

## **[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 1969**



HIL 5

ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
and  
PRINCIPAL SCHOOL MEDICAL OFFICER  
1969

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 Worshipful the Mayor, Aldermen and Councillors of the London Borough of Hillingdon.

Mr. Mayor, Ladies and Gentlemen,

In accordance with statutory requirements, I present this Report on the work of the Health and Welfare Department for the year 1969, and I commend it to your attention. During the entire period covered by the Report the Department was administered by my predecessor Dr. O. C. Dobson, who died after a short illness on 8th November, 1970.

Oswald Christopher Dobson was born in County Durham on 7th November 1903, received his medical education at the University of Durham and subsequently obtained the qualifications M.D., B.Hy. and D.P.H. In later years he continued academic studies in law and in administration obtaining the Diploma in Public Administration (University of London) and becoming a Barrister-at-Law at the Middle Temple. His career in his chosen speciality of Public Health was a distinguished one and he spent most of his professional life working in the County of Middlesex. He was Medical Officer of Health at Brentford and Chiswick, and Deputy Medical Officer of Health at Harrow before becoming Area Medical Officer (Area 8) and Medical Officer of Health at Ruislip/Northwood and at Uxbridge. From 1st April, 1965 he took up executive duties as the first Medical Officer of Health of the London Borough of Hillingdon, and guided the development of the new Department from its outset. His energies were not limited to the administration of a large Department, and he maintained essential professional contacts with local Hospitals and with general practitioners. Through the Association of London Boroughs Medical Officers of Health he represented his colleagues on Committees of the North West Metropolitan Regional Hospital Board and the Middlesex Executive Council as well as a number of other organisations. His interest in local voluntary Societies was well known, and much admired. Dr. Dobson retired from the Council's service on 26th June 1970. His subsequent admission to Hospital so early in his retirement and his sudden death during an apparent period of recovery has caused great sadness to all who knew him.

The Department of Health and Social Security have indicated certain matters upon which comment should be made, and these items are covered in the text of the Report. I commend to your interest the details given concerning the Observation Register and the notification of congenital defects. The Council has accepted the principle of fluoridation of the public water supplies in Hillingdon, but in the absence of agreement amongst all Authorities who receive supplies from the Water Companies in the area, it has not yet been possible for this valuable contribution to the dental health of the community to be made available to Hillingdon residents. During the year one more liaison scheme between the District Nursing Service and a group of general practitioners was introduced. The advantages anticipated from such a scheme have been realised, and requests from local doctors for the attachment of nursing staff currently exceed those which the Department is able to meet.

The vital statistics show, once again, generally favourable rates compared with those recorded for England and Wales. It is necessary, however, to draw attention to the trend in mortality statistics during the first year of life. Figures now available for the first five years of the new Borough show an unmistakable upward trend which is the reverse of national experience. The relatively small numbers involved in any one year necessarily raise the question of statistical artifact, but it would be unwise for such a trend to be ignored. A detailed investigation of all infant deaths for the year 1969 has been undertaken at my request, but has failed to reveal any obvious factor. A review of all the services is continuing in order to determine whether any improvements are necessary. At the same time the apparent association between these adverse trends and shortages of key staff which are now being remedied should not be overlooked. Moreover these observations may be a salutary reminder of the value of the preventive work undertaken by medical and nursing personnel in Local Government at a time when the need for their contribution seems increasingly to be questioned.

The thanks of the Department are gladly expressed to the officers of other Departments of the Council and to many statutory bodies for their assistance and support. Individual volunteers and organised Societies provided help without which the work of the Department would have been less effective, and to them sincere thanks are due.

Finally, may I add my personal thanks to Members of the Social Services Committee and the Council as well as to the staff of this Department, not only for their work during the year under review, but also for their ready and constant support from the moment of my arrival in Hillingdon.

I am,

Yours faithfully,

J. Stuart HORNER,

*Director of Health and Welfare Services.*

*February 1971*

## SOCIAL SERVICES COMMITTEE

(as at 31st December, 1969)

**Ex-officio:** The Mayor (Alderman B. J. Brown, F.A.I., G.L.C.)

The Leader of the Council (Alderman W. D. Charles, J.P.)

The Leader of the Opposition (Alderman A. J. C. Beck, J.P.)

**Chairman:** Alderman E. L. Ing, J.P.

**Vice-Chairman:** Councillor N. H. Butler, F.Inst.L.Ex.

**Deputy Chairman:** Councillor C. H. Nemeth, Dr. M.A., L.R.C.P., M.R.C.S.

**Alderman:**

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

**Councillors:**

M. H. Blackman

E. G. S. Dommett

K. E. Salisbury

Mrs. E. G. Boff

J. H. Green

Mrs. D. G. E. Surman

K. C. Briggs, A.C.I.I.

Mrs. A. B. Palmer

R. S. Treloar

Mrs. G. M. Clark

B. C. W. Reid

A. J. Tyrrell, J.P.

Mrs. N. C. Coles

**Advisory:**

Councillor G. P. Buttrum (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, M.B., Ch.B. (representing Middlesex Local Medical Committee)

Miss J. McCarthy, S.R.N., S.C.M. (representing Royal College of Midwives)

Mr. G. W. Horsley (representing Pharmaceutical Society of Great Britain)

Mrs. M. Brazier (representing Hillingdon Federation of Residents and Tenants Associations)

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





## 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:

R. 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.

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.

R. J. T. Woodland, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

#### Medical Officers in Department:

D. F. Coe, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., F.P.A.

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., P.H.Cert.

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

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.

I. N. B. Stevenson, M.B., B.S., L.R.C.P., M.R.C.S., Dip. in Soc. Anthropology

E. J. Stone, M.B., B.S.

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. (Retired 14.5.69)

#### Orthodontist:

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.

Mrs. A. K. Barnett, B.Ch.D., L.D.S.

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

F. H. A. Gotte

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. 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.

#### 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.A.

#### 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

#### Liaison and Administrative Officer:

W. H. Knapton

#### Deputy Liaison and Administrative Officer:

L. R. Doughty

#### Senior Administrative Assistants:

A. J. Benson

F. Hinley, D.M.A.

D. N. A. McKellar

G. D. Shaw

**Technical and Professional Staff:**

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

**Administrative and Clerical Staff:**

Administrative Assistants  
 Airport Clerk Receptionists  
 Audio Typists  
 Clerical Officers  
 Copy Typists  
 Secretaries  
 Shorthand Typists

**Manual Workers:**

Cleaners  
 Cleaners in Charge  
 Clinic Caretakers  
 Coach Guides  
 Drivers  
 General Assistants/Rodent Operatives  
 Home Helps  
 Mortuary Attendant

**Day Nurseries:**

Matrons  
 Deputy Matrons  
 Wardens  
 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  
 Assistant Warden  
 Warden's Assistant  
 Cook  
 Assistant Cook  
 Domestic Assistants  
 Coach Guide

**Junior Training Centre:**

Supervisor  
 Supply Supervisor  
 Assistant 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  
 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 1969	...	...	...	...	...	...	...	...	237,050
Number of dwellings	...	...	...	...	...	...	...	...	74,395
Rateable Value—as at 1st April, 1969	...	...	...	...	...	...	...	...	£17,638,329
Product of Penny Rate—1969-70 (Actual)	...	...	...	...	...	...	...	...	£74,567

### Vital Statistics

#### Total Live Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	1,708	1,590	3,298
Illegitimate	...	...	...	...	...	...	...	115	99	214
								<hr/>	<hr/>	<hr/>
								1,823	1,689	3,512

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

Hillingdon	{ Crude ... Corrected ...	...	14.8
England and Wales		...	16.3

Area Comparability Factor: 0.96

#### Illegitimate Live Births:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
	115	99	214

Percentage of total live births: 6

#### Still Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	22	21	43
Illegitimate	...	...	...	...	...	...	...	3	—	3
								<hr/>	<hr/>	<hr/>
								25	21	46

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

Hillingdon	...	...	13
England and Wales	...	...	13

#### Total Live and Still Births:

								<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	...	...	...	...	...	...	...	1,730	1,611	3,341
Illegitimate	...	...	...	...	...	...	...	118	99	217
								<hr/>	<hr/>	<hr/>
								1,848	1,710	3,558

#### These births occurred as under:

	<i>Live Births</i>	<i>Still Births</i>
At home	873	2
In hospitals, nursing homes or other maternity establishments	2,639	44
	<hr/>	<hr/>
	3,512	46

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	29	27	56
Illegitimate ... ..	3	2	5
	—	—	—
	32	29	61
Legitimate—rate per 1,000 legitimate live births: ...	17		
Illegitimate—rate per 1,000 illegitimate live births: ...	23		
Infant Death Rate per 1,000 total live births:			
Hillingdon ... ..	17		
England and Wales ... ..	18		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	18	19	37
Illegitimate ... ..	3	2	5
	—	—	—
	21	21	42
Rate per 1,000 total live births:			
Hillingdon ... ..	12		
England and Wales ... ..	12		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	15	14	29
Illegitimate ... ..	2	1	3
	—	—	—
	17	15	32
Rate per 1,000 total live births:			
Hillingdon ... ..	9		
England and Wales ... ..	10		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ... ..	37	35	72
Illegitimate ... ..	5	1	6
	—	—	—
	42	36	78
Rate per 1,000 live and still births:			
Hillingdon ... ..	22		
England and Wales ... ..	23		

**Maternal Deaths:**

Total ... ..	0		
Rate per 1,000 live and still births:			
Hillingdon ... ..	—		
England and Wales ... ..	0.19		

**Deaths from All Causes:**

<i>Male</i>	<i>Female</i>	<i>Total</i>
1,164	1,087	2,251

Death Rate per 1,000 population:

Hillingdon	{ Crude ... Corrected ...	...	...	...	...	9.5
England and Wales		...	...	...	...	11.8
		...	...	...	...	11.9

Area Comparability Factor: 1.24

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 1.24, respectively. These factors may be said to represent a population handicap to be applied to the area, and, when multiplied by a 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 1969  
 Statistics supplied by the General Register Office

Parity of Mother	*Place of Delivery	Age of Mother								
		Total	Under 20	20-24	25-29	30-34	35-39	40-44	45+	
Legitimate	0	1A	194	24	108	52	9	1	—	—
	1B	911	152	378	255	89	32	5	—	
	2	48	4	23	17	2	2	—	—	
	3	139	16	78	41	4	—	—	—	
	4	—	—	—	—	—	—	—	—	
	1	1A	150	6	69	48	23	3	1	—
	1B	566	16	159	219	122	39	11	—	
	2	37	1	14	13	8	1	—	—	
	3	413	15	166	157	61	13	1	—	
	4	6	—	3	2	1	—	—	—	
	2	1A	50	—	12	22	13	3	—	—
	1B	259	4	46	98	68	34	8	1	
	2	18	—	1	10	5	2	—	—	
	3	204	1	39	88	53	21	2	—	
	4	1	—	—	1	—	—	—	—	
	3	1A	14	—	3	—	7	4	—	—
	1B	100	—	12	27	25	24	11	1	
	2	3	—	—	2	1	—	—	—	
	3	52	—	9	12	23	6	2	—	
	4	—	—	—	—	—	—	—	—	
4	1A	2	—	—	2	—	—	—	—	
1B	62	—	—	19	24	13	6	—		
2	2	—	—	1	—	1	—	—		
3	13	—	3	4	5	1	—	—		
4	—	—	—	—	—	—	—	—		
5-9	1A	1	—	—	—	—	1	—	—	
1B	41	—	—	7	14	15	4	1		
2	5	—	—	1	2	2	—	—		
3	5	—	—	1	3	1	—	—		
4	—	—	—	—	—	—	—	—		
10+	1A	—	—	—	—	—	—	—	—	
1B	2	—	—	—	—	1	1	—	—	
2	—	—	—	—	—	—	—	—	—	
3	—	—	—	—	—	—	—	—	—	
4	—	—	—	—	—	—	—	—	—	
Illegitimate	1A	21	8	9	3	—	1	—	—	
	1B	166	54	58	36	11	4	3	—	
	2	3	—	3	—	—	—	—	—	
	3	22	3	8	7	4	—	—	—	
	4	2	1	1	—	—	—	—	—	
Total	1A	432	38	201	127	52	13	1	—	
	1B	2,107	226	653	661	354	162	48	3	
	2	116	5	41	44	18	8	—	—	
	3	848	35	303	310	153	42	5	—	
	4	9	1	4	3	1	—	—	—	

\*Place of Delivery 1. N.H.S. Hospital—A. with GP Mat. B. without GP Mat. 3. At Home.  
 2. Other Hospital (mainly Maternity Homes). 4. Other.

STILL BIRTHS

Age and parity of mother and place of occurrence during 1969  
 Statistics supplied by the General Register Office

Parity of Mother	*Place of Delivery	Age of Mother								
		Total	Under 20	20-24	25-29	30-34	35-39	40-44	45+	
Legitimate	0	1A	1	—	—	1	—	—	—	—
	1B	18	3	9	4	2	—	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
	1	1A	—	—	—	—	—	—	—	
	1B	9	—	3	3	2	—	1	—	
	2	—	—	—	—	—	—	—	—	
	3	1	—	—	1	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
	2	1A	—	—	—	—	—	—	—	
	1B	7	—	1	5	1	—	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
	3	1A	—	—	—	—	—	—	—	
	1B	1	—	—	—	—	1	—	—	
	2	—	—	—	—	—	—	—	—	
	3	—	—	—	—	—	—	—	—	
	4	—	—	—	—	—	—	—	—	
4	1A	—	—	—	—	—	—	—		
1B	3	—	—	—	—	2	1	—		
2	—	—	—	—	—	—	—	—		
3	—	—	—	—	—	—	—	—		
4	—	—	—	—	—	—	—	—		
5-9	1A	—	—	—	—	—	—	—		
1B	3	—	—	—	—	2	1	—		
2	—	—	—	—	—	—	—	—		
3	—	—	—	—	—	—	—	—		
4	—	—	—	—	—	—	—	—		
10+	1A	—	—	—	—	—	—	—		
1B	—	—	—	—	—	—	—	—		
2	—	—	—	—	—	—	—	—		
3	—	—	—	—	—	—	—	—		
4	—	—	—	—	—	—	—	—		
Illegitimate	1A	—	—	—	—	—	—	—		
	1B	2	1	1	—	—	—	—		
	2	—	—	—	—	—	—	—		
	3	—	—	—	—	—	—	—		
	4	1	—	—	1	—	—	—		
Total	1A	1	—	—	1	—	—	—		
	1B	43	4	14	12	9	3	1		
	2	—	—	—	—	—	—	—		
	3	1	—	—	1	—	—	—		
	4	1	—	—	1	—	—	—		

\*Place of Delivery 1. N.H.S. Hospital—A. with GP Mat. B. without GP Mat. 3. At Home.  
 2. Other Hospital (mainly Maternity Homes). 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>
4.1.69	13 minutes	F	Prematurity
18.8.69	14 minutes	M	Primary Apnoea
24.3.69	1 hour	F	Compression of umbilical cord
12.1.69	2 hours	F	Respiratory distress syndrome; extreme prematurity and birth asphyxia
19.11.69	2 hours	M	Multiple congenital abnormalities
5.1.69	3 hours	F	Extreme prematurity
23.8.69	3 hours	F	Respiratory failure; asphyxial pulmonary haemorrhage; antepartum anoxia
6.6.69	7 hours	M	Prematurity
23.10.69	7 hours	M	Pulmonary atresia
24.7.69	14 hours	M	Cerebral haemorrhage; respiratory distress syndrome; prematurity
26.2.69	17 hours	F	Pulmonary haemorrhage
16.1.69	18 hours	F	Bronchopneumonia; prematurity; blood groups incompatibility
10.3.69	18 hours	F	Rhesus haemolytic disease
24.3.69	21 hours	F	Severe birth asphyxia; prematurity
25.6.69	22 hours	M	Pulmonary haemorrhage
1.2.69	1 day	M	Respiratory failure due to tracheo-bronchial fistula (repaired)
19.4.69	1 day	M	Extreme prematurity
9.6.69	1 day	F	Birth asphyxia
20.8.69	1 day	F	Extreme prematurity
20.8.69	1 day	F	Extreme prematurity
30.12.69	1 day	F	Prematurity
21.2.69	2 days	F	Haemolytic disease of the newborn
20.3.69	2 days	M	Respiratory distress syndrome; prematurity; caesarean section for fulminating pre-eclamptic toxæmia
16.9.69	2 days	M	Atelectasis right lung
20.9.69	2 days	F	Cardiac failure; hypoglycaemia; prematurity and maternal diabetes
10.10.69	2 days	M	Bronchiolitis
3.12.69	2 days	M	Respiratory distress; Hyaline membrane disease
29.12.69	2 days	F	Respiratory distress; Hyaline membrane disease; prematurity
11.7.69	3 days	M	Respiratory failure; prematurity
21.8.69	3 days	M	Severe respiratory distress syndrome
22.12.69	3 days	M	Ventricular tachycardia—cause unknown, possible myocarditis; prematurity
30.9.69	4 days	M	Inadequate oxygenation; Hypoxic cerebral injury; aspiration
17.12.69	4 days	M	Congenital heart disease (transposition of great vessels)
15.3.69	1 week	F	Cerebral damage; anoxia at birth; pneumonia
21.3.69	1 week	F	Bronchopneumonia; oesophageal atresia
31.3.69	1 week	F	Meningomyelocele and hydrocephalus
18.5.69	1 week	M	Haemorrhagic disease of the newborn
6.1.69	2 weeks	M	Gastro-enteritis
29.5.69	2 weeks	F	Bronchopneumonia
7.3.69	3 weeks	F	Suppurative pyelonephritis

*continued*

**Infant Mortality—contd.**

<i>Date of Death</i>	<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
24.6.69	3 weeks	M	Respiratory failure; hydrocephalus; intracranial haemorrhage
8.2.69	1 month	F	Cerebral damage; anoxia at birth
17.2.69	1 month	M	Congenital heart disease
1.10.69	1 month	M	Anoxia due to bronchiolitis
29.11.69	1 month	M	Intestinal atresia volvulus
22.12.69	1 month	M	Anoxia due to tracheo-bronchitis
13.5.69	6 weeks	F	Bronchopneumonia
11.1.69	2 months	F	Bronchopneumonia
21.2.69	2 months	F	Bronchiolitis
6.5.69	2 months	M	Liver failure; umbilical sepsis; congenital neutropenia
19.9.69	2 months	F	Osteogenesis imperfecta
12.12.69	2 months	M	Congestive cardiac failure; bronchopneumonia
24.7.69	10 weeks	M	Acute laryngo tracheitis
16.2.69	3 months	M	Bronchopneumonia
6.1.69	5 months	F	Staphylococcal meningitis; otitis media
15.10.69	5 months	F	Bronchopneumonia
6.11.69	5 months	M	Pneumonia; severe birth anoxia
8.2.69	8 months	M	Biliary Atresia
25.4.69	9 months	M	Gastro-enteritis

**DEATHS FROM CANCER**

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>1969</i>	<i>1968</i>	<i>1969</i>	<i>1968</i>	<i>1969</i>	<i>1968</i>
Malignant neoplasm, buccal cavity, etc. ... ..	2	—	2	—	4	—
Malignant neoplasm, oesophagus ... ..	2	—	6	—	8	—
Malignant neoplasm, stomach ... ..	30	31	12	19	42	50
Malignant neoplasm, intestine ... ..	27	—	36	—	63	—
Malignant neoplasm, larynx ... ..	4	—	—	—	4	—
Malignant neoplasm, lung, bronchus... ..	124	102	22	34	146	136
Malignant neoplasm, breast ... ..	—	1	40	42	40	43
Malignant neoplasm, uterus ... ..	—	—	19	14	19	14
Malignant neoplasm, prostate ... ..	10	—	—	—	10	—
Other malignant neoplasms ... ..	68	120	68	91	136	211
<b>Totals ... ..</b>	<b>267</b>	<b>254</b>	<b>205</b>	<b>200</b>	<b>472</b>	<b>454</b>

Rates per 1,000 of population

**Hillingdon**

**England and Wales**

All causes... .. 1.99  
Lung and bronchus ... .. 0.61

All causes ... .. 2.35  
Lung and bronchus ... .. 0.61



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
					B28 Ischaemic Heart Disease ...	M	339	—	—	—	—	1	1
	F	244	—	—	—	—	—	—	—	3	29	59	153
B29 Other Forms of Heart Disease	M	39	—	—	—	1	1	—	—	—	8	7	22
	F	50	—	—	—	—	—	—	1	1	3	8	37
B30 Cerebrovascular Disease ...	M	109	—	—	—	—	1	—	2	4	17	25	60
	F	177	—	—	—	—	—	—	6	9	10	40	112
B46(5) Other Diseases of Circulatory System ...	M	44	—	—	—	—	—	—	1	4	7	12	20
	F	52	—	—	—	—	—	—	1	2	2	9	38
B31 Influenza ...	M	6	—	—	—	—	—	—	—	—	1	4	1
	F	9	—	—	—	—	—	—	—	—	3	3	3
B32 Pneumonia ...	M	46	—	3	1	—	—	—	—	2	3	13	24
	F	68	2	3	1	—	—	—	—	3	1	9	49
B33(1) Bronchitis and Emphysema	M	121	—	—	—	—	—	—	1	4	24	49	43
	F	39	—	—	—	—	—	—	—	2	5	11	21
B33(2) Asthma ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	8	—	—	—	—	—	—	—	1	2	4	1
B46(6) Other Diseases of Respiratory System ...	M	17	1	4	—	—	—	—	—	1	3	4	4
	F	6	—	1	—	—	—	—	—	1	1	—	3
B34 Peptic Ulcer ...	M	7	—	—	—	—	—	—	—	1	2	3	1
	F	8	—	—	—	—	—	—	—	1	—	—	7
B35 Appendicitis ...	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	1	—	—	—	—	—	1	—	—	—	—	—
B36 Intestinal Obstruction and Hernia ...	M	3	—	—	—	—	—	—	—	—	—	1	2
	F	5	—	—	—	—	—	—	—	—	—	3	2
B37 Cirrhosis of Liver ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	—	—	1	2	1	1
B46(7) Other Diseases of Digestive System ...	M	8	—	—	—	—	—	—	1	—	1	2	4
	F	13	—	—	1	—	—	—	1	—	1	7	3
B38 Nephritis and Nephrosis ...	M	3	—	—	—	—	—	—	—	1	1	1	—
	F	2	—	—	—	—	—	—	—	—	—	2	—
B39 Hyperplasia of Prostate ...	M	4	—	—	—	—	—	—	—	—	1	—	3
B46(8) Other Diseases, Genito-Urinary System ...	M	6	—	—	—	—	—	—	—	—	1	2	3
	F	6	1	—	—	—	1	—	—	—	1	2	1
B46(9) Diseases of Skin, Subcutaneous Tissue ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	—	—	—	2
B46(10) Diseases of Musculo-Skeletal System ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	—	—	—	—	1	1	5
B42 Congenital Anomalies ...	M	9	4	2	—	2	—	—	—	—	—	1	—
	F	3	2	1	—	—	—	—	—	—	—	—	—
B43 Birth Injury, Difficult Labour, etc. ...	M	10	10	—	—	—	—	—	—	—	—	—	—
	F	8	7	1	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality ...	M	5	5	—	—	—	—	—	—	—	—	—	—
	F	8	8	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill-defined Conditions ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	11	—	—	—	—	—	—	—	—	—	—	11
BE47 Motor Vehicle Accidents ...	M	13	—	—	2	—	3	2	2	3	1	—	—
	F	8	—	—	—	—	3	—	1	1	1	—	2
BE48 All Other Accidents ...	M	8	—	—	1	1	1	2	—	1	1	1	—
	F	13	—	—	1	1	2	1	—	—	—	1	7
BE49 Suicide and Self-inflicted Injuries ...	M	6	—	—	—	—	—	—	1	—	1	2	2
	F	6	—	—	—	—	—	2	—	2	2	—	—
BE50 All Other External Causes...	M	2	—	—	—	—	—	—	1	—	—	1	—
	F	5	—	1	—	—	1	1	1	—	1	—	—
Total All Causes ...	M	1,164	21	11	6	5	10	13	21	96	266	378	337
	F	1,087	21	8	3	2	11	11	20	77	135	238	561

## Infectious Diseases

### Infective Jaundice

The Public Health (Infective Jaundice) Regulation 1968 making infective jaundice generally notifiable came into operation on 15th June, 1968, consequently 1969 was the first full year of notification. The principle object of making infective jaundice generally notifiable is to enable Medical Officers of Health to enquire into the epidemiological background. It was expected that the majority of cases notified under the new regulations would very likely be due to infective hepatitis. This is a virus infection which is transmitted mostly by person to person contact, although it can be transmitted parenterally like serum hepatitis. This latter disease occurs less frequently than infective hepatitis, but is potentially a more serious condition. Cases of serum hepatitis are usually sporadic, but outbreaks have occurred associated with contaminated syringes or other medical equipment. Jaundice amongst groups of drug addicts has been shown to have been associated with the practice of sharing syringes and needles, and small coteries of drug addicts have been detected as a result.

Because of the association of infective hepatitis with serum hepatitis the National Blood Transfusion Service is deeply concerned with this disease. All cases of infective jaundice notified to this Authority are visited by one of my health visitors and among the enquiries made, questions are asked as to whether the patient or any other member of the household is a blood donor. Affirmative replies are notified to the Director of the North London Transfusion Centre. Of the 59 cases of infective jaundice notified during 1969 information concerning 20 cases was sent to the Transfusion Director.

### Food Poisoning

Two general outbreaks of food poisoning due to *Salmonellae* infection were notified during 1969. One outbreak, due to *Salmonella enteritidis* occurred in a large hospital and although there were only 12 cases, over 600 people were at risk, and the need for a high standard of food hygiene and kitchen technique in establishments of this kind cannot be over exaggerated. The other general outbreak was in a primary school where 51 out of 75 junior pupils who partook of a school dinner became ill. A *Salmonella* organism was isolated from one pupil only. In all cases the illness was mild and on average symptoms cleared within 24 hours. There were also two family outbreaks and 53 other sporadic cases to make a total of 120 food poisoning notifications during 1969.

### Typhoid

Two cases of typhoid fever were notified during the year. One was a nine year old Indian boy who had been resident in this country for four years at the time of onset of symptoms. The bacillus was identified as being of phage type 40, a type found chiefly in the Middle East, but follow up of all family and other contacts did not bring any carrier to light.

The other case was an adult female who was one of several cases which developed on board an Italian liner during a journey from Australia.

No secondary cases occurred within the Borough, and both patients made satisfactory recoveries.

### Para-Typhoid

Two cases of paratyphoid were reported. Both occurred among young men who had been touring abroad, one in Yugoslavia and the other in Morocco and Spain. No secondary cases developed.

### Leptospirosis

On 1st October 1968 Leptospirosis became a notifiable disease throughout England and Wales. The term "Leptospirosis" covers a group of acute infectious diseases with a fatality rate which, although low, increases with advancing age. Contact with an environment such as water, mud, soil, which has become contaminated with the virulent infecting organism (*leptospira*) is an important mode of transmission of the disease. Such contamination can occur from the urine of infected animals, mainly mammals.

Workers in particular occupations, e.g. sewer workers, miners, fish cleaners, abattoir workers have traditionally been considered to be particularly at risk, but the epidemiological pattern of the disease in this country has changed over the last 30 years, and the rate of infection among sewer

workers, etc. is now low. Personal and environmental hygiene measures, including rodent control, have no doubt contributed to this improvement, and some experts wonder to what extent the widespread use of detergents in home and industry may have affected the situation in the sewers.

One case of Leptospirosis occurred in the Borough during 1969. This was an unfortunately tragic case in which a 63 years old man fell into a canal and although none the worse for his ordeal, he became ill 12 days later. His condition deteriorated and 7 days after admission to hospital he died from bronchopneumonia and renal failure secondary to Weils disease, which is one of the forms of Leptospirosis.

The following Table shows the incidence of infectious diseases during 1969.

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	1969	1968	1969	1968
Scarlet Fever ... ..	1	4	20	25	7	2	1	60	129	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	2	1	9	4	1	—	—	17	123	1	—
Measles ... ..	38	286	370	476	17	11	6	1,204	471	—	—
Meningococcal Infection ... ..	—	—	—	—	1	—	—	1	3	—	—
Poliomyelitis (Paralytic) ... ..	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Non-Paralytic) ... ..	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (Infective) ... ..	—	—	—	—	1	1	2	4	4	—	—
Acute Encephalitis (Post Infective) ... ..	—	—	—	3	1	—	—	4	—	—	—
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—
Typhoid ... ..	—	—	—	1	—	—	1	2	2	—	—
Paratyphoid ... ..	—	—	—	—	—	—	2	2	—	—	—
Dysentery ... ..	1	8	7	17	4	5	34	76	228	—	1
Food poisoning ... ..	5	11	8	38	23	11	24	120	111	—	—
Tuberculosis, Respiratory ... ..	—	2	—	—	—	6	32	40	48	4	3
Tuberculosis, Other ... ..	—	—	—	1	1	1	12	15	14	4	1
Infective Jaundice ... ..	—	2	—	8	14	18	17	59	17	—	—
Leptospirosis ... ..	—	—	—	—	—	—	1	1	—	1	—

### Health Control Unit, London (Heathrow) Airport

Fourteen and a quarter million passengers used the Airport during the year and 293,745 aircraft flew in and out. The new passenger Terminal 1 was officially opened by the Queen in April, and later in the year the new Cargo Terminal started operating. The new arrivals building for Terminal 3 and Pier 7 for the arrival of the "Jumbo-jets" also rapidly took shape and should be completed in 1970.

On the medical side, the British Airports Authority took over the nursing staff on January 1st and as the year went on, it became clear that the Authority was most anxious to establish a properly organised medical service for staff, visitors and passengers. Following the appointment of a Principal Nursing Officer, Dr. Trueman, the Chief Medical Officer, and his administrative colleagues introduced a number of improvements. Alterations to existing buildings were undertaken and a central medical unit is in process of being set up, staffed throughout the day and night. Much new equipment has been ordered and delivered, including modern drugs and dressings to meet the day to day medical emergencies and to provide for the crash, which all hope, of course, will never happen. Throughout, full consultation has taken place and expert opinion sought, so that only the best and most appropriate is at hand for any particular contingency.

The medical staff of the Health Control Unit, who are "on call" to the British Airports Authority in case of need, have watched these developments with the greatest interest, and in particular, the Deputy Senior Medical Officer has given much time, thought and help to the Authority on lists of drugs, dressings and other medical equipment which should be made available.



The introduction of the "747" and its large passenger-carrying load has turned the attention of the various authorities to the problem of the treatment and disposal of casualties in the event of a major accident and to this end, several working parties have been set up to consider what improvements can be made to the existing emergency services. These working parties meet at regular intervals.

### **Staff**

The establishment of medical officers remained at nine throughout the year.

The establishment of receptionists at 31 December 1969 was sixty-five, and late in the year authority was requested to increase the establishment in 1970 by an additional twenty-eight receptionists, so that the new "747" Pier No. 7 could be adequately staffed when it came into operation. Unfortunately the rate of recruitment is very slow so that there may be difficulty in carrying out the obligations imposed upon the staff under the Administrative Arrangements drawn up by the Council of Europe. It might be necessary, in order to ease the situation, that agreement of the member countries of the Council of Europe (Partial Agreement) should be anticipated in waiving health control of flights arriving from such areas as the West Indies, Mexico and Central America, Guyana, the North African countries (excepting Egypt), Israel and Japan. This reduction in the number of flights subject to control would then be quite considerable.

### **Accommodation**

#### **Terminal 1**

This building is used by B.E.A., Aer Lingus, B.K.S., Cambrian and British airlines other than B.O.A.C. It started operating domestic flights in October 1968, but it was not until the whole terminal had been completed early in 1969 that it became operational for international flights. Her Majesty the Queen formally opened the terminal on April 17th.

The Health Control Unit's accommodation in this terminal is capacious and comfortable for the volume of work required. In normal circumstances, not more than one or two flights per day are subject to health control and these are cleared on the "fingers" of Pier 3, or, if the aircraft is out on the field then the passengers are taken by coach for clearance on the Queen's Building gallery.

By comparison with Terminals 2 and 3, the accommodation used by both medical officers and receptionists in this terminal is high-class indeed.

#### **Terminal 2**

This terminal is now used only by the airlines of continental countries and the flights arriving here subject to health control are, like those in Terminal 1, very few and are cleared at the check point on the Queen's Building gallery.

The Unit's main accommodation in the terminal underwent slight re-organisation during the year, certain rooms being exchanged by arrangement with the British Airports Authority.

#### **Terminal 3**

During the year, agreement was eventually reached between the British Airports Authority and the Borough of Hillingdon on such questions as rental for the accommodation used by the Health Control Unit and licensing for the desks used on Piers 5 and 6 and in the coach station.

After considerable trouble, the British Airports Authority finally produced a satisfactory type of desk, equipped with knee heater and lighting, for use on the Piers, and towards the end of the year, installation of these desks began at each "finger" (Plate 1).

It is hoped that sufficient staff will be forthcoming to start flight clearance on Pier 6 by March 1970 and thereafter, as the staff situation permits, to extend flight clearance to Pier 5 and the North Coach Station and eventually to Pier 7—the new "747" Pier which is due to be completed by April 1st, but which will also be used by conventional aircraft, i.e. "707s", D.C.8s, etc.

The long awaited "temporary" extensions to the accommodation in this terminal finally came about in July, but by the end of the year, the furniture and equipment for this extra accommodation was still outstanding. In spite of this, staff were able to take over occupation of the rooms and with a new general office, a new staff room, a Radiographer's office and an immunisation room, relief was provided for the congested conditions under which the staff had previously to operate.

Flight clearance throughout the year continued to take place centrally in this terminal and there is no doubt that being in close juxtaposition to the main base, this was a useful and convenient situation for the passengers, who required referral to the medical staff for revaccination and for other reasons.

The first "747"—"Jumbo-jet"—aircraft operated by Pan American was due at Heathrow in December, but owing to various engineering problems, its arrival was postponed until January 1970. In the meantime, Pier 7—on which there will eventually be ten "747" "fingers" and the new South West Terminal arrival building rapidly took shape, along with a travellator connecting this Pier to Piers 5 and 6 and thence to the new arrivals terminal.

It is expected that Pier 7 will be operational early in April 1970, that the North Coach Station's alterations will have been completed towards the end of May and that the new arrivals terminal will be ready to take passengers by June 1st. By this date, the Health Control Unit will have transferred from its existing accommodation to, what it is hoped will prove to be, its permanent home.

When these various building operations are finally completed, all flights subject to health control are planned to be cleared on the three piers' "fingers" and at the North Coach Station. Rest rooms for staff have been provided at ground level beneath Piers 5 and 6, and at mezzanine level on Pier 7, where there is also to be an immunisation centre. At this spot, passengers arriving off "747" and other aircraft will be able to be vaccinated without having to walk the immense distance to the base accommodation in the arrivals terminal.

Statistics

	<i>1.1.69 to 30.6.69</i>	<i>1.7.69 to 31.12.69</i>	<i>Total</i>
Total number of aircraft arriving: ... ..	35,380	42,146	77,526
Number of passengers arriving:—			
British ... ..	1,212,988	1,523,470	2,736,458
Alien ... ..	998,019	1,319,575	2,317,594
Total ... ..	2,211,007	2,843,045	5,054,052

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	15,865	971,489	18,626	1,218,668	34,491	2,190,157
Europe Outside						
Excepted Area ...	8,832	532,108	10,760	708,466	19,592	1,240,574
North America ...	4,899	360,223	6,210	498,336	11,109	858,559
Central & S. America	602	49,096	661	58,934	1,263	108,030
Africa ... ..	1,434	88,659	1,571	100,841	3,005	189,500
Asia ... ..	3,748	209,432	4,318	257,800	8,066	467,232
Totals ... ..	35,380	2,211,007	42,146	2,843,045	77,526	5,054,052

Total No. of Aircraft issued with Disinsectization Certificates	...	...	...	...	...	576
No. of cases for which Mental Welfare Officer was called	...	...	...	...	...	105
No. of Aliens inspected under Aliens Order	...	...	...	...	...	6,203
No. of Forms Port 12 issued	...	...	...	...	...	69
No. of Aliens refused entry	...	...	...	...	...	53
No. of Commonwealth Immigrants examined	...	...	...	...	...	44,575
No. of Forms Port 23 issued	...	...	...	...	...	58
No. of Commonwealth Immigrants refused entry	...	...	...	...	...	16
No. of Immigrants X-rayed	...	...	...	...	...	4,229
No. of Long-Stay Immigrants Notifications sent to Medical Officers of Health	...	...	...	...	...	28,672
No. of Surveillance Notifications sent to Medical Officers of Health	...	...	...	...	...	2,808
No. of Smallpox Vaccinations carried out	...	...	...	...	...	10,254
No. of Cholera Vaccinations carried out	...	...	...	...	...	611
No. of Yellow Fever Vaccinations carried out	...	...	...	...	...	103
No. of I.B.548's sent to Medical Officers of Health	...	...	...	...	...	145

### Medical Inspection of Commonwealth Immigrants

During the year, the number of immigrants from Commonwealth countries referred to the medical inspectors was 44,575, compared with 46,828 during 1968. Only 16 immigrants were refused admission to land on medical grounds, 10 on account of pulmonary tuberculosis and 6 owing to mental instability.

The system of medically examining immigrant voucher-holders in their country of origin was introduced in 1967 and by 1969, this system had been adopted by virtually all Commonwealth countries. On the whole, the arrangement works well. During the year, this practice was extended to cover non-entitled dependants, and it is hoped that gradually more and more of this category will be examined in their country of origin, and that the practice will spread from one country to another in the same way that it has in regard to the examination of voucher-holders.

Comparative figures over the last five years are:—

1965	...	...	...	...	...	13,249
1966	...	...	...	...	...	12,516
1967	...	...	...	...	...	16,061
1968	...	...	...	...	...	46,828
1969	...	...	...	...	...	44,575

Of the total referred, 34,180 represented either voucher-holders or entitled dependants, i.e. wives or young children, whilst 10,302 were non-entitled dependants, i.e. students, fiancées or elderly relatives. Fifty-six immigrants were referred because, in the course of their interrogation by the immigration authorities, they mentioned their health as a reason for their visit; thirty-three immigrants were referred because they appeared to the immigration officer either mentally or physically sick, whilst four were referred because their appearance suggested to the immigration officer that they were bodily dirty.

### Medical Inspection of Aliens

During the year 6,203 aliens were referred for medical inspection, compared with 5,351 in 1968 and 5,314 in 1967. Forms Port 12 were issued on 69 occasions. Fifty-three aliens were refused entry on grounds of health; of these, 40 were mentally unstable, 3 were suffering from pulmonary tuberculosis, 6 from drug addiction, 2 from venereal disease and two for other reasons.

The Abortion Act appears to have opened the flood gates to foreign women anxious to take advantage of its provisions and during the year very many young women both from the Continent and from the United States entered the United Kingdom to have their pregnancies terminated.

### Pulmonary Tuberculosis

During the year 68 persons were discovered to have active pulmonary tuberculosis.

The breakdown was:—

India	...	...	...	...	...	18
Pakistan	...	...	...	...	...	38
Caribbean (St. Lucia 1, St. Kitts 1)	...					2
Other Asian (Hongkong 7, Iran 1)	...					8
Africa	...	...	...	...	...	1
Spain	...	...	...	...	...	1
						—
						68
						—

Twelve persons were refused landing because of the condition—3 each from India and Pakistan, 4 from Hongkong and 1 each from Iran and Spain.

Four persons with tuberculosis were landed despite medical recommendation to the contrary (2 from India, 1 from Pakistan and 1 from Hongkong). There were, accordingly, 9 Commonwealth immigrants refused entry on account of pulmonary tuberculosis (3 each from India, Pakistan and Hongkong). The reason that the figure 10 is mentioned in the section on “Medical Inspection of Commonwealth Immigrants” is that 1 immigrant arrived with known pulmonary tuberculosis and was not discovered on arrival as were the others.

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 follow-up was 190 and 69 of these notifications, additionally, were covered by a Form IB548 imposing a conditional entry upon the immigrant.

### X-Ray Unit

The total number of immigrants X-rayed in 1969 was 4,229—of these 4,088 were Commonwealth citizens. The figure of 4,229 compares with 9,585 in 1968. The decrease is due in part to the greater number of voucher-holders now being examined and X-rayed in their country of origin and to the extension of this examination to non-entitled dependants in country of origin. Another factor is that in many Commonwealth countries, a would-be emigrant cannot obtain a passport to leave the country without a full medical examination which includes chest X-ray; again, many training institutions in the United Kingdom (technical colleges, hospitals and commercial undertakings, etc.) which take in overseas students insist that, before they are accepted, they must produce evidence of successful medical examination and chest X-ray from their country of origin.

During the year, some improvement took place in the accommodation allotted to the Radiographer, and a small office was made available to her as a temporary measure pending the move in 1970 into the new arrivals terminal. Although very small, this extra space did provide some relief to the exceedingly cramped conditions under which the Radiographer had had to work previously.

### Immunisations

Year	Vaccinations against Smallpox	No. of passengers isolated	Vaccinations against Cholera	Vaccinations against Yellow Fever
1965	5,424	4	85	12
1966	7,140	5	186	30
1967	9,158	20	261	47
1968	10,293	46	327	73
1969	10,254	88	611	103

The passengers isolated, because they had arrived from locally infected smallpox areas, came almost entirely from Pakistan and India, which countries still remain the prime sources of infection.

**Council of Europe (Partial Agreement)**

The Senior Medical Officer was one of the official United Kingdom delegates to the 5th Meeting, held in Paris in January, and to the 6th Meeting, held in Strasbourg in December, of the Group of Experts, convened by the Council of Europe.

Personal Health Services



## Personal Health Services

### DAY NURSERIES

The Borough continued to maintain, as in previous years, four day nurseries providing 200 places plus an additional 10 places per nursery for urgent admissions.

The criteria for admission remain 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 (particularly those partially, or completely deaf, maladjusted, or partially sighted).

The maximum charge is 26/- per day, applicants being assessed to pay a lesser amount 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	47	128	2,504	6,886	9,390	64	146.7
June	38	134	2,083	6,664	8,747	62	141
September	45	117	2,015	6,682	8,697	65	133.8
December	39	131	2,058	6,446	8,504	64	132.9

### CLINICS

Clinic sessions are held at the 21 premises listed below. Ten of these are purpose built, three are adapted and the remainder are hired. The 2 mobile clinics continue to operate in those parts of the area which are not easily accessible to a Clinic. During 1969 one additional clinic was brought into use by the adaption of an ex-Civil Defence Headquarters.

#### 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 Adapted Premises**

Northwood, Ryefield Court, Ryefield Crescent, Northwood. 1, 2, 3, 4, 5, 6, 9, 14.  
 Sidmouth Drive, Ruislip. 1, 2, 5, 14.  
 Yiewsley, 20 High Street, Yiewsley. 1, 2, 3, 4, 5, 6, 9, 13, 14.

**Clinics in Rented Premises**

Cavendish Pavilion, Eastcote. 1, 5.  
 Harmondsworth, (Old School), Moor Lane, Harmondsworth. 1, 5.  
 Haydon Hall, Community Building, High Road, 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.)  
 Queen's Hall, Station Road, Hayes. 1, 2, 5.

**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.  
 Harlington. 1.  
 Northwood, The Grange. 1, 5.  
 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	3	7	22

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

Ante-natal and post-natal clinics are provided at 16 clinics and 834 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>	
1,262	22	43	791	834

**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	727
	(b)	Domiciliary booked	220
	(c)	Total	947
Total number of attendances during the year			5,732

**Child Welfare Clinics Provided by the Council**

<i>Number of centres provided at end of 1969</i>	<i>Average number of child welfare sessions held per month</i>	<i>Number of children who attended during 1969 and who were born in:—</i>			<i>Total number of children who attended during 1969</i>	<i>Total attendances during 1969</i>
		<i>1969</i>	<i>1968</i>	<i>1964-67</i>		
22	200	3,236	2,867	5,206	11,309	74,691

**Care of the Unsupported Mother**

The following table shows the number of unsupported mothers who required help during the year, which indicates a continuing downward trend.

The maintenance of a close liaison between the officers of the Department, hospital medical social workers, and the social workers of the Hillingdon Deanery Welfare Association ensures that assistance is given to those mothers, both during pregnancy and in the post-natal period.

	1969	1968	1967	1966	1965
Cases admitted to local authority homes ... ..	20	16	15	16	34
Cases admitted to voluntary homes ... ..	18	29	33	44	61
	—	—	—	—	—
	38	45	48	60	95
	—	—	—	—	—
Interviewed and advised, but not requiring admission to a home ... ..	12	8	26	20	11
	—	—	—	—	—
	50	53	74	80	106
	—	—	—	—	—

## PRIORITY DENTAL SERVICE

## Priority Dental Service Statistics

<i>Attendances and Treatment</i>	<i>Children Under 5</i>	<i>Expectant and Nursing Mothers</i>
First visit ... ..	468	103
Subsequent visits ... ..	551	186
Total visits ... ..	1,019	289
Number of Additional Courses of Treatment Commenced ... ..	21	12
Treatment Provided:		
Number of fillings ... ..	920	276
Teeth filled ... ..	742	214
Teeth extracted ... ..	270	57
General anaesthetics ... ..	105	6
Emergency visits by patients ... ..	32	7
Patients X-rayed ... ..	—	10
Patients treated by scaling, etc. ... ..	18	58
Teeth otherwise conserved ... ..	397	—
Teeth root filled ... ..	—	2
Inlays ... ..	—	—
Crowns ... ..	—	2
Number of courses of treatment completed during the year ... ..	309	70

## Anaesthetics

General Anaesthetics administered by Dental Officers ... .. 2

## Prosthetics

Patients supplied with full upper or full lower (first time) ... .. 9  
 Patients supplied with other dentures ... .. 5  
 Number of dentures supplied ... .. 14

## Inspections

<i>Inspections</i>	<i>Children Under 5</i>	<i>Expectant and Nursing Mothers</i>
Number of patients given first inspections ... ..	772	93
Number of patients who required treatment ... ..	437	86
Number of patients who were offered treatment ... ..	423	85

## Sessions

Number of dental officers sessions devoted to maternity and child welfare patients (for treatment) ... .. 201  
 Total Number of Dental Officer Sessions ... .. 2,856

### MIDWIFERY SERVICE 1969

This year has been an interesting one for domiciliary midwifery. Domiciliary midwives booked 1,377 expectant mothers for home confinement, and of these 878 were delivered at home, 240 were admitted to hospital of whom 159 were discharged soon after delivery and nursed at home. The remainder moved to other areas in the country during their pregnancy. Of the mothers booked for hospital delivery, 125 were discharged early for various reasons, and were nursed at home.

The development of the scheme for hospital delivery of selected cases by domiciliary midwives mentioned in my 1968 report, commenced on 1st July for a six months trial period. From that date a delivery unit in the Duchess of Kent Maternity Wing was set aside for the use of the domiciliary midwives, and by the end of the year 17 patients were delivered. In the next three months 15 cases were delivered, and all the indications are, from the number of bookings now made, that the numbers will continue to increase.

The scheme is intended to provide hospital facilities for those patients who do not qualify for hospital booking on medical or social grounds, but nevertheless wish to have their confinement in hospital and still be looked after by their own general practitioner and domiciliary midwife. Basically the scheme merely arranges that the confinement shall take place in hospital instead of at home. The patients are taken to hospital by ambulance accompanied by their midwife and discharged home as soon as possible after the delivery. This scheme could not have progressed at all but for the full co-operation of the Ambulance Service, the general practitioners concerned and the hospital maternity unit, and I would like to place on record my appreciation of their very great help.

This midwifery scheme is the first step in bringing about integration in the maternity service, which is not only most desirable from the patient's point of view, but is also very convenient administratively, as it brings the three branches of the Health service together into one unit.

The midwifery establishment consists of the Non-medical Supervisor of Midwives, her deputy and 22 full-time midwives. Newly appointed midwives serve five days in hospital in order to become familiar with local methods and routine. Equipment is kept up to date and discussions at all levels take place to improve knowledge and co-operation. The Statutory refresher courses under Central Midwives Board rules are undertaken when due.

Education and training take up a considerable amount of time and effort; 34 pupil midwives completed Part II training and all were successful in the examination for the State Certificate. In addition 37 Obstetric Nurse Students were given practical experience in domiciliary midwifery.

### HEALTH VISITING

#### Staff

Establishment—57 (including Superintendent Health Visitor and Deputy).

In post at end of year:

Superintendent	...	...	...	...	...	...	...	1
Deputy	...	...	...	...	...	...	...	1
Group Advisor	...	...	...	...	...	...	...	1
Health Visitors—full-time	...	...	...	...	...	...	...	23
Health Visitors—part-time	...	...	...	...	...	...	...	14
Tuberculosis visitor	...	...	...	...	...	...	...	1
Clinic nurses—full-time for mobile clinic	...	...	...	...	...	...	...	1
Clinic nurses—part-time	...	...	...	...	...	...	...	15
Health Assistants (miscellaneous grade whose duties are specifically allocated to schools and clinics)	...	...	...	...	...	...	...	4

The health visiting service, with a reduction of full-time staff due to retirements, has been maintained although not without some difficulty.

Ante-natal teaching to expectant mothers, and talks to some groups of husbands of these women, are well established additional services offered by health visitors at all the main clinics.

Other agencies are gradually becoming aware and appreciative of their skills, not only in the work with mothers, young children and school children, which is well known, but to all persons in the community, particularly the elderly.

There is a closer liaison with general practitioners in specific cases to the benefit of the patient. Regrettably the extension of any schemes involving formal attachment is not possible at present for a number of reasons.

Referrals from hospital medical social workers and nursing staff continue, but not as frequently as is desirable in the continuity of patient care and well being. However, every effort is being made to improve this position.

With changing trends much of the social content of health visitors work will be transferred to social workers, but their remaining medical and nursing skills and experience will be invaluable in the anticipated changes envisaged in the re-organisation of the National Health Service.

### Health Visiting Statistics

The following cases were visited by the Health Visitors during the year ending 31.12.69:

<i>Cases Visited</i>	<i>Number of Cases</i>
1. Total number of cases ... ..	17,714
2. Children born in 1968 ... ..	3,812
3. Children born in 1967 ... ..	3,619
4. Children born in 1963-66 ... ..	8,106
5. Total number of children in lines 2-4 ... ..	15,537
6. Persons aged 65 or over ... ..	651
7. Number included in line 6 who were visited at the special request of a G.P. or hospital ... ..	175
8. Mentally disordered persons ... ..	189
9. Number included in line 8 who were visited at the special request of a G.P. or hospital ... ..	69
10. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals) ... ..	42
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 ... ..	4
13. Number of households visited on account of other infectious diseases ... ..	280
14. Other cases ... ..	1,011
15. Number of tuberculous households visited by tuberculosis visitors ... ..	1,166
16. Families with a subnormal child ... ..	151

### HOME NURSING

There is an establishment of the Superintendent, her Deputy and 34 District Nurses. Of these, 23 are in possession of the Ministry National Certificate of District Nursing and/or Queens Institute Certificate and Badge.

The Borough is a registered area for District Nurse training, the theoretical instruction is given at Chiswick Polytechnic, and the Superintendent and her Deputy provide practical instruction. Four District Nurses have taken a practical instructor's course, and in addition to their work, they are responsible for the training of the integrated students of Hillingdon Hospital.

One of the District Nurses acts as a liaison officer between the Geriatric Unit and the District, thus information is passed quickly regarding admissions, discharges and the treatment of patients.

During the year 197 geriatric patients had passed through the Unit, and 30 have had permanent admission. There is a marked increase in geriatric patients, and young chronic sick who require a great amount of care and rehabilitation by the District Nurse over long periods.

Attachments with general practitioners are working well. General practitioners, nurses and most of all, patients, are happy, and there is a hope for further developments in this field when more staff are available.

During the year 3,510 patients were nursed and 2,387 of these were over 65 years of age. In addition 4,303 were treated by the District Nurses in the general practitioner's surgeries, of these 550 were over 65 years of age, and 906 five years old and under.

Most of the District Nurses take part in the training of the Students from all the local hospitals. They also give talks on Home Nursing to members of the W.R.V.S. and British Red Cross Society and school pupils.

All District Nurses use a fair amount of disposable equipment, and to facilitate their work hoists are in use in the appropriate cases.

The Medical Loan Scheme operated by the British Red Cross Society works extremely well, and the Department is most grateful to all for their co-operation.

	1969	1968
Total number of persons nursed during the year ... ..	3,510	3,148
Number of persons who were aged under 5 at first visit ...	55	22
Number of persons who were aged 65 or over at first visit	2,387	2,254

**General Practitioner Attachment**

The formal attachment of two health visitors and a home nurse to a group practice continued with limited success.

It is vital to such a scheme that all the personalities involved shall fit together, that there shall be a full appreciation by each member of the potential skills of the others, that there shall be mutual confidence professionally and free access to records. It is also of great benefit if regular general discussions can take place between all members of the team together, in addition to consultation between individuals about specific subjects.

No other formal schemes have been introduced, but liaison between nursing and medical personnel in the Borough has continued. In many instances it would seem that a "liaison attachment" gives at present better results than a formal attachment.

**OBSERVATION REGISTER**

In the early days of its existence the aim of the child health service was to improve the condition and survival rate of infants. Although this aim still remains, the emphasis has changed, and it is no longer necessary to concentrate upon nutrition and physical development in the same way. Education of parents about optimum nutrition and handling of their children is still carried on by health visitors, but the Borough's doctors are more concerned with watching the children's general development with the object of finding, and if possible treating any defect as early as possible. To this end all children who attend the Clinic should be seen by the doctor at their first visit, at least once more during their first year of life, and thereafter on or near their birthdays until they enter school.

Unfortunately, the state of medical man-power is such that this ideal cannot be carried out completely. As I have explained in previous reports, there are certain "environmental" conditions (including the physical condition of the mother during pregnancy) which it is thought may predispose a child to develop a handicap and where these exist the child's name is placed on the observation register for special attention to be paid to its developmental progress.

It follows that the register itself is divided into 2 sections, those "at risk" and those with a handicap. The majority of names fall into the "at risk" category and these are deleted after the child's second birthday when it is reasonably certain that development is normal. The remainder are children who require special attention and help during their childhood and possibly for the rest of their lives. The following table shows these categories, together with some detail of the type of handicap involved. It can be seen from the figures for previous years that the total number of names on the register has been increasing, but now seems to be levelling off, while the figure for handicapped is much smaller and more stable.

	Year of Birth					Total
	1965	1966	1967	1968	1969	
Defective Vision ... ..	2	1	4	3	2	12
Defective Hearing ... ..	3	7	7	4	—	21
Mental Defect ... ..	15	10	4	7	—	36
Mongolism ... ..	5	16	7	2	2	32
Autism ... ..	1	—	—	—	—	1
Spastic ... ..	5	2	3	—	1	11
Epilepsy ... ..	4	3	1	1	—	9
Heart Disease ... ..	1	3	6	3	2	15
Spina Bifida ... ..	3	2	4	3	—	12
Congenital Dislocation of Hip ...	3	—	2	—	1	6
Fibrocystic Disease of Pancreas ...	—	—	—	2	—	2
Diabetes ... ..	1	—	—	—	1	2
Haemophilia ... ..	1	—	—	—	—	1
Cretinism ... ..	—	1	—	—	—	1
Other Physical Handicap ... ..	8	6	7	7	3	31
Totals ... ..	52	51	45	32	12	192
Total numbers on Register ...	91	78	95	431	447	1,142

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

1965	...	...	...	557
1966	...	...	...	710
1967	...	...	...	928
1968	...	...	...	1,101
1969	...	...	...	1,142

The concept of observation and early detection is excellent, but its effectiveness depends upon the first person to realise that "risk" exists. This is usually the midwife, either hospital or domiciliary, and she should be the one making most notifications to the register. Her colleague the health visitor is the next person involved, and between them they should be able to give warning of all children who require special observation.

The criticism which has been levelled at the observation register is that the foregoing process overloads it, and one may find 80% of notified births on it. This is a valid criticism, and there is a need (which is beginning to be met) for research into the categories of environmental hazard which render a child liable to develop a handicap. Until definite results emerge from this however, it seems reasonable to continue the present system, well tempered with the application of practical common-sense.

There is a drawback to the early detection of handicap, and this is that it necessitates action. Action in this context means the provision of supportive facilities, often very specialised. The workings of democracy are accepted as slow, and planning for special training for physically and mentally handicapped children is such that in spite of early warning the services are overloaded even before they are brought into being. This is very frustrating to parents, but it is even more frustrating to the workers who are trying to do their best to detect children who need extra help to use their potential to the full and make their maximum possible contribution to the community.

## VACCINATION AND IMMUNISATION

### Diphtheria Immunisation

There have been no cases of diphtheria in the Borough since 1949. This disease can only be kept in check by immunisation, and I cannot over-emphasise the necessity for maintaining a high level of immunisation among children.

It must be remembered that the diphtheria germ is capable of being carried in the throats and noses of immune persons. In these days of world wide travel the carrying and possible spread of the germ is more than a probability. Consequently the only way to avoid isolated cases or small epidemics is by maintaining a high level of immunisation. It must always be remembered that diphtheria has a very high mortality and is not a disease to be taken lightly.

The following table shows how diphtheria has almost disappeared following the introduction of mass immunisation:

<i>Year</i>	<i>Deaths</i>		<i>Cases</i>	
	<i>England and Wales</i>	<i>Hillingdon</i>	<i>England and Wales</i>	<i>Hillingdon</i>
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	—
1969	—	—	14	—

### Smallpox Vaccination

The optimum age at which children ought to be vaccinated is during the second year. This is the age when complications are least following primary vaccination, and thereafter re-vaccination can be undertaken when required with very little trouble. Vaccination can be carried out without charge by doctors who have signified their willingness to carry out this work under the National Health Service Act, 1946. In a few instances where difficulties arise vaccination can be performed at the Council's clinics.



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

Age	Vaccination		Re-Vaccination		Generalised Vaccinia 1969
	1969	1968	1969	1968	
Under 3 months	18	24	—	—	—
3-6 months	32	78	2	—	—
6-9 months	35	27	4	1	—
9-12 months	128	106	4	2	—
1 year	819	999	32	13	—
2-4 years	928	1,262	156	132	1
5-15 years	235	286	613	729	—
Total	2,195	2,782	811	877	1

The above-mentioned figures include 169 children vaccinated and 502 children re-vaccinated at London Airport.

The case of generalised vaccinia indicated above had an uneventful course without complications.

#### Smallpox Vaccination at London Airport

In 1969 there were 9,583 adult persons vaccinated. Not all these vaccinations were performed on arriving passengers, as in certain circumstances it was necessary to vaccinate outgoing passengers.

#### Poliomyelitis Vaccination

The following table shows the number of vaccinations 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
1969	6	190	196	—	—	—
1968	14	1,744	1,758	4	129	133
1967	12	664	676	8	373	381
1966	1	117	118	1	74	75
1962-65	3	408	411	24	3,074	3,098
Others under age 16	3	78	81	24	1,622	1,646
Totals	39	3,201	3,240	61	5,272	5,333
1968 Totals	82	3,299	3,381	98	3,629	3,727

#### Measles Vaccination

This programme, which started in 1968 and went so well, received a set back early in 1969. A number of cases of encephalitis occurred following the administration of one brand of vaccine. Although this number was small, the makers, after consultation with the Department of Health and

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
1969	—	—	2	—	6	275	—	—	—	—	—	—	—	—
1968	—	—	1	—	72	1,993	—	—	—	4	—	66	121	—
1967	—	—	1	—	110	554	—	—	—	7	—	370	430	—
1966	—	—	2	—	29	64	—	—	—	5	—	59	66	—
1962-65	—	—	20	—	164	152	—	4	—	51	—	2,715	707	—
Others under age 16	—	—	70	—	51	6	—	21	—	314	—	2,181	137	—
Totals	—	—	96	—	432	3,044	—	25	—	381	—	5,391	1,461	—

Social Security, considered it wise to withdraw the vaccine in March, and the consequent reduction in supplies available was so great that measles vaccination virtually ceased until November, when supplies increased and the programme re-commenced—priority groups being given the first opportunity.

There is no doubt as to the efficacy of measles vaccination, as the expected epidemic failed to materialise, the number of cases being 1,204 instead of over 3,000 as anticipated.

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

<i>Born in Year</i>				1969	<i>Born in Year</i>				1968
1969	...	...	...	4	1968	...	...	...	47
1968	...	...	...	212	1967	...	...	...	466
1967	...	...	...	660	1966	...	...	...	560
1966	...	...	...	417	1965	...	...	...	551
1962-65	...	...	...	925	1961-64	...	...	...	1,791
Others under 16	...	...	...	66	Others under 16	...	...	...	2,402
				2,284					5,817

### HOME HELP SERVICE

The number of Home Helps employed at the end of the year was 126. As the majority of these are part-time, there was an equivalent of 71 full-time workers against an establishment of 100. The recruitment of home helps, while there are so many other and often more lucrative forms of employment, will always present a problem. This, coupled with an ever increasing demand mainly from the elderly, means that the available resources have to be utilized in dealing with the most necessitous cases.

The standard charge for the service remains at 6/8d. per hour, but persons unable to pay this are assessed in accordance with the Council's scale. Recipients of Social Security Supplementary Allowances are given a "Nil" assessment, as are patients suffering from toxæmia of pregnancy.

The following table shows the number and type of cases in which help was provided during the year.

	<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	887	89	8	79	128	1,191

### TUBERCULOSIS—PREVENTION, CARE AND AFTER CARE

There are two Chest Clinics in the Borough, one situated at Hillingdon Hospital and the other at Mount Vernon Hospital. The Department employs one full-time tuberculosis visitor for the follow-up of cases and contacts from both clinics. She advises on the prevention of spread of infection and care and after care of the patient and, if required, the services of a health visitor are also available.

The response to treatment of tuberculosis by modern drugs is excellent in the majority of cases, but the need to continue treatment until the lesion is considered to be cured cannot be over-emphasised. It is to be regretted that in a few cases the lack of co-operation on the part of patients has resulted in infection of members of families and other close contacts.

As a result of cases diagnosed during the year the follow-up of contacts necessitated visits being made to several of the Council's own Establishments. Residents and staff in two Old People's Homes where cases of tuberculosis were found were X-rayed, but no other case of tuberculosis were found, although some abnormalities requiring observation or treatment were detected. 170 trainees from the Adult Training Centres visited the Mass X-ray Unit, and although three were recalled for further investigation, no cases of active tuberculosis were found.

Further reference is made on page 63 to the other activities undertaken by the Mobile X-Ray Unit.

The follow-up of cases and contacts is time consuming and inevitably causes some disruption of the routine in schools, welfare homes, etc., but this very necessary work is greatly facilitated by the co-operation of teaching and other staff. As usual general practitioners in the area have been most co-operative and the close liaison with the Chest Physicians and the staff at the Chest Clinics has continued.

### 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, sessions are held at Elm Park Club, Park Way, Ruislip.

Domiciliary visits are arranged for housebound persons and residents of the Council's Old People's Homes and Old Persons' Flatlets.

Arrangements are also made in co-operation with Voluntary Organisations as follows:—

- Ruislip/Northwood Old Folks' Association:
  - Sessions at Brackenbridge House Aged Persons' Home.
  - Attendance at Chiropodists' surgeries.
  - Domiciliary visits.

- The British Red Cross Society:
  - Sessions at Dawlish Drive, Ruislip Manor.

Number of persons treated during the year:

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
Persons aged 65 and over ...	1,865	511	2,376
Expectant mothers ... ..	4	—	4
Others ... ..	228	4	232
<b>Total ... ..</b>	<b>2,097</b>	<b>515</b>	<b>2,612</b>

Number of treatments given during the year:

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
In clinics ... ..	6,265	1,187	7,452
In patients' homes ... ..	1,498	430	1,928
In old people's homes ... ..	1,691	192	1,883
In chiropodists' surgeries ... ..	—	1,877	1,877
Total ... ..	9,454	3,686	13,140

### RECUPERATIVE HOLIDAYS

Recuperative Holidays, normally of two weeks duration, are arranged for adults and children under five who have been suffering from a recent illness, and 44 recommendations were received from general practitioners or hospital medical staff. Some applications were withdrawn and in a few cases the patients were not well enough to travel when the time came, and in all 26 holidays were actually taken.

Community Care - Welfare Services



## Welfare Services

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

### WELFARE OF THE AGED

The care of the aged in the Borough continues to be carried out by a combination of Statutory and Voluntary effort.

A number of voluntary organisations which are supported financially by the Council provide services on behalf of the Department.

The four Old Peoples' Welfare Associations received grants of £11,115 during the financial year 1969/70. These Associations provided such services as social and dining centres, holidays, outings, a visiting service, chiropody, and in some parts of the Borough, Meals on Wheels.

In other areas of the Borough the Women's Royal Voluntary Service and the British Red Cross Society provide meals.

#### Old People's Welfare Co-ordinating Committee

During 1969 there was a much closer liaison between the four Voluntary Associations, and regular meetings of the Co-ordinating Committee were held.

The gift of two mini-buses to the Co-ordinating Committee by the Mayor, from the proceeds of her charity, has helped to bring about this closer liaison.

The mini-buses were given to provide transport for aged persons who would otherwise be house-bound, and each vehicle is shared between two committees. Many people have benefited from this gift.

#### Residential Homes for the Aged

In spite of all the domiciliary services provided, it often becomes necessary for aged persons to be admitted to residential homes. Social Welfare Officers made 1,401 visits to aged persons during the year, largely in connection with applications for admission to homes, but in some cases they were able to suggest alternative solutions.

The Council's Residential Homes as at 31st December, 1969, were:

<i>Name of Home</i>	<i>Address</i>	<i>No. of Beds</i>
Belle Vue	Harlington Road, Hillingdon	53
Brookfield	Park Road, Uxbridge	54
Coaxden	Park Road, Uxbridge	23
Franklin House	The Green, West Drayton	49
Moorcroft	Harlington Road, Hillingdon	67
Rushymead	Coleshill, Nr. Amersham	47
Ryefield	Ryefield Avenue, Hillingdon	35
The Burroughs	Mill Road, West Drayton	48
Whitby Dene	Whitby Road, Eastcote	61

All Homes are for men and women, except Coaxden which is for men only.

There has been no addition to the number of Homes during the year, but there has been a number of improvements.



### Staffing

During 1969 the staffing position in the residential homes improved, and for most of the year each home had a matron and deputy.

In addition the Council approved the appointment of additional attendant staff to enable each Home to have two attendants on duty at night. This was found to be necessary because of the increasing infirmity of the residents.

On 31st December, 1969 there were 407 residents (113 males and 294 females) in the nine Borough residential homes, 27 of these were the financial responsibility of other Local Authorities.

In addition the Council was maintaining 108 persons (38 males and 70 females) in Homes administered by voluntary organisations and 14 (8 males and 6 females) in other Local Authority homes.

Admissions and discharges are summarised in the following table:—

	Admissions	Discharges	To where discharged			
			Hospital	Deaths	Home Address	Other Address
Borough Homes ... ..	110	148	78	60	9	1
Voluntary Homes ... ..	24	31	12	15	—	4
Other Authority Homes ...	1	3	3	—	—	—

Of the 93 residents admitted to hospital, 49 subsequently returned to the Local Authority Home.

Close liaison has been maintained with the Geriatric Department at Hillingdon Hospital throughout the year.

The table below shows by age groups all admissions to Residential Accommodation during 1969:—

	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	4	5	17	4	31	—	—	1	12	48	18	79	110
Short Stay	—	—	1	2	11	6	20	—	—	5	8	49	48	110	130
Voluntary Homes	—	—	2	4	2	1	9	—	—	3	2	5	5	15	24
Total	—	1	7	11	30	11	60	—	—	9	22	102	71	204	264

### Short Stay Admissions

The demand for temporary admission to Welfare Homes has continued to increase, but during 1969 it was possible to meet all requests for admission except in one or two cases during the peak holiday period.

### Waiting List

Details of aged persons awaiting admission to the Council's residential Homes on 31st December, 1969 are as follows:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Hillingdon Borough Residents ... ..	14	37	51
Residents in other Authority Areas ... ..	3	17	20

Owing to the demand from within the Borough, it has not been possible to accept many persons into the Homes from other Local Authority areas except by mutual exchange.

### Homes Administered by Voluntary Organisations

In 1969 there were three such Homes for the elderly within the Borough. 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 inspected from time to time by a Senior Medical Officer of the Department.

The number of persons in Residential Accommodation (including Voluntary Organisation Homes) at 31st December, 1969 in various age groups, is shown below:—

<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	18	25	71	226	193	490	515

It is interesting to compare these figures with the situation which existed a year ago:—

4	3	16	23	81	253	164	498	521
---	---	----	----	----	-----	-----	-----	-----

It will be seen that the lower age groups have decreased in number and those of 85 years and over have increased.

### Old People's Workshop

The workshop in West Drayton continues to flourish, and attendances have increased. Work has been quite plentiful, and the average earnings of the aged persons have increased. At present there are 24 on the register.

### HOMELESS FAMILIES AND FAMILIES AT RISK

It is the object of the Council, through the provision of its social services, to prevent, whenever possible, families being rendered homeless. When families, in danger of eviction, come to the notice of the Department, social welfare officers make regular visits to give advice and support, and are sometimes able to help the families overcome their difficulties.

If families do become homeless they may be admitted to one of the Council's hostels, of which there are two—Highgrove House at Eastcote and Mead House at Hayes, the latter being a rehabilitation hostel where specialised instruction may be given in appropriate cases. There are 14 units of accommodation at Highgrove House and Mead House has room for 9 families.

The most important development in 1969 as far as homeless families are concerned was the extension of temporary accommodation by the provision of six houses.

The Housing Committee agreed to release 6 houses in Hayes for the use of the Health and Welfare Department as the third stage of rehabilitation, following up the help given in the two Hostels.

The first two families moved to these houses just before the end of the year.

Details of admissions and discharges are:—

	<i>Admitted</i>	<i>Rehoused by Hillingdon</i>	<i>Discharged to other address</i>	<i>To Mead House</i>
Highgrove ...	27	11	11	8
Mead House ...	12 (Including transfers)	10 (Includes 2 special Housing)	1	—

At 31st December, 1969 the total number of persons in temporary accommodation was as follows:—

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Totals</i>
Highgrove House ...	8	7	8	27	42
Mead House ...	9	6	9	25	40
Special Housing ...	2	2	2	5	9
Total ...	19	15	19	57	91

For part of the year the second floor accommodation at Highgrove House was closed while certain fire prevention work was carried out.

During the year 543 home visits were made by the social welfare officer responsible for family casework.

## WELFARE OF THE PHYSICALLY HANDICAPPED

## Handicapped Persons General Classes

At 31st December, 1969 there were 805 names on the register of handicapped persons general class, and the following table shows an analysis of their disabilities and age groups.

<i>Major handicaps</i>	<i>Age Under 16 (1)</i>	<i>Age 16-29 (2)</i>	<i>Age 30-49 (3)</i>	<i>Age 50-64 (4)</i>	<i>Age 65 or over (5)</i>	<i>Total (6)</i>
Amputation ... ..	—	—	4	9	14	27
Arthritis or rheumatism ... ..	—	1	8	56	227	292
Congenital malformations or deformities	1	10	1	6	1	19
Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	3	4	22	59	88
Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	5	12	14	53	84
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ... ..	3	23	40	90	95	259
Neuroses, psychoses, and other nervous and mental disorders not included above ... ..	—	—	—	2	2	4
Tuberculosis (respiratory) ... ..	—	—	1	—	1	2
Tuberculosis (non-respiratory) ... ..	—	—	4	2	2	8
Diseases and injuries not specified above	1	2	7	2	10	22
Total ... ..	5	44	89	203	464	805

## The New Work Centre

One of the most important events of 1969 for the physically handicapped was the opening of the new purpose built work centre at Honeycroft Hill, Uxbridge (Plate 2).

The centre was built at a cost of £75,000, to replace the old one at The Lynch, Uxbridge, which was demolished as part of the Town Centre Redevelopment scheme.

The building was designed by the Council's own architect's in consultation with officers of the Health and Welfare Department. Joint visits were made to other buildings specially designed for handicapped persons.

The centre has a large work room and two smaller work rooms, one of which is to be equipped as a domestic training room for the blind and physically handicapped.

There are also two storerooms of 500 sq. ft. each, a rest room and the usual offices. Special facilities are provided in the toilets.

The building has space for sixty persons, and at present 45 attend regularly for 3 hours a day, 5 days a week.

The improved conditions are very much appreciated by the handicapped persons and staff.

In addition to being used as a work centre the building is used to give instruction to the blind at a regular handcraft class, and to individual blind persons.

The British Red Cross Society also use the centre for a weekly handcraft class for the handicapped and other Voluntary Organisations hold regular meetings there.

### **Welfare of the Deaf**

The Welfare Officer for the deaf as part of his responsibilities, was instrumental in helping to set up a new social club for the deaf in Hillingdon. The club meets every Saturday evening at the new Work Centre, and the meetings are very well attended. On average about 50 persons attend the weekly meetings, but on special occasions as many as 150 have been present, many of them coming from outside the Borough.

The Welfare Officer has continued to assist the deaf in finding suitable employment, and at the end of 1969 was able to report that no deaf and dumb person, of working age, known to him, was unemployed.

There are now 75 deaf persons on the register.

### **Adaptations**

In an endeavour to assist handicapped persons to retain as much independence as possible, adaptations were carried out in 63 homes during 1969. The total cost of this work was £2,114 17s. 0d., of which £971 7s. 5d. was recoverable by way of contribution from the handicapped person. In the majority of cases the adaptations were simple ones, such as the installation of handrails and provision of ramps, but in one case a downstairs shower unit and toilet was installed at a cost of £660.

### **Aids**

Aids were issued to 415 handicapped persons at a total cost of £1,725 5s. 2d. The aids are issued on loan free of charge, and they are returned to stock when no longer required. Many of them are suitable for re-issue to other handicapped persons.

### **Handcraft Classes and Social Club**

As mentioned earlier the British Red Cross gives valuable assistance by arranging handcraft classes for the disabled in various parts of the Borough.

The Council gives financial help and assists with transport.

The Society also runs a flourishing social club for the younger physically handicapped.

### **Choral Class**

The Choral class for the handicapped which was commenced in 1968 has continued to prove very popular. The choir took part in a special choral festival at Harrow, when all the handicapped persons' choirs from the former Middlesex Boroughs participated.

### **Gardening Class**

This class continues to be held at Norwood Hall, Southall, where special facilities are available for instruction and participation. Transport is provided for all these classes.

### **Holidays**

During the year 61 persons were assisted with holiday arrangements or were given financial help.

A party of 30 disabled persons spent a holiday at a camp on the Isle of Sheppey, accompanied by members of the staff and volunteers.

The total cost of these assisted holidays was £1,349 2s. 9d.

### Car Badges

Special easily identifiable discs have been issued to 78 handicapped persons who drive invalid carriages or adapted cars.

They are fixed to the windscreen and rear windows and they enable the police to assist the drivers with their parking problems.

The badges are only issued to those persons who have difficulty in walking because of their disabilities.

### Visits

Social Welfare Officers made 3,515 domiciliary visits to handicapped persons (general classes) during the year, and the Welfare Officer for the deaf made 443 home visits.

## WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

The Council is required by law to maintain a register of blind and partially sighted persons, and the following table shows the changes which occurred during 1969:—

	<i>No. on Register 31.12.68</i>	<i>Additions</i>	<i>Removals</i>	<i>No. on Register 31.12.69</i>
Blind	340	57	45	352
Partially Sighted	112	31	22	121
Total:	452	88	67	473

Of the 45 removed from the Blind register, 34 were due to death and 11 for other reasons. Of the 22 partially sighted people removed from the register, 9 were because of death, 8 were transferred to the Blind register and 5 removed for other reasons.

The following table shows the persons on the Blind Register as at 31st December, 1969 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	Un- known	Total
M	—	—	1	—	1	4	3	2	1	6	16	16	6	14	31	11	10	6	—	128
F	—	—	—	—	—	4	1	2	6	9	4	20	14	19	56	32	31	26	—	224
Total	—	—	1	—	1	8	4	4	7	15	20	36	20	33	87	43	41	32	—	352

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	Un- known	Total
M	19	3	—	—	—	4	5	4	11	10	9	11	13	9	18	7	3	1	1	128
F	18	3	4	—	1	—	5	3	7	11	16	23	20	13	69	19	9	2	1	224
Total	37	6	4	—	1	4	10	7	18	21	25	34	33	22	87	26	12	3	2	352

### Employment

Approximately 67% of registered blind persons are 65 years of age and over, and naturally most of these are not in employment. The following table shows the employment position:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Employed in Sheltered Workshops	2	1	3
Employed in Homeworker Scheme	2	4	6
Employed under ordinary conditions	35	12	47
	—	—	—
Total employed	39	17	56
Unemployed, but capable of and available for work	3	1	4
Not available for work	4	24	28
Not capable of work	3	14	17
Not working, 65 and over	67	162	229
	—	—	—
Total unemployed	77	201	278
	—	—	—

At 31st December, 1969—2 men and 1 woman were undergoing training.

7 children between the ages of 5 and 15 were attending special schools for the blind and 2 were attending other schools.

3 children with multiple defects were unsuitable for education at school.

The following table shows the age groups of persons on the partially sighted register:—

	<i>0 to 1</i>	<i>2 to 4</i>	<i>5 to 15</i>	<i>16 to 20</i>	<i>21 to 49</i>	<i>50 to 64</i>	<i>65 &amp; over</i>	<i>Total</i>
<b>M</b>	—	—	6	5	15	8	14	48
<b>F</b>	—	—	4	5	8	12	44	73
<b>Total</b>	—	—	10	10	23	20	58	121

During 1969, 8 persons were removed from the partially sighted register and transferred to the blind register.

One person's name was removed due to improved visual acuity.

At 31st December, 1969—7 partially sighted children aged 5–15 years were attending special schools.

3 were attending ordinary schools.

### Clubs and Classes for the Blind

These continue to be very popular because in addition to their instructional value blind persons enjoy the opportunity of social contact.

*Uxbridge Handcraft Class* moved during the year to the new Work Centre at Honeycroft Hill.

The class is held once a fortnight on Thursdays. Transport is provided.

*Ruislip Handcraft Class* is still held at Ruislip Manor Clinic, Dawlish Drive, Ruislip Manor, fortnightly on a Thursday.

*Social Clubs* are held in Uxbridge (1st Saturday in each month)

Ruislip (fortnightly on Saturdays)

Hayes (fortnightly on Mondays)

The *Gardening Class* is still held at Norwood Hall, Southall, and transport is provided for blind persons attending from Hillingdon.

**Holidays**

Thirty-eight blind persons received assistance with holiday arrangements during 1969. Some of them were accommodated at special holiday Homes for the Blind, and others made their private arrangements and were assisted financially. The cost of this assistance amounted to £355.

**Radio Sets**

The Council acts on behalf of the British Wireless for the Blind Fund by issuing radios to persons on the Blind Register.

The Fund supplies to the Council the number of sets required, and when issued the Council pays for the maintenance and repair of these sets and provides batteries when required.

The Department issued 38 new sets during 1969 and altogether 143 sets are in current use.

**Exemption Certificates**

Blind persons may obtain wireless licences free of charge by producing an exemption certificate which is provided by the Council on request. During 1969, 28 certificates were issued.

**Talking Book Machines**

These machines are issued to Blind and Partially-Sighted persons who are unable to read ordinary print. They are provided by the Nuffield Talking Book Library, and the Council pays the rental charges of £3 per machine per annum. There were 32 new issues during 1969, and altogether 114 are in current use.

**Deaf Blind Persons**

During 1969 there was no change in the register of persons who have the double disability of deafness and loss of sight.

There were 4 such persons, who needed the services of the specialist teacher of the Deaf Blind. This specialist is shared between several London Boroughs, and her salary is paid on a pro rata basis.

**Guide Dogs for the Blind**

There are now 12 blind persons in the Borough with Guide Dogs which are provided through the Guide Dogs for the Blind Association.

**Social Rehabilitation**

The Royal National Institute for the Blind is responsible for training courses to assist newly blinded housewives to adjust themselves to carrying out their domestic duties as blind persons.

During the year arrangements were made for 2 blind persons to attend these courses, but for various reasons they were unable to accept the vacancies.

**Domiciliary Visits**

During 1969 Social Welfare Officers made 2,333 visits to blind and partially sighted persons in their own homes.

**PEACE TIME EMERGENCIES**

During the year under review it was not necessary for the Department to put into operation its scheme to provide temporary accommodation in peace time emergencies.



### **BURIALS AND CREMATIONS**

In connection with its responsibilities under Section 50 of the National Assistance Act 1948, the Council made funeral arrangements in 14 cases. Of these, 12 died in Old Persons Homes and 2 died elsewhere.

### **PROTECTION OF MOVABLE PROPERTY**

Action was taken under Section 48 of the National Assistance Act 1948, to protect the movable property of 2 persons who were in hospital.

### **IN-SERVICE TRAINING OF STAFF**

Following the start in 1968, four more assistants attended a 2 week course of lectures and practical work at Hillingdon Hospital.

These have been so much appreciated that later in 1969 arrangements were made for the Matrons who wished to take part in study days at the hospital. They were able to learn more about the methods of rehabilitation of geriatric patients as well as local nursing procedures which are standard in the hospitals of the group. A valuable relationship was established with the hospital staff, some of whom have paid reciprocal visits to the homes.

This provides a suitable opportunity to record the appreciation and thanks of the Health and Welfare Department staff to their opposite numbers in Hillingdon Group of Hospitals.

Community Care - Mental Health



## Mental Health

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

## STAFF

During 1969 the field staff establishment was increased by two Mental Welfare Officers. The establishment now is:—

Chief Mental Welfare Officer  
Deputy Chief Mental Welfare Officer  
Seven Mental Welfare Officers

The Deputy Chief Mental Welfare Officer was successful in being accepted for the one year course leading to the Certificate of Social Welfare, and was seconded by the Borough. At the end of the year there remained an unfilled vacancy for a Mental Welfare Officer.

Work statistics of Mental Welfare Officers are as follows:—

## (a) Mental illness:

Visits made by Mental Welfare Officers	...	...	...	...	3,683
Compulsory Admissions to Psychiatric Hospitals	...	...	...	...	201
Informal admissions to Psychiatric Hospitals	...	...	...	...	87
Office interviews	...	...	...	...	147

## (b) Mental Subnormality:

Visits to those under Borough Community Care	...	...	...	...	845
Office interviews	...	...	...	...	17

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 151 cases who had received 220 visits. The Health Visitors visits are not included in total visits made by Mental Welfare Officers.

## SUBNORMALITY

Number of subnormal persons cared for in Community at end of 1969 ... .. 437

Number of subnormal patients from this Borough in Hospital:

					<i>Males</i>	<i>Females</i>
Under 16 years	...	...	...	...	17	10
16-64 years	...	...	...	...	124	90
65 years and over	...	...	...	...	7	21
					—	—
					148	121
					—	—

Number of adults and children awaiting admission to Hospital at end of 1969	...	...	...	...	...	21
Number of children in Junior Training Centre	...	...	...	...	...	79
Number of children in Special Care Unit	...	...	...	...	...	21½
Number of children in Weekly Boarding Unit	...	...	...	...	...	12
Number of trainees in Uxbridge Adult Training Centre	...	...	...	...	...	131
Number of trainees in Moorcroft Adult Training Centre	...	...	...	...	...	85

These came from the following authorities:—

	Barnet	Brent	Ealing	London Boroughs of		Hounslow	Richmond	Surrey C.C.
				Harrow	Hillingdon			
<i>Junior Training Centre</i>	1	1	19	—	55	1	1	1
<i>Special Care Unit</i>	—	—	6 $\frac{2}{3}$	—	15	—	—	—
<i>Weekly Boarding Unit</i>	1	1	3	—	5	—	1	1
<i>Uxbridge Adult Training Centre</i>	13	24	6	44	44	—	—	—
<i>Moorcroft Adult Training Centre</i>	—	—	1	—	52	7	—	25

### Bourne Hostel

Bourne Hostel has continued to prove its need in the Borough's Mental Health Service. During 1969, 25 residents (11 male, 14 female) were placed there on a permanent basis and at the end of the year 20 of the cases (9 male and 11 female) were still resident. Of the 5 discharged 1 was admitted to hospital, 1 moved with family from the Borough, 1 was not suitable, and the remaining 3 returned to their homes as it was felt they had improved sufficiently for them to be managed again within the family, but 1 of these had to be returned to the hostel later.

During the year 12 cases (4 male and 8 female) were given short term care which enabled relatives to have a rest or a holiday.

There are 20 potential cases known who could need admission to the hostel should their home conditions change in any way.

### Hillingdon Junior Training Centre

The new purpose built premises, replacing the existing training centre, was occupied in April 1969 (Plate 3).

The new centre cost £84,000 and accommodates 19 staff (including general duties assistants and domestic staff) and 102 children (22 in the special care unit).

There are the supervisor's room, staff room, 5 classrooms, 2 nursery rooms, 2 special care unit rooms, handicraft room, housecraft room, medical room, bathroom, cloakrooms, kitchen and a large hall. The latter can be divided and one half used as a dining hall. All rooms are very light, airy and brightly decorated, and with the installed modern furniture and equipment makes a tremendous contrast to the old centre which was in adapted premises and rather drab in appearance, as the building was over 200 years old. The classrooms, nursery and special care rooms all open into the grounds as well as having the normal exit into the corridors of the centre. The exits into the grounds are very advantageous, because if the weather is fine and warm the children can be outside, or in the event of an emergency, such as fire, the building can be quickly evacuated (Plate 4).

The classrooms are divided from each other by a toilet unit (1 unit to 2 classrooms). The nursery and special care having their own toilet facilities. There are also shower units in the cloakrooms.

These facilities are excellent because of being so close to the children's rooms, but they do need rather careful supervision by staff. Children also soon learn how to operate the shower units.

It is now hoped that the training of children will be even more beneficial than in the past, as there are no longer any problems to overcome inherent in the layout and fabric of the building. In the old premises, much time and effort was spent in overcoming the physical disabilities of the structure itself because of its antiquated construction and poor arrangement.

### MENTAL ILLNESS

Again there has been an increase in the number of cases referred for assistance. It is interesting to note that this is entirely due to the increase in cases referred for after-care services following hospital treatment, thus ensuring them of support when they leave the protection of the hospital.

London Airport continues to pose many problems and Mental Welfare Officers were called to the Airport 114 times during the year.

During the latter part of the year the day hospital of the Psychiatric Unit at Hillingdon Hospital was opened and the in-patient wing is due to open in 1970. These are welcome additions to the amenities for the mentally ill.

The problem of the elderly mentally confused and the chronic mentally ill is a very difficult one to solve. The burden on families is considerable, and often very worrying. The elderly mentally confused in Part III accommodation also give rise to staffing and other difficulties. There is included in the Development Plan a proposal for the provision of residential accommodation for the elderly mentally confused which will provide proper staffing and care facilities of the nature these difficult cases demand.

It is likely that more cases of this type will be found in the community as the present policy is to accommodate as many as possible of these cases outside psychiatric hospitals.

Cases referred during 1969 were as follows:—

<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 ... ..	1	—	65	166	232
Hospitals, or discharged from In-Patient treatment ... ..	1	1	81	217	300
Hospitals, after or during Out-Patient or day treatment ... ..	—	—	20	33	53
Police and Courts ... ..	2	1	32	25	60
Other Sources ... ..	—	1	117	120	238
Total ... ..	4	3	315	561	883



General Services





## General Services

### HOUSING ALLOCATION—MEDICAL GROUNDS

The total number of housing applications referred by the Director of Housing to the Medical Officer of Health because of medical factors continues to increase. From the table below it will be seen that there was an increase of 97, to the record total of 637 applications during 1969. This increased total is largely accounted for by the increase in the number of tenants already rehoused by the Council who wish to transfer to other accommodation, and put forward medical evidence in support of their request. These requests for transfer of accommodation formed 41% of all the cases referred to the Medical Officer of Health during 1969.

The following table shows the trend over the past five years:—

	<i>New applications</i>		<i>Transfers</i>		<i>Total Received</i>
	<i>Referred</i>	<i>Case Supported</i>	<i>Referred</i>	<i>Case Supported</i>	
1965 ...	118	31	60	34	178
1966 ...	398	115	119	40	517
1967 ...	299	84	176	63	475
1968 ...	357	115	176	86	533
1969 ...	376	150	261	101	637

### MASS RADIOGRAPHY

The Mass X-Ray Unit visited the Borough during the year and was located at a number of different sites in the following areas:—

	<i>Hayes</i>	<i>Ruislip/Northwood</i>
<i>Attendance:</i>		
General Public ... ..	3,652	3,834
Industrial ... ..	4,270	1,349
Totals ... ..	7,922	5,183
<i>Cases found:</i>		
Pulmonary Tuberculosis:		
Active cases ... ..	2	—
Observation cases ... ..	1	2
Lung cancer ... ..	2	—

In both areas the general public figures show an increase compared with the previous visit in 1965, but the industrial figures are less, due to the fact that the X-ray Unit paid individual visits to the larger firms during 1968.

Arrangements were made for persons who had taken up residence in any of the Council's Old People's Homes since the visit of the Unit last year to attend on this occasion.

Separate visits by the unit were made to the Adult Training Centres at Moorcroft and Uxbridge.

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.

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	9.00 a.m.—5.00 p.m. (Closed 12.30—1.30 p.m.)

#### *Mobile Units*

Northcote Clinic, Northcote Avenue, SOUTHALL	Weekly—on Tuesdays	10.30 a.m.—Noon.
Car Park, Grant Road, WEALDSTONE	2nd and 4th Thursday of each month	10.00 a.m.—Noon.
Council Car Park, RICKMANSWORTH	Weekly—on Mondays	2.45 p.m.—3.15 p.m.

### MASSAGE AND SPECIAL TREATMENT

Premises used for the reception and treatment of persons needing chiropody, physiotherapy or other special treatment must be licensed annually.

Sauna baths and more elaborate forms of beauty treatment are becoming popular, and during 1969 consideration was given to the conditions necessary for licensing establishments offering such treatment. The distinction between beauty treatment and the treatment of medical conditions was borne in mind, together with the respective training and qualifications of the therapists.

The conditions under which various treatments can be administered are long overdue for revision, and a uniform practice over the whole of the London area would be most advantageous. It should be pointed out that there is no control whatever over practice carried on in patients' own homes, and the training and qualifications of the persons carrying out such work certainly needs review. Discussions on these matters have taken place among the London Boroughs and there is some prospect that a uniform practice may emerge.

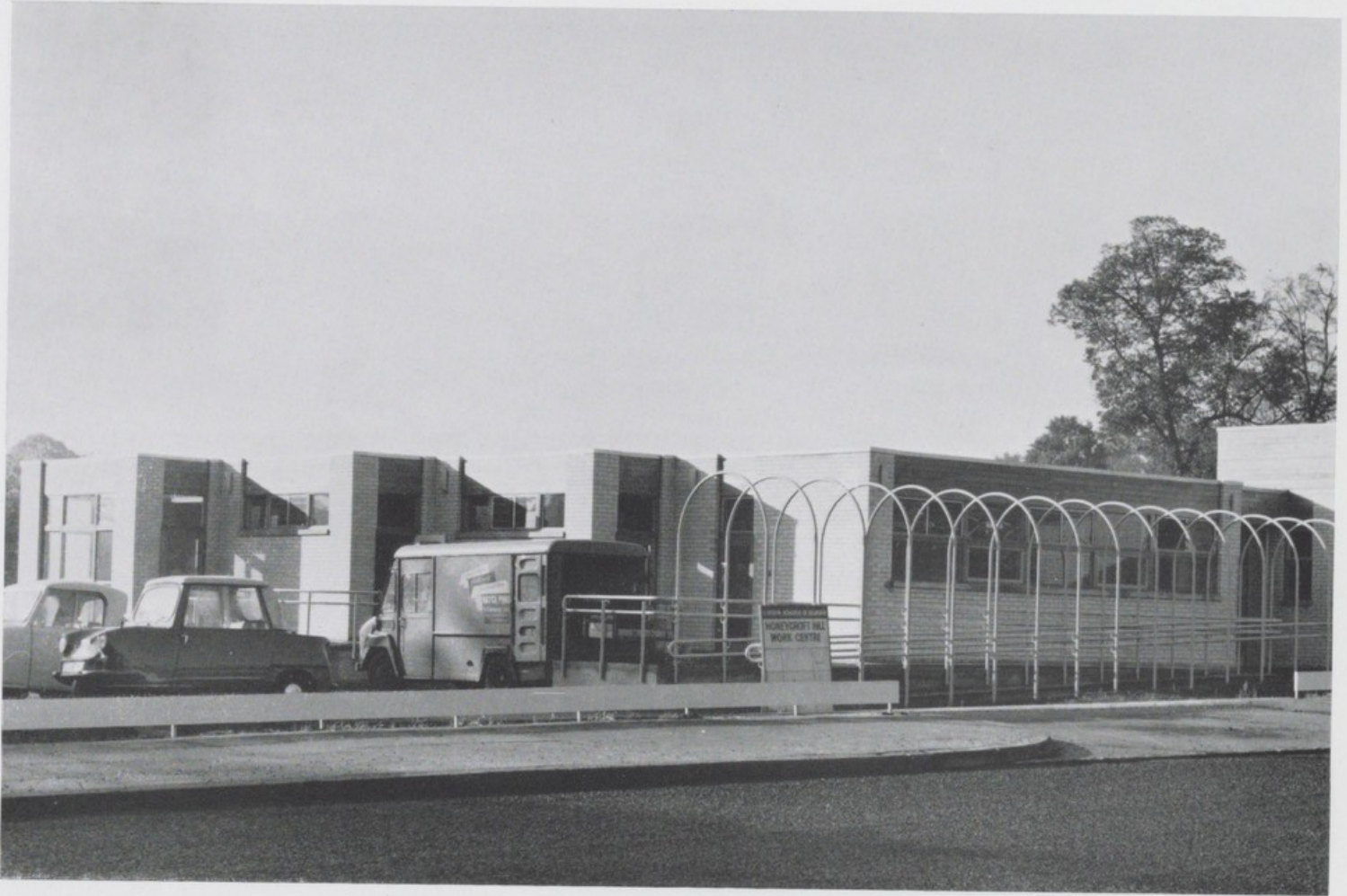
All licensed premises are inspected by a senior medical officer. The type of treatment offered is shown in the accompanying table:—

<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
Beauty massage, electric treatment, radiant heat, steam or other baths, manicure, pedicure, electrolysis for face and limbs... ..	3



PLATE 1.

*Health Control Unit—London Airport.*



*PLATE 2.*

*Honeycroft Hill Work Centre.*

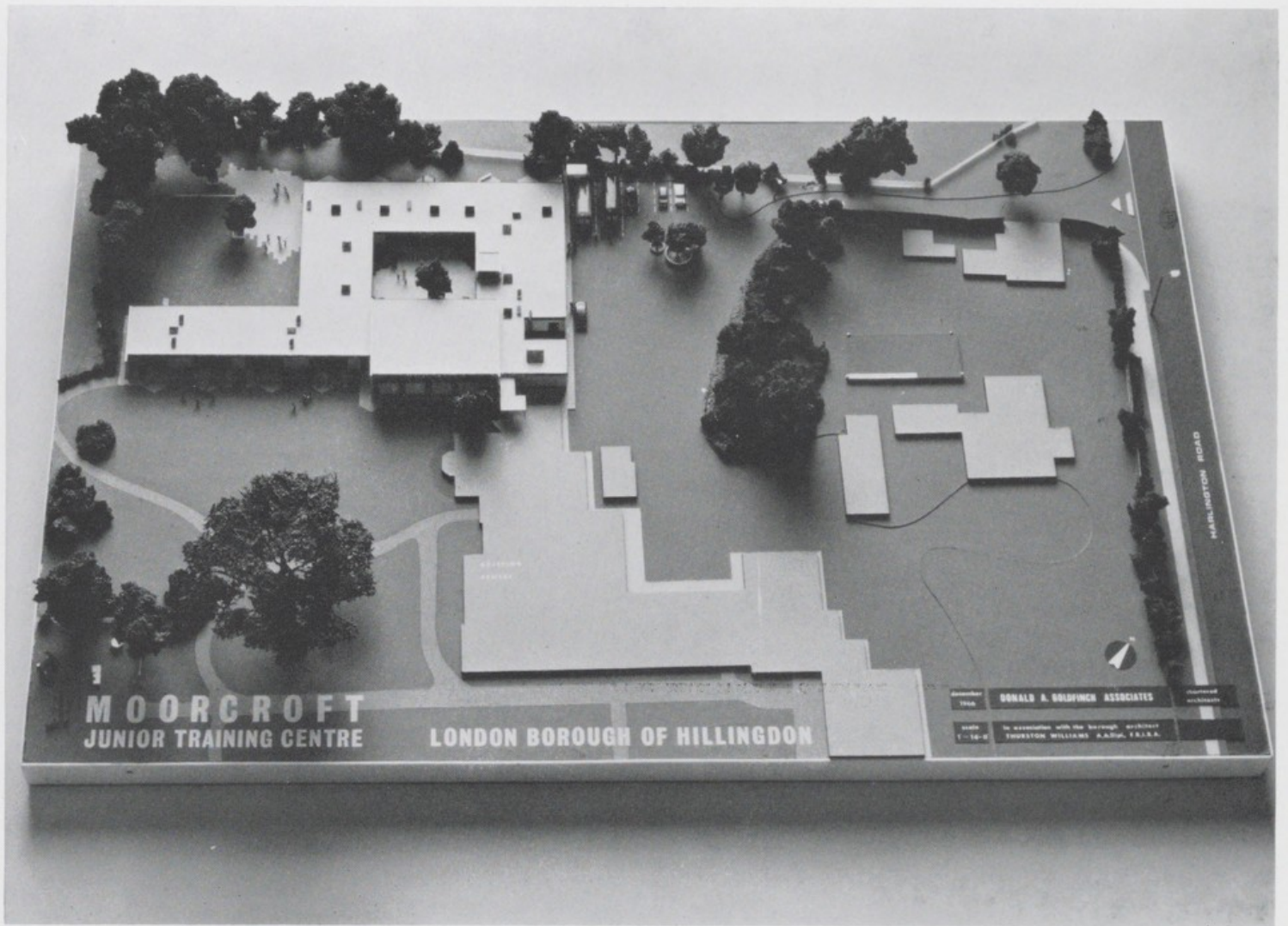


PLATE 3.

Model of Hillingdon Junior Training Centre.



PLATE 4.

*Special Care Unit Hillingdon Junior Training Centre.*

### MEDICAL EXAMINATION OF STAFF

All new staff appointed to the Council's service are required to complete a medical questionnaire to ascertain their fitness for appointment, and this questionnaire is submitted to the Department for scrutiny by a medical officer. Most members of staff can be assessed as being medically fit from the information given on the questionnaire, but in some cases a medical examination is necessary, or further information from hospital consultant or general practitioner may be required.

The medical examination of newly appointed teachers or candidates for admission to teachers' training colleges as required by the Department of Education and Science, is also carried out by the Borough medical officers.

The following cases were dealt with during the year:—

						1969
(i) Medical Assessments	...	...	...	...	...	1,519
(ii) Medical Examinations:						
Staff—from (i) above	...	...	...	...	...	323
Teachers	...	...	...	...	...	66
Students	...	...	...	...	...	177
Authorities	...	...	...	...	...	11
						577
Total number of Medical Examinations	...	...	...	...	...	577

### NURSERIES AND CHILD MINDERS

One of the conditions of the Nurseries and Child Minders Regulation Act of 1948 was that any person who for reward received into their home more than 2 children, were required to be registered.

Section 60 of the Health Services and Public Health Act 1968 amended the above condition and required all persons who received a child, who was not a relative, to be registered.

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

	<i>Number of Registrations</i>		<i>Number of Places</i>	
	1969	1968	1969	1968
Day Nurseries	47	38	1,354	1,090
Child minders	83	16	333	243

Premises used as day nurseries or registered for child minding, are inspected at monthly intervals by the health visitors to ensure that the proper standards are maintained, and that the conditions of registration imposed by the Council are complied with.

### NURSING HOMES

Local Health authorities have a responsibility under the provisions of the Public Health Act, 1936 to register and inspect nursing homes established in their areas. This registration also applies



to institutions not carried on for profit, and there is one such hospital in the Borough, which is visited by officers of the Department from time to time. There are no private nursing homes in the Borough.

### NURSING AGENCIES

An Agency which had been in the area from 1960 to 1966 was re-established in the Borough during 1969. The business had always been, and continues to be, conducted in a satisfactory manner.

### PUBLIC MORTUARY

During the year, the number of bodies received and post-mortem examinations carried out at the Council's Mortuary in Kingston Lane, Hillingdon were:—

#### *From Home Address:*

Residents of Hillingdon	...	...	...	...	...	...	225	
Residents of other districts	...	...	...	...	...	...	43	
							—	268

#### *From Hospitals in the Area:*

Residents of Hillingdon	...	...	...	...	...	...	325	
Residents of other districts	...	...	...	...	...	...	333	
							—	658
								—
								926

### CREMATORIUM

The Borough Council continues with the Harrow Borough Council to be 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 trend towards cremation as opposed to burial continues as is shown below:—

<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	1969	...	3,802

### FAMILY PLANNING

Family planning advice has continued to be provided by the Family Planning Association and all women who wish for such advice may attend the Clinics. The Council accepts financial responsibility for those who need advice on medical or social grounds, and these cases are referred to the Clinics by the Council's Medical Officers.

A domiciliary service can be provided, but this is rarely used as it has been found easier and more acceptable to help mothers to attend a Clinic, if necessary arranging transport, escort or baby-sitting services.

The numbers referred since 1965 are shown below:—

					<i>Medical</i>	<i>Social</i>	<i>Total</i>
1965 (April/December only)	...	...	...	...	2	—	2
1966	...	...	...	...	15	—	15
1967	...	...	...	...	20	6	26
1968	...	...	...	...	41	36	77
1969	...	...	...	...	41	53	94
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

Except at one clinic, the demand from first attenders for this service has declined considerably, but there is an increasing number of women who have attended previously, and who have asked for a repeat visit, usually after 3 years.

The abnormalities found are shown in the accompanying table, and follow a similar pattern to those of previous years. In 1969 four cases of malignancy were found. In three of these there was no abnormality visible on examination, and in the fourth there was leukoplakia of the cervix, which was confirmed histologically. Two of the women were under 35 years, and the maximum parity was three.

Perhaps a word of warning should be uttered to those who are arithmetically minded when reading the table—it often happens that more than one condition is found in the same woman. There may also appear to be undue disparity between the total number of women seen, the number of women found healthy, and those recalled or referred to their family doctor. In many cases a condition which is found is discussed on the spot and advice given; in others a condition is not sufficiently important to require treatment, but the woman cannot be classed as completely healthy.

## Well Women's Clinics

	<i>Laurel Lodge</i>	<i>Minet</i>	<i>North- wood</i>	<i>Ruislip*</i>	<i>Yiewsley</i>	<i>Industry</i>
Number of women seen ... ..	337	559	206	27	207	182
Number of women healthy ... ..	126	179	90	9	80	109
<i>ABNORMALITIES FOUND</i>						
<i>Pelvic</i>						
Malignancy ... ..	—	2	—	1	—	1
Cervical erosion ... ..	103	99	17	2	64	13
Cervical polyp ... ..	14	16	16	1	8	5
Fibroids ... ..	20	21	8	—	12	—
Atrophic vaginitis/cervicitis ... ..	22	27	12	—	8	10
Cervicitis ... ..	11	22	8	2	5	3
Vaginal discharge ... ..	27	23	11	3	9	13
Trichomonas vaginalis ... ..	6	19	4	—	6	4
Monilia ... ..	3	5	—	—	5	2
Leukoplakia ... ..	1	—	—	—	—	1
Prolapse ... ..	10	18	4	3	5	7
Urethral caruncle ... ..	1	1	1	—	5	—
Bartholin's cyst ... ..	—	—	1	—	—	—
Ovarian cyst ... ..	1	1	—	—	1	—
Pregnancy ... ..	—	1	2	—	—	—
Dyspareunia ... ..	3	7	2	—	1	—
Retroversion ... ..	63	139	5	3	40	18
Parametritis ... ..	1	2	—	1	1	—
<i>Breasts</i>						
Mastitis ... ..	22	6	—	—	—	4
Simple tumour ... ..	5	3	—	—	1	—
Hypertension (diastolic pressure 100 mg. Hg. or more) ... ..	11	23	15	—	18	5
Anaemia ... ..	—	—	—	—	—	—
Urine—Albuminuria ... ..	10	7	—	—	2	2
—Glycosuria ... ..	—	1	—	—	—	—
—Haematuria ... ..	—	—	—	—	—	2
Women recalled for further examination ... ..	6	14	26	—	4	—
Women referred to family doctor ... ..	42	59	41	3	35	18
Women who have had previous cytology ... ..	58	42	46	2	36	14

\*November and December only.

### VENEREAL DISEASES

The following table shows the reported number of new cases of residents of the Borough treated at various Hospitals during the year:—

<i>Hospital</i>	<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>		
Hillingdon ... ..	897	2	4	106	785
St. Bartholomew's ... ..	9	—	—	—	9
St. Thomas' ... ..	12	—	—	3	9
London ... ..	4	—	—	—	4
Totals ... ..	922	2	4	109	807

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



Environmental Health



## Environmental Health

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

The report for 1969 is the fifth report in the life of the Borough, it is an appropriate time to submit a progress report on the Environmental Health control in the Borough.

Full details of the work are given under the various headings, but special mention should be made of the progress in Housing, Hygiene and Smoke Control.

As far as Housing is concerned the Slum Clearance work is virtually complete and only a small number of worn out houses will require to be dealt with from time to time. Improvement of the remaining stock of houses is well in hand, Improvement Areas having been declared. The incentives of the Housing Act 1969 have produced the desired reaction, and there is already an increase in the number of applications for Improvement Grants.

The regular inspection of food premises has resulted in a general improvement in the standard of hygiene, but it is regrettable to report that failures are not infrequent, particularly if it is not possible to maintain the routine visiting.

Atmospheric pollution is being reduced principally by the extension of the smoke Control Areas and by the change in the type of fuel used for domestic heating. Perhaps one of the blessings of the solid fuel shortage will be the conversion of more household appliances to piped fuels. In addition to the improvement due to Smoke Control much work has been done in reducing other forms of pollution, e.g. dust and effluvia from asbestos works, and dust from works producing road materials.

In commenting on atmospheric pollution, it is impossible to refrain from mentioning the garden bonfire which is by far the most common complaint concerning smoke. The disposal of garden refuse is quite a problem in Hillingdon as virtually every house has a garden. However, this problem of nuisance would be gradually reduced if householders would compost the materials capable of being composted and burn only dry material.

In connection with the recording of atmospheric pollution the department continues to co-operate with the Ministry of Technology in recording smoke and sulphur dioxide concentrations, details of which are included later in this report.

### HOUSING

The objective of the department in the field of housing is to secure the repair and improvement of dwelling houses which are capable of being repaired and ought to be preserved in order to stop natural wastage. The Ministry of Housing and Local Government emphasised this in the White Paper called "Old Houses into New Homes".

Following the Ministry of Housing and Local Government's White Paper came the Housing Act 1969, operative from 25th August, 1969, which encourages owners to repair and improve their properties with the aid of increased and more attractive financial aid. This Act also makes provision for an owner who provides standard amenities and brings his house up to a standard of good repair, to convert a controlled tenancy to a regulated tenancy and have a fair rent assessed for the dwelling. Some of the emphasis on compulsion has therefore been transferred from Local Authority to owner, but if a tenant is not willing to fall in with a landlord's proposals to improve and repair a dwelling, and that tenant receives or would be entitled to receive a rate rebate, then it is unlikely that the Courts would give the landlord authority to proceed with the improvements.

Other objectives are to deal with those houses which are not fit to repair and improve, but which are best dealt with by clearance, demolition, or closure.

Multiple Occupation and Overcrowding again received as much attention as could be given to control a situation which is growing every year.

The Council's policy of Direction Orders to limit the number of individuals permitted to occupy houses in Multiple Occupation continued.



## IMPROVEMENT

### (a) Improvement Areas

It is unfortunate that the new Housing Act 1969 does not now include the compulsory power of the Housing Act 1964, which provided for the declaration of Improvement Areas. In such areas the Council could require owners of tenanted dwellings, where the tenants were willing, to provide those dwellings with the missing standard amenities.

In April 1965, the Council approved a 10-year programme to deal with every tenanted dwelling lacking one or more of the standard amenities, by including those dwellings in Improvement Areas.

It is no longer possible to proceed in this way as the Housing Act 1969 does not continue the powers. Instead, the Council have power to declare General Improvement Areas which have a much wider concept—in addition to the provision of amenities in houses, the General Improvement Area has as its objective the improvement of the environment.

It is not possible at this stage to comment on whether or not General Improvement Areas will be as successful as the Improvement Area in securing improved housing conditions as compulsion has now been withdrawn and substituted by financial incentives.

The number of Improvement Areas declared by the Borough are shown in the following table:—

	<i>No. of houses lacking Standard Amenities at time of declaration</i>	<i>Owner/Occupier at time of declaration</i>	<i>Tenants at time of declaration</i>
Area No. 1 (Hayes) Declared 18.11.64 ...	108 (1 vacant)	32	75
Area No. 2 (Hayes) Declared 12.7.67 ...	159	59	100
Area No. 3 (Uxbridge) ... Declared 25.1.68 ...	189	122	67
Area No. 4 (Northwood) Declared 24.7.68 ...	158	68	90

### (b) Dwellings Outside Improvement Areas

Action to require a landlord to provide standard amenities in a dwelling which is not included in an improvement area can still be initiated by a tenant who may make a representation to the Council to use its powers to secure the provision of the missing amenities. Inspectors inform tenants of the opportunity available to them to secure the improvement of the property they rent. In two cases, where tenants had made representation, the owners failed to execute the works necessary and the Council carried out the work in default. The District Auditor has ruled that where the Council carried out the works in default an owner loses the opportunity of availing himself of an improvement grant.

Details of applications received during 1969 and subsequent action that has been taken is shown below:—

**Dwellings outside Improvement Areas (Sec. 19 Applications)**

1. Number of representations made by tenants	...	...	...	...	...	...	28
2. Number of Preliminary Notices served (full standard)	...	...	...	...	...	...	30
3. Number of Immediate Improvement Notices (full standard)	...	...	...	...	...	...	9
4. Number of dwellings improved:							
(a) full standard	...	...	...	...	...	...	5
(b) reduced standard	...	...	...	...	...	...	—

The position with the 28 representations is as follows:—

Applications applied for grant by owners	...	...	...	...	...	...	3
House found to be unfit and dealt with by Closing Order	...	...	...	...	...	...	1
Representations withdrawn	...	...	...	...	...	...	5
Immediate Notices served on owners	...	...	...	...	...	...	6
Negotiations with owners in progress	...	...	...	...	...	...	13

**Improvement Areas—Housing Act 1964**

Number of 1. Areas (a) Surveyed	...	...	...	...	...	...	—
(b) Declared	...	...	...	...	...	...	—
2. Houses to be improved (a) full standard	...	...	...	...	...	...	—
(b) reduced standard	...	...	...	...	...	...	—
3. Preliminary Notices served	...	...	...	...	...	...	41
4. Undertakings accepted	...	...	...	...	...	...	—
5. Immediate Improvement Notices served	...	...	...	...	...	...	19
6. Suspended Notices served	...	...	...	...	...	...	16
7. Final	...	...	...	...	...	...	—
8. Dwellings improved (a) full standard	...	...	...	...	...	...	14
(b) reduced standard	...	...	...	...	...	...	—
9. Dwellings improved by Local Authority in default:							
(a) full standard	...	...	...	...	...	...	—
(b) reduced standard	...	...	...	...	...	...	—

Although there are approximately 2,000 houses in the Borough still lacking in one or more of the standard amenities, this still represents a minor problem compared with conditions existing over the country as a whole.

Position at end of 1969:—

Area No.	No. of houses lacking amenities in area	No. improved	No. still to be improved			Information
			Owner/ Occupier Vacant	Tenants Willing	Tenants Unwilling	
1	108	71	26	—	7	4 demolished
2	159	24	65	30	39	1 demolished
3	189	10	139	18	22	—
4	158	23	64	33	38	—

## Improvement Grants Available

Type of Grant	Previous Maximum	Maximum Housing Act, 1969
Standard Grant ... ..	£155	£200
Standard Grant for Standard amenities in a newly constructed bathroom extension ... ..	£350	£450
Improvement Grant for Improvements and Repairs and Conversions ...	£400 (Improvements only)	£1,000 per dwelling
Improvement Grant for 3 Storey buildings ... ..	£500	£1,200 per dwelling

The former discretionary grant has been replaced by the Improvement Grant with a maximum of £1,000 per dwelling (£1,200 for conversion of a dwelling of 3 or more storeys). The former discretionary grant maximum was £400 (£500 for three storey buildings). Under the new scheme the £1,000 (£1,200) maximum may now include a grant for repairs and replacements which are incidental to any improvements being carried out or which are necessary to make the improvements fully effective. Grants cannot be given for repairs and replacements unless the work is carried out in connection with improvements. The amount of grant for repairs cannot exceed the grant for improvements, and in any case cannot exceed the total of £1,000 (£1,200) total grant per dwelling.

The incentive of the higher grant and the opportunity given to Landlords to have the controlled rents abolished and fair rents substituted has resulted in an increase in applications for grants. If the increase in applications is maintained there should be good progress in the movement towards the provision of modern amenities in every home.

Details of Improvement Grants received and given in 1969 are as follows:—

## Standard Grants

1964 Act		1969 Act	
Own/Occ.	Tenanted	Own/Occ.	Tenanted
19	46	15	24
21	44	7	11
1	1	—	—
31	26	1	—

## Amount paid in grants in 1969

Amount paid in grants ... ..	£7,381	11s.	0d.
Average grant per house ... ..	£127	5s.	4d.

## Amenities provided

(a) fixed bath ... ..	38
(b) shower ... ..	—
(c) wash hand basin ... ..	45
(d) hot water supply (to any fittings) ...	49
(e) water closet:	
1. within dwelling ... ..	55
2. accessible from dwelling ... ..	—
(f) food store ... ..	30

*Discretionary Grants now Improvement Grants*

Number of applications received	...	...	
Number of applications approved	...	...	
Number of applications refused	...	...	
Number of dwellings improved	...	...	
Amount paid in grants	...	...	Nil
Average grant per house	...	...	Nil

<i>Owner/Occupier</i>	<i>Tenanted</i>
5	1
—	—
—	—
—	—

**Improvement Grants—Publicity**

Posters drawing attention to the new Improvement Grants have been exhibited on all the Council's notice boards in the Borough. At both the "Welcome to Citizenship Exhibition" and the "Borough Show", exhibitions were arranged to highlight the various types of grants available. Useful models and photographs were also exhibited illustrating improvement work carried out in the Borough.

In order to give maximum publicity to the Improvement Grant Scheme, Public Health Inspectors continue to inform owner-occupiers and tenants when visiting dwelling houses the advantages and of the financial assistance that is available.

**Qualification Certificates (Housing Act, 1969)**

Section 43 of the Housing Act 1969 makes provision for the conversion of a controlled tenancy to a regulated tenancy. The effect of this is to enable a "fair rent" to be charged for the dwelling.

The owner, in order to obtain a conversion of a controlled to a regulated tenancy must apply to the Local Authority for a certificate known as a "Qualification Certificate" which certifies that the house is provided with all the standard amenities for the exclusive use of its occupants, and that it is in good repair, having regard to its age, character and locality disregarding internal decorative repair, and that it is in all other respects fit for human habitation.

Provision in the Act is also made for the issue of "Provisional Qualification Certificates" in respect of properties which do not possess the standard amenities if the application is made in conjunction with an application for an Improvement Grant. On receipt of a Provisional Qualification Certificate the owner may then ask the Rent Officer to fix a rent for the property after the works are completed.

The inspection of properties in connection with the issue of these Certificates has placed a new burden on the inspectorate, but in the long term should be well worth while as the incentive of increased rent may well persuade landlords to invest in the repair of their houses.

*Applications for Qualification Certificates received to 31.12.69:—*

Number of applications received	...	...	...	...	...	775
Number of combined applications received (Improvement Grant and Qualification Certificate)	...	...	...	...	...	1
Number of houses inspected	...	...	...	...	...	257
Number of Qualification Certificates granted	...	...	...	...	...	Nil
Number of Provisional Certificates granted	...	...	...	...	...	Nil

Qualification Certificates will be issued when the owners have carried out the works necessary to bring the properties into good repair.

**Repair (Housing and Public Health Acts)**

It was stated in the previous report that legislation to deal more effectively with the repair of dwellings under the Housing Acts was long overdue. The Housing Act 1969 has made further

provision to secure house repairs by giving power to Local Authorities to serve notices on owners of dwelling houses which, while not unfit, are in need of substantial repair.

The repair provisions of the Housing Act 1957 required the Local Authority to be satisfied that the dwelling was unfit and repairable at reasonable expense, and it was because of the difficulty of proving unfitness and reasonable cost that many Local Authorities refrained from using this Act to secure repairs to property, and instead used the Nuisance Section of the Public Health Act, which is not effective in securing a good standard of repair.

The proviso attached to an Improvement Grant, that the dwelling concerned must be in a state of good repair to qualify for a grant is also having a good effect on the repair of dwellings. Previously, in order to qualify for a grant, a dwelling had simply to be fit for habitation. Even if the dwelling was in disrepair only those defects, which if not remedied, would be likely to make the dwelling unfit within 15 years, could be insisted upon as a condition of grant.

*Number of houses rendered fit:—*

	Section 9, 10 and 16 of Housing Act, 1957		Public Health Acts		Totals	
	Informal	Formal	Informal	Formal	Informal	Formal
(a) By owner ... ..	2	2	214	63	216	65
(b) By local authority ...	—	—	—	—	—	—
TOTALS ... ..	2	2	214	63	216	65

### Demolition and Closure

Five Demolition Orders and 7 Closing Orders, in respect of unfit dwellings not capable of repair at reasonable expense were reported to the Council during the year. Of the 12 Orders, 11 were in respect of whole houses and 1 in respect of a part of a house.

*Unfit Houses (not capable of repair at reasonable expense) Housing Act 1957:—*

Number of:	1. Undertakings received	(Section 16)	...	...	—
	2. Closing Orders made	(Section 17)	...	...	7
	3. Demolition Orders made	(Section 17)	...	...	8
	4. Closing Orders made (rooms)	(Section 18)	...	...	1
	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		...	...	24
	(b) families		...	...	10

### Clearance Areas and Individual Unfit Dwellings

Since the 1st April, 1965 the Council have made 43 demolition orders, 32 closing orders and declared 39 Clearance Areas. 248 houses were involved in the above action, and 162 have been demolished.



### CERTIFICATES OF DISREPAIR—RENT ACT, 1957

The operation of the procedure for making regulated tenancies in substitution for controlled tenancies (Housing Act, 1969) will reduce the already limited use of this process. In future, should a Landlord fail to keep a house in good repair, a tenant will be able to apply to the Rent Officer for a rent re-adjustment.

The following table gives details of the type and number of certificates applied for and the action taken:—

#### Certificates of Disrepair—Rent Act, 1957

##### *Part I—Applications for Certificates of Disrepair*

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

##### *Part II—Applications for cancellation of Certificates*

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

### CONTROL OF CARAVAN SITES

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

<i>Licensed sites in the Borough</i>	
<i>Temporary licences</i>	<i>Permanent licences</i>
26	16

There are five major caravan sites in the Borough, three in West Drayton, one in Sipson and one in Harlington—four are privately owned and one is under the control of the Borough Council. All the sites are provided with adequate amenities including mains water and drainage facilities, but it is frequently necessary to take action against some of the private owners to prevent overcrowding on the site.

The municipal site at Colne Park, West Drayton is now mainly occupied by itinerants (gypsies). The condition of the site has deteriorated considerably during the period of occupation by the itinerants. The sanitary block consisting of sanitary accommodation, washing and bathing facilities separate for each sex, and a laundry has been severely damaged and grossly misused by some of the caravan dwellers. The condition of the site which in former years was a model, has deteriorated to the condition of a scrapyard.

### Gypsies and other itinerants

For several years there has been serious problems with itinerants parking on roadside verges and on plots of unused land. In an effort to solve this problem the Council provided a temporary site at the corner of Horton Road and Ironbridge Road, Yiewsley.

The site was provided with a mains water supply, W.C.'s and washing facilities and plots for 15 caravans. The ground was covered with reject stone and hoggin and although not by any means up to the standard of a permanent site it was a tremendous improvement on the conditions previously enjoyed by itinerants. Nevertheless, it was necessary to close the site in July 1969 because of the appalling conditions created by the occupants.

## INSPECTION AND SUPERVISION OF FOOD

### Milk

The bulk of the milk consumed in the Borough is heat treated, that is pasteurised, sterilised or Ultra Heat Treated, a large proportion of which is treated within this Borough. Untreated milk is supplied from 2 farms situated outside the Borough, in one case supply being direct to a Factory Canteen, and in the other by way of a small retail round.

### Milk and Dairies (General) Regulations 1959

### Milk (Special Designation) Regulations

The Council, as a food and drugs authority, are responsible for licensing the processing dairies and also for licensing dealers to use the various special designations. These licenses are for 5 year periods, the current period expiring on the 31st December, 1970. Premises from which milk is sold are also registered. Producers licenses in respect of milk sold direct from the farm are granted by the Ministry of Agriculture Fisheries and Food.

The following are the details of the premises registered or licensed in the Borough:—

Registered Milk Distributors	...	...	...	...	...	...	...	140
Registered Dairies	...	...	...	...	...	...	...	2
Licences to use Special Designations:								
(a) Pasteurised	...	...	...	...	...	...	...	90
(b) Sterilised	...	...	...	...	...	...	...	47
(c) Ultra-heat treated	...	...	...	...	...	...	...	28
(d) Untreated	...	...	...	...	...	...	...	16
Dealer's Licence (Pasteurised)	...	...	...	...	...	...	...	2

### Milk Sampling

Samples taken from processing dairies, roundsmen, vending machines, catering premises (churns, disposable packs and dispensers) and from farms are sent to the Laboratory and submitted for the following tests:—

Phosphatase Test for pasteurised milk, Methylene Blue Test for untreated and pasteurised milk, Turbidity Test for sterilised milk, Colony Count for ultra heat treated milk, and the milk ring test/biological examination for presence of *Brucella abortus* in untreated milk.

These tests are carried out by the Public Health Laboratory Service who also carry out informal examination to detect presence of antibiotics in milk (the T.T.C. test). The chemical examination of milk is referred to elsewhere in this report.

Two failures of the Methylene Blue Test were recorded for milk supplied through refrigerated dispensers. These dispensers require thorough and regular cleaning and the results indicated that proper attention was not being given to this operation. These units were subsequently replaced with disposable milk packs which are now available from the major dairies. Twenty-two samples taken from these disposable packs were all found to be satisfactory.



The following table gives details of the number of samples of milk taken together with the results:—

	<i>Phosphatase</i>	<i>Methylene Blue</i>	<i>Turbidity</i>	<i>Colony Count</i>	<i>T.T.C.</i>	<i>Brucella Ring</i>
The total number taken	55	72	4	4	87	214
Unsatisfactory	Nil	2	Nil	Nil	3	34

The presence of antibiotics was indicated in three samples of milk taken on the same occasion from one farm and was due to a failure to reject milk from a cow being treated for mastitis. Action in this case was confined to a warning letter.

Guinea pig inoculation confirmed the presence of *Brucella abortus* in milk used for cream production without being heat treated and in order to prevent the sale of infected cream a prohibitive order under Regulation 20 of the Milk and Dairies (General) Regulations 1959 was served on the producer requiring all the milk to be sent for heat treatment. Individual cow samples were taken to ascertain the cows affected. These were subsequently disposed of and the order was lifted when further tests indicated the herd to be free from infection. A further order had to be made in December when samples of milk were again found to contain *Brucella* organisms. This order was still in operation at the end of the year.

Brucellosis is a hazard associated with the drinking of raw milk and the consumption of raw cream. The eradication of Brucellosis from dairy herds will eventually provide a safeguard against this particular organism, but the only effective protection to public health will be the proper heat treatment of all milk and cream.

### Milk Processing

The two milk processing plants operating within the Borough are concerned solely with the pasteurisation of milk.

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

<i>Bottles</i>		<i>Churns</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
24	—	15	—

### Cream

The sales of cream have increased considerably during recent years and, although there are no Statutory bacteriological tests prescribed for cream, laboratory examination provides a useful guide as to the bacteriological quality at the time of sampling. High bacterial counts may be due either to hygiene faults during production processing or packaging, to the cream being transported or displayed at unfavourable temperatures or from being kept for over long periods by the retailer. In addition, the sampling at retailers and producers samples are also taken from confectionery bakehouses and catering establishments where the results obtained are a useful indication as to the hygiene standards.

Cream from a whipping machine gave some very unsatisfactory results and was due to a failure to completely sterilize the equipment before use. Piping bags are another potential source of contamination and the disposable type of bag now available is being encouraged and the trade is making increased use of them.

Most of the cream sold within the Borough is heat treated, the exception being that supplied from two farms one of which is situated outside the area of this Authority. The results of the samples of cream are given below:—

<i>Number examined</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>
70	24	46

The number of cream samples taken was increased by 39 over the figure for the previous year. The percentage of unsatisfactory reports was slightly lower being 34.3% as against 38.7% but these figures are far from satisfactory.

### Ice Cream

Ice cream is produced on a very small scale locally being made at one restaurant. The bulk of the ice cream sold in the Borough is produced by the large manufacturers and gives no cause for concern, any failures in respect of these are usually caused by bad handling during distribution. With soft ice cream, where production takes place at the point of sale, failures are mainly caused by improper maintenance and cleaning of the equipment.

The routine test for ice cream is the Methylene Blue reduction test which gives an indication of the bacterial content. Grades 1 and 2 are satisfactory while grades 3 and 4 are unsatisfactory.

Results of ice cream samples are shown in the tables below:—

### Ice Cream Samples from Vehicles and Premises

<i>Grade</i>	<i>Vehicles</i>				<i>Premises</i>			
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
Soft Ice Cream	5	1	1	6	3	2	2	1
Other Ice Cream	17	6	3	4	30	13	13	—

The high proportion of unsatisfactory results from the samples taken indicates the need for regular inspection of ice cream premises, particularly as the failures all result from bad handling practices.

Ice lollies are not subject to the Methylene blue reduction test. They normally have a low pH which does not favour bacterial multiplication.

## INSPECTION OF MEAT AND OTHER FOOD

### Slaughterhouse Act, 1958

Slaughtering is carried out at one slaughterhouse. The number of animals killed on the premises during the year increased by 539.

There is 100% inspection of all animals slaughtered in accordance with the requirements of the Meat Inspection Regulations 1963.

Total amount of meat condemned: 2 ton 1 cwt. 87 lbs.

### Number of Carcasses Inspected and Condemned

<i>Carcasses Inspected and Condemned</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed ... ..	317	43	21	485	2,860
Number <i>Not</i> inspected ... ..	—	—	—	—	—
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned ... ..	—	—	1	—	3
Carcasses of which some part or organ was condemned ... ..	115	7	1	61	615
<i>Tuberculosis only</i>					
Whole carcasses condemned ... ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ... ..	—	—	—	—	4
<i>Cysticerci</i>					
Carcasses of which some part or organ was condemned ... ..	7	—	—	—	—
Carcasses submitted to refrigeration ...	4	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

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

### Causes of Condemnation and Quantities—pounds weight

<i>Disease</i>	<i>Cattle</i>		<i>Calves</i>		<i>Sheep/Lambs</i>		<i>Pigs</i>	
	<i>Carcase</i>	<i>Offal</i>	<i>Carcase</i>	<i>Offal</i>	<i>Carcase</i>	<i>Offal</i>	<i>Carcase</i>	<i>Offal</i>
Abscess ... ..	—	183	—	5	—	—	125	5
Arthritis ... ..	—	—	—	—	—	—	36	—
Ascaris ... ..	—	—	—	—	—	—	—	399
Bruising ... ..	85	3	—	—	—	—	41	—
<i>Cysticercus Bovis</i> ...	103	92	—	—	—	—	—	—
Echinococcus ... ..	—	4	—	—	—	—	—	—
Emaciation ... ..	—	—	—	—	—	—	54	—
Fascioliasis ... ..	—	1043	—	—	—	—	—	—
Peritonitis ... ..	—	—	—	—	—	—	—	—
Pleurisy/Pericarditis	—	101	—	4	—	1	—	647
Pneumonia ... ..	—	—	—	—	—	—	—	475
Septicaemia ... ..	510	—	—	—	—	—	89	—
Telangiectasis ... ..	—	12	—	—	—	—	—	—
Tuberculosis ... ..	—	—	—	—	—	—	47	—
Other conditions ...	—	14	40	—	—	70	221	11½

### Poultry Inspection

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

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

### Details of Poultry Processed

<i>Chickens</i>	<i>Hens</i>	<i>Ducks</i>	<i>Turkeys</i>	<i>Total</i>
82,555	650	135	871	84,211

### Slaughter of Animals Act, 1933-1958

During the year six licenses to stun and slaughter animals were issued. Only four of the Slaughtermen licensed were regularly engaged in the slaughter of animals in the Borough.

### The Meat (Sterilisation) Regulations, 1969

These Regulations came into operation on the 1st November and revoked the Meat (Staining and Sterilisation) Regulations, 1960.

The new regulations require that all butchers' and imported meat, which is unfit for human consumption, and all knackers meat, must be sterilised, provision being made whereby zoos, menageries, mink farms, processors and manufacturing chemists may obtain such meat unsterilised if it is transported in locked containers or vehicles. Such containers or vehicles must bear a legible notice that the meat is not for human consumption.

Meat condemned at the slaughter-house is supplied to a processor in accordance with these provisions.

### The Slaughter-houses (Hygiene) Regulations, 1958

### The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

These regulations together provide for the construction and equipment of slaughter-houses and require hygienic conditions and humane practices in connection with the slaughter of animals.

It was necessary in one instance to send a warning letter regarding the manner in which a pig was transported to the slaughter-house for emergency slaughter.

### Diseases of Animals Act, 1950

The surveillance of stock moved into the area under the movement of swine order is carried out by the council's veterinary officer, with the exception of animals arriving at the slaughter-house or requiring a further movement licence for the purpose of removal for slaughter. In these cases the duty is carried out by the public health inspectorate.

Number of Movement Licences dealt with—259.

There were no cases of notifiable disease during the year.

There are thirty-three boiler plants licenced in accordance with the Disease of Animals (waste foods order), 1957 and the number of visits made to both piggeries and boiler plants was 134.

**Other Food Condemnation**

The total amount of foods surrendered for destruction during the year was 17 tons 12 cwts. 2 qtrs. 14½ lbs. Refrigeration failure remains a major cause for food condemnation.

<i>Class of Food</i>	<i>Quantity (lbs.)</i>	<i>Class of Food</i>	<i>Quantity (lbs.)</i>
Fresh Meat ... ..	5,117	Evaporated Milk ... ..	5
Fresh Fish ... ..	431	Cooked Meat ... ..	370
Fresh Fruit ... ..	453½	Poultry ... ..	210
Fresh Vegetables ... ..	755	Cereals ... ..	187
Frozen Meat ... ..	1,341½	Flour Confectionery ... ..	864½
Frozen Fish ... ..	1,732	Sugar Confectionery ... ..	9,174
Frozen Fruit ... ..	329½	Fruit Juice ... ..	256
Frozen Vegetables ... ..	1,051	Mousse ... ..	597
Frozen Confectionery ... ..	245½	Jam/Marmalade ... ..	—
Canned Meat ... ..	3,166	Ice Cream ... ..	3,857
Canned Fish ... ..	555	Dried Fruit ... ..	173
Canned Fruit ... ..	5,097	Other Foods ... ..	1,573
Canned Vegetables ... ..	889		
Canned Soup ... ..	70		
Canned Cream ... ..	963		
Canned Meals ... ..	23		
			39,494½

**FOOD AND DRUGS ACT, 1955****Food and Drugs Sampling**

In accordance with Council's duties as 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 simple tests on food, these tests serving as a screening operation for articles which do not necessarily warrant detailed analysis.

A table giving details of food sampled with results of the findings is on page 87.

**Samples examined within the Department**

<i>Type of Sample</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Butter ... ..	5	—
Cottage Cheese ... ..	1	—
Fresh Cream Confec- tionery ... ..	1	2
Meat Pie ... ..	1	—
Milk ... ..	64	—
Minced Meat ... ..	21	—
Sausage Rolls ... ..	17	—
Spirits ... ..	21	—
Total ... ..	131	2

87 samples of milk were examined for the presence of antibiotics by the Public Health Laboratory and three samples were found to contain antibiotics. Details of these samples have been given in the section dealing with milk sampling.

The total number of samples examined was 521 of which 18 (3.5%) were unsatisfactory.

16 adverse reports concerned labelling irregularities the majority of which were resolved as a

result of negotiations with the producers. The use by the manufacturers of the term "Non Fat Milk" in relation to a dried skinned milk containing milk fat was a matter still under discussion at the end of the year. Several retailers selling under their own brand labels agreed to alter the description to one of "Low Fat" which was considered to be more appropriate but the others were unwilling to adopt this course.

A prosecution was taken against a catering company in respect of samples of rolls described as buttered but containing margarine, taken in 1968. A fine of £5 with £3 3s. costs was imposed in respect of each offence.

#### Details of food sampled with results of the 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
Battermix ...		1			Instant Fried Onion ...		1		
Biscuits ...		8			Instant Milk ...		7		5
Bread ...		1			Jam/Marmalade		9		
Butter ...		1			Jelly, Jelly Deserts ...		9		
Buttered Buns ...	1				Lemon Tea Drink		2		
Buttered Rolls (Plain) ...	1				Mayonnaise ...		1		
Buttered Rolls (Corned Beef)	1				Meat and Meat Products ...	2	2		
Buttered Rolls (Spam) ...	2				Meringues ...		1		
Buttered Toast ...	1				Milk ...	1			
Canned Fish ...		3			Milk Puddings ...		4		
Canned Fruit ...		14			Mustard and Sauces ...		6		
Canned Meals ...		3			Pasta ...		2		
Canned Meats ...		3			Paté ...		2		
Canned Soups ...		5			Pickled Beetroot	2	9		2
Canned Vegetables		1			Pickles & Chutney		7		
Cereal ...		2			Potato Mix ...		4		2
Creamed Coconut		1			Processed Cheese	3	12		
Cream Substitute		1			Shellfish ...		1		
Crispbread ...		1			Sterilised Cream		1		
Curry Foods ...		4			Sugar Confectionery ...		8		3
Curry Powder ...		1			Table Sea Salt ...		1		
Custard ...		1			Tomato Puree and Paste ...		5		
Dried Fruit ...		1			Vending Machines				
Drugs ...		13			Samples ...				
Egg Products ...		2			Coffee ...		1		
Evaporated Milk		1			Fruit Drinks ...		7		
Flavoured Crisps		1			Vegetable Juice ...		1		
Flavoured Spreads		1			Vegetable Oil ...		1		
Flour Confect. ...		7			Veg. Oil Shortening		1		1
Fresh Cream Confectionery ...		2			Vegetable Salad...		1		
Fresh Fruit ...		1			Vegetarian Products ...		2		
Fruit Drinks and Flav. Drinks ...		18			Wine ...	1	1		
Frying Fat ...		3			Yogourt ...		8		
Health Drinks ...		1		1					
Ice Cream ...	1	1							
Indian Foods ...		3							
Instant Coffee ...		1							
					Total ...	16	224	—	14

### Food Complaints

The number of food complaints received during the year again increased, the total being 181 as against 155 for 1968 and 114 for 1967.

Food	Nature of Complaint		Type of foreign body found
	Foreign matter	Mould	
Milk ... ..	6	7	Dirty milk bottles, etc.
Butter ... ..	2	1	Wire
Cheese ... ..	—	5	
Bread ... ..	24	12	Piece of plastic, insects, uncooked dough carbon deposits, paint, edible oil, glass, part of knife blade, insect
Canned meat ... ..	2	5	Fly, wood
Cooked meat and meat products ... ..	1	4	Hide
Meat pies ... ..	4	9	Nail, pork rind, aluminium particles, sweet wrapper
Fish ... ..	1	2	Worm
Fruit ... ..	1	4	Glass
Vegetables ... ..	2	2	Worm, stones
Cereals ... ..	2	—	Insects
Sweets ... ..	3	3	String, insects, metal
Confectionery ... ..	5	8	Bolt, metal link, insects
Other foods ... ..	13	22	Metal, potato roots, glass, larvae

A further 31 complaints were investigated relating chiefly to the general quality of food stuffs. Legal proceedings were instituted in 14 cases, resulting in 49 convictions under Section 2 of the Food and Drugs Act, 1955 (Food not of the nature, substance or quality demanded) and 3 under Section 8 (Unfit for human consumption) and 1 under Regulation 27 Milk and Dairies (General) Regulations, 1959. One prosecution under Section 2 of the Food and Drugs Act was dismissed. Fines and costs totalling £216 13s. 0d. were imposed.

Two of the cases taken under Section 8, Food and Drugs Act concerned items of food found during an inspection of a restaurant kitchen. Further prosecutions were in respect of a knife blade in a loaf of bread, bird droppings in a loaf, and a piece of metal in a bar of chocolate. A firm supplying food by way of a vending machine were prosecuted on two occasions in respect of mouldy goods bought from the machine.

### PORT SANITARY ADMINISTRATION—LONDON (HEATHROW) AIRPORT

#### Inspection of Imported Food

The Imported Food Regulations require that all food imported is fit for human consumption and that meat and meat products are accompanied by an Official Certificate from the country of origin which ensures 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, preparation and packing

were carried out with all the necessary precautions for the prevention of danger to health. By arrangement with H.M. Customs meat and meat products are detained pending inspection and other foods are examined when considered necessary. For this purpose it is necessary that Public Health Inspectors are on call duty the whole twenty-four hours to maintain an adequate inspection service.

During the year the new Cargo Terminal which is situated in the administrative area of the U.D.C. of Staines came into use. As a result the majority of food imports, for inspection, became the responsibility of that authority. At the end of the year two of the larger bonds situated in this Borough were still operating.

Some 233 tons of food were inspected during the year involving 765 inspections. Details of the various foods inspected and of food surrendered as unfit are shown in Table below:—

#### Food Examined at London Airport

<i>Article</i>	<i>lbs.</i>	<i>Article</i>	<i>lbs.</i>
Meat	72,369	Shellfish	12,529
Meat Pies and Pastes	24,984	Poultry	3,389
Tinned Meat	3,996	Liver Paste	16,941
Cooked and Smoked Meats	4,590	Milk and Cheese	12,925
Bacon and Ham	30,981	Butter and Fats	982
Salami	35,686	Fruit	49,904
Sausages	59,855	Vegetables	137,560
Offal	516	Confectionery	2,770
Casings	468	Flour Confectionery	8,823
Fish	30,991	Miscellaneous	11,585

#### Food Surrendered at London Airport

<i>Article</i>	<i>lbs.</i>	<i>Article</i>	<i>lbs.</i>
Meat	715	Shellfish	550
Meat Salad	77	Vegetables	16,530
Poultry Meat	70	Coconut	70
Fish	476	Dried Curds	440

One consignment of meat not accompanied by an Official Certificate was detained and subsequently destroyed.

As part of control on imported food, samples are taken for both bacteriological and chemical examination. Unsatisfactory samples were so classified by reason of high bacterial counts. 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 ... ..	9	4
Salami and Dry Sausages ... ..	19	14
Cooked Meats ... ..	4	4
Paté ... ..	21	3
Cured and Dried Meats ... ..	6	5
Fresh Meat ... ..	1	—
Fish and Fish Products ... ..	—	2
Shellfish ... ..	16	2
Watercress ... ..	—	1
Egg Albumen ... ..	1	—



## Foods submitted to Public Analyst

## Imported Food

Product	Procured		Adulterated		Contained Non-permitted Preservatives	
	Formally taken	Informally taken	Formally taken	Informally taken	Formally taken	Informally taken
Cheese ... ..	—	2	—	—	—	—
Fish and Fish Products ...	—	2	—	—	—	—
Flour Confectionery ...	—	3	—	—	—	—
Fruit ... ..	—	1	—	—	—	—
Health Food ... ..	—	1	—	—	—	—
Mayonnaise ... ..	—	2	—	—	—	—
Meat and Meat Products	—	20	—	—	—	—
Meat Salad ... ..	—	1	—	—	—	1
Mushroom Salad ... ..	—	1	—	—	—	1
Vegetable Salad ... ..	—	1	—	—	—	4
Poultry Products ... ..	—	2	—	—	—	—
Salami ... ..	—	7	—	—	—	—
Sausages ... ..	—	10	—	—	—	—
Sugar Confectionery ... ..	—	3	—	—	—	—
Vegetables ... ..	—	5	—	—	—	—

Warning letters were sent to the Importers of cheese and a health food concerning incorrect labelling and to the importer of a sample consignment of meat and mushroom salads containing prohibited preservatives.

## 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 buffet to large restaurants catering for the public. Many of these operate throughout the 24 hours creating a cleaning problem and recruitment of suitable seasonal staff for this task is difficult. 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 these food premises are carried out and attention is paid to temperature control of 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.

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

	Satisfactory	Unsatisfactory
From fixed tanks ... ..	142	17
From portable flasks ... ..	124	104
From bowsers ... ..	5	—

Fixed storage tanks are fitted to modern aircraft and portable flasks are used for supplying drinking water in the older types as well as for supplying iced water to many foreign airlines. Although sterilisation of flasks is practised between each filling, the water in them was frequently unsatisfactory particularly in the peak holiday season.

### **Vermin Control**

In order to exercise adequate control regular inspections of buildings, land and aircraft are made.

### **Land**

Small infestations by rodents occur 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 were troublesome in past years but by regular control treatments the situation is greatly improved.

### **Aircraft**

Occasionally a rodent is found on an Aircraft presumably gaining access with cargo. During 1969 two aircraft were fumigated with Hydrogen Cyanide for the destruction of rats.

In order that infestations 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. On discovery of insects disinsectisation is carried out immediately.

## **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. 23 samples of this product were submitted for the alpha-amylase test for adequate pasteurization, the number of samples was higher than the previous years due to the fact that the Laboratory reported adversely on four samples, isolating salmonella virchow from two samples, type 1 coliforms in the third and recording a failure in the alpha-amylase test on the fourth. Extensive investigations and enquiries made with the co-operation of the producers failed to reveal the cause for these failures and all the repeat samples were found to be satisfactory. Liquid Egg is not pasteurized within the Borough.

## **FERTILIZERS AND FEEDING STUFFS ACT, 1926**

Seven samples of fertilizers and five samples of animal feeding stuffs were taken during the year and submitted to the Council's Agricultural Analyst for examination. One sample of feeding stuff was found to have an excess of protein, five fertilizer samples had various deficiencies in the soluble phosphoric acid contents, excesses of nitrogen and excesses in insoluble phosphoric acid content. The reasons for these adverse reports were the use of incorrect statutory statements, deterioration during overlong storage and variation of production standards. All the matters were dealt with informally.

## FOOD HYGIENE (GENERAL) REGULATIONS, 1960

## FOOD HYGIENE (MARKETS, STALLS &amp; DELIVERY VEHICLES) REGULATIONS, 1966

## Inspection of Food Premises

<i>Type of Premises</i>	<i>Total Number</i>	<i>Visits Made</i>
Bakehouses ... ..	19	253
Bakers' Shops ... ..	52	157
Butchers' Shops ... ..	136	521
<i>Catering Premises</i>		
Aircraft Catering ... ..	9	88
Factory Canteens ... ..	128	375
Hospital Kitchens ... ..	10	48
Hotels, Restaurants, Cafes, Public Houses and Clubs, etc. ... ..	297	1,820
School Kitchens ... ..	84	310
Dairies and Milk Distributors ... ..	60	32
Fishmongers and Poulterers ... ..	43	300
<i>Food Factories</i>	4	} 12
Bakery and Confectionery ... ..	1	
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	
Greengrocers' Shops ... ..	97	375
Grocers' Shops ... ..	205	790
Ice Cream Premises and Confectioners ... ..	212	373
Ice Cream Distributors ... ..	38	27
Totals ... ..	1,389	5,541

A further 6,768 visits were made to other premises falling within the scope of the Regulations, viz. tea rooms, offices and premises with food vending machines, halls and meeting rooms, refreshment kiosks, etc.

## Legal Proceedings

<i>Act/Regulations</i>	<i>Offences</i>		<i>Costs</i>	<i>Remarks</i>
Food and Drugs Act, 1955  Food Hygiene (General) Regulations, 1960	Possession of unfit food— 2 offences: (a) Mushroom sauce (b) Tomato puree  Hygiene offences: 1. Insanitary premises 2. Accumulation of refuse 3. Dirty shelves 4. Dirty food graters 5. Dirty can opener 6. Dirty salt container 7. Dirty kitchen knives 8. Dirty food whisk 9. Dirty preparation table 10. Dirty walls and floor	£74	£14 14s.	Prosecution related to conditions at a restaurant
Food Hygiene (General) Regulations, 1960	Permitting a food handler to smoke	£5	£3	Prosecution against a restaurant owner. Summons outstanding against employee concerned who left the area
Food Hygiene (Market Stalls and Delivery Vehicles) Regulations, 1966	Hygiene offences: 1. Name and address not displayed 2. A supply of clean wholesome water not available 3. Wash hand basin not available 4. Supply of hot water not available 5. Supply of soap, towel drying facilities not available 6. First aid dressings not available 7. Suitable and sufficient means of lighting not available 8. Suitable covered receptacle for refuse not available	£16	£5	Prosecution related to a Food/Vehicle sales

### **Food Hygiene**

Due to the rapid changeover of staff in the food industry it is essential to make frequent inspections of all food premises if hygiene standards are to be maintained at a level which will safeguard public health. It is discouraging to find that improvements in cleanliness achieved after considerable effort by the Public Health Inspector quickly deteriorate when the frequency of his inspections decrease.

Every endeavour is made to educate managements into setting a good standard and ensuring that their cleaning and operating routines are properly organised and supervised.

Particular problems in the maintenance of hygiene were experienced at two hospitals within the Borough and the subsequent isolation of a food poisoning organism amongst patients and staff in one of the hospitals emphasised the need for general improvement in food handling and preparation. Hygiene at hospitals as with other Crown premises is not the statutory responsibility of this department, but I am happy to report that the closest possible co-operation exists between the authorities concerned and this Department.

### **Legal Proceedings**

A prosecution was taken against a restaurant proprietor involving two summonses under the Food and Drugs Act, 1955 for being in possession of unfit food and five summonses for contraventions of the Food Hygiene (General) Regulations, 1960. Fines of £53 with £14 14s. costs were imposed.

A fine of £5 with £3 costs was imposed on the owner of a restaurant for permitting a member of his staff to smoke. The employee concerned left the area and the summons against him could not be served.

A prosecution involving 8 summonses under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 against the owner of food sales vehicle was successful, a fine of £16 with £5 costs being imposed.

A case against the owner of a restaurant was dismissed on technical grounds and improvements effected to the premises following the unsuccessful legal action avoided the need for further proceedings.

At the end of the year proceedings for contraventions of the Food Hygiene Regulations were pending against the owners of a restaurant, a bakehouse and a butcher's shop.

### **New Premises**

The perusal of plans submitted for building regulation approval continues to provide an ideal means for obtaining properly designed and constructed food premises. An advisory leaflet has been prepared for persons concerned with the design of such premises.

The number of premises concerned with the supply of cooked food for consumption off the premises is increasing, and if these do not involve consumption of food on the premises, registration in accordance with Section 16 of the Food and Drugs Act, 1955 is required. Registration has proved invaluable in ensuring that only structurally suited premises are used for this purpose. One such premises opened during the year in spite of the fact that the owner was informed the registration would not be recommended due to the inadequate size of the food preparation area. Registration was subsequently refused by the Council, and legal proceedings are pending.

### **Food Hygiene Education and Publicity**

Leaflets on Food Hygiene were prepared during the year in Chinese and Spanish to meet the special needs of certain establishments within the Borough and the emphasis continues to be placed on "on the spot" education. To this end the use of the Oxoid sausage technique for checking the effectiveness of equipment and utensil cleaning proves particularly invaluable, as by this means it is possible to demonstrate the elementary bacteriological principles involved in good hygiene. During the year 40 swabs were taken from premises.

### Bacteriological Examination of Food

Samples of food are taken at monthly intervals and submitted to the Food Hygiene Laboratory at Colindale. Details of the food sampled and the results obtained are shown below:—

<i>Food</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Beetroot ... ..	1	—
Brawn ... ..	2	—
Cream confectionery ... ..	4	3
Cooked chicken ... ..	8	15
Cooked meat ... ..	16	7
Fish products ... ..	3	2
Fresh and minced meat ... ..	12	—
Meat and chicken products ... ..	7	5
Sweets, trifles, etc. ... ..	3	5
Vegetable products ... ..	2	5
Total ... ..	58	42

Unsatisfactory reports call for thorough investigation and enquiry into the methods used in the preparation and storage and are useful in that they frequently reveal unsatisfactory conditions not readily discernible by the Inspector during a routine visit.

### Special Investigations

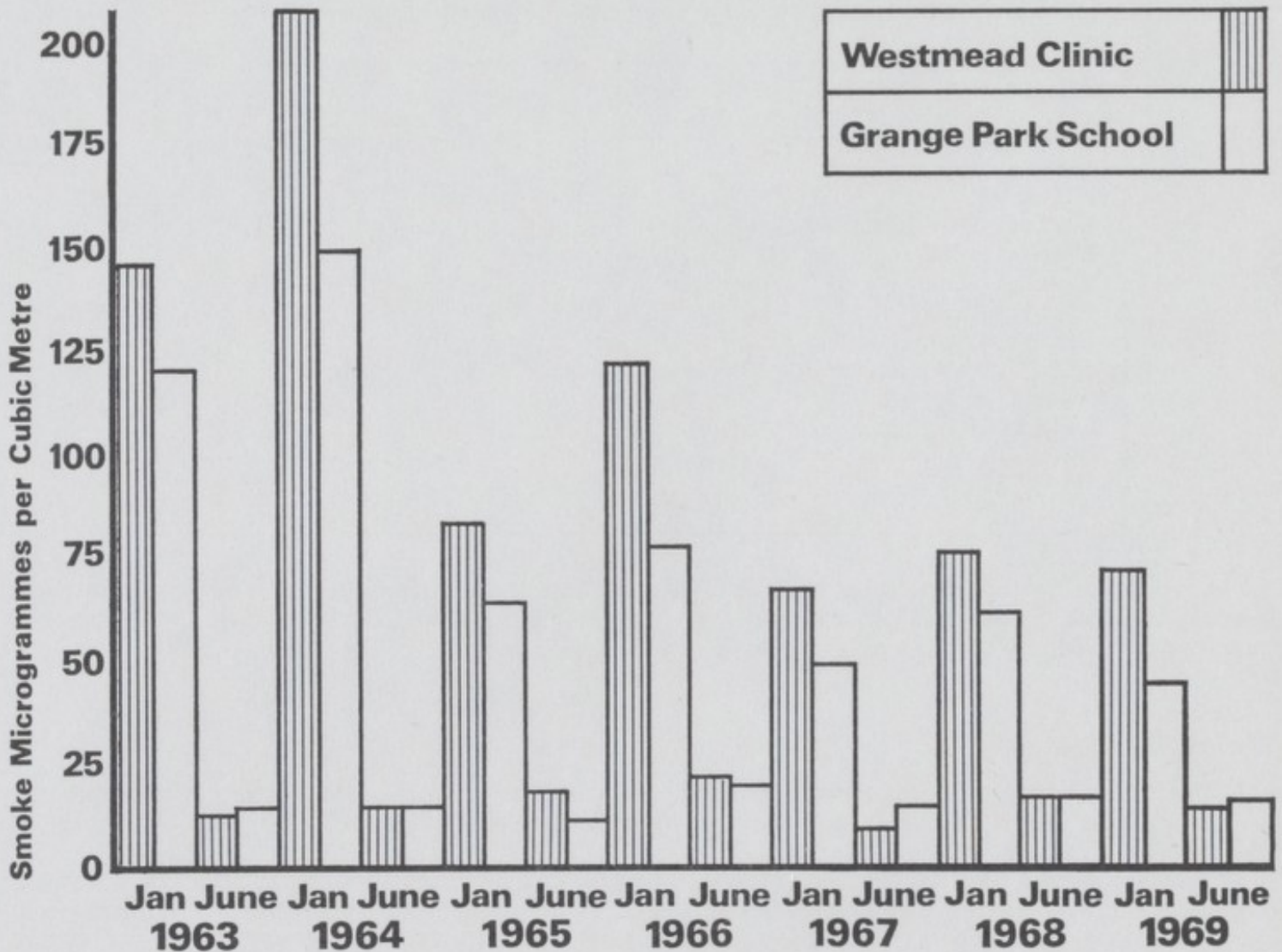
Samples consisting of raw meat, raw chicken and scrapings from cutting blocks were submitted to the Central Public Health Laboratory, Colindale, as part of a survey into the distribution of salmonella.

The willingness with which the Trade co-operated in supplying these specimens was most encouraging and the presence of salmonella was used to emphasize the importance for ensuring that close attention was paid at all times to correct sanitary practices. The results of the survey are summarised in the following table:—

<i>Description of Specimen</i>	<i>No. taken</i>	<i>No. containing Salmonella</i>	<i>Salmonella Serial Types</i>
Chopping block scrapings ... ..	106	7	Anatum, S.4, 12:D: dublin
Chicken carcasses and portions ... ..	74	13	indiana, infantis, montevideo, saint-paul, thompson, S.4, 12:D:
Raw meat ... ..	102	1 positive	infantis

The full findings of the survey will be published in due course.

## Smoke Microgrammes per Cubic Metre



### 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 97 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 West Mead Clinic and Grange Park School over the last seven years are set out below.

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 in 1968, and there is only one other smoke control area in operation in that neighbourhood. A ten acre square with the station as a centre point sited at Grange Park School includes 123 houses and 8 other properties; at West Mead Clinic it includes 122 houses and 2 other properties. The monthly records clearly indicate that in Summer the smoke levels at both stations are identical, but in Winter the pollution at West Mead Clinic is much worse than at Grange Park School, giving an indication of the success of the smoke control programme.

**MONTHLY AVERAGES FOR SMOKE AND SULPHUR DIOXIDE FOR 1969**  
**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... ..	74	118	68	192	57	134	43	153	69	134	57	145	59	143
February ... ..	59	87	55	131	50	139	45	154	60	93	56	142	62	132
March ... ..	53	96	59	159	50	180	46	196	58	109	49	167	62	189
April ... ..	28	75	30	124	29	113	22	103	27	101	23	94	26	86
May ... ..	23	84	25	117	25	127	21	125	19	97	20	107	29	150
June ... ..	13	67	13	87	18	102	14	80	17	79	15	97	26	74
July ... ..	14	71	13	94	24	100	16	96	17	84	16	90	20	84
August ... ..	20	69	20	90	31	98	15	77	20	73	25	91	27	69
September ... ..	25	76	29	87	30	97	23	68	30	89	25	75	39	102
October... ..	57	104	52	171	61	184	61	143	59	147	48	131	41	33
November ... ..	45	85	41	148	87	160	40	117	48	132	43	107	48	102
December ... ..	85	123	65	183	54	174	61	188	74	164	63	155	68	163



### Smoke Control Areas

The programme to extend smoke control areas throughout the Borough continues, but it is still necessary to restrict the programme compared to that originally planned. It will unfortunately be necessary to further restrict the programme owing to the acute shortage of smokeless fuels. The position at the end of the year is set out in the following table:—

	Number of Orders	Acres	Domestic Dwellings		Other Premises
			Local Authority	Private	
In operation at 31.12.68 ... ..	41	12,671	8,577	21,340	2,275
Brought into operation in 1969 ...	2	1,519	219	2,216	108
Orders confirmed but not yet operative	—	—	—	—	—
Orders made but not yet confirmed ...	1	380	575	1,111	54

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

These Regulations lay down the maximum length of time that dark or black smoke may be emitted from a chimney, other than a domestic chimney, in any given time. 137 observations were made of industrial chimneys and no contravention of the Regulations were noted.

### Notification of the Intention to install furnaces

During 1969, 101 notifications of intention to install furnaces of a capacity of 55,000 or more British Thermal Units per hour were received. Of these 35 were gas fired; 53 oil fired using an oil fuel with a lower sulphur content than coal, 4 oil fired with a high sulphur content fuel oil; 3 were fired with kerosene and 5 with butane, both of which are sulphur free, and one was an incinerator.

### Industrial Bonfires: Chimney Heights: Grit and Dust from furnaces: Clean Air Acts/Alkali, etc., Works Regulations Act, 1906 and Sale of unauthorised fuel in smoke control areas

The Clean Air Act, 1968 came into operation during 1969 and amended previous legislation with particular reference to the matters listed above. The amended legislation and Regulations thereunder are certainly no great improvement as far as this Borough is concerned, and could be the reverse. The provisions relating to Industrial bonfires are similar to those under the Middlesex County Council Act, 1961. There are differences in that it is no longer necessary to actually compare the smoke to a Ringlemann Chart to ascertain its density, but there are also exemptions which did not previously exist.

The control of chimney heights under the 1956 Act did not apply to offices, residences and shops, but some control was introduced under the Building Regulations Act, 1965. The control applied only to new chimneys, and a new furnace could be fitted to an existing chimney without approval to the chimney height. The 1968 Act extends the control to all premises and includes alterations to existing furnaces but removes the control unless the furnace exceeds a capacity of 1,250,000 British Thermal Units per hour. In this area, mainly with light industry, the tendency has been to install warm air heating in factories, this for example has happened on the Highbridge and Denbridge Industrial Estates at Uxbridge, the Pump Lane Estate at Hayes, the Stockley development at West Drayton, and the Council's Depot at Harlington Road. The furnaces fitted are between 300,000 to 800,000 Btu/hr. The total for an industrial estate could be several million Btu/hr. but the height of the chimneys is no longer controlled.

The new provisions for arresting dust and grit could broadly be described as the provisions that never were. The conditions in the 1956 Act were amended and then, by Regulation, exemption to the amendments were given to virtually all furnaces other than incinerators.

The provisions of the 1956 Act referring to Dark Smoke, Grit and Dust and Smoke Nuisances also applied to factories registered under the Alkali etc. Works Regulations Act, 1906, but proceedings could only be instituted with the consent of the Minister. The 1968 Act excludes Alkali Works from these provisions. There are a number of registered Alkali Works in the Borough, and the original legislation was preferred.

The Act makes it an offence to acquire, or to sell by retail for delivery, any solid fuel, other than authorised fuel for use in a building in a smoke control area. The attention of all solid fuel merchants was drawn to these provisions; no enforcement action has been necessary.

#### **Middlesex County Council Act, 1961—Section 47 Clean Air Act, 1969—Section 1**

Action was taken in the local magistrates court for Nuisance Orders in respect of dark smoke from two industrial bonfires. One in respect of a building site at Harmondsworth, and the other a car-breaker's at Harlington; both were granted.

#### **Height of Chimneys**

Fourteen applications for approval of chimney heights were received. In almost every instance prior discussion as to the height had taken place, and it was necessary to ask for amendment in respect of one application. In some cases the desired height was achieved by use of basically sulphur free fuels such as gas, liquid pressure gas (butane) and kerosene.

#### **Grit, Dust and Effluvia**

Deposits of grit and dust continued to be monitored in the vicinity of the Coal Depot, West Drayton, but will not be continued beyond 1969. Despite improvements carried out to the suppression methods, the coal dust continued to be almost 50% of the total dust collected, and conditions are still far from satisfactory. In discussion with the N.C.B. representatives, the fact that the dust was a nuisance was not denied, and a number of suggestions made for reducing degradation of the coal due to the multi-handling of the fuel are still being investigated.

Plans for dry cleaning establishments have continued to be examined with a view to minimising any nuisance or danger from fumes.

### **NOISE**

Noise, sound which causes annoyance, is a modern cause of environmental pollution. Tolerance to noise varies between individuals, and in individuals according to the time of day and their state of health. During the year 101 complaints were received of nuisance from noise. This is a 40% increase on the number of complaints received in 1967, and indicates a refusal to accept noise as part of modern living.

It has not been necessary to take legal action in respect of any noise nuisance. Noise from a dust extraction plant at a factory by the erection of a suitable sound barrier, was abated after the service of an Abatement Notice.

Although the use of mufflers on road drills is by no means automatic there has been no difficulty in persuading users to fit mufflers once their attention was drawn to the nuisance being caused.

A notice is being prepared to be issued with Building Regulation approvals, drawing attention to the need to control noise during building works.

At the start of the Summer season the attention of ice-cream vendors was again drawn to the necessity to comply with that part of the Noise Abatement Act dealing with the use of chimes on the highway.

Plans of new industrial and commercial premises are examined and attention drawn to the need to take precautions against noise and vibration where the installation of machinery or equipment warrants this action.

Town centre developments having commercial and residential blocks in close proximity need careful planning and precautions if nuisance from the noise is to be avoided. This may be particularly necessary if their use is not confined to what are now regarded as the normal working hours; shift employment is becoming more common and automatic controls operate to conditions, not time, and on a hot night in summer, when windows are open, the refrigerator motor will switch on and off more frequently.

It has always been assumed that the biggest source of noise nuisance in this Borough was aircraft noise from London Airport, but some doubt must be cast on this by the lack of response by persons entitled to take advantage of the Airport Sound Insulation Scheme. Less than 7.0% of the owners or occupiers of private dwelling houses who could have applied for a grant have done so. Enquiries amongst persons who have taken advantage of the scheme indicates that a considerable and worthwhile improvement is obtained. It is difficult to understand or find an explanation for the lack of response.

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

The object of this scheme is to help those residents in certain areas near London (Heathrow) Airport who are seriously disturbed by the noise of aircraft. The grants are paid by the British Airports Authority, although the scheme is administered by the Local Authorities for the defined areas. The part of this Borough within the defined area comprises South Ward and that part of the Hayes Ward which lies South of the Reading to London Railway Line.

Dwelling houses within the defined area are eligible for grant if the construction was completed before 1st January, 1966, any rooms added after the 31st December, 1965 are not eligible and a single dwelling converted after that date into two or more dwellings is treated as a single dwelling. A grant is given for the soundproofing of rooms to a specified standard, no applications received after the 31st December, 1972 will be considered, and all insulation works done under the scheme must be completed by 31st December, 1973.

The number of applications received during the year was 232 and the number of completed works 146, bringing the total of works completed since the 1st January, 1966 to 392. There are 6,000 private dwellings, excluding 1,960 council houses which the Council undertake to insulate, within the area.

## **WATER SUPPLIES**

### **Main Supplies**

The Borough is supplied with water from 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>			
Chl ... ..	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

### Swimming Pools

In addition to Ruislip Lido, part of which is used for bathing purposes, there are twenty swimming pools in the borough situated at schools, hotels and clubs, etc. Two indoor public pools, one indoor club pool and one school pool are in use throughout the year the remainder during the summer months only. Routine checks are carried out on the chlorine content of the pools and, where necessary, samples are submitted for bacteriological examination.

Concern was felt at the level of supervision and maintenance at some of the smaller pools and a leaflet was prepared setting out essential points with regard to water purification and pool hygiene for distribution to all persons concerned with these matters.

41 samples of Mains Water were submitted to the Laboratory for Bacteriological examination and all were found to be satisfactory.

### Private Water Supplies

There remain two houses in the Borough without mains water supply. In addition, a number of industrial premises draw water from deep wells for manufacturing purposes.

32 samples were taken from well supplies, 2 being classed as unsatisfactory.

### Water Supply Points

Whilst the safety of mains water is an accepted fact the results of samples taken from indirect supplies, water dispensers and samples of ice cubes illustrate a very real danger of contamination.

49 samples were taken from water dispensers 21 from indirect supplies and 18 from ice makers of which 26 were classed as unsatisfactory calling for further investigations by the Public Health Inspector who then gave advice on the necessary remedial measures.

Water samples are, in the main, examined by the Public Health Laboratory Service but as there are certain limitations as to the days on which samples can be taken some additional tests were made in the department's laboratory and during 1969 these numbered 10. It is proposed to develop these tests as they will be particularly useful with regard to sampling from aircraft at London Airport.

## REFUSE COLLECTION AND DISPOSAL

The collection of household and trade refuse is under the control of the Director of Engineering and its disposal is to controlled tips operated by the Greater London Council. Trade refuse is also collected by commercial operators and disposal is to the Greater London Council tips, by payment, or to commercial operated tips.

Tips are licensed under the Middlesex County Council Act and the licence conditions are enforced by the Environmental Health Section. Three of these tips accept trade and domestic refuse and five accept excavated materials or builder's waste. These tips are generally on the sites of sand and gravel workings. There are 33 present or former sand and gravel pits in the Borough, some still excavating, some reclaiming and others now closed. In addition to direct public health matters the licence conditions include reference to deposits of mud on the highways and other matters relating to environment. 331 Inspections were made of refuse tips in 1969.

### Emergency Refuse Collection Arrangements

Because of the strike of refuse collectors in October 1969 it was necessary for the Director of Engineering to operate emergency arrangements.

Volunteers from the personnel on strike continued to collect from hospitals and welfare establishments.

Plastic sacks were available to be collected by all householders and persons accumulating trade refuse were advised that this could be taken to the Greater London Council's controlled tipping sites.

On 8th October, thirty emergency disposal sites, indicated by a staked and roped off area, were established throughout the Borough by the joint effort of the Director of Parks and the Director of Engineering. Most householders co-operated in an intelligent manner, and little or no nuisance occurred from refuse deposited on the areas in the plastic sacks. There was some misunderstanding over the supply of sacks and some refuse was tipped onto the disposal area, and some refuse, which appeared to be trade refuse, deposited in open boxes. Because of the open refuse there was a possibility of insect and rodent infestation and on the 10th October precautionary rodenticide baits were laid at thirteen sites. Subsequently all sites were so treated and all sprayed with insecticide and kept sprayed until cleared. The Director of Engineering rapidly cleared the sites at the end of the strike, and although some refuse was dumped on sites after the initial clearance, the position was back to normal by 31st October.

### Unauthorised Deposits of Refuse

The manner in which the majority of the residents co-operated during the strike showed an awareness of the health hazards involved if refuse is deposited indiscriminately and the extremely unsightly and unhygienic conditions caused by refuse scattered along the roadside verges can only be attributed to the thoughtlessness or ignorance of a minority.

It is to be hoped that 1970's Conservation campaign will help educate this minority and go some way towards improving this problem.

The Council provides a free service for the collection of bulky household articles not capable of being placed in the dustbin. The collection does not apply to garden rubbish or builder's rubble. Refuse may also be taken to the Greater London Council's refuse tips and deposited without charge. Unwanted cars, with their log books will be collected and disposed of by the Council on payment of £2, or may be delivered without charge to specific Council depots.

## RIVER POLLUTION

126 inspections were made of rivers, ditches and water courses.

Two chemical samples taken at the point where the effluent from Maple Cross Sewage Disposal Works discharges into the river Colne were examined and found to be satisfactory.

Details of the special investigation of the discharge into the River Colne from the surface water sewer serving the southern portion of Uxbridge Industrial Estate are set out below.

It is proposed to make similar investigations into the discharges into rivers from other industrial areas in the near future.

### **Uxbridge Industrial Estate**

The cause of oil pollution occurring on the River Colne at the outfall of the twin 24 inch surface water sewer serving the southern portion of the Uxbridge Industrial Estate was investigated during 1969. The sewer was a private sewer.

The pollution was more severe than from other similar estates and the Council were requested to prevent the pollution preferably by the provision of an oil interceptor. It was not possible to agree without investigation for the following reasons:—

- (i) there was no apparent cause for the pollution being more severe than from other estates.
- (ii) the design of an oil interceptor is based on the estimated amount of water to flow through it in a given time and to cope with winter rainfall the construction costs for this outfall would be high.
- (iii) the amount of oil pollution does not affect the construction costs but does control the frequency with which the interceptor must be cleaned.
- (iv) an oil interceptor is designed to retain, by checking the flow, matters which have a different specific gravity to water and which will settle by floating or sinking but it will not retain chemicals which are in solution in the water.
- (v) an interceptor could not cope with oil from a major accident, e.g. a burst storage tank.
- (vi) the provision of such an oil interceptor would create a precedent.

There was no obvious source of pollution and swabs were placed in the sewer to isolate sections of it, but the pollution could not be localised. It was necessary to visit every factory to trace the soil and surface water drainage and inspect any oil and chemicals stored on the premises. Numerous unsatisfactory conditions were noted and notices were served, to rectify cross connections between the foul and surface water systems; to provide bund (retaining) walling around oil storage areas and around waste materials contaminated by oil, such as metal swarf at engineering factories. At certain high risk premises known to have previously caused pollution the management was requested to provide an oil interceptor before discharging into the sewer. Co-operation from the occupiers of the factories was good and there was an enormous improvement but oil was still being discharged into the river. Swabs were placed in every individual connection into the sewer. The swabs were checked weekly and any pollution traced to source and remedial action taken.

### **AGRICULTURAL (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956**

There are 76 Agricultural holdings within the Borough. These vary from small holdings to medium sized farms. All were inspected in 1969 and generally the sanitary accommodation was satisfactory but it was necessary to serve notices in three instances.

### **FACTORIES ACT, 1961**

There are 899 factories within the Borough and 585 inspections were made during the year. Forty-six notices were served drawing attention to contraventions.

Details of the inspections made and the defects found are set out on page 104.

## 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 Local Authority ... ..	45	20	—	—
2. Factories not included in category 1 in which Section 7 is enforced by L.A. ... ..	837	524	46	—
3. Other premises in which Section 7 is enforced by L.A. (excluding Outworkers premises)...	17	41	—	—

## 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) ... ..	25	4	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Unreasonable temperature (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6)... ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ... ..	1	1	—	—	—
(b) Unsuitable or defective ... ..	60	27	—	—	—
(c) Not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work) ... ..	23	20	—	—	—

## Out-workers

Notification of the names and addresses of persons employed to do work at their own homes is received twice yearly from occupiers of factories within the Borough. If the person does not reside within this Borough details must be transferred to the Local Authority of his place of residence. In this way all Local Authorities know those factories within their area which employ out-workers and any person employed as an out-worker who lives in their administrative area.

No Notifications from factories within the Borough were received during 1969, but 122 persons resident in, but employed by factories outside the Borough were engaged on outwork. 90 inspections were made of domestic dwellings occupied by out-workers, no contraventions were noted.

The numbers of persons employed on particular types of outwork are set out below:—

<i>Trades</i>	<i>Number of Out-workers</i>
Artist Requisites ... ..	1
Box Making ... ..	1
Christmas Crackers ... ..	84
Wearing Apparel ... ..	36
<b>Total ... ..</b>	<b>122</b>

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

There are 2,785 premises registered under the above mentioned Act and 1,635 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>Type of Premises</i>	<i>Registered</i>	<i>Persons Employed</i>	<i>General Inspections</i>	<i>Re-inspections</i>
Offices ... ..	745	17,713	291	520
Retail Shops ... ..	1,746	7,466	1,142	1,436
Wholesale Shops and Warehouses ...	65	1,774	39	134
Catering Establishments open to the public ... ..	220	2,327	162	96
Fuel Storage Depots ... ..	9	71	1	10
<b>Total ... ..</b>	<b>2,785</b>	<b>29,351</b>	<b>1,635</b>	<b>2,196</b>

### CONTRAVENTIONS AND OFFENCES

A total of 1,526 contraventions of the Act were noted during 1969 and 1,126 were remedied during the same period.

It was necessary to take legal action in two cases arising out of accidents and details of the cases are given under that heading.

### EXEMPTIONS

No applications for exemptions were received during the year.

### ACCIDENTS

Any accident incapacitating a person for work for more than three days is notifiable and all notified accidents were investigated. There have again been more notified accidents than in the previous year. And following the pattern for previous years the biggest single cause is falls.

During the course of the general inspections undertaken the department became aware of two cases in which accidents had occurred and had not been notified. In both cases successful prosecutions were taken for these failures. In one of the cases the accident involved a fall on a staircase and the



staircase had not been provided with a proper hand-rail. This contravention was also the subject of a prosecution at the same hearing. Fines of £5 for failing to notify the accident and £25 for failing to provide the hand-rail were imposed while in the second case a fine of £3 was imposed for failing to notify the accident; costs were awarded to the Council.

Statistical analysis of the reported accidents are set out in the tables below:—

#### Notified Accidents and the Action Taken

Type of Workplace	Numbers Reported		Action Recommended			No Action
	Fatal	Non Fatal	Prosecution	Formal Warning	Informal Warning	
Office ... ..	—	24	—	—	24	—
Retail Shops ... ..	—	21	2	—	19	—
Wholesale Shops, Warehouses	—	13	—	—	13	—
Catering Establishments open to the public ... ..	—	7	—	—	7	—
Fuel storage depots ... ..	—	2	—	—	2	—
Total 1969 ... ..	None	67	2	None	65	—
Total 1968 ... ..	None	58	—	2	56	—

#### Causes of Notified Accidents

Cause	Offices	Retail Shops	Wholesale Shops, Warehouses	Catering Establishments	Fuel Storage Depots
Machinery ... ..	2	—	3	1	—
Transport ... ..	—	3	5	—	—
Falls of persons ... ..	12	6	2	3	—
Struck by falling object ...	2	4	1	1	—
Stepping on or striking against objects ...	2	2	1	1	1
Handling of goods ...	1	4	1	1	—
Use of hand tools ...	—	1	—	—	—
Not otherwise specified ...	4	1	—	—	1
Fires and explosions ...	1	—	—	—	—

### **CONSUMER PROTECTION ACT, 1961**

The following regulations made under this Act are administered by the Public Health Inspectors.

#### **The Toys (Safety) Regulations, 1967**

These regulations prohibit the use of celluloid in toys other than ping pong balls and impose restrictions in relation to paint which may be used on toys.

Two samples were submitted to the Public Analyst during the year for examination for the presence of lead and arsenic and both were found to be satisfactory.

#### **Oil Heater Regulations, 1962**

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

#### **Nightdress Regulations, 1967**

No contraventions of the above mentioned Regulations were observed during 1969.

### **RADIOACTIVE SUBSTANCES ACT, 1960**

Fourteen premises within the Borough are registered by the Ministry of Housing and Local Government for the storage and use of radioactive material. Copies of the registration certificates which lay down the storage conditions are sent to this Local Authority.

### **SHOPS ACT, 1950 TO 1965**

#### **YOUNG PERSONS (EMPLOYMENT) ACTS, 1938-1964**

The above mentioned Acts control the hours of trading, including half day and Sunday closing, for shops; also the hours of employment for young persons, intervals for meals, etc.

A person under the age of 16 years may only be employed for 44 hours per week, exclusive of breaks for refreshment and meals. The hours prescribed in the Act are generally longer than those being worked in shops and the legislation is apparently obsolete.

Modern trading technique tends to be based on one shop selling all articles, an example is the grocery type supermarket attached to self-service petrol filling stations, and it is likely that the number of complaints alleging unfairness due to infringement of hours of trading will increase.

No legal action was necessary in respect of these Acts in 1969.



Report of the  
Principal School Medical Officer  
for the year 1969



**THE SCHOOL HEALTH SERVICE**  
**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY**  
**AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1965 and later	39	39	—	—	3	3
1964	1,467	1,466	1	14	71	85
1963	2,815	2,812	3	55	212	261
1962	439	434	5	15	45	54
1961	190	189	1	—	16	16
1960	158	158	—	4	11	14
1959	230	228	2	3	10	13
1958	1,287	1,287	—	16	48	63
1957	1,306	1,303	3	23	34	56
1956	389	387	2	11	10	20
1955	1,277	1,276	1	23	25	48
1954 and earlier	1,948	1,946	2	25	48	72
<b>TOTAL</b>	<b>11,545</b>	<b>11,525</b>	<b>20</b>	<b>189</b>	<b>533</b>	<b>705</b>

Percentage of children inspected with satisfactory physical condition	...	...	...	99.83
Percentage of children inspected with unsatisfactory physical condition	...	...	...	0.17
Percentage of children inspected who were found to require treatment	...	...	...	6.17
Percentage of children inspected who were found to require treatment (excluding vision defects)	...	...	...	4.62

**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	10	8	20	38	41
		O	10	4	10	24	28
5	Eyes (a) Vision ... ..	T	79	41	69	189	213
		O	445	45	166	656	286
	(b) Squint ... ..	T	4	—	1	5	4
		O	5	—	3	8	5
	(c) Other ... ..	T	—	—	2	2	—
		O	2	—	5	7	5
6	Ears (a) Hearing ... ..	T	154	13	51	218	231
		O	46	3	23	72	214
	(b) Otitis Media ... ..	T	7	—	2	9	2
		O	5	—	3	8	4
	(c) Other ... ..	T	6	—	5	11	10
		O	11	—	2	13	24
7	Nose and Throat... ..	T	14	3	7	24	13
		O	112	1	30	143	54
8	Speech ... ..	T	59	1	7	67	75
		O	99	2	14	115	46
9	Lymphatic Glands ... ..	T	—	—	1	1	—
		O	17	—	1	18	3
10	Heart ... ..	T	11	1	2	14	1
		O	24	4	10	38	29

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
11	Lungs ... ..	T	1	—	4	5	8
		O	32	9	15	56	62
12	Developmental (a) Hernia	T	4	—	—	4	—
		O	—	1	2	3	1
	(b) Other	T	6	—	5	11	2
		O	26	4	14	44	37
13	Orthopaedic (a) Posture	T	3	1	5	9	3
		O	21	14	37	72	23
	(b) Feet ...	T	12	12	29	53	90
		O	123	3	44	170	116
	(c) Other ...	T	2	—	7	9	4
		O	14	2	14	30	15
14	Nervous System (a) Epilepsy... ..	T	1	—	—	1	2
		O	2	1	2	5	12
	(b) Other ... ..	T	3	1	1	5	7
		O	18	1	13	32	44
15	Psychological (a) Development ...	T	1	—	5	6	13
		O	20	3	11	34	26
	(b) Stability ...	T	10	—	2	12	22
		O	69	4	22	95	103
16	Abdomen ... ..	T	1	—	—	1	2
		O	3	—	3	6	6
17	Other ... ..	T	14	3	11	28	8
		O	60	14	79	153	169



## 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: 5,967.

<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 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
Sidmouth Drive, Ruislip		4th Wednesday 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	5
Errors of refraction (including squint) ... ..	1,335
	1,340
Number of pupils for whom spectacles were prescribed ...	656

**Orthopaedic and Postural Defects**

	<i>Number known to have been treated</i>
Pupils treated at clinics or outpatients departments ...	105

**Child Guidance Treatment**

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance Clinics ... ..	150

**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 ...	68

**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 ... ..	2
Pupils who received B.C.G. Vaccinations ... ..	2,401

### 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	...	...	...	...	...	8,421
Number found to have normal hearing	...	...	...	...	...	7,963
Number found to have a hearing loss	...	...	...	...	...	458

Of the 458 children found to have a hearing loss:

- 105 were found to have a hearing loss in the right ear,
- 117 were found to have a hearing loss in the left ear,
- 236 were found to have a hearing loss in both ears.

The 458 children were referred for examination by the School Doctors with the following results:

- 109 were found to have normal hearing on clinical testing,
- 7 were referred for specialist consultation at Hospital Ear, Nose and Throat Departments,
- 57 were referred to general practitioners,
- 10 were referred to Audiology Units,
- 40 were already attending hospital,
- 10 were already attending Audiology Units,
- 4 had left the area,
- 221 were noted for re-examination.

### 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	...	...	...	...	...	4,579
Number referred for the opinion of school medical officer	...	...	...	...	...	241

Of these:

- 77 were referred to the Authority's ophthalmic clinics,
- 44 were referred for treatment via general practitioners, at the request of parents,
- 57 were deferred for re-examination at school health clinics,
- 17 were considered to have normal vision,
- 42 were already having ophthalmic treatment,
- 4 left the area while investigations were proceeding.

Of the 77 children referred to the Authority's ophthalmic clinics:

- 50 were prescribed glasses,
- 3 were referred to the Authority's Orthoptic Clinic,
- 2 were dealt with by occlusion,
- 10 were noted for re-examination,
- 7 were discharged,
- 5 decided to transfer to private opticians.

## ORTHOPTIC CLINIC

During the year 26 patients were discharged from the Clinic and 60 new patients accepted for treatment.

The numbers of school children requiring orthoptic treatment remains fairly constant, and the importance of early investigation and treatment of any ocular defect cannot be over-emphasised.

## Monthly Attendance Record—Orthoptic Clinic 1969

	<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 ...	6	4	51	61	
February ...	5	11	37	53	
March ...	5	8	39	52	
April ...	3	12	51	66	
May ...	9	—	30	39	
June ...	3	—	44	47	
July ...	5	2	52	59	
August ...	3	—	20	23	
September	8	7	63	78	
October ...	7	5	47	59	
November	5	6	39	50	
December ...	1	6	26	33	
TOTALS ...	60	61	499	620	

## New Patients 1969

*Type of Case**Convergent strabismus*

## Including:

(1) With amblyopia ...	...	...	11
(2) Referred for surgery	...	...	5
Others ...	...	...	20
TOTAL ...	...	...	36

*Divergent strabismus*

(1) Latent ...	...	...	5
(2) Manifest, referred for surgery	...	...	0
(3) Post-operative divergence ...	...	...	1
TOTAL ...	...	...	6

*Type of Case*

<i>Heterophoria and/or Convergence Deficiency</i>	4
<i>Amblyopia due to Anisometropia</i> ...	8
<i>Apparent Squint due to epicanthus, narrow I.P.D., etc.</i> ...	3
Other categories ...	3
Total New Patients Referred from School Clinics	49
New Patients Referred from Medical Eye Centres	11
TOTAL ...	60

**HANDICAPPED PUPILS REGISTER FOR 1969**

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 1969	
	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 ... ..	1	—	—	—	1	1	—	—	2	1	—	1
B Partially Sighted ...	4	3	—	—	—	2	5	3	9	8	3	—
C Deaf ... ..	4	2	—	—	1	2	—	—	5	4	—	—
D Partially Hearing ...	2	2	8	6	2	1	14	12	26	21	5	4
E Educationally Sub-normal ... ..	111	80	—	1	5	5	8	3	124	89	38	21
F Epileptic ... ..	—	—	—	—	1	1	21	3	22	4	7	2
G Maladjusted ... ..	28	5	4	1	20	6	9	2	61	14	18	5
H Physically Handicapped	17	19	—	—	2	—	58	32	77	51	10	5
I Speech Defect ... ..	—	—	—	—	2	—	192	65	194	65	94	31
J Delicate ... ..	3	—	—	—	14	10	125	79	142	89	38	23
Children with Multiple Defects ... ..	27	16	2	2	10	3	5	7	44	28	2	3
<b>TOTALS</b> ... ..	<b>197</b>	<b>127</b>	<b>14</b>	<b>10</b>	<b>58</b>	<b>31</b>	<b>437</b>	<b>206</b>	<b>706</b>	<b>374</b>	<b>215</b>	<b>95</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
1965 ...	—	—	6	8	—	—	—	1	—	—	—	—	6	9
1964 ...	—	—	9	6	—	—	1	—	—	—	—	—	10	6
1963 ...	—	—	8	11	—	—	—	—	—	—	—	—	8	11
1962 ...	—	3	2	4	1	1	1	1	1	—	1	1	6	10
1961 ...	5	2	2	3	2	1	—	—	—	—	—	—	9	6
1960 ...	4	7	—	1	2	1	—	—	1	1	—	—	7	10
1959 ...	8	1	1	—	—	—	—	—	—	—	—	—	9	1
1958 ...	5	2	—	—	1	—	—	—	—	—	—	—	6	2
1957 ...	3	4	—	—	3	1	—	—	—	—	—	—	6	5
1956 ...	5	2	1	—	3	2	—	1	—	—	—	—	9	5
1955 ...	2	1	—	—	1	1	—	—	—	1	—	—	3	3
<b>TOTALS</b>	<b>32</b>	<b>22</b>	<b>29</b>	<b>33</b>	<b>13</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>79</b>	<b>68</b>

## SKIN TROUBLES IN SCHOOL CHILDREN

Some infectious diseases have a habit of recurring in cycles, some at short, others at longer intervals. Whooping Cough commonly occurs in Winter and early Spring, Rubella in Spring and early Summer; Measles occurs in two yearly cycles as a rule, but with the increasing number of children receiving measles inoculations this periodicity is being disturbed. Other conditions appear to return at longer and often unpredictable intervals. Among these conditions are various types of influenza, and scabies.

### Scabies

Scabies was common during war-time and during other conditions which resulted in the close herding of people with insufficient means of cleansing, and other deleterious unhygienic facilities. In such conditions scabies can spread rapidly unless adequate measures of control are undertaken.

It seems strange therefore that the disease is now occurring among the general population as is shown by the number of cases being seen in school children. From the end of the Second World War until a year or so ago very few cases were reported, now it is becoming increasingly common and a disproportionate amount of medical and nursing time is needed to deal with it, mainly in tracing contacts and ensuring prompt treatment. Why this disease should be prevalent now in a population with an undoubtedly improved social background is difficult to understand.

This is a household disease, and must be treated as such; by this is meant that if one member of a household is infested then the whole family must be treated thoroughly. The disease is caused by an acarus (mite) which is transmitted directly from one individual to another. The female acarus burrows beneath the horny layer of the skin and deposits its eggs, which eventually hatch into larvae. These develop into adult males and females. The impregnated female begins the whole process again. Within two weeks itching begins in the area of attack, being particularly irritating at night time and continuing until treatment is begun. Fortunately this is simple and effective. After a bath a special lotion or cream is applied to the whole body below the neck and allowed to dry on. A further application next day followed by a bath on the third day completes the regime. It must be stressed again that it is essential that all the household members, non-itching ones included, receive this application.

### Verrucae

Verrucae or common plantar warts are also seen all too frequently in school children, the incidence probably in the region of 0.5 to 1%. The verruca is an infectious epidermal tumour probably caused by a virus entering the horny layer of the skin of the feet through an abrasion or break in the surface, and can be very painful. Treatment is not so simple and straightforward as in the case of scabies. In the past a variety of methods were employed. The charming of warts (and plantar warts) has its adherents even today. Hypnosis, too, has been used with varying degrees of success. It must be noted that most warts will disappear completely in time since they have a natural life span which may vary from one kind of wart to another and from one person to another, but these are inevitably slow uncertain ways of dealing with them. More orthodox methods employ chemicals, either keratonising or keratolytic; that is to harden the skin preparatory to paring it away with a scalpal or softening the wart and extracting it from the skin. Carbon dioxide snow, liquid nitrogen, electro cautery, and curretting are also employed by dermatologists, who must be expert in these procedures. Since there is an infectious element in the disease, no one who has a plantar wart should walk barefoot in places of public use such as swimming baths, gymnasia, public baths, etc. This simple precaution would considerably reduce the incidence among the population as a whole.

### Acne

Among older children, acne of the face, upper chest and back causes much distress. This eruption, occurring about puberty, is common in a mild form in many boys and girls. The majority of adolescents produce a few spots for some months, and then the condition clears spontaneously. In a few it may progress to a more chronic stage. This requires energetic measures of control, and the young patient should be placed under expert medical supervision, for its management can be protracted, and much perseverance is required on the part of the doctor and sufferer for an effective cure to be achieved.

**RECUPERATIVE HOLIDAYS**

In accordance with the provisions of Section 48 of the Education Act, arrangements were made for 7 girls and 1 boy to have a recuperative holiday free of charge. One parent did not accept.

**ENURESIS ALARM APPARATUS**

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

Number of alarms—42

Total number issued during 1969—117 (3 still issued)

Total number returned—114

Of these:

75 were successful, 29 were unsuccessful, 7 were not collected, 3 children moved from area.

**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 ... ..	3,086	2,282	460	5,828
Subsequent visits ... ..	4,112	4,634	924	9,670
Total visits ... ..	7,198	6,916	1,384	15,498
Additional courses of treatment commenced ...	49	59	18	126
Fillings in permanent teeth ... ..	2,241	4,430	1,143	7,814
Fillings in deciduous teeth ... ..	5,575	507	—	6,082
Permanent teeth filled ... ..	1,877	3,772	961	6,610
Deciduous teeth filled ... ..	4,770	405	—	5,175
Permanent teeth extracted ... ..	42	392	22	456
Deciduous teeth extracted ... ..	1,732	405	—	2,137
General anaesthetics ... ..	681	223	12	916
Emergencies ... ..	243	94	12	349

Number of Pupils X-rayed ... .. 447  
 Prophylaxis ... .. 502  
 Teeth otherwise conserved ... .. 148  
 Number of teeth root filled ... .. 48  
 Inlays ... .. —  
 Crowns ... .. 34  
 Courses of treatment completed ... .. 3,780

*Orthodontics*

Cases remaining from previous year ... 212  
 New cases commenced during year ... 186  
 Cases completed during year ... .. 110  
 Cases discontinued during year ... .. 45  
 Number of removable appliances fitted... 310  
 Number of fixed appliances fitted ... 11  
 Pupils referred to Hospital Consultant ... —



	<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)	1	8	1	10
Number of dentures supplied ... ..	1	8	1	10

*Inspections*

First inspection at school.	
Number of pupils	16,938
First inspection at clinic.	
Number of pupils	2,583
Number found to require treatment ...	7,049
Number offered treatment ... ..	6,624
Pupils re-inspected at school or clinic ...	1,907
Number found to require treatment ...	1,087

*Anaesthetics*

General anaesthetics administered by dental officers ... ..	236
Total general anaesthetics ... ..	916

*Sessions*

Number of sessions devoted to treatment	2,483
Number of sessions devoted to inspection	172

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