... | ... | ... | ... | 30,949 |
| (b) Total number of individual pupils found to be infested | ... | ... | ... | ... | ... | 436 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | ... | ... | ... | ... | ... | 252 |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | ... | ... | ... | ... | ... | 6 |

SCHOOL DENTAL SERVICE

Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special School in January 1971 as in Form 7, 7m and 11 Schools ... 44,974

ATTENDANCES AND TREATMENT

| | Ages 5 to 9 | Ages 10 to 14 | Ages 15 and over | Total |
|---|----------------|------------------|---------------------|--------|
| First visit | 4,674 | 3,386 | 940 | 9,000 |
| Subsequent visits | 7,756 | 6,932 | 3,189 | 16,877 |
| Total visits | 12,430 | 10,318 | 3,129 | 25,877 |
| Additional courses of treatment commenced | 889 | 691 | 194 | 1,774 |
| Courses completed | — | — | — | 7,903 |
| Fillings in permanent teeth | 4,204 | 7,904 | 3,047 | 15,155 |
| Fillings in deciduous teeth | 10,607 | 1,303 | — | 11,910 |
| Permanent teeth filled | 3,297 | 6,809 | 2,798 | 12,904 |
| Deciduous teeth filled | 9,487 | 1,182 | — | 10,669 |
| Permanent teeth extracted | 98 | 261 | 105 | 464 |
| Permanent teeth extracted (ortho) | 41 | 301 | 65 | 407 |
| Deciduous teeth extracted | 2,374 | 683 | — | 3,057 |
| General anaesthetics | 855 | 296 | 24 | 1,175 |
| Emergencies | 318 | 206 | 68 | 592 |

ORTHODONTICS

| | |
|------------------------------------|-------|
| Number of Pupils X-rayed | 849 |
| Prophylaxis | 1,300 |
| Teeth otherwise conserved | 617 |
| Number of teeth root filled | 42 |
| Inlays | 3 |
| Crowns | 63 |

| | |
|---|-----|
| New cases commenced during year | 165 |
| Cases completed during year | 144 |
| Cases discontinued during year | 20 |
| No. of removable appliances fitted | 324 |
| No. of fixed appliances fitted | 43 |
| Pupils referred to Hospital Consultant | 40 |

PROSTHETICS

| | 5 to 9 | 10 to 14 | 15 and over | Total |
|--|--------|----------|-------------|-------|
| Pupils supplied with F.U. or F.L. (first time) | — | — | 1 | 1 |
| Pupils supplied with other dentures (first time) | 1 | 7 | 3 | 11 |
| Number of dentures supplied ... | 1 | 8 | 4 | 13 |

INSPECTIONS

| | |
|--|--------|
| (a) First Inspection at school. Number of Pupils ... | 21,876 |
| (b) First Inspection at clinic. Number of Pupils ... | 7,267 |
| Number of (a) + (b) found to require treatment | 16,966 |
| Number of (a) + (b) offered treatment | 15,571 |
| (c) Pupils re-inspected at school clinic | 2,428 |
| Number of (c) found to require treatment ... | 1,686 |

SESSIONS

| | |
|---|-------|
| Sessions devoted to treatment | 4299 |
| Sessions devoted to inspection | 235.5 |
| Sessions devoted to Dental Health Education ... | 59.5 |

FACTORIES

TABLE 38
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 | 57 | 29 | — | — |
| Factories not included above in which section 7 is enforced by the local authority | 879 | 678 | 14 | — |
| Other premises in which section 7 is enforced by the local authority (excluding outworkers premises) ... | 7 | 58 | — | — |
| Total | 943 | 765 | 14 | — |

TABLE 39
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) | 3 | 1 | — | — | — |
| Overcrowding (sec. 2) | — | — | — | — | — |
| Unreasonable temperature (sec. 3) | — | — | — | — | — |
| Inadequate ventilation (sec. 4) | — | — | — | — | — |
| Ineffective drainage of floors (sec. 6) ... | — | — | — | — | — |
| Sanitary conveniences (sec. 7) | | | | | |
| (a) Insufficient | 4 | 4 | — | — | — |
| (b) Unsuitable or defective | 3 | 3 | — | — | — |
| (c) Not separate for sexes | 1 | 1 | — | — | — |
| Other offences against the Act (not including offences relating to outworkers) | 7 | 7 | — | — | — |
| Total | 18 | 16 | — | — | — |

TABLE 40
OUTWORKERS

| Nature of Work | No. of outworkers in August list | No. of instances of work in unwholesome premises | Notices served |
|---------------------------------------|----------------------------------|--|----------------|
| Wearing apparel (making, etc.) | 74 | — | — |
| Ladies' Belts | 4 | — | — |
| Shoes | 3 | — | — |
| Lampshades | 5 | — | — |
| Christmas Crackers | 1 | — | — |
| Millinery | 2 | — | — |
| Brass Manufacture | 1 | — | — |
| Total | 90 | — | — |

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

TABLE 41

INSPECTIONS AND VISITS

| Class | No. of registered premises receiving general inspection during the year | Number of visits of all kinds |
|--|---|-------------------------------|
| Offices | 73 | } 322 |
| Retail Shops | 168 | |
| Wholesale shops, warehouses ... | 22 | |
| Catering estabs. open to the public, canteens | 59 | |
| Total | 322 | |

TABLE 42

ACCIDENTS REPORTED

| | Class of Premises | | | | Total |
|--|-------------------|--------------|--------------------------------|--------------------------------------|-------|
| | Offices | Retail Shops | Wholesale Shops and Warehouses | Catering Establishments and Canteens | |
| 1. No. of Accidents Reported ... | 7 | 21 | 5 | 4 | 37 |
| 2. No. of Accidents Investigated ... | 7 | 21 | 4 | 4 | 36 |
| 3. Action taken: | | | | | |
| (a) Formal warning | 2 | 2 | 1 | — | 5 |
| (b) Informal Advice | 2 | 2 | — | — | 4 |
| (c) None | 3 | 17 | 4 | 4 | 28 |
| 4. Causation: | | | | | |
| (a) Machinery | — | 5 | 2 | — | 7 |
| (b) Transport | — | 1 | 1 | — | 2 |
| (c) Falls of Persons | 5 | 6 | 1 | 1 | 13 |
| (d) Stepping on or striking against object or persons | — | 1 | 1 | 1 | 3 |
| (e) Handling goods | 2 | 5 | — | 1 | 8 |
| (f) Struck by falling objects ... | — | — | — | — | — |
| (g) Fires and explosions | — | — | — | — | — |
| (h) Electricity | — | — | — | — | — |
| (i) Use of Hand Tools | — | 2 | — | 1 | 3 |
| (j) Not otherwise specified ... | — | 1 | — | — | 1 |
| 5. Injuries sustained: | | | | | |
| (a) Fractures and dislocations ... | 2 | 2 | 3 | — | 7 |
| (b) Sprains and strains | 2 | 8 | 2 | — | 12 |
| (c) Internal injury | — | 1 | — | — | 1 |
| (d) Open wounds/surface injury ... | 1 | 7 | — | — | 8 |
| (e) Bruising and crushing | 2 | 3 | — | 4 | 9 |
| (f) Amputation | — | — | — | — | — |
| (g) Burns | — | — | — | — | — |
| (h) Poisoning | — | — | — | — | — |
| (i) Other injuries | — | — | — | — | — |

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