

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

Contributors

Hillingdon (London, England). Borough Council.

Publication/Creation

[1966?]

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London Borough of Hillingdon

annual report

of the Medical Officer of Health

and Principal School Medical Officer

for the Year 1965

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
1965

O. C. DOBSON, M.D., B.S., L.R.C.P., M.R.C.S.,
D.P.H., B.Hy., D.P.A.,
Barrister-at-Law.

Health and Welfare Department,
Council Offices,
Uxbridge.

To: The Mayor, Aldermen and Councillors of the Borough:

I have much pleasure in presenting this the first annual report on the Health and Welfare Services of the London Borough of Hillingdon.

The Borough came into being on 1st April, 1965, through the amalgamation of the Borough of Uxbridge and the Urban Districts of Hayes & Harlington, Ruislip/Northwood and Yiewsley & West Drayton, and as well as continuing the services provided by those authorities, it undertook the health and welfare services formerly provided by the Middlesex County Council. In some respects, particularly in connection with the personal health services and the school health service, there was a fair measure of continuity, as the new Borough is coterminous with the former County Area, in which these services had been continuously administered since 1948. However, the integration of these services, the mental health services, the welfare services and the environmental services into a cohesive unit, to say nothing of the London Airport Health Control Unit (administered on an agency basis), provided plenty of scope for ingenuity.

The first year, therefore, has been spent in welding the various sections into one efficient unit, giving maximum of benefit to the public with the minimum of expenditure in terms of personnel and money. Unfortunately, in the second half of the year shortages of staff, particularly in the Environmental Section and in the Mental Health Section, and to a lesser extent in the Welfare Section, made for difficulties in organisation which slowed down the programmed integration considerably.

This report covers the health work carried out by the constituent authorities before amalgamation in the first three months of 1965, as well as all the health and welfare services undertaken by the new Borough for the remainder of the year. The report is factual and does not attempt to describe in minute detail all the various services covered—opportunity will be taken in subsequent reports to do this for particular services when events justify such action.

The vital statistics, in general may be regarded as satisfactory, and to make comparison easy, the national rates are given where appropriate. There is one matter to which attention should be drawn—that of lung cancer. While the local total cancer rate is lower than the national figure, that for lung cancer is higher. As modern medical opinion states that the risk of an individual dying from lung cancer falls progressively with the length of time he has ceased smoking (and especially cigarette smoking) the moral is obvious. This is a matter for each individual to make up his own mind—the preventive measure necessary is there for all to see.

My grateful thanks are due to the staff of the Health and Welfare Department for their most efficient work and loyal co-operation, and also to the local general practitioners and hospital staffs, who have at all times been most helpful; as have the other chief officers and their staffs, who have always offered their several skills when required.

Finally, may I say that without the full support and encouragement of the Chairmen and members of the Health and Welfare Committees, and also other members of the Council, the work of the Department would have been much more arduous.

O. C. DOBSON,
Medical Officer of Health.

HEALTH COMMITTEE
(as at 31st December, 1965)

Ex-officio The Mayor (Councillor C. J. Gadsden)
Chairman Councillor T. Cluny (Deputy Mayor)
Vice-Chairman Councillor J. Rowe

Alderman: J. J. Coleman

Councillors:

P. P. Beaty	L. J. Davies	B. Shaw
R. W. Bossom	E. K. Harding	L. Sherman
Mrs. E. E. Broughton	H. J. C. Key	H. Van Gruisen
N. H. Butler	D. C. Lorkin	Mrs. L. E. Wane
Mrs. V. Chalk	C. Nemeth	J. W. Willis
B. H. Collman	C. C. Rogers	E. C. Wood

Co-opted:

Mr. G. Corran (representing Hillingdon Group Hospital Management Committee)
Miss K. M. Daly (representing Confederation of Health Service Employees)
Dr. T. D. Lambert (representing Middlesex Local Medical Committee)
Dr. R. A. P. Paul (representing Middlesex Local Medical Committee)
Mr. E. L. F. Randle (representing Harefield and Northwood Group Hospital Management Committee)

WELFARE COMMITTEE
(as at 31st December, 1965)

Ex-officio The Mayor (Councillor C. J. Gadsden)
Chairman Alderman Mrs. D. K. E. Egleton
Vice-Chairman Alderman J. J. Coleman

Aldermen:

M. B. Everley

Councillors:

Mrs. E. E. Broughton	S. L. Meggeson	J. T. Taylor
Mrs. V. Chalk	E. L. Ing	Mrs. B. M. Thorndike
G. A. Childs	C. Nemeth	Mrs. L. E. Wane
B. H. Collman	T. J. Parker	E. A. Wiltshire
	B. Shaw	

STAFF

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER:

O. C. Dobson, M.D., B.S., L.R.C.P., M.R.C.S., D.P.H., B.Hy., D.P.A., Barrister-at-Law

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL

OFFICER:

C. Lydon, M.B., Ch.B., B.A.O., D.P.H., D.C.H.

SENIOR MEDICAL OFFICERS:

Maternity and Child Welfare Service: V. M. D. N. Shaw, M.B., Ch.B., D.R.C.O.G., D.P.H.

School Health Service: J. W. E. Bridger, M.R.C.S., L.R.C.P.

SENIOR AIRPORT MEDICAL OFFICER:

P. R. Cooper, M.A., B.M., B.Ch., D.T.M., D.P.H.

DEPUTY SENIOR AIRPORT MEDICAL OFFICER:

F. J. Kinsella, L.R.C.P., L.R.C.S., L.R.F.P.S. (Glasg.)

AIRPORT MEDICAL OFFICERS:

R. Clark, M.D., M.R.C.P., D.T.M. & H.

S. Eveson, M.R.C.S., L.R.C.P.

J. Messent, M.B., B.S., M.R.C.S., L.R.C.P.

J. Strahan, M.B., B.Ch., B.A.O., D.P.H., D.T.M. & H.

B. Cross, M.R.C.S., L.R.C.P.

I. Marray, M.R.C.S., L.R.C.P., D.T.M. & H.

G. Murray, M.B., Ch.B.

D. Tweedie, M.B., B.Ch., B.A.O.

ASSISTANT MEDICAL OFFICERS:

A. R. Broadbent, M.R.C.S., L.R.C.P., D.P.H.

J. Drake, M.B., B.S., L.R.C.P.

M. Fox, M.B., Ch.B., P.H.Cert.

G. Malmberg, M.B., B.S., D.P.H.

S. Niall, L.M.S.S.A., D.C.H.

M. Rennie, M.B., Ch.B., D.P.H.

A. Brown, M.B., B.S.

M. M. Elias, M.R.C.S., L.R.C.P.

J. Jones, M.B., Ch.B.

J. V. Moon, M.B., B.S., M.R.C.S., L.R.C.P.

M. O'Connor, M.R.C.S., L.R.C.P., D.P.H.

CHIEF DENTAL OFFICER AND PRINCIPAL SCHOOL DENTAL OFFICER:

G. M. Davie, L.D.S., R.F.P.S.

ORTHODONTISTS:

Mrs. H. Levi, L.D.S., R.C.S.

J. Halliday, B.D.S., D.D.S.

DENTAL OFFICERS:

S. C. Allen, L.D.S., R.C.S., B.D.S.

Mrs. M. M. Herd, B.D.S.

Miss A. E. MacNicol, B.D.S.

Mrs. M. E. Skelton, L.D.S., R.C.S.

Miss H. P. E. Green, B.D.S.

Miss M. E. Mackintosh, B.D.S.

Miss C. Ralston, B.D.S.

Miss V. Street, B.D.S.

CHIEF PUBLIC HEALTH INSPECTOR:

A. Makin, M.R.S.H., F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:

J. S. Hodgins, M.R.S.H., A.M.I.P.H.E.

CHIEF WELFARE OFFICER:

J. L. Stoker, A.I.S.W.

DEPUTY CHIEF WELFARE OFFICER:

N. H. Collier

SUPERINTENDENT HEALTH VISITOR:

Miss V. Matthews, S.R.N., S.C.M., H.V.Cert.

DEPUTY SUPERINTENDENT HEALTH VISITOR:

Miss A. D. Mogford, S.R.N., C.M.B. Part I, H.V. Cert.

SUPERINTENDENT OF HOME NURSING

AND NON-MEDICAL SUPERVISOR OF MIDWIVES:

Miss A. L. Drossou, S.R.N., S.C.M., Q.N.

DEPUTY SUPERINTENDENT OF HOME NURSING
AND DEPUTY NON-MEDICAL SUPERVISOR OF
MIDWIVES:

Miss P. V. Joachim, S.R.N., S.C.M.

CHIEF MENTAL WELFARE OFFICER:

L. R. Bradbury

DEPUTY CHIEF MENTAL WELFARE OFFICER:

R. M. Petts, S.R.N., R.M.N.

HOME HELP ORGANISER:

Miss J. Abraham

ASSISTANT HOME HELP ORGANISERS:

Mrs. J. E. Cummin, Mrs. E. M. Lewis

LIAISON AND ADMINISTRATIVE OFFICER:

H. N. Ryan, M.R.S.H.

DEPUTY LIAISON AND ADMINISTRATIVE OFFICER:

W. H. Knapton

SENIOR ADMINISTRATIVE ASSISTANTS:

A. J. Benson, L. R. Doughty, F. Hinley, D. N. A. McKellar, G. D. Shaw

TECHNICAL AND PROFESSIONAL STAFF

Airport Nurses	Audiometer Operator
Chest Clinic Welfare Officer	Chiropodists
Clinic Nurses	Dental Surgery Assistants
Divisional Public Health Inspectors	Domiciliary Midwives
Health Assistants	Health Education Technician
Health Visitors	Home Nurses
Home Teachers	Marie Curie Nurses
Mental Welfare Officers	Orthoptist
Physiotherapist	Public Health Inspectors
Pupil Public Health Inspectors	Radiographer (Airport)
Social Welfare Officers	Specialist Public Health Inspectors
Speech Therapists	Technical Assistants
Trainee Mental Welfare Officers	Trainee Social Workers
Welfare Assistants	

ADMINISTRATIVE AND CLERICAL STAFF

Administrative Assistants	Airport Clerk Receptionists
Clerical Officers	Copy Typists
Personal Assistants	Shorthand Typists

MANUAL WORKERS

Cleaners	Clinic Caretakers
Coach Guides	Drivers
General Assistants	Home Helps
Male Cleaners in Charge	Mortuary Attendant

DAY NURSERIES

Matrons	Wardens	Deputy Matrons
Staff Nurses	Staff Nursery Nurses	Nursery Assistants
Student Nursery Nurses	Cooks	Domestic Assistants

MENTAL HEALTH HOSTEL

Resident Warden	Resident Assistant Warden	Resident Housekeeper
Cooks	Domestic Assistants	

JUNIOR TRAINING CENTRE

Supervisor	Assistant Supervisors	Supply Supervisor
Domestic Assistants		

ADULT TRAINING CENTRES

Manager	Supervisor/Instructor	Instructors
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WEEKLY BOARDING UNIT

Matron	Assistant Matron	Cook
Domestic Assistant		

WELFARE HOMES

Matrons/Superintendent	Assistant Matrons	Sisters
Clerical Assistants	Female Attendants	Cooks
Domestic Assistants	Seamstresses	Gardener/Handymen

HOSTELS FOR THE HOMELESS

Wardens	Warden's Assistant	Welfare Assistant
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WORKSHOP FOR THE HANDICAPPED

Industrial Work Organiser	Work Centre Assistant
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GENERAL STATISTICS

SECTION I

Population - Registrar General's estimate for year 1963	4,330,000
Number of licensed dwellings	1,221,000
Number of persons - as at 1st April 1964	4,330,000
Number of persons - 1963-6 (estimated)	16,000,000

VITAL STATISTICS

	1963	1964	Total
Births	1,200,000	1,200,000	2,400,000
Deaths	1,200,000	1,200,000	2,400,000
Rate per 1,000 population			
Births	27.7	27.7	
Deaths	27.7	27.7	
Rate per 1,000 population			
Births	27.7	27.7	
Deaths	27.7	27.7	

STATISTICS

INFECTIOUS DISEASES

HEALTH CONTROL UNIT
LONDON AIRPORT

	1963	1964	Total
Number of persons	100	100	200
Number of cases	10	10	20
Number of deaths	1	1	2
Number of persons	100	100	200
Number of cases	10	10	20
Number of deaths	1	1	2
Number of persons	100	100	200
Number of cases	10	10	20
Number of deaths	1	1	2

GENERAL STATISTICS

Area—square miles	42.5
Population—Registrar-General's estimate for mid-year 1965	232,490
Number of inhabited dwellings	69,681
Rateable value—as at 1st April, 1965	£15,915,666
Product of Penny Rate—1965-6 (estimated)	£65,810

VITAL STATISTICS

Total Live Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,919	1,779	3,698
Illegitimate	107	120	227
Totals	2,026	1,899	3,925

Birth Rate per 1,000 population:

Hillingdon	{	Crude	...	...	16.9
		Corrected	...	...	16.2
England and Wales			...	...	18.0

Area Comparability Factor: 0.96

Illegitimate Live Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
	107	120	227
	—	—	—

Per cent. of total live births: 5.8%

Still Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	23	21	44
Illegitimate	4	3	7
	27	24	51
	—	—	—

Rate per thousand live and still births: Hillingdon ... 12.8
 England and Wales ... 15.8

Total Live and Still Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	1,942	1,800	3,742
Illegitimate	111	123	234
	2,053	1,923	3,976
	—	—	—

These births occurred as under:

	<i>Live Births</i>	<i>Still Births</i>
At home	1,138	2
In hospitals, nursing homes or other maternity establishments	2,787	49
	3,925	51
	—	—

Infant Deaths (under 1 year of age):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	24	15	39
Illegitimate	2	1	3
	—	—	—
	26	16	42
	—	—	—
Legitimate—rate per 1,000 legitimate live births	10.5		
Illegitimate—rate per 1,000 illegitimate live births	13.2		

Infant Death Rate per 1,000 total live births:

Hillingdon	10.7
England and Wales	19.0

Neo-natal Deaths (under 4 weeks of age):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	17	10	27
Illegitimate	—	1	1
	—	—	—
	17	11	28
	—	—	—

Rate per 1,000 total live births: Hillingdon	7.1
England and Wales	13.0

Early Neo-natal Deaths (under 1 week of age):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	15	9	24
Illegitimate	—	1	1
	—	—	—
	15	10	25
	—	—	—

Rate per 1,000 total live births: Hillingdon	6.4
England and Wales	11.3

Perinatal Deaths (Stillbirths and deaths under 1 week combined):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	38	30	68
Illegitimate	4	4	8
	—	—	—
	42	34	76
	—	—	—

Rate per 1,000 live and still births: Hillingdon	19.1
England and Wales	26.9

Maternal Deaths:

Total... ..	1
Rate per 1,000 live and still births: Hillingdon	0.25
England and Wales	0.25

Death from all causes:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,130	972	2,102
<hr/>			
Death Rate per 1,000 population:—			
Hillingdon { Crude			9·0
{ Corrected			11·3
England and Wales			11·5
Area Comparability Factor: 1·25			

In calculating the Live Birth Rate and the Death Rate, the crude figures have been adjusted by the Registrar General's Area Comparability Factors of 0.96 and 1.25, respectively. These factors may be said to represent a population handicap to be applied to the area, and, when multiplied by the crude rate modifies the latter so as to make it comparable with the rate for the country as a whole or with similarly adjusted rates for any other area; the effect of this is to allow for sex and age distribution of the inhabitants of districts.

STILL BIRTHS

Age and parity of mother and by place of occurrence during 1965

Parity of Mother	†Place of Delivery	All Ages	Under 20	AGE OF MOTHER					
				20-24	25-29	30-34	35-39	40-44	45+
<i>Legitimate</i>									
0	1	15	1	7	4	2	—	1	—
	2	2	—	1	—	—	1	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
1	1	11	—	4	3	3	1	—	—
	2	—	—	—	—	—	—	—	—
	3	1	—	1	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
2	1	10	1	1	2	3	3	—	—
	2	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
3	1	1	—	—	—	—	1	—	—
	2	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
4	1	3	—	—	2	1	—	—	—
	2	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
5-9	1	1	—	—	—	1	—	—	—
	2	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
10+	1	—	—	—	—	—	—	—	—
	2	—	—	—	—	—	—	—	—
	3	—	—	—	—	—	—	—	—
	4	—	—	—	—	—	—	—	—
<i>Illegitimate</i>									
	1	5	2	1	—	2	—	—	—
	2	—	—	—	—	—	—	—	—
	3	1	1	—	—	—	—	—	—
	4	1	—	—	—	—	1	—	—
<i>Total</i>									
	1	46	4	13	11	12	5	1	—
	2	2	—	1	—	—	1	—	—
	3	2	1	1	—	—	—	—	—
	4	1	—	—	—	—	1	—	—

†Place of Delivery

1. N.H.S. Hospitals.
2. Non—N.H.S. Hospitals (mainly maternity homes.)
3. At home.
4. Other.

INFANT MORTALITY

The following table gives details of deaths of those infants who were resident in the Borough.

<i>Date of Death</i>	<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
23.2.65	3 minutes	F	Asphyxia—breech delivery.
18.1.65	2 hours	M	Extreme prematurity.
23.4.65	2 hours	F	Haemolytic anaemia—congenital heart disease.
5.11.65	2 hours	M	Prematurity—ante-partum haemorrhage.
14.6.65	4 hours	M	Extreme prematurity—atelectasis.
3.4.65	7 hours	F	Erythroblastosis foetalis due to Rhesus incompatibility.
2.5.65	10 hours	F	Atelectasis.
8.11.65	11 hours	F	Extreme prematurity—ante-partum haemorrhage.
16.6.65	13 hours	M	Extreme prematurity.
7.2.65	14 hours	M	Atelectasis—extreme prematurity.
12.5.65	15 hours	M	Prematurity.
9.4.65	16 hours	F	Extreme prematurity.
7.5.65	1 day	M	Respiratory failure—prematurity.
15.5.65	1 day	F	Extreme prematurity—atelectasis.
3.9.65	1 day	M	Haemolytic disease of new born, exchange transfusion.
27.9.65	1 day	M	Pulmonary atelectasis, extreme prematurity.
29.10.65	1 day	M	Respiratory distress syndrome—prematurity.
30.12.65	1 day	M	Extreme prematurity.
14.5.65	2 days	F	Atelectasis—prematurity.
5.6.65	2 days	F	Respiratory distress syndrome—prematurity.
26.6.65	3 days	F	Anal atresia with mongolism.
29.10.65	5 days	M	Extreme prematurity.
18.3.65	6 days	M	Bronchopneumonia—intra-cerebral haemorrhage.
9.10.65	6 days	M	Multiple congenital abnormalities.
12.10.65	6 days	M	Bronchopneumonia.
25.8.65	3 weeks	M	Pulmonary oedema due to congenital heart disease.
25.11.65	3 weeks	M	Heart failure—congenital heart disease.
9.9.65	3 weeks	F	Congenital heart disease.
6.1.65	1 month	M	Bronchopneumonia
24.2.65	1 month	M	Asphyxia—congenital disease of lungs.
9.4.65	1 month	F	Asphyxia—cause unknown (cot death)
10.12.65	1 month	F	Uraemia of unknown origin.
2.5.65	2 months	M	Anoxia due to acute tracheo bronchitis.

<i>Date of Death</i>	<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
4.10.65	2 months	F	Bronchopneumonia, meningomyelocele and hydrocephalus.
10.3.65	3 months	M	Acute tracheo-bronchitis.
26.7.65	3 months	M	Acute tracheo-bronchitis due to congenital heart disease.
17.1.65	5 months	M	Bronchiolitis.
3.12.65	6 months	M	Bronchopneumonia (mongol).
6.10.65	7 months	M	Bronchopneumonia due to congenital heart disease due to mongolism.
29.12.65	9 months	F	Acute laryngo-tracheitis.
22.2.65	10 months	M	Anoxia due to acute bronchitis.
9.11.65	11 months	F	Acute renal failure—exacerbation of chronic bronchitis—meningomyelocele repair, neurogenic bladder.

DEATHS FROM CANCER

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Malignant neoplasm, stomach	24	11	35
Malignant neoplasm, lung, bronchus	132	27	159
Malignant neoplasm, breast	—	34	34
Malignant neoplasm, uterus	—	11	11
Other malignant and lymphatic neoplasms	112	87	199
Totals:	268	170	438

Rates per 1,000 of population

HILLINGDON

All causes	...	...	...	...	...	1.9
Lung and bronchus	...	...	...	...	...	0.68

ENGLAND AND WALES

All causes	...	...	...	...	...	2.2
Lung and bronchus	...	...	...	...	...	0.55

CAUSES OF DEATH

The following table shows causes of death as given in the Registrar-General's statistics, which are classified in accordance with the World Health Organisation Nomenclature Regulations.

Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Tuberculosis, Respiratory	M	3	—	—	—	—	—	—	—	—	2	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, other	M	1	—	—	1	—	—	—	—	—	—	—	—
	F	1	—	—	—	1	—	—	—	—	—	—	—
Syphilitic disease	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Measles	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Disease	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	3	—	—	—	—	—	1	—	—	—	2	—
Malignant Neoplasm, Stomach	M	24	—	—	—	—	—	—	—	2	8	7	7
	F	11	—	—	—	—	—	—	—	2	1	4	4
Malignant Neoplasm, Lung, Bronchus	M	132	—	—	—	—	—	—	3	15	46	50	18
	F	27	—	—	—	—	—	—	—	4	7	11	5
Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	34	—	—	—	—	—	—	3	7	14	5	5
Malignant Neoplasm, Uterus	F	11	—	—	—	—	—	—	—	3	2	4	2
Other Malignant and Lymphatic Neoplasms	M	112	—	—	1	1	1	5	7	9	44	23	21
	F	87	—	—	—	—	4	3	4	14	13	19	30

Cause of Death	Sex	Total All Ages	Under 4 Weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Leukaemia, Aleukaemia	M	9	—	—	1	1	—	—	1	2	2	—	2
	F	6	—	—	—	—	—	—	1	2	3	—	—
Diabetes	M	2	—	—	—	—	—	—	—	—	1	—	1
	F	2	—	—	—	—	—	—	—	—	1	—	1
Vascular Lesions of Nervous System	M	85	—	—	—	—	2	—	—	7	19	20	37
	F	163	—	—	—	1	—	1	3	5	18	35	100
Coronary Disease, Angina	M	324	—	—	—	—	—	2	4	43	111	87	77
	F	143	—	—	—	—	—	—	—	1	19	38	85
Hypertension with Heart Disease	M	6	—	—	—	—	—	—	—	—	1	2	3
	F	26	—	—	—	—	—	—	—	2	—	5	19
Other Heart Disease	M	89	—	—	—	—	—	—	3	3	10	18	55
	F	143	—	—	—	—	1	1	2	9	5	26	99
Other Circulatory Disease	M	56	—	—	—	—	—	—	—	3	16	18	19
	F	75	—	—	—	—	—	—	—	6	12	15	42
Influenza	M	3	—	—	—	—	—	—	—	1	—	—	2
	F	2	—	—	—	—	—	—	—	—	—	—	2
Pneumonia	M	65	2	4	1	—	—	—	—	2	4	12	40
	F	85	—	—	—	—	—	1	—	1	2	13	68
Bronchitis	M	65	—	2	—	—	—	—	—	4	18	20	21
	F	18	—	1	—	—	—	—	—	1	3	3	10
Other Diseases of Respiratory System	M	18	—	—	1	—	—	1	1	1	5	2	7
	F	3	—	—	—	—	—	—	1	—	1	—	1
Ulcer of Stomach and Duodenum	M	12	—	—	—	—	—	—	—	—	5	4	3
	F	7	—	—	—	—	—	—	—	—	1	2	4
Gastritis, Enteritis and Diarrhoea	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	4	—	—	1	—	—	—	—	—	1	1	1
Nephritis and Nephrosis	M	7	—	—	—	—	—	—	—	2	3	1	1
	F	3	—	—	—	—	1	—	—	—	1	—	1
Hyperplasia of Prostate	M	6	—	—	—	—	—	—	—	—	—	2	4
Pregnancy, childbirth, abortion	F	1	—	—	—	—	—	1	—	—	—	—	—
Congenital Malformations	M	11	2	3	1	—	—	—	—	1	—	4	—
	F	8	2	2	1	2	1	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	M	51	13	—	1	2	—	1	2	4	8	12	8
	F	73	9	2	3	1	2	3	2	5	12	9	25
Motor Vehicle Accidents	M	27	—	—	—	4	13	3	3	1	—	2	1
	F	13	—	—	—	—	3	1	—	3	2	2	2
All Other Accidents	M	7	—	—	—	—	3	1	—	—	—	1	2
	F	11	—	—	—	—	—	—	1	—	1	2	7
Suicide	M	10	—	—	—	—	1	1	3	3	—	1	1
	F	12	—	—	—	—	2	—	2	6	1	—	1
Homicide and Operations of War	M	1	—	—	—	—	1	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
<i>TOTAL ALL CAUSES</i>	M	1,130	17	9	7	8	21	14	27	103	306	288	330
	F	972	11	5	5	5	14	12	19	71	120	196	514

INFECTIOUS DISEASES

The following Table Shows the Incidence of Infectious Diseases During 1965

DISEASES	Ages of Cases Notified								Totals		Deaths	
	Under One Year	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 and Over	Age Not Known	1965	1964	1965	1964
Scarlet Fever	—	7	18	67	6	4	1	1	104	88	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	5	14	8	1	—	—	—	29	42	—	—
Measles	152	848	1,093	1,421	32	10	8	5	3,569	494	—	1
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (Infective)	—	—	—	—	—	3	1	—	4	13	—	—
Acute Encephalitis (Post Infective)	—	—	—	—	—	—	—	—	—	3	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	1	—	1	2	1	3	39	—	47	44	150	35
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	4	—	5	1	3	4	—	17	—	—	—
Food Poisoning	—	—	1	1	—	2	8	—	12	13	—	—
Puerperal Pyrexia	—	—	—	—	—	70	74	—	144	163	—	—
Tuberculosis (Pulmonary)	—	—	1	3	1	8	46	—	59	47	3	7
Tuberculosis (Non-Pulmonary)	—	—	—	—	—	—	17	—	17	12	1	1
Tuberculosis (Meninges and C.N.S.)	—	1	—	1	—	—	—	—	2	—	1	—
Erysipelas	—	—	—	—	—	—	13	—	13	10	—	—

HEALTH CONTROL UNIT, LONDON (HEATHROW) AIRPORT 1965

This Report covers the twelve months, January 1st—December 31st 1965. During the first quarter of the year the Unit was responsible to the Middlesex County Council, but with its dissolution, the Unit was taken over by the London Borough of Hillingdon on April 1st.

Other changes have taken place at the Airport during the year. Notably, the British Airports Authority was established, and will assume responsibility for Heathrow, Gatwick, Stansted and Prestwick Airports and will become operational as from April 1st, 1966.

Although the Minister of Health, under the British Airports Authority Bill, had powers to delegate to the new authority the responsibility for health control, he has declined to do so, and the four airports' health control will continue to be the responsibility of the four local health authorities.

At Heathrow, the main commitment which the medical staff of the Health Control Unit undertook for the Ministry of Aviation was the examination of aircrew and air traffic control officers, and in August, 1965, this was taken over by the Ministry of Aviation with their own appointed medical officers. During the period January 1st to July 1st, 1965, 1,282 aircrew and 226 air traffic control officers were examined. The future of the other services which at present are rendered to the Ministry of Aviation by the Unit's staff is uncertain as the new authority has not made any pronouncement. The Borough of Hillingdon, however, has let it be known that if required to do so, the Unit's medical and nursing staff would be available to continue the provision of these services.

Another notable change during the year was the formation of the Joint Airlines Medical Service, as a result of the merger between the medical departments of BOAC and BEA.

Perhaps the most interesting event of the year as it affected the Unit was the installation of the X-ray plant, to which reference will be made later; the saddest event, without doubt, was the accident to the BEA Vanguard which occurred in October, from which there were no survivors.

Much construction has taken place at the Airport recently. Piers 1 and 2 are well on their way to completion in the Europa Building, and piers 5 and 6 in the Oceanic Building are already taking shape and are due for completion in 1967. Work has already started on the new Passenger Building No. 4, which is being located on the North-East face and which will accommodate all the British airlines with the exception of BOAC.

The introduction of the piers system has brought with it considerable problems for the Health Control Unit, particularly in the Oceanic Building where the majority of incoming flights are from endemic or infected areas. The overall length of this building when completed will be about one-third of a mile and will provide sixteen stands for aircraft. The proposal of the airlines is that health-controlled flights should be checked at the point where the passengers emerge from the aircraft. The furthest stands will be a far call from the present base and it is obvious that there will have to be a considerable increase in staff, especially when it is borne in mind that the passenger-carrying capacity of aircraft is continually expanding. It is expected that the first two central stands of the pier will come into use in July 1966 and the remaining fourteen a year later, so that a breathing space will be provided, during which time the full implications of the system can be studied and further assessment of staff requirements made.

With over a million more passengers using the Airport in 1965 compared with 1964, the estimate for the year was exceeded. The total figure was 10,615,555.

STAFF

Medical Officers

The establishment of the medical staff for the greater part of the year comprised the Senior Medical Officer, the Deputy Senior Medical Officer and six medical officers. In August, the establishment was reduced by one medical officer, as a result of the Ministry of Aviation taking over the examination of aircrew, air traffic control officers and their assistants. As a result, the Deputy Senior Medical Officer was able to move to the Oceanic Building to join the Senior Medical Officer, leaving the remaining five medical officers, in turn, to man the Europa and Britannic Buildings.

Nursing Sisters

No change in the establishment took place during the year.

Receptionists

The establishment of clerk/receptionists was again raised during the year from fifteen to nineteen (which includes the Senior Clerk/Receptionist) to allow for the provision of a round-the-clock x-ray service.

PORT HEALTH

Although the Public Health (Aircraft) (Amendment) Regulations, 1963, and its implications are gradually becoming known to travel agencies, airlines and the general public, passengers still continue to arrive, particularly from Israel, Egypt and the Lebanon, without valid international certificates against smallpox. Many of these passengers are in fact British residents who have gone to the Middle East for a holiday and they fail to understand why these certificates are necessary on their return to London, when they are not so required by the Governments of Israel and the other Middle East countries.

All passengers arriving at London Airport from Morocco, Algeria and Tunisia were required to produce valid international certificates against smallpox. This requirement brought London Airport into step with the sea ports of the United Kingdom, and merely reversed a situation—temporary at that—when the airport medical officers were given authority by the Ministry of Health to use their discretion in the case of passengers arriving from these countries. Here, it is the passengers from Tangier who, mostly, are unaware of the Regulations.

The number of vaccinations against smallpox carried out in 1965 was 5,424, compared with 3,576 in 1964 and 1,656 in 1963. Not all these vaccinations were performed on arriving passengers, as it is the practice to vaccinate outgoing passengers, who, at the last minute, discover that they have forgotten their certificates or that, if they have them, they are out of date.

Advice notices to destination Medical Officers of Health placing passengers under surveillance totalled 2,883, compared with 2,493 in 1964 and 1,056 in 1963.

A mother and two children arrived from Bombay, a locally infected smallpox area, without vaccination certificates. Vaccination was refused as the family were conscientious objectors. The three passengers were accordingly isolated for fourteen days in West Hendon Hospital.

A boy, aged thirteen years, arrived from Accra and as his mother refused to allow him to be vaccinated owing to eczema, he also was placed in isolation in West Hendon Hospital.

During the twelve months ending December 31st, 1965, 12 vaccinations against yellow fever, and 85 against cholera were carried out.

STATISTICS

	1. 1. 65 to 30. 6. 65	1. 7. 65 to 31. 12. 65	Total
Total number of Aircraft arriving:—	27,287	31,705	58,992
Number of Passengers arriving:—			
British:—	926,363	1,147,512	2,073,875
Alien:—	595,605	746,184	1,341,789
<i>Total:—</i>	<i>1,521,968</i>	<i>1,893,696</i>	<i>3,415,664</i>

No. of Aircraft issued with Disinsectization Certificates	...	...	...	...	...	...	...	...	3,452
No. of Passengers and Visitors sick and treated	...	...	...	...	...	...	...	...	1,723
No. of sick Staff treated	...	...	...	...	...	...	...	...	2,561
No. of Ambulance cases	...	...	...	...	...	...	...	...	1,566
No. of Car cases	...	...	...	...	...	...	...	...	1,654
No. of cases in which Mental Welfare Officer was called for	...	...	...	...	...	...	...	...	40
No. of Aliens inspected under Aliens Order	...	...	...	...	...	...	...	...	4,030
No. of Aliens refused entry	...	...	...	...	...	...	...	...	39
No. of Forms Port 12 issued	...	...	...	...	...	...	...	...	129
No. of Commonwealth Immigrants examined	...	...	...	...	...	...	...	...	13,249
No. of Commonwealth Immigrants refused entry	...	...	...	...	...	...	...	...	44
No. of Forms Port 23 issued	...	...	...	...	...	...	...	...	167
No. of Immigrants X-rayed	...	...	...	...	...	...	...	...	2,667
No. of Long-Stay Immigrant Notifications sent to Medical Officers of Health	...	...	...	...	...	...	...	...	25,639
No. of Surveillance Notifications sent to Medical Officers of Health	...	...	...	...	...	...	...	...	2,883
No. of Smallpox Vaccinations carried out	...	...	...	...	...	...	...	...	5,424
No. of Cholera Vaccinations carried out	...	...	...	...	...	...	...	...	85
No. of Yellow Fever Vaccinations carried out	...	...	...	...	...	...	...	...	12
No. of Aircrew medically examined	...	...	...	...	...	...	...	...	1,508
No. of Buildings and Public Works and Ministry of Aviation employees examined	...	...	...	...	...	...	...	...	319
No. of Air Traffic Controllers examined	...	...	...	...	...	...	...	...	226

	<i>Jan. 1st–Jun. 30th</i>		<i>Jul. 1st–Dec. 31st</i>		<i>Total</i>	
	<i>Aircraft</i>	<i>Pass.</i>	<i>Aircraft</i>	<i>Pass.</i>	<i>Aircraft</i>	<i>Pass.</i>
From Excepted Area	12,761	678,147	15,103	858,908	27,864	1,537,055
Europe Outside Excepted Area	6,251	342,349	7,552	457,527	13,803	799,876
North America	3,285	234,871	4,078	286,750	7,363	521,621
Central & S. America	409	37,807	390	36,174	799	73,981
Africa	1,484	78,377	1,524	84,870	3,008	163,247
Asia	3,097	150,417	3,058	169,467	6,155	319,884
Totals:	27,287	1,521,968	31,705	1,893,696	58,992	3,415,664

ACCOMMODATION

Queen's Building

As forecast previously, this section came under joint tenancy in August, when the "aircrew" half of the accommodation was taken over by the Ministry of Aviation medical staff, whilst the sick-bay and surgery remained in the occupation of the Health Control Unit. As there is overlap in both halves, it is fortunate that the two staffs enjoy an amicable relationship. The Health Control Unit was compelled to abandon one of the two stores to make room for the installation of an electrocardiogram for the use of aircrew, and some of the space in one of the wards was allocated for audiometry in connection with aircrew examination.

Towards the end of the year, work was started on the construction of an overhead footbridge, one end of which, complete with staircase, was planned to be sited immediately outside the ambulance entrance to the building. The planning of this project was carried out without any reference either to the Ministry of Aviation medical staff or to the Senior Medical Officer of the Health Control Unit. As a result of this footbridge, the ambulances can have no easy or direct access to the building; they are now forced to back in round a hairpin bend, only nine feet in width. This apart, any user of the footbridge can now have a direct view not only of patients being off-loaded from the ambulance, but also of the various rooms within the accommodation. Protests from the medical authorities, including the Ministry of Health, have been of no avail.

Passenger Building No. 1 Europa

The basic accommodation of the Health Control Unit in this building has undergone no change, nor has there been any improvement in its ventilation, but towards the end of the year, the construction of piers 1 and 2 was started and with it, the demolition of the existing E and F ramps. The demolition, early in 1966, of F ramp, up which all health-controlled flights arriving in this building were routed, has necessitated the re-siting of the health check point nearer the Queen's Building end of the bridge connecting with the Europa Building.

AMBULANCE CASES

As could be expected from an increase in passenger traffic, the number of invalids carried by air increased slightly.

	1965	1964
(a) National Health Service	851	751
(b) Private Ambulances	599	492
(c) Service Ambulances	116	121

Towards the end of the year, the Ministry of Aviation acquired a "cross-country" ambulance, which will prove invaluable in rescue work over muddy terrain in the event of an air disaster. Discussions are also taking place with the various interested bodies regarding the acquisition of a trailer, capable of being used as a casualty clearing station in aircraft accidents. A similar vehicle is in use at Orly Airport, Paris, and the proposal is that the trailer should be towed to a suitable spot on hard ground in the vicinity of the crash and within ready access for outside ambulances and to which the "cross-country" ambulance would ferry the injured.

MEDICAL SERVICES

The number of passengers and visitors treated for sickness or injury at the Sick Bays in Passenger Building No. 1 and in the Queen's Building was 1,723. This compares with 1,480 in 1964, and 1,282 in 1963.

The number of sick staff attendances was 2,561. In 1964 the figure was 2,275, and in 1963 it was 2,311.

Medical examinations carried out on Ministry of Aviation and Ministry of Buildings and Public Works employees totalled 319, comprising non-industrial 29 and industrial staff 290. In 1964, the total was 166, and in 1963, 183.

MENTAL ILLNESS

The number of mentally ill patients who were given help at London Airport in 1965 was 190. This figure compares with 116 in 1964 and 129 in 1963. The Borough mental welfare officers had to be called on 40 occasions. When patients require urgent admission to hospital, accommodation is usually found at St. Bernard's Hospital, Southall, or at the West Middlesex Hospital.

MEDICAL INSPECTION OF COMMONWEALTH IMMIGRANTS

There was an increase of 718 Commonwealth passengers referred by the Immigration authorities to the medical inspectors in 1965.

Comparative figures are:—

1965	...	...	...	...	...	13,249
1964	...	...	...	...	...	12,531
1963	...	...	...	...	...	25,168

Out of a total of 13,249, 10,407 passengers were in possession of entry vouchers issued by the Ministry of Labour, 2,569 were coming to the United Kingdom for settlement, 258 were coming for reasons of health, medical consultations and/or treatment, while the remaining 15 were passengers from the Commonwealth, who appeared ill to the Immigration authorities and were accordingly referred for examination to the medical inspectors.

In regard to the 258 referred by the Immigration authorities to the medical inspectors because these persons were entering the country for reasons of health, Forms Port 23 were completed on 167 occasions.

Relevant statistics are:—

	1965	1964	1963
Pakistan	3,193	3,555	13,226
India	4,089	3,382	7,630
West Indies	3,401	2,617	1,487
Far East	770	861	892
West Africa	269	488	613
Malta	697	710	516
Canada, Australia, New Zealand and Rhodesia	215	226	254
Cyprus	264	335	246
East Africa	236	281	198
Other Territories	115	76	106

From these tables it is seen that while there has been increasing immigration from India and the West Indies, the numbers arriving from Pakistan, the Far East and West Africa have been less.

The number of Commonwealth passengers who were refused landing on medical grounds was 44. The conditions which led to refusal were pulmonary tuberculosis 24, mental instability 8, venereal disease 8, other conditions 4. In 1964, the number refused landing on medical grounds was only 5, and no passenger during that year was refused on account of pulmonary tuberculosis. The increase in the number of refusals in 1965 is largely due to the installation of the X-ray unit.

In 1964, the Ministry of Health initiated a number of procedures whereby long-stay immigrants, be they Commonwealth or Alien, would be made aware of the facilities offered by the National Health Service, would be encouraged to register with a doctor as soon as possible after arrival and would be encouraged to have a chest X-ray, not only to exclude tuberculosis in themselves but also in regard to their dependents.

Early in 1965, the practice was started of issuing to all long-stay immigrants referred to the medical inspector a card, printed in six languages, including the commoner Asian languages, encouraging them to register with a medical practitioner, so that he may arrange for them to undergo chest X-ray, should he consider this advisable. Unfortunately, this measure has not proved to be as successful as had been hoped. All too frequently, the immigrant from Asia is quite illiterate and when eventually the Health Visitor checks up on the family, the card has either been destroyed or is still to be found carefully tucked away in the ticket-folder.

Two other measures were also started in January. Firstly, all long-stay immigrants referred to the Port Medical Inspectors were asked for their destination addresses, so that these could be forwarded to the Medical Officer of Health with the request that he should try to persuade the immigrant to act on the advice given on the card. Secondly, the names and destination addresses of all wives and dependents, who had obtained entry certificates in their country of origin, were entered on a tear-off slip in their passports, which was detached by the Immigration authorities and passed to the medical inspectors for onward transmission to the appropriate Medical Officers of Health.

Both these measures produced their problems. In the first, it was, in the majority of cases, a formidable task to extract a destination address from the immigrant and having obtained it, to have much confidence, if it was indeed the address to which he was proceeding, that it was an accurate address. Only too often, a frustrated Medical Officer of Health would return the notification to the Airport, having been unable to trace the immigrant or having no knowledge of the particular address.

In the second, too often the destination addresses, completed on the tear-off slips in the country of origin, were indecipherable, or if they were not, were inaccurate.

In all, 25,639 notifications were sent out to Medical Officers of Health in this way during the year, and the clerical work involved was enormous.

MEDICAL INSPECTION OF ALIENS

Under the medical provisions of the Aliens Order 1953, 4,030 aliens were referred to the medical inspectors by the immigration officers. In 1964, this figure was 2,971 and in 1963, it was 2,116. Of the 4,030, 3,215 came from Europe and 815 from other countries.

As before, the majority were referred for routine examination, either because they were in possession of Ministry of Labour Permits or because they were intending to stay for more than six months. In this category, there were 3,806 aliens.

204 aliens were visiting the United Kingdom to seek medical advice or treatment and on 129 occasions the medical inspectors issued Forms Port 12. During the year, the medical inspectors recommended refusal of entry on medical grounds in regard to 39 aliens (compared with 17 in 1964). In 21 cases, mental instability was the cause for refusal, pulmonary tuberculosis in 7, venereal disease in 3, trachoma in 1; other conditions accounted for 7.

Smallpox

For the third consecutive year, no cases of smallpox were reported. The only suspected case was reported from Ashford Hospital on July 19th in a woman passenger from India, who had been admitted the previous day with rheumatoid arthritis and who was in transit to Belfast. Happily, this proved not to be smallpox.

Pulmonary Tuberculosis

Thirty-one immigrant passengers (24 Commonwealth, 7 Alien) were refused landing and were repatriated on account of pulmonary tuberculosis, which had been discovered on x-ray at London Airport. Twelve of these cases came from India and eleven from Pakistan; Hongkong, Jamaica and Italy making up the remainder. Two passengers (one from India and one from Antigua) were discovered to have active tuberculosis but despite recommendations for refusal, they were allowed to land on humanitarian grounds.

Two passengers (one from Uganda and one from Kuwait) with active tubercle were landed and admitted immediately into hospital. Five passengers were landed and on follow-up were subsequently found to be suffering from active disease. Eleven passengers who were landed were referred for investigation to Chest Clinics as their x-rays were suspicious.

Other Conditions

On April 19th, two persons fell ill with food poisoning, one a passenger and the other a member of the crew on the same flight. Both had eaten shell-fish.

On October 20th, a British seaman from Nigeria was admitted to Greenwich Hospital from the airport as a suspected case of typhoid. This proved to be a case of malaria.

Two cases of chickenpox and one case of measles were other infectious conditions encountered at different times.

X-ray Unit

The 100 m/m Odelca camera was installed early in 1965 and the unit started to function on February 12th. The agreed policy was to restrict x-rays to Commonwealth immigrants in possession of entry vouchers, arriving in Passenger Building No. 3. At first x-rays were restricted only to those voucher-holders, of whose chests the medical inspector was suspicious during the course of his examination. Later, as staff became available and more proficient, more and more voucher-holders were x-rayed as a routine measure, and it is hoped that in 1966 there will be few voucher-holders who are not x-rayed.

The question was considered of extending routine x-rays to cover immigrant voucher-holders arriving in Passenger Building No. 1, but it was not found to be practicable. The duty medical officer in that building, however, is at liberty to send over for x-ray such passengers as he considers require it, as a result of his examination, and during the year 77 such passengers were x-rayed.

During the period February 14th—December 31st, a total of 2,667 immigrants were x-rayed, comprising 160 Aliens and 2,507 Commonwealth passengers. Whilst in March only 99 out of 732 immigrant voucher-holders examined, were x-rayed, in December 345 out of 405 were x-rayed. It is unlikely that 100% x-ray coverage will ever be obtained, or indeed is necessary. Many immigrants arrive with x-ray films which have recently been taken or with radiologists' reports relating to recent x-rays. Some of these can obviously be accepted and it would not be necessary to subject the immigrant to a further x-ray.

AIRCRAFT EMERGENCIES

The excellent record which London Airport had held for fifteen years in regard to civil passenger-carrying aircraft was broken when, in the early morning of October 27th, a B.E.A. Vanguard crashed on the main runway in patchy fog. There were no survivors from this accident.

On July 20th, a Tu 104 belonging to the Czechoslovak Airlines overshot the runway and crashed through the fence on to the Perimeter Road. Happily there were no casualties on this occasion.

During the year, the number of aircraft movements in and out of the airport was 206,000.

FATALITIES

SECTION II

During the year nine deaths from natural causes were recorded at London Airport. In five cases, death occurred during the flight; and in three instances the passengers were pre-booked invalids, hospital arrangements having previously been made for them in the United Kingdom. Two of the three were young children with congenital heart conditions, whilst the third was a seaman suffering from a sub-arachnoid haemorrhage. The remaining two passengers, both women and both 71 years of age, died suddenly during flight of coronary disease, one in July and the other in September.

Of the four, who died at London Airport itself, one man collapsed on the airside gallery at the top of the ramp in the Europa Building. He had been feeling unwell the previous day in Gibraltar, where he had had an x-ray of his heart. The second was a Greek passenger, outgoing to Athens, who died in the Departure Lounge of the Europa Building. The third, a woman of 70 years, collapsed at the ticket desk in the Britannic Building and died whilst being brought to the sick bay. The fourth was a visitor to the airport who died during the course of a meal in the Queen's Building, probably due to a coronary thrombosis.

Thirty-six passengers and crew were killed in the disaster at the airport which occurred on October 27th, involving the B.E.A. Vanguard.

There are four day nurseries in the Borough, providing a total of 170 places for children under the age of 5 years.

The overriding principle governing admission to a day nursery is that there shall be a health or social consideration in each case, and the parent whose provider that:

- (a) Children from 2-5 years of age will be accepted provided:
 - (i) their mothers are unsupported (for example, unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and are unable to keep their babies with them but cannot do so without some provision for the babies' care during the day. For the purpose of this category widowers, divorced or separated fathers (provided the child is legally in father's care) are to be regarded in the same light as unsupported mothers;
 - (ii) the home conditions are in themselves unsatisfactory from the health point of view;
 - (iii) where mothers are incapable of undertaking the full care of their children so that the health of the children is likely to suffer.
- (b) Subject to the provisions contained in this scheme, children under 2 years of age will not be admitted except in the circumstances enumerated in (a) (i) and (ii) above.

PERSONAL HEALTH SERVICES

Children categories of handicapped, deaf, maladjusted and partially sighted under 5 years of age and under two and one half of age of deaf or dumb mothers will be admitted and will be dealt with, as regards priority for admission, in the same way as children falling within provision (a). In addition, certain categories of handicapped children over 2 years of age being dealt with under Section 56 of the Education Act, 1944, and not under Section 22 of the National Health Service Act, 1946, will also be considered, for the purpose of determining admission, in the same way as children falling within provision (a).

- (a) The first priority is given to children whose mother is compelled to go to work as an economic necessity, and provided that the mother is employed for at least 30 hours per week.
- (b) Consideration is also given to cases where there are special circumstances not covered by the foregoing.

Three of the nurseries are approved as training nurseries for the National Nursery Examination Board's certificate. A two year course is run in conjunction with Chiswick Polytechnic, where the theoretical work and examinations are undertaken, while the scheme the students undergo practical training at a Council Day Nursery on three days a week, and attend at the Polytechnic on the other two days.

Clubs

There are ten purpose-built clubs in the Borough and several are also held in various hired premises. In addition, there is a mobile chess, now 13 years old, which operates at certain points convenient to the users.

Day Nurseries

There are four day nurseries in the Borough, providing a total of 170 places for children under the age of 5 years.

The over-riding principle governing admission to a day nursery is that there shall be a health or social consideration in each case, and the present scheme provides that:

- (i) Children from 2-5 years of age will be accepted provided:
 - (a) their mothers are unsupported (for example: unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day. For the purpose of this category widowers, divorced or separated fathers (provided the child is legally in father's care) are to be regarded in the same light as unsupported mothers;
 - (b) the home conditions are in themselves unsatisfactory from the health point of view.
 - (c) where mothers are incapable of undertaking the full care of their children so that the health of the children is likely to suffer.
- (ii) Subject to the provisions contained in this scheme, children under 2 years of age will not be admitted except in the circumstances mentioned in (a), (b) and (c) above.
- (iii) Certain categories of handicapped children (viz, deaf, partially deaf, maladjusted and partially sighted), under two years of age, and children over one year of age of deaf or dumb mothers will be admitted and will be dealt with, as regards priority for admission, in the same way as children falling within provision (i). In addition, certain categories of handicapped children over 2 years of age being dealt with under Section 56 of the Education Act, 1944, and not under Section 22 of the National Health Service Act, 1946, will also be considered, for the purposes of determining admission, in the same way as children falling within provision (i).
- (iv) The next priority is given to children where the mother is compelled to go to work as an economic necessity, and provided that the mother is employed for at least 30 hours per week.
- (v) Consideration is also given to cases where there are special circumstances not covered by the foregoing.

Three of the nurseries are approved as training nurseries for the National Nursery Examination Board's certificate. A two year course is run in conjunction with Chiswick Polytechnic where the theoretical work and examinations are undertaken; under this scheme the students undergo practical training at a Council Day Nursery on three days a week, and attend at the Polytechnic on the other two days.

Clinics

There are ten purpose-built clinics in the borough and sessions are also held in various hired premises. In addition, there is a mobile clinic, now 13 years old, which operates at certain points convenient to the users.

Purpose-Built Clinics

Elers Road, Hayes.
Grange Park, Lansbury Drive, Hayes.
Harefield, Park Lane, Harefield.
Ickenham, Long Lane, Ickenham.
Laurel Lodge, Harlington Road, Hillingdon. (Opened 28th June, 1965.)
Minet, Coldharbour Lane, Hayes.
Oak Farm, Long Lane, Hillingdon.
Ruislip Manor, Dawlish Drive, Ruislip.
Uxbridge, Council Offices, High Street, Uxbridge.
Westmead, West Mead, South Ruislip.

Clinics in Rented Premises

Cavendish Pavilion, Eastcote.
Harmondsworth, (Old School), Moor Lane.
Haydon Hall, Community Building, Joel Street, Eastcote.
Hayes End, Methodist Church Hall.
Hillingdon (British Legion Hall), Uxbridge Road. (Closed 25th June, 1965.)
Manor Farm, Ruislip.
Maurice Child Memorial Hall, Carfax Road, Hayes.
Northolt Grange, Edwards Road, Northolt.
(London Borough of Ealing premises.)
Northwood, Ryefield Court, Ryefield Crescent.
Queen's Hall, Station Road, Hayes.
Yiewsley, 20 High Street.

Mobile Clinic—Areas Served

Barra Hall Circus.
Charville Estate.
Cowley.
Cranford Cross Estate.
Harefield.
Harlington.
Northwood, The Grange.
Ruislip Gardens.
Sidmouth Drive, South Ruislip.
Sipson.
Wise Lane Estate, West Drayton.
Yeading.

MATERNAL AND CHILD WELFARE

The following clinics were in use during the year:—

<i>Purpose built</i>	<i>Adapted</i>	<i>Occupied on a sessional basis</i>	<i>Total</i>
11	2	7	20

Ante natal and Post natal Clinics

Ante natal and post natal clinics are provided at 15 clinics and 738 sessions were held during the year.

<i>Number of women in attendance</i>		<i>Number of sessions held by</i>		
<i>For ante natal examination</i>	<i>For post natal examination</i>	<i>Medical Officers</i>	<i>Midwives</i>	<i>Total Number of Sessions</i>
1,550	67	24	714	738

Mothercraft and Relaxation

Ante natal mothercraft and relaxation classes are held at 14 clinics.

	(a) Institutional booked	659
Number of women who attended during the year	(b) Domiciliary booked	321
	(c) Total	980
Total number of attendances during the year	... ..	6,684

CHILD WELFARE CLINICS PROVIDED BY THE COUNCIL

<i>Number of centres provided at end of 1965</i>	<i>Average number of child welfare sessions held per month</i>	<i>Number of children who attended during 1965 and who were born in:</i>			<i>Total number of children who attended during 1965</i>	<i>Total attendances during 1965</i>
		<i>1965</i>	<i>1964</i>	<i>1960-63</i>		
20	193	3,604	3,014	11,543	18,161	89,531

Care of the Unsupported Mother and Child

One of the former County Council Special Services Almoners was appointed by the London Borough of Ealing, and arrangements made for her services to be shared with Hillingdon and Hounslow. This has maintained continuity in the service and a close liaison exists between the Almoner, the officers of the Health and Welfare Department and the social workers of charitable organisations concerned with these cases.

Arrangements are made for the welfare of unsupported mothers during pregnancy, their place of confinement, and return to normal life. Advice and help are given where the mother wishes to keep the child, or in the case of adoption, steps are taken to ensure that this is properly carried out. In the majority of cases the mother is concerned for her child's wellbeing and anxious to make the right decision as to its future.

There is no Mother and Baby Home in Hillingdon, and the Council accepts responsibility for the maintenance of cases in the Homes of other Local Authorities, and in those of various voluntary bodies.

The numbers of cases dealt with during the year were as follows:—

Admitted to Local Authority Homes	34
Admitted to Voluntary Homes	61
	—
	95
	—
Interviewed, but not needing admission to a Home	11

Priority Dental Service

Since the National Health Service Act came into operation, there has been a gradual decline in the number of expectant and nursing mothers receiving dental treatment at clinics, and it is evident that a substantial number receive attention from private practitioners. Although expectant and nursing mothers with many decayed teeth are now uncommon at any stage of pregnancy or lactation, of course, exceptions from time to time do occur.

The number of children in the age group 0-5 years who attended for dental treatment was also low—633 attending during 1965. Of this number only 146 were free from dental decay when examined. It is however pleasing to note that the ratio of fillings to extractions is of the order of approximately 5:1.

In the past too many young children were introduced to the dentist in emergency and for the relief of pain. This to the sensitive child had a very disturbing effect, and often made future treatment difficult. However the position is much more enlightened today, and more and more parents are seeking advice for their children when they reach 3 years of age. This attitude is in no small measure due to the attraction of new clinics with pleasing waiting rooms and modern equipment. Dental Health Education at school and elsewhere by all members of the medical and dental staff also plays its part.

Where, for any reason, it is necessary to increase the intake of vitamins for young children by giving concentrated orange juice or certain vitamin syrups, oral hygiene must be observed. It has been noted that severe dental decay can occur when certain of these substances are directed onto the teeth, particularly when "baby feeders" are used.

Fluoridation of water would be an effective means of reducing the incidence of dental decay in children, but this measure is unlikely to be in operation in the immediate future.

PRIORITY DENTAL SERVICE STATISTICS

<i>Attendances and Treatment</i>	<i>Expectant and Nursing Mothers</i>	<i>Children Under 5</i>
First visits	110	487
Subsequent visits	329	867
Total visits	439	1,354
Fillings	287	1,230
Extractions	103	317
General anaesthetics	14	145
Crowns or inlays	7	—
Sealing and gum treatment	37	—
Silver nitrate treatment	—	176
X-rays	49	2
Dentures provided—full U or L	20	—
Dentures provided—partial U or L	26	4

Midwifery Service

The Borough has an establishment of 21 Midwives including a Non-Medical Supervisor and Deputy. During 1965 there were 1,147 domiciliary confinements; 239 patients were booked for home delivery but were delivered in hospital for various reasons. Of these, 179 were discharged before the tenth day and cared for at home, and in addition there were 88 cases of arranged early discharge of hospital patients.

Midwives had to call for medical aid on 3 occasions and in 3 other cases further assistance was obtained from the emergency obstetric squad.

Twenty-four pupils were accepted for practical training from the Hillingdon Hospital Midwifery Training School during the year. In addition, staff of the department co-operated with the hospital in lectures and demonstrations to student nurses taking the general nursing and other training courses.

A table has already been given showing the work undertaken at ante natal and post natal clinics.

Health Visiting

This is a mandatory service and the scope of the work is ever widening. The Health Visitor may advise mothers before and after the birth of their children and during their school life, especially if there is any handicap, either mental or physical, present. She also has a care for the aged, and this means that the entire family is her concern.

Student Health Visitors are accepted for the practical training part of the course for the Health Visitor Certificate at Chiswick Polytechnic, Battersea College of Technology and at the Royal College of Nursing. New regulations for this certificate came into force during 1965, and to comply with these, four field work instructors were trained. A scheme for sponsorship of student Health Visitors at the Chiswick Polytechnic course is operated, and the first two students started their training in September.

Health Visiting

The following cases were visited by the Health Visitors during the year:

<i>Cases Visited</i>	<i>Number of Cases</i>
1. Children born in 1965	4,195
2. Children born in 1964	3,744
3. Children born in 1960-63	8,058
4. Total number of children in lines 1-3	15,997
5. Persons aged 65 or over	435
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	59
7. Mentally disordered persons	46
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	8
9. Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	33
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	14
11. Number of tuberculous households visited	1
12. Number of households visited on account of some other infectious diseases	11
13. Number of tuberculous households visited by tuberculosis visitors	626

"At Risk" Children

Certain conditions arising during pregnancy and labour are known to give rise to congenital defects in children. In order that these may be found as early as possible and steps taken to eradicate or alleviate them, a register is kept of all children who are known to have been subjected to these conditions. They are then kept under close observation until it is certain that there is no abnormality, or a diagnosis has been made.

This register also includes children whose development seems to be retarded in any way; they are kept under observation and if possible their rate of development is assessed before they reach the age of 2 years. A close liaison exists with the paediatric department at Hillingdon Hospital, and in this way it should be easier to meet suitable special educational needs as soon as a child requires them. There were, in all, 557 children on the "at risk" register at the end of the year.

All babies are checked for phenylketonuria, and during 1965 one case was detected and referred to hospital for treatment.

Home Nursing

There is an establishment of 28 home nurses in the borough. They nursed 3,121 patients during the year, and of these 1,995 were over the age of 65 years. These were not all chronic cases, but this figure gives some indication of the proportion of geriatric work undertaken in the home. It is very rewarding in that it keeps an old person in familiar surroundings for as long as possible and relieves pressure on hospital beds, but it is a social service as well as a nursing one and tribute should be paid to the devotion of home nurses who often spend additional time on extra visits to these patients.

The Council operates a scheme in conjunction with the British Red Cross Society for the loan of nursing equipment, and during the year 1,697 loans were made.

Total number of persons nursed during the year	3,121
Number of persons who were aged under 5 at first visit in 1965	58
Number of persons who were aged 65 or over at first visit in 1965	1,995

Diphtheria Immunisation

There have been no cases of diphtheria in the area of the Borough since 1949. The following figures show the decline brought about by immunisation with its resulting saving not only in human suffering but in hospital accommodation and nursing staff, and are a reminder that only by maintaining a high level of immunisation among children will this disease be held in check.

Year	Deaths		Cases	
	England and Wales	Hillingdon area	England and Wales	Hillingdon area
1940	2,480	8	46,281	126
1945	722	—	25,246	1
1950	49	—	962	—
1955	13	—	155	—
1960	5	—	49	—
1965	—	—	26	—

POLIOMYELITIS VACCINATION

The following table shows the number of vaccinations carried out during the year under arrangements made by the Council.

<i>Year of birth</i>	<i>Primary Courses</i>			<i>Re-inforcing Doses</i>		
	<i>Salk-injection</i>	<i>Sabin-oral</i>	<i>Total</i>	<i>Salk-injection</i>	<i>Sabin-oral</i>	<i>Total</i>
1965	38	428	466	—	—	—
1964	255	2060	2315	94	—	94
1963	51	339	390	141	—	141
1962	11	151	162	236	10	246
1958-61	19	191	210	530	2122	2652
Others under age 16	7	151	158	—	60	60
Totals	381	3320	3701	1001	2192	3193

Vaccination Against Smallpox

Vaccination against smallpox is performed on request, without charge, by doctors who have signified their willingness to carry out this work under the National Health Service Act, 1946. In addition, in certain cases, vaccination can be carried out at the Council's clinics. The vaccination of all healthy infants is recommended.

During the year the following vaccinations of children were undertaken:—

<i>Age</i>	<i>Vaccination</i>	<i>Re-Vaccination</i>
Under 3 months	103	—
3-6 months	75	—
6-9 months	90	—
9-12 months	222	—
1 year	1,243	—
2-4 years	345	64
5-15 years	62	377
TOTALS	2,140	441

The above figures include 296 children vaccinated at London Airport. Figures relating to adults are not available as no record is required in these cases.

Vaccination at London Airport

In 1965 there were 5,128 adult persons vaccinated. Not all these vaccinations were performed on arriving passengers as in certain circumstances it was necessary to vaccinate outgoing passengers.

The following table shows the numbers of children immunised during the year at Council Clinics or by private medical practitioners.

YEAR OF BIRTH	Primary Immunisation							Reinforcing Injections						
	Diphtheria only	Whooping Cough only	Tetanus only	Combined Diphtheria/Whooping Cough	Combined Diphtheria/Tetanus	Combined Diphtheria/Tetanus/Whooping Cough	Quad-rilin	Diphtheria only	Whooping Cough only	Tetanus only	Combined Diphtheria/Whooping Cough	Combined Diphtheria/Tetanus	Combined Diphtheria/Tetanus/Whooping Cough	Quad-rilin
1965	—	—	2	—	17	1,221	37	—	—	—	—	—	—	—
1964	—	—	—	—	51	1,776	104	—	—	1	—	137	484	9
1963	—	—	—	—	13	157	8	1	—	—	—	362	981	45
1962	—	—	3	—	15	41	1	—	—	1	—	157	101	4
1958-61	—	—	153	—	30	23	6	3	—	29	—	1,303	477	11
Others under age 16	—	—	401	—	7	3	1	6	—	104	—	766	87	4
TOTALS	—	—	559	—	133	3,221	157	10	—	135	—	2,725	2,130	73

Home Help Service

The number of Home Helps employed at the end of the year was 121, but as many of these were only part-time it was the equivalent of 72 full-time workers.

With the increasing number of elderly people in the population, from whom come a large proportion of the requests for assistance, added to the difficulties of recruitment, it is most unlikely that the supply of persons for this type of employment will ever meet the demand, and the main effort has to be directed to dealing with the most necessitous cases.

The standard charge for this service was 4/9d. per hour, and all persons unable or unwilling to pay this are assessed in accordance with the Council's scale; any appeals against such assessment are referred to the Assessment, Appeals and Arrears Sub-Committee. Cases of toxæmia of pregnancy have a free service during the period of toxæmia, and recipients of National Assistance are allowed a nil assessment.

A summary of the number of households provided with help during the year is given below.

In addition, in a small number of cases it has been possible to operate a Neighbourly Help Service which allows for the payment of up to £2 per week to someone undertaking household duties for a sick or elderly neighbour.

	<i>Aged 65 or Over</i>	<i>Aged under 65</i>			<i>Total</i>
		<i>Chronic sick and tuberculosis</i>	<i>Mentally Disordered</i>	<i>Maternity</i>		Others
Number of Cases	687	146	5	251	1,262

Tuberculosis—Care and After Care

The facilities previously provided have been continued with the services of the welfare officer shared with the London Borough of Ealing. There has been close co-operation between the physicians at the Chest Clinic, the health visitors and other members of the Health and Welfare Department staff.

The year was a difficult one as the welfare officer was on sick leave for three and a half months and this coincided with changes in the clerical staff, but the welfare work was continued during this period, although on a somewhat restricted basis. During the year 237 cases were dealt with by the welfare officer, and of these 114 were tuberculous and 123 non-tuberculous; of the non-tuberculous cases 54 were carcinoma and 69 chronic bronchitis and other conditions. The housing problem was still very much to the fore and 23 cases of housing difficulty were referred for investigation. Help from the National Assistance Board with clothing, extra nourishment and maintenance, etc., was given to 31 cases. A considerable amount of help was given to patients this year by the National Society for Cancer Relief who donated a total of £548, an increase of £141 over 1964. A donation of £25 from the Metropolitan Hospital Fund was distributed among 27 patients at Christmas time, and toys were obtained from the *Evening News* Toy-for-a-Sick-Child-Fund and these were distributed to sick children and the children of poor patients. Following requests from the chest physician, recuperative holidays were arranged for eight patients.

The health visitors made a total of 2,597 visits to 626 tuberculous households, and a further 1,066 domiciliary visits were made to non-tuberculous patients. The health visitors advise on prevention of the spread of infection, care and after care and supervise contacts. They also undertake clinic duties at the Chest Clinic.

The following numbers of persons were tested and received B.C.G. vaccination through the authority's approved arrangements under Section 28 of the National Health Service Act, 1946:

	<i>Contacts</i>	<i>School Children and Students</i>	<i>Total</i>
No. skin tested	249	2,183	2,432
No. found positive	64	127	191
No. found negative	185	2,056	2,241
No. vaccinated	227	2,056	2,283

B.C.G. vaccination for school leavers is referred to on p. 100

Chiropody

Chiropody treatment is provided by qualified chiropodists at certain of the Council's Clinics and by domiciliary visiting of housebound persons; arrangements with voluntary organisations; and, for residents in the Council's Welfare Homes, by visiting chiropodists.

The facilities are available to pensioners, expectant and nursing mothers, children under five years of age, school children and physically handicapped persons.

Clinics

Sessions are held at the following premises:—

Minet, Hayes.

Laurel Lodge, Hillingdon.

Westmead, Ruislip.

Yiewsley.

Elm Park Old Persons' Club, Eastcote.

Voluntary Organisations

Ruislip/Northwood Old Folks' Association arranges sessions at Brackenbridge House Aged Persons' Home, attendance at chiropodists' surgeries and domiciliary visits.

Uxbridge Old People's Welfare Association arranges sessions at Fassnidge Hall, Uxbridge.

The British Red Cross Society, Ruislip Division, arranges sessions at Dawlish Drive, Ruislip Manor.

Attendances at the Council's Clinics:—

Expectant and Nursing Mothers	16
School Children	663
Others	1,929

Recuperative Holidays

During the year, following recommendations from the doctors concerned, arrangements were made for 51 persons to be admitted to recuperative holiday homes. Some applications were withdrawn, and 43 holidays were arranged mainly for elderly people.

The usual recuperative holiday lasts a fortnight. In eleven cases the 'full cost' was paid, and the remainder were assessed according to their financial circumstances.

Co-operation in Research Projects

During the year the medical and nursing staff have been asked to co-operate in another follow-up of the children originally included in the National Birthday Trust survey of certain children born in 1958. As each interview took about one hour, a considerable amount of time was involved, and it will be interesting to learn of the final results of this research.

A shorter task demanded of the same staff was a trial of three different kinds of 'triple' (Diphtheria/Tetanus/Whooping Cough) prophylactic for the Medical Research Council, in order to assess the adverse reactions, if any, consequent upon different methods of manufacture. This has provided useful information and should lead to the production of better immunisation material.

Details regarding the routine immunisation and vaccination of children will be found on page 32 but it is interesting to note in passing that the diphtheria immunisation rate for children under 5 years is 75%.

INVESTIGATION OF MEASLES VACCINES

Measles Protection Trial, 1964 and 1965

In 1964 the then Middlesex County Council agreed, together with certain other Local Authorities, to take part in a trial of measles vaccines under the co-ordination of the Medical Research Council.

In September of that year measles vaccination was offered to **4,500 children** in Area 8 (the present Borough of Hillingdon) born between November, 1962, and December, 1963, inclusive. **Two thousand two hundred and fifty-nine** acceptances were received:

- (a) **700 children** were offered vaccination with killed, followed by live, vaccine;
- (b) **750 children** were offered live vaccine alone;
- (c) **750 children** remained unvaccinated as a control group;
- (d) **59 acceptances** were withdrawn.

By the end of November, 1964, a total of **844 children** had been vaccinated in accordance with (a) and (b) above.

This involves the care of the aged in their own homes as well as in residential accommodations provided by the Council. The Council's day care and homes run for profit.

Six hundred and seventy aged persons are cared for by welfare staff in aged persons living in their own homes, most of these being aged persons who are in need of the provision of residential accommodation. In addition to the welfare staff, many other organizations have assisted greatly in caring for the elderly in their own homes.

The Key Old People's Work, which was in existence before the Borough was formed, continues in various forms, including the following:

- Fun Park Recreation and Home Care Centre
- Farnley Hall Social Centre, which is open to all aged persons
- Chirology

- Meals on wheels
- Visiting services

COMMUNITY CARE

- Christmas parties
- Holidays
- Outings
- Handicrafting at selected points

Since the formation of the Borough, a Home Care Committee has been set up and as it has expanded, we have also set up a Home Care Committee, members and officers of the Council.

Much assistance is given to the aged by the Council's Royal Voluntary Service in helping clubs and societies, and by the Council's day care and other organizations such as the Navy Club, Royal Canadian Mounted Police, etc.

There is very great help given to the aged by the Council, hospital geriatric services and voluntary workers so that the aged can remain in their own homes and the transition from home to 'Home' is made as smoothly as possible.

When residential accommodation is required, it is likely that this will take the form of beds in homes which are run for profit. The Council is always in charge to give help and support and keep a firm hand on the reins. The main policy is to preserve the aged person's independence as long as possible and to ensure that the minimum residential care will then all tend to be 'dischargeable' to the community.

WELFARE OF THE AGED

This involves the care of aged persons in their own homes as well as in residential accommodation provided by the Council, voluntary organisations and homes run for profit.

Six hundred and seventy-three visits were made by welfare staff to aged persons living in their own homes, most of them being referred with a view to the provision of residential accommodation. In addition to the statutory arrangements voluntary organisations have assisted greatly in caring for the elderly in their own homes.

The four Old People's Welfare Committees which were in existence before the Borough was formed continue to flourish. Services provided include:—

Elm Park Recreation and Dining Club, Ruislip.

Fassnidge Hall Social Centre, Uxbridge—light meals provided.

Chiropody.

Meals on wheels.

Visiting service.

Christmas parcels

Holidays.

Outings.

Hairdressing at reduced price.

Since the formation of the new Borough a Co-ordinating Committee has been set up and on it are representatives from the four Old People's Welfare Committees, members and officers of the Council.

Much assistance is also given by the Red Cross and Women's Royal Voluntary Service in running clubs and providing meals on wheels, and chiropody, and other organisations such as Rotary Clubs, Round Table and Toc H give valuable support.

There is very good liaison between the officers of the Council, hospital geriatric services and voluntary workers so that the best possible service can be offered to old people and the transition from home to 'Home' or hospital is achieved as smoothly as circumstances permit.

More residential accommodation will be needed in the future, and it is likely that this will take the form of blocks of flatlets with some communal facilities and with a warden in charge to give help as required and keep a friendly eye on the tenants. The aim of this policy is to preserve the aged person's independence as long as possible by reducing household chores to a minimum. Residential homes will then all tend to be 'designated' and provide for the infirm aged.

Residential Homes for the Aged

On April 1st, 1965, when Hillingdon Borough Council assumed responsibility for the Welfare Services formerly administered by the Middlesex County Council seven Homes for the Aged were inherited, five of them being inside the borough boundary and two of them in Buckinghamshire.

They are:—

<i>Name of Home</i>	<i>Address</i>	<i>No. of Beds</i>	<i>Male or Female</i>	<i>Designated or Non-Designated</i>
Coaxden	Park Road, Uxbridge	23	Male	N.D.
Farnham Common House	Farnham Common, Bucks.	30	Mixed	N.D.
Franklin House	The Green, West Drayton	49	Mixed	Designated
Moorcroft	Harlington Road, Uxbridge	67	Mixed	N.D.
Rushymead	Coleshill, Nr. Amersham, Bucks.	50	Mixed	N.D.
Ryefield	Ryefield Avenue, Uxbridge	35	Mixed	N.D.
Whitby Dene	Whitby Road, Eastcote	62	Mixed	Designated

N.B. Designated Homes have qualified nursing staff and can deal with the more infirm cases.

There are three Homes for the elderly in the Borough which are administered by Voluntary Organisations. They are:—

Brackenbridge House, Ruislip. (Ruislip and Northwood Aged People's Housing Society)

Elmfield, Fairfield Road, Uxbridge. (British Red Cross Society)

Denefield, Northwood (Short-stay Home). (British Red Cross Society)

On 1st April, 1965 there were 249 residents in the Council's Homes. (Ryefield had been opened only for a short time and was therefore partially occupied.)

Between 1st April and 31st December, 1965 there were 106 admissions and 69 deaths or discharges, leaving a total number of 286 residents (61 males and 225 females) on 31st December, 1965. Of these 12 were the financial responsibility of other local authorities. In addition Hillingdon Borough Council was maintaining 75 persons (29 males and 46 females) in Homes administered by Voluntary Organisations, and 13 in other Local Authority Homes.

The following is a summary of admissions and discharges:—

	<i>Admissions</i>	<i>Discharges</i>	<i>To where discharged</i>			
			<i>Hospital</i>	<i>Deaths</i>	<i>Home Address</i>	<i>Other Address</i>
Borough Homes	106	69	33	26	6	4
Voluntary Organisations	25	28	7	15	5	1
Other Authority Homes	2	2		1	1	

In addition to the admissions noted above 30 persons (11 male and 19 female) were admitted as short-stay residents to allow relatives a holiday or rest.

During the period 1st April - 31st December, 1965 close liaison was maintained with the Geriatric Department of Hillingdon Hospital. Aged persons in Welfare Homes who became in need of permanent specialised nursing care were admitted to Geriatric Wards. Others were admitted on a temporary basis and later returned to the Homes.

Some who had been admitted to hospital from their own homes with acute illnesses from which they had recovered were admitted to Residential Homes because they were unable to return home or it was unwise for them to do so.

Details are as follows:—

Number permanently discharged to hospital	...	...	...	...	19
Number discharged and subsequently returned to Residential Home	...	...	...	...	14
Number of new cases admitted from hospital	...	...	...	...	20

Private Homes for the Aged

There are privately run homes for the aged in the borough. These are registered and are expected to comply with certain standards as to staffing, facilities provided, number of residents accommodated, and so on. They are subject to inspection by authorised officers.

HOMELESS FAMILIES

The Borough has two Hostels for Homeless Families; Highgrove House at Eastcote and Mead House at Hayes, the latter being a rehabilitation hostel where specialised instruction is given.

Highgrove House has accommodation for 15 families and Mead House 9 families. On 1st April, 1965, of the 13 families in Highgrove House, only 1 originated from Hillingdon Borough, the remainder being from other Boroughs in the former Middlesex County Council area. On 31st December, 1965, there were 7 families from Hillingdon and 1 from London Airport out of a total of 13 families resident in the Hostel.

Of the 8 families resident in Mead House on 1st April, 1965, only 1 originated from Hillingdon Borough. On 31st December, 1965, 3 out of 8 families were from Hillingdon.

The following is a summary of admissions and discharges:—

Highgrove House

<i>Admitted</i>	<i>Rehoused by Hillingdon</i>	<i>Discharged rehoused by Other L.A.</i>	<i>Discharged to other address</i>	<i>To Mead House</i>
13	3	2	5	3

Mead House

2
+3 transferred
from Highgrove
House

3 1

At 31st December, 1965, the total number of persons in the Hostels was as follows:—

Highgrove House

13 Men 14 Women 50 Children

Mead House

7 Men 8 Women 32 Children

Altogether 80 enquiries were received from families who were homeless or about to become homeless. The department was able to advise many of these families who eventually were able to solve their own problems.

In 2 cases, following intensive casework, eviction was actually prevented.

Throughout there was close liaison with the Housing Department and the other agencies concerned with these families.

WELFARE OF PHYSICALLY HANDICAPPED

On 1st April, 1965, 485 persons who were permanently and substantially handicapped were on the Register maintained by this Borough under Section 29 of the National Assistance Act.

During the period to 31st December, 1965, there were 92 new registrations and 52 names removed leaving 525 persons registered at 31st December, 1965.

Adaptations

In order to assist them in their daily living, adaptations were carried out in the homes of 16 handicapped persons at a total cost of £314 17s. 3d. The adaptations were usually the installation of handrails and the provision of ramps.

Aids

Aids were issued to 87 persons at a total cost of £263 16s. 1d.

Work Centre

The Work Centre for handicapped persons at The Lynch, Uxbridge, provides an opportunity for 40 handicapped persons to work for 3 hours a day for five days a week, carrying out work which is provided by local industry. Transport is provided by the Council and by one of the firms providing work. Some of the handicapped persons use public transport and others travel in their invalid cars.

Those who are in receipt of sickness benefit have their earnings limited to 39/11d. per week but the attendance at the work centre is considered to be of considerable therapeutic value.

Handcraft Classes

Handcraft Classes for handicapped persons are held in Uxbridge, Hayes and Eastcote each week in conjunction with the British Red Cross Society. The Council assists with transport.

Thirty-six people attend the class at Eastcote, 33 the Uxbridge class and 19 the Hayes class.

Choral Class

There is no choral class for the handicapped held in the Borough but 19 persons from Hillingdon attend a choral class in Greenford and transport is provided.

Holidays

Holidays were arranged for 53 handicapped persons. The majority of these were at boarding houses on the coast where special facilities were available. The British Red Cross Society provided escorts and helpers.

Car Badges

Special badges were issued to 26 handicapped persons who drive Invalid Cars or adapted vehicles. These badges are easily identifiable and enable the police to assist the handicapped persons to park their vehicles.

Visits

Nine hundred and forty domiciliary visits were made to handicapped persons by Social Workers during the period 1st April, 1965, to 31st December, 1965.

Welfare of Blind and Partially-Sighted Persons

On 1st April, 1965 there were 315 blind persons and 117 partially-sighted persons on the register. During the next 9 months changes occurred as follows:—

	<i>No. on Register 1.4.65</i>	<i>Additions</i>	<i>Removals</i>	<i>No. on Register 31.12.65</i>
Blind	315	33	38	310
P.S.	117	11	16	112
Total	432	44	54	422

This is a table showing the age groups of persons on the Blind Register at 31st December, 1965:—

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & over	Total
M	—	—	—	—	—	4	2	—	4	5	18	8	11	18	24	12	11	5	122
F	—	—	—	1	—	—	2	2	5	2	5	22	19	15	39	28	28	20	188
Total	—	—	—	1	—	4	4	2	9	7	23	30	30	33	63	40	39	25	310

This table shows the age at onset of blindness:—

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & over	Total
M	14	2	—	—	1	5	5	5	8	13	11	9	13	7	15	10	3	1	122
F	11	3	2	—	1	1	5	1	5	9	15	28	13	8	58	17	11	—	188
Total	25	5	2	—	2	6	10	6	13	22	26	37	26	15	73	27	14	1	310

Information regarding employment

	<i>M</i>	<i>F</i>	<i>Total</i>
Employed in Sheltered Workshop	1	1	2
„ in Homeworker Schemes	4	5	9
„ under ordinary conditions	30	6	36
			—
Total employed			47
			—
Unemployed but capable of and available for work	3	1	4
Not available for work	5	26	31
Not capable of work	7	13	20
Not working 65 and over	65	130	195

With regard to the partially-sighted register, the age groups are:—

	0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total
M			7	4	15	3	9	38
F			4	5	11	10	44	74
Total	—	—	11	9	26	13	53	112

Four cases were transferred to the Blind Register during the period under review.

Eight partially sighted children from the Borough attend a special school.

INFORMATION REGARDING CLUBS AND CLASSES FOR BLIND AND PARTIALLY-SIGHTED PERSONS

Uxbridge Handcraft Class is held once a fortnight on a Thursday from 2 p.m. - 4 p.m. at the Providence Church Hall, The Lynch, Uxbridge. Transport is provided.

Ruislip Handcraft Class is held once fortnightly on a Thursday from 2 p.m. - 4.30 p.m. at the Toc H Hall, Manor Farm, Ruislip. Transport is provided.

Uxbridge Social Club is held on the first Saturday in each month from 3 p.m. - 5 p.m. at the Bailey Hall, Congregational Church, High Street, Uxbridge. Voluntary transport is provided.

Ruislip Social Club is run by the Toc H every other Saturday from 3 p.m. - 5 p.m. at the Toc H Hall, Manor Farm, Ruislip. Voluntary transport is provided.

Hayes Social Club is held fortnightly on Mondays from 2.30 p.m. - 4 p.m. at Queen's Hall, Station Road, Hayes.

Other classes, such as gardening, cookery and dancing, are held outside the Borough for residents of Hillingdon. Transport is arranged for these classes.

A few registered blind persons are employed each day at the Uxbridge Work Centre for the physically handicapped.

Holidays

Financial assistance was given to 28 blind and partially-sighted persons and 21 escorts provided during the period 1st April, 1965 - 31st December, 1965. Some of these holidays were at special holiday homes administered by Voluntary Blind Associations and others were privately arranged holidays.

The persons assisted were in receipt of National Assistance or had incomes of about that level.

White Sticks were supplied by the Rotary Clubs to all blind persons who required them.

Other apparatus was obtained through the Royal National Institute for the Blind.

Radio Sets

Acting on behalf of the British Wireless for the Blind Fund, the department issued 17 new sets and four secondhand sets to blind persons during the nine month period. Two gift sets were issued to partially-sighted persons.

The Council keeps the sets in repair and provides batteries when required.

Wireless licence exemption certificates were supplied to 19 new cases.

Deaf Blind

There are two persons on the register who are deaf blind and two who are deaf/partially-sighted.

These people need special attention and this Borough is sharing the services of a specialist Deaf Blind Home Teacher who is employed by the London Borough of Richmond-upon-Thames.

A special holiday at Littlehampton was arranged for the deaf blind of the former Middlesex County Council area during the summer and two persons from this Borough were included.

Guide Dogs for the Blind

One blind person from the Borough received a guide dog from The Guide Dogs for the Blind Association.

Toc H Tape Recordings

During the year Uxbridge Toc H started a new service for the blind. This took the form of making available to the housebound blind local news and current affairs which had been recorded on tape.

Domiciliary Visits

During the period 1st April, 1965 - 31st December, 1965, Home Teachers of the Blind made 1,031 domiciliary visits to blind and partially-sighted persons.

Middlesex Association for the Blind

This voluntary Association continued to give valuable support to the blind and partially-sighted persons in the Borough, both by assisting financially and in organising various functions of interest to them.

Industrial Rehabilitation

In conjunction with the Ministry of Labour arrangements were made for one blind person from the Borough to undergo a period of industrial rehabilitation. The man concerned has since been found employment by the Blind Persons' Resettlement Officer of the Ministry.

Peace-Time Emergencies

The Council has a scheme for providing temporary shelter for large numbers of people who may be rendered homeless by fire, flood, air disaster or other emergency. Various meeting halls and Civil Defence premises have been earmarked for this purpose. On one occasion during 1965 preparations were made to receive families being repatriated to this country from India and Pakistan. A hall was opened, beds and bedding were prepared and the W.V.S. stood by to supply food and clothing where necessary.

In the event, of all the families arriving at London Airport, only one required the assistance of the Department.

Burial of the Dead

During the period under review it was necessary for the department to arrange for the burial of five persons in the Borough under Section 50 of the National Assistance Act, 1948, as there were no relatives or other persons able to make suitable arrangements.

Protection of Movable Property

Action was taken under Section 48 of the National Assistance Act, 1948, to protect the movable property of patients in hospital where no other arrangements could be made. In one case it was necessary to arrange for the storage of items of furniture.

MENTAL HEALTH

The responsibility for the Mental Health Service was assumed by the London Borough of Hillingdon as from April, 1965. The aim has been to provide as far as possible a service not less comprehensive than that previously in existence, and to improve it where possible.

The service will provide for the needs of the mentally disordered living in the community and will make the service known to, and available to, those in need of it. In particular it will provide Junior Training Centres, Adult Training Centres, home training, residential accommodation, Day Centres, Social Clubs and a Home Visiting Service.

With the reorganisation of London Local Government, it was agreed that the new Boroughs would take over responsibility for the mental health establishments in their particular areas. In this respect the London Borough of Hillingdon was fortunate in so much as it had a Junior Training Centre, two Adult Training Centres, a Home Visiting Service for subnormal and severely subnormal patients and a 30 place Hostel for the mentally ill. The Borough also found itself with another 30 place Hostel for the severely ill in the planning stage. The reason that Hillingdon had good basic facilities for mentally disordered persons and it was possible to look forward to an expanding and more comprehensive service.

Although the emphasis of the Mental Health Act, 1959, is on community care, there are inevitably some patients who require a form of nursing care and treatment in hospital, but it is extremely difficult to estimate the number of beds available for this type of patient, and the number of patients requiring them, but this is not just a local problem but a national one.

MENTAL HEALTH

Report of the Hillingdon Mental Health Committee
 December 1965 to March 1966

Supervision in the Home

Many subnormal persons are being placed in the community in the community, particularly when they and their parents have the help of an able social worker with their problems and experienced social workers.

At the end of 1965 there was a total of 100 subnormal persons in community care, and the caring of these patients was being carried out by about 1000 private foster care with all over the system from 15 and 16 years of age and home visits from 17 to 21 years of age.

This service is of great value, especially to those who are subnormal school leavers and young adults in their effort to obtain and maintain employment in the community. Most requests come by advice of the employer and fellow employees. Foster care and employment are the finding of suitable employment is essential if the subnormal person is to develop to the full the opportunities will allow.

In addition, a wider medical effort is available by appointment to give advice or the family to give advice, medical or psychiatric assistance.

Residential and Informal Foster Care

At the end of 1965 there were two patients under supervision and 17 under informal care in private homes.

MENTAL HEALTH

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With the reorganisation of London Local Government, it was agreed that the new Boroughs would take over responsibility for any existing establishments in their particular areas. In this respect the London Borough of Hillingdon was fortunate in as much as it had a Junior Training Centre, two Adult Training Centres, a Weekly Boarding Unit for subnormal and severely subnormal patients and a 30-place Hostel for the mentally ill. The Borough also found itself with another 30-place Hostel for the mentally ill in the building stage. This meant that Hillingdon had good basic facilities for mentally disordered persons, and it was possible to look forward to an expanding and more comprehensive service.

Although the emphasis of the Mental Health Act, 1959, is on community care, there are obviously some patients who will be in need of nursing care and treatment in hospital, but it is extremely difficult to obtain a bed in a suitable hospital for them. The number of beds available for this type of patient is too few to cope with applications; but this is not just a local problem but a national one.

Community Care of the Subnormal and Severely Subnormal, as from 1st April, 1965

Supervision in the Home

Many subnormal patients of all ages are able to live satisfactorily in the community; particularly when they and their parents know that they are able to obtain assistance with their problems from experienced social workers.

At the end of 1965 there was a total of 361 subnormal persons in community care, and the visiting of these patients was being carried out by mental welfare officers (who deal with all cases over sixteen years of age) and health visitors (who deal with all cases up to sixteen years of age).

This service is of great value, especially to educationally subnormal school leavers and young adults in their effort to obtain and maintain employment in the community. Much depends upon the attitude of the employer and fellow employees. Tactful help and encouragement and the finding of suitable employment is essential if the handicapped person is to develop as fully as his capabilities will allow.

In addition, a senior medical officer is available, by appointment, to see a patient or his family to give advice, medical or psychiatric assistance.

Guardianship and Informal Foster Care

At the end of 1965 there were two patients under Guardianship and 17 under Informal care in private homes.

Admissions to Hospital

During 1965 eight patients were admitted to psychiatric hospitals. Of these, seven were Informal admissions and one was under Section 60 of the Mental Health Act, 1959. At the end of 1965 there were 244 subnormal patients in hospital from this Borough.

The number awaiting admission for permanent hospital care at the end of the year was seventeen. This situation causes much concern since there appears to be little hope of early admission owing to the great demand on the beds at present available.

Temporary Care

Parents can obtain a measure of temporary relief by having their subnormal child in hospital for periods of up to eight weeks. During 1965 twenty-seven such patients were admitted to hospital and three to private homes.

Hostels

If an adolescent male patient appears to be having problems in finding or holding down a job, arrangements can be made for his admission to the Working Boys' Hostel at Willesden, which is under the auspices of the London Borough of Brent. At the end of 1965 there were three patients placed at this hostel.

JUNIOR TRAINING CENTRES AND ADULT TRAINING CENTRES

Hillingdon Junior Training Centre

Hillingdon Junior Training Centre provides 104 places for both sexes; of which 24 are in the Special Care Unit. The Supervisor of the Centre reports on the year's work as follows:—

“The centre has two main objectives, which are the satisfaction of the child's present needs and the preparation for his future.

During the year 1965, it is felt that we have been reasonably successful in fulfilling this plan, despite the difficulties under which the staff work.”

Moorcroft Weekly Boarding Unit

This caters for a total of 19 severely subnormal patients of both sexes from the age of four to eleven years. The patients reside from Monday morning to Friday afternoon, returning to their homes for weekends and school holidays. During the daytime the patients attend the Hillingdon Junior Training Centre. The aim of the weekly boarding unit is to relieve a family where the child is perhaps awaiting admission to hospital on a permanent basis, or where there are very extreme family problems.

The Matron of the Unit reports on the year as follows:—

“There were 19 children on the register at the beginning of the year, and 16 at the end. During the year five children had been discharged and two admitted. Attendances were good.

The Unit has now been in existence for three years, and many of the children attending are those who were admitted when the Unit was opened. Naturally, they have grown bigger and heavier; this means changes in diet and amusements. Consideration will need to be given in the near future to larger equipment and a different syllabus being provided to meet their growing demands."

Holidays

As in previous years, arrangements were made for patients at the Junior Training Centre and Adult Training Centres to attend holiday camps.

Moorcroft Adult Training Centre

Moorcroft Adult Training Centre is a mixed centre providing 85 places. The Supervisor in Charge reports on the year as follows:—

"Total Attendances—1965: 19,130.

Exclusions during 1965

On various occasions behaviour problems created havoc amongst trainees and staff, with some danger to limbs and furniture, etc. For the protection of the instructors it was considered necessary to exclude four trainees.

Several trainees were placed in temporary care for short periods during the year, and many hospital journeys were made for the treatment of injuries and accidents and epileptic attacks.

Since the change in administration in April 1965 it is felt that the new officers are doing their utmost to help and to minimise difficulties. Medical examinations have now been introduced and are most valuable.

Work Projects during 1965

The trainees have had varied work projects from local industry, which have included the following:—

Assembling component parts and packing a wide variety of both large and small items, such as photoflash holders, inkwells, lampholders, ceiling rose plates and fittings, junction box terminals, ash trays, batten holders, cordgrip fixtures, three-pin plugs, cruet sets, co-axial plugs, etc.

They also machine pieces of patterned material together and chop up foam pieces to fill cushions they have made. These are sold to parents and others.

Housework

Many of the trainees are employed in household and cleaning duties as there is no cleaner attached to the Centre.

Gardening

Similarly, gardening is useful for the more able boys, and this provides valuable training.

Loan of Girls to the Weekly Boarding Unit

Girl trainees are loaned to the Weekly Boarding Unit for 12 hours each week helping to look after and play with the children in the Unit.

Laundry

More work was taken, and between 500 and 600 articles are now being laundered weekly.

Christmas Crackers

More crackers were made this year than previously, and many orders were forthcoming for the following year. Only certain trainees were sufficiently adept for this work."

Uxbridge Adult Training Centre

Uxbridge Adult Training Centre is a mixed centre providing 125 places. The Manager reports on the year as follows:

"During 1965 the Centre was fortunate in maintaining a steady flow of work; October was the exception when approximately one third of the trainees were not fully occupied. Some work contracts were finished and new ones were obtained from other sources.

Due to staff shortages the garden activities were severely curtailed.

Six trainees obtained employment and are continuing to give satisfactory service to their respective employers.

Future plans are for courses of further education for trainees, who would thereby benefit, and for the segregation of the very low grade trainees."

These Centres cater for children and trainees not only from the London Borough of Hillingdon, but also from the London Boroughs of Barnet, Brent, Ealing, Harrow, Hounslow, Richmond-upon-Thames and Surrey County Council.

New Projects

(a) In Hand

As mentioned earlier in this report, the Borough took over a Hostel for the Mentally Ill in the building stage. However, as this Borough has already a 30-place Hostel for the Mentally Ill, this new Hostel would be more useful for subnormal cases. At the close of 1965, consideration was being given to this matter.

(b) In Future

The existing Junior Training Centre and Special Care Unit are in adapted premises which are not suitable or satisfactory. Accordingly, in the Ten Year Plan it is proposed to commence the replacement of the Junior Training Centre and Special Care Unit in 1966. Consideration is also being given in succeeding years to the provision of a Workshop for the Subnormal to be attached to the Hostel for Subnormal Patients, a Home and Day Centre for the elderly mentally ill, and purpose-built Adult Training Centre and Weekly Boarding Unit as the present ones are in adapted premises and are not entirely satisfactory.

Training

A two-year course for teachers of the mentally handicapped is held at Chiswick Polytechnic. The students are examined in educational psychology, mental subnormality, child development and teaching methods. In addition to theory, practical training is also given. This course is a fairly recent one, and the first course of its kind at Chiswick Polytechnic will end in July, 1966. There is one sponsored student from this Borough on the course.

Further Education

It is felt that there are trainees who, after receiving training at the Centre, are handicapped in obtaining employment by their inability to cope with simple letter writing, money transactions, telling the time, etc. It is felt, therefore, that further education on these lines is a necessary provision, and it is hoped that such arrangements will be made in future.

MENTAL ILLNESS

The domiciliary care of persons suffering from mental illness was a service taken over from the Middlesex County Council in April 1965. At the end of April, however, the field work staff of the Mental Health Section consisted of the Chief Mental Welfare Officer and his deputy. In these circumstances it was impossible to give a complete service, but with the help of the Medical Officer of Health and the Senior Medical Officers, a 24 hour on-call rota for emergencies was maintained. This situation persisted until August, 1965. During this trying period the two officers concerned received valued support, not only from the Medical Staff, but also from Health Visitors and the Administrative Staff.

Conditions later improved, and it became possible to recruit suitable officers. By the end of the year the field staff consisted of:

- Chief Mental Welfare Officer
- Deputy Chief Mental Welfare Officer
- Four Mental Welfare Officers
- One Trainee Mental Welfare Officer

As the field work staff was built up so it became possible for officers to maintain contact with patients and their families whilst they were in hospital and to offer after-care assistance on their discharge from hospital. It has been found that some doctors at St. Bernard's are now freely referring other suitable cases to the department for after-care services. Many general practitioners in the Borough are also referring cases for community help when there are family problems causing mental stresses. A large proportion of these cases do not require hospital admission and can be helped by patient counselling or possibly by psychiatric out-patient treatment—this the department usually arranges with West Middlesex Hospital.

In addition, the mental welfare officers have been able to re-establish contact with the families of adult subnormals residing in the Borough and to give them any support they may require. Contact has been maintained with the Warden of Hayes Park Hostel and the services of a field officer are available should one of the residents require either help with a social problem or re-admission to hospital.

A happy relationship has been established with the Welfare Section. Close consultation takes place between the two sections. Good examples of this are in the needs of the elderly senile and Section 48 cases—the protection of patients' property.

Liaison has also been maintained with the local branch of the National Association for Mental Health. Both the Chief Mental Welfare Officer and other Mental Welfare Officers are service members of the committee. The Chief Mental Welfare Officer also attends every meeting of the Welcome Club—a social club for the mentally ill run by the association.

The facilities of the Borough's mental health service are made available to persons arriving at London Airport. It may be of interest to note that in the period now under review—1st April, 1965 to 31st December, 1965—sixty-six persons required the services of a mental welfare officer—forty-two of these instances being in out-of-office hours. These cases frequently pose difficult problems, both in the lack of warning of their arrival and scanty information regarding their mental history. Their disposal is often difficult and frequently arrangements for transportation and admission to hospital in the part of the country in which they live have to be made.

It is to be hoped that the Borough will give every help and encouragement to the more experienced officers who are able to obtain placements in a nationally recognised course. This further education can only result in an improved standard of service to the community.

The cases dealt with were as follows:—

Number of Mentally Ill Patients Referred from 1.4.65 to 31.12.65

<i>Referred by</i>	<i>Under Age 16</i>		<i>Aged 16 and over</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
General Practitioners			46	88	134
Hospitals, or discharged from					
In-Patient treatment			24	43	67
Hospitals, after or during Out-Patient or					
day treatment			5	2	7
Local Education Authorities			—	—	
Police and Courts		1	20	6	27
Other Sources		4	73	67	144
TOTAL	—	5	168	206	379

Work of Mental Welfare Officers

(a) *Mental Illness*

Visits made by Mental Welfare Officers	872
Compulsory Admissions to Psychiatric Hospitals	118
Informal " " " "	44
Office Interviews	161

(b) *Mental Subnormality*

Visits to those under Borough Community Care by M.W.O's	247
Office Interviews	72

The Council's Housing points scheme allows for points to be awarded in relation to the chronic illness, disability or infection affecting an applicant or member of his family or occupant of the dwelling in which he resides, and in respect of which a doctor's certificate is submitted. On the recommendation of the Medical Officer of Health, and subject to the confirmation of the Housing Committee, 5, 10 or 15 points may be awarded.

In many instances there is consultation with the general doctor or hospital concerned, together with reports from the appropriate officers of the Health and Welfare Departments, and only after careful consideration of the medical, housing and social factors involved is a recommendation made.

Applications for transfer from one Council property to another, which are supported by medical evidence, are also referred to the Medical Officer of Health.

From the 1st April, 1955 to the end of the year, the following cases were dealt with:

	No. of Cases Approved	Recommendation made for 'Medical' points
New Applicants	176	57
Transfer	48	24

GENERAL SERVICES

The Mass X-ray Unit paid two visits to the Borough during the year, and although the response from the general public was somewhat disappointing, the attendance figures from the industrial concerns were most satisfactory.

The attendance figures and results are shown below:

	1955	1954 and Forward
Attendance		
General Public	1,395	1,396
Industrial	2,279	2,227
Total	3,674	3,623
Cases found:		
Pulmonary Tuberculosis		
Active cases	13	1
Observation cases	7	1
Breasted carcinoma	7	4
Total	27	6

HOUSING ALLOCATION—MEDICAL GROUNDS

The Council's Housing points scheme allows for points to be awarded in relation to the chronic illness, disability or infection affecting an applicant or member of his family or occupant of the dwelling in which he resides, and in respect of which a doctor's certificate is submitted. On the recommendation of the Medical Officer of Health, and subject to the confirmation of the Housing Committee, 5, 10 or 15 points may be awarded.

In many instances there is consultation with the private doctor or hospital concerned, together with reports from the appropriate officers of the Health and Welfare Department, and only after very careful consideration of the medical, housing and social factors involved is a recommendation made.

Applications for transfer from one Council property to another, which are supported by medical evidence, are also referred to the Medical Officer of Health.

From the 1st April, 1965 to the end of the year, the following cases were dealt with:

	<i>No. of Cases Referred</i>	<i>Recommendations made for 'Medical' points</i>
New Applications	118	31
Transfers:	60	34

MASS RADIOGRAPHY

The Mass X-ray Unit paid two visits to the Borough during the year, and although the response from the general public was somewhat disappointing, the attendance figures from the industrial concerns were most satisfactory.

The attendance figures and results are shown below:

	<i>Hayes</i>	<i>Ruislip and Northwood</i>
Attendance		
General Public	2,562	1,980
Industrial	10,259	2,227
Totals	12,821	4,207
Cases found:		
<i>Pulmonary Tuberculosis</i>		
Active cases	13	2
Observation cases	7	3
<i>Bronchial carcinoma</i>	7	4
Totals	27	9

MASSAGE AND SPECIAL TREATMENT

Part XII of the Middlesex County Council Act, 1944, had been adopted by all four of the former Councils, and has continued in force in Hillingdon. This provides that all premises used for the reception or treatment of persons requiring massage or special treatment must be licensed, and gives the Council powers of inspection.

Inspections were carried out by a senior medical officer, and in all instances the premises and facilities provided were found to be satisfactory.

Twenty-three licences were issued with standard conditions approved by the Council, as shown in the following summary:

<i>Treatment Carried Out</i>	<i>Number of premises</i>
Chiropody	16
Chiropody, massage, radiant heat and infra-red (below knee)	2
Chiropody, physiotherapy	1
Physiotherapy	1
Physiotherapy, Manipulative therapy	1
Massage, chiropody, electric treatment, radiant heat, electric, vapour or other baths, manipulative therapy	1
Massage, manicure, electric treatment, radiant heat, electric, vapour or other baths, manipulative therapy	1

The licensing provisions of the Act do not apply to members of the Society of Physiotherapists who are required to submit a certificate each year, in an approved form and signed by two registered medical practitioners, of their intention to practise. Such premises are subject to inspection by a medical officer of the local authority.

Three certificates of intention to practise were received during the year.

MEDICAL EXAMINATION OF STAFF

In deciding the fitness or otherwise of staff, an assessment is made based on a medical history form completed by the employee, and it was found that of these 17% were required to undergo a full medical examination.

The following were dealt with during the year:

(i) Medical Assessments:	1,325
(ii) Medical Examinations:	
Staff—from (i) above:	229
Teachers:	135
Students—for Teachers Training Colleges:	162
Students—for Pre-Nursing Courses:	4
	530

NURSERIES AND CHILD MINDERS

SECTION VI

The number of premises in the Borough registered in accordance with the Nurseries and Child Minders' Regulation Act, 1948, as private day nurseries, or persons registered as child minders, is as follows:—

	<i>Number of Registrations</i>	<i>Number of Places</i>
Day Nurseries	14	379
Child Minders	16	233
	—	—
	30	612
	—	—

All premises, whether used as day nurseries (which are mainly Church Halls, etc.), or private homes where the occupier is looking after children for reward, are inspected at monthly intervals by the health visitors to ensure that the proper standards are maintained and that the conditions of registration imposed by the Council are complied with.

NURSING AGENCIES

One Agency for the supply of nurses was registered with the Borough. It was inspected six monthly by a senior medical officer and was found satisfactory.

NURSING HOMES

Under the provisions of the Public Health Act, 1936 and the Nursing Homes Act, 1963, nursing homes must be registered with the local authority, which supervises their conduct, standard of care provided, staff, number of persons admitted and so on, as laid down in the Conduct of Nursing Homes Regulations 1963. These provisions apply also to institutions not carried on for profit.

There are two such registered homes in the Borough, one a Nursing Home for the care of the sick with 12 beds, and the other a Hospital with a maximum accommodation of 145 beds. Both are visited periodically by officers of the Department and have been found satisfactory.

PUBLIC MORTUARY

The Mortuary, situated in Kingston Lane, Hillingdon, is a modern purpose-built building providing excellent facilities, including a viewing chapel and a waiting room for relatives.

The number of bodies received and post-mortem examinations carried out during the year were:—

From home address

Residents of Hillingdon ...	...	...	...	...	...	232
Residents of other districts	...	...	...	...	...	88
						—
						320

From hospitals in the area

Residents of Hillingdon ...	...	...	...	...	...	282
Residents of other districts	...	...	...	...	...	228
						—
						510
						—
						830
						—

ENVIRONMENTAL HEALTH

The Chief Public Health Inspector, Mr. A. Makin, reports:—

GENERAL

The year under review, including the first nine months of this new London Borough, has been far from easy. In April the four Public Health Departments from Ruislip-Northwood, Uxbridge, Hayes and Harlington and Yiewsley and West Drayton combined under one roof at Drayton Hall, West Drayton, to form the Environmental Health Section of the Health and Welfare Department. From that date there has been considerable effort towards the establishment of an efficient working unit. Progress has been difficult because of the shortage of staff, particularly of district public health inspectors. At the end of the year only six posts out of fourteen were filled and the serious effects of this deficiency will be seen throughout this report.

Reasonable progress was made in smoke control as this makes little demand on district public health inspectors' time, but other important aspects of the work have of necessity received far less attention than one would have hoped. This applies particularly to the inspection of offices, shops and the enforcement of the Offices, Shops and Railway Premises Act, the inspection of factories, sampling of food and drugs, inspection of food premises, the multiple occupation problem and the implementation of the Council's slum clearance and improvement area programmes.

The work at London Airport has extended especially in connection with the examination and sampling of imported foods and aircraft water supplies.

The implementation of the Offices, Shops and Railway Premises Act at London Airport was the responsibility of the Factory Inspectorate during 1965 but with effect from the 1st April, 1966, and the coming into being of the British Airports Authority, the responsibility will be that of the Local Authority.

Applications for Improvement Grants have been dealt with but the programme for compulsory improvements has fallen behind schedule, as has the programme for dealing with unfit houses.

Two aspects of work give cause for concern. These are:

1. **Food Hygiene** and in this connection it is regrettable to have to report that the standards of many food handlers and food premises are far from satisfactory. Details of unsatisfactory conditions are reported in the appropriate section of the report, but it must be stated that improvement will not be effected and maintained until it is possible to carry out more frequent inspections. It cannot be emphasised too strongly that good standards can only be maintained by frequent visits by the district inspector.

2. **Multiple Occupation.** The degree of multiple occupation in the Borough is not fully known but there is no doubt that it is increasing. Certainly, houses in particular parts of the area are tending to be used for multiple occupation and as soon as staff is available for this work greater efforts will have to be made to improve the housing standards in these areas.

HOUSING

Improvement Areas

The Borough Council have agreed on a ten year programme for the improvement of dwellings to deal with an estimated number of 2,700 houses which are lacking in one or more of the standard amenities.

Reference to the statistical table on Improvement Areas shows one Improvement Area to have been declared. This area was declared by the Hayes and Harlington Urban District Council in November, 1964, and included 108 older type properties lacking in one or more of the standard amenities, situated principally in Cranmer Road, Cromwell Road, North Road, Tudor Road and the south side of Wood End Green Road, Hayes.

Attempts have been made to persuade owners of tenanted properties in the area to apply for Improvement grants to secure the provision of standard amenities, and the position at the end of 1965 was that 73 of the 108 houses were lacking in standard amenities.

IMPROVEMENT AREAS—HOUSING ACT 1964

(1) Number of 1. Areas (a) Surveyed	1
(b) Declared	1
2. Houses to be improved (a) full standard	69
(b) reduced standard	6
3. Preliminary Notices served	—
4. Undertakings accepted	—
5. Immediate improvement notices served	—
6. Suspended „ „ „	—
7. Final „ „ „	—
8. Dwellings improved (a) full standard	14
(b) reduced standard	—
9. Dwellings improved by L.A. in default (a) full standard	—
(b) reduced	—
(2) <i>Dwellings outside improvement areas</i>	
1. Number of representations made by tenants	6
2. Number of preliminary notices served	—
3. Number of undertakings accepted	—
4. Number of immediate improvement notices served	—
5. Number of such dwellings improved (a) full standard	—
(b) reduced standard	—

Improvement Grants

The number of applications received is disappointing and most of these are from owner-occupiers. It appears that landlords of tenanted houses are not finding this scheme attractive enough even though 12½% of the landlord's proportion of the cost of providing improvements can be added to the rent of the improved dwelling. It is also true to say that a surprisingly high proportion of tenants do not wish to have improvements carried out.

The degree of compulsion that has been introduced in the Housing Act 1964, giving Local Authorities power to require the provision of standard amenities in tenanted dwelling houses where the tenant is willing to pay the increased rent, appears to be the only solution to providing older type dwellings with facilities which are today taken for granted by most people as absolutely necessary for decent living conditions.

Improvement—Grays Cottages, Harefield

Following the construction of a sewer to the curtilage of these six cottages instead of operating Section 47 of the Public Health Act 1936 requiring the provision of W.C.'s in substitution for the existing earth-closets, the owner was persuaded to take advantage of Improvement Grants to provide full standard amenities in the cottages, and work is in progress on these properties.

IMPROVEMENT GRANTS

(1) Standard Grants

	<i>Owner/Occupier</i>	<i>Tenanted</i>
1. Number of applications received	45	20
" " " approved	36	19
" " " refused	9	1
2. Number of dwellings improved	51	64
	£	s. d.
3. Amount paid in grants	9,338	10 1
4. Average grant per house	81	4 1
5. Amenities provided:—		
(a) fixed bath	67	
(b) shower	—	
(c) wash hand basin	73	
(d) hot water supply (to any fittings)	73	
(e) water closet		
(1) within dwelling	53	
(2) accessible from dwelling	—	
(f) food store	46	

(2) Discretionary Grants

	<i>Owner/Occupier</i>	<i>Tenanted</i>
1. Number of applications received	1	1
2. Number of applications approved	1	—
3. Number of applications refused	—	1
4. Number of dwellings improved	—	—

HOUSING REPAIRS, DEMOLITION AND CLEARANCE AREA ACTION

The following table shows action that has been taken by formal and informal action to secure the repair and clearance of unfit houses.

REPAIR—HOUSING AND PUBLIC HEALTH ACTS

Number of houses rendered fit after service of notices:—

	<i>Section 9, 10 and 16 Housing Act 1957</i>		<i>Public Health and similar Local Acts</i>		<i>Totals</i>	
	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>
(a) By owner	—	—	54	16	54	16
(b) By local authority	—	1	—	—	—	1
TOTALS	—	1	54	16	54	17

BEYOND REPAIR—HOUSING ACT 1957

Number of	1. undertakings accepted	(section 16)	—
	2. closing orders made	(section 17)	2
	3. demolition orders made	(section 17)	4
	4. closing orders made	(section 18)	—
	5. closing orders determined	(section 27)	—
	6. closing orders revoked and demolition orders substituted	(section 28)	—
	7. houses demolished following demolition orders		18

CLEARANCE AREAS

(1) Represented during Year

1. Number of areas	1
2. Houses unfit for human habitation	2
3. Houses included by reason of bad arrangement, etc.	—
4. Houses on land acquired under Section 43 (2)	—
5. Number of people to be displaced (a) individuals	5
(b) families	2

(2) Action taken during the Year

1. Houses demolished by Local Authorities or Owners

(a) unfit —

(b) others —

2. Numbers of people displaced

(a) individuals —

(b) families —

HOUSING

Individual Unfit Houses

Six houses were found to be unfit and not repairable at reasonable expense—in four cases Demolition Orders were made and in two, Closing Orders made.

Works in default

In one case the owner of a dwelling house failed to comply with a notice to carry out repairs under Section 9, Housing Act 1957, i.e. repairable at reasonable expense, and the Council carried out the necessary work in default at a cost of £332 4s. 8d.

Clearance Areas

Two houses were inspected and found suitable for Clearance Area procedure, and were included in the Station Road Clearance Area No. 1. This area was represented to the Health Committee on 8th November, 1966, and formally declared as a Clearance Area.

Multiple Occupation

An accurate assessment of the extent of multiple occupation has not been possible, but on the 1st April, 1965, 128 houses were known to be in multiple occupation. At the end of 1965, 163 were known to be in multiple occupation, with a further 113 needing investigation.

The policy in controlling this situation is by the use of the powers given in the Housing Acts 1961 and 1964. Action taken has been mainly the service of Direction Orders limiting the number of individuals who may occupy 3 and 4 bedroom houses to 5. When an empty house is found in an area where multiple occupation is taking place similar Direction Order procedure is followed.

Direction Notices have no immediate effect. If the number of people living in a house when a Direction Notice is made exceeds the number laid down in the Notice, no offence is committed. If (a) the number of occupants increases after the service of a Direction Notice or (b) persons leave who are in excess of the number stated in the Direction Notice and are replaced, a contravention takes place, and legal proceedings can be taken.

The Chief Planning Officer is notified of all new cases and enforcement action is taken in appropriate cases. When larger type houses are discovered in multiple occupation and the type of letting is the typical bed-sitter, notices requiring extra facilities in the form of water supply, washing facilities, cooking facilities etc. are served.

HOUSES IN MULTIPLE OCCUPATION

1.	Known number of houses in multiple occupation	163
2.	Estimated number of houses (not included in (1) above) requiring inspection to ascertain whether multiple occupation exists	113
3.	Number of houses on which Notices of Intention have been served for	
	(a) Management orders (Section 12)	—
	(b) Directions on overcrowding (Section 19)	29
4.	Number of houses on which have been made:	
	(a) Management orders	—
	(b) Directions on overcrowding	29
5.	Number of notices served	
	(a) to make good neglect of proper standards of management (Section 14)	—
	(b) to require additional services or facilities (Section 15)	5
	(c) where work has been carried out in default	—
6.	Number of prosecutions in respect of:—	
	(a) Management Orders	—
	(b) Direction Orders	1
	(c) overcrowding (Section 90, Housing Act 1957)	—
7.	Number of control orders made (Housing Act 1964)	—
8.	Number of control orders terminated	—
9.	Details regarding separate occupancies in houses in multiple occupation:	

Number of lettings per dwelling	2	3	4	5	6	7	8	9	10	11	Over 12
Number of dwellings	32	34	38	31	7	11	5	3	2	—	—

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT 1960

On the 1st April 1965 the four constituent authorities had issued 48 Caravan Site Licences as follows:—

	<i>Temporary</i>	<i>Without time limit</i>	<i>Total</i>
Hayes and Harlington U.D.C.	6	2	8
Ruislip/Northwood U.D.C.	—	—	—
Borough of Uxbridge	15	3	18
Yiewsley and West Drayton U.D.C.	12	10	22
	—	—	—
	33	15	48
	—	—	—

All applications for caravan site licences, both in respect of new sites and renewal of existing licences are dealt with by the Planning Committee. Conditions for inclusion in the Licence are recommended by the Health and Welfare Department.

CERTIFICATES OF DISREPAIR—RENT ACT 1957

The following table gives details of the types and numbers of certificates applied for and the action taken.

Number of applications for Certificates of Disrepair received	...	...	...	...	...	...	...	...	...	20
Number of applications refused	...	...	...	...	...	...	...	...	...	—
Number of applications granted:										
(a) in respect of some but not all defects	...	...	...	...	...	...	...	...	...	9
(b) in respect of all defects	...	...	...	...	...	...	...	...	...	11
Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	...	...	...	...	...	...	15
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	...	...	...	...	...	...	—
Number of Certificates issued	...	...	...	...	...	...	...	...	...	2
Applications by landlords to Local Authority for cancellation of Certificates	...	...	...	...	...	...	...	...	...	—
Objections by tenants to cancellation of Certificates	...	...	...	...	...	...	...	...	...	—
Decisions by Local Authority to cancel in spite of tenant's objection	...	...	...	...	...	...	...	...	...	—
Certificates cancelled by Local Authority	...	...	...	...	...	...	...	...	...	—

GYPSIES

A great deal of trouble has been experienced from gypsies of the diddicoy or nomadic tinker type. When these people are found, the Council's Ranger is informed; he is empowered to tow caravans on to the highway, after the landowner has requested his assistance. Similar action is taken where caravans are found on Council land, bridleways, footpaths, etc. Although no serious public health risk is involved, these nomads' habit of leaving their camping sites strewn with all kinds of rubbish is seriously detrimental to the amenities of the Borough, and the cost of cleaning up the refuse is an appreciable charge on the rates.

In addition, the time spent by the public health inspectors on this work could be used to much greater advantage. Sooner or later serious consideration will have to be given to the question of whether the present method of harrying and moving on these people (sometimes merely from one site to another in the Borough, or, at best, to an adjoining Borough) is not only a waste of the Council's money and officers' time, but is also more than a little inhumane and, worst of all, is not an effective remedy.

CLEAN AIR

Measurement and Investigation of Atmospheric Pollution

Five stations for the measurement of atmospheric pollution by the daily volumetric system are in use. These stations are in the former Hayes and Harlington and Ruislip/Northwood Districts and, with the exception of an adjustment necessary at one station, are installed to standards laid down by the Ministry of Science and Technology. The pollutants measured are smoke and sulphur dioxide, in both cases by a standard procedure so that the results are comparable with any other station operated in the United Kingdom or member countries of the Organisation for European Economic Co-operation. Two additional stations are to be installed and an existing station resited so as to give a more representative picture of the Borough. The new stations will be built within the department and will be designed to operate for seven days without attention.




In comparing one station with another it is very important to take into consideration the different characteristics of the districts in which they are situated, i.e. density of residential development, proximity and type of industry, proximity of trunk roads, airport runways, etc. Two of the stations are in smoke control areas but three are not: one station is in a low density residential area in close proximity to miles of open space; another is in close proximity to the highest concentration of industry in the Borough and was placed in this position with the express purpose of finding the degree of pollution under the worst conditions.

The following tables show:—

1. Monthly averages of daily readings of smoke and sulphur dioxide.
2. Monthly average for the summer and winter seasons.
3. Increase of smoke and sulphur between winter and summer.
4. Ratio between summer and winter.



SMOKE CONTROL AREAS

-  OPERATIVE DURING 1965.
-  OPERATIVE PRIOR TO 1965.
-  PROPOSED AREAS
(10 YEAR PROGRAMME)

Monthly Averages for Smoke and Sulphur Dioxide 1965

MICROGRAMMES PER CUBIC METRE

	76 High Street Northwood		West Mead South Ruislip		*William Byrd School Harlington		Coldharbour Lane Hayes		*Grange Park School Hayes	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
January	92	80	85	161	79	139	97	166	71	192
February	117	150	98	187	78	167	97	176	68	213
March	59	154	59	213	63	180	83	205	47	214
April	23	61	25	78	44	115	36	127	36	122
May	19	49	19	73	15	63	27	69	17	64
June	16	43	20	56	20	58	26	54	20	54
July	14	34	15	49	11	41	16	52	10	39
August	21	44	25	74	20	62	26	73	22	66
September	32	50	41	92	32	71	43	95	25	76
October	68	113	83	177	75	192	96	204	66	224
November	77	118	92	133	72	129	91	129	58	131
December	100	97	89	102	51	79	65	85	44	71

*Situated in a Smoke Control Area.

The stations at which these readings were taken are shown on the Smoke Control Programme Map and are marked S.

MICROGRAMMES PER CUBIC METRE

	Summer Monthly Average		Winter Monthly Average		Increase Between Summer & Winter		Ratio Summer & Winter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
76 High St. Northwood	20.8	46.8	85.5	118.7	64.7	71.9	1:4.1	1:2.5
West Mead S. Ruislip	24.2	70.5	84.3	162.2	60.1	91.7	1:3.8	1:2.3
Wm. Byrd Harlington	23.7	68.3	69.7	147.7	46.0	79.4	1:3.0	1:2.2
Coldharbour Lane, Hayes	29.0	78.5	88.2	160.8	59.2	82.3	1:3.0	1:2.0
Grange Park, Hayes	21.7	70.2	59.0	176.2	48.5	106.0	1:2.7	1:2.5

The stations at 76 High Street, West Mead and Coldharbour Lane are not yet in Smoke Control Areas. The prevailing wind is from the South-West and attention is drawn to the fact that:—

The Northwood site is approached over several miles of open countryside and measures local pollution only: West Mead has a large open space, Northolt Aerodrome, to the West: William Byrd also has a large open space, London Airport, to the West, separated from it by the Bath Road (A.4). The Coldharbour Lane site has been positioned so as to record the maximum pollution from the Hayes main industrial area and is situated on a main road (A.312): The Grange Park site is North-East of intense development right across the Borough from the Buckinghamshire boundary. The intensity of development affecting the catchment area of the sites, as say between the High Street, Northwood, and Grange Park, Hayes, proximity to open spaces or major roads, etc., will all have some bearing on results obtained. Further, meteorological conditions can have a marked effect on results, e.g. during fog, pollution often rises to ten times the normal level. In comparing statistical records of this nature it is better to note trends rather than to draw firm conclusions from the figures for any particular month.

However, it will be noted that the low summer/winter ratios for the Coldharbour Lane site indicate very good co-operation from the industries in this area and that the establishment of Smoke Control Areas in the former Hayes and Harlington district is indicated in the winter smoke concentration while the summer/winter ratio of SO₂ is similar for all stations.

Daily volumetric stations for measuring smoke and sulphur dioxide were installed in the former Ruislip/Northwood district in October 1961. The records of the West Mead, South Ruislip and the Grange Park School, Hayes stations for June and January for the last 5 years are set out below. Both stations are situated in somewhat similar residential areas, although the West Mead site has the advantage of a wide open space at Northolt Airport. The Grange Park Site is in a smoke control area that came into operation in 1960 while smoke control areas in the immediate vicinity came into operation between that date and 1962.

YEAR	SMOKE				SULPHUR DIOXIDE				INCREASED RATIO FROM SUMMER TO WINTER			
	JUNE		JANUARY		JUNE		JANUARY		Smoke		Sulphur Dioxide	
	Microgrammes per Cu. Metre				Microgrammes per Cu. Metre				Smoke		Sulphur Dioxide	
	West Mead	Grange Park School	West Mead	Grange Park School	West Mead	Grange Park School	West Mead	Grange Park School	West Mead	Grange Park School	West Mead	Grange Park School
1961	—	22	—	98	—	57	—	146	—	4.5	—	2.6
1962	13	24	92	103	43	56	182	218	7.1	4.3	4.2	3.9
1963	15	16	189	107	40	50	296	310	12.6	6.7	7.4	6.2
1964	15	15	217	125	55	78	271	243	14.5	8.3	4.9	3.1
1965	20	20	85	65	56	54	158	193	4.3	3.3	2.8	3.6

Smoke Control Areas

A ten-year programme to bring the whole of the Borough under Smoke Control by 1975 was agreed by the Borough Council and also the furtherance of the programmes inaugurated by the former Hayes and Harlington and Yiewsley and West Drayton Urban District Councils.

It was originally intended to carry out a survey of each dwelling situated in a proposed smoke control area. This permits an accurate assessment of the cost to be made, provides valuable personal contact with each house-holder, ensures that applications to adapt or replace fireplaces can be approved without further inspection and allows the technical work to be spaced throughout the year. The retirement of the technical assistant, due to ill-health, and the delay in obtaining a replacement necessitated cancelling this procedure and details of smoke control areas have been estimated on the basis of previous experience. This method is acceptable to the Ministry, but the time so borrowed will have to be repaid when applications to carry out work are received.

Approximately 33% of the dwellings and 37% of the acreage of the Borough are now in Smoke Control Areas. The position as at the 31st December 1965 is set out below.

	<i>No. of S.C. Orders</i>	<i>Acres</i>	<i>No. of Dwellings Local Authority</i>	<i>Private</i>	<i>Other Buildings</i>
In operation at 1.4.65	29	8,372	4,588	11,832	1,232
Brought into operation since 1.4.64	4	679	1,689	2,727	240
Orders made but not yet confirmed	3	1,004	1,169	1,945	411
Preparatory work in progress	1	198	2	414	128
TOTALS (31.12.65)	37	10,253	7,448	16,918	2,011

DETAILS OF OPERATIVE SMOKE CONTROL AREAS

Orders made by former Hayes and Harlington Urban District Council

<i>Order No.</i>	<i>Date Operative</i>	<i>Location</i>	<i>Reference</i>
1	1.6.58	Hayes, Dawley	H & H 1
2	1.12.58	Hayes, Yeading	H & H 2
3	1.9.58	Hayes, Coldharbour Farm Area	H & H 3
4	1.12.58	Harlington, Cranford Park	H & H 4
5	1.1.59	Harlington, Cherry Lane	H & H 5
6	1.9.59	Hayes, Town Hall Area	H & H 6
7	1.5.59	Hayes, Charville Lane Estate	H & H 7

(continued)

<i>Order No.</i>	<i>Date Operative</i>	<i>Location</i>	<i>Reference</i>
8	1.6.60	Hayes, Barnhill Estate	H & H 8
9	1.11.61	Hayes, Willow Tree Lane Estate	H & H 9
10	1.6.60	Hayes, North, Nash Estate	H & H 10
11	1.7.60	Hayes, North, Hayes Park School	H & H 11
12	1.9.60	Hayes, Lansbury Drive	H & H 12
13	1.8.61	Hayes, Shakespeare Avenue area	H & H 13
14	1.9.60	Harlington, Bourne Farm Estate (Skipton Drive)	H & H 14
15	1.10.61	Hayes, Park Lane area	H & H 15
16	1.7.62	Hayes, Gledwood Estate	H & H 16
17	1.9.62	Hayes, R.T. Warren Estate	H & H 17
18	1.9.61	Harlington, London Airport	H & H 18
19	1.7.63	Harlington, High Street area	H & H 19
20	1.10.63	Harlington, Bourne Farm, Pinkwell Estates	H & H 20
21	1.10.62	Hayes, Hayes Bridge, Springfield Road	H & H 21
22	1.7.64	Hayes, Princes Park Estate	H & H 22
23	1.7.65	Hayes, Wood End Park Estate	H & H 23
24	1.10.65	Harlington, Cranford Park Estate	H & H 24
25	1.11.65	Harlington, Redmead Road area	H & H 25

Orders made by the former Yiewsley and West Drayton Urban District Council

<i>Order No.</i>	<i>Date Operative</i>	<i>Location</i>	<i>Reference</i>
1	1.12.60	Sipson, Harmondsworth	Y & W.D.1
2	1.12.61	Yiewsley, Horton Road	Y & W.D.2
3	1.7.62	Colnbrook	Y & W.D.3
4	1.12.62	West Drayton, Bell Farm Estate	Y & W.D.4
5	1.12.63	Stockley	Y & W.D.5
6	1.12.64	West Drayton, Station Road	Y & W.D.6
7	1.12.64	London Airport (Heathrow)	Y & W.D.7
8	1.12.65	Yiewsley, Philpotts Farm Estate	Y & W.D.8

Proposed Smoke Control Orders

<i>Order No.</i>	<i>Proposed Date Operative</i>	<i>Location</i>	<i>Map Reference</i>
1	1.11.66	Hayes, W. Housing Estate, Silverdale Road	1
2	1.11.66	West Drayton, Garden City, Yiewsley, High Street, Trout Road	2
3	1.11.66	West Drayton, Bell Farm, Stockley Estates	3
4	June 1967	Hayes, main industrial area	4
5	1967	Uxbridge, Industrial Estate	5
6	1967	Uxbridge, Goulds Green	6
7	1967	Hillingdon, Abbotsfield School district	7
8	1967	South Ruislip, Brackenbridge Drive	8
9	1968	Ruislip Manor, Bideford Road	9
10	1968	Hillingdon, Part Oak Farm Estate	10
11	1968	Hillingdon, Part Oak Farm Estate	11
12	1968	Northolt Junction Area	12
13	1969	Eastcote, Woodlands Avenue	13
14	1969	Hillingdon, Bishopshalt School and Moorcroft Green District	14
15	1969	Hayes, Part Botwell Estate	15
16	1969	Ruislip Manor, Cavendish Sports Ground	16
17	1970	Ruislip Manor, St. Paul's Church Area	17
18	1970	Hillingdon, Violet Avenue and District	18
19	1970	Hillingdon, Hillingdon Court District	19
20	1970	Ickenham, Glebe Avenue and District	20
21	1971	Ruislip Gardens, Beechwood Avenue Area	21
22	1971	Eastcote, Dean Croft Road	22
23	1971	Ruislip Manor, Ruislip Manor Station Area	23
24	1971	Ruislip, Myrtle Avenue Recreation Ground Area	24
25	1972	Hillingdon, Swakeleys House District	25
26	1972	Ickenham, Copthall Road and District	26
27	1972	Hayes, Scott & Speedie Estate and Part Botwell Estate	27
28	1972	Ruislip, Eastcote Road Area	28
29	1973	Cowley Peachey, Maygoods Lane	29

<i>Order No.</i>	<i>Proposed Date Operative</i>	<i>Location</i>	<i>Map Reference</i>
30	1973	Northwood/Eastcote, Joel Street Area	30
31	1973	Eastcote, Fore Street and Highland Road District	31
32	1973	Ruislip, Sharps Lane Area	32
33	1974	Ruislip, Ladygate Lane Area	33
34	1974	Uxbridge Common and Harefield Road District	34
35	1974	Northwood Hills, Northwood Way District	35
36	1974	Northwood, South of Northwood Station	36
37	1974	Uxbridge, Manor Way Estate and Cowley Road District	37
38	1975	Northwood, Copse Wood Estate	38
39	1975	Northwood, North of Green Lane	39
40	1975	Uxbridge, Rockingham Road District	40
41	1975	Harefield, Harvil Road and Church Hill Area	41
42	1975	Harefield Village	42

Grit, Dust and Effluvia

Emissions of grit, dust and effluvia cause nuisance and where this is serious and persistent it is generally due to several causes. One premises where trouble has been experienced is the National Coal Board Depot, West Drayton. Here a number of improvements have been carried out for the suppression of dust, and a vacuum type road sweeper for the collection of spillage and dust has been ordered. The difficulty of suppressing dust in this type of depot is perhaps best realised by noting that fuel storage premises were exempted from the cleanliness provisions of the Offices, Shops and Railway Premises Act, 1963. Effectively to deal with the nuisance from this depot, a great effort to improve the methods of handling the fuel, which cause excessive dust, rather than attempting to suppress the dust is necessary.

Deposit gauges have been used to monitor the dust emitted in the vicinity of the Coal Depot, West Drayton and the Gas Works, Uxbridge. A table showing the results is set out overleaf. Deposits are higher than would normally be expected for a fringe London Borough. However, the period of observation in 1965 was of too short a duration to show whether the position had altered, and monitoring has been continued in 1966.

Deposit Gauge Results

	<i>COAL DEPOT</i>				<i>GAS WORKS</i>	
	<i>Site 1</i>		<i>Site 4</i>		<i>Site 1</i>	<i>Site 2</i>
	<i>Weight of Total Deposit grammes</i>	<i>Weight of Coal grammes</i>	<i>Weight of Total Deposit grammes</i>	<i>Weight of Coal grammes</i>	<i>Weight of Total Deposit grammes</i>	<i>Weight of Total Deposit grammes</i>
July	0.39	0.26	0.31	0.19		
August	0.33	0.26	0.12	0.08		
September	0.22	0.16	0.23	0.19		
November					0.30	0.15
December	1.17*	80* percentage Coal vol.	0.06*		0.18	0.17

I should like to acknowledge the assistance received from the Director of the Scientific Branch Laboratory of the Greater London Authority who arranged for deposit gauge samples to be analysed, and to thank the members of his staff who undertook the analysis of the samples other than those marked * which were undertaken by the National Coal Board Research Laboratory.

New Furnaces

Section 3 (3) of the Clean Air Act, 1956, requires notification to the Local Authority of the intention to install any new industrial or domestic furnace with a capacity of 55,000 or more BTU/hr. Thirty-seven notifications of installations were received; twelve were gas fired, 18 were fired by light oil (which has a sulphur content less than that of solid fuel); and seven by heavy oil (which has a sulphur content higher than that of solid fuel).

No applications for prior approval under Section 3 (2) of the Act were received.

Dark Smoke (Permitted Periods) Regulations 1958

These regulations lay down the maximum period for which dark and black smoke may be emitted from furnaces. Thirty-four observations were made and two contraventions of the Regulations were noted from the same chimney. The attention of the Company concerned was drawn to the need for remedial action and as a result a new boiler has been fitted. No legal action was taken.

Height of Chimneys

Section 10 of the Clean Air Act 1956, requires that plans of new industrial buildings deposited for by-law approval be rejected if the height of the chimney shown on the plan is insufficient to prevent smoke, grit, dust or gases from being prejudicial to health or a nuisance. This is the only provision in the Act specifically directed towards reducing the harmful effect of gases, e.g. sulphur dioxide, emitted from chimneys. There are a number of loopholes in the section and undoubtedly amendment will be necessary if the concentration of SO₂ in the atmosphere is to be reduced or even maintained at the present level.

This section only applies where a chimney is shown on the plans submitted for bye-law approval—one method of evasion is to omit any reference to a chimney on the plans and then, on completion of the building, install a low self-supporting chimney outside the control of the byelaws.

The section does not apply to offices and shops, of which many install furnaces of a size at least equivalent to those used in small factories but the Building Regulations which come into operation early in 1966, do, to a limited extent, control the height of a chimney to be provided to these premises. The section also does not give the Local Authority power to require a higher chimney if a furnace is replaced with a larger one nor, if the method of firing is changed from a low sulphur fuel to a fuel of higher sulphur content.

Better control of the emission of sulphur oxides into the atmosphere could be obtained if the provisions of Section 3, relating to the notification of new furnaces, were extended to require the notification of a change of fuel or grade of fuel and if the requirements of Section 10, relating to the height of a chimney, were applicable to any chimney receiving the discharge from a furnace notified under Section 3.

Plans submitted for byelaw approval are passed to the Department by the Borough Engineer and Surveyor for a decision on this particular point. Eight plans were examined for this purpose. In six instances the chimney height had previously been agreed after consultation with the Architect or Heating Engineer and in the other two it was necessary to ask for taller chimneys than those shown on the plans.

Recommended chimney heights have been agreed for the various proposed types of factories on the municipal industrial estate at Hayes.

Industrial Bonfires

Section 47 of the Middlesex County Council Act 1961, prohibits dark smoke from industrial bonfires and is a valuable aid to the clean air campaign. A common cause of complaint is smoke from car breaker's yards. In one instance plans to construct a smokeless incinerator to take a complete car body have been submitted; this, coupled with a large press to crush the burnt-out car body should prevent any further nuisance from the premises concerned.

INSPECTION AND SUPERVISION OF FOOD

MILK

Milk and Dairies (General) Regulations 1959

The Milk (Special Designation) Regulations

Number of registered milk distributors	...	...	...	...	...	...	...	...	115
Number of registered dairies	...	...	...	...	...	...	...	...	2
Number of licences issued:—									
Pasteurised	...	...	...	...	...	...	...	...	62
Sterilised	...	...	...	...	...	...	...	...	44
Ultra Heat Treated	...	...	...	...	...	...	...	...	15
Untreated	...	...	...	...	...	...	...	...	26
Dealers (Pasteurised)	...	...	...	...	...	...	...	...	1

There are two milk processing plants within the Borough, both concerned solely with the pasteurisation of milk. One is a very large plant operated by a major dairy company, the other by a comparatively small firm. Twenty-three samples of pasteurised milk were found to be satisfactory. Tests on some washed bottles showed that they had not been cleaned satisfactorily. The trouble was attributed to the bottle washing plant, and since this has received attention further samples have been found to be satisfactory. Structural work was required at one of the plants.

Sampling of Milk for Bacteriological Analysis

Twenty-three samples of milk were submitted for bacteriological examination and were found satisfactory. Two farms in the district supply Kedassia milk. This is farm-bottled and is not heat-treated.

ICE CREAM

Ice Cream Samples

Thirty-two samples were taken during the year

<i>Grade</i>	<i>NUMBER</i>	<i>Percentage</i>
1	21	65.6
2	4	12.5
3	4	12.5
4	3	9.4

Two of the Grade 4 samples were obtained from vehicles. In one instance the operator of the vehicle discontinued his business, while in the other, ice cream was produced in a neighbouring authority's area where samples from the manufacturer were also found to be Grade 4. The necessary follow up action was taken by the department concerned. The third Grade 4 sample and those placed in Grade 3 were from large manufacturers and the reason for the low grade was attributed to faulty storage and handling methods, repeat samples producing Grade 1 results.

INSPECTION OF MEAT AND OTHER FOOD

Slaughterhouse Act 1958

There is only one small slaughterhouse within the Borough. The meat is sold in the owner's shop, and in the shops of several other butchers. One hundred per cent meat inspection is carried out.

Whilst the slaughterhouse is not ideally situated, being in the centre of a commercial and residential area, it is generally well conducted. During the year it was necessary to request some structural repairs and improvements to the premises to meet the requirements of the Slaughterhouse (Hygiene) Regulations 1958.

Details of the inspections and condemnations carried out at these premises are:—

	<i>Cattle Excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	314	64	110	821	2,926
Number <i>Not</i> Inspected	—	—	—	—	—
<i>All Diseases Except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned	2	—	1	—	4
Carcasses of which some part or organ was condemned	45	15	—	15	276
<i>Tuberculosis Only</i>					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	1	—	—	—	82
<i>Cysticerci</i>					
Carcasses of which some part or organ was condemned	—	—	—	—	—
Carcasses submitted to refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Unsound Food

The total amount of food surrendered for destruction during the year was 28 tons 19 cwts. 99 lbs. This includes food condemned at No. 11L Buffer Depot, Harmondsworth, but not food surrendered at London Airport.

<i>Class of Food</i>	<i>Quantity (lbs.)</i>
Fresh Meat	3,176
Cooking Fat	20
Flour Confection	90
Sweet Confection	32
Poultry	130

<i>Class of Food</i>	<i>Quantity (lbs.)</i>
Offal	1,447
Tea	1
Cream	19
Milk Puddings	234
Mayonnaise	31
Frozen Mousse	23
Tinned Fruit	5,425
Frozen Fruit	723
Tinned Meat	37,533
Frozen Meat	7,351
Tinned Fish	65
Frozen Fish	2,304
Tinned Milk	516
Tinned Vegetables	3,056
Frozen Vegetables	2,366
Tinned Soup	239
Jam, Marmalade	64
Dried Fruit	44
Cereals	9
Butter, Margarine	20
Cheese	29

Disposal of Condemned Food

All condemned food is disposed of in accordance with regulations. Meat is stained and despatched to the Smithfield Animal Products factory at Stanwell and other food is tipped at the Council's tips and buried immediately.

Slaughter of Animals Act 1933-1958

During the year seven licences were issued to slaughtermen. No contraventions were reported

The Diseases of Animals Act, 1950

There are in the Borough 24 dairy farms and 42 piggeries; due to the staff position, action has been largely confined to dealing with movement licences. The surveillance of stock moved into the area under licence has had to be delegated to the Council's Veterinary Officer, with the exception of animals destined for the local slaughterhouse or requiring a further movement licence.

There are 63 premises licensed under the Diseases of Animals (Waste Foods) Order 1957.

The Borough is not the enforcing authority for this Act in respect of London Airport.

Number of Movement Licences received 350

Number of Movement Licences issued 31

No cases of notifiable disease occurred within the Borough.

Food and Drugs Sampling

During the year, 104 formal samples and 26 informal samples were submitted to the Public Analyst for examination. They comprised the following:—

Beer	1	Flour	3
Bread	3	Food colouring	1
Bread and Butter	2	Fruit Juice	2
Canned fruit	3	Gelatine	1
Canned meat	1	Jam	3
Canned vegetables	3	Jelly	1
Cheese and of cheese products	11	Meat products	14
Coffee	2	Milk	6
Confectionery	18	Pie filling	2
Cornflour	1	Prepared vegetables	4
Curry, curry paste etc.	2	Preserved and dried fruit	2
Custard powder	2	Pepper	2
Dressing	2	Salt	1
Fish Products	3	Sauce	2
Flavoured drinks	9	Sausages	11
Flavouring	1	Skimmed milk	1
Flavoured spread	3	Slimming Foods	1
Tea	1	Vitamin drinks	2
Vinegar	1	Yoghurt	1

Of the total number submitted, the following were found to be unsatisfactory:—

A formal sample of strawberry puffs produced within the Borough showed that the label stating that the filling contained butter was false. Proceedings were instituted under Section 2 of the Food and Drugs Act 1955 and a fine of £20 and 2 gns. costs was imposed.

Six samples of cheese balls, cheese sticks and cheese sauce were found to have a misleading description, the Public Analyst being of the opinion that the words "cheese flavoured" should be used on the labels. This was brought to the attention of the suppliers who agreed to amend the labels accordingly.

Similar action was taken in the case of creamy toffees where the Analyst also considered the description misleading. The producer agreed to discontinue the offending label.

A sample of a ginger beer shandy was found to contain 1.6% proof spirit. The Analyst stated that in order to justify the name "shandy" he considered that the beverage should be excisable or in other words contain more than 2% proof spirit. This matter was referred to the Ministry of Agriculture, Fisheries and Food who said that there were widely differing opinions as to whether a shandy should be a 50/50 drink, pointing out that the Food Standards Committee was unlikely to be considering the question again for some time as the Soft Drinks Regulations had recently been amended.

A sample of beef sausage meat was found to contain undeclared preservative and this fact was brought to the attention of the retailer.

The following samples of Imported Food taken from London Airport were also submitted for examination and were found to be satisfactory, the vegetables being free from residual pesticides.

Vegetables	4
Sausages	4
Cheese	1

Departmental Samples

A small laboratory has been established in the department where a number of tests on foods can be carried out, namely tests for the presence of preservatives in meat, presence of boric acid in cream, the determination of the acetic acid content of vinegar and non-brewed condiment, the distinction between vinegar and non-brewed condiment, the estimation of iodine in tincture of iodine, and the estimation of water in butter and margarine together with the presence of boric preservative. Apparatus is also available for the determination of the freezing point depression of milk (to detect added water).

Ninety-nine samples were examined within the department as follows:—

<i>Article</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Butter	8	
Cream	16	
Fruit	8	
Fruit Juice	1	
Margarine	1	
Minced Beef	4	
Meat Pies		3
Sausages	25	3
Spirits	14	
Vinegar	16	

Three meat pies were purchased when the retailer was suspected of serious negligence with regard to stock rotation. The pies from three manufacturers were found to have been in store for a period in excess of the recommended shelf life. A warning was issued to the retailer concerned and he has now introduced his own system of coding.

Three samples of sausages were found to contain undeclared preservatives; this fact was drawn to the attention of the retailers.

Food Hygiene

In order to maintain a satisfactory standard of food hygiene in the various premises where food is handled it is necessary to carry out frequent and regular inspection. This has not been possible during the year under review owing to shortage of staff.

In order to assess the problem it should be remembered that besides the general selection of food shops there are, in the borough, some very large factories engaged in food production and many factory canteens, premises which require frequent and detailed inspection.

There is, in addition, London Airport, with its large transient population, which has attracted to it a number of large hotels and catering establishments. Any breakdown of hygiene in this field could have very far-reaching consequences.

The danger of such a breakdown in hygiene is a very real one. In an area where labour shortage exists the routine task of cleaning either gets completely overlooked or else is left to inadequately supervised and unsuitable labour.

The number of restaurants operated by immigrants is increasing and it has been found that these require additional supervision; there usually being a lack of knowledge of the most fundamental requirements of hygiene.

In this type of restaurant the emphasis appears to be on providing an expensive decor in the dining area and little attention being paid to the provision of sufficient space for the preparation and cooking area. In many cases, the structure renders it virtually impossible to increase the accommodation other than by reducing the dining area. Although there is considerable opposition to the compulsory registration of cafes and restaurants it would be more satisfactory if some control could be exercised over existing properties before they are brought into use as food premises.

There is considerable new development and expansion in the Borough and all plans submitted to the Borough Engineer, which involve proposed food premises are passed to this department for comment. This is a most satisfactory arrangement as it has resulted in consultation with the Architects concerned and the consequent amendment of plans to comply with the Food Hygiene Regulations.

It is however a sorry state of affairs when practically all plans submitted fall short of the standard required in one or more respects. Examples of matters which have had to be brought to the attention of Architects are: unsuitable internal finishes, inadequate ventilation, insufficient working area, inadequate separation of sanitary accommodation and the lack of handwashing facilities.

A most unsatisfactory feature which has developed during the year is the proposal of the Brewery companies to use the domestic kitchen on licensed premises for commercial catering. In some instances, even in new premises, such arrangements have been proposed.

Watercress Beds

Investigations revealed that the water used in watercress beds operated within the Borough was polluted. The beds utilise spring water during the winter and canal water for the remainder of the year. Both sources were found to be grossly contaminated, and bacteriological examination showed that the cress itself was contaminated with large numbers of faecal coli. At that time the only treatment carried out was the immersion of the cress in a bath containing hypochlorite in which it was allowed to remain for several minutes.

The owners were informed that if they wished to continue using the existing water sources they should either filter and chlorinate the supply before it entered the beds or ensure proper sterilisation of the watercress before it left the premises. The latter course was accepted as the best practical solution. Two storage tanks each of 230 gallons capacity were subsequently provided to enable the chips of watercress to be held in the solution for at least an hour. Samples of watercress and wash water taken following the introduction of this routine have all been satisfactory.

Inspection of Food Premises

Type of Premises	Total No.	Visits Made
Butchers Shops	145	259
Dairies and Milk Distributors	61	90
Fishmongers and Poulterers	64	110
Grocers Shops	261	366
Greengrocers Shops	150	190
Ice Cream Premises and Confectioners	174	165
Ice Cream Distributors	396	56
Bakehouses	37	75
Bakers Shops	52	80
Canteens (Industrial)	69	345
School Kitchens	54	54
School Dining Centres	23	23
Hotels, Restaurants, Cafes, Public Houses and Clubs	372	538
TOTALS	1,858	2,351

The department had only very short prior notice of the creation of an open market in Uxbridge High Street. This market included grocery, greengrocery, fish, shell-fish, sweets and refreshment stalls. The Company operating the market and the respective stall holders were immediately told about the facilities and standards required by the department and some of the necessary works were in progress at the end of the year. The temporary nature of the planning consent for this market has presented some difficulty in obtaining the required structural standards.

Proceedings were instituted in respect of contraventions of the Food Hygiene (General) Regulations, 1960, found at a greengrocer's stall. The case was found to be proved following a plea of not guilty. A fine of £5 in respect of each of five summonses was imposed and £5 5s. 0d. costs awarded.

Proceedings were also instituted in respect of unsatisfactory conditions found at a bakehouse. The premises and equipment were in a filthy condition and foodstuffs, contaminated with mouse droppings and dirt, had to be seized and removed from the premises. Following a plea of guilty, fines totalling £110 were imposed on the Company concerned for being in possession of food unfit for human consumption, with further fines totalling £5, £40 and £35, respectively, for offences under Regulations 5, 6 and 23 of the Food Hygiene (General) Regulations, 1960. Costs of £31 10s. were awarded to the Council.

Food Complaints

Investigation of complaints received from members of the public regarding food requires extreme care and thoroughness in order to ensure that the interests of all are safeguarded. When a complaint is justified the manufacturer or retailer is afforded an opportunity of inspecting the offending article. If analysis is necessary to determine the nature of foreign matter, the article is sent to the Public Analyst for examination. During the year, 12 such articles were referred in this way.

The total number of food complaints during the period under review was 92. The foods involved were:—

Foreign Bodies

<i>Description of Articles</i>	<i>No. of Complaints</i>
Milk	7
Cheese	1
Bread	11
Canned Meat	2
Fish	4
Cereals	1
Sweets	1
Confectionery	6
Other food	5
Total	38

Unsound

Bread	5
Confectionery	7
Fish	4
Meat pies, Cooked meat	12
Sausages	3
Canned Meat	9
Vegetables	3
Nuts	1
Milk	3
Other food	5
Total	52

Two further complaints alleged that food purchased was not of the quality demanded. These concerned a fish-cake and a beefburger. Samples submitted to the Public Analyst proved that the complaints were unfounded.

Foreign Bodies

The baking industry was the biggest source of complaints in this field, bread and confectionery being involved in 48 per cent of the cases. Foreign bodies included wasps, insects, stale dough, lubricating oil, paint and flour bag labels.

Dirty milk bottles provided another source of complaint and it is one that will be with us until the milk bottle is replaced by the non-returnable container. At present the detection of contaminated bottles depends on visual inspection. The human element is bound to result in some dirty bottles escaping detection. The dairy companies are all very much alive to this problem and many offer rewards to their delivery men for spotting and returning offending bottles and also ensure that building sites (areas where bottles are particularly prone to misuse) are only supplied with non-returnable containers.

Other complaints involved Nematodes in fish, insects and blood clots in canned meat and a spider in canned rice. Sweets described as "Seaside Travel" were the subject of a complaint that, when sucked by a young boy, a length of bristle was found coiled up in one of the centres. For the unintentional touch of realism which this piece of flotsam gave, the producer was fined £10 and £8 8s. costs.

Unsound Food

Bread and confectionery, together with meat pies and cooked meats, constituted nearly 50 per cent of the complaints in this category, the majority of which were found to arise through insufficient care in stock rotation. The need for the adoption of an effective system of stock coding by retailers in order to ensure correct rotation is emphasised by inspectors during their routine visits. The major pie manufacturers all have codes of practice which are made available to the trade dealing with the handling of their products. It is therefore very disconcerting when shop-keepers are found to pay no attention whatever to this elementary safeguard.

In one instance confectionery in a mouldy condition was found to have been supplied to a retailer, and court proceedings resulted in a £20 fine and £8 8s. costs being imposed on the wholesaler.

Food Poisoning

There were two major food poisoning incidents during the year, one involving 120 cases who had a pre-arranged lunch at a restaurant, and the other, involving 17 cases, in which suspicion was directed towards a factory canteen.

IMPORTED FOOD INSPECTION (London Airport)

Five hundred and sixty-four inspections were made under the Public Health (Imported Food) Regulations 1937-48. The object of the Regulations is to ensure that food imported for sale is fit for human consumption, and further require that meat and meat products imported for sale for human consumption shall not be imported without an Official Certificate. This is recognised by the Minister of Agriculture, Fisheries and Food as showing (a) that the meat to which the Certificate relates or the meat from which the meat product to which it relates was prepared, was derived from animals inspected ante and post-mortem and passed in accordance with criteria satisfactory to the Minister; and (b) that all necessary precautions for the prevention of danger to public health were taken in the dressing or preparing and packing of the meat or meat product.

One hundred and fifty-eight tons of various foods were inspected, as shown:—

Meat (various)	36,021 lbs.
Beef Fillets	76,940 lbs.
Meat Paste	3,503 lbs.
Cooked and Smoked Meats	23,467 lbs.
Bacon and Ham	12,942 lbs.
Salami	52 lbs.
Sausage	63,364 lbs.
Pate-de-foie	59,751 lbs.
Offal	1,111 lbs.
Casings	9,878 lbs.
Fish	10,875 lbs.
Prawns	281 lbs.
Poultry	2,083 lbs.
Milk and Cheese	3,866 lbs.
Fruit	9,084 lbs.
Vegetables	37,209 lbs.
Confectionery	974 lbs.
Flour Confectionery	3,212 lbs.

The following food was found to be unfit and was voluntarily surrendered:—

Sausages	36 lbs.
Pate-de-foie	94 lbs.
Fish	4 lbs.
Egg Mayonnaise	42 lbs.
Meat Mayonnaise	383 lbs.
Fish Mayonnaise	35 lbs.
Strawberries	638 lbs.
Vegetables	2,620 lbs.

Improved protective packing of mayonnaise in plastic containers was effected following a discussion with the importer.

Nine consignments of meat and meat products had no Official Certificates attached and were detained. Three of these consignments were re-exported and six were released on receipt of undertakings that they would not be sold for human consumption.

Thirty-nine samples of imported food were submitted for bacteriological examination with the following results:—

	<i>Submitted</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Sausages	14	10	4
Cooked Meats—Ox Tongue	8	3	5
Debreziner Roast	6	3	3
Gypsy Pork Roast	2	—	2
Ham	2	—	2
Pate-de-foie	4	4	—
Horsemeat	1	—	1
Mayonnaise	2	2	—
	—	—	—
	39	22	17
	—	—	—

Importers were supplied with copies of laboratory reports and advised to inform their suppliers of unsatisfactory results. No organisms of the salmonella or dysentery groups were found in the above samples.

Offices, Shops and Railway Premises Act 1963

Owing to shortage of staff, this Act, which has been long awaited by public health officers and office workers alike, has received only token attention. Under normal circumstances premises to which the Act applies, i.e. shops, offices, warehouses, catering establishments and fuel storage premises, would all be inspected at least once every year; in 1965 however, it was possible to inspect only 321 premises out of a total of 2,472. It is hoped that the employment of technical assistants will assist in speeding up this work.

The urgent need for this Act is shown by the fact that the inspection of 321 premises gave rise to the service of 138 notices in respect of 284 contraventions viz:—

Items of disrepair	80
Inadequate heating...	61
Inadequate sanitary accommodation and/or washing facilities ...	68
Inadequate lighting	19
Inadequate ventilation	5
Overcrowding	3
Inadequate facilities for drying outdoor clothing	13
Inadequate first-aid equipment	68
Abstract of Act not exhibited	56
Inadequate fire-guards	11

Noise

The number of complaints about noise has not been large but has covered a wide variety of causes, of which the following are typical:—

1. A pop group practising in a community hall adjoining dwellings.
2. Steam escaping from an industrial plant.
3. Domestic noises in flats such as riddling the fire-grate.
4. The operation of fork-lifts in a factory yard at night time.

All these complaints were dealt with informally and, where a nuisance was actually found to exist, remedied. Although it was not necessary to serve any notices under the Noise Abatement Act the fact that these powers were available was undoubtedly of great assistance.

The greatest source of noise in the Borough is, of course, the airport, but aircraft are exempt from the provisions of the Noise Abatement Act. Probably this fact is known to the public and explains why no complaints have been received in the department about noise from this source.

Discussions have taken place with the Ministry on a scheme for the grant-aided sound-proofing of dwellings in certain parts of the Borough most affected by airport noise. The scheme is to come into effect on the 1st April 1966, but certain features of it (mainly cost) are likely to militate against its ready acceptance by private owners or occupiers.

GENERAL

Public Water Supplies

The Borough is supplied by three water undertakings—the Rickmansworth and Uxbridge Valley Water Co., the Colne Valley Water Co., and the South West Suburban Water Co.

All except six houses are supplied with mains water although a number of factories draw supplies from deep wells.

Twenty-nine samples of mains supplies were taken: 15 were classed as satisfactory but the remaining 14, all from a new council housing estate, were unsatisfactory. The supply to this estate had been passed as satisfactory by the Water Company concerned when a count of 9 coliforms per 100 ml and an absence of type 1 coliforms was obtained, the water having passed through a newly laid 4" main. This result followed a series in which counts of 180+ coliforms per 100 ml had been obtained.

Samples were taken by the department and from an initial result of 5 coliforms per 100 ml, contamination was found to be increasing. The Water Company were informed and spared no effort in cleaning and sterilising the main; current samples are proving satisfactory.

Nine samples were taken from private supplies and all were satisfactory.

Aircraft Drinking Water

There are two methods of supplying drinking water on aircraft by the fixed tank system and by portable flasks.

Water is uplifted into the fixed tank system via water bowsers through hoses and couplings. These have to be maintained in a sterile condition. Water in aircraft tanks becomes a mixture from varying sources and aircrew carry out tests to determine whether the water contains the correct amount of free chlorine, and the appropriate quantity of sterilizing agent is added if necessary.

On older types of aircraft drinking water is carried in portable flasks. These are cleaned and sterilized before each filling at aircraft catering units.

Results of samples are notified to the operating Companies concerned. As in previous years results of examinations of water from the fixed tank system proved to be more satisfactory than those from flasks. After repeated unsatisfactory samples from flasks chemical sterilization in addition to steam sterilization was introduced and this procedure continues to produce the desired results. Following the unsatisfactory results obtained from siphons, these are now filled from the fixed tank systems.

151 samples of drinking water were taken during the year for bacteriological examination with results as follows:—

	<i>Satisfactory</i>	<i>Suspicious</i>	<i>Unsatisfactory</i>
Taken from fixed tank systems ...	13	—	1
Taken from portable flasks ...	58	9	42
Taken from bowsers	15	4	1
Taken from mains hoses	3	—	—
Taken from siphons	—	—	5

Swimming Pools

There are two open-air and one indoor swimming pools owned by the Borough Council and in addition the Council own Ruislip Lido, part of which is used for bathing purposes.

During 1965 a new chlorination plant was installed in connection with the bathing pool at the Lido and this has resulted in a much more satisfactory water. In addition, there are six swimming pools in schools.

Twenty-two samples have been taken from both private and public swimming pools, two of which were unsatisfactory.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

RAG FLOCK AND OTHER FILLING MATERIALS REGULATIONS, 1951-1954

Although upholstering is carried out at several premises in the Borough, the Act does not apply to any of them as the type of filling generally used is outside the scope of the Act. All premises used for upholstery and similar trades are visited occasionally so that if circumstances change and the type of work to which the Act applies is undertaken, the provisions of the Act can be enforced.

FACTORIES ACT, 1961

There are 827 factories within the borough and 119 inspections were made. Fifteen notices were served requiring works to be carried out. Details of the work carried out are as follows:—

1. *Inspections of Factories:*

<i>Premises</i>	<i>No. on Register</i>	<i>No. of Inspections</i>	<i>No. of Written Notices</i>	<i>No. of Prosecutions</i>
1. Factories in which Sections 1-4 and 6 are to be enforced by L.A.	49	} 119	—	—
2. Factories not included in Section 1 in which Section 7 is enforced by L.A.	757		15	—
3. Other premises in which Section 7 is enforced by L.A. (excluding Out-workers premises) ...	22		—	—
Total	828	119	15	—

Defects found.

<i>Particulars</i>	<i>Number of cases in which defects were found</i>		<i>Referred</i>		<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>	
<i>(1)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
Want of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) ...	4	4	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	3	3	—	1	—
(b) Unsuitable or defective	31	26	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—	—
Total	41	36	—	5	—

COMMON LODGING HOUSES

There is one Common Lodging House within the borough. This is privately owned.

OUTWORKERS—1965

	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of outworkers in August list required by Section 133(1)(c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>	<i>No. of instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel	108	—	—	—	—	—
Christmas Crackers	140	—	—	—	—	—
Model Toys	5	—	—	—	—	—
Lampshades	2	—	—	—	—	—
Confectionery	4	—	—	—	—	—
Artificial Flowers	2	—	—	—	—	—
Novelties	6	—	—	—	—	—
Embroidery	4	—	—	—	—	—
Clock Repairs	1	—	—	—	—	—
Furnishings	1	—	—	—	—	—
TOTAL	273	—	—	—	—	—

PET ANIMALS ACT, 1957

Seventeen licences were issued and 17 inspections carried out. The premises have all been conducted in a satisfactory manner.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

There are 8 premises licensed to board animals and there has been no cause for action during the year.

RIDING ESTABLISHMENTS ACT, 1964

This Act came into force on the 1st April. It provides that no person shall keep a riding establishment, i.e. carry on a business of keeping horses for letting out on hire for riding or instruction in riding, unless licensed by the Local Authority. Licences are not granted unless the premises are satisfactory and the Council's veterinary surgeon certifies that the horses are well cared for. Three licences have been granted and six more have been granted subject to improvements in conditions at the stables.

Chironomus Midges

The incidence of midges at Harefield was less this year than in previous years and no complaints were received from the public.

FERTILIZERS AND FEEDING STUFFS ACT, 1926

With the exception of one mill, the only outlets for fertilisers and feeding stuffs are small retailers. Six samples were taken, these comprising three samples of feeding stuffs and three of fertilizers. Two of the samples of fertilizers were found to have an excess of phosphoric acid content over and above that shown in the statutory statement. The excess was not to the prejudice of the purchaser, and the matter was drawn to the attention of the manufacturer.

Disinfection

Routine terminal disinfection after cases of infectious disease is rarely carried out nowadays. Thorough cleansing and exposure, when possible, to sunlight and fresh air is considered to be more effective. Facilities for the disinfection of articles of clothing by steam are available.

Disinfestation

A free service is provided for the destruction of insects of public health significance, but in the case of those domestic insects which are pests rather than dangers to health it has only been possible to give advice about eradication.

Rodent Control

Owing to shortage of labour it was necessary to curtail the rodent control service and to ask commercial and business firms to make their own arrangements. It remains the Council's responsibility to see that premises in the Borough are kept free from rats or mice; cases referred to private operators have, therefore, to be followed up by the Public Health Inspectors to make sure that effective treatment is being carried out.

It is the duty of the Borough or Local Education Authority to arrange for medical inspections at appropriate intervals of pupils in attendance at any maintained school.

Medical inspections may be classified under three headings—

- (1) Routine inspections (inspections which are carried out at certain periods during a child's school life).
- (2) Special examinations (arrangements are made out in the special interest of a parent, doctor, nurse, teacher, or other person).
- (3) Re-examinations (carried out as part of the periodic medical inspections, or out of a special examination).

Basically, routine inspections are carried out in a school, whereas special examinations and re-examinations are usually carried out in clinic premises. The School Health Service Regulations 1949 (6) state that the premises used for the School Health Service shall be kept in a proper state of repair, cleanliness and hygiene as follows—

- (1) In every primary school, secondary school, voluntary secondary school, and in every other school, the premises used for the inspection and treatment of pupils by doctors, dentists and nurses.
- (2) The accommodation for such inspections and treatment shall be well and suitably lighted

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1965.

Although their Population has now risen to over 100,000 more than six years ago, it is with regret that it is necessary to report that the facilities available in some schools leave a great deal to be desired.

Periodic Medical Inspections

Routine medical inspection cards are kept at school clinics, most of which serve a number of schools. The cards are kept up to date by our staff and will only be received at the end of each month from each school. In addition, at five year intervals, the routine medical cards are checked against the school registers, and the result of these checks usually indicates the completeness of the schools' method of carrying out inspections and keeping up the records.

In Ministry of Education Circular 15/70 it is stated that many local education authorities will doubtless continue to carry out the duty of medical inspection by means of periodic examinations. This is the case in the London Borough of Hillingdon where inspections take place basically as follows—

1. During the first year of compulsory school attendance;
2. During the first year in the primary school or, failing this, in the first year in the secondary school;
3. During the school year in which pupils reach 11 years of age;
4. Where pupils stay on after reaching compulsory school age they are examined during the school year in which they reach 17 years of age;
5. Nursery school children are examined as soon after starting school as possible.

THE SCHOOL HEALTH SERVICE

It is the duty of the Borough as Local Education Authority to arrange for medical inspection at appropriate intervals of pupils in attendance at any maintained school.

Medical Inspections can be classified under three headings:—

- (1) Routine inspections (inspections which are carried out at certain periods during a child's school life).
- (2) Special examinations (examinations carried out at the special request of a parent, doctor, nurse, teacher, or other person).
- (3) Re-examinations (arising out of one of the periodic medical inspections or out of a special examination).

Basically, routine inspections are carried out in school, whereas special examinations and re-examinations are mainly carried out in clinic premises. The School Health Service Regulations 1959 (6) state that the premises used for the School Health Service shall be kept in a proper state of repair, cleanliness and hygiene, as follows:—

- (i) In every primary school (secondary school) suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists and nurses.
- (ii) The accommodation for such inspection and treatment shall be well and suitably lighted and heated and shall be conveniently accessible to a closet, and every room provided for such purposes shall include a washbasin with a supply of hot and cold water.

Although these Regulations have now been in force for more than six years, it is with regret that it is necessary to report that the facilities available in some schools leave a great deal to be desired.

Periodic Medical Inspection

Routine medical record cards are kept at school clinics, each of which serves a number of schools. The cards are kept up to date by 'on' and 'off' rolls received at the end of each month from each school. In addition, at least once every two years the routine medical cards are checked against the school registers, and the result of these checks usually indicates the excellence of the schools' method of reporting admissions and leavers on the monthly basis.

In Ministry of Education Circular 352/59 it is stated that many local education authorities will doubtless continue to carry out the duty of medical inspection by means of periodic examinations. This is the case in the London Borough of Hillingdon where inspections take place basically as follows:—

1. During the first year of compulsory school attendance;
2. During the last year in the primary school or, failing this, in the first year in the secondary school;
3. During the school year in which pupils reach 15 years of age;
4. Where pupils stay on after reaching compulsory school age they are examined during the school year in which they reach 17 years of age;
5. Nursery school children are examined as soon after starting school as possible.

The following table gives some indication of the extent of the work performed during the year under review:—

<i>Year of Birth</i>	<i>Number of Pupils who Have Received a Full Medical Examination</i>	<i>Physical Condition of Pupils Inspected</i>		<i>Number of Individual Pupils Found to Require Treatment (Excluding Dental Diseases and Infestation with Vermin)</i>
		<i>Satisfactory</i>	<i>Unsatisfactory</i>	
1961 and later	85	84	1	6
1960	1,503	1,500	3	64
1959	1,525	1,523	2	81
1958	441	439	2	36
1957	156	154	2	11
1956	111	111	—	5
1955	329	329	—	17
1954	1,576	1,574	2	61
1953	801	800	1	36
1952	172	171	1	9
1951	332	331	1	11
1950 and earlier	2,012	2,012	—	78
TOTAL	9,043	9,028	15	415

Percentage of children inspected with satisfactory physical condition	...	...	99.83
Percentage of children inspected with unsatisfactory physical condition	...	...	0.17
Percentage of children inspected who were found to require treatment	...	...	4.59
Percentage of children inspected who were found to require treatment (excluding vision defects)			2.8

Parents and most of the senior pupils appreciate and accept the routine medical inspections and take advantage of the facilities offered. It is becoming increasingly obvious that more senior pupils at the secondary schools are seeking the advice of the visiting Medical Officer about health and personal problems during the medical interview. It is possible that more pupils would avail themselves of this opportunity for discussion with a medical adviser if this could be done without arousing the interest of other pupils or members of the staff.

It would, therefore, be a distinct advantage if time could be spared for the School Medical Officer to visit the school and be available for informal consultation on specific days, e.g. during break or midday mealtime.

**DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR**

NOTE:—All defects noted at period and special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections	
		Entrants	Leavers	Others	Total		
4	Skin	T	5	2	6	13	7
		O	10	—	6	16	32
5	Eyes—a. Vision	T	51	37	77	165	182
		O	258	26	129	413	157
	b. Squint	T	2	—	1	3	5
		O	4	—	—	4	1
	c. Other	T	1	4	2	7	5
		O	1	2	—	3	1
6	Ears—a. Hearing	T	54	8	28	90	178
		O	49	4	29	82	220
	b. Otitis Media	T	2	—	2	4	5
		O	5	—	2	7	6
	c. Other	T	1	—	1	2	3
		O	7	1	2	10	10
7	Nose and Throat	T	6	4	3	13	9
		O	79	4	25	108	69
8	Speech... ..	T	17	3	13	33	31
		O	54	—	16	70	44

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				Special Inspections	
		Entrants	Leavers	Others	Total		
9	Lymphatic Glands ...	T	—	—	—	—	
		O	7	—	—	7	3
10	Heart ...	T	1	—	—	1	8
		O	37	6	13	56	48
11	Lungs ...	T	3	1	—	4	6
		O	26	1	21	48	81
12	Developmental—a. Hernia ...	T	1	—	—	1	—
		O	4	—	—	4	1
	b. Other ...	T	1	—	8	9	6
		O	47	2	32	81	30
13	Orthopaedic—a. Posture ...	T	1	1	4	6	6
		O	9	7	15	31	8
	b. Feet ...	T	9	4	18	31	46
		O	54	2	51	107	77
	c. Other ...	T	3	1	5	9	8
		O	11	1	13	25	36
14	Nervous System—a. Epilepsy ...	T	2	—	—	2	2
		O	3	—	7	10	22
	b. Other ...	T	—	1	1	2	3
		O	9	1	4	14	25
15	Psychological—a. Development ...	T	—	—	2	2	9
		O	24	3	7	34	19
	b. Stability ...	T	3	—	4	7	5
		O	17	2	16	35	28
16	Abdomen ...	T	—	—	—	—	3
		O	3	—	7	10	9
17	Other ...	T	7	1	6	14	22
		O	35	4	35	74	96

Observation and Treatment

Children are referred for treatment by their general practitioners, and in some instances by the school doctors, to many hospitals in the Greater London area, and the co-operation with hospitals is encouraging. Hillingdon Hospital is most helpful in supplying reports requested and, in reverse, in several cases during the year the Paediatric Department requested assessments of mental ability, which we are able to supply with the full co-operation of the parents concerned. These assessments take place at local clinics and are conducted by the Senior Medical staff. Where older children are concerned it is usual to refer such children to the Educational Psychologists. All this work and the exchange of information is well worth while when important decisions have to be made with regard to the future education and treatment of children.

Unfortunately, the general standard of co-operation with general practitioners is not on the same high level. There is a great variation between those who seek and give information willingly and those who make no attempt to reconcile the value of the School Health Service alongside their own family practice. I would add, however, that the latter type of general practitioner is in the minority.

There should be little need to emphasise the importance of passing vital medical information within the tripartite system of the National Health Service as the means of ensuring that every child receives treatment as and when required, and that whilst waiting for any specialised form of treatment, the child's needs are well understood within the school situation. Here it would be appropriate to mention the Headteachers of the many schools within this Borough. During the course of the year they are called upon to submit many reports on school children and are given many instructions on how to deal adequately with children who have some particular defect. Headteachers and their staffs must spend a lot of time compiling these reports and interpreting medical instructions, and grateful thanks are due to them for all the effort that they put into this side of their work. It may well be that, possibly, the Headteachers derive as much assistance from medical reports as the School Medical Officers do from theirs.

School Clinics

There appears to be no doubt that parents value both the time allowed in a more relaxed atmosphere for detailed discussion and advice about specific difficulties and health matters.

The role of the school clinic has largely changed from that of treatment to prevention of disease. The minor ailments clinic of former days is being superseded by the consultative clinic of today. There are no longer signs of primary poverty among our school children but in a few homes poor management still prevails.

Number of special inspections and re-inspections carried out during the year: 6,357.

<i>Premises</i>	<i>School Health Sessions</i>	<i>Immunisation/ Vaccination Sessions</i>
Cavendish Pavilion, Field End Road, Eastcote		1st Thursday a.m. in the month
Elers Road Clinic, Elers Road, Hayes	Every Thursday a.m. in the month	1st Friday a.m. in the month
Grange Park Clinic, Lansbury Drive, Hayes	Every Tuesday a.m. in the month	2nd & 4th Thursday a.m. in the month
Harefield Clinic Park Lane, Harefield	Every Thursday a.m. in the month	4th Friday p.m. in the month
Haydon Hall Clinic, Joel Street, Eastcote		1st Thursday a.m. in the month
Hayes End Clinic, Methodist Hall, Uxbridge Road, Hayes		1st Thursday a.m. in the month
Ickenham Clinic, Long Lane, Ickenham	1st & 3rd Tuesday a.m. in the month	1st and 3rd Tuesday a.m. in the month
Laurel Lodge Clinic Harlington Road, Hillingdon	1st & 3rd Wednesday a.m. in the month	2nd & 4th Wednesday a.m. in the month
Manor Farm Clinic, Ruislip	2nd & 3rd Tuesday a.m. in the month	3rd Tuesday a.m. in the month
Maurice Child Memorial Hall, Carfax Road, Hayes		5th Tuesday p.m. in the month
Minet Clinic, Coldharbour Lane, Hayes	Every Friday a.m. in the month	2nd Monday a.m. in the month
Northwood Clinic, Ryefield Court, Ryefield Crescent, Northwood Hills	1st & 3rd Tuesday a.m. in the month	2nd Wednesday a.m. in the month

<i>Premises</i>	<i>School Health Sessions</i>	<i>Immunisation/ Vaccination Sessions</i>
Oak Farm Clinic, Long Lane, Hillingdon	2nd, 4th & 5th Thursday a.m. in the month	2nd Friday a.m. in the month
Queen's Hall, Station Road, Hayes		3rd Wednesday p.m. in the month
Ruislip Manor Clinic, Dawlish Drive, Ruislip	2nd, & 4th Friday a.m. in the month	1st Friday a.m. in the month
Uxbridge Clinic, Council Offices, High Street, Uxbridge	Every Friday a.m. in the month	1st Wednesday a.m. in the month
West Mead Clinic, West Mead, South Ruislip	1st & 3rd Friday a.m. in the month	2nd Tuesday a.m. in the month
Yiewsley Clinic, 20 High Street, Yiewsley	Every Tuesday a.m. in the month	Alternate Wednesday a.m. in the month

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	29
Errors of refraction (including squint)	1,274
Total	1,303
Number of pupils for whom spectacles were prescribed	748

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
Pupils treated at clinics	50

CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	227

SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	307

OTHER TREATMENT GIVEN

	<i>Number known to have been dealt with</i>
Pupils who received convalescent treatment in accordance with Section 48 of the Education Act, 1944	9
Pupils who received B.C.G. vaccination... ..	2,056

Routine Audiometry

A routine audiometry service was maintained during the greater part of the year, on a part-time basis of three days per week. The investigations of the Audiometer Operator were aimed at the Junior Departments of the Primary Schools, and the results of the work performed can be summarised as follows:—

Number of individual children tested	6,246
Number found to have normal hearing	5,880
Number found to have a hearing loss	366

(It must be appreciated that these tests are carried out in schools under difficult auditory conditions and it is inevitable for some children to be recorded as having a hearing loss when in fact, they have normal hearing.)

Of the 366 children:

54 were found to have a hearing loss in the right ear.

61 were found to have a hearing loss in the left ear.

251 were found to have a hearing loss in both ears.

The 366 children were referred for examination by the School Doctors with the following results:—

(a) Number of children found to have normal hearing on clinical testing: 121.

(44 were noted for re-examination and 77 were discharged)

(b) Number of children found to have a mild hearing loss: 212.

153 were noted for re-examination.

14 were referred for specialist consultation at hospital ear, nose and throat departments.

8 were referred to general practitioners.

16 were already attending hospitals.

11 were already attending Audiology Units.

5 were referred to Audiology Units.

5 failed to keep appointments and are being followed up.

(c) Number of children found to have a moderate to severe hearing loss: 17.

11 of these children were already attending Audiology Units.

3 were referred to General Practitioners.

3 were noted for re-examination.

(d) Number of children who left the area of the Borough while investigations were proceeding: 16.

Vision Testing

Vision testing is carried out at the time of routine medical inspections, but, additionally, it has now become the practice to test vision when children reach seven years of age. These tests are conducted in school by the Health Visitor/School Nurses. Such tests are also given to children aged between eight and ten if, for some reason, their vision had not been checked at the age of seven (e.g. a child who had come to live within the Borough at, say, eight years of age and whose previous authority did not vision test at the age of seven).

During the year under review, this extra group of routine vision tests resulted as follows:—

Number of children tested	...	...	...	...	...	...	...	...	...	3,528
Number referred for opinion of School Doctor	...	...	...	...	...	...	...	...	...	163

Of the 163 children brought to the notice of the School Doctor:—

- 59 were referred to the Authority's Ophthalmic Clinics.
- 51 were referred for treatment via general practitioners at the request of parents.
- 31 were deferred for re-examination at the School Clinics.
- 14 were considered to have normal vision.
- 3 were already having ophthalmic treatment.
- 5 left the area while investigations were proceeding.

Of the 59 children referred to the Authority's Ophthalmic Clinics:—

- 52 were prescribed glasses.
- 7 were noted for re-examination.

Five of the 59 children were also referred to the Authority's Orthoptic Clinic.

Orthoptic Clinics

On her appointment in January, 1965, the Orthoptist contacted all the children who had been receiving treatment from her predecessor and who had not been discharged or transferred. Of these patients, 10 are still attending for observation or treatment. Several will be finally discharged within the next few months.

The most common type of deviation found at the school clinic examinations is the convergent squint. Of these, the majority respond well to treatment comprising full correction of any refractive error, occlusion and orthoptic training. A small proportion also require surgery and are referred to one of the hospital consultants in the area, returning for observation and further orthoptic training on discharge from hospital.

Of the divergent squints, it is interesting that this type of deviation is most frequently found among children of the lower levels of intelligence.

With treatment of all types of squint the importance of full co-operation from the patient himself, and his parents, cannot be too highly stressed.

I should like to express my appreciation of the work done by the Health Visitors, whose help in following up patients who fail to attend, or who have family problems precluding successful treatment, is invaluable.

MONTHLY ATTENDANCE RECORD: ORTHOPTIC CLINIC

1965

	<i>New Patients</i>	<i>Attending for Exercises</i>	<i>Attending for test and/or Observation</i>	<i>Total</i>	<i>Failed to Attend</i>
January	4	—	4	8	7
February	10	6	8	24	11
March	4	11	9	24	5
April	2	23	12	37	4
May	8	15	16	39	3
June	5	11	15	31	13
July	3	18	22	43	8
August	4	15	12	31	7
September	9	27	19	55	19
October	7	30	19	56	7
November	5	30	30	65	12
December	10	7	36	53	7
TOTAL	71	193	202	466	103

Type of Case

1965

Convergent strabismus

Including:

(1) With amblyopia	18	}	60	TOTAL
(2) Referred for surgery	9			

Divergent strabismus

(1) Latent	8	}	9	TOTAL
(2) Manifest, referred for surgery	1			

Heterophoria and/or Convergence Deficiency 4

Amblyopia due to Anisometropia 3

Apparent Squint

due to epicanthus, narrow I.P.D., etc. 1

Total New Patients —

Referred from School Clinics 77

—

EDUCATION ACT, 1944 — SECTION 34

This Section of the Act requires the Education Authority to ascertain what children in its area require special education. For this purpose it is necessary for the School Health Service to be notified of young children who may come under this heading. For some years past an At Risk Register has been kept of babies and young children who may require special education in the future.

This At Risk Register is compiled from information supplied by doctors, health visitors, hospitals, etc., and the child is deemed to be At Risk if certain circumstances at birth are abnormal. All children referred in this way in this Borough are given an exhaustive medical examination and assessment of mental ability and a recommendation is made concerning the child's future. Annual reviews, or even bi-annual reviews, are conducted. These build up a very comprehensive background of the child's progress and prove invaluable to the Authority when deciding on the type of education the child might need. It is important that the parents' co-operation is obtained and the health visitors' support is invaluable. A large number of these children will be found able, if some special provisions are made, to attend the ordinary primary school.

However, there are many children who require education other than at an ordinary school. In general, these children come within the ten categories of handicapped children enumerated in the Handicapped Pupils and Special Schools Regulations, 1959. The manner in which these children are dealt with educationally and medically within the Borough can be summarised as follows:—

Category A: Blind Children. There are only a few children in this category and these are accommodated in boarding schools for blind children. It requires a special recommendation from an ophthalmic surgeon for a child to be included in this category.

Category B: Partially Sighted Children. These children are likewise ascertained by an ophthalmic surgeon. A few are accommodated in ordinary primary schools, with suitable provision made; the others go to the John Aird School (at Shepherd's Bush) which is shared by other London Boroughs.

Category C: Deaf. These are children who cannot be taught by methods involving the use of hearing.

Category D: Partially Hearing. Children who by reason of impaired hearing are not able to be educated in an ordinary school without special provisions being made. Children in these two categories are examined by Dr. Fisch, previously Consultant Otologist to the Middlesex County Council, now Otologist in charge of the Heston Hearing Clinic, Hounslow. All children in this Borough who show evidence of loss of hearing are referred to Dr. Fisch and he advises on the educational requirements of individual children.

Facilities in the Partially Hearing Classes at the School for the Deaf, Springwell Road, Hounslow, and facilities in certain primary and secondary schools are shared with the London Borough of Hounslow. This association with Heston Hearing Clinic is a much valued one and the help given by Dr. Fisch and the courtesy extended by Dr. Lindon, Medical Officer of Health, Hounslow, are much appreciated.

Category E. Educationally Subnormal. These are children who by virtue of their limited ability require special educational treatment. It is fortunate that there is at present being built a special school for this category of handicapped children.

Category F: Epileptic. These are children who by reason of epilepsy cannot be educated under the normal regime of ordinary schools. This is a very small number indeed and use is made of Lingfield school for Epileptic Children. All other epileptic children in the Borough can be educated in ordinary schools, with the valued co-operation of the teaching staff.

Category G: Maladjusted. These are pupils who show evidence of emotional instability or psychological disturbance. The Child Guidance Service deals with children exhibiting problems of an emotional nature. The majority of such children attend ordinary schools under the supervision of the Child Guidance Service. However, there are two groups of these children who give rise to anxieties. The first are those who require education at a residential school for maladjusted children. Places at these schools, which are mainly independent, are extremely hard to find. Too often, however, the child's problems are so great that the particular school to which he is sent excludes him within a few months of admission and the problem becomes very much greater; and because there is nowhere else for these children to obtain education they have to stay at home and receive home tuition. This state of affairs is extremely unsatisfactory. The problem is intensified when children reach secondary school age, because places for maladjusted children of this age are even more difficult to obtain than in the case of younger children.

The second group of children are those who show severe mental illness, especially in the age group 12 to 16. There is an urgent need in the London area for a hospital unit which will cater for in-patient treatment of these children. They are neither suited for the paediatric department of a general hospital, nor should they be incarcerated in adult wards of a general mental hospital. This type of problem does not occur very often, fortunately, but when it does it is a serious one which taxes the resources of the medical and education departments to the utmost; in fact, the solution is usually a very inadequate compromise, to the child's disadvantage.

Category H: Physically Handicapped. Children not suffering from defect of sight or hearing who by reason of disease or crippling defect cannot be satisfactorily educated in a normal school. A great many defects of bygone days, which led to the physical crippling of children are no longer seen.

There remains, however, the small number who need special educational treatment. Owing to the redistribution of special schools, formerly the responsibility of the Middlesex County Council, the Borough has acquired St. Michael's School for Physically Handicapped Children, Eastcote. This is a small school providing for 32 children, part day and part boarding. There is a resident matron and deputy, and ancillary staff, who give the children physiotherapy, speech therapy and occupational therapy as well as formal teaching. During the year arrangements were made with Highgrove Bath for spastic children at the school to be given lessons in swimming and two children have obtained certificates showing that they can now swim without support.

Category I: Speech Defect. Pupils who on account of difficulty or lack of speech not due to deafness, require special educational treatment. These children attend a local clinic and advice and treatment is given to the child and his parent by the speech therapist.

Great difficulty is being experienced in recruiting staff trained in this particular field and numbers of children have a very sketchy course of treatment or none at all. Only rarely is a child sent to a residential school for speech defects.

Category J: Delicate. Pupils not falling under any other Category in the Regulations, but who by reason of impaired physical condition need a change of environment, or cannot without risk to their health or educational development, be educated in a normal regime in an ordinary school.

This important class of children constitutes those who suffer from diseases such as asthma, general debility, less severe heart conditions, bronchitis and bronchiectasis, etc. This Borough has acquired a residential school for delicate boys at Park Place, Henley, with accommodation for 75 boys. The majority of boys at this particular school are sent by other Authorities, and it is becoming a much sought after establishment. The school occupies a commanding position over the valley of the Thames at Henley, and is ideally suited to the type of child being educated there.

The majority of children who come into these categories are sufferers from one type of disease, but just occasionally it is necessary to make recommendations in the case of a child who suffers from two or more defects. In these cases the ingenuity of the department is taxed to the full and the greatest care must be taken to see that these children derive the greatest benefit from the education prescribed.

All handicapped children are reviewed annually after full medical examination and consultation with the teaching staff concerned.

HANDICAPPED PUPILS' REGISTER

Category	Number of Children placed in								New Cases referred to Local Education Authority During the Year	
	Day Special Schools		Residential Special Schools		Ordinary Schools, Home Tuition, etc.		Total		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
A. Blind	—	—	1	3	—	—	1	3	—	—
B. Partially Sighted	4	4	1	—	1	1	6	5	—	—
C. Deaf	4	4	4	—	—	—	8	4	1	—
D. Partially Hearing	8	9	2	—	20	8	30	17	9	3
E. Educationally Sub-Normal	74	49	13	4	9	—	96	53	19	14
F. Epileptic	—	—	1	—	17	8	18	8	3	—
G. Maladjusted	34	14	30	9	29	7	93	30	29	5
H. Physically Handicapped	20	11	3	2	64	45	87	58	14	13
I. Speech Defect	—	—	1	1	153	64	154	65	52	22
J. Delicate	2	2	15	16	97	55	114	73	29	23
Children with Multiple Defects	5	6	12	4	10	8	27	18	15	3
	151	99	83	39	400*	196*	634	334	171	83

*A small number of these children were recommended and awaiting places in special schools.

The number of children in the various categories awaiting places in special schools (May 1966) was as follows:—

	<i>DAY SPECIAL SCHOOLS</i>		<i>RESIDENTIAL SPECIAL SCHOOLS</i>		<i>Comment</i>
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
A. Blind	—	—	—	—	
B. Partially Sighted	—	—	—	—	
C. Deaf	—	—	—	—	
D. Partially Hearing	1	—	—	—	
E. Educationally Subnormal	13	—	1	—	
F. Epileptic	—	—	—	—	
G. Maladjusted	10	5	5	2	Maladjusted children are the major problem.
H. Physically Handicapped	—	1	—	—	
I. Speech Defect	—	—	—	—	
J. Delicate	1	—	2	4	Mainly a matter of parental non co-operation.
Multiple Defect (Primary Defect G)	—	—	1	—	
Multiple Defect (E+D)	—	—	1	—	

The new Meadow School for Educationally Subnormal Pupils will cater for this category reasonably well. There will remain the problem of the maladjusted children, and at present no solution is in sight. The school medical staff spend a good deal of time in carrying out assessments of children under 5 years of age, with the result that most handicapped children have their educational future planned for them well before they reach school age.

The number of children under five being dealt with under various categories is as follows:—

	<i>Year of Birth</i>			
	<i>1962</i>	<i>1963</i>	<i>1964</i>	<i>1965</i>
Defective Vision	1*	—	—	—
Defective Vision with Mental Defect	—	—	1	—
Defective Hearing	6	1	1	—
Mental Defect	21	8	5	—
Mongolism	6	4	1	4
Spastic	—	1	1	1
Epileptic	3	1	2	1
Heart Disease	9	8	5	1
Spina Bifida	2	1	—	1
Congenital dislocation of hip	—	1	—	—
Muscular Atrophy	—	1	—	—
Fibrocystic disease of pancreas	1	—	—	—
Achondroplasia	1	—	—	—
Diabetic	1	—	—	—
	—	—	—	—
	51	26	16	8
	—	—	—	—

* Already being educated in a Boarding School for Blind Pupils.

In cases of severe mental subnormality arrangements need to be made as soon as possible so that a correct placing can be ensured at the appropriate time. Formal action is rarely taken before a child is seven, and informal placement is frequently made.

The following table gives an indication of the number of children between five and fifteen years of age who have been reported under Section 57 during the past few years and those who are placed informally by the Local Health Authority, and thus who are on the Registers of that Authority:—

	SECTION 57 CASES						INFORMAL CASES					
	Boys			Girls			Boys			Girls		
	Mongols	Other Mental Defect	Total	Mongols	Other Mental Defect	Total	Mongols	Other Mental Defect	Total	Mongols	Other Mental Defect	Total
1961	—	2	2	—	—	—	2	—	2	—	1	1
1960	—	1	1	—	1	1	—	3	3	2	3	5
1959	1	5	6	—	—	—	—	1	1	—	—	—
1958	2	3	5	3	—	3	—	1	1	—	—	—
1957	—	2	2	1	2	3	—	—	—	2	1	3
1956	3	4	7	2	1	3	—	—	—	—	—	—
1955	1	2	3	—	1	1	—	—	—	—	—	—
1954	3	—	3	—	1	1	—	1	1	—	—	—
1953	1	3	4	3	1	4	—	—	—	—	—	—
1952	2	1	3	1	4	5	—	—	—	—	—	—
1951	—	3	3	—	3	3	—	—	—	—	—	—
1950	—	—	—	2	2	4	—	—	—	—	—	—
	13	26	39	12	16	28	2	6	8	4	5	9

Recuperative Holidays for Children

Twelve children were recommended under Section 48 of the Education Act, 1944, and of these three were withdrawn. These holidays are provided at no cost to the parents.

Tuberculosis Occurring in Teachers and Pupils

The incidence of primary pulmonary tuberculosis amongst school children is very small. When it does occur the source of infection is usually traced to some person within the child's own family environment. It follows that the child in question is usually found to have the disease at an early stage and thus there is little fear of a spread of the infection amongst the child's contemporaries at school.

However, it so happened during the spring of 1965 that one child of secondary school age was found to be suffering from pulmonary tuberculosis and after full investigation of her home contacts the source of infection could not be traced. It, therefore, became necessary to carry out a full investigation of her contacts at school. The child in question was thirteen years of age and it was probably fortunate that the majority of her class contacts had already received B.C.G. vaccination. The remainder of her class and other immediate contacts were Heaf tested, and only two of these children gave a positive reaction. On further enquiry it was found that one of these two children had had B.C.G. vaccination at a much earlier age. The other child was investigated at the Uxbridge Chest Clinic and the findings were negative.

Developments in Health Education

Talks are given in schools on specific health matters by School Doctors and Health Visitors. The topics include Smoking and Health, Personal Relationships and Teenage Problems generally. These are informal discussions in which children are actively interested and this is shown by the provocative and unusual questions which are asked.

The Effect of Employment Out of School Upon the Development and Educational Progress of Children

There is no question that many children benefit by undertaking employment out of school hours and earning money for so doing. Certain children, however, especially those undertaking a considerable amount of homework, are possibly not able without harm to undertake such employment. It is necessary, therefore, to keep a careful physical check on children who undertake employment out of school hours to see that they are not harmed thereby.

National Child Development Study

This national study is concerned with children who were born during a certain week in March, 1958. During the summer of 1965, Dr. Neville Butler, Co-Director of the Study, asked for assistance carrying out a further survey to determine the present physical, sociological and educational status of the children already studied in 1958. Dr. Butler hoped to obtain the information from three sources: an educational assessment, a parental questionnaire and a medical examination. Sixty-three children were involved in the study, and the parents of sixty co-operated willingly, which is a good indication of the parental interest shown.

Dental Service

During the year 2,430 sessions were devoted to the treatment of children of school age. Included in the number of sessions are those specifically arranged for the removal of teeth under general anaesthetic. Dental officers set aside one session each week to undertake inspection and treatment of patients under the Priority Service.

Separate arrangements are made for children attending Special Schools such as Park Place, Henley, St. Michael's, Eastcote, the Junior Training School and the Adult Training Centres. Inspection of children is usually carried out at school and parents are notified if any dental treatment is necessary.

The number of children on roll was 33,815; of this number 19,184 were inspected and 8,082 were found to require some form of dental treatment. The acceptance rate for treatment at the dental surgeries belonging to the Borough was just over 50%. Of the remainder, 40% (especially the older children) had received treatment under the National Health Service. There were 535 emergency cases; the majority of whom did not accept treatment following routine inspection. The number of children examined and the number found to be in need of treatment only refers to the condition at time of inspection. Dental treatment in a School Dental Service should be conservative in character and the aim of the service is to ensure as far as possible that every child leaves school dentally fit. The majority of parents readily accept treatment for children of school age, but unfortunately too many hesitate to seek advice before the child goes to school. Children between 2½ and 3 years of age should be taken to see a Dental Surgeon who can then advise parents on the proper care of the child's teeth. Premature loss of temporary teeth contributes to malformation of the jaws and irregularity of the permanent teeth.

Dental Health Education has done much to stress the need for regular visits to the dentist. The use of posters, leaflets and films does much to make children realise the importance of home care. Owing to shortage of staff it is not possible to carry out dental health education on a much larger scale, but there is no doubt the efforts of doctors, dentists, health visitors and others in the field have produced good results.

It is still very difficult to obtain full time officers and the latest award to dentists in the National Health and Hospital Services will not help recruitment to the School Dental Service. Young dental surgeons are very reluctant to enter the School Dental Service as a career. After the National Health Service came into operation in 1948 the staff position in Area 8 (now the London Borough of Hillingdon) has not risen beyond half the total dental establishment.

During the year two new dental surgeries came into operation—one at Ickenham and one at Laurel Lodge, Harlington Road, Hillingdon. Ickenham is also the centre for orthodontic treatment, which is carried out by two part-time surgeons. Orthodontic treatment is an important and essential part of the School Dental Service. Treatment may last 18 months to two years before a patient is finally discharged. This specialised treatment was given to 428 children, and 141 courses were completed. Some of the completed cases were carried over from the previous year. Fixed and removable appliances are used, and in conjunction with appliances 509 permanent teeth were removed for orthodontic purposes by the dental surgeons at the clinics from which the patients were originally referred.

SCHOOL DENTAL SERVICE STATISTICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
<i>Attendances and Treatment</i>				
First visits	2,788	1,882	369	5,039
Subsequent visits	5,440	5,293	1,167	11,900
Total visits	8,228	7,175	1,536	16,939
Fillings in permanent teeth	2,591	4,430	1,498	8,519
Fillings in deciduous teeth	5,587	355	—	5,942
Permanent teeth filled	2,281	3,875	1,224	7,380
Deciduous teeth filled	4,097	267	—	4,364
Permanent teeth extracted	142	706	138	986
Deciduous teeth extracted	2,122	458	—	2,580
General anaesthetics	686	217	20	923
Emergencies	365	146	37	548
<i>Prosthetics</i>				
Pupils supplied with F.U. and F.L.	4	1	1	6
Pupils supplied with other dentures	8	5	3	16
<hr/>				
			402	
Number of pupils x-rayed			409	
Prophylaxis			124	
Teeth conserved			74	
Teeth roots filled			44	
Inlays			126	
Crowns			3,656	
Courses of treatment completed				
<i>Orthodontics</i>				
Number of removable appliances fitted			287	
Number of fixed appliances fitted			70	
<i>Inspections</i>				
First inspections			19,347	
Re-inspections			621	
Number found to require treatment			8,677	

The following information will give some idea of the varied work undertaken:

Fillings	14,430	(8,493 Permanent teeth, 5,937 Temporary teeth.)
Extractions	946	Permanent teeth (including 509 orthodontic.)
„	2,555	Temporary teeth
General anaesthetics	1,050	administrations
Pupils x-rayed	401	
Root Fillings	69	
Teeth otherwise Conserved	119	
Prophylaxis	327	
Inlays	38	
Crowns	112	
Completed Treatment	3,373	
Visits paid for treatment	15,759	
Treatment Sessions	2,430	
Inspection Sessions	175	

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