

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

### **Contributors**

Hillingdon (London, England). Borough Council.

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London Borough of Hillingdon



# annual report

of the **Medical Officer of Health**

and **Principal School Medical Officer**

**for the Year 1968**



ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
and  
PRINCIPAL SCHOOL MEDICAL OFFICER  
1968

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, Middlesex.



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

The statistics relating to 1968 may be regarded as being reasonably satisfactory, but in Public Health and Welfare work one can never be satisfied. The object is, of course, to remove as far as possible all disease and other deleterious conditions affecting normal living, and the nearer one gets to the total elimination of these things the more successful one is.

Possibly the best illustration of this thesis is seen in the consideration of two infectious diseases—diphtheria and poliomyelitis. Over the years these two conditions have been virtually eliminated by intensive immunisation procedures. In the case of diphtheria, if the experience of 30 years ago was repeated now, one could expect in this Borough an annual incidence of something like 300 cases. Similarly in the case of poliomyelitis, a disturbing number of cases could be expected. In both these conditions the fatality rate is high and may be up to 10% or so. Reference to the Infectious Disease Table (page 20) will show that no cases of these diseases occurred during the year—in fact there has been no case of diphtheria in the Borough area since 1949, and the last case of poliomyelitis was in 1962.

The cost benefit of this exercise in infectious disease prevention must be obvious. Both these conditions, apart from their high mortality, involve their victims in extensive paralyses and other disabilities, and their treatment involves long periods of weeks, or even months, in hospital. The cost of this at present day prices would be quite astronomical. Not only is this saving in the use of hospital beds made possible, but provision of special hospitals for the treatment of infectious diseases is no longer necessary, with a further consequential saving.

The proximity of the Airport compels me once again to draw attention to the necessity for vaccination against smallpox. There is a continuing fear that a case of smallpox will be imported into the Country through the Airport, with the consequent involvement, not only of Health Control medical staff, but also of Airport personnel of all types. In addition the great increase in foreign travel necessitates smallpox vaccination in the case of a great many travellers. Primary vaccination in adults is an unpleasant and often painful procedure, whereas re-vaccination causes comparatively little trouble. The best time for primary vaccination is in the second year and once a child has been vaccinated, re-vaccination causes no trouble. Vaccination therefore should be regarded as part and parcel of the ordinary immunisation schedule, which is, in general, universally accepted. I make no apology for drawing attention once again to this matter of possible smallpox importation, but because of its peculiar geographical situation, this Borough is at more than average risk, and it is only right that the inhabitants of the district should be aware of the position.

Infectious disease is no longer thought of as a killer. As in recent years, in 1968, cardiovascular conditions and cancer are the "Captains of the men of death". This will readily appear from a perusal of the Table on page 18. The Table on page 17 shows the cancer experience in the Borough, which is lower than in England and Wales as a whole. The figure for cancer of the lung and bronchus in men has slightly decreased, from 116 in 1967 to 102 in 1968, but that for women has, in fact, risen from 27 in 1967 to 34 in 1968. Is this a further step towards equality—has the increased cigarette consumption among women in recent years begun to show itself in increasing lung cancer incidence?

Work in the Maternal and Child Health Section went on very much as before, with an increase in work carried out in connection with cytology. In every case where cervical smears were taken full gynaecological examinations were carried out in addition, with some interesting results, which are set out on page 65.

During the year a replacement Mobile Clinic was brought into use and a picture of this is shown (Plate 1). Over the years the Mobile Clinic has proved its worth in taking the Maternal and Child Health services into those parts of the district not yet provided with purpose built Clinics, and not having suitable premises capable of being hired and adapted for Clinic use.

Further steps were taken to bring about a closer integration of all the Health and Welfare services. One would like to have seen an improvement in the facilities available for the care of the aged, but this was not possible on the lines considered desirable because of a shortage of the requisite professional staff. Preliminary steps were, however, taken to set in motion the complicated machinery necessary for the provision of a specialised Home for the elderly mentally confused. This is a group of old people which would in previous years have been provided for permanently in Mental Hospitals. Hospital



provision is not really necessary for these patients, and in my view equally they are not suitable for the ordinary Part III Home, with its present level of staffing. They need specialised provision to give them the necessary care and attention and supervision which they need, but within the community.

A great deal of attention is being given to the subject of Addiction, involving alcohol, cigarettes and drugs. Particularly in the School Health service attention has been paid to this question of addiction, and every opportunity has been taken, especially by way of films and talks, to bring about a more complete understanding of this matter among the younger generation. The extent of the drug problem is guess work, because no reliable statistics are available. While, as yet, no serious difficulties have been met, in view of the national and international development of addiction, careful observation will be maintained as far as present resources allow.

I would like to take this opportunity of thanking all my colleagues in the Health and Welfare Department for their loyalty and support during the year. Without their constant attention to, and interest in, their work, the Department could not have provided the efficient service to the public which I believe it has provided.

I would also like to place on record my thanks to my colleagues in the other Departments of the Borough Council, who, without fail, have co-operated most effectively on each occasion when help has been required.

It is necessary also to say how much the Department has enjoyed the support and co-operation of the many voluntary agencies in the Borough, as without their help the Statutory services would find it very difficult to function.

I must express my gratitude for the help and co-operation I have received from the general practitioners and the local hospital staffs; their help has been invaluable on very many occasions.

Finally, I cannot allow this occasion to pass without expressing my own personal thanks, especially to the Chairmen of the Health and Welfare Committees, and to all those members of the Council who have taken such an interest in the work, and who have been so helpful on many occasions.

O. C. DOBSON,  
*Medical Officer of Health.*

## HEALTH COMMITTEE

(as at 31st December, 1968)

**Ex-officio:** The Mayor (Alderman Mrs. L. E. Wane, J.P.)

**Chairman:** Councillor N. H. Butler

**Vice-Chairman:** Councillor C. H. Nemeth

**Alderman:**

Mrs. D. K. E. Egleton, J.P.

**Councillors:**

M. H. Blackman

Mrs. E. G. Boff

K. C. Briggs

G. P. Buttrum

Mrs. N. C. Coles

G. F. Farr

J. H. Green

P. H. King

Mrs. A. B. Palmer

B. C. W. Reid

Mrs. D. G. E. Surman

R. S. Treloar

C. C. Vennell

**Advisory:**

Mr. G. Corran (representing Hillingdon Group Hospital Management Committee)

Mr. E. S. Saywell, J.P. (representing Harefield and Northwood Group Hospital Management Committee)

Dr. R. A. P. Paul (representing Middlesex Local Medical Committee)

Miss J. McCarthy (representing Royal College of Midwives)

Mr. T. J. Mapstone (representing Pharmaceutical Society of Great Britain)

Dr. G. A. Bell (representing Hillingdon Federation of Residents and Tenants Associations)

Mr. F. Sym (representing Confederation of Health Service Employees)

## WELFARE COMMITTEE

(as at 31st December, 1968)

**Ex-officio:** The Mayor (Alderman Mrs. L. E. Wane, J.P.)

**Chairman:** Councillor C. H. Nemeth

**Vice-Chairman:** Councillor L. J. Lally

**Alderman:**

Mrs. D. K. E. Egleton, J.P.

**Councillors:**

N. H. Butler

F. V. M. Carroll

E. G. S. Dommett

R. C. Foote

J. H. Green

Mrs. G. M. Clark

K. E. Salisbury

Mrs. D. G. E. Surman



## 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., B.Ch., B.A.O., D.P.H., D.C.H.

**Senior Medical Officers:****MATERNITY AND CHILD HEALTH 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, L.R.C.P., M.R.C.S.

**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.(Glas.)

**Airport Medical Officers:**

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

H. G. Grace, B.A., M.B., B.Ch.

F. D. Hanham, M.A., M.B., B.Ch., L.R.C.P., M.R.C.S., D.R.C.O.G.

E. W. Jones, M.B., B.S., D.I.H., D.P.H.

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

A. L. Stuart, L.R.C.P., M.R.C.S.

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

**Assistant Medical Officers:**

C. A. Cox, M.B., Ch.B., D.C.H., M.D.

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

M. N. Finlay, M.B., Ch.B.

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

M. French, B.Sc., L.M.S.S.A.

M. J. S. Hynd, B.Sc., M.B., Ch.B., D.R.C.O.G.

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

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

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

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

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

A. R. T. Wilson, M.B., B.S., D.P.H.

**Chief Dental Officer and Principal School Dental Officer:**

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

**Orthodontists:**

Mr. G. H. P. Bolton, B.D.S., D.Orth., R.C.S.

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

Miss M. P. Mackenzie, B.D.S., L.D.S., D.Orth., R.C.S.

**Dental Officers:**

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

Miss K. A. Goldberg, L.D.S., R.C.S.

F. H. A. Gotte

W. Hackman, L.D.S.

R. R. Haddow, L.D.S., R.C.S.

Mrs. E. A. Jackson, B.D.S., L.D.S., R.C.S.

P. J. Kaye, B.D.S.

Mrs. D. J. Mansell-Jones, B.D.S., L.D.S., R.C.S.

Mrs. E. Sampson, L.D.S., R.C.S.

Mrs. G. L. Sherman, L.D.S., R.C.S.

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

P. J. Townsend, L.D.S., R.C.S., 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 A. D. Mogford, S.R.N., C.M.B. Part I, H.V. Certificate.

**Deputy Superintendent Health Visitor:**

Miss E. M. Brown, S.R.N., S.C.M., H.V. Certificate, Q.I.D.N. Certificate

**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.

**Deputy Superintendent of Home Nursing:**

G. J. W. Hunt, S.R.N., Q.N.

**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 M. J. Abraham

**Assistant Home Help Organisers:**

Mrs. I. E. Pallant

Mrs. M. J. Pallant (with effect from 4.6.68)

**Liaison and Administrative Officer:**

H. N. Ryan, M.R.S.H. (Died 9.11.68)

Post vacant until the end of the year.

**Deputy Liaison and Administrative Officer:**

W. H. Knapton

**Senior Administrative Assistants:**

A. J. Benson

L. R. Doughty

F. Hinley, D.M.A.

D. N. A. McKellar

G. D. Shaw



**Technical and Professional Staff:**

Airport Nurses  
 Audiometer Operator  
 Chiropodists  
 Clinic Nurses  
 Dental Surgery Assistants  
 Domiciliary Midwives  
 Health Assistants  
 Health Education Technician  
 Health Visitors, Students and Field Work Instructors  
 Home Nurses  
 Home Teachers  
 Marie Curie Nurses  
 Mental Welfare Officers  
 Occupational Therapist  
 Orthoptist  
 Physiotherapist  
 Divisional, Specialist, District and Pupil Public Health Inspectors  
 Radiographer (Airport)  
 Social Welfare Officers  
 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

**Hostel for Subnormals:**

Warden  
 Warden's Assistant  
 Assistant Warden  
 Cook  
 Assistant Cook  
 Domestic Assistants  
 Coach Guide

**Junior Training Centre:**

Supervisor  
 Assistant Supervisors  
 Supply Supervisor  
 Domestic Assistants  
 Cleaners

**Adult Training Centres:**

Manager  
 Supervisor/Instructor  
 Instructors  
 Clerical Assistant  
 Cook-in-Charge  
 Assistant Cooks  
 Caretaker/Handyman

**Weekly Boarding Unit:**

Matron  
 Assistant Matron  
 Cook/Housemother  
 Female Attendants  
 Cleaner

**Welfare Homes:**

Matrons/Superintendent  
 Assistant Matrons  
 Matrons' Assistants  
 Clerical Assistants  
 Female Attendants  
 Cooks  
 Domestic Assistants  
 Seamstresses  
 Gardener/Handyman

**Hostels for the Homeless:**

Wardens  
 Warden's Assistant  
 Welfare Assistant

**Workshop for the Handicapped:**

Industrial Work Organiser  
 Work Centre Assistant

**Workshop for the Elderly:**

Supervisor



Statistics  
Infectious Diseases  
Health Control Unit  
London (Heathrow) Airport





### General Statistics

Area—square miles	...	...	...	...	...	...	...	...	42.5
Population—Registrar-General's estimate for mid-year 1968	...	...	...	...	...	...	...	...	236,990
Number of inhabited dwellings	...	...	...	...	...	...	...	...	73,201
Rateable Value—as at 1st April, 1968	...	...	...	...	...	...	...	...	£17,175,654
Product of Penny Rate—1968-69 (Actual)	...	...	...	...	...	...	...	...	£71,398

### Vital Statistics

#### Total Live Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	1,696	1,617	3,313
Illegitimate	...	...	...	...	...	...	...	125	122	247
								<u>1,821</u>	<u>1,739</u>	<u>3,560</u>

#### Birth Rate per 1,000 population:

Hillingdon	{	Crude	...	...	15.02
		Corrected	...	...	14.4
England and Wales			...	...	16.9

Area Comparability Factor: 0.96

#### Illegitimate Live Births:

<i>Male</i>	<i>Female</i>	<i>Total</i>
125	122	247

Per cent. of total live births: 6.9

#### Still Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	20	25	45
Illegitimate	...	...	...	...	...	...	...	1	3	4
								<u>21</u>	<u>28</u>	<u>49</u>

#### Rate per thousand live and still births:

Hillingdon	...	...	...	13.6
England and Wales	...	...	...	14.0

#### Total Live and Still Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	1,716	1,642	3,358
Illegitimate	...	...	...	...	...	...	...	126	125	251
								<u>1,842</u>	<u>1,767</u>	<u>3,609</u>

#### These births occurred as under:

								<i>Live Births</i>	<i>Still Births</i>
At home	...	...	...	...	...	...	...	1,002	4
In hospitals, nursing homes or other maternity establishments	...	...	...	...	...	...	...	2,558	45
								<u>3,560</u>	<u>49</u>

**Infant Deaths (under 1 year of age):**

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	26	23	49
Illegitimate ... ..	3	1	4
	<hr/>	<hr/>	<hr/>
	29	24	53
Legitimate—rate per 1,000 legitimate live births: ...	14.8		
Illegitimate—rate per 1,000 illegitimate live births: ...	16.2		
Infant Death Rate per 1,000 total live births:			
Hillingdon ... ..	14.9		
England and Wales ... ..	18.0		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	18	11	29
Illegitimate ... ..	2	1	3
	<hr/>	<hr/>	<hr/>
	20	12	32
Rate per 1,000 total live births:			
Hillingdon ... ..	8.9		
England and Wales ... ..	12.3		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	18	9	27
Illegitimate ... ..	2	1	3
	<hr/>	<hr/>	<hr/>
	20	10	30
Rate per 1,000 total live births:			
Hillingdon ... ..	8.4		
England and Wales ... ..	10.5		

**Perinatal Deaths (Still Births and deaths under 1 week combined):**

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	38	34	72
Illegitimate ... ..	3	4	7
	<hr/>	<hr/>	<hr/>
	41	38	79
Rate per 1,000 live and still births:			
Hillingdon ... ..	21.9		
England and Wales ... ..	25		

**Maternal Deaths:**

Total ... ..	1
Rate per 1,000 live and still births:	
Hillingdon ... ..	0.28
England and Wales ... ..	0.24



**Deaths from All Causes:**

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,148	1,013	2,161

Death Rate per 1,000 population:

Hillingdon	{ Crude ... Corrected ...	...	...	...	...	9.1
England and Wales		...	...	...	...	11.2
		...	...	...	...	11.9

Area Comparability Factor: 1.23

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 1.23, 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 the comparability factors is to make allowance for the age and sex distribution of the inhabitants of the district.



## LIVE BIRTHS

Age and parity of mother and place of occurrence during 1968

Statistics supplied by the General Register Office

Parity of Mother	*Place of Delivery	Age of Mother								
		All Ages	Under 20	20-24	25-29	30-34	35-39	40-44	45+	
Legitimate	0	1	1,053	124	478	301	115	33	2	—
		2	52	6	29	15	2	—	—	—
		3	172	19	95	55	2	1	—	—
		4	10	1	7	1	1	—	—	—
	1	1	657	30	212	229	130	44	10	2
		2	37	—	9	21	6	—	1	—
		3	441	10	171	185	63	11	1	—
		4	5	—	4	1	—	—	—	—
	2	1	290	3	52	97	85	44	9	—
		2	16	—	1	5	4	4	2	—
		3	233	2	58	80	72	21	—	—
		4	2	—	—	—	2	—	—	—
	3	1	122	—	15	37	36	26	7	1
		2	8	—	1	3	3	1	—	—
		3	76	—	9	28	25	12	2	—
		4	—	—	—	—	—	—	—	—
	4	1	53	—	3	11	18	16	4	1
		2	1	—	—	—	1	—	—	—
		3	17	—	1	8	2	4	2	—
		4	—	—	—	—	—	—	—	—
5-9	1	50	—	—	8	15	20	7	—	
	2	2	—	—	—	1	1	—	—	
	3	14	—	—	3	9	2	—	—	
	4	—	—	—	—	—	—	—	—	
10+	1	2	—	—	—	—	—	2	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
Illegitimate	1	201	73	64	38	10	12	3	1	
	2	4	2	1	—	—	—	1	—	
	3	35	6	9	11	8	1	—	—	
	4	7	3	3	1	—	—	—	—	
Total	1	2,428	230	824	721	409	195	44	5	
	2	120	8	41	44	17	6	4	—	
	3	988	37	343	370	181	52	5	—	
	4	24	4	14	3	3	—	—	—	

\*Place of Delivery

1. N.H.S. Hospitals.

2. Non-N.H.S. Hospitals (mainly maternity homes).

3. At Home.

4. Other.

**STILL BIRTHS**

Age and parity of mother and place of occurrence during 1968

Statistics supplied by the General Register Office

Parity of Mother	*Place of Delivery	Age of Mother								
		All Ages	Under 20	20-24	25-29	30-34	35-39	40-44	45+	
Legitimate	0	1	20	2	7	8	3	—	—	—
		2	3	1	1	1	—	—	—	—
		3	3	1	2	—	—	—	—	—
		4	—	—	—	—	—	—	—	—
	1	1	7	—	1	4	2	—	—	—
		2	—	—	—	—	—	—	—	—
		3	2	—	1	1	—	—	—	—
		4	—	—	—	—	—	—	—	—
	2	1	5	—	1	3	1	—	—	—
		2	—	—	—	—	—	—	—	—
		3	1	—	—	1	—	—	—	—
		4	—	—	—	—	—	—	—	—
3	1	1	—	—	—	—	1	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
4	1	1	—	—	—	1	—	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
5-9	1	2	—	—	—	—	2	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
10+	1	—	—	—	—	—	—	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
Illegitimate	1	2	—	1	1	—	—	—	—	
	2	—	—	—	—	—	—	—	—	
	3	1	1	—	—	—	—	—	—	
	4	1	—	—	1	—	—	—	—	
Total	1	38	2	10	16	7	3	—	—	
	2	3	1	1	1	—	—	—	—	
	3	7	2	3	2	—	—	—	—	
	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>
19.4.68	10 minutes	F	Prematurity
21.8.68	10 minutes	M	Hydrocephaly
25.4.68	1 hour	M	Respiratory distress syndrome; prematurity
7.10.68	1 hour	M	Pulmonary atelectasis due to prematurity
24.10.68	1 hour	M	Extreme prematurity
22.12.68	5 hours	F	Hydrocephalus meningocele
4.6.68	6 hours	M	Respiratory distress syndrome; prematurity
28.6.68	6 hours	M	Prematurity
2.7.68	7 hours	F	Respiratory distress; prematurity; renal abnormalities
18.7.68	7 hours	F	Intrapartum asphyxia; prematurity, atelectasis
2.11.68	7 hours	M	Atelectasis; prematurity
16.6.68	8 hours	M	Multiple congenital abnormalities
15.7.68	8 hours	M	Hyaline membrane disease
28.1.68	9 hours	F	Extreme prematurity
23.7.68	9 hours	M	Respiratory distress, prematurity
28.9.68	9 hours	F	Respiratory distress syndrome
2.1.68	10 hours	M	Atelectasis
30.7.68	10 hours	F	Intrapartum anoxia
25.4.68	11 hours	M	Respiratory distress syndrome; prematurity
10.1.68	13 hours	M	Respiratory distress syndrome
6.2.68	16 hours	M	Respiratory distress syndrome; hypothermia
3.12.68	16 hours	F	Pneumonia; haemorrhagic disease of the newborn
16.4.68	20 hours	M	Prematurity
7.6.68	20 hours	M	Prematurity
11.10.68	20 hours	M	Intra ventricular haemorrhage; prematurity
25.2.68	1 day	F	Respiratory distress syndrome; prematurity
25.2.68	1 day	M	Respiratory distress syndrome
11.11.68	1 day	M	Cerebral haemorrhage; hypoglycaemia—pneumonic pulmonary haemorrhage
18.1.68	5 days	M	Respiratory distress syndrome; prematurity
8.1.68	1 week	F	Congenital heart disease; ventricular septal defect and coarctation of aorta
9.6.68	8 days	F	Congenital cyanotic heart disease; transposition of the great vessels
16.1.68	1 month	M	Dehydration; non-infective diarrhoea; milk intolerance
3.4.68	1 month	F	Uraemia due to hydronephrosis
4.4.68	1 month	F	Bronchopneumonia; whooping cough
8.4.68	1 month	F	Congenital heart disease (endocardial fibroelastosis)
29.12.68	6 weeks	M	Bronchiolitis
9.3.68	3 months	F	Bronchiolitis
25.5.68	3 months	F	Anoxia due to acute laryngo-tracheitis
17.11.68	3 months	M	Bronchiolitis
5.4.68	6 months	F	Anoxia due to acute tracheo-bronchitis
27.5.68	6 months	F	Congenital heart disease (ventricular septal defect)
4.9.68	6 months	F	Bronchopneumonia
12.9.68	6 months	F	Subdural haemorrhage due to fractured skull (road traffic accident)

*continued*



**Infant Mortality—contd.**

<i>Date of Death</i>	<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
26.12.68	6 months	M	Bronchopneumonia
1.12.68	8 months	M	Gastro-enteritis
2.11.68	9 months	M	Bronchopneumonia; mongolism
2.2.68	10 months	F	Gastro-enteritis
6.4.68	10 months	F	Gastro-enteritis
13.12.68	10 months	M	Bronchopneumonia; Down's Syndrome
4.5.68	11 months	M	Bronchopneumonia; transposition of the great vessels, hydrocephalus
14.12.68	11 months	F	Subarachnoid haemorrhage with fracture of the skull

**DEATHS FROM CANCER**

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>1968</i>	<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>	<i>1967</i>
Malignant neoplasm, stomach ...	31	31	19	17	50	48
Malignant neoplasm, lung, bronchus...	102	116	34	27	136	143
Malignant neoplasm, breast ... ..	1	—	42	54	43	54
Malignant neoplasm, uterus ... ..	—	—	14	18	14	18
Other malignant and lymphatic neoplasms ... ..	120	129	91	104	211	233
Totals ... ..	254	276	200	220	454	496

Rates per 1,000 of population

**Hillingdon**

**England and Wales**

All causes... .. 1.92  
 Lung and bronchus ... .. 0.57

All causes ... .. 2.31  
 Lung and bronchus ... .. 0.59



## CAUSES OF DEATH

The World Health Organisation has revised the international statistical classification of diseases, injuries and causes of death under 65 headings. The following table shows cause of death as given in the Registrar General's statistics, which are classified in accordance with the revised regulations.

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 & over	
B3 Bacillary Dysentery, Amoebiasis	M	1	—	—	1	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
B4 Enteritis and Other Diarrhoeal Diseases ... ..	M	1	—	1	—	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—	—	—	—	—
B5 Tuberculosis of Respiratory System ... ..	M	2	—	—	—	—	—	—	—	1	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	1	—	—	—
B6 Other Tuberculosis, including Late Effects ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	1	—	—	—	—
B18 Other Infective and Parasitic Diseases ... ..	M	1	—	—	—	—	—	—	—	—	1	—	—	—
	F	2	—	—	—	—	—	—	1	1	—	—	—	—
B19(1) Malignant Neoplasm—Stomach ... ..	M	31	—	—	—	—	—	—	3	1	7	14	6	—
	F	19	—	—	—	—	—	—	—	1	5	4	9	—
B19(2) Malignant Neoplasm—Lung, Bronchus ... ..	M	102	—	—	—	—	—	—	1	12	35	38	16	—
	F	34	—	—	—	—	—	—	1	1	11	14	7	—
B19(3) Malignant Neoplasm—Breast ... ..	M	1	—	—	—	—	—	—	—	—	—	—	1	—
	F	42	—	—	—	—	1	3	5	12	9	9	12	—
B19(4) Malignant Neoplasm—Uterus ... ..	M	14	—	—	—	—	—	—	—	1	5	5	3	—
	F	4	—	—	—	—	—	—	—	—	—	—	—	—
B19(5) Leukaemia ... ..	M	6	—	—	1	—	1	1	—	1	2	—	—	—
	F	4	—	—	—	—	1	—	—	—	—	1	2	—
B19(6) Other Malignant Neoplasms, etc. ... ..	M	120	—	—	2	—	2	8	13	37	32	26	—	—
	F	91	—	—	1	—	2	5	10	21	23	27	—	—
B20 Benign and Unspecified Neoplasms ... ..	M	7	—	—	—	—	—	1	1	3	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
B21 Diabetes Mellitus ... ..	M	10	—	—	—	—	—	—	1	—	2	2	5	—
	F	13	—	—	—	—	—	—	—	1	2	3	7	—
B22 Avitaminoses, etc. ... ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(1) Other Endocrine etc. Diseases ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	4	—	—	—	1	—	—	1	—	—	—	—	2
B23 Anaemias ... ..	M	2	—	—	—	—	—	—	—	—	—	—	—	2
	F	4	—	—	—	—	—	—	—	—	—	—	—	4
B46(2) Other Diseases of Blood, etc. ... ..	M	2	—	—	—	1	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(3) Mental Disorders ... ..	M	2	—	—	—	—	—	1	—	—	1	—	—	—
	F	3	—	—	—	—	—	—	—	1	1	—	—	1
B46(4) Other Diseases of Nervous System, etc. ... ..	M	9	—	—	1	—	1	—	2	2	1	1	2	—
	F	15	—	—	1	1	2	—	2	3	—	2	4	—
B26 Chronic Rheumatic Heart Disease ... ..	M	7	—	—	—	—	—	—	—	2	1	1	3	—
	F	26	—	—	—	—	—	—	1	3	8	7	7	—
B27 Hypertensive Disease ... ..	M	17	—	—	—	—	—	—	2	1	6	4	4	—
	F	35	—	—	—	—	—	—	—	—	3	7	25	—
B28 Ischaemic Heart Disease ... ..	M	325	—	—	—	—	—	1	13	41	102	83	85	—
	F	207	—	—	—	—	—	1	1	3	23	52	127	—
B29 Other Forms of Heart Disease	M	45	—	—	—	—	1	1	—	2	9	8	24	—
	F	56	—	—	—	—	—	1	—	1	5	12	37	—
B30 Cerebrovascular Disease ... ..	M	106	—	—	—	—	1	1	4	7	14	35	44	—
	F	164	—	—	—	—	—	—	—	8	14	31	110	—
B46(5) Other Diseases of Circulatory System ... ..	M	48	—	—	—	—	—	—	—	2	6	16	24	—
	F	44	—	—	—	—	—	—	—	1	7	6	30	—
B31 Influenza ... ..	M	2	—	—	—	—	—	—	—	—	1	—	1	—
	F	3	—	—	—	—	—	—	—	—	—	2	1	—
B32 Pneumonia ... ..	M	67	—	4	—	1	3	1	1	—	7	13	37	—
	F	87	—	2	—	—	—	—	—	—	5	11	69	—
B33(1) Bronchitis and Emphysema	M	97	—	—	—	—	—	—	—	3	22	36	35	—
	F	33	—	—	—	—	—	—	—	1	4	11	17	—



Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									
					1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 & over	
B33(2) Asthma ... ..	M	3	—	—	—	—	—	—	—	—	1	—	1	1
	F	1	—	—	—	—	—	—	—	—	—	1	—	—
B46(6) Other Diseases of Respiratory System ... ..	M	13	—	1	—	1	—	—	—	—	—	8	—	—
	F	11	—	4	—	—	—	—	—	1	1	1	1	4
B34 Peptic Ulcer ... ..	M	13	—	—	—	—	—	—	—	1	—	5	3	4
	F	12	—	—	—	—	—	—	—	1	—	1	2	8
B36 Intestinal Obstruction and Hernia ... ..	M	2	—	—	—	—	—	—	—	—	—	1	1	—
	F	4	—	—	—	—	—	—	1	1	—	—	—	2
B37 Cirrhosis of Liver ... ..	M	2	—	—	—	—	—	—	1	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	1	—	—
B46(7) Other Diseases of Digestive System ... ..	M	9	—	1	—	—	—	—	1	—	—	4	3	—
	F	15	—	1	—	—	1	—	—	1	—	6	3	3
B38 Nephritis and Nephrosis ... ..	M	3	—	—	—	—	—	—	1	1	—	—	—	1
	F	1	—	—	—	—	—	—	—	—	—	—	1	—
B39 Hyperplasia of Prostate ... ..	M	5	—	—	—	—	—	—	—	—	—	1	2	2
B46(8) Other Diseases, Genito-Urinary System ... ..	M	4	—	—	—	—	—	—	—	—	—	1	1	2
	F	12	—	—	—	—	—	—	—	1	—	1	2	8
B40 Abortion ... ..	F	1	—	—	—	—	—	1	—	—	—	—	—	—
B46(9) Diseases of Skin, Subcutaneous Tissue ... ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1	—
B46(10) Diseases of Musculo-Skeletal System ... ..	M	1	—	—	—	—	—	—	—	—	—	—	—	1
	F	5	—	—	—	—	—	—	—	1	—	1	2	1
B42 Congenital Anomalies ... ..	M	10	2	1	1	3	—	1	—	—	1	1	—	—
	F	9	4	3	1	—	—	—	—	—	—	—	1	—
B43 Birth Injury, Difficult Labour, etc. ... ..	M	16	16	—	—	—	—	—	—	—	—	—	—	—
	F	4	4	—	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality ... ..	M	2	2	—	—	—	—	—	—	—	—	—	—	—
	F	4	4	—	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill-defined Conditions ... ..	M	2	—	—	—	—	1	—	—	—	—	—	—	1
	F	5	—	—	—	—	—	—	—	—	—	—	—	5
BE47 Motor Vehicle Accidents ... ..	M	18	—	—	—	2	5	1	5	—	2	3	3	—
	F	8	—	1	1	1	1	—	—	—	—	1	1	3
BE48 All Other Accidents... ..	M	13	—	—	—	1	1	1	3	1	3	1	1	2
	F	7	—	—	—	—	—	—	—	1	—	1	1	5
BE49 Suicide and Self-inflicted Injuries ... ..	M	13	—	—	—	—	—	2	2	3	3	2	2	1
	F	7	—	—	—	—	—	1	3	2	—	—	—	1
BE50 All Other External Causes ... ..	M	6	—	1	—	—	—	—	1	2	2	—	—	—
	F	2	—	—	—	—	—	1	—	1	—	—	—	—
Total All Causes ... ..	M	1,148	20	9	6	10	15	15	49	98	289	304	333	
	F	1,013	12	12	4	4	7	8	20	52	138	215	541	

### Infectious Diseases

The number of measles cases notified increased considerably, but this was expected as 1968 was a "measles year"—following the 18 months to 2 years cycle which is usual with this disease. It is anticipated that with the introduction of a safe and effective vaccine against measles, outbreaks similar to the one experienced this year will become a rarity.

Of the 111 cases of known food poisoning, 46 were individual or family outbreaks. The remaining 65 cases occurred in one incident, when 100 persons partook of a meal in an Industrial Canteen. The organism clostridium welchii was isolated, as is frequently found in instances where part of the meal consists of pre-cooked meat, which is reheated. One cannot emphasise too strongly the dangers associated with this method of food preparation.

During the year there was an outbreak of sonne dysentery at a Primary School in the area, when 52 schoolchildren developed the disease and 41 home contacts were also affected. Despite advances in medical treatment and improvement in the general standard of living, sonne dysentery remains a



problem throughout the country, and periodic outbreaks continue to occur, particularly in schools and institutions. The early stages of an outbreak are difficult to detect, and can only be diagnosed in retrospect. The first line of defence, as in all intestinal infections, is the washing of hands before meals and after using the toilet. This, of course, is an aspect of health education which should constantly be borne in mind by all members of the public.

The following Table shows the incidence of infectious diseases during 1968.

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	1968	1967	1968	1967
Scarlet Fever ... ..	2	15	29	64	11	4	4	129	137	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	12	22	37	44	4	1	3	123	107	—	—
Measles ... ..	17	122	136	183	6	6	1	471	3,481	—	—
Meningococcal Infection ... ..	—	1	—	1	—	—	1	3	—	—	—
Poliomyelitis (Paralytic) ... ..	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic) ... ..	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (Infective) ... ..	—	1	1	1	—	—	1	4	1	—	—
Acute Encephalitis (Post Infective) ... ..	—	—	—	—	—	—	—	—	4	—	—
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ... ..	—	—	—	—	—	—	26	26	23	154	134
Typhoid ... ..	—	—	—	—	—	1	1	2	1	—	—
Paratyphoid ... ..	—	—	—	—	—	—	—	—	1	—	—
Dysentery ... ..	9	21	29	78	18	13	60	228	61	1	—
Food poisoning ... ..	1	4	8	13	4	1	80	111	290	—	—
Puerperal Pyrexia ... ..	—	—	—	—	—	—	28	55	83	144	—
Tuberculosis, Respiratory ... ..	1	2	—	1	4	8	32	48	51	3	4
Tuberculosis, Other ... ..	—	—	—	—	—	1	13	14	18	1	1
Erysipelas ... ..	—	—	—	—	—	—	8	8	10	—	—
Infective Jaundice ... ..	—	—	1	1	2	4	9	17	—	—	—

## Health Control Unit, London (Heathrow) Airport

During 1968 alterations and enlargement of passenger buildings resulted in a feeling of insecurity on the part of the personnel of the Health Control Unit because their future final location and accommodation was indefinite.

The passenger flow in and out of Heathrow in 1968 was 13,264,787. Five years ago the figure was 8,180,000. Now, the Boeing 747's are due to come into service during 1970, Pan American World Airways, Trans World Airlines and British Overseas Airways Corporation will each have these large aircraft in operation on the North Atlantic route.

### Staff

The medical establishment was raised from 7 to 9 during the year, largely because of the amendments to the Commonwealth Immigrants Act, whereby all wives, children and dependants of voucher holders were required to be examined.

With effect from 1st January, 1969, the nursing staff will cease to be on the establishment of the Borough of Hillingdon, and instead will be absorbed by the British Airports Authority.

### Port Health

Vaccinations against smallpox which were done at Heathrow in 1968 totalled 10,293. This compares with 9,158 in 1967 and 7,140 in 1966.

The number of arriving passengers, who required to be isolated, because they had come from infected local areas, was 46, compared with 20 in the previous year. The majority were those who had



come from Pakistan and India; one or two only had come from East and West Africa. One reason why there has been this increase is that all immigrants, including wives and children, now require to be medically inspected, since the Commonwealth Immigrants Act was amended early in the year, and in the course of examination, children were often found to have no evidence of a successful primary vaccination, despite the possession of an international certificate of revaccination.

Cholera vaccinations rose from 261 in 1967 to 327 in 1968, and yellow fever from 47 in 1967 to 73 in 1968.

**Mental Illness**

The number of mentally ill persons who were given assistance at the Airport during the year was 157.

The Mental Welfare Officers were required to come to the Airport on 92 occasions.

**Statistics**

	<i>1.1.68 to 30.6.68</i>	<i>1.7.68 to 31.12.68</i>	<i>Total</i>
Total number of aircraft arriving: ... ..	34,429	39,439	73,868
Number of passengers arriving:—			
British ... ..	1,177,452	1,491,818	2,669,270
Alien ... ..	856,517	1,123,339	1,979,856
Total ... ..	2,033,969	2,615,157	4,649,126

**Sources of Aircraft**

	<i>Jan. 1st–June 30th</i>		<i>July 1st–Dec. 31st</i>		<i>Total</i>	
	<i>Aircraft</i>	<i>Passengers</i>	<i>Aircraft</i>	<i>Passengers</i>	<i>Aircraft</i>	<i>Passengers</i>
From Excepted Area	15,359	845,948	17,553	1,098,390	32,912	1,944,338
Europe Outside						
Excepted Area ...	8,787	513,986	10,100	690,848	18,887	1,204,834
North America ...	4,731	334,582	5,779	439,827	10,510	774,409
Central & S. America	551	43,917	663	53,614	1,214	97,531
Africa ... ..	1,535	98,157	1,594	103,971	3,129	202,128
Asia ... ..	3,466	197,379	3,750	228,507	7,216	425,886
Totals ... ..	34,429	2,033,969	39,439	2,615,157	73,868	4,649,126



No. of Aircraft issued with Disinsectization Certificates	...	...	...	...	...	...	...	706
No. of Aliens inspected under Aliens Order	...	...	...	...	...	...	...	5,351
No. of Aliens refused entry	...	...	...	...	...	...	...	25
No. of Forms Port 12 issued	...	...	...	...	...	...	...	40
No. of Commonwealth Immigrants examined	...	...	...	...	...	...	...	46,828
No. of Commonwealth Immigrants refused entry	...	...	...	...	...	...	...	53
No. of Forms Port 23 issued	...	...	...	...	...	...	...	124
No. of Immigrants X-rayed	...	...	...	...	...	...	...	9,585
No. of Long-Stay Immigrant Notifications sent to Medical Officers of Health	...	...	...	...	...	...	...	45,629
No. of Surveillance Notifications sent to Medical Officers of Health	...	...	...	...	...	...	...	2,949
No. of Smallpox Vaccinations carried out	...	...	...	...	...	...	...	10,293
No. of Cholera Vaccinations carried out	...	...	...	...	...	...	...	327
No. of Yellow Fever Vaccinations carried out	...	...	...	...	...	...	...	73
No. of Passengers and Visitors sick and treated	...	...	...	...	...	...	...	1,824
No. of sick Staff treated	...	...	...	...	...	...	...	2,942
No. of Ambulance cases	...	...	...	...	...	...	...	1,566
No. of Car cases	...	...	...	...	...	...	...	3,508
No. of cases seen by Mental Welfare Officer	...	...	...	...	...	...	...	92
No. of British Airports Authority employees medically examined	...	...	...	...	...	...	...	258

### Medical Inspection of Aliens

During the year, 5,351 aliens were referred for medical inspection, compared with 5,314 in 1967. Forms "Port 12" were issued on 40 occasions. Twenty-five aliens were refused entry on grounds of health, and mental instability accounted for fifteen of these cases.

In the latter part of the year, a few women were observed to be entering the United Kingdom for the purpose of having their pregnancies terminated; in particular, they were observed to come from Germany and the United States. This practice was associated with the coming into force of the Abortions Act.

### Medical Inspection of Commonwealth Immigrants

The Commonwealth Immigrants Act 1962 was amended during the year. As a result and with effect from the beginning of March, the medical inspectors were required to examine all wives and children of voucher-holders, hitherto exempted. These examinations were, of course, additional to those already required for voucher-holders, who had not been examined in their country of origin, students, dependants and other categories of immigrant.

The figure of 46,828 for 1968 reflects the impact of the amendments to the Act on the work carried out by the medical inspectors. This figure compares with a figure of 16,061 for 1967. The brunt of the work fell upon the medical inspectors in Terminal 3, and as has been pointed out elsewhere in the Report, it was necessary to increase the medical establishment by two.

Comparative figures over the last five years are:—

1964	...	...	...	...	...	12,531
1965	...	...	...	...	...	13,249
1966	...	...	...	...	...	12,516
1967	...	...	...	...	...	16,061
1968	...	...	...	...	...	46,828

Of the total examined, 34,821 were either voucher-holders, wives or children, whilst 11,927 were in the category of student or elderly dependant (other than a wife). Fifty-six immigrants were referred because they gave their health as a reason for their visit to the United Kingdom, whilst twenty-four



immigrants were referred because they appeared to the immigration authorities not to be in good health physically or mentally.

The practice of examining voucher-holders in their country of origin spread to most of the Commonwealth countries during the year. The initial medical examination, together with a chest X-ray, is carried out by an approved medical officer and his findings are subsequently referred to a medical referee who either passes the voucher-holder or rejects him. A "Form XY" is then issued to the immigrant on which is indicated by a code letter his state of health. This is presented at the port of arrival to the medical inspector, who in turn passes the form to the destination Medical Officer of Health.

### Ambulance Cases

Invalids requiring ambulance transport, arriving or leaving the Airport, totalled 1,566; those using a car totalled 3,508.

### Smallpox

There was one case of smallpox imported from Pakistan during the year. The patient was a boy aged fifteen years who arrived at Heathrow on 24th February by Pakistan International Airlines. He subsequently became ill and smallpox was suspected on 29th February. This was later confirmed.

On three occasions, it was necessary to call upon one of the smallpox consultants so that the skin lesions could be inspected and smallpox definitely excluded.

The number of telex communications received at the Airport under the Administrative Arrangements from countries signatory to the Partial Agreement was 226. Of these, 167 were from Rome, 38 from Amsterdam, 13 from Athens, 6 from Paris and one each from Brussels and Dublin.

Fourteen similar messages were despatched by telex to Health Control centres in Western European countries.

### Pulmonary Tuberculosis

Eighty-nine persons were discovered to have active pulmonary tuberculosis during the year. The breakdown was:—

Indian	...	...	...	...	...	55
Pakistani	...	...	...	...	...	27
Hongkong	...	...	...	...	...	3
African	...	...	...	...	...	3
Stateless	...	...	...	...	...	1

Thirty-nine immigrants were refused landing because of the condition; thirty-eight were repatriated to their country of origin whilst the thirty-ninth absconded whilst under hospital detention.

Ten immigrants with pulmonary tuberculosis were landed contrary to medical recommendation and the destination Medical Officer of Health was notified on each occasion. Two immigrants who were so landed were admitted directly into local hospitals.

The total number of notifications sent out to Medical Officers of Health advising that the immigrant should be referred to a local chest clinic for observation was 253. By the end of the year, advice had been received that in 40 of these 253 cases, investigations had proved positive.

The breakdown of these 40 cases was:—

Indian	...	...	...	...	...	19
Pakistani	...	...	...	...	...	16
Hongkong	...	...	...	...	...	3
African	...	...	...	...	...	1
Stateless	...	...	...	...	...	1



### **X-Ray Unit**

The number of immigrants X-rayed during the year showed a sharp rise over the previous two years. The figure of 9,585 compares with 6,215 in 1967 and 6,949 in 1966. This figure would have been considerably higher had there been better facilities and better accommodation, but the Radiographer continues to work under extremely difficult conditions.

### **Aircraft Accidents**

There were unhappily two accidents to record during the year. On April 8th a Boeing 707 belonging to B.O.A.C. crashed on landing. Five passengers lost their lives and there were a hundred and twenty-one survivors. Of these, twenty-two casualties were sent to Hillingdon Hospital and ten to Ashford Hospital. On July 3rd, an "Elizabethan" belonging to B.K.S. Airlines and carrying a cargo of horses, crashed on landing, killing six persons on board and several horses. Of the six survivors, four were admitted to Hillingdon Hospital.

The total number of aircraft movements in 1968 was 247,417, an increase of 11,041 over 1967.

**Personal Health Services**





## Personal Health Services

### DAY NURSERIES

The Borough maintains, as in previous years, four Day Nurseries. These provide a total of 200 places, but, as before, in an emergency each Nursery can accommodate an additional 10 children, thus enabling urgent admissions to be made to cover such domestic upheavals as a Mother's serious illness or admission to Hospital. The criteria for admission are briefly as follows:—

- (a) the children of an unsupported mother (e.g. unmarried, widowed, divorced or separated);
- (b) children whose home conditions are unsatisfactory from the health point of view;
- (c) children whose mothers are incapable of caring for them adequately;
- (d) handicapped children (i.e. partially, or completely deaf, maladjusted or partially sighted).

The maximum daily charge is 26/–, but comparatively few mothers pay this amount, as the charge is scaled down where applicable according to the Council's assessment scale.

Quarter Ended	No. of children on register at end of quarter		Total Attendances			Number of Days Open	Average Daily Attendances
	Under 2	2–5 years	Under 2	2–5 years	Total		
March	45	136	2,216	7,025	9,241	65	142.2
June	46	125	2,288	6,722	9,010	62	145.3
September	53	115	2,436	6,678	9,114	65	140.2
December	47	125	2,379	6,690	9,069	63	144

(Plates 2 and 3 show popular Day Nursery activities).

### CLINICS

The Borough holds Clinic sessions at the 20 premises listed below. Ten of these are purpose built, and the remainder are hired. In addition 2 mobile clinics operate in those parts of the area which are not easily accessible to a Clinic. (Plate 1 illustrates the new mobile Clinic).

#### Purpose-Built Clinics

- Elers Road, Hayes. 1, 2, 3, 4, 5, 6, 9, 12.
- Grange Park, Lansbury Drive, Hayes. 1, 2, 3, 4, 5, 6, 7, 9.
- Harefield, Park Lane, Harefield. 1, 3, 4, 5, 6, 9.
- Ickenham, Long Lane, Ickenham. 1, 2, 3, 4, 5, 6, 9, 10.
- Laurel Lodge, Harlington Road, Hillingdon. 1, 2, 3, 4, 5, 6, 9, 13, 14.
- Minet, Coldharbour Lane, Hayes. 1, 2, 3, 4, 5, 6, 7, 9, 13, 14.
- Oak Farm, Long Lane, Hillingdon. 1, 2, 3, 4, 5, 6, 9.
- Ruislip Manor, Dawlish Drive, Ruislip. 1, 2, 3, 4, 5, 6, 7, 9.
- Uxbridge, Council Offices, High Street, Uxbridge. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13.
- West Mead, West Mead, South Ruislip. 1, 2, 3, 4, 5, 6, 7, 9, 13.



**Clinics in Rented or Adapted Premises**

- Cavendish Pavilion, Eastcote. 1, 5.  
 Harmondsworth, (Old School), Moor Lane, Harmondsworth. 1, 5.  
 Haydon Hall, Community Building, Joel Street, Eastcote. 1, 2, 3, 5.  
 Hayes End, Methodist Church Hall. 1, 5.  
 Manor Farm, Ruislip. 1, 2, 3, 4, 5.  
 Maurice Child Memorial Hall, Carfax Road, Hayes. 1, 5.  
 Northolt Grange, Edwards Road, Northolt. 1, 5.  
 (London Borough of Ealing premises.)  
 Northwood, Ryefield Court, Ryefield Crescent. 1, 2, 3, 4, 5, 6, 9, 14.  
 Queen's Hall, Station Road, Hayes. 1, 2, 5.  
 Yiewsley, 20 High Street, Yiewsley. 1, 2, 3, 4, 5, 6, 9, 13, 14.

**Mobile Clinic—Areas Served**

- Barra Hall Circus. 1, 5.  
 Charville Estate. 1, 5.  
 Cowley. 1, 5.  
 Cranford Cross Estate. 1, 5.  
 Glebe Estate, West Drayton. 1, 5.  
 Harefield. 1.  
 Harlington. 1.  
 Northwood, The Grange. 1, 5.  
 Ruislip Gardens. 2, 5.  
 Sidmouth Drive, South Ruislip. 1.  
 Sipson. 1, 5.  
 Wise Lane Estate, West Drayton. 1, 5.  
 Yeading. 1, 5.

**Key to Services**

- |                                 |                   |
|---------------------------------|-------------------|
| 1. Child Welfare                | 8. Orthoptic      |
| 2. Ante-natal                   | 9. Dental         |
| 3. Mothercraft and Relaxation   | 10. Orthodontic   |
| 4. School Health                | 11. Orthopaedic   |
| 5. Immunisation and Vaccination | 12. Physiotherapy |
| 6. Speech Therapy               | 13. Chiropody     |
| 7. Ophthalmic                   | 14. Cytology      |

**MATERNAL AND CHILD HEALTH**

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>
10+2 Mobiles	2	8	22

**Ante-natal and post-natal clinics**

Ante-natal and post-natal clinics are provided at 15 clinics and 796 sessions were held during the year.

<i>Number of women in attendance</i>		<i>Number of sessions held by</i>		<i>Total Number of Sessions</i>
<i>For ante-natal examination</i>	<i>For post-natal examination</i>	<i>Medical Officers</i>	<i>Midwives</i>	
1,527	17	27	769	796

**Mothercraft and Relaxation**

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

Number of women who attended during the year	(a)	Institutional booked	718
	(b)	Domiciliary booked	269
	(c)	Total	987
Total number of attendances during the year			6,346

**Child Welfare Clinics Provided by the Council**

<i>Number of centres provided at end of 1968</i>	<i>Average number of child welfare sessions held per month</i>	<i>Number of children who attended during 1968 and who were born in:—</i>			<i>Total number of children who attended during 1968</i>	<i>Total attendances during 1968</i>
		<i>1968</i>	<i>1967</i>	<i>1963-66</i>		
21	193	3,250	3,018	5,362	11,630	76,690

**Care of the Unsupported Mother**

The following table shows the number of unsupported mothers who required help during the year. The figures are still low as commented upon in the previous report, and continue to show a downward trend. It is likely that a proportion of unmarried girls who become pregnant receive the backing that they need within their own families.

	1968	1967	1966	1965
Cases admitted to local authority homes ... ..	16	15	16	34
Cases admitted to voluntary homes ... ..	29	33	44	61
	45	48	60	95
Interviewed and advised, but not requiring admission to a home ... ..	8	26	20	11
	53	74	80	106



### PRIORITY DENTAL SERVICE

A large number of expectant and nursing mothers receive treatment from their own private practitioners and as a consequence there was a decline in the number attending the dental clinics. It is now uncommon at any stage of pregnancy to find patients with many decayed and septic teeth, and numerous general anaesthetic sessions for extractions of large numbers of teeth is now no longer necessary. More and more girls on leaving school obtain regular dental attention under the National Health Service and therefore reach maturity with reasonable dental fitness. However, it still remains a duty of a Local Health Authority to provide dental treatment for expectant and nursing mothers, even though the need for this at the local authority's dental clinics has diminished considerably. There remains a fair number of children of pre-school age whose parents prefer dental care at the clinics.

Dental Health Education is an important function of these services, and in addition the fluoridation of water would have particular impact on the coming generations.

#### Priority Dental Service Statistics

<i>Attendances and Treatment</i>	<i>Children Under 5</i>	<i>Expectant and Nursing Mothers</i>
First visit ... ..	461	115
Subsequent visits ... ..	572	245
Total visits ... ..	1,033	360
Number of Additional Courses of Treatment Commenced ... ..	16	8
Treatment Provided:		
Number of fillings ... ..	938	336
Teeth filled ... ..	764	247
Teeth extracted ... ..	267	47
General anaesthetics ... ..	121	7
General anaesthetics given by dental officers ... ..	—	—
Emergency visits by patients ... ..	32	6
Patients X-rayed ... ..	—	12
Patients treated by scaling, etc. ... ..	19	39
Teeth otherwise conserved ... ..	279	—
Teeth root filled ... ..	—	5
Inlays ... ..	—	2
Crowns ... ..	—	4
Number of courses of treatment completed during the year ... ..	340	88

#### Prosthetics

Patients supplied with full upper or full lower (first time) ... ..	15
Patients supplied with other dentures ... ..	12
Number of dentures supplied ... ..	30



**Prosthetics**

<i>Inspections</i>	<i>Children Under 5</i>	<i>Expectant and Nursing Mothers</i>
Number of patients given first inspections ... ..	665	99
Number of patients who required treatment ... ..	385	85
Number of patients who were offered treatment ... ..	374	85

**Sessions**

Number of dental officers sessions devoted to maternity and child welfare patients (for treatment) ... ..	219
Total Number of Dental Officer Sessions ... ..	2,584

**MIDWIFERY SERVICE**

The Domiciliary Midwifery Service was carried on on the same lines as in previous years, and during 1968 there were 1,047 home confinements. During the year 1,339 expectant mothers were booked for home confinements and full antenatal care, including blood tests, relaxation and mothercraft training was given. However, some of these mothers were transferred to other areas in the country before the expected date of delivery, and 265 were admitted into the Hospital before or during labour. 249 of these mothers were discharged soon after delivery, and they were nursed at home. In addition, 120 of the mothers booked for Hospital delivery were discharged early for various reasons and they were nursed at home.

All domiciliary midwives have excellent working arrangements with the local general practitioners and every effort is made to maintain, and if possible improve, this co-operation. In addition all midwives served for four days each in the Duchess of Kent Maternity Unit at Hillingdon Hospital. This was done firstly to give assistance in the Maternity Unit at a time of staff shortage, and secondly to become familiar with Hospital methods and routine. Throughout the year and earlier, discussions had been proceeding with a view to commencing a scheme for the Hospital delivery of selected domiciliary cases. It was intended that these cases should be delivered in the Hospital by the domiciliary midwife concerned, who would then, in conjunction with the general practitioner, arrange for the case to be returned home, and the remainder of the nursing care given there. The development of this scheme will be described in the next Annual Report.

The midwifery establishment consists of the Non-Medical Supervisor of Midwives, the Deputy Non-Medical Supervisor and 22 full-time midwives. Every effort is made to keep the midwives up-to-date, both as regards their equipment and knowledge, and refresher courses are undertaken according to the Central Midwives Board rules. During the year 27 pupil midwives completed Part II training, and were successful in the examination for State Certificate. In addition, 52 Obstetric Nurse Students were received for practical experience in domiciliary midwifery.

**HEALTH VISITING**

A Health and Advisory service to families and individuals operates, and is ever widening. Health Visitors continue to visit the vulnerable groups in the community and make assessments to prevent mental, physical and emotional ill health and its consequences, but their recommendations cannot always be put into operation because of restrictions in manpower and resources of the appropriate services. Liaison with professional and social work staffs of local authorities and hospitals and also general practitioners is maintained.



General nurse training is expanding to give a greater appreciation of patients' needs out of hospital, and so there is the growing development of integrated courses for State registration/District Nurse and/or Health Visiting qualifications. Medical education also is undergoing change.

Since the training of Health Visitors is built on nurse training, and her employment associates her with doctors, changes are bound to be apparent.

During the year several reports were published, two of which were the report of the Committee on Local Authority and Allied Personal Social Services (Seebohm) and the Green Paper on the National Health Service—the Administrative Structure of the Medical and Related Services in England and Wales. Any eventual recommendations will no doubt have repercussions on the Health Visiting service, but whatever the administrative structure within which Health Visitors are required to work, their main roles will be unaltered.

### Health Visiting Statistics

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

<i>Cases Visited</i>	<i>Number of Cases</i>
1. Total number of cases ... ..	17,998
2. Children born in 1968 ... ..	3,868
3. Children born in 1967 ... ..	3,496
4. Children born in 1963-66 ... ..	8,893
5. Total number of children in lines 2-4 ... ..	16,257
6. Persons aged 65 or over ... ..	721
7. Number included in line 6 who were visited at the special request of a G.P. or hospital ... ..	192
8. Mentally disordered persons ... ..	152
9. Number included in line 8 who were visited at the special request of a G.P. or hospital ... ..	31
10. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) ... ..	27
11. Number included in line 10 who were visited at the special request of a G.P. or hospital ... ..	14
12. Number of tuberculous households visited ... ..	1
13. Number of households visited on account of other infectious diseases ... ..	171
14. Other cases ... ..	669
15. Number of tuberculous households visited by tuberculosis visitors ... ..	406
16. Families with a subnormal child ... ..	140

### HOME NURSING

The present establishment is a Superintendent, her Deputy and 34 District Nurses. Twenty of these district nurses are in possession of the Ministry National Certificate of District Nursing and/or Queen's Institute Certificate and Badge.

The Borough is a registered area for district nurse training and the students receive their practical instruction from the Superintendent, and the theoretical instruction is given at Chiswick Polytechnic. Four of the district nurses—who are State Registered Nurses, qualified Midwives, possessing District Nursing Certificates and also undertook an instruction course—are now responsible for the training of the integrated students from Hillingdon Hospital.



In addition to their work, most of the district nurses take part in the training of the third year students from four of the local hospitals. Attachment schemes with four groups of general practitioners are working extremely well and the patients are treated promptly. I am pleased to report that Doctors and Nurses are very happy with these arrangements.

One District Nurse acts as a liaison officer between the Geriatric Unit and the district, thus quick information is passed around regarding admissions and discharges of patients.

There is a marked increase in the number of geriatric and young chronic sick who require a great amount of care by the District Nurse. Some of these cases are very heavy indeed, and to facilitate their nursing care eight hoists are in use, and it is hoped to have one or two more in the very near future. A fair amount of disposable equipment is also used. During the year 3,184 patients were nursed and 2,254 of these were over 65 years of age.

There is a scheme, which operates extremely well, for the loan of various types of nursing equipment from the British Red Cross Society, and we are most grateful to all the Red Cross Officers for their co-operation. During the year 1,775 loans were made.

	1968	1967
Total number of persons nursed during the year ... ..	3,148	3,139
Number of persons who were aged under 5 at first visit ...	22	37
Number of persons who were aged 65 or over at first visit	2,254	2,129

#### General Practitioner Attachment

During the year an approach was made by a firm of General Practitioners regarding home nurse attachment. The group was expanding to include four doctors, the premises were being enlarged and the receptionist staff re-organised. The practice was reasonably compact in area and it seemed an excellent opportunity for attachment. Preliminary discussions took place between the senior General Practitioner, a Principal Medical Officer and nursing staff, in order to explore the needs of the practice and the services to be made available by the local authority staff. Two health visitors and one home nurse were attached to the group, the home nurse doing surgery work in the main, but some emergency visiting, and acting as liaison officer to her colleagues. As no regular time was set aside for obstetric work, the matter of attaching midwives to the practice was left in abeyance. The scheme started in October and was subject to review after some months.

In another part of the Borough, a group of two doctors enquired about health visitor attachment. The circumstances here were different, as the area covered was more scattered, and it did not seem practicable to make the same type of arrangement. In this case one health visitor had the biggest number of families who were on the doctor's list. She arranged to visit the surgery regularly for discussion of problems which concerned her directly, and to act as a link with those of her colleagues who were also involved. As a very good social relationship already existed in this district between the doctors and nurses, this scheme needed minimal encouragement and arrangement, and has worked very well.

In two other practices a home nurse attends daily and acts as a surgery nurse, and in Harefield which is geographically distinct, General Practitioners carry out the immunisation and vaccination procedure in the local clinic, while the midwife attends the surgery ante-natal clinic.

By the end of 1968 a request for attachment was received from yet another group of General Practitioners.

There is a growing awareness of the benefits to be gained by both sides from these schemes, but a great deal of thought and preparation is required in arranging them. It is vital that the personalities of those working together should blend satisfactorily and a lot of General Practitioners do not realise fully the scope of the health visitor, her potentialities and her limitations. Furthermore they are not always prepared for the fact that her activities may make more work for them, although in the long run there is greater benefit to both patients and doctors. In the same way there is a danger that the



home nurse, and to a lesser extent the midwife, may be looked upon simply as a (cheap) surgery nurse, and a lot of her potential be lost. However, nothing but good can come of the preliminary steps tending towards a closer integration of the local authority and practitioner services to the general public.

### OBSERVATION REGISTER

An explanation of the Observation Register and its purpose in keeping under review those children potentially "at risk" was given in the report last year.

The following table shows the numbers of those who are known to need, or it is thought may require, special arrangements for their care and attention, and also the total numbers of children on the register.

	Year of Birth					Total
	1964	1965	1966	1967	1968	
Defective Vision ... ..	1	3	1	4	3	12
Defective Vision with Mental Defect ...	1	—	—	—	—	1
Defective Hearing ... ..	1	2	4	5	1	13
Mental Defect ... ..	11	18	12	6	5	52
Mongolism ... ..	3	5	6	6	1	21
Autism ... ..	—	1	—	—	—	1
Spastic ... ..	3	4	2	1	—	10
Epilepsy ... ..	2	4	—	—	—	6
Heart Disease ... ..	3	1	3	7	2	16
Spina Bifida ... ..	3	3	2	4	3	15
Congenital Dislocation of Hip ...	1	2	—	2	—	5
Fibrocystic Disease of Pancreas ...	2	—	—	—	3	5
Diabetes ... ..	1	1	—	—	—	2
Haemophilia ... ..	—	1	—	—	—	1
Cretinism ... ..	—	—	1	—	—	1
Other Physical Handicap ... ..	5	5	6	8	1	25
Totals ... ..	37	50	37	43	19	186
Total numbers on Register ...	79	87	127	367	441	1,101

Total number on Register at the end of each of the previous five years was:—

1964	...	...	...	460
1965	...	...	...	557
1966	...	...	...	710
1967	...	...	...	928
1968	...	...	...	1,101

It will be seen from the above that the total number on the Register has increased to over 1,100 during the five year period, when the total live births were 18,942. As the incidence of handicap is little more than 1% of births, it can be assumed that the great majority of children on the Register will not suffer any permanent handicap. An Observation Register which contains 1 in 19 of live births distorts the picture and unnecessarily increases the administrative and clinical problems associated with proper routine follow up.

In future years it will be necessary to look more closely at the criteria used in deciding which children should be placed on the register, because if the total number becomes too unwieldy due to the inclusion of many children whose at risk factors are questionable, then the time available to medical officers for assessment will be restricted, and this should be avoided.



### DIPHTHERIA IMMUNISATION

The Borough has been free from diphtheria since 1949.

While the disease is no longer epidemic in this country, small outbreaks do occur, and I cannot over-emphasise the constant need for immunisation in order to keep it under control.

It will be noted from the following table that since large-scale immunisation was instigated diphtheria has almost disappeared.

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	—
1966	5	—	19	—
1967	—	—	9	—
1968	1	—	15	—

### POLIOMYELITIS IMMUNISATION

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

Year of Birth	Primary Courses			Reinforcing Doses		
	Salk Injection	Sabin Oral	Total	Salk Injection	Sabin Oral	Total
1968	—	229	229	—	—	—
1967	64	1,988	2,052	20	350	370
1966	6	487	493	12	274	286
1965	—	132	132	7	1,114	1,121
1961-64	10	386	396	48	1,664	1,712
Others under age 16	2	77	79	11	227	238
Totals	82	3,299	3,381	98	3,629	3,727



### 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	24	—
3-6 months	78	—
6-9 months	27	1
9-12 months	106	2
1 year	999	13
2-4 years	1,262	132
5-15 years	286	729
Total	2,782	877

The aforementioned figures include 167 children vaccinated and 536 children re-vaccinated at London Airport.

#### Vaccination at London Airport

In 1968 there were 9,590 adult persons vaccinated. Not all these vaccinations were performed on arriving passengers as in certain circumstances it was necessary to vaccinate outgoing passengers.

#### Vaccination against Measles

The Ministry of Health Circular 9/68 gave approval for arrangements to be made by local health authorities to vaccinate children up to and including the age of 15 years who were susceptible because they had neither been immunised nor had had measles. These came into operation in May, 1968.

At the end of the year the number of persons who had received vaccination against measles was as follows:—

<i>Born in Year</i>					
1968	...	...	...	...	47
1967	...	...	...	...	466
1966	...	...	...	...	560
1965	...	...	...	...	551
1961-1964	...	...	...	...	1,791
Others under 16	...	...	...	...	2,402
					<hr/> 5,817 <hr/>

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
1968	—	—	—	—	24	364	—	—	—	—	—	—	—	—
1967	—	—	—	—	64	1,866	—	—	—	2	—	366	482	—
1966	—	—	—	—	43	303	—	—	—	2	—	519	796	—
1965	—	—	3	—	26	50	—	—	—	2	—	70	92	—
1961-64	—	—	13	—	59	249	—	7	—	32	—	2,058	722	—
Others under age 16	—	—	89	—	31	6	—	—	—	310	—	1,132	169	—
Totals	—	—	105	—	247	2,838	—	7	—	348	—	4,145	2,261	—



### Immunisation and Vaccination

Early in 1968 the Ministry of Health (since re-named the Department of Health and Social Security) published a revised recommended schedule for the routine protection of children against various diseases, and this was brought into effect from 1st March. It is a very acceptable programme as the number of visits to the doctor is reduced to a minimum but the level of protection is maintained. The first doses are given at 6 months of age, consisting of oral poliomyelitis vaccine and combined diphtheria, tetanus and whooping cough by injection at the same visit. These courses run concurrently and are completed within 9 months, followed by booster doses at school entry. Initial vaccination against smallpox and measles is given in the second year of life, while Heaf testing and B.C.G. vaccination for protection against tuberculosis are still offered in schools at 12-13 years of age.

The use of routine measles vaccination is new and was foreshadowed by limited administration to children attending day nurseries, as outlined in the report for 1967. Owing to limitation of supplies only children between the ages of 4 and 7 years were vaccinated at first, but by the end of the year it was available to all children. This was done in order to try to protect the most vulnerable group before the expected biennial outbreak of measles started and the 1969 report may be anticipated to the extent of saying that this action was justified by the results.

The figures in the accompanying tables show the acceptance rate of immunisation and vaccination against the various diseases. In general this rate is quite high, but it is very disturbing to note the decrease in vaccination against smallpox. The reason for this is not clear and is rather surprising in view of the increase in foreign travel and the accompanying need for international certificates of vaccination. There has been no dramatic outbreak of smallpox in this country for a few years but the potential danger of the airport still remains within this borough. Although few residents may come into direct contact with travellers from countries where smallpox is endemic, many are employed at the airport and constitute therefore a greater risk to their families and contacts.

### HOME HELP SERVICE

The number of Home Helps employed at the end of the year was 5 full-time and 69 part-time, making an equivalent of 74 full-time workers—slightly more than the previous year.

The standard charge for the service is 6/8d. per hour, but all persons unable to pay this are assessed in accordance with the Council's scale. Recipients of Ministry of Social Security Supplementary Pensions are given a nil assessment, as are patients suffering from toxæmia of pregnancy needing complete bed rest.

The following table shows the cases in which help has been provided. The total number of cases remains at a fairly constant level, but those aged 65 years and over have gradually increased from 687 in 1965 to 780 for the year under review, and reflects the increasing number of elderly people in the population needing assistance.

	<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>	<i>Others</i>	
Number of Cases	780	101	31	108	124	1,144

### TUBERCULOSIS—PREVENTION, CARE AND AFTER CARE

The two chest clinics in the area are situated at Hillingdon Hospital and Mount Vernon Hospital. There is one full-time tuberculosis visitor, and the services of the health visitors are also available, if required, to advise on the prevention of spread of infection, care of patients and for the follow-up of contacts.



The work of the tuberculosis visitor is facilitated by the willing co-operation of the general practitioners and the close liaison which exists with the two chest clinics. The value of the follow-up of contacts of cases of pulmonary tuberculosis cannot be stressed too much, and when it involves the X-ray of large numbers of individuals, the facilities of the mobile X-ray Unit are readily available.

During the year an assistant in a school kitchen was found to be suffering from pulmonary tuberculosis. 361 school children, who were considered to have been exposed to the risk of infection had a tuberculin skin test carried out, and of these 10 were X-rayed, as were all members of the teaching and other staff. Fortunately no abnormality was found among the pupils or school staff, but the follow-up of home contacts disclosed two cases of active pulmonary tuberculosis.

Following referral to the Chest Clinic by his general practitioner, a young man of 21 years was found to be suffering from pulmonary tuberculosis. He was a member of a closely knit family, and in the follow-up of contacts, two nephews, aged 2 and 3 years, and the father of the children, were found to have contracted pulmonary tuberculosis, and hospitalisation had to be arranged.

The value of regular chest X-rays in the early detection of disease cannot be over-emphasised. Facilities are available as indicated on pages 61 and 62.

### CHIROPODY

Chiropody facilities are available at the following Clinics for aged persons, expectant and nursing mothers, school children, children under five years of age and physically handicapped persons.

Minet, Coldharbour Lane, Hayes.  
 Laurel Lodge, Harlington Road, Hillingdon.  
 Uxbridge, High Street, Uxbridge.  
 West Mead, West Mead, South Ruislip.  
 Yiewsley, 20 High Street, Yiewsley.

In addition, domiciliary visits are arranged for housebound persons and residents of the Council's Old People's Homes and Old Persons' Flatlets.

Due to the closure of the Chiropody Clinic at Fassnidge Hall, this service was transferred to Uxbridge Clinic on 1st April, 1968.

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
Persons aged 65 and over ...	1,329	739	2,068
Expectant mothers ... ..	10	—	10
Others ... ..	202	3	205
<b>Total ... ..</b>	<b>1,541</b>	<b>742</b>	<b>2,283</b>

Number of treatments given during the year:

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
In clinics ... ..	5,142	1,593	6,735
In patients' homes ... ..	999	354	1,353
In old people's homes ... ..	1,752	108	1,860
In chiropodists' surgeries ... ..	—	1,566	1,566
<b>Total ... ..</b>	<b>7,893</b>	<b>3,621</b>	<b>11,514</b>



**RECUPERATIVE HOLIDAYS**

Recuperative Holidays, normally of 2 weeks duration, are arranged for adults and children under 5 who have been suffering from a recent illness. Of the 65 recommendations received, 52 holidays were arranged, as some applications were withdrawn and a few patients were unable to accept the placement offered.







## Welfare Services

The Chief Welfare Officer, Mr. J. L. Stoker, reports:—

### WELFARE OF THE AGED

In addition to the Statutory provision made by the Council for the welfare of the aged a great deal of assistance is given by Voluntary Organisations. These include the four Old People's Welfare Associations who received grants totalling £11,090 in the financial year 1968/69, the British Red Cross Society, the Women's Royal Voluntary Service, Rotary Clubs and Toc H.

The services which these organisations provide play an important part in enabling aged persons to remain comparatively independent in their own homes, thus delaying the need for admission to Residential Accommodation. They include:—

Elm Park and Tudor Dining and Recreation Clubs, Ruislip.  
 Fassnidge Hall Social Centre, Uxbridge—  
 light meals provided.  
 Ascot Court Dining Club, Ruislip.  
 Old People's Clubs.

Chiropody.  
 Meals on Wheels.  
 Visiting service.  
 Christmas parcels.  
 Holidays.  
 Outings.  
 Hairdressing at reduced prices.

The Welfare staff have made 1,405 visits to aged persons living in their own homes. Most of these visits were made with a view to the provision at a later date of residential accommodation, but in some cases social welfare officers were able to offer advice and suggest alternative solutions to the problems.

### Residential Homes for the Aged

The Council's Residential Homes at 31st December, 1968, were:—

<i>Name of Home</i>	<i>Address</i>	<i>No. of Beds</i>	<i>Male or Female</i>	<i>Designated or Non-Designated</i>
Belle Vue	Harlington Road, Hillingdon	53	Mixed	Designated
Brookfield	Park Road, Uxbridge	54	Mixed	Designated
Coaxden	Park Road, Uxbridge	23	Male	N.D.
Franklin House	The Green, West Drayton	49	Mixed	Designated
Moorcroft	Harlington Road, Hillingdon	67	Mixed	N.D.
Rushymead	Coleshill, Nr. Amersham	47	Mixed	N.D.
Ryefield	Ryefield Avenue, Hillingdon	35	Mixed	N.D.
Whitby Dene	Whitby Road, Eastcote	62	Mixed	Designated
The Burroughs	Mill Road, West Drayton	48	Mixed	Designated

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



On 31st December, 1968, there were 419 residents (112 males and 307 females) in the nine Borough residential Homes. Other Local Authorities were financially responsible for 24 of these residents. In addition, the Borough Council was maintaining 102 persons (36 males and 66 females) in Homes administered by voluntary organisations, and 15 (8 males and 7 females) in other Local Authority Homes.

The following is a summary of admissions and discharges during the year:—

	Admissions	Discharges	To where discharged			
			Hospital	Deaths	Home Address	Other Address
Borough Homes ... ..	179	157	66	67	15	9
Voluntary Homes ... ..	29	20	1	17	—	2
Other Authority Homes ...	2	2	—	1	1	—

The Department has continued to maintain a close liaison 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 were, on discharge from hospital, admitted to Welfare Homes because they were unable to manage alone, or relatives were unable to continue caring for them.

Details:—

Number discharged to hospital ... ..	66
Number discharged and subsequently returned to Home ...	23
Number of new cases admitted from hospital ... ..	42

Attention has already been drawn in the Home Nursing Section to the liaison arrangements between the Geriatric Unit and the Home Nursing Service.

The table below shows a summary by age groups of all admissions to Residential Accommodation during 1968:—

	Males							Females							Grand Total
	Under 30	30-49	50-64	65-74	75-84	85 & Over	Total	Under 30	30-49	50-64	65-74	75-84	85 & over	Total	
Permanent Admissions	—	1	7	12	24	10	54	—	—	5	28	60	32	125	179
Short Stay	—	—	1	1	12	15	29	—	—	2	15	52	21	90	119
Voluntary Homes	—	1	1	1	4	17	24	1	—	—	3	8	5	17	41
	—	2	9	14	40	42	107	1	—	7	46	120	58	232	339



### Waiting List

Details of aged persons awaiting admission to the Council's residential Homes on 31st December, 1968, are as follows:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Hillingdon Borough Residents ... ..	10	33	43
Residents in other Authority Areas ... ..	2	21	23

### Short Stay Admissions

The demand for temporary admission to Welfare Homes increased during the year, and altogether 119 aged persons were admitted for short periods, as against 89 in 1967. The admissions were arranged mainly to allow relatives to have a rest or holiday, but also to deal with emergencies such as the sudden illness of a relative. During the peak holiday period 24 beds in the Homes are reserved for these temporary residents.

### Homes Administered by Voluntary Organisations

In 1968, there were three Homes for the Elderly in the Borough which were administered by Voluntary Organisations. They were:—

Brackenbridge House, Ruislip.

Ruislip and Northwood Aged People's Housing Society.

Denefield, Dene Road, Northwood.

British Red Cross Society.

Denville Hall, Ducks Hill Road, Northwood.

The Actors' Charitable Trust.

### Private Homes for the Aged

There are four privately run Homes for the Aged in the borough. These are registered under Section 37 of the National Assistance Act, and are subject to inspection by a Senior Medical Officer of the department.

### Number of persons in Residential Accommodation including Voluntary Organisation Homes, at 31st December, 1968, in Various Age Groups

<i>Under 30</i>	<i>30-49</i>	<i>50-64</i>	<i>Total Under 65</i>	<i>65-74</i>	<i>75-84</i>	<i>85 or over</i>	<i>Total 65 or over</i>	<i>All Ages</i>
4	3	16	23	81	253	164	498	521



**Number of Persons in Residential Accommodation at  
31st December, 1968, Summarised According to Major Handicap**

	<i>Blind</i>	<i>Deaf</i>	<i>Epileptic</i>	<i>Physically Handicapped</i>	<i>Mentally Handicapped</i>	<i>Other Persons</i>	<i>Total</i>
Under 65	3	1	2	15	—	2	23
65 and over	41	17	3	—	49	388	498

**Old People's Workshop**

There has continued to be a regular attendance of 20 aged persons at the Work Centre in West Drayton. The morning and afternoon sessions are of two hours duration. There has been no difficulty in finding suitable employment from local industry. The elderly people attending enjoy the social contact as well as the opportunity of supplementing their retirement pensions. (Plate 7 shows work being carried out at this workshop).

**HOMELESS FAMILIES**

The Council 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 for nine families. During 1968, 49 families were admitted to temporary accommodation.

Details of admissions and discharges are:—

**Highgrove House—Families**

<i>Admitted</i>	<i>Rehoused by Hillingdon</i>	<i>Discharged to other address</i>	<i>To Mead House</i>
41	12	19	7

**Mead House—Families**

<i>including transfers</i>			<i>To Highgrove</i>
19	9	7	4

At 31st December, 1968, the total number of persons in the Hostels was as follows:—

**Highgrove House**

10 Men

12 Women

47 Children

**Mead House**

4 Men

7 Women

16 Children



Altogether 81 applications were received from families who were homeless or about to become homeless. It was not necessary to admit all these families to temporary accommodation, as in some cases the Social Welfare Officers were able to give advice which enabled the families to solve their own problems.

Staff dealing with families at risk continued their efforts to prevent evictions by giving support in appropriate cases. A number of families in Council houses who were in arrears with their rent payments have been visited by Social Work staff, with a view to preventive measures being taken.

Close liaison was maintained with the Housing Department throughout and families have been accepted for housing from Hostel accommodation on the recommendation of the Chief Welfare Officer, and with the approval of the Chairmen of the appropriate Committees.

During the year, 653 home visits and office interviews were carried out by Social Welfare Officers responsible for homeless families.

### **WELFARE OF THE PHYSICALLY HANDICAPPED**

On 31st December, 1967, 696 permanently and substantially handicapped persons were on the register maintained by this borough under Section 29 of the National Assistance Act, 1948. During the year there were 214 new registrations, and 131 names were removed from the register, leaving 779 persons registered at 31st December, 1968.

#### **Adaptations**

In order to assist them to retain as much independence as possible, adaptations were carried out in the homes of 61 handicapped persons at a total cost of £1,499, of which £311 6s. 11d. was recoverable by contributions from the handicapped persons. The adaptations included the installation of handrails, the provision of ramps, widening of doorways, and alterations to bathrooms and toilets.

#### **Aids**

Aids were issued to 408 handicapped persons at a total cost of £1,566 16s. 8d. No charge is made for these aids, but they are issued on loan and returned when no longer required by the handicapped person.

#### **Welfare of the Deaf and Hard of Hearing**

During 1968 a Welfare Officer for the Deaf at last was appointed to the Department, after little response to many previous advertisements.

Before the formation of the Borough in 1965 the welfare of the Deaf was a responsibility of the Royal Association in Aid of the Deaf and Dumb. In 1965 the Association decided to leave the welfare of the deaf and hard of hearing to Local Authorities apart from the spiritual aspect.

The number of deaf and hard of hearing in the Borough was very much an unknown quantity and the newly appointed Social Welfare Officer is in the process of tracing cases from old records as well as discovering new cases.

He has been able to assist some individuals by finding suitable employment for them.

#### **Transport**

The Department has a special vehicle for transporting handicapped persons. It has the capacity to carry 10 handicapped persons, who can be secured in their seats, as well as up to 4 persons in wheelchairs. The coach has a hydraulic tail lift to raise the wheelchairs and any persons unable to negotiate the steps. It is used during the day-time and in the evenings to convey handicapped persons to various classes and activities both within and without the Borough, and also does a daily journey to and from the Work Centre. (Plate 8 illustrates this vehicle).

The less severely handicapped are able to use the Department's minibus.



### Work Centre

The Work Centre at the Lynch continued to provide work for 45 handicapped persons for 3 hours a day 5 days a week, Industry providing the necessary materials. Handicapped persons travel to the Centre in their invalid cars, by public transport or by the Council transport mentioned above.

Attendance at the Work Centre is considered to be of considerable therapeutic value, and those who are receiving sickness benefit have their earnings limited to 39/11d. per week.

An outing to the coast was again arranged for those handicapped persons attending the Centre.

### Handcraft Classes

Valuable assistance is given by the British Red Cross Society in arranging instruction in handcrafts in various parts of the Borough. The Council assists with transport, and gives financial support.

Attendances average:—

Eastcote—30

Uxbridge—22

Hayes—21

### Social Club

During 1968 the British Red Cross Society, Ruislip and Northwood Branch, started a Club for the younger physically handicapped. This is held weekly at the Northwood Centre, and is attended by approximately 20 persons under the age of 40 years. It has proved to be very popular.

### Choral Class

In September, 1968, a Choral Class for the Physically Handicapped was formed within the Borough. For some years, handicapped persons from this Borough had been transported to a class in Greenford, by arrangement with the London Borough of Ealing. Although this class was very popular, owing to the distance involved, transporting the people was rather a lengthy process, and resulted in some of them reaching home very late at night. By arrangement with the Education Department of Hillingdon Borough, a class is now held at the Manor School, Ruislip each week, and is attended by approximately 24 handicapped persons.

### Gardening Class

This class continues to be held at Norwood Hall, Southall, where special facilities are available. Five handicapped persons from the Borough attend each week.

### Holidays

During the year holidays were arranged for 52 handicapped persons. A holiday camp on the Isle of Sheppey was chosen this year and 30 persons were accommodated, assisted by members of the Department's staff and two voluntary workers. One member of staff, who is a trained nurse, and the matron of one of the Residential Homes, again proved invaluable during this fortnight's holiday, with her experience and nursing skill. Other parties enjoyed holidays at Shaftesbury Society Camps, and holiday centres, administered by other voluntary organisations.

In some cases financial assistance was given to persons making private arrangements.

### Car Badges

Sixty handicapped persons, who drive invalid cars, have been issued with special badges. These are easily identifiable and enable the police to assist them to park their vehicles.

### Visits

Social Welfare Officers made 3,083 domiciliary visits to handicapped persons during the year.



## WELFARE OF BLIND AND PARTIALLY-SIGHTED PERSONS

The following table shows the number of blind and partially-sighted persons:—

	<i>No. on Register 31.12.67</i>	<i>Additions</i>	<i>Removals</i>	<i>No. on Register 31.12.68</i>
Blind	343	57	60	340
P.S.	115	27	30	112
Total	458	84	90	452

Of the 60 removed from the Blind register, 46 were due to death and 14 for other reasons. Of the 30 partially sighted people removed from the register, 14 were because of death, 7 were transferred to the Blind register and 9 removed for other reasons.

The following table shows the persons on the Blind Register as at 31st December, 1968 in age groups.

	0	1	2	3	4	5 to 10	11 to 15	16 to 20	21 to 29	30 to 39	40 to 49	50 to 59	60 to 64	65 to 69	70 to 79	80 to 84	85 to 89	90 and over	Total
M	—	1	—	1	1	2	3	3	2	8	16	13	5	13	31	8	11	9	127
F	—	—	—	—	1	2	1	4	4	6	9	20	17	19	46	29	28	27	213
Total	—	1	—	1	2	4	4	7	6	14	25	33	22	32	77	37	39	36	340

This table shows the age at onset of blindness:—

	0	1	2	3	4	5 to 10	11 to 15	16 to 20	21 to 29	30 to 39	40 to 49	50 to 59	60 to 64	65 to 69	70 to 79	80 to 84	85 to 89	90 and over	Total
M	20	3	—	—	—	4	5	4	10	11	9	9	12	10	16	8	4	1	127*
F	16	3	4	—	1	1	5	3	6	12	19	23	18	11	62	19	8	2	213
Total	36	6	4	—	1	5	10	7	16	23	28	32	30	21	78	27	12	3	340

\*Age unknown: 1 Male.

## Information regarding Employment of Blind Persons

	<i>M</i>	<i>F</i>	<i>Total</i>
Employed in Sheltered Workshop	3	—	3
Employed in Homemaker Scheme	3	5	8
Employed under ordinary conditions	32	11	43
	—	—	—
Total employed	38	16	54



Unemployed, but capable of and available for work	2	1	3
Not available for work	5	28	33
Not capable of work	3	16	19
Not working, 65 and over	67	147	214
	—	—	—
Total unemployed	77	192	269
	—	—	—

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

	0 to 1	2 to 4	5 to 15	16 to 20	21 to 49	50 to 64	65 & over	Total
M	—	—	5	4	16	6	10	41
F	—	—	4	6	6	9	46	71
Total	—	—	9	10	22	15	56	112

Six partially-sighted children from the Borough attended special schools, and three attended ordinary schools.

#### Clubs and Classes for Blind and Partially-Sighted Persons

These were continued as in the previous year, and are as follows:—

*Uxbridge Handcraft Class* is held once a fortnight on Thursday from 2.00–4.00 p.m. at the Clinic, Long Lane, Ickenham. Transport is provided.

*Ruislip Handcraft Class* is held fortnightly on Thursday from 2.00–4.30 p.m. at Ruislip Manor Clinic, Dawlish Drive, Ruislip Manor. Transport is provided.

*Uxbridge Social Club* is held on the first Saturday in each month from 3.00–5.00 p.m. at the Bailey Hall, Congregational Church, High Street, Uxbridge. Voluntary transport is provided.

*Ruislip Social Club* is run by the Toc H on alternate Saturdays from 3.00–5.00 p.m. at the Toc H Hall, Manor Farm, Ruislip. Voluntary transport is provided.

*Hayes Social Club* is held fortnightly on Mondays from 2.30–4.00 p.m. at Queen's Hall, Station Road, Hayes.

Other classes, such as gardening and dancing, are held outside the Borough and are attended by Hillingdon residents. (Plate 6 shows teaching in progress).

#### Holidays

Financial and other assistance was provided, as in the previous year. Altogether 36 blind and partially-sighted persons were assisted, and in connection with these holidays 10 escorts were provided.

#### Apparatus for the Blind

The Rotary Clubs continued to provide white sticks for those blind persons who require them. Other apparatus was obtained through the Royal National Institute for the Blind, in many cases at a discount of 66% if the articles are paid for by the blind.



**Radio Sets**

During the year, 39 new sets were issued to blind persons and wireless licence exemption certificates were supplied to 48 people. Altogether 161 radio sets are on issue to blind persons in the Borough.

**Talking Book Machines**

These machines are issued by the Nuffield Talking Book Library, Alperton, at a rental per set of £3 per annum. The Council pays the rental charges, and at present, there are 120 machines on issue to blind persons within the Borough. During 1968, 48 new applications were made.

**Deaf Blind Persons**

During 1968, there were three persons on the register who were deaf and blind and one who was deaf and partially-sighted.

This Borough shares the services of a specialist Deaf/Blind Social Welfare Officer with the London Borough of Richmond-upon-Thames.

One person from this Borough was again included in a special holiday at Littlehampton arranged for the deaf blind during the summer.

**Guide Dogs for the Blind Association**

This Borough now has 12 persons with guide dogs.

**Domiciliary Visits**

Social Welfare Officers for the Blind made 1,917 domiciliary visits to blind and partially-sighted persons, during the year.

**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 by organising functions of interest. The Association is also responsible for the Holiday Home at Littlehampton.

**Social Rehabilitation**

During the year one newly blinded person was sent on a course of social rehabilitation at Bridgnorth. The Royal National Institute for the Blind are responsible for this Centre. These courses are provided to assist newly blinded housewives to adjust themselves to carrying out their domestic duties as blind persons.

**PEACE TIME EMERGENCIES**

Various halls in the Borough have been earmarked for providing temporary shelter for large numbers of people who may be rendered homeless by fire, flood, air disaster or other emergency. Fortunately, during the year it was not necessary to use any of them.

**BURIALS AND CREMATIONS**

The Council has a duty under Section 50 of the National Assistance Act, 1948, to arrange for the burial or cremation of the body of any person who has died or been found dead within the Borough, where no other suitable arrangements have been or can be made for disposal.



During the year the Council became responsible for the burial of 8 persons. The following is a summary of the action taken.

(a)	Cases where funeral expenses have been fully recovered	...	...	3
(b)	Cases where part only of the expenses have been recovered	...	...	5
(c)	Cases where full cost has been borne by the Council	...	...	—

Seven cases were dealt with under Section 50(3) (persons having died in Old Persons' Homes), and one under Section 50(1) (persons who have died or have been found dead elsewhere in the Borough).

### PROTECTION OF MOVABLE PROPERTY

Action was taken under Section 48 of the National Assistance Act, 1948, in respect of 8 patients who were in hospital, and where no other arrangements could be made.

### IN-SERVICE TRAINING OF ATTENDANTS

Arising from a general discussion on training, a suggestion was made that training in simple nursing procedures would be useful for attendants in welfare homes.

An approach was made to the Group Matron at Hillingdon Hospital and a scheme evolved to allow attendants to work in the geriatric wards for two to four weeks, and to receive lectures and training similar to those given to nursing auxiliaries. The numbers released at one time were decided by the respective needs of the Homes and the wards, but during 1968 ten attendants took part in the scheme. They took a lively interest in the training and gained useful knowledge of current simple nursing methods. They were also able to compare and contrast the needs of residents in Welfare Homes and geriatric wards, and to take note of the different levels of staffing required.

The exchange of ideas also gave the hospital nursing staff a fresh insight into the needs and conditions in Local Authority Homes.

The project is to be continued in 1969 and I should like to take this opportunity of thanking Miss Roker and the teaching staff at Hillingdon Hospital, especially Mr. Green, for the work and interest they have put into making the training a success.

Community Care - Mental Health





## Mental Health

The Chief Mental Welfare Officer, Mr. L. R. Bradbury reports:—

## STATISTICS FOR 1968

Number of subnormal persons cared for in the Community at end of 1968	413
Number of subnormal patients from this Borough in Hospital	263
Number of subnormal adults and children awaiting admission to Hospital at end of 1968	24
Number of children in Junior Training Centre	84
Number of children in Special Care Unit	18½
Number of children in Weekly Boarding Unit	14
Number of trainees in Uxbridge Adult Training Centre	126
Number of trainees in Moorcroft Adult Training Centre	84

These came from the following authorities:—

	Barnet	Brent	Ealing	London Boroughs of			Richmond	Surrey C.C.
				Harrow	Hillingdon	Hounslow		
<i>Junior Training Centre</i>	2	1	17	1	59	1	2	1
<i>Special Care Unit</i>	—	—	5½	—	13	—	—	—
<i>Weekly Boarding Unit</i>	2	1	1	1	6	—	2	1
<i>Uxbridge Adult Training Centre</i>	13	24	6	45	38	—	—	—
<i>Moorcroft Adult Training Centre</i>	—	—	1	—	46	9	—	28

**Bourne Hostel**

Bourne Hostel has continued to prove its need in the Borough's Mental Health Service. In 1968, 21 residents (8 male 13 female) were placed there on a permanent basis, and at the end of the year 18 cases (7 male 11 female) were still resident. Of the 3 discharged 2 were unsuitable for the hostel and one returned to hospital for treatment. During the year 10 cases (5 male 5 female) were given short term care which enabled relatives to have a rest or a holiday. There are 19 potential cases known who could need admission to the hostel should their home conditions change in any way.

**MENTAL ILLNESS**

During 1968 the field staff establishment remained unchanged. It consists of:—

- The Chief Mental Welfare Officer
- The Deputy Chief Mental Welfare Officer
- Five Mental Welfare Officers

Two of the Mental Welfare Officers were successful in being accepted for the Two Year Course leading to the Certificate of Social Welfare. One of these officers was seconded by the Borough and the other officer resigned his position in order to attend the course financed by an Education Grant.



The vacancy caused by the resignation has been filled, but the temporary position caused by the secondment remained unfilled.

The volume of cases referred shows little change from that of 1967 and consequently the case load of officers remains at too high a level. Any lengthy absence through illness of a member of the field staff would have a detrimental effect on the standard of support given to patients and their families.

One happy sign this year has been the improvement in liaison between the field staff and the doctors and social workers at St. Bernard's Hospital. Weekly meetings are now held at the Hospital to discuss specific cases. During the year 92 cases of mental illness were assisted at London Airport.

The following table indicates the number of cases referred to:—

<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 ... ..	2	1	121	167	291
Hospitals, or discharged from In-Patient treatment ... ..	—	—	28	95	123
Hospitals, after or during Out-Patient or day treatment ... ..	—	—	23	40	63
Local Education Authorities ... ..	1	—	—	—	1
Police Courts ... ..	1	—	27	12	40
Other Sources ... ..	—	1	132	98	231
<b>Total ... ..</b>	<b>4</b>	<b>2</b>	<b>331</b>	<b>412</b>	<b>749</b>

The work of Mental Welfare Officers is shown below:—

(a) *Mental Illness*

Visits made by Mental Welfare Officers	2,531
Compulsory Admissions to Psychiatric Hospitals	188
Informal Admissions to Psychiatric Hospitals	102
Office Interviews	104

(b) *Mental Subnormality*

Visits to those under Borough Community Care	724
Office Interviews	26

The subnormal cases visited by Mental Welfare Officers are over 16 years of age. The Health Visitors visit those under 16 years, and at the end of the year there were 140 cases who had received 206 visits. The Health Visitor visits are not included in the total of visits made by Mental Welfare Officers.







General Services





## General Services

### HOUSING ALLOCATION—MEDICAL GROUNDS

Applications for rehousing supported by medical evidence are referred to the Medical Officer of Health for assessment, and if it is considered that the living conditions are seriously aggravating any medical conditions present "points" will be awarded on medical grounds. In some cases it may be necessary to arrange for a visit to be made to the applicant by a Health Visitor, Social Worker or Public Health Inspector, in order to obtain further information.

Applications from Council tenants requiring a transfer of accommodation on medical grounds, are also referred to the Medical Officer of Health.

The following cases were dealt with during the year:—

	<i>No. of Cases Referred</i>		<i>Recommendations made for "Medical Points"</i>	
	<i>1968</i>	<i>1967</i>	<i>1968</i>	<i>1967</i>
New Applications ...	357	299	115	84
Transfers ... ..	176	176	86	63

### MASS RADIOGRAPHY

The Mass X-Ray Unit visited the Borough during the year, and was located at different parts of the former Uxbridge area. The total attendance figure was 5,363, which is very similar to the figure of 5,381, which was attained on the occasion of the last visit in 1964. As a result of the survey three cases of active pulmonary tuberculosis and two cases of cancer of the lung were found. In addition arrangements were made for the residents of the Council's Old People's Homes to be X-rayed, and 166 of them attended the Unit.

Regular visits continue to be made to London (Heathrow) Airport, and this ensures that the staff in each section of the Airport have X-ray facilities available at their place of work at least once every three years.

The Mass X-Ray Unit visits the Borough regularly, and provides coverage for the various areas at approximately three yearly intervals.

In addition to these visits the following facilities for chest X-Ray are available at fixed points reasonably accessible to residents of the Borough, for which no appointment is necessary. Persons attending should take a stamped self-addressed envelope for the result to be notified to them.

#### *Static X-Ray Centres*

Central Middlesex Hospital, Acton Lane, PARK ROYAL	Monday to Friday Saturday	9.30 a.m.—4.30 p.m. 9.30 a.m.—11.30 a.m.
West Middlesex Hospital, ISLEWORTH	Monday to Friday (Closed 12.30–1.30 p.m.)	9.00 a.m.—5.00 p.m.



*Mobile Units*

Northcote Clinic, Northcote Avenue, SOUTHALL	Weekly—on Tuesdays	10.30 a.m.—noon.
The Bridge School, Station Road, WEALDSTONE	2nd and 4th Thursday of each month	11.00 a.m.—1.00 p.m.
Police Station Car Park, RICKMANSWORTH	Weekly—on Mondays	2.30 p.m.—3.00 p.m.

**MESSAGE AND SPECIAL TREATMENT**

Licences, which are renewable annually, are required in respect of premises used for reception or treatment of persons requiring massage or special treatment. All such premises have been inspected during the year by a Senior Medical Officer and found to be of a satisfactory standard. The number of premises licensed at the end of the year was as follows:—

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

**MEDICAL EXAMINATION OF STAFF**

All new staff are required to complete a medical questionnaire which is scrutinised by a medical officer. Most members of staff can be assessed as being medically fit to undertake their duties without recourse to medical examination, but where the replies to questions leave any doubt, a medical examination or further information from hospital consultant or general practitioner may be required.

The Council is also required by the Department of Education and Science to carry out medical examinations of newly appointed teachers or candidates for admission to teachers' training colleges.

The following cases were dealt with during the year, and a comparison with the previous year is shown:—

	1968	1967
(i) Medical Assessments ... ..	1,735	1,639
(ii) Medical Examinations:		
Staff—from (i) above ... ..	398	406
Teachers ... ..	111	129
Students ... ..	219	240
Authorities ... ..	7	14
Total number of Medical Examinations ...	735	789





## CREMATORIUM

The Borough Council is a constituent member of the Breakspear Crematorium Joint Committee. The Crematorium is situated in Breakspear Road, Ruislip, and was opened at the end of 1957. The following gives some indication of the trend over the last decade:—

<i>Year</i>	<i>Total Cremations</i>	<i>Year</i>	<i>Total Cremations</i>
1958 ... ..	1,481	1964 ... ..	3,202
1959 ... ..	2,363	1965 ... ..	3,439
1960 ... ..	2,727	1966 ... ..	3,399
1961 ... ..	3,041	1967 ... ..	3,412
1962 ... ..	3,363	1968 ... ..	3,677
1963 ... ..	3,570		

## FAMILY PLANNING

As in previous years family planning advice has been provided by the Family Planning Association. All women who wish for such advice may attend the clinics, and since the introduction of the Family Planning Act, 1967, the Council has accepted financial responsibility for those who need advice on medical or on social grounds. These women are referred to the clinics by the Council's Medical Officers.

There are means for employing a domiciliary service when advice can be given to a woman in her own home, but in practice it has been found easier and more acceptable to help mothers to attend a clinic. This can be done by arranging transport, escort or baby-sitting services according to the individual needs of the family.

The numbers referred since 1965 are shown below:—

1965 (April–December only) ... ..	2—Medical only
1966 ... ..	15—Medical only
1967 ... ..	20—Medical    6—Social = 26
1968 ... ..	41—Medical    36—Social = 77

Hayes F.P.A. Clinic,  
Minet Clinic,  
Coldharbour Lane,  
Hayes.

Wednesday    1.45–3.15 p.m.  
5.30–7.00 p.m.

Ickenham F.P.A. Clinic,  
Ickenham Clinic,  
Long Lane,  
Ickenham.

Monday    7.00–8.00 p.m.

Northwood Hills F.P.A. Clinic,  
Northwood Clinic,  
Ryefield Court,  
Northwood Hills

Tuesday    7.00–8.00 p.m.  
(appointments only)

Ruislip F.P.A. Clinic,  
West Mead Clinic,  
West Mead,  
Ruislip.

Friday    1.45–2.45 p.m.  
6.30–8.00 p.m.

Uxbridge F.P.A. Clinic,  
Uxbridge Clinic,  
Council Offices,  
High Street,  
Uxbridge.

Thursday    1.45–3.15 p.m.  
5.30–7.00 p.m.

Hillingdon Hospital F.P.A.

By appointment only.



## WELL WOMEN'S CLINICS

The demand for this service continued to increase, in spite of national experience to the contrary. The clinics in use in 1967 continued and a further session started in Hayes in June 1968. Again it was necessary to make this a double session using two doctors. There were requests from two firms for sessions to be held at their premises.

This year 7 cases of malignancy were found. The ages of the women ranged from 37 to 52, one had had 4 children, 2 had had one each and the others 2 each. All were symptom-free and on examination all except one appeared healthy with no evidence of any suspicious abnormality; the exception had a large polyp which was removed and at this stage malignancy was suspected, cone biopsy performed and this was eventually followed up by radiotherapy and pelvic clearance. All these women are being followed up by their gynaecologists.

	<i>Yiewsley</i>	<i>Laurel Lodge</i>	<i>Northwood</i>	<i>*Minet</i>	<i>Industry</i>
Number of women seen ... ..	333	785	251	283	97
Number of women healthy ... ..	104	296	112	162	35
<i>ABNORMALITIES FOUND</i>					
<i>Pelvic</i>					
Malignancy ... ..	—	4	2	—	1
Cervical erosion ... ..	110	199	48	22	18
Atrophic vaginitis ... ..	29	36	18	7	12
Vaginal discharge ... ..	13	48	6	12	5
Trichomonas vaginalis ... ..	7	19	7	3	3
Monilia ... ..	5	2	1	3	—
Cervical polyp ... ..	12	37	9	9	1
Cervicitis ... ..	17	36	8	2	3
Ovarian cyst ... ..	1	4	1	3	—
Cystic ovaries ... ..	6	5	—	5	—
Fibroids ... ..	25	34	8	16	3
Prolapse ... ..	6	19	3	4	7
Urethral caruncle ... ..	2	2	1	—	5
Parametritis ... ..	2	—	—	—	—
Dyspareunia ... ..	5	8	3	2	1
Pregnancy ... ..	1	1	—	1	—
Bartholin's cyst ... ..	1	2	—	—	1
Retroversion ... ..	67	96	16	81	18
<i>Breasts</i>					
Simple tumour ... ..	7	1	—	3	1
Mastitis ... ..	13	29	2	1	1
Discharge ... ..	1	1	—	—	—
Hypertension (diastolic pressure 100 mg. Hg or more) ... ..	24	28	11	4	8
Urine—albumenuria ... ..	4	21	1	2	4
—sugar ... ..	—	1	1	—	—
Anaemia ... ..	1 (49%)	—	—	1 (49%)	—
No. of women recalled ... ..	6	10	42	3	1
No. of women referred to G.P. ... ..	74	90	41	23	14
No. of women who had previous cytology ... ..	25	35	45	3	—

\*From June to December only.



One woman was found to have heavy glycosuria, was referred to a diabetic clinic and her condition controlled successfully.

In addition, several other conditions were discovered, including two women who had a haemoglobin level of 49%. All these were referred to their general practitioner for treatment. The accompanying tables show the details.

### VENEREAL DISEASES

The Special Clinic at Hillingdon Hospital dealt with the following cases of venereal disease during the year:—

<i>Number of new cases in the year</i>				
<i>Totals all venereal conditions</i>	<i>Syphilis</i>		<i>Gonorrhoea</i>	<i>Other venereal conditions</i>
	<i>Primary and Secondary</i>	<i>Other</i>		
793	7	3	65	718

Arrangements have been made with the Special Clinic to follow up cases and contacts when there is any difficulty in securing attendance and any necessary treatment.

Environmental Health









Untreated milk, that is milk which has not been subjected to heat treatment, is supplied from two sources within the Borough, both of which supply milk to members of the Jewish faith.

A farmer outside the Borough also sells untreated milk within the Borough and one factory canteen uses this grade of milk for catering purposes.

The Regulations specify the tests which milk shall satisfy and samples for this purpose are taken and submitted to the Public Health Laboratory for examination.

Samples of milk are also taken for examination by the Public Analyst to determine composition in accordance with the provisions of the Food and Drugs Act 1955, and this is dealt with later in the report.

Regular sampling of "untreated" milk is undertaken from the 14 farms in the Borough. These samples are examined in the department's laboratory for composition and submitted to the Public Health Laboratory Service for the T.T.C. Test (Triphenyltetrazolium Chloride) to determine the presence or absence of antibiotics and for bacteriological examination—in particular for the presence of the organism *Brucella abortus*.

The following table gives details of the number of samples of raw milk taken and the results.

<i>Brucella Ring Test</i>			<i>Guinea-pig Inoculations</i>		<i>T.T.C. Test</i>		
<i>No. of samples</i>	<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	<i>No. of samples</i>	<i>Positive</i>	<i>Negative</i>
129	14	115	1	4	61	1	60

All milk which gave a positive result to the ring test was re-directed to processing plants for heat treatment and producers warned of the risk in supplying their employees with the suspect milk.

As the ring test is only a screening test, positive results are followed up by guinea-pig tests. If a positive reaction is obtained to this test the farmer is advised and the affected cows are invariably removed from the herd and in most cases sent for slaughter.

### Milk Processing

The two milk processing plants operating within the Borough are concerned solely with the pasteurization of milk. Regular inspections of the premises and plant were carried out and all samples of the processed milk were found to be satisfactory.

In addition to checks being made on the processing of the milk, regular observation is maintained on the bottle washing plant and from time to time bottle rinses are taken and submitted to the laboratory as a control on the efficiency of cleansing. The following table shows details of rinses submitted to the laboratory together with the results of the examinations:—

<i>Bottles</i>		<i>Churns</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
24	—	6	—

### Milk Distribution and Dispensing

It is important to ensure that milk, having been properly processed, is correctly handled and treated so as to prevent post-treatment contamination. The main problem is the dispensing of milk at catering premises.



The unsatisfactory results obtained from milk dispensers indicated that proper attention had not been paid to cleaning the equipment. The following table shows the results of milk samples taken from catering establishments:—

<i>Churns and Dippers, etc.</i>		<i>Dispensers</i>		<i>Disposable packs</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
5	—	3	6	1	—

### Cream

Most of the cream sold in the Borough is heat treated. There is no statutory test for assessing the bacteriological quality of cream but the methylene blue test in association with the coliform count affords a good indication as to whether or not cream is being properly handled. As far as the large producers are concerned there is little doubt that production of cream is carried out in a satisfactory manner, any deterioration taking place during subsequent storage and distribution. It is essential that efficient refrigerated storage be provided during all stages of delivery and retail display and also that stock be correctly rotated. Some milk delivery vehicles are now equipped with cold sections for dairy produce, but instances were found where these cabinets were not being properly used. The importance of this point was illustrated by the fact that two complaints were received during the year of sour cream purchased, in the one case, from a shop and in the other from a delivery vehicle. In both cases the cream was within the permitted shelf life.

Samples of cream have been taken from retailers distributing sealed cartons, from confectioners using it in the manufacture of cream cakes and from catering establishments. The results are given below:—

<i>No. of samples of cream examined</i>	<i>Unsatisfactory samples</i>		<i>Satisfactory samples</i>	
	<i>Major dairy companies</i>	<i>Farm produced</i>	<i>Major dairy companies</i>	<i>Farm produced</i>
31	10	2	17	2

One sample produced a plate count of 10,000,000 with a probable count of 60,000 coliforms per ml. Enquiries revealed that the cream, due to an error in stock rotation, was eight days old at the time of sampling.

### Ice Cream

Ice cream is classed as soft or hard; the former is a product from a specially designed machine which produces the ice cream at the point of sale, the equipment being installed on some sales vehicles and in a small number of shops within the Borough. Hard ice cream forms the bulk of the ice cream sold in the area and is supplied either in individual packs or dispensed from containers of varying capacity.

The methylene blue reduction test gives some indication of the bacterial content. Grades 1 and 2 are satisfactory while Grades 3 and 4 are unsatisfactory.



Unsatisfactory results usually indicate faults in the handling or storage of the ice cream. Failure to maintain scoops and serving equipment in a clean condition is one of the most common causes of bad results. Results of ice cream samples are shown in the tables below.

Grade	Vehicles				Premises			
	1	2	3	4	1	2	3	4
Soft I/C ...	1	2	1	3	3	—	—	1
Other I/C ...	8	4	1	4	26	9	7	3

Grade	No. taken	%
1	38	52
2	15	21
3	9	12
4	11	15

The methylene blue reduction test does not apply to ice lollies; these normally have a pH of less than 4.5 and are so acid that few bacteria will multiply or even survive. The testing of this product is confined to a determination of the pH value. Two ice lollies were tested for pH value and both were satisfactory.

## INSPECTION OF MEAT AND OTHER FOOD

### Slaughterhouse Act, 1958

Slaughtering is carried out at one slaughterhouse. There was a slight reduction in the number of animals killed at the premises during the year.

There is 100% inspection of all animals slaughtered, and they are inspected in accordance with the Meat Inspection Regulations 1963.

### Carcases inspected and condemned

#### Causes of condemnation and quantities—pounds weight

Disease	Cattle		Calves		Sheep/Lambs		Pigs	
	Carcase	Offal	Carcase	Offal	Carcase	Offal	Carcase	Offal
Abscess ...	—	335	—	—	—	—	244	5
Actinobacillosis ...	—	—	—	—	—	—	—	—
Arthritis ...	—	—	—	—	—	—	10	—
Ascariasis ...	—	—	—	—	—	—	—	414
Bruising ...	—	—	—	—	—	—	14	—
Cysticerci ...	—	93	—	—	—	—	—	—
Echinococcus ...	—	7	—	—	—	—	—	—
Emaciation ...	—	—	—	—	—	—	—	—
Fascioliasis (Fluke)	—	876	—	—	—	—	—	—
Jaundice ...	420	—	—	—	—	—	—	—

## Causes of condemnation and quantities—pounds weight—continued

Disease	Cattle		Calves		Sheep/Lambs		Pigs	
	Carcase	Offal	Carcase	Offal	Carcase	Offal	Carcase	Offal
Johne's Disease ...	—	—	—	—	—	—	—	—
Joint ill or Navel ill	—	—	—	—	—	—	—	—
Mastitis ...	—	—	—	—	—	—	—	—
Peritonitis ...	—	14	—	—	—	—	—	55
Pneumonia or Pleurisy ...	—	25	—	4	—	31	—	367
Pyæmia ...	—	—	40	—	—	—	—	8
Septicæmia/Fever	480	—	—	—	—	—	40	3
Swine Erysipelas ...	—	—	—	—	—	—	—	—
Telangiectasis (Angioma) ...	—	21	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	300
Tumours ...	—	—	—	—	—	—	—	—
Other conditions ...	—	34	—	—	—	56	22	200

Total amount of meat condemned: 1 ton 16 cwt. 86 lbs.

## Number of Carcasses Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	319	15	30	666	2,147
Number <i>Not</i> inspected ...	—	—	—	—	—
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned ...	—	2	1	—	3
Carcasses of which some part or organ was condemned ...	106	10	1	32	440
<i>Tuberculosis only</i>					
Whole carcasses condemned ...	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	—	—	—	2	37
<i>Cysticerci</i>					
Carcasses of which some part or organ was condemned ...	5	—	—	—	—
Carcasses submitted to refrigeration ...	4	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

Information relating to the presence of *Cysticerci* was passed to the Chief Public Health Inspector for the Area from which the animal originated for any necessary follow-up action.



### Laboratory Examination of Slaughterhouse Specimens

Specimens were submitted to the Public Health Laboratory for routine examination, with the following results:—

Description of Specimen	Surface Plate count per g. 35°C.	Coliform present		Salmonella
		Non-faecal	Faecal	
Pork ... ..	55,000	0.001 g.	0.001 g.	Not found
Pork ... ..	1.2 million	0.001 g.	0.001 g.	Not found
Beef ... ..	7,500	0.1 g.	0.1 g.	Not found
Beef ... ..	1.5 million	0.001 g.	0.001 g.	Not found
Beef ... ..	2,500	0.1 g.	0.1 g.	Not found
Beef ... ..	7,000	0.1 g.	—	Not found
Bovine faeces (3)	—	—	—	Not found
Pig faeces (4)	—	—	—	Not found

These findings are particularly useful in that they provide an indication as to the standards of hygiene observed in the slaughtering and dressing of carcasses.

The pathology department, Harefield Hospital requires—for research purposes—lymph nodes containing tuberculous or other deposits and thirteen specimens were submitted during the year.

### Poultry Inspection

The poultry processing establishment operating in the district deals mainly with birds which have been slaughtered and plucked at poultry slaughterhouses outside the Borough. Activities are confined to evisceration, packing and freezing, etc.

Any obviously unfit birds are rejected at the point of slaughter, those which show evidence of disease on evisceration are dealt with by trained members of the operator's staff and the suspected carcasses retained for examination by the public health inspector who exercises general surveillance.

### Details of Poultry Processed

Chickens	Hens	Ducks	Geese	Turkeys	Total
96,413	2,344	175	27	2,078	101,037

### Disposal of Condemned Food

All unfit food surrendered to the Department is disposed of, after staining, by tipping and burial at a refuse tip. The Meat (Staining and Sterilization) Regulations 1960 apply to meat condemned at the slaughterhouse. In accordance with these Regulations meat that is found to be unfit for human consumption is transported in locked vehicles to a factory processing animal products.

### Slaughter of Animals Act, 1933 to 1958

During the year 4 licences to stun and slaughter animals were issued. Only two of the slaughtermen licensed were regularly engaged in the slaughter of animals within the Borough.



**Other Food**

The total amount of food surrendered for destruction during the year was 23 tons 15 cwt. 2 qrtrs. 8 lb.

<i>Class of Food</i>	<i>Quantity (lb.)</i>	<i>Class of Food</i>	<i>Quantity (lb.)</i>
Fresh Meat ... ..	5,512	Canned Meals ... ..	94
Fresh Fish ... ..	506	Evaporated Milk ... ..	158
Fresh Fruit ... ..	4,251	Cooked Meat and Meat Products ... ..	104
Fresh Vegetables ... ..	16,600	Poultry ... ..	1,277
Frozen Meat ... ..	1,497	Cereals ... ..	544
Frozen Fish ... ..	2,241	Flour Confectionery ... ..	81
Frozen Fruit ... ..	905	Sugar Confectionery ... ..	121
Frozen Vegetables ... ..	3,461	Fruit Juice ... ..	586
Frozen Confectionery ... ..	452	Mousse ... ..	225
Canned Meat ... ..	4,490	Other Foods ... ..	1,153
Canned Fish ... ..	242	Jam/Marmalade ... ..	9
Canned Fruit ... ..	5,460		
Canned Vegetables ... ..	2,931		
Canned Soup ... ..	315		53,264
Canned Cream ... ..	49		

The breakdown of low temperature storage cabinets was a major cause of food condemnation.

**Diseases of Animals Act, 1950**

The Foot and Mouth Disease emergency ended during the year with the consequent relaxation of controls which had been applied to prevent the spread of this disease.

Apart from Orders made under this Act dealing with various animal diseases, there are a number of general Orders enforced by the Public Health Inspector.

One of the most important of these is the Diseases of Animals (Waste Foods) Order, 1957 which requires that waste foods brought from other premises for the purpose of feeding to pigs or poultry, be boiled for at least 1 hour in plant licensed for the purpose by the Local Authority. Requirements are also detailed for preventing animals and poultry gaining access to unboiled swill and for securing the proper disinfection of bins, vehicles, etc.

The number of licensed boiling plants within the Borough is 33. The number of visits to piggeries and boiling plants was 219.

During the year it was found necessary to recommend the refusal of the issue of a Licence in respect of one boiling plant, due to the fact that arrangements for preventing:—

- (a) the contamination of boiled waste food by unboiled food and
- (b) the access to unboiled waste food by animals or poultry were not considered to be adequate. Remedial action was taken by the applicant who then successfully re-applied for a licence.

**FOOD AND DRUGS ACT, 1955**

In accordance with the Council's duties as a Food and Drugs Authority samples are submitted, either formally or informally, to the Public Analyst. Further samples are examined in the Department's laboratory where facilities exist for carrying out more simple and straightforward examinations.



The following table gives details of foods sampled with the resultant findings:—

PRODUCT	PROCURED		Adulterated, below standard or otherwise not complying with prescribed requirements		PRODUCT	PROCURED		Adulterated, below standard or otherwise not complying with prescribed requirements	
	Formally Taken	In- formally Taken	Formally Taken	In- formally Taken		Formally Taken	In- formally Taken	Formally Taken	In- formally Taken
Artificial Sweetening Products ...		1			Ice Pops ...		1		
Butter and Margarine ...		2			Instant Low Fat Milk ...		3		
Buttered Toast ...		2			Instant Potato ...		2		
Canned Baby Food		1			Jam and Marmalade ...		4		
Canned Cream ...		1			Jelly ...		4		
Canned Fruit ...		14			Lard ...		2		
Canned Meals ...		1			Low Fat Spread...		1		
Canned Soup ...		2			Marzipan ...		1		
Canned Vegetables		6			Mayonnaise ...		1		
Cheese and Cheese Products ...	1	11		1	Meat and Meat Products ...	1	29		
Cider ...		2			Milk ...		91		2
Coffee ...		1			Mince Meat ...		13		
Cooking Oil ...		1			Packet Meals ...		1		
Cream ...		16		1	Packet Soup ...		1		
Crisps ...		1			Pickles ...		5		1
Curry and Curry Powder ...		2			Potato Chips ...		1		
Dairy Cocktail ...		1			Preservative ...		1		
Dandelion Coffee		1			Rice ...		3		
Dehydrated Onions		1			Salads and Salad Dressing ...		2		
Dried Fruit ...		4			Sauces and Sauce Mixes, etc. ...		5		
Drinking Chocolate and Cocoa		2			Sausages ...		1		
Dripping ...		3			Savoury Spreads		1		
Drugs ...		18		1	Seasoning and Spices ...		2		
Egg Noodles ...		1			Shredded Beef Suet		1		
Evaporated Milk		1			Soured Cream ...		1		
Fish Products ...		6			Spirits ...		20		
Flour Confectionery ...		23		1	Sugar Confectionery ...		7		3
Food Colours ...		1			Tea ...		2		
Food Concentrate		2			Treacle ...		1		
Fruit Drinks and Fruit Juice ...		17		2	Trifle ...		1		
Gravy Mix ...		1			Vending Machine Samples ...		2		
Health Foods ...		6			Vinegar ...		4		
Ice Cream and Ice Cream Mix ...		2			Yoghourt ...		2		

## Samples examined within the Department

<i>Food</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Cream ... ..	15	1
Canned Fruit ... ..	1	—
Ice Cream ... ..	1	—
Milk ... ..	28	1
Mince Meat ... ..	13	—
Spirits ... ..	20	—
Vinegar ... ..	3	—

In the seven cases where there were considered to be labelling contraventions, the label was either altered or the product discontinued in five cases, and in the remainder discussions with the manufacturers are continuing. An imported processed cheese was found to have an excessive moisture content, the matter was taken up with the importers and further samples of the product are to be taken.

Samples of imported food are also taken as part of the sampling programme under this Act and details of these samples are set out later in the report on pages 89/90.

Sixty-one samples of milk (see page 70), were examined for the presence of antibiotics by the Public Health Laboratory and in one case the presence of an antibiotic was indicated. Enquiries revealed that the farmer had been treating the cow for an infection and had failed to reject the milk. A warning letter was issued.

## Food Complaints

The number of food complaints received during the year increased sharply, the total being 155 as against 114 for 1967.

<i>Food</i>	<i>Nature of Complaint</i>		<i>Type of foreign body found</i>
	<i>Foreign matter</i>	<i>Mould</i>	
Bacon ... ..	4	2	Mould, dirt, maggots
Baked beans ... ..	1	—	“Fizzing” action when opened
Beer ... ..	1	—	Mould growth
Bread ... ..	22	5	Matchstick, needle, glass, beetle, insect
Butter ... ..	—	1	
Canned meat ... ..	3	7	Corrosion, insect
Cereals ... ..	2	—	Mites, moths
Cheese ... ..	1	2	Tin foil
Chipped potatoes ... ..	—	1	
Cooked meat ... ..	—	2	
Cream ... ..	—	2	Curdled
Fish ... ..	4	4	Worms, matchstick, grit
Flavoured spread ... ..	—	1	
Flour confectionery ... ..	8	3	Bristle, string, flint, plastic, glass, carbonised dough, wire



## Food Complaints—continued

Food	Nature of Complaint		Type of foreign body found
	Foreign matter	Mould	
Fresh meat/poultry ...	3	5	Maggots, hair
Fruit ... ..	3	4	Argol crystals, beetle, maggots
Ice Cream ... ..	1	—	Glass
Jam ... ..	2	—	Glass, ball-bearing
Lemonade ... ..	1	—	Dirt
Meat pies ... ..	4	6	Beetle, glass
Milk ... ..	20	3	Stained caps, pupae of fruit fly, dirt, insects, sediment, oil
Orange juice ... ..	—	1	
Powdered milk ... ..	4	—	
Sandwiches ... ..	1	1	Dirt
Sausages ... ..	—	5	
Soup ... ..	1	—	Silver paper
Sweets ... ..	—	2	
Tonic water ... ..	—	1	
Vegetables ... ..	—	2	
Yoghourt ... ..	2	—	Wood, sweet papers
Other foods ... ..	1	2	

A further four complaints were received regarding articles incorrectly described and unhygienically served.

Legal proceedings were instituted in eight cases, resulting in seven convictions under Section 2 of the Food and Drugs Act, 1955 (food not of the nature, substance or quality demanded) and two under Section 8 (unfit for human consumption). Fines and costs totalling £176 19s. 0d. were imposed. The cases involved wire in a doughnut, wood in Yoghourt, mouldy pasties, metal in bread, mouldy cake, mould in milk, and dirty dough in bread. One case involved action taken under both Sections 2 and 8 of the Food and Drugs Act, 1955.

### Food Hygiene

An outbreak of *Clostridium welchii* poisoning, details of which are set out elsewhere in this report, at premises complying with the structural requirements of the Food Hygiene Regulations, and which, from outward appearances, were maintained to a satisfactory standard of hygiene, emphasized the importance of ensuring that food is correctly handled and prepared.

In view of this, it is particularly disappointing that inspections of food premises repeatedly reveal a neglect of the most elementary principle of hygiene—thorough and regular cleaning. This fault was common to all classes of food premises ranging from the large food factories to the small restaurant and food shop. All too frequently when operational difficulties arise, production is maintained at the expense of hygiene. The effects are cumulative until pressure from the department produces an improvement. In many cases the unsuitable conditions are blamed upon the type of staff available with managements failing to appreciate that where this is in fact a problem it is essential that the employees be adequately supervised to ensure that correct attention and proper priority are given to cleaning operations. The conditions detected by the Council's Public Health Inspectors should be plainly apparent to all and insanitary conditions are a grave indictment of both management and worker. (Plates 4 and 5 contrast new and old premises).



The large number of immigrant workers engaged in various sections of the food trade many of whom have little, if any, knowledge of the English language, does present a problem. This was highlighted by the fact that a talk on the subject of food hygiene given to a group of food workers had to be conducted through an interpreter.

Some foreign workers are recruited through agencies and are supposed to have been trained in catering work, but the experience of this department is that any training received is certainly not put into practice unless there is rigid supervision.

Particular hygiene problems are also presented by certain restaurants where it is apparently supposed that traditional foreign methods of food preparation excuse practices which are incompatible with the present day standards of this country.

An example of this is a method, employed in a certain class of restaurant, of merely rinsing cooking pans in between the preparation of various dishes, a large container of water being placed beneath the cooking range for this purpose. This method has allegedly been used for generations and is adopted as a matter of expediency. The water was only changed at infrequent intervals and rapidly assumed the appearance and consistency of a thick soup. When attention was drawn to the unhygienic nature of this arrangement it was defended as being general practice at this type of restaurant. Samples of the water were submitted for laboratory examination and of the seven samples submitted from five premises only one was found to be bacteriologically acceptable. In one case a surface plate count at 35°C totalled 300 million per gram with faecal coli present in 0.000001 of a gram.

The mere rinsing of the utensils in this way failed to effect thorough cleaning and a build-up of food material invariably occurred around the rim and handle of the utensil. The rinsing operation was accompanied by the use of a wiping cloth which in turn rapidly became contaminated.

All restaurants adopting this practice were required to discontinue it at once.

### **Bakehouses**

The smaller bakehouses remained a particular cause for concern during the year. Insanitary conditions were found at several of them and the institution of legal proceedings would have been recommended but for the fact that prompt remedial action was taken.

### **Outdoor events**

Concentrated efforts were made to ensure the hygienic handling of food at outdoor events held throughout the Borough. Such events are surprisingly large in number, and include church fetes, fairs, barbecues, shows, charity events, etc.

Where possible the organisers are contacted in advance of the event, informed of their obligations under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966, and given advice in connection with these, and associated public health matters, e.g. sanitary accommodation.

All persons proposing to use land under the Council's control for such purposes are advised by the Director of Parks to contact this department if the handling and serving of food is involved.

In view of this action it was disappointing that, at two of the larger events, the standard of food hygiene left much to be desired.

### **Vending machines**

The use of vending machines for dispensing a wide variety of food stuffs continues to extend and is a development which requires close supervision to ensure that the equipment is maintained in a satisfactory condition. The discontinuance of the supply of free milk has resulted in the introduction of automatic vending equipment in some schools. In addition, these machines are being installed in an ever increasing variety of locations some of which present particular hygiene problems, e.g. garage forecourts, engineering workshops, etc.

It is important for persons operating vending machinery closely to follow the manufacturers' servicing instructions. One drink vending machine was found to be in a very dirty condition and the operating personnel attributed this to the design of the machine. The manufacturers were contacted



and demonstrated the ease with which the equipment could be dismantled for cleaning. The operators had not been instructed in the process and furthermore had not been informed that the manufacturers regularly ran a servicing course for the benefit of staff maintaining their equipment.

### New Premises

All plans submitted to the Building Surveyor in connection with proposed new buildings or alterations to existing buildings are passed to this department for examination and comment. This provides an invaluable opportunity for ensuring that such work will comply fully with the requirements of the Food Hygiene (General) Regulations 1960 and enables advice to be given regarding layout, finishes, etc. By this means it is possible to prevent a repetition of mistakes in design and layout which have been found to create hygiene difficulties in the past.

During the year, ninety-five plans of food premises were received for comment from the Building Surveyor and other sources. The premises involved ranged from blocks of shops, conversions of shops into restaurants, factory canteens, school kitchens and hotel extensions, to tea rooms and additional food stores.

### Bacteriological Assessment of Hygiene Standards

While it is proving a difficult enough task to secure the physical cleanliness of food rooms, the maintenance of a satisfactory standard of cleanliness alone does not ensure the safety of the food prepared. A plate washed in lukewarm water and dried with a dirty cloth may appear clean yet harbour large numbers of organisms. Incorrectly stored cooked meat can present an even greater health hazard.

There are two main ways in which these conditions may be detected and effectively demonstrated to the food handlers concerned. These are: (1) the bacteriological examination of the food, and (2) the examination of swabs of equipment.

### Bacteriological Examination of Food

Samples of food are frequently taken and submitted to the Food Hygiene Laboratory at Colindale for examination. Details of the foods sampled and the results obtained are shown below:—

Results of bacteriological Examination of food samples

<i>Food sampled</i>	<i>No.</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Suspicious</i>
Brawn ... ..	4	3	—	1
Cheese ... ..	1	1	—	—
Cooked chicken ...	12	10	1	1
Cooked ham ... ..	15	5	8	2
Cooked meat (other than ham) ...	14	12	1	1
Cooked and frozen meat ... ..	1	1	—	—
Cream cakes ... ..	2	—	2	—
Fresh meat and minced meat ...	2	1	1	—
Meat products ... ..	6	5	1	—
Chicken products	2	1	—	1
Total ... ..	59	39	14	6



Where the number of organisms present is considered excessive, having regard to the nature of the food, state of preparation, etc., the sample is classified as suspicious or unsatisfactory and it is regrettable that out of the fifty-nine samples taken, twenty were so classified.

Unsatisfactory reports are the subject of thorough investigation and enquiry into the methods used in preparation and storage and follow-up sampling is carried out.

### **Swabbing of Equipment**

The use of the sausage technique for checking the effectiveness of equipment and utensil cleaning continued during the year on an extended scale.

Medium, in the form of a sausage, is pressed against the surface under investigation and a slice taken from the sausage is subsequently incubated in the Department's laboratory. The resulting colony count is an indication of the number of organisms present. It is particularly effective when used before and after cleaning and is helpful in instructing staff in the elementary principles of hygiene.

### **Food Hygiene Talks and Publicity**

During the year talks, illustrated in some cases by films and film strips, were given to groups of food handlers employed by the school meals and hospital services.

The "Welcome to Citizenship Exhibition" and the exhibition staged at the Hillingdon Borough Show, provided further opportunity for publicising the work of the department in this field.

### **Legal Proceedings**

When informal action fails to produce an improvement in unsatisfactory standards or where blatant or repeated contraventions of the Food Hygiene Regulations occur there is no alternative to recommending the institution of legal proceedings.

Proceedings were instituted against the proprietor of a restaurant when food in his kitchen was found to be contaminated with mouse droppings. He was fined a total of £200 with £52 10s. 0d. costs. It was the second occasion on which this particular person had been prosecuted for hygiene offences and he later sold his interest in the business.

Fines and costs totalling £65 16s. 0d. were imposed on four persons and one Company in respect of offences for smoking while handling food and for permitting the offences. Two partners in a green-grocery business were each fined £15 and £4 4s. 0d. costs for displaying vegetables lower than 18 inches from the ground and for allowing the yard at the rear of their premises to be in an insanitary condition.



## FOOD HYGIENE (GENERAL) REGULATIONS, 1960

## Inspection of Food Premises

<i>Type of Premises</i>	<i>Total Number</i>	<i>Visits Made</i>
Bakehouses ... ..	20	216
Bakers' Shops ... ..	52	184
Butchers' Shops ... ..	136	608
<i>Catering Premises</i>		
Aircraft Catering ... ..	9	71
Factory Canteens ... ..	128	375
Hospital Kitchens ... ..	10	59
Hotels, Restaurants, Cafes, Public Houses and Clubs, etc. ... ..	279	2,340
School Kitchens ... ..	84	343
Dairies and Milk Distributors ... ..	60	33
Fishmongers and Poulterers ... ..	43	299
<i>Food Factories</i>		
Bakery and Confectionery ... ..	3	} 90
Biscuits ... ..	1	
Butter Blending ... ..	1	
Caramel ... ..	1	
Coffee and Chocolate ... ..	1	
Confectionery ... ..	1	
Fat rendering ... ..	1	
Manufacture of Drugs, etc. ... ..	2	
Meat Products ... ..	2	
Soft Drinks and Mineral Works ... ..	2	
	—	
	15	
Greengrocers' Shops ... ..	97	448
Grocers' Shops ... ..	205	869
Ice Cream Premises and Confectioners ... ..	202	439
Ice Cream Distributors ... ..	38	41
Totals ... ..	1,378	6,415

## Special investigations

## (a) Meat

In addition to the samples of meat taken from the slaughter house further samples of meat from school meals kitchens were also submitted for examination and the following results obtained:—

## Special investigations

Description of Specimen	Surface Plate count per g. 35°C.	Coliform Present		Salmonella
		Non-faecal	Faecal	
Australian Chuck Steak	25,000	Not found in .01 g.	Not found	Not found
Australian Pork	400,000	Present in 0.1 g.	Nil	Not found
English Pork	400,000	Present in 0.1 g.	Present in 0.1 g.	Not found
Argentine Top Side	15,000	Present in 0.1 g.	Not Present	Not found
Argentine Chuck Steak	8,500	Present in 0.01 g.	Not Present	Not found
New Zealand Lamb	2,500,000	Present in 0.001 g.	Present in 0.1 g.	Not found
Argentine Chuck Steak	100,000	Not found in 0.1 g.	Not found	Not found
Argentine Chuck Steak	45,000	Present in 0.1 g.	Not found	Not found
Argentine Chuck Steak	30,000	Not found in 0.1 g.	Not found	Not found

(b) *Bean Shoots*

In view of the very high plate count obtained from a sample of raw bean shoots taken from a Chinese Restaurant a series of samples were submitted for examination. Counts ranging from 70,000 to 200,000,000 per gram at 35°C were obtained. Following this beans were supplied to the Laboratory for growth under controlled conditions and the results of these investigations are still awaited.

(c) *Miscellaneous Specimens; Salmonella*

To investigate possible sources of Salmonella infection, samples of imported fertilizers, pet foods and faecal specimens from pets kept at a school, were submitted for laboratory examination as follows:—

Specimen	No. taken	Results
Faecal specimens from school pets ... ..	3	Salmonella not found
Pet foods ... ..	3	Salmonella not found
Fertilizers ... ..	2	Salmonella bousso isolated from Pakistan bone meal



### Watercress

The watercress produced within the Borough is subjected to chemical sterilization and of the seven samples submitted for bacteriological examination all but one were found to be satisfactory.

The unsatisfactory sample was the result of a failure to carry out this sterilization process.

### Food poisoning

One large outbreak of food poisoning occurred among factory workers affecting sixty-five of the one hundred persons eating lunch provided at the canteen.

Investigation revealed that the causative organism was non-Haemolytic *Clostridium welchii* type 10. None of the suspected food, a "Cottage Pie", was available for laboratory examination but the circumstantial evidence suggested that the cottage pie was the cause. The pie had been subjected to cooking and re-heating.

All the other foods eaten by the affected persons were submitted for examination and were found to be free from food poisoning organisms with the exception of a powdered soup which contained *Clostridium welchii* but of a different type from that isolated from the patients.

The fact that a satisfactory standard of hygiene was maintained at the premises was an insufficient safeguard to health, as control of this particular type of organism is dependent upon the correct cooking and handling techniques. It had been the general practice to cook meats in advance of requirement and to re-heat them prior to service.

The incident was used as an object lesson to management and staff on the need for ensuring that, so far as possible, all food stuffs are freshly prepared.

## WATER SUPPLIES

### Mains Supplies

The Borough is supplied with water from the mains of three water companies, Colne Valley Water Company, South-West Suburban Water Company and the Rickmansworth and Uxbridge Valley Water Company. The results of chemical analysis of water from these three supplies are as follows:—

	<i>Colne Valley Water Co.</i>	<i>South-West Suburban Water Co.</i>	<i>Rickmansworth and Uxbridge Valley Water Co.</i>
Appearance ... ..	Clear	Clear	Clear
Odour ... ..	Normal	Normal	Normal
Reaction pH ... ..	7.2	7.5	7.2
Suspended Solids ... ..	Absent	Absent	Absent
<i>Parts per million</i>			
Chlorion as Cl ... ..	95	67	56
Ammoniacal Nitrogen ... ..	0.02	0.02	0.04
Albuminoid Nitrogen ... ..	0.01	0.01	0.01
Nitrate Nitrogen ... ..	1	3	1
Nitrite Nitrogen ... ..	Absent	Absent	Absent
Permanganate Value ... ..	0.44	1.60	0.04
Total Hardness as CaCO <sub>3</sub> ... ..	356	296	294
Total Alkalinity as CaCO <sub>3</sub> ... ..	252	204	254
Fluoride as F. ... ..	0.3	0.2	0.3
Non-carbonate Hardness as CaCO <sub>3</sub>	104	92	40



Twelve samples of mains water were submitted to the laboratory for bacteriological examination and all were found to be satisfactory. A further 21 samples were taken from indirect supplies, i.e. mains water which had been supplied via intermediate storage tanks, these were also found to be satisfactory.

### Private Water Supplies

There are now only two houses within the Borough without mains water supplies.

In addition, a number of industrial premises draw water from deep wells for manufacturing purposes.

Twenty-four samples from well supplies were submitted for examination, five of which were classed as unsatisfactory, of which one was from a domestic well supply and four from two wells supplying industrial premises.

The failure in the domestic supply was an isolated one as was the situation in one of the industrial supplies. Although no action has been taken to provide alternative sources, regular samples are being taken to monitor the existing supplies. As far as the other industrial supply is concerned a mains service has now been provided.

### Water Dispensers

Water dispensers are now becoming fairly common installations for the supply of chilled water in offices, shops, factories and public places. Some are connected directly to a mains service and others are filled by hand.

Samples taken from these installations have been poor, 9 out of 13 proving unsatisfactory on bacteriological examination. Further investigations will be made and a report on the findings submitted at a later date.

### Ice Cubes

One sample of ice cubes submitted for examination was found to be satisfactory.

### Swimming Baths

In addition to Ruislip Lido, part of which is used for bathing purposes, there are 19 swimming pools in the Borough situated at schools, hotels and clubs, etc. Two indoor public pools and one indoor club pool are in use throughout the year and the remainder during the summer months only.

It has been suggested that no sample from a pool should contain any coliform organisms in 100 ml of water and that in 75% of samples examined from that bath a plate count at 37°C from 1 ml. of water should not exceed 10 colonies, and in the remainder should not exceed 100 colonies. It is further suggested that where reliable test facilities are provided and the free residual chlorine figure at all times exceeds 0.1 parts per million it may be reasonable to omit a coliform test. Consequently it was decided to reduce the number of samples submitted for bacteriological examination, but the department carried out regular determinations on the free residual chlorine at all pools.

### Testing of Swimming Bath Water

<i>Bacteriological examination</i>			<i>Chlorine Determination</i>		
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
32	3	35	25	6	31

The unsatisfactory results were obtained from a hotel pool and club pool and were the result of inadequate chlorination.



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

These Regulations require the pasteurization of liquid egg which is to be used in food intended for sale for human consumption. Nine samples of this product were submitted for the Alpha-Amylase Test for adequate pasteurization and all were found to be satisfactory. Liquid egg is not pasteurized within the Borough.

### FERTILIZERS AND FEEDING STUFFS ACT, 1926

Ten samples of fertilizers and six samples of animal feeding stuffs were taken during the year and submitted to the Council's Analyst for examination. All were found to be satisfactory with the exception of one feeding stuffs sample, which was found to be deficient in oil content. A repeat sample was found to be satisfactory.

### FACTORIES ACT, 1961

There are 886 factories within the Borough and 1,011 inspections were made, during the year. Eighty-two notices were served drawing attention to contraventions.

Details of the inspections made and the defects found are set out below.

#### Inspection 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 enforced by L.A. ... ..	39	49	—	—
2. Factories not included in Section 1 in which Section 7 is enforced by L.A. ... ..	822	885	82	—
3. Other premises in which Section 7 is enforced by L.A. (excluding Outworkers premises)...	25	77	—	—

#### Defects found

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted (7)</i>
	<i>Found (3)</i>	<i>Remedied (4)</i>	<i>Referred</i>		
			<i>To H.M. Inspector (5)</i>	<i>By H.M. Inspector (6)</i>	
Want of cleanliness (S.1) ... ..	14	10	2	4	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6)...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ... ..	7	4	—	—	—
(b) Unsuitable or defective ... ..	68	57	—	—	—
(c) Not separate for sexes ... ..	6	6	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	53	42	—	—	—



### OUTWORKERS

Twice yearly notifications are received from occupiers of factories within the Borough of persons employed on specified work outside the factory. If the person does not reside within the Borough details must be transferred to the local authority for his place of residence. Thus, all Councils know those factories within their area which employ outworkers and any person employed as an outworker who lives in their administrative area.

During the year four notifications were received by this Authority, involving six persons who reside within the area and seven who did not. In addition, 187 persons resident in, but employed by factories outside the Borough, were also engaged on outwork. 275 inspections were made of premises occupied by outworkers; no contraventions were noted.

Wearing apparel	...	...	...	...	...	...	45
Christmas Crackers	...	...	...	...	...	...	139
Artificial flowers	...	...	...	...	...	...	3
Boxes	...	...	...	...	...	...	2
Stuffed toys	...	...	...	...	...	...	1
Paper bags	...	...	...	...	...	...	1
Artists' Requisites	...	...	...	...	...	...	1
Feather Manufacture	...	...	...	...	...	...	1
							—
							193
							—

### OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

There are 2,674 premises registered under the above mentioned legislation and 1,654 general inspections were made of these premises.

The table below sets out the number of premises registered, the number of persons employed in such premises, the number of general inspections and re-inspections made.

<i>Class of Premises</i>	<i>Registered</i>	<i>Persons Employed</i>	<i>General Inspections</i>	<i>Re-inspections</i>
Offices ... ..	706	16,704	321	686
Retail Shops ... ..	1,693	6,953	1,097	1,853
Wholesale Shops and workrooms ...	64	1,699	59	51
Catering Establishments open to the public ... ..	203	2,056	177	127
Fuel Storage Depots ... ..	8	66	Nil	3
<b>Total</b> ... ..	<b>2,674</b>	<b>27,478</b>	<b>1,654</b>	<b>2,720</b>



### Contraventions and Offences

A total of 1,601 contraventions of the Act were noted during 1968 and 1,806 were remedied during the same period.

It was necessary to take legal action in the case of a persistent offender in respect of four contraventions and a daily fine of £1 0s. 0d. for each of the contraventions, totalling £440 0s. 0d. was imposed.

### Exemptions

One application for exemption from the provision of a supply of running hot water in an office was received. No objection was received from the staff but the application was refused.

### Accidents

Any accident incapacitating a person from work for more than 3 days is notifiable and all accidents notified to the department have been investigated. There has been a considerable increase in the number of notified accidents as compared with 1967.

Advice has been given as to the best method to prevent any recurrence of the accident but it is noticeable that some premises have a much higher accident rate than would be expected from the statistical average. The introduction of mechanical handling into the types of premises required to be registered under this Act has exposed a lack of safety consciousness. Posters currently available through ROSPA were perused, but few, if any, designed for, or suitable for use in, this type of premises were available.

Statistical analyses of the reported accidents are set out in the tables below.

### Notified Accidents and Action Taken

<i>Type of Workplace</i>	<i>Number Reported</i>		<i>Action Recommended</i>			
	<i>Fatal</i>	<i>Non Fatal</i>	<i>Prosecution</i>	<i>Formal Warning</i>	<i>Informal Warning</i>	<i>No Action</i>
Office ... ..	—	5	—	—	5	—
Retail Shops ... ..	—	33	—	2	31	—
Wholesale Shops, Warehouses	—	10	—	—	10	—
Catering Establishments open to the public, Canteens ...	—	10	—	—	10	—
Fuel storage depots ... ..	—	—	—	—	—	—
Total 1968 ... ..	None	58	—	2	56	—
Total 1967 ... ..	None	38	—	—	—	—
Total, England and Wales, 1967 ... ..	16	19,245	—	—	—	—



## Causes of Notified Accidents

<i>Cause</i>	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Shops, Warehouses</i>	<i>Catering Establishments open to the public, Canteens</i>	<i>Fuel Storage Depots</i>
Machinery ... ..	—	2	—	—	—
Transport ... ..	—	1	—	—	—
Falls of persons ... ..	1	10	3	3	—
Struck by falling object ...	—	1	—	—	—
Stepping on or striking against object or person	2	1	1	—	—
Handling goods ... ..	1	7	6	4	—
Use of hand tools ... ..	—	8	—	2	—
Not otherwise specified ...	1	3	—	1	—

## PORT SANITARY ADMINISTRATION—LONDON (HEATHROW) AIRPORT

## Inspection of Imported Food

The inspection of food imported by air is probably one of the most onerous of the public health inspector's duties in connection with the Airport. The food imported is in relatively small parcels and is spread throughout the 24 hours necessitating an inspection service for the whole period. This is achieved by the airport inspectorate giving cover for the normal working day and the remainder of the cover being provided by a rota of five inspectors working an "on call" service.

During the year the Imported Food Regulations 1968 came into operation replacing the Public Health (Imported Food) Regulations of 1937 and 1948. It is now possible to ensure that 100% of all foods is examined as provision is made for detention by H.M. Customs until inspection has been carried out. In practice the only foods detained by H.M. Customs, pending inspection, are meat and meat products, other foods, e.g. vegetables and fruit are examined when considered necessary. Due to the co-operation of H.M. Customs and Importers the duties in this field have proceeded smoothly with little interference in the quick movement of goods through the Airport.

2,844 tons 10 cwts. of food have been inspected during the year involving 1,160 inspections. Details of the various foods inspected and of unfit food surrendered as unfit are shown, in Table below:

## Food Examined at London Airport

<i>Article</i>	<i>lb.</i>	<i>Article</i>	<i>lb.</i>
Meat	26,193	Shellfish	10,536
Meat Pies and Pastes	24,156	Poultry	35,943
Tinned Meat	10,883	Milk and Cheese	15,706
Cooked and Smoked Meats	99,309	Butter and Fats	10,711
Bacon and Ham	18,725	Fruit	430,260
Sausage	60,426	Vegetables	5,482,781
Salami	14,519	Confectionery	5,249
Offal	796	Flour Confectionery	1,760
Casings	150	Miscellaneous	85,136
Fish	38,532		



**Food Surrendered at London Airport**

<i>Article</i>	<i>lb.</i>	<i>Article</i>	<i>lb.</i>
Meat	9½	Fish Salad	8½
Meat Salad	9½	Shellfish	535
Poultry Meat	20	Fruit	4,251
Dried Fish	7	Vegetables	18,304

In addition to the physical examination of the food it is necessary to check, as far as meat and meat products are concerned, on the presence of the Official Certificate. This certificate is a document which must be attached to all meat or meat products imported into this country which declares that the meat or the meat from which the product has been manufactured has been derived from animals inspected before and after death in accordance with criteria satisfactory to the Ministry of Agriculture, Fisheries and Food and that the dressing, packing and other preparation was carried out with all the necessary precautions for the prevention of danger to health. The Certificate also includes the number of the establishment in which the food was prepared.

Importations are only permitted from those countries where the Minister has agreed an Official Certificate and from establishments in that country which have been approved. Each public health inspector has a list of Official Certificates and of the numbers of approved establishments and is therefore able to satisfy himself whether it is possible to permit any import irrespective of its physical condition.

Seven consignments of meat and meat products not accompanied by an Official Certificate were detained, three were subsequently re-exported and four were destroyed.

As part of the control on imported food, samples are taken for both bacteriological and chemical examination.

Unsatisfactory samples were so classified by reason of high bacterial counts. In only one sample was salmonella isolated. Importers and Exporters are advised of unsatisfactory results and action is requested for an improvement in the standard of the product.

**Foods Submitted to Public Health Laboratory**

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Cooked Sausages ... ..	36	23
Salami and Dry Sausages ... ..	23	27
Cooked Meats ... ..	22	13
Pate ... ..	4	5
Cured and Dried Meats ... ..	13	31
Fresh Meat ... ..	5	—
Cooked Poultry Meat ... ..	2	—
Fish and Fish Products ... ..	4	—
Shellfish ... ..	8	—
Cream ... ..	2	—
Frogs Legs ... ..	1	—
Cheese ... ..	1	—
Pastry and Confections ... ..	4	—
Watercress ... ..	1	5



## Imported Food

Product	Procured		Adulterated		Contained Non-permitted Preservatives	
	Formally taken	Informally taken	Formally taken	Informally taken	Formally taken	Informally taken
Cheese ... ..	—	3	—	—	—	—
Coffee ... ..	—	1	—	—	—	—
Fish and Fish Products ...	—	27	—	—	—	14
Flour Confectionery ...	—	7	—	—	—	—
Fruit ... ..	—	6	—	—	—	—
Mayonnaise ... ..	—	2	—	—	—	—
Meat and Meat Products	—	27	—	—	—	—
Mineral Water ... ..	—	2	—	—	—	—
Vegetable Salad ... ..	—	2	—	—	—	—
Pepper ... ..	—	1	—	—	—	—
Poultry Products ... ..	—	6	—	—	—	—
Salami ... ..	—	9	—	—	—	—
Sausages ... ..	—	12	—	—	—	—
Soups ... ..	—	10	—	—	—	—
Sugar Confectionery ...	—	6	—	—	—	—
Turtle Meat ... ..	—	1	—	—	—	—
Vegetables ... ..	—	11	—	—	—	—

One consignment of hors d'oeuvres found to contain prohibited preservative was taken before a Justice of the Peace who ordered its destruction. A further consignment of hors d'oeuvres containing preservatives was re-exported. One import of tinned smoked saithe containing preservative was also re-exported.

Warning letters were sent to Importers of cheese, soup, meat paste and hors d'oeuvres concerning incorrect labelling.

## Hygiene of Food Premises

In an airport the size of London (Heathrow) Airport there are numerous catering establishments varying in type from the small industrial canteen to the large exclusive restaurant. In addition, there are the specialist food production units both on and off the airport which provide complete meals for use on aircraft during flight.

Regular inspections of all the food premises are carried out and attention is paid to the handling of the food in transit from the preparation areas to the aircraft.

## Water Supply

The whole of the airport is supplied with mains water by two Companies. Regular samples are taken from aircraft and submitted for bacteriological examination.



288 samples were taken during the year with the following results:—

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
From fixed tanks ... ..	134	15
From portable flasks ... ..	97	36
From bowsers ... ..	3	—
Foreign bottled or canned water ...	3	—

Fixed storage tanks are fitted to modern aircraft and portable flasks are used for supplying drinking water to the older types. Although these are sterilized between each filling the water in them was frequently unsatisfactory particularly towards the end of the summer holiday season.

### VERMIN CONTROL

In order to exercise adequate control it is necessary to carry out regular inspections of buildings, land and aircraft.

#### Land

Rodent infestation obviously occurs from time to time and control is exercised by the employment by the British Airports Authority of a contracting Company who employ an operator full time at the Airport to deal with this and other problems.

#### Buildings

The buildings at the Airport are inspected for rodents and insects. Mice, and particularly cockroaches, have been troublesome in the past but by regular control treatments the situation is greatly improved.

#### Aircraft

Although rats and mice are not common on aircraft the occasional one is found on board—presumably gaining access with cargo. During 1968 three aircraft were fumigated with Hydrogen Cyanide for the destruction of mice.

In order that infestation can be dealt with quickly, one of the operating companies at London (Heathrow) Airport acts as agent for the other airlines and has an arrangement with a fumigation company who will treat an aircraft with Hydrogen Cyanide any time of day or night, at the request of the Duty Officer.

Similarly insect infestation on aircraft is dealt with in the same manner.

### HOUSING

The activities under this heading comprise repair, improvement, overcrowding, multiple occupation and clearance of unfit houses.

The work is co-ordinated by a Specialist Public Health Inspector who is responsible for ensuring that uniform standards of repair are achieved and that progress is maintained in all the various aspects of the work.

Details of the work carried out during the year are given in the following paragraphs but special mention must be made of Improvement Areas. The London Borough of Hillingdon is one of the few Authorities which has made efforts to secure the improvement of existing houses by declaring certain parts of the Borough "Improvement Areas" and although the procedure is cumbersome and time consuming far more progress has been achieved by this procedure than has ever been possible by publicity and persuasion.



**Improvement**

(a) *Improvement Areas*

1. *Improvement Area No. 1 (Hayes) (Declared 18.11.64)*

All the tenanted dwellings in this area, where the tenants were willing to have missing standard amenities provided, have now been improved. Of the 10 tenanted dwellings where tenants were unwilling to have standard amenities, two changed their minds during the year and the landlords have been served with Final Improvement Notices to improve these dwellings within the next 12 months. The remaining 8 Suspended Notices have not yet expired.

Although the procedure for dealing with the improvement of dwellings under the Housing Act, 1964 is cumbersome all the effort needed, both administratively and technically, has been worthwhile especially when tenants who are interviewed after improvements have been carried out, comment very favourably about their new amenities.

*Summarising the position in Area No. 1:—*

No. of houses in the area lacking in amenities when declared in 1964 ...	108
No. of tenanted houses in the area still lacking in amenities but where the tenants are unwilling (2 tenants have now changed their minds, see reference above) ... ..	10
No. of houses withdrawn from the Improvement Area and dealt with by Slum Clearance ... ..	4
No. of dwellings provided with amenities ... ..	65

2. *Improvement Area No. 2 (Hayes) (Declared 12.7.67)*

Preliminary Notices were served in respect of 62 tenanted dwellings out of 100 which were lacking in one or more of the standard amenities, 21 flats were excluded from statutory action owing to improvements not being reasonably practicable and the remaining 17 dwellings became vacant, owner-occupied or were demolished.

To comply with the statutory procedure of the Housing Act, 1964 a meeting was held at the Hayes Civic Hall, Station Road, Hayes, on the 15th October, 1968 to interview all interested parties affected by the service of the Preliminary Notices.

Since the declaration of the Improvement Area, 4 owner-occupiers in the area have applied for grants and 8 applications have been received from the owners of tenanted property.

3. *Improvement Areas Nos. 3 and 4*

Improvement Area No. 3 was declared on 25.1.68 and Area No. 4 on 24.7.68. Valuations on individual properties are required from the Borough Valuer before the next steps can be taken to deal with these areas.

Improvement Area No. 3 is situated in Uxbridge (i.e. Waterloo Road, Cowley Mill Road, Bridge Road, The Greenway, Chiltern View Road, etc.).

Improvement Area No. 4 is situated in Northwood (i.e. Hilliard Road, High Street, Hallowell Road, Green Lane, etc.).

The proportion of tenants to owner occupiers in the four areas so far declared is shown as follows:—

	<i>No. of houses lacking in standard amenities</i>	<i>Owner/Occupiers</i>	<i>Tenants</i>
Area No. 1 ...	108 (1 vacant)	32	75
Area No. 2 ...	159	59	100
Area No. 3 ...	189	122	67
Area No. 4 ...	158	68	70



Although there are approximately 2,100 houses in the Borough still lacking in one or more of the standard amenities, this represents a minor problem compared with conditions existing over the country as a whole, or even in the South East.

<i>Region</i>	<i>Houses lacking one or more of standard amenities as a percentage of total stock in each region</i>
North of England	28
South East ...	21
Hillingdon ...	3.3

(b) *Houses outside Improvement Areas*

This year better use has been made by occupiers of tenanted dwellings to exercise their right to make representations to the Council to require the landlord to provide standard amenities. Seventeen applications were received during the year compared with 2 in 1967 and this is no doubt due to the advice given to tenants by public health inspectors who have visited the dwellings concerned for various reasons.

Details of applications received during 1968 and the action taken is shown below:—

**Dwellings outside Improvement Areas**

1. Number of representations made by tenants	...	...	...	17
2. Number of Preliminary Notices served (full standard)	...	...	...	3
3. Number of Immediate Improvement Notices (full standard)	...	...	...	3
4. Number of dwellings improved:				
(a) full standard	...	...	...	2
(b) reduced standard	...	...	...	—

The position with the 17 representations is as follows:—

applications applied for grant by owners	...	...	...	3
house found to be unfit and being dealt with by way of "Closure"	...	...	...	1
house being purchased by the Council as part of a redevelopment scheme	...	...	...	1
representation withdrawn as the tenant was seriously ill	...	...	...	1
negotiations with the owners in progress prior to formal action	...	...	...	11

**Improvement Grants**

The one application for a Discretionary Grant received was withdrawn by the applicant to avoid compliance with the 12 point scheme of fitness.

The Standard Grant Scheme, which is more applicable in this area because of the type of property that exists has appealed mostly to owner-occupiers. Tenanted houses which have been improved with this type of grant have been predominantly in Improvement Areas where statutory action has been taken.

It is surprising that many tenants do not wish to have the improvements carried out. Old age and not wanting the inconvenience of a temporary upset in the home, together with increased rents, are some of the reasons why tenants do not wish to avail themselves of a chance to enjoy better



living conditions. Proposed new legislation may give power to a landlord to improve his property if he so wishes and it remains to be seen whether this will have the effect of giving a greater impetus to the general improvement of dwelling houses.

(1) *Standard Grants*

	<i>Owner/Occupier</i>	<i>Tenanted</i>
1. Number of applications received ... ..	49	35
Number of applications approved ... ..	43	27
Number of applications refused ... ..	1	1
2. Number of dwellings improved ... ..	28	35
3. Amount paid in grants ... ..	£8,023	10s. 0d.
4. Average grant per house ... ..	£127	7s. 1d.
5. Amenities provided:—		
(a) fixed bath ... ..	37	
(b) shower ... ..	—	
(c) wash hand basin ... ..	38	
(d) hot water supply (to any fittings) ...	52	
(e) water closet:		
1. within dwelling ... ..	49	
2. accessible from dwelling ... ..	—	
(f) food store ... ..	21	

(2) *Discretionary Grants*

	<i>Owner/Occupier</i>	<i>Tenanted</i>
1. Number of applications received ... ..	1 (withdrawn)	—
2. Number of applications approved ... ..	—	—
3. Number of applications refused ... ..	—	—
4. Number of dwellings improved ... ..	—	—
Amount paid in grants ... ..		—
Average grant per house ... ..		—

**Improvement Areas—Housing Act, 1964**

Number of:	1. Areas (a) Surveyed ... ..	2
	(b) Declared ... ..	2
	2. Houses to be improved (a) full standard ...	157
	(b) reduced standard ... ..	—
	3. Preliminary Notices served ... ..	62
	4. Undertakings accepted ... ..	—
	5. Immediate Improvement Notices served ...	—
	6. Suspended ... ..	—
	7. Final ... ..	—
	8. Dwellings improved (a) full standard ...	18
	(b) reduced standard ... ..	—
	9. Dwellings improved by L.A. in default	
	(a) full standard ... ..	—
	(b) reduced standard ... ..	—



### Improvement Grants—Publicity

In order to give publicity to the Improvement Grant Scheme, mobile exhibitions were organised to cover Improvement Areas 2, 3 and 4. The Ministry of Housing and Local Government Mobile Exhibition visited selected sites in the Borough in close proximity to improvement areas, and during the period 879 people visited inquired about and inspected the exhibits relating to improvement schemes.

In addition to the above, publicity and exhibitions were also given at the "Welcome to Citizenship Exhibition" at Uxbridge Technical College on the 17th to 19th April and at Hillingdon Borough Show on the 22nd June. The Health and Welfare Departments shop window was also set out for two weeks during the year showing models, photographs and literature which fully covered the Improvement Grant Scheme. In addition, three traders in the Borough, at the request of the Department "dressed out" sections of their windows giving prominence to the provision of bathrooms, indoor toilets and hot water systems. Publicity was also given in the *Middlesex Advertiser* and *Hillingdon Mirror* to the Improvement Grant Scheme and both the North Thames Gas Board and the Southern Electricity Board made advertising contributions to the Scheme.

It is felt that maximum publicity has been given to the Scheme and on every possible occasion when visiting dwelling houses the Public Health Inspectors advise both tenants and owner occupiers alike about the advantages of having improvements carried out with the financial assistance of the Improvement Grant Scheme.

### Repair (Housing and Public Health Acts)

The Public Health Acts still continue to be the main instrument used to require repairs to dwelling houses, either as a result of complaint by tenants or by discovery during routine inspection. Legislation to deal more effectively with the repair of dwelling houses under the Housing Acts is overdue. The Housing Bill now before Parliament contains provisions which appear to improve the position. Judgement on this can only be made when the Bill becomes law.

In 1968, 308 complaints were received by the department concerning disrepair in dwelling houses and the district public health inspectors made 1,128 visits to houses for initial inspections and re-inspections to secure compliance with notices and to supervise works of repair.

The following table shows formal and informal action taken to secure the repair of dwellings.

Number of houses rendered fit after service of notices:—

	<i>Section 9, 10 and 16 of 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 ... ..	3	2	192	48	195	50
(b) By local authority ...	—	—	—	1	—	1
TOTALS ... ..	3	2	192	49	195	51

### Demolition and Closure

23 whole houses and 3 parts of houses were reported to the Council as unfit for human habitation and not capable of repair at reasonable expense, in respect of which 13 Closing Orders and 13 Demolition Orders were made.



Number of:	1. Undertakings accepted	(Section 16)	...	...	—
	2. Closing Orders made	(Section 17)	...	...	10
	3. Demolition Orders made	(Section 17)	...	...	13
	4. Closing Orders made (rooms)	(Section 18)	...	...	3
	5. Closing Orders determined	(Section 27)	...	...	1
	6. Closing Orders revoked and Demolition Orders substituted	(Section 28)	...	...	—
	7. Houses demolished following Demolition Orders		...	...	12
	8. Number of people displaced (a) individuals		...	...	62
	(b) families		...	...	25

### Clearance Areas and Individual Unfit Dwellings

On 1st April 1965, the Slum Clearance Programme of the four constituent Authorities comprised 151 dwellings. Some of the tenants of these dwellings have not yet been rehoused and therefore not all of the dwellings are yet demolished. Even so the full programme has been dealt with as far as possible and other properties found unfit have been dealt with.

The position at the end of 1968 is shown in the following tables:—

No. of houses in original programme	...	...	...	...	...	151
Taken out of programme	...	...	...	...	...	28
						—
						123
Added to programme	...	...	...	...	...	103
						—
						226
						—

#### (1) Clearance Areas represented during the year

1. Number of Areas	...	...	...	...	...	5
2. Houses unfit for human habitation	...	...	...	...	...	20
3. Houses included by reason of bad arrangement, etc.	...	...	...	...	...	—
4. Houses on land acquired under Section 43(2)	...	...	...	...	...	—
5. Number of people displaced (a) individuals	...	...	...	...	...	23
(b) families	...	...	...	...	...	20

#### (2) Action taken during the year

1. Houses demolished by Local Authorities or owners						
(a) unfit	...	...	...	...	...	17
(b) others	...	...	...	...	...	—
2. Number of people displaced (a) individuals	...	...	...	...	...	77
(b) families	...	...	...	...	...	33

It is now true to say that Hillingdon has no slum clearance problem and the unfit dwellings that occasionally have to be dealt with are due to wastage each year. It is estimated that approximately



six each year may have to be dealt with by closure or demolition. The following table shows the position in Hillingdon as compared with other parts of the country.

<i>Region</i>	<i>Unfit Houses as a percentage of total stock in each region</i>
North of England	15
South East ...	6
Hillingdon ...	0.02

### MULTIPLE OCCUPATION

Multiple occupation is a problem which will remain with the department for a very long time as it is likely to grow. Every effort has been made to control and abate overcrowding by limiting the number of individuals permitted to reside in houses found in multiple occupation and where appropriate, extra facilities and means of escape in case of fire are required. Practically the whole of one Technical Assistant's time is engaged on this problem. The Council's principle method for controlling multiple occupation is by the service of Direction Orders limiting the number of individuals to 5 in three and four bed roomed houses.

During the year 26 convictions were obtained in the Magistrates Court for contraventions of Direction Orders.

A weakness in existing legislation dealing with contraventions of Direction Orders is that no provision has been made for continuing offences.

#### Houses in Multiple Occupation

1. Known number of houses in multiple occupation	...	...	...	297
2. Number of houses on which Notices of Intention have been served for				
(a) Management Orders (Section 12)	...	...	...	—
(b) Directions on overcrowding (Section 19)	...	...	...	89
3. Number of houses on which have been made:				
(a) Management Orders	...	...	...	—
(b) Directions on overcrowding	...	...	...	78
4. 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)	...	...	...	—
(c) where work has been carried out in default	...	...	...	—
5. Number of prosecutions in respect of:				
(a) Management Orders	...	...	...	—
(b) Direction Orders	...	...	...	26
(c) Overcrowding (Section 90, Housing Act, 1957)	...	...	...	—
6. Number of control orders made (Housing Act, 1964)...	...	...	...	—
7. Number of control orders terminated	...	...	...	—



**CERTIFICATES OF DISREPAIR—RENT ACT, 1957**

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

*Part I—Applications for Certificates of Disrepair*

1. Number of applications for certificates	...	...	...	...	...	...	...	...	...	16
2. Number of decisions not to issue certificates	...	...	...	...	...	...	...	...	...	—
3. Number of decisions to issue certificates										
(a) in respect of some but not all defects	...	...	...	...	...	...	...	...	...	1
(b) in respect of all defects	...	...	...	...	...	...	...	...	...	18
4. Number of undertakings given by landlords under paragraph 5 of the First Schedule	...									11
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	...	...	...	...	...	...	—
6. Number of Certificates issued	...	...	...	...	...	...	...	...	...	6

*Part II—Application for cancellation of Certificates*

7. Applications by landlords to Local Authority for cancellation of certificates	...	...								1
8. Objections by tenants to cancellation of certificates	...	...	...	...	...	...	...	...	...	—
9. Decisions by Local Authority to cancel in spite of tenants' objections	...	...	...	...	...	...	...	...	...	—
10. Certificates cancelled by Local Authority	...	...	...	...	...	...	...	...	...	1

**CONTROL OF CARAVAN SITES**

**Caravan Sites and Control of Development Act, 1960**

<i>Licensed sites in the Borough</i>	
<i>No. of temporary licences</i>	<i>No. of licences without time limit</i>
17	14

**CLEAN AIR**

**Measurement and Investigation of Atmospheric Pollution**

Seven stations to measure the daily volume of smoke and sulphur dioxide are maintained in the Borough.

The table on page 100 shows the monthly averages of smoke and sulphur dioxide content in the air for each station.

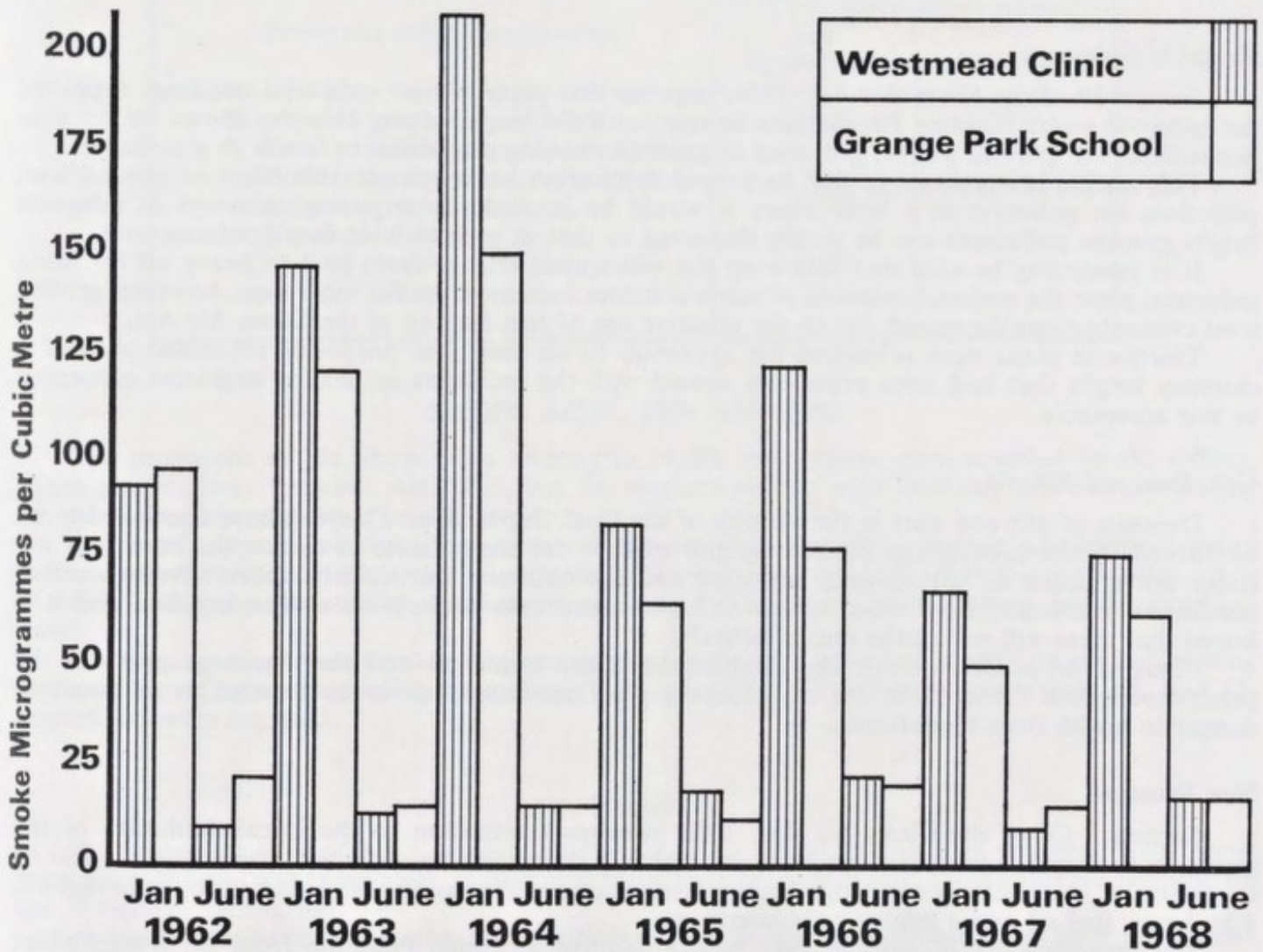
The records of the monthly smoke averages for January and June for the stations at West Mead Clinic and Grange Park School over the last 7 years are set out on page 101. Grange Park School has been situated in a Smoke Control Area since 1960 and is now surrounded by other Smoke Control Areas. West Mead Clinic is situated in a Smoke Control Area that became operative this year and is the only Smoke Control Area in that neighbourhood. A 10 acre square with the station as a centre point sited at Grange Park School would include 123 houses and 8 other properties; at West Mead Clinic it would include 122 houses and 2 other properties. The pollution recorded clearly indicates the benefits gained by the Smoke Controlled Areas.



**MONTHLY AVERAGES FOR SMOKE AND SULPHUR DIOXIDE FOR 1968**  
**Microgrammes Per Cubic Metre**

	<i>76 High St., Northwood</i>		<i>West Mead Clinic, South Ruislip</i>		<i>Coldharbour Lane, Hayes</i>		<i>Grange Park School, Hayes</i>		<i>Dragonfield, High Street, Uxbridge</i>		<i>Oak Farm School, Hillingdon</i>		<i>Drayton Hall, West Drayton</i>	
	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>	<i>Smoke</i>	<i>SO<sub>2</sub></i>
January ... ..	93	109	71	176	92	184	56	131	81	158	78	143	63	145
February ... ..	74	108	74	168	59	144	55	174	85	168	61	147	70	154
March ... ..	38	63	40	94	42	129	30	122	54	126	33	106	39	100
April ... ..	38	95	43	127	44	133	31	112	40	122	37	118	42	102
May ... ..	24	71	24	95	29	113	21	100	31	93	21	96	28	87
June ... ..	14	59	15	82	26	109	15	77	20	62	15	80	20	63
July ... ..	15	45	20	59	21	64	14	60	21	48	16	63	23	54
August ... ..	9	37	13	42	16	59	9	38	15	39	9	45	17	30
September ... ..	17	52	26	59	26	80	16	50	22	52	19	59	25	45
October... ..	32	66	46	117	41	112	30	82	45	85	36	102	38	58
November ... ..	61	115	62	178	57	129	43	143	64	145	48	138	64	138
December ... ..	84	180	85	229	71	207	57	165	68	166	66	162	90	200

### Smoke Microgrammes per Cubic Metre



#### Smoke Control Areas

The programme to extend Smoke Control Areas throughout the Borough continued but unfortunately it has been necessary to restrict the programme compared with that originally planned. The position at the end of the year is set out below:—

	Number of Orders	Acres	Domestic Dwellings		Other Premises
			Local Authority	Private	
In operation at 31.12.67 ... ..	39	12,218	8,079	18,928	2,215
Brought into operation during 1968	2	353	498	2,412	60
Order confirmed but not yet operative	1	356	74	1,117	37
Orders made but not yet confirmed ...	1	1,163	145	1,099	71



**Dark Smoke (Permitted Period) Regulations, 1958**

These Regulations lay down the maximum length of time that dark and black smoke may be emitted from a chimney, other than a domestic chimney, in any given time. Eighty-four observations were made of industrial chimneys and no contraventions of the Act were noted.

**Height of Chimneys**

Section 10 of the Clean Air Act, 1956, requires that plans of new industrial buildings deposited for approval under Building Regulations be rejected if the height of any chimney shown on the plan is insufficient to prevent smoke, grit, dust or gases from being prejudicial to health or a nuisance.

This section is important in that its proper application has a considerable effect on ground level pollution, i.e. pollution at a level where it would be inhaled. By requiring chimneys of adequate height gaseous pollutants can be widely dispersed so that at ground level they are innocuous.

It is interesting to note that following the widespread change from coal to heavy oil for firing industrial plant the national emission of sulphur oxides increased. At the same time, however, ground level concentrations decreased due to the effective use of this Section of the Clean Air Act.

Thirty-one plans were submitted for approval. In all cases the proposals submitted showed a chimney height that had been previously agreed with the architects or heating engineers concerned or was acceptable.

**Grit, Dust and Effluvia**

Deposits of grit and dust in the vicinity of the Coal Depot, West Drayton have continued to be monitored. Unfortunately the monitoring proves that the steps taken to reduce the coat dust are either not effective or not properly operated and the nuisance, particularly under adverse weather conditions, continues. New water sprays and automatic time controls have been installed and it is hoped that these will reduce the dust effectively.

Plans of proposed dry cleaning establishments are examined and the discharge point of the perchloroethylene fumes from the dry cleaning plant recommended to be so sited as to minimise danger to health from these fumes.

**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 furnace or any domestic furnace with a capacity of 55,000 or more Btu/hr. Notifications of 89 installations were received; 37 were gas fired, 44 fired by light fuel oil, 4 by heavy fuel oil and 4 related to incinerators.

The predominance of gas and light fuel oil is most welcome. Pollution from gas is negligible; light fuel oil can be burned smokelessly and also has a low sulphur content, thus giving rise to little pollution from oxides of sulphur.

**Industrial Bonfires**

Section 47 of the Middlesex County Council Act, 1961, prohibits dark smoke from industrial bonfires. It was necessary to draw the attention of a number of persons, mainly connected with building site clearance, to these provisions. One incident, in connection with car breaking, was reported for legal proceedings.

**RODENT CONTROL**

For the past three years rodent control in domestic premises in all parts of the Borough except Yiewsley and West Drayton has been contracted to a commercial operator. The contractor maintains close contact with the department and works to standards laid down by the Council.

Rodent control in domestic premises is a free service but a charge is made for any work done on business, commercial or industrial premises.



Details of the work carried out are set out below:—

<i>Properties other than Sewers</i>	<i>Type of Property</i>	
	<i>Non-Agricultural</i>	<i>Agricultural</i>
1. Number of properties in district ...	87,339	101
2. A. Total number of properties (including nearby premises) inspected following notification ... ..	1,322	—
B. Number infested by		
(i) Rats ... ..	1,156	—
(ii) Mice ... ..	166	—

### SHOPS ACTS, 1950 AND 1965

The provisions of the Shops Acts relating to health and welfare were repealed by the Offices, Shops and Railway Premises Act, 1963, but the sections dealing with Half-day and Sunday closing Hours of Employment, etc., are still in force.

While it is appreciated that shopkeepers do not remain open unless there is a customer demand to be satisfied, the Local Authority is responsible for enforcing the law. Complaints are often made of unfair trading by law-abiding shopkeepers against a rival trader who is opening outside permitted hours.

Legal proceedings were instituted in respect of one offence concerning trading on the half-closing day and two offences for trading on a Sunday. Fines of £1 (the maximum permitted), £8, and £5, respectively were imposed.

### NOISE

The increasing level of noise is undoubtedly one of the major problems of modern living. Apart from aircraft noise, 60 complaints of nuisance from noise were received, a considerable increase on the 25 received during 1967.

A representative attended the International Congress on Noise Abatement held in London during May 1968. The papers and discussions showed that the problem was universal in developed countries and that in general the causes of the noise nuisance are identical.

Perhaps the Congress stimulated Government interest for in 1968 they published a revised edition of "Noise and the Worker" and two new booklets "Reducing Noise in Buildings" and "Noise Control on Building Sites".

In Circular 59/68 of November 1968 the Ministry of Housing and Local Government drew attention to the fact that concrete breakers could be muffled to reduce noise emission, and asked all local authorities to press for this to be done. This has been departmental policy for some time and was referred to in the 1967 Annual Report.

Complaints of noise were in general resolved by informal action; but it was necessary to obtain a Nuisance Order from the local Magistrates in connection with noise from a dance club and Abatement Notices have been served in respect of two industrial noise nuisances. It was not possible to take legal proceedings in respect of one of these notices because the Company concerned had left their registered office and could not be found. An interesting development in the investigation of noise complaints was the use of a sealed tape recorder to establish the existence of a nuisance.

In February the attention of all the known itinerant vendors of ice cream was drawn to the provisions of the Act relating to chimes from vehicles. The letter referred both to the restrictions on hours of use and to the actual volume of sound. The letter appeared to achieve the desired effect.



**London (Heathrow) Airport Noise Insulation Grants Scheme, 1966**

That part of the "Defined Area" around London (Heathrow) Airport which is situated in the Borough boundaries contains 1,960 Council houses and 6,000 private dwelling houses.

The Council have undertaken to carry out sound insulation in all its dwellings and approximately 400 are completed to British Airport Authority specification.

Of the 6,000 private dwelling houses 228 only have been completed but the increase in the grant scheme has attracted more applicants in recent months.

**FLOODING****Northern areas of Borough**

The Borough suffered flooding in several areas, particularly during the severe weather conditions of 14th, 15th and 16th September, 1968 when the local rainfall recorded was 1.45 inches of rain on the 14th and 1.57 inches on the 15th.

The problem in the North Hillingdon area is caused by surface water getting into foul sewers, partly through wrong connections and partly through infiltration of ground water into sewers near rivers. Also flood waters enter foul drains via open gullies, and ill-fitting covers of manholes. In time of heavy rainfall the whole foul sewage system becomes surcharged and overflows at certain low parts, causing flooding with a diluted mixture of surface water and sewage.

North Hillingdon and Ickenham are drained to a common outfall sewer along Western Avenue opposite Northolt Aerodrome and this outfall sewer is known to be inadequate.

The areas of North Hillingdon particularly affected by flooding were Lynhurst Crescent and Long Lane opposite Park Way. Lynhurst Crescent is situated at the lowest part of the area, the flooding taking place nearest to the Canal Feeder and the Yeading Brook. This flooding was caused partly by the natural flow of surface water over the ground which is heavy clay, to the lowest point, and partly by the overflow of the foul sewers.

The flooding at Long Lane is caused by overflowing of foul drains and sewers. A non-return anti-flooding valve is fitted to the intercepting chamber serving the affected properties but this did not appear to function properly in the case of this flooding and consideration is being given to fitting some more positive form of valve, combined with a retaining chamber.

It is thought that the flooding in this area will persist until new and enlarged sewers are constructed.

Other parts of the Borough subject to persistent flooding in time of exceptional rainfall are mainly in low lying areas, or at the foot of steep hills, as in Harefield Road at the junction of Gravel Hill, Uxbridge and the Harefield Rubber Company's premises at the junction of Park Lane and Summerhouse Lane, Harefield. In the case of the flooding at the Harefield Rubber Company, remedial work has been carried out to divert the flow of storm water to a new line. Harefield Secondary School had two classrooms flooded to a depth of two to three inches on 15/16th September and again on 17th December. During the heavy rainfall at the time, the foul sewer in Northwood Road became surcharged and a mixture of storm water and sewage overflowed through the foul drain into the school premises. The school is situated at the lowest part of Northwood Road and the ground slopes down from the road towards the school, the floor level being more than two feet below road level. Consequently, when the foul sewer becomes surcharged either from blockage or exceptional rainfall the first point at which the sewage will overflow is in the school. In this case a non-return valve is to be fitted to the school drainage connection and a storage tank provided to retain the sewage during conditions of surcharge of the sewer.

Other instances of flooding occurred in similar circumstances in low lying property at Eastcote Road, where gardens have been flooded with diluted sewage and surface water. Edwards Avenue, South Ruislip, Park Avenue, Ruislip, Honey Hill, Uxbridge, Sharps Lane, Ruislip, North View, Eastcote and Breakspear Road South, Ickenham, were also affected by flooding due to inadequate surface water drainage.

Some flooding has also occurred in the Rickmansworth Road, The Avenue and Dene Road area of Northwood and there is concern that re-development in Northwood, with blocks of flats or estates of modern houses replacing under-occupied large mansions, may have the effect of overloading the existing and sometimes inadequate soil and surface water sewers.



**CONSUMER PROTECTION ACT, 1961  
OIL HEATER REGULATIONS, 1962**

Twenty-three premises selling oil heaters were visited during the year. None of the heaters examined was found to be in contravention of the Regulations.

**NIGHTDRESS REGULATIONS, 1967**

No contraventions of the above mentioned Regulations were observed during 1968.

Ladies disposable nightdresses are now on sale in the Borough; these nightdresses were found to carry the statutory warning label about flammability.

**RADIOACTIVE SUBSTANCES ACT, 1960**

Eleven premises within the Borough are registered by the Minister of Housing and Local Government for the storage and use of radioactive material. Copies of the registration Certificates and of any other matters arising therefrom are sent to this Authority.

During the year the Ministry informed the Council of an accidental discharge of radioactive material from one factory and stated they had asked for improved supervision and for better warning and preventative measures. The Ministry were fully satisfied that there was no hazard as a result of this discharge.







*PLATE 1.*

*New Mobile Clinic.*





PLATE 2.

Day Nursery—Meal Time.



PLATE 3.

Day Nursery—Washing Time.





*PLATE 4.*

*Modern Kitchen.*



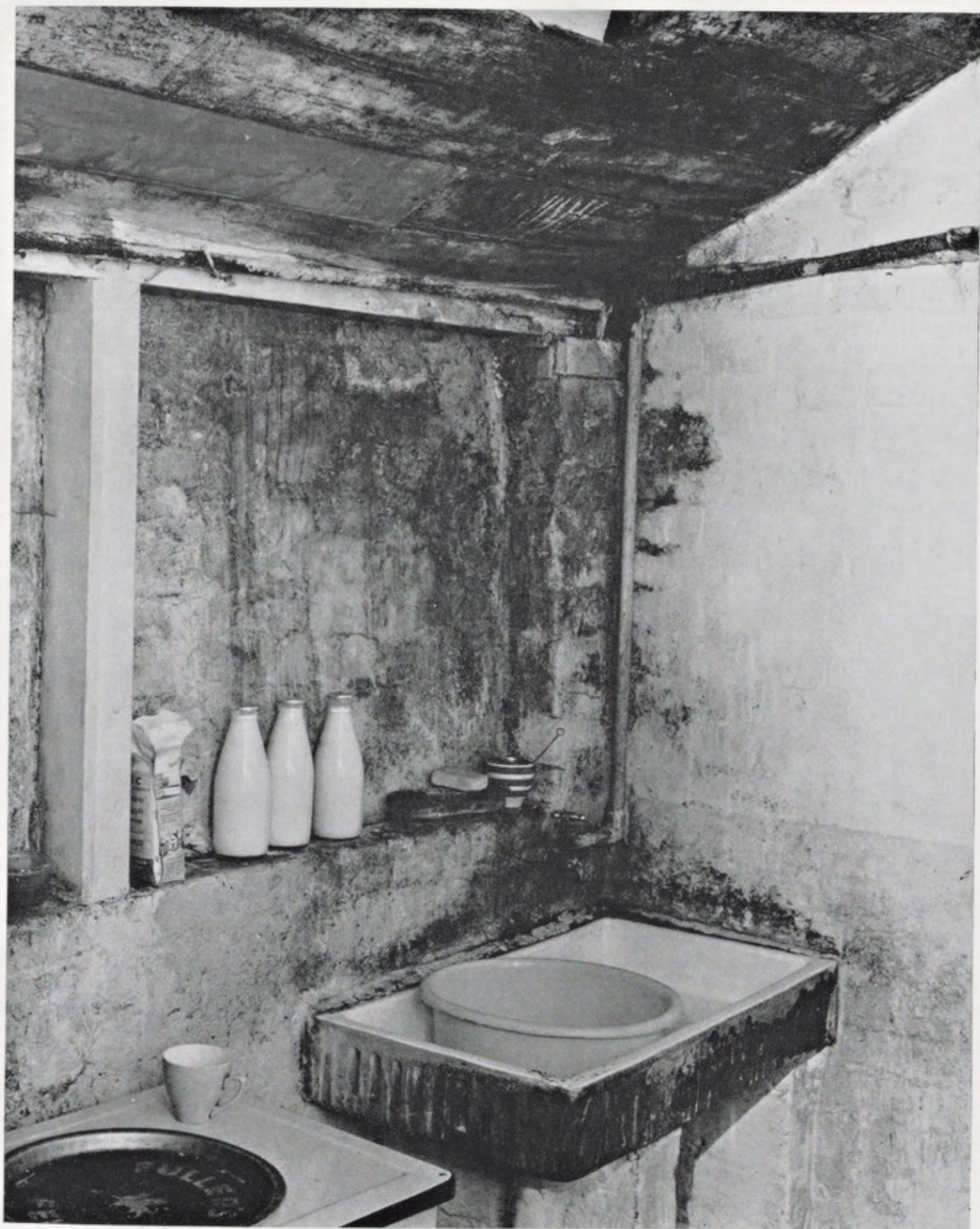


PLATE 5.

*Ancient Kitchen.*





*PLATE 6.*

*Teaching the Blind.*



PLATE 7.

*Old People's Workshop at West Drayton.*





PLATE 8.

*Transport for Handicapped.*

Report of the  
Principal School Medical Officer  
for the year 1968





**THE SCHOOL HEALTH SERVICE**

Medical Inspection of pupils was carried out on the lines laid down in the Regulations. This table gives an indication of the scope of the work compared with that done in previous years:—

Year of Birth	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later	14	14	—	—	—	—
1963	674	672	2	9	29	38
1962	1,867	1,860	7	30	107	136
1961	362	359	3	6	16	22
1960	120	120	—	3	7	10
1959	108	107	1	2	6	8
1958	141	141	—	4	7	11
1957	820	818	2	20	50	68
1956	756	753	3	16	34	49
1955	305	302	3	4	14	18
1954	1,138	1,134	4	27	30	57
1953 and earlier	1,284	1,282	2	21	31	50
<b>TOTAL</b>	<b>7,589</b>	<b>7,562</b>	<b>27</b>	<b>142</b>	<b>331</b>	<b>467</b>

Percentage of children inspected with satisfactory physical condition	...	...	...	99.64
Percentage of children inspected with unsatisfactory physical condition	...	...	...	0.36
Percentage of children inspected who were found to require treatment	...	...	...	6.15
Percentage of children inspected who were found to require treatment (excluding vision defects)	...	...	...	4.36



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

The following table includes all defects noted at periodic and special medical inspections, whether or not the patients were under treatment or observation at the time of the inspection. The number of pupils found to require treatment (T) or observation (O) is included separately.

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin ... ..	T	5	4	11	20	26
		O	6	3	7	16	11
5	Eyes (a) Vision ... ..	T	48	33	61	142	205
		O	253	41	107	401	214
	(b) Squint ... ..	T	1	—	2	3	1
		O	1	—	—	1	1
	(c) Other ... ..	T	—	3	—	3	3
		O	2	—	1	3	3
6	Ears (a) Hearing ... ..	T	71	11	53	135	209
		O	38	1	8	47	235
	(b) Otitis Media ... ..	T	4	1	1	6	3
		O	14	—	1	15	15
	(c) Other ... ..	T	—	—	—	—	6
		O	5	1	1	7	23
7	Nose and Throat... ..	T	7	3	2	12	17
		O	80	7	16	103	67
8	Speech ... ..	T	27	2	7	36	53
		O	52	2	8	62	46
9	Lymphatic Glands ... ..	T	—	—	—	—	—
		O	5	1	2	8	5
10	Heart ... ..	T	2	—	3	5	4
		O	21	7	6	34	33

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
11	Lungs ... ..	T	—	—	1	1	1
		O	23	7	15	45	65
12	Developmental (a) Hernia	T	—	—	—	—	1
		O	—	2	—	2	1
	(b) Other	T	3	1	6	10	3
		O	10	8	10	28	35
13	Orthopaedic (a) Posture	T	3	2	7	12	2
		O	11	17	21	49	21
	(b) Feet ...	T	10	9	22	41	87
		O	45	7	20	72	96
	(c) Other ...	T	3	1	6	10	8
		O	6	1	4	11	17
14	Nervous System (a) Epilepsy ... ..	T	1	—	—	1	3
		O	4	—	5	9	8
	(b) Other ... ..	T	—	—	3	3	6
		O	9	2	7	18	24
15	Psychological (a) Development ...	T	—	—	—	—	16
		O	20	1	5	26	16
	(b) Stability ...	T	2	—	1	3	15
		O	11	4	1	16	46
16	Abdomen ... ..	T	1	—	1	2	1
		O	2	1	3	6	5
17	Other ... ..	T	11	5	12	28	33
		O	63	21	37	121	206



## SCHOOL CLINICS

School clinics were carried out on the same lines as previously, that is to say, they were used as consultative clinics where detailed examination of pupils and discussion with parents was possible.

Number of special inspections and re-inspections carried out during the year: 5,938.

<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 and 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
Harmondsworth (Old School), Moor Lane, Harmondsworth		3rd Thursday a.m. (later p.m.) in the month
Haydon Hall Clinic, Joel Street, Eastcote		1st Thursday a.m. in the month
Hayes End Clinic, Methodist Church Hall, Uxbridge Road, Hayes		1st Thursday a.m. in the month
Ickenham Clinic, Long Lane, Ickenham	1st and 3rd Tuesday a.m. in the month	4th Friday a.m. in the month
Laurel Lodge Clinic, Harlington Road, Hillingdon	1st and 3rd Wednesday a.m. in the month	2nd and 4th Wednesday a.m. in the month
Manor Farm Clinic, Ruislip	2nd and 4th Tuesday a.m. in the month	3rd Tuesday a.m. in the month
Maurice Child Memorial Hall, Carfax Road, Hayes		Last 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



<i>Premises</i>	<i>School Health Sessions</i>	<i>Immunisation/ Vaccination Sessions</i>
Northolt Grange, Edwards Road, Northolt (Borough of Ealing premises)		1st Wednesday p.m. in the month
Northwood Clinic, Ryefield Court, Ryefield Crescent, Northwood Hills	1st and 3rd Tuesday a.m. in the month	2nd Wednesday a.m. in the month
Oak Farm Clinic, Long Lane, Hillingdon	2nd, 4th and 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 and 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, S. Ruislip	1st and 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	2nd, 4th and 5th Friday 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	11
Errors of refraction (including squint) ... ..	1,308
	1,319
Number of pupils for whom spectacles were prescribed ...	774



**Orthopaedic and Postural Defects**

	<i>Number known to have been treated</i>
Pupils treated at clinics or outpatients departments ...	81

**Child Guidance Treatment**

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance Clinics ... ..	218

**Speech Therapy**

	<i>Number known to have been treated</i>
Pupils treated by speech therapists ... ..	386

**Infestation**

	<i>Total number treated</i>
Pupils found to be infested and subsequently treated ...	124

**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. Vaccinations ... ..	2,255

### Routine Audiometry

The routine audiometry service was continued as in the previous year with the audiometer operator working on a part-time basis of three days a week. The investigations were continued in the junior and infant departments of primary schools, and the results of the work performed can be summarised as follows:

Number of individual children tested	...	...	...	...	...	6,660
Number found to have normal hearing	...	...	...	...	...	6,320
Number found to have a hearing loss	...	...	...	...	...	340

Of the 340 children found to have a hearing loss:

- 66 were found to have a hearing loss in the right ear,
- 96 were found to have a hearing loss in the left ear,
- 178 were found to have a hearing loss in both ears.

The 340 children were referred for examination by the School Doctors with the following results:

- 136 were found to have normal hearing on clinical testing,
- 146 were noted for re-examination,
  - 9 were referred for specialist consultation at Hospital Ear, Nose and Throat Departments,
  - 13 were referred to general practitioners,
  - 8 were referred to Audiology Units,
- 13 were already attending hospital,
- 8 were already attending Audiology Units,
- 7 had left the area.

### Vision Testing

Vision testing of schoolchildren is carried out at the time of routine medical inspections, and in addition the Health Visitor/School Nurse tests the vision of children when they reach the age of seven years. Children between the ages of eight and ten are also tested if for any reason it is felt to be necessary.

During the year the number of routine vision tests and results were as follows:

Number of children tested	...	...	...	...	...	4,226
Number referred for the opinion of school medical officer	...	...	...	...	...	203

Of these:

- 63 were referred to the Authority's ophthalmic clinics,
- 27 were referred for treatment via general practitioners, at the request of parents,
- 57 were deferred for re-examination at school health clinics,
- 29 were considered to have normal vision,
- 25 were already having ophthalmic treatment,
- 2 left the area while investigations were proceeding.

Of the 63 children referred to the Authority's ophthalmic clinics:

- 44 were prescribed glasses,
- 4 were noted for re-examination.

Three of the 63 were also referred to the Authority's Orthoptic Clinic.



## ORTHOPTIC CLINIC

This Clinic carried on in the usual manner during 1968. The table herewith indicates how the work was spread. Orthoptic treatment is time consuming and tedious and this may account for the high proportion of patients who fail to attend.

Monthly Attendance Record—Orthoptic Clinic 1968

	<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 ...	1	8	47	56	14
February ...	0	2	45	47	13
March ...	2	3	35	40	12
April ...	12	5	30	47	16
May ...	9	4	43	56	9
June ...	9	0	34	43	8
July ...	6	0	41	47	16
August ...	2	2	38	42	13
September	6	12	44	62	21
October ...	6	6	29	41	13
November	6	5	44	55	17
December ...	2	5	20	27	10
TOTALS ...	61	52	450	563	162

## New Patients 1968

<i>Type of Case</i>	<i>Type of Case</i>
<i>Convergent strabismus</i>	<i>Heterophoria and/or Convergence Deficiency</i> 3
Including:	<i>Amblyopia due to Anisometropia</i> ... 8
(1) With amblyopia ... 23	<i>Apparent Squint due to epicanthus, narrow I.P.D., etc.</i> ... 2
(2) Referred for surgery ... 8	Other categories ... 5
Others ... 5	Total New Patients Referred from School Clinics 53
TOTAL ... 36	New Patients Referred from Medical Eye Centres 8
<i>Divergent strabismus</i>	TOTAL ... 61
(1) Latent ... 5	
(2) Manifest, referred for surgery ... 1	
(3) Post-operative divergence ... 1	
TOTAL ... 7	

**HANDICAPPED PUPILS REGISTER FOR 1968**

The various categories of handicapped pupils are defined and were explained in my report for 1965. The following table gives details of handicapped pupils and placings in special schools during the year.

Category	Number of Children Placed in								Total		New Cases Referred to Local Education Authority during 1968	
	Day Special Schools		Day Special Classes		Residential Special Schools		Ordinary Schools, Home Tuition etc.					
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
A Blind ... ..	—	—	—	—	4	2	—	—	4	2	2	—
B Partially Sighted ... ..	3	2	—	—	1	3	4	2	8	7	3	1
C Deaf ... ..	5	3	—	1	2	2	—	—	7	6	2	—
D Partially Hearing ... ..	1	2	8	4	1	1	16	13	26	20	1	1
E Educationally Sub-normal ... ..	87	63	1	—	5	5	4	4	97	72	26	21
F Epileptic ... ..	—	—	—	—	1	—	17	7	18	7	2	3
G Maladjusted ... ..	22	1	13	3	25	9	11	5	71	18	11	3
H Physically Handicapped	14	14	—	—	1	—	62	40	77	54	8	9
I Speech Defect ... ..	—	—	—	—	1	—	186	74	187	74	90	37
J Delicate ... ..	3	1	—	—	11	4	114	73	128	78	40	24
Children with Multiple Defects ... ..	25	16	5	7	13	4	9	5	52	32	3	5
<b>TOTALS ... ..</b>	<b>160</b>	<b>102</b>	<b>27</b>	<b>15</b>	<b>65</b>	<b>30</b>	<b>423</b>	<b>223</b>	<b>675</b>	<b>370</b>	<b>188</b>	<b>104</b>

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 of the Education Act, 1944, during the past few years, and those who are placed informally.

Year of Birth	NORMAL ENVIRONMENT				HOSPITAL CASES				OTHER PLACINGS				GRAND TOTAL	
	Section 57 cases		Informal cases		Section 57 cases		Informal cases		Section 57 cases		Informal cases			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1964 ... ..	—	—	8	5	—	—	—	—	—	—	—	—	8	5
1963 ... ..	—	—	6	11	—	—	—	—	—	—	—	—	6	11
1962 ... ..	—	—	3	7	—	—	1	—	1	—	1	1	6	8
1961 ... ..	2	—	4	4	1	—	—	1	—	—	—	—	7	5
1960 ... ..	—	4	5	3	2	1	1	—	1	1	—	—	9	9
1959 ... ..	7	1	1	—	—	—	—	—	—	—	—	—	8	1
1958 ... ..	5	2	—	—	1	—	—	—	—	—	—	—	6	2
1957 ... ..	3	5	—	—	2	1	—	—	—	—	—	—	5	6
1956 ... ..	6	2	1	—	2	2	1	—	—	—	—	—	10	4
1955 ... ..	2	—	—	—	1	1	—	1	—	1	—	—	3	3
1954 ... ..	6	1	—	—	3	—	1	—	—	—	—	—	10	1
<b>TOTALS</b>	<b>31</b>	<b>15</b>	<b>28</b>	<b>30</b>	<b>12</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>78</b>	<b>55</b>



### DRUGS, MEDICAMENTS, AND SCHOOL

At the present time, the problem of drug taking by school children is demanding close study by many groups of people who have children's well being at heart. Parents, teachers, social workers and police are searching for ways to attack this growing insidious menace, but are mainly frustrated by the lack of precise information on its prevalence among any specific group of children. Official statistics tell us something of the problem showing the number of dependants in age groups over the past few years on the so called "hard" drugs. The deplorable tendency is for these figures to relate to children of lower and lower ages. These statistics must be suspect since they record only those registered with and known to the Department of Health. No figure can be given for those who purchase their requirements on the open (black) market and the early experimenters. The number of these is problematical.

Much more worrying is the absence of statistics relating to the use by many young people of so called "soft" drugs, barbiturates, tranquilizers, hypnotics, L.S.D., marijuana, etc. We know this must be a large figure and suspect that it is rising; but this can only be speculation, opinion, informed guessing or plain rumour.

Talks and discussions with the older children in schools produce little new information, though some members reveal that they have heard of other children who take or experiment with drugs, but the informant has received this knowledge third or fourth hand. None will admit to accurate knowledge of particular experimenters, places of receipt or collection and methods of dispersal. "It is too late to talk to the 15/17 year olds" we are informed. "You should direct your propaganda to the 11/12 year olds". Is this so, and would the knowledge obtained whet their curiosity for experimentation, or would they accept such knowledge as impersonally as the date of the Battle of Hastings?

Clearly the co-operation of school children must be obtained and every suspicion of unauthorised medication examined carefully. It is necessary to say unauthorised, because it is certain that a number of children may need to take medicaments specially prescribed for them by their family doctor for some current medical condition. Children who take school meals and are away from home all day may need part of their medication at lunch time in the form of tablet, pill, capsule or liquid medicine. This practice must pose problems for teachers since the question will rise as to the administration and supervision of the drug. Indeed, should the school child be in possession at all?

It is possible that some children are aware of acquaintances in their midst who experiment or use drugs. While it is unlikely that they will disclose such information about their fellows, they should be encouraged to give information about suppliers and pushers of drugs, so that the necessary action can be taken at the source. A rapid and thorough investigation begun early could well save a few more youngsters from a dismal drug shrouded future. Schools where staff and pupils are on the qui vive are not likely to be troubled with this traffic in human misery.

### RECUPERATIVE HOLIDAYS

In accordance with the provisions of Section 48 of the Education Act, arrangements were made for 15 children to have a recuperative holiday free of charge.

### ENURESIS ALARM APPARATUS

The following table shows the result of the issue of Enuresis Alarms during the year:—

<i>Total Number Issued</i>	<i>Result</i>		
	<i>Successful</i>	<i>Unsuccessful</i>	<i>Not yet known</i>
83	35	22	26

### SCHOOL DENTAL SERVICE

The reduction in the number of sessions for treatment has been mainly due to difficulties in obtaining staff. There is difficulty in attracting dental surgeons into the local authority service, and there is also a reluctance on the part of trained dental surgery assistants similarly to undertake local authority



work. In spite of these handicaps the school dental service completed a programme of work which is set out in the following tables:—

**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 visit ... ..	2,775	2,285	417	5,477
Subsequent visits ... ..	3,461	4,236	919	8,616
Total visits ... ..	6,236	6,521	1,336	14,093
Additional courses of treatment commenced ...	63	76	39	178
Fillings in permanent teeth ... ..	1,960	3,895	1,067	6,922
Fillings in deciduous teeth ... ..	4,597	332	—	4,929
Permanent teeth filled ... ..	1,722	3,436	862	6,020
Deciduous teeth filled ... ..	3,766	240	—	4,006
Permanent teeth extracted ... ..	83	524	67	674
Deciduous teeth extracted ... ..	1,406	446	—	1,852
General anaesthetics ... ..	557	257	16	830
Emergencies ... ..	189	100	11	300

Number of Pupils X-rayed ... ..	426
Prophylaxis ... ..	455
Teeth otherwise conserved ... ..	87
Number of teeth root filled ... ..	46
Inlays ... ..	6
Crowns ... ..	16
Courses of treatment completed ... ..	3,723

*Orthodontics*

Cases remaining from previous year ...	82
New cases commenced during year ...	145
Cases completed during year ... ..	73
Cases discontinued during year ... ..	18
Number of removable appliances fitted...	316
Number of fixed appliances fitted ...	4
Pupils referred to Hospital Consultant ...	20

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
<i>Prosthetics</i>				
Pupils supplied with full upper or full lower (first time) ... ..	—	—	—	—
Pupils supplied with other dentures (first time)	2	7	3	12
Number of dentures supplied ... ..	2	7	3	12



*Inspections*

First inspection at school.			
	Number of pupils	14,448	
First inspection at clinic.			
	Number of pupils	2,316	
Number found to require treatment	...	5,628	
Number offered treatment	... ..	4,915	
Pupils re-inspected at school or clinic	... ..	1,277	
Number found to require treatment	... ..	833	

*Anaesthetics*

General anaesthetics administered by dental officers	... ..	104
Total general anaesthetics	... ..	830

*Sessions*

Number of sessions devoted to treatment	2,221
Number of sessions devoted to inspection	144

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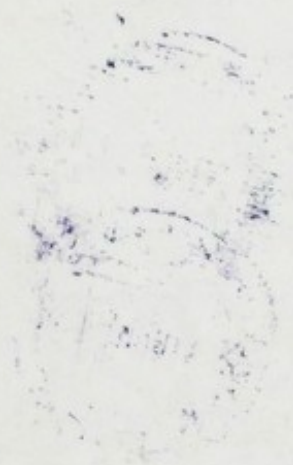
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