

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

Contributors

Hillingdon (London, England). Borough Council.

Publication/Creation

[1971]

Persistent URL

<https://wellcomecollection.org/works/c5f8gzmc>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

HIL 6



London Borough of Hillingdon

THE HEALTH OF HILLINGDON

1970

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1970

DR. J. STUART HORNER, M.B., Ch.B., D.P.H., D.I.H.

Health and Welfare Department, Council Offices, Uxbridge, Middlesex.

Contents

	<i>page</i>
Introduction	3–6
Social Services Committee	7
Staff	9
 SECTION I	
Statistics	
Infectious Diseases	
Health Control Unit London (Heathrow) Airport	13–23
 SECTION II	
Personal Health Services	27–39
 SECTION III	
Community Care	43–61
 SECTION IV	
Environmental Health	65–111
 SECTION V	
Other Services	115–120
 SECTION VI	
Report of the Principal School Medical Officer	123–151
 APPENDIX TABLES	155–165
 Index	169–171

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my first Annual Report which covers the work of the Health and Welfare Department for the year 1970. The original purpose of an Annual Report was to allow the Medical Officer of Health to comment upon matters which required effective action by the community. With changing public attitudes this need has become less apparent and the Report now provides an opportunity for a review of the progress of services for which the Medical Officer of Health is responsible. In this first report I have tried to review, often I fear at some length, the whole field of the activities of the Department and to interpret the data now coming forward in order to prepare a programme for future action. The aim has been to put forward the views of the Council's professional advisers concerning the many changes now being witnessed in social circumstances and the provision of appropriate services. Such a survey has necessarily involved a considerable amount of effort by many officers within the Department, some of whose names appear at appropriate points in the Report itself, and I am grateful to them for their willing co-operation and helpful assistance.

Vital Statistics

There was a further increase in the perinatal mortality rate which, for the first time, exceeded the national figure. The larger number of stillbirths during 1970 more than offset a welcome reduction in infant deaths. This improvement during the first year of life was the result of the smaller number of deaths from prematurity and the respiratory distress syndrome compared with the previous year together with a reduced mortality from infection of the respiratory tract.

The total number of deaths was almost the same as the previous year but there were significant variations within the global figure. Fluctuations from year to year for individual causes of death made time trends difficult to discern, but the steady increase in the number of deaths from ischaemic heart disease continued. This was the largest single cause of death. There was an abrupt reversal of the declining trend from motor vehicle accidents and the number of deaths recorded returned to the levels of four years ago. Malignant disease also showed a continued progression in mortality and one third of such deaths were due to carcinoma of the bronchus. The increasing number of deaths from this cause nationally is reflected in the local figures which show the largest number of deaths from carcinoma of the bronchus yet recorded in this Borough. The prevention of cancer once seemed an elusive will o' the wisp, ever desirable but never to be attained. Prevention of almost all deaths from this particular form of cancer is now possible, and it is surely ironic that many smokers who have it in their power to arrest this modern epidemic choose rather to risk exposure to this unpleasant and incurable disease.

Infectious Disease

The year was notable for the reappearance of infectious diseases once thought to have been eradicated from this country. Since London (Heathrow) Airport is within the Borough the possibility of imported infectious disease is ever present. The increased prevalence of intestinal infection in travellers returning from holiday attracted national interest, and added to the work of the Department, not only in tracing flight contacts but in the follow-up of those handling food in the area. Suspected cases of smallpox and diphtheria were timely reminders of the importance of routine programmes of vaccination and immunisation. The present level of smallpox vaccination in this area can give no cause for complacency in spite of the decline in world-wide prevalence of the disease.

The small but perceptible upward trend in the incidence of venereal disease, particularly in non-specific sexually transmitted diseases reflects the apparently changing sexual mores reported by sociologists especially among young people. Protective vaccination against these diseases is not possible, and specific treatment in some cases seems progressively less effective. Sexual continence before marriage and faithfulness within it remain the most effective methods of control

for these diseases. Health education programmes are needed, however, to provide knowledge concerning the nature of the disease process but should avoid attracting undue attention to what is after all only a part, even if an important part, of total life experience. Lectures are given to youth organisations, senior school children and at Brunel University within the context of human biology and social studies.

Health Control Unit

The year 1970 was the fiftieth anniversary of the appointment of medical inspectors of aliens. An Order passed in 1920 introduced medical inspection whereas previously there had been no effective medical examination of immigrants other than the normal quarantine control for all persons entering the country. Further legislation in 1953 and 1962 extended medical inspection of aliens to commonwealth immigrants, but exempted dependent wives and children under 16 years. In 1968 the requirement that aliens could be landed conditionally upon reporting to the local Medical Officer of Health was extended to commonwealth immigrants.

A major purpose of these medical inspections is to prevent any risk of introduction of disease which may endanger the health of people in this country. It must be conceded that a medical inspection will not identify all such diseases, and the appearance in recent years of a variety of diseases not previously prevalent in this country suggests the need for a review of control procedures. The medical inspections are also intended to avoid abuse of the National Health Service and to prevent seriously ill persons being admitted whose social problems would create excessive cost to the community. London (Heathrow) Airport heads the list of approved ports and airports at which commonwealth immigrants and aliens may arrive, and during 1970, 44,611 immigrants and 8,488 aliens were medically inspected.

The total number of cases of smallpox notified to the World Health Organisation in 1970 was the lowest on record. Vigorous eradication programmes were in progress in a number of countries where smallpox was previously prevalent. The implications of this observation for Port Health control required continuing examination. During 1970 the introduction of the Boeing 747 aircraft on certain routes showed the need for a general reappraisal of existing methods when such aircraft are introduced on routes subject to health control.

Staff

It is not always appreciated that the development of Local Authority Health and Social Services is restricted at least as much by scarce resources of manpower as it is by shortage of finance. National problems do not necessarily preclude local solutions and vigorous measures were taken during the year to alleviate what had become acute problems in some areas of the work. By the end of the year proposals had been submitted for the solution of the most urgent problems and the appointment of key professional staff added impetus to the forward progress of the Department.

Community Nursing Services

The receipt of Circular No. 13/70 from the Department of Health and Social Security gave added encouragement to the review of the nursing management structure which was already being undertaken. By the end of the year an additional appointment of Chief Nursing Officer had been agreed, together with a management structure which provided formal recognition of specialist duties already being undertaken in the health visiting and domiciliary nursing services.

Reference is made in the body of the report to the attachment and liaison schemes with family doctors which are already in existence. The implementation of the Council's current health centre building programme, together with revisions in the nursing management structure should provide the ideal conditions in which this important concept of the community health team can flourish.

The publication of a report by Sir John Peel concerning domiciliary midwifery and maternity bed needs, concluded that all births should take place in hospital. At the present time 23.6% of births in Hillingdon take place outside hospital and the objective of total institutional delivery

presents serious problems for the future development of midwifery services. In Hillingdon a scheme has been developed by arrangement with Hillingdon Hospital and local family doctors, in which the domiciliary midwife supervising the case accompanies the mother to hospital at an appropriate stage in labour. In hospital the mother is attended by the domiciliary midwife and medical assistance is provided by the family doctor. Hospital midwives and specialist medical staff are readily available, but do not intervene unless specifically requested. The mother returns home from hospital in the care of the domiciliary midwife as soon as she is fit to do so. This scheme provides many of the advantages of institutional delivery whilst allowing the domiciliary midwife to maintain her clinical responsibility for the health of the mother and the safe delivery of her child.

Drug Abuse

The current attention directed at the experimentation with drugs by young people together with the appearance at Uxbridge Court of persons well known in the entertainment industry has naturally raised the possibility that drug abuse in Hillingdon may be a serious problem. Careful evaluation during the year suggested that whilst the Borough is certainly not exempt from what appears to be a national trend there is no evidence of a specific local problem demanding urgent attention. The situation in this field is, however, a constantly changing one, and it was thought prudent to create a review panel with representatives from various social agencies who would monitor continuously the available evidence. It is clear that in any situation with legal implications adequate statistical evidence will be difficult to obtain. Complacency must be avoided but extravagant conclusions from the small minority of cases which ever come to light are equally dangerous and may be self-fulfilling.

Environmental Health

The increasing recognition of the need to control modern forms of environmental pollution was welcomed and has enabled the Department to investigate less obvious problems. The Chief Public Health Inspector comments on these matters in his report. The shortage of smokeless fuel which necessitated a further setback in the clean air policy for the Borough was regretted, and vigorous action seems necessary at a national level if the advantages of a smoke control policy which are already apparent, are to be fully realised.

New Legislation

The passage of the Local Authority Social Services Act 1970 foreshadowed the artificial separation of health and social service functions. It remains to be seen how long this organisational separation will be permitted and what implications it will have for the patient who needs both health care and social support. Certainly the division is hardly likely to overcome those difficulties at present existing between residential care in hospital and residential care outside it. Nevertheless, the integration of most social workers employed by Local Authorities within a single organisational structure is welcome. Mental illness is not infrequently associated with matrimonial problems and both are potentially damaging to the child. Physical handicap equally has an effect upon the family unit, and the provision of a social casework service based upon the whole family rather than upon specialist problems seems self-evident. During the year the Council commenced preparations for the creation of a new Social Services Department, and thus emphasised its recognition of the value of this important unifying concept, together with its determination to implement it.

The passage of the Chronically Sick and Disabled Persons Act was heralded as a charter for the disabled, but concern was soon expressed by voluntary societies that its welcome concepts might not find practical expression in proposals by statutory bodies. The most important role of voluntary societies as stimulators and innovators in the field of social care sometimes brings conflict when new services by statutory agencies seem slow in development. In these situations there must be respect for the differing roles of the two participants together with a recognition that both have the same ultimate objective. The Chronically Sick and Disabled Persons Act provides more for the handicapped than individual aids and adaptations important though these are. The educational provisions under the new Act should not be overlooked, and reference to these is made in the report on the School Health Service.

School Health Service

Concern has lately been expressed about the nature of the school health service in a reorganised national health service which will be brought into operation in 1974. Statements from central government departments have implied that an effective service could be provided by general practitioners supported by hospital orientated paediatricians. A brief examination of section VI of this report will be sufficient to show the wide variety of services provided for schoolchildren in this area. Even these activities fail to reveal the key relationship between the school medical officer and the school teacher on which the real achievements of the service are totally dependent. Only as the separate disciplines of medicine and education meet together in mutual respect to make their differing professional skills available to individual children, can the problems presented by the child with educational difficulties be understood and finally resolved. The clumsy child is a medical—not a disciplinary—problem. The shortage of appropriate medical staff, now happily rectified, which occurred during the year showed most emphatically that there is no alternative to a separate allocation of medical resources to the Local Education Authority. In the absence of separate provision, these facilities for schoolchildren cease to exist: Local Education Authorities must insist that any new organisation of health services in this country retains the existing special responsibilities in schools by the provision of specially trained medical officers with a practical knowledge of the impact of illness upon education, and a firm commitment to the proposition that prevention is better than cure.

Future Development

The passage of new legislation coincided with a review by the Council of the whole field of its activities to determine possible areas of development during the next five years. The Social Services Committee considered both its health facilities and social services according to the needs which had been determined within the area. This resulted in an imaginative programme of health centres together with residential and day facilities for the handicapped. The speed with which the programme can be implemented will depend upon financial and other factors as yet undetermined, but its very existence provides direction for the Department's future activities and represents an attempt to achieve the primary objective of Local Government, namely to serve the people of the area.

It is a pleasure to record my grateful thanks to colleagues in other Departments for their ready assistance throughout the year and for their contributions to this Report. I am indebted to the staff of the Health and Welfare Department for their constant help in the day to day work of the Department and the implementation of many changes. Finally, I would express my thanks to all members of the Council for their support and guidance without which our best efforts would be in vain.

I am,

Yours faithfully,

J. Stuart Horner

Director of Health and Welfare Services

March 1971

SOCIAL SERVICES COMMITTEE

(as at 31st December, 1970)

Ex-officio: The Mayor (Councillor C. C. Rogers, J.P., F.C.A.)

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 Dr. C. H. Nemeth, M.A., L.R.C.P., M.R.C.S.

Alderman:

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

Councillors:

M. H. Blackman

Mrs. E. G. Boff

K. C. Briggs, A.C.I.I.,
F.R.S.A.

Mrs. G. M. Clark

Mrs. N. C. Coles

E. G. S. Dommett

Mrs. I. L. Murray

Mrs. A. B. Palmer

B. C. W. Reid

K. E. Salisbury

Mrs. D. G. E. Surman

R. S. Treloar

A. J. Tyrrell, J.P.

Advisory: (For Health matters only)

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. W. Hobday (representing Hillingdon Federation of Residents and Tenants Associations)

Miss M. K. Hepburn (representing Confederation of Health Service Employees)

Superintendent of Home Nursing and Non-Medical Supervisor of Midwives:

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

(Home Nurses - 34)

(Midwives - 22)

Home Help Organisation:

Miss M. J. Abraham

(Assistants - 2)

(Home Helps - 100 F.T.E.)

Matrons of Homes and Hostels

14

Matrons of Day Nurseries

4

Liaison and Administrative Officer:

W. H. Knapton

(Senior Administrative Assistants - 5)

(Administrative and Clerical Staff - 84)

Supervisors of Day Centres

8

Other professional staff

13

STAFF

Senior Staff and Approved Establishments:

Director of Health and Welfare Services and Principal School Medical Officer:

Dr. J. Stuart Horner, M.B., Ch.B., D.P.H., D.I.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:

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

Principal Medical Officers:

Dr. V. M. D. N. Shaw, M.B., Ch.B., D.R.C.O.G., D.P.H.

Dr. J. W. E. Bridger, L.R.C.P., M.R.C.S.

Dr. B. Westworth, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

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

Dr. E. W. Jones (Assistant), M.B., B.S., D.I.H., D.P.H., D.T.M. & H.

(Medical Officers in Department – 9)

(Airport Medical Officers – 10)

Chief Dental Officer:

Mrs. B. Fox, B.D.S.

(Dental Officers – 12)

(Dental Surgery Assistants – 15)

Chief Public Health Inspector:

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

(Public Health Inspectors – 21)

(Technical Assistants – 8)

Chief Welfare Officer:

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

(Social Welfare Officers – 17)

Chief Mental Welfare Officer:

L. R. Bradbury

(Mental Welfare Officers – 6)

Superintendent Health Visitor:

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

(Health Visitors, Clinic Nurses and Health Assistants – 55)

Superintendent of Home Nursing and Non-Medical Supervisor of Midwives:

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

(Home Nurses – 34)

(Midwives – 22)

Home Help Organiser:

Miss M. J. Abrahart

(Assistants – 2)

(Home Helps – 100 F.T.E.)

Liaison and Administrative Officer:

W. H. Knapton

(Senior Administrative Assistants – 5)

(Administrative and Clerical Staff – 84)

Matrons of Homes and Hostels

14

Matrons of Day Nurseries

4

Supervisors of Day Centres

5

Other professional staff

13

A judicious man looks at Statistics, not to get knowledge but to save himself from being lied on him.—Cattyle, 1839

SECTION I

General Statistics

Statistics

Area—square miles
 Population—Registrar General's estimate for mid-year 1970
 Number of dwellings
 Rateable Value as at 1st April, 1970
 Product of Penny Rate—1970/71 (Estimated)

Infectious Diseases

Health Control Unit London (Heathrow) Airport

Vital Statistics

Total Live Births:

	Male	Female	Total
Legitimate	1,576	1,578	3,154
Illegitimate	107	95	202
	1,683	1,673	3,356
Birth Rate per 1,000 population:			
Hillingdon — Crude	14.2		
— Corrected	13.6		
England and Wales	18.0		
Area comparability Factor: 0.96			

Illegitimate Live Births:

	Male	Female	Total
Percentage of total live births:	107	95	202

Still Births:

	Male	Female	Total
Legitimate	21	25	46
Illegitimate	3	4	7
	24	29	53
Rate per thousand live and still births:			
Hillingdon	18		
England and Wales	13		

Total Live and Still Births:

	Male	Female	Total
Legitimate	1,597	1,603	3,200
Illegitimate	110	99	209
	1,707	1,702	3,409

These births occurred as under:

	Live Births	Still Births
At home	792	4
In hospitals, nursing homes or other maternity establishments	2,584	49
	3,356	53

A judicious man looks at Statistics, not to get knowledge but to save himself from having ignorance foisted on him.—Carlyle, 1839

General Statistics

Area—square miles	...	...	...	...	...	...	42.5
Population—Registrar General's estimate for mid-year 1970	...	...	...	...	...	...	235,780
Number of dwellings	...	...	...	...	...	...	75,616
Rateable Value as at 1st April, 1970	...	...	...	...	...	...	£18,178,042
Product of Penny Rate—1970/71 (Estimated)	...	...	...	...	...	...	£76,070

Vital Statistics

Total Live Births:

						Male	Female	Total
Legitimate	...	...	...	...	...	1,576	1,578	3,154
Illegitimate	...	...	...	...	...	107	95	202
						<hr/> 1,683	<hr/> 1,673	<hr/> 3,356

Birth Rate per 1,000 population:

Hillingdon —Crude 14.2

—Corrected 13.6

England and Wales 16.0

Area comparability Factor: 0.96

Illegitimate Live Births:

						Male	Female	Total
Percentage of total live births:						107	95	202

Still Births:

						Male	Female	Total
Legitimate	...	...	...	...	...	21	25	46
Illegitimate	...	...	...	...	...	3	4	7
						<hr/> 24	<hr/> 29	<hr/> 53

Rate per thousand live and still births:

Hillingdon 16

England and Wales 13

Total Live and Still Births:

						Male	Female	Total
Legitimate	...	...	...	...	...	1,597	1,603	3,200
Illegitimate	...	...	...	...	...	110	99	209
						<hr/> 1,707	<hr/> 1,702	<hr/> 3,409

These births occurred as under:

						Live Births	Still Births
At home	...	...	...	...	...	792	4
In hospitals, nursing homes or other maternity establishments	...	...	...	...	...	2,564	49
						<hr/> 3,356	<hr/> 53

Infant Deaths (under 1 year of age):

						Male	Female	Total
Legitimate	...	...	...	...	...	17	23	40
Illegitimate	...	...	...	...	...	2	1	3
						—	—	—
						19	24	43
Legitimate—rate per 1,000 legitimate live births						13		
Illegitimate—rate per 1,000 illegitimate live births						15		
Infant Death Rate per 1,000 total live births:								
Hillingdon	...	...	...	...	...	13		
England and Wales	...	...	...	...	...	18		

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

						Male	Female	Total
Legitimate	...	...	...	...	...	11	18	29
Illegitimate	...	...	...	...	...	1	1	2
						—	—	—
						12	19	31
Rate per 1,000 total live births:								
Hillingdon	...	...	...	...	...	9		
England and Wales	...	...	...	...	...	12		

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

						Male	Female	Total
Legitimate	...	...	...	...	...	11	16	27
Illegitimate	...	...	...	...	...	1	1	2
						—	—	—
						12	17	29
Rate per 1,000 total live births:								
Hillingdon	...	...	...	...	...	9		
England and Wales	...	...	...	...	...	11		

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

						Male	Female	Total
Legitimate	...	...	...	...	...	32	41	73
Illegitimate	...	...	...	...	...	4	5	9
						—	—	—
						36	46	82
Rate per 1,000 live and still births:								
Hillingdon	...	...	...	...	...	24		
England and Wales	...	...	...	...	...	23		

Maternal Deaths:

Total	...	...	...	...	...	1		
Rate per 1,000 live and still births:								
Hillingdon	...	...	...	...	...	0.29		
England and Wales	...	...	...	...	...	0.18		

Deaths from All Causes:

	Male	Female	Total
	1,201	1,051	2,252
Death Rate per 1,000 population:			
Hillingdon —Crude	9.6		
—Corrected	11.9		
England and Wales	11.7		
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.

Infectious Diseases

Dr. C. Lydon—*Deputy Medical Officer of Health*

The pattern of infectious disease in this country which altered so considerably during the first half of the twentieth century, continues to change even though at a less dramatic rate. Diseases such as pneumonia, puerperal pyrexia and erysipelas, which were responsible for so much mortality and morbidity in past decades are no longer notifiable, whilst recent additions to the notifiable infectious disease tables are infective jaundice and leptospirosis. The following table shows the incidence of infectious disease in the Borough during 1970:

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	1970	1969	1970	1969
Scarlet Fever	1	9	10	28	18	2	1	69	60		
Diphtheria											
Whooping Cough	6	10	18	13	2			49	17		
Measles	32	281	371	539	27	3	3	1,256	1,204		1
Meningococcal Infection				2		1		3	1		
Poliomyelitis (Paralytic)											
(Non-Paralytic)											
Acute Encephalitis											
Infective				1	2	4	2	9	4		
Post Infective			1	1				2	4		
Smallpox											
Typhoid				1		1	1	3	2		
Paratyphoid						1	1	2	2		
Dysentery	1	11	9	7	5	9	26	68	76		
Food Poisoning	3	10	3	8	2	6	17	49	120		
Tuberculosis											
Respiratory		3			2	5	32	42	40	4	4
Other			1		2	1	9	13	15		4
Infective Jaundice		4	6	11	12	24	11	68	59		
Leptospirosis									1		1

No case of diphtheria, poliomyelitis or smallpox was reported during 1970. Two possible cases of diphtheria and one of possible smallpox were reported during the year, but subsequent investigation by the Department's medical staff and in the laboratory confirmed alternative less serious diagnoses in each case. It is now 21 years since the last case of diphtheria was confirmed in this part of Middlesex whilst no case of poliomyelitis has been notified since 1960. Nevertheless, cases of these diseases do still occur from time to time, and it is only by the maintenance of a high level of immunisation among the population that the incidence of these potentially serious illnesses will continue to be controlled.

MEASLES

The 1,256 cases of measles reported during 1970 were many more than would have been expected even in the absence of a measles vaccination programme. The number of notifications of measles received in each of the past six years illustrates the bi-annual outbreaks of measles which have been the pattern in recent decades until the introduction of a measles vaccination programme affected the natural history of the disease.

<i>Year</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1969</i>	<i>1970</i>
Measles Notifications ...	3,569	832	3,481	471	1,204	1,256

The large outbreaks of the disease which occurred in 1965 and 1967 were not followed by an outbreak of such extensive proportions in 1969. It is disappointing therefore to note a much higher incidence of the disease in 1970, as a result of an accumulation of non-immune children who failed to receive satisfactory immunisation against the disease in 1969 either by artificial means or by contracting the disease itself.

TUBERCULOSIS

The number of cases of tuberculosis notified during 1970 was 55 which, as will be seen from the table below, equals the low figure of last year. In 42 of the cases the disease was localised in the lungs while glands were affected in 7 of the 13 non-pulmonary notifications:

New Notifications 1970

<i>Year</i>	<i>Total</i>	<i>Pulmonary</i>			<i>Non-Pulmonary</i>		
		<i>Under 15</i>	<i>Over 15</i>	<i>Total</i>	<i>Under 15</i>	<i>Over 15</i>	<i>Total</i>
1965	76	5	54	59		17	17
1966	59	2	43	45		14	14
1967	69	8	43	51		18	18
1968	62	8	40	48		14	14
1969	55	2	38	40	2	13	15
1970	55	5	37	42	3	10	13

The Tuberculosis Visitor continues to maintain a close liaison with the two chest clinics in the Borough. In the course of follow-up of new cases visits were made to 349 home contacts and B.C.G. vaccination was given in 180 cases. A total of 1,009 successful domiciliary visits were made during 1970.

A member of staff in a school within the Borough was found to have pulmonary tuberculosis but follow-up examinations of all pupils and staff contacts showed that there had been no spread of infection within the school.

FOOD POISONING

No general outbreak of food poisoning was notified during 1970, but there was one family outbreak in which two cases were notified. Forty-seven sporadic cases were also reported. Of the total of 49 notifications received throughout the year, organisms of the salmonella group were isolated in 18 cases, but in the remainder no bacteriological cause for the food poisoning was identified. The types of salmonella organisms identified during the year were as follows:

Salmonella typhimurium	...	...	...	10 cases	
Salmonella enteritidis	...	...	...	2 cases	
Salmonella heidelberg	...	1 case	Salmonella oranienburg	...	1 case
Salmonella infantis	...	1 case	Salmonella stanley	...	1 case
Salmonella newport	...	1 case	Salmonella panama	...	1 case

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 ...	949	2	3	100	844
Central Middlesex ...	24	1		4	19
St. Bartholomew's ...	10				10
St. Thomas' ...	14			2	12
Seamen's ...	3			1	2
Westminster ...	7			1	6
Whitechapel Clinic ...	4				4
Totals ...	1,011	3	3	108	897

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.

Number of new cases, resident in the Borough, treated in the Special Clinic at Hillingdon Hospital:

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Venereal Conditions</i>	<i>Total</i>
1966	15	78	840	933
1967	6	71	804	881
1968	10	65	718	793
1969	6	106	785	897
1970	5	100	844	949

This shows the trend over a five year period, but for Hillingdon Hospital only, as very few returns from other Hospitals were received prior to 1969.

TYPHOID FEVER

Three cases of typhoid fever were notified in the Borough during 1970. One young man became ill shortly after returning from a caravan holiday in the West country. He had never been out of the United Kingdom but a close family contact had a history of typhoid infection some thirty years previously in India. Subsequent investigation did not produce any relevant findings, although a further family contact who had recently returned from a Mediterranean holiday was found to be excreting a different type of salmonella organism. There were no secondary cases.

A lady aged 23 years arrived in this country from India in December 1970. She felt unwell two days later and shortly after moving from the Hillingdon area to an adjoining Borough, she was admitted to Hospital and found to be suffering from typhoid fever. Two of the contacts at the address in this Borough were employed in the food trade, and exclusion from work for 21 days was necessary. All laboratory investigations of these contacts were negative.

A six year old girl who became ill whilst on a visit to India returned to this country and was admitted to Hospital where a diagnosis of typhoid fever was confirmed.

An infant in an adjoining Borough developed typhoid fever and subsequent investigation confirmed the source of the infection as the child's grandmother. During the course of these enquiries several people residing in Hillingdon were found to be in frequent contact with the infant. Investigations of these contacts proved negative, but since four were employed in the food trade and continued contact with the source case seemed likely, vaccination against typhoid fever was thought to be a wise precaution.

PARA-TYPHOID FEVER

There were two cases of infection with salmonella para-typhoid B. One occurred in an elderly man admitted to hospital with a heart condition, and who appeared to have been a symptomless carrier for a long period. The second case was a housewife. No secondary cases of the disease developed.

Health Control Unit, London (Heathrow) Airport

Dr. P. R. Cooper—*Principal Medical Officer*

One of the main events of 1970 was the completion of Phase I of the new Arrivals Building in Terminal 3 and the construction of the major portion of the new Pier 7, designed to receive the "747" aircraft. The new Arrivals Building started to operate at the beginning of June and the Control Authorities moved across from their old premises into the new building at this time. With the move, the system of conducting health control centrally in the arrivals lounge finally ceased and all checks are now carried out on the Piers or at the North Coach Station.

The opening of the new building was welcomed by the staff, as the premises provided much needed space, increased office accommodation, proper staff rest rooms and a well designed X-ray unit. Recruitment of staff proceeded apace and general morale lifted. Inevitably minor troubles occurred, in particular heating and ventilation problems. These are in the process of solution.

Relations between the medical staff of the Unit and the nursing staff of the British Airports Authority were very good and for this much of the credit must go to Miss King, the Principal Nursing Officer to the Authority, who throughout the year has continued to improve standards. Much new medical equipment was ordered and the service available to the sick was better than it has ever been in the history of Heathrow.

The Working Group set up by the then Board of Trade in 1969 to report upon the Medical and Ambulance Services and to examine the emergency arrangements and problems of post-accident care in the event of an aircraft accident, completed its task in August and the final Report, together with its conclusions and recommendations, was submitted to the Chairman of the Working Party.

The passenger flow in and out of Heathrow in 1970 was 15,509,056. This was an increase of nearly 1,300,000 (8.4%) over 1969. Aircraft movements totalled 270,169. No fatal accidents were recorded.

STAFF

There was no change to record in the establishment of medical officers. Dr. F. D. Hanham resigned in January and Dr. N. D. Walker was appointed in his place in August. During the interval and at other times when medical officers were on annual leave, "locum" medical officers were engaged to help out. Towards the latter part of the year, there was a greater response to advertisements for vacancies for clerk/receptionists and on December 31st the establishment of sixty-five was only short by five.

It was indeed fortunate that the new Pier 7 was not required to be staffed, since no "747" aircraft arriving there originated from countries in Africa, Asia or South America. Significant changes affecting the level of staffing will be necessary with the introduction of these larger aircraft.

One important innovation was the appointment of five shift leaders—the establishment allows for six—with effect from December 1st. Shift Leaders became necessary with the considerable increase in the staff and one purpose of these appointments was to relieve the pressure upon the Senior Receptionist.

ACCOMMODATION

Terminal 1—There were no significant changes during the year.

Terminal 2—The entire accommodation was redecorated during the year, and new furnishings and equipment replaced old and worn-out items.

Terminal 3—On June 2nd the new arrivals building in Terminal 3 became operational and the Unit moved from the old Terminal 3 building—which has since become entirely a Departure building—into new premises. Difficulties in negotiating the tenancy agreement were only resolved just prior to the move. There were inevitable teething troubles associated with moving into new accommodation, but gradually major and minor defects were corrected.

Earlier in the year in March, the staff situation allowed for flight clearance at the fingers of Pier 6, and after the move in June and the completion of the alterations to the North Coach Station, flight clearance was undertaken both at the Coach Station and at the fingers of Pier 5. The change from the system of central to peripheral clearance proved to be less complicated than was anticipated, despite the distance separating the Piers and Coach Station from the main unit and on the whole few difficulties have arisen. Largely this was due to the improvement which took place in recruitment of staff.

Piers 5 and 6 and North Coach Station

Acts of vandalism in the early part of the year to the desks on Piers 5 and 6 caused much concern to the authorities. Lamps were unscrewed and removed; stools, bulbs and plugs were taken and even knee-heaters were damaged. After much discussion, agreement was reached that the stools should be chained to the desks, that the desks themselves should be rendered static by screwing them to the floor, that the lamps should be replaced by overhead strip lighting and that the flexes to the knee-heaters should be inserted directly into the floor wiring system. At the end of the year, this work was in hand.

It is inevitable from their very location that these check-points tend to become unbearably hot in heat waves and correspondingly cold and draughty in the winter, but everything possible is being done to alleviate these situations.

Pier 7

When Pier 7 was nearing completion, it became quite clear that the access to the Health Control accommodation on the mezzanine level was entirely unsuitable. The occupation of the rooms was accordingly not taken up and negotiations are now taking place for a more suitable alternative site on the main level of the Pier. Such a site, adjacent to a central gate-room, has been

selected. It was fortunate that, for reasons mentioned elsewhere in this Report, there was no requirement during the year for the Unit to staff either the desks or the mezzanine level accommodation in this Pier.

Airside Gallery Queen's Building

The health control check point on this gallery, which served flights from Terminal 1 and 2 that had to be coached, was finally abandoned at the end of August, when it was agreed that all flights subject to control, arriving at these Terminals, would be examined on the Piers.

COMMUNICABLE DISEASES

Smallpox

No cases of smallpox were recorded at Heathrow in 1970. The general world wide decrease in the incidence of smallpox has led to a decision between the countries party to the Council of Europe—Partial Agreement—to waive health control on certain flights from countries which have had no reported case for five years.

The flights affected at Heathrow are those from the Caribbean, Mexico and Central America, Guyana, Israel, the North African countries of Algeria, Morocco, Tunisia and Libya, and Trans-Pacific, Trans-Polar and Trans-Siberian flights from Australia, New Zealand and Japan.

During the year there was an outbreak of smallpox in West Germany and since this country had withdrawn its membership of the Council of Europe—Partial Agreement, the Department of Health and Social Security requested that spot-checks should be carried out on German flights in order to learn how many passengers from Asia transferred at German airports to onward flights to Heathrow, since these passengers were not checked on transfer in Germany. This measure was introduced temporarily for six months in order to discover the extent of the problem but by the end of the year, it appeared to be insignificant.

The number of passengers placed under surveillance for smallpox was 2,798. The number of those isolated in hospital for the same reason was 137; all those isolated came from Pakistan, India and Africa.

Typhoid and Paratyphoid Fevers

A number of notifications were received from Medical Officers of Health up and down the country to the effect that certain passengers had arrived at Heathrow obviously incubating one or other condition. Usually by the time the notification was received, it was too late to take positive action other than to advise the airline concerned. The impression is gained that this problem is on the increase.

Cholera

With the extension of cholera from the Far East to countries of the Middle East, North and West Africa and to a much lesser extent countries in Eastern Europe, flights originating in infected countries were, as a temporary measure, submitted to health control. Passengers coming from infected local areas in such countries were placed under surveillance unless their international certificates of vaccination against cholera were valid; in addition, all passengers arriving from these countries were issued with the Council of Europe (Partial Agreement) Yellow Warning Card.

The number of passengers placed under surveillance was 395.

MEDICAL EXAMINATION OF COMMONWEALTH IMMIGRANTS

The total number of Commonwealth Immigrants referred to the medical inspectors over the last five years was:

1970	44,611
1969	44,575
1968	46,828
1967	16,061
1966	12,516

The categories of those immigrants seen in 1970 was:

(a) Voucher-holders or entitled dependants	33,325
(b) Non-entitled dependants	11,231
(c) Those appearing to be mentally or physically abnormal	10
(d) Those appearing not to be in good health	4
(e) Those mentioning health as a reason for their visit	41

The number of refusals on medical recommendation was 19.

Pulmonary tuberculosis	7
Mental instability	8
Trachoma	1
Drug addiction	1
Cardiac condition	1
Paralysis	1

MEDICAL INSPECTION OF ALIENS

Aliens referred to the medical inspectors in 1970	8,488
1969	6,203
1968	5,351
1967	5,314

The number of Forms Port 12 completed in 1970 was 81, compared with 69 in 1969. There were 68 refusals on medical grounds, compared with 53 in 1969. The reasons for medical recommendation for refusal were:

Mental instability	53	Alcoholism	2
Pulmonary tuberculosis	4	Intestinal obstruction	1
Drug addiction	5	Dracunculosis and possible onchocerciasis	1
Venereal disease	2		

X-RAY UNIT

7,128 immigrants were X-rayed during the year, of which 6,767 were Commonwealth citizens. These figures compare with 4,229 and 4,088 respectively in 1969. For much of June, the X-ray Unit was out of action owing to the change-over from one building to another. It was clear that with the provision of more space and better facilities, it was possible to step up the number X-rayed. Thus between January and June, the monthly figure of those X-rayed was between 250 and 350, whereas from July to December the monthly figure rose to between 850-950. The number of Commonwealth immigrants X-rayed represents about 16% of the total referred to the Medical Inspectors by the Immigration Department. Although this figure may appear to be a small percentage, it must be remembered that all voucher-holders and quite a few non-entitled dependants, e.g. fiancées and students, are X-rayed in their country of origin; furthermore, it is not accepted policy to X-ray young children, and finally, there are practical difficulties in the routine X-ray of immigrants arriving in the Terminals other than No. 3.

Pulmonary Tuberculosis

Forty persons were discovered to have active pulmonary tuberculosis during the year, compared with 68 in 1969.

The breakdown was:

Pakistan	24	Tanzania	1
India	8	Portugal	1
Hongkong	4	Gambia	1
Bahrein	1		

Ten persons were refused landing on this account—3 from Pakistan, 2 each from Hongkong and India, 1 each Bahrein, Portugal and Gambia. Four persons were landed despite medical recommendation to the contrary (2 from India, 1 each from Pakistan and Tanzania). A further 12 entitled immigrants were landed subject to conditional entry, 9 from Pakistan, 2 from India and 1 from Hongkong.

Eleven other immigrants, who had landed with suspected tuberculosis and who were notified to the destination Medical Officer of Health, were subsequently reported upon as confirmed cases. On December 31st there were 35 other suspected cases upon whom confirmatory reports were still awaited from destination health departments.

Statistics

	<i>1.1.70 to 30.6.70</i>	<i>1.7.70 to 31.12.70</i>	<i>Total</i>
Total number of Aircraft arriving	38,795	45,625	84,420
Number of Passengers arriving:			
British	1,379,763	1,687,830	3,067,593
Alien	1,149,124	1,518,185	2,667,309
Total	2,528,887	3,206,015	5,734,902

Sources of Aircraft

	<i>Jan. 1st–June 30th Aircraft Passengers</i>		<i>July 1st–Dec. 31st Aircraft Passengers</i>		<i>Total Aircraft Passengers</i>	
From Excepted Area	17,640	1,095,509	15,030	1,069,734	32,670	2,165,243
Europe Outside Excepted Area	9,640	572,309	16,254	1,037,853	25,894	1,610,162
North America	5,026	458,409	7,176	620,624	12,202	1,079,033
Central & S. America	625	52,212	699	58,709	1,324	110,921
Africa	1,575	103,543	1,781	127,174	3,356	230,717
Asia	4,289	246,905	4,685	291,921	8,974	538,826
Totals	38,795	2,528,887	45,625	3,206,015	84,420	5,734,902

Total number of Aircraft issued with Disinsectization Certificates	578
No. of cases for which Mental Welfare Officer was called	84
No. of Aliens inspected under Aliens Order	8,488
No. of Forms Port 12 issued	81
No. of Aliens refused entry	68
No. of Commonwealth Immigrants examined	44,611
No. of Forms Port 23 issued	69
No. of Commonwealth Immigrants refused entry	19
No. of Immigrants X-rayed	7,128
No. of Long-Stay Immigrants Notifications sent to Medical Officers of Health	29,450
No. of I.B.548's sent to Medical Officers of Health	150
No. of Surveillance Notifications sent to Medical Officers of Health	3,193
No. of Smallpox Vaccinations carried out	8,998
No. of Cholera Vaccinations carried out	1,515
No. of Yellow Fever Vaccinations carried out	131
No. of Unvaccinated Passengers Isolated	137

Immunisations

Vaccinations against Smallpox

1970	8,998
1969	10,254
1968	10,293
1967	9,158
1966	7,140

Number of Passengers Isolated

1970	137
1969	88
1968	46
1967	20
1966	5

Vaccinations against Cholera

1970	1,515
1969	611
1968	327
1967	261
1966	186

Vaccinations against Yellow Fever

1970	131
1969	103
1968	73
1967	47
1966	30

Personal Health Services**Personal Health Services***Dr V. M. D. N. Shaw—Principal Medical Officer (Personal Health)***ANTE AND POST-NATAL CLINICS**

Existing arrangements were continued during the year at 15 clinics. A total of 836 sessions were held attended by a total of 1,258 patients. The table shows that the majority of sessions are conducted by the midwives. There are currently no midwives undertaking ante-natal clinics in the surgeries of family doctors, but arrangements were completed during the year to allow midwives undertaking such clinics in other areas to visit Hillingdon residents who are attended by a family doctor practising outside the Borough.

<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>	
1,221	37	36	800	836

The numbers attending the Relaxation and Mothercraft classes were 983 representing an increase of 3.6% compared with 1969. Classes were held at 14 clinics, and the total number of attendances during the year was 5,941. The proportion of mothers attending these classes who are booked for Hospital delivery (81%) is similar to the proportion of all babies born in Hospital in the area (76%), and indicates that this valuable introduction to the skills of parentcraft is welcomed by mothers as an addition to the assistance which they receive from Hospitals and family doctors.

CARE OF THE UNSUPPORTED MOTHER

The Council has previously provided a direct service for the care of the unsupported mother by the employment of a social worker whose services were shared with the Boroughs of Ealing and Hounslow. Joint user arrangements are rarely satisfactory and when it became possible to withdraw from this arrangement early in 1970 the service was transferred to the Hillingdon Deputy Welfare Association which now acts as agent for the Corporation. The new arrangements have proved most successful, and it is hoped that it will be possible to improve the service still further in future years. Miss Enderley, the deputy social worker, retired at the end of the year, and it is pleasing to place on record the appreciation of this Department for all the work which she has undertaken in this area.

During 1970 four mothers were admitted to Local Authority homes, 23 were admitted to voluntary homes, and 69 were interviewed and advised, but did not require admission to a home. In view of the changes which have been described comparative figures for previous years are not appropriate. The impression is, nevertheless, conveyed and fully endorsed by the professional staff involved that an increasingly large proportion of unmarried girls who become pregnant receive support from within their own families. The demand for accommodation in Mother and Baby homes continues to decline, but the provision of longer term accommodation for mothers who wish to keep their children and lead independent lives outside the family circle occasionally brings problems which are not always easy to resolve.

MIDWIVES ACT 1962-1969

The number of midwives who notified their intention to practice as midwives within the Borough (including those in Hospitals) and who were practising at the end of the year was 84.

The Physician is superfluous amongst the Healthy.—Tacitus.

Personal Health Services

Dr. V. M. D. N. Shaw—*Principal Medical Officer (Personal Health)*

ANTE AND POST-NATAL CLINICS

Existing arrangements were continued during the year at 15 clinics. A total of 836 sessions were held attended by a total of 1,258 patients. The table shows that the majority of sessions are conducted by the midwives. There are currently no midwives undertaking ante-natal clinics in the surgeries of family doctors, but arrangements were completed during the year to allow midwives undertaking such clinics in other areas to visit Hillingdon residents who are attended by a family doctor practising outside the Borough.

<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>	
1,221	37	36	800	836

The numbers attending the Relaxation and Mothercraft classes were 983, representing an increase of 3.8% compared with 1969. Classes were held at 14 clinics, and the total number of attendances during the year was 5,941. The proportion of mothers attending these classes who are booked for Hospital delivery (81%) is similar to the proportion of all babies born in Hospital in the area (76%), and indicates that this valuable introduction to the skills of parentcraft is welcomed by mothers as an addition to the assistance which they receive from Hospitals and family doctors.

CARE OF THE UNSUPPORTED MOTHER

The Council has previously provided a direct service for the care of the unsupported mother by the employment of a social worker whose services were shared with the Boroughs of Ealing and Hounslow. Joint user arrangements are rarely satisfactory and when it became possible to withdraw from this arrangement early in 1970 the service was transferred to the Hillingdon Deanery Welfare Association which now acts as agent for the Corporation. The new arrangements have proved most successful, and it is hoped that it will be possible to improve the liaison still further in future years. Miss Brierley, the deanery social worker, retired at the end of the year, and it is pleasing to place on record the appreciation of this Department for all the work which she has undertaken in this area.

During 1970 four mothers were admitted to Local Authority homes, 23 were admitted to Voluntary homes, and 68 were interviewed and advised, but did not require admission to a home. In view of the changes which have been described comparative figures for previous years are not appropriate. The impression is, nevertheless, conveyed and fully endorsed by the professional staff involved that an increasingly large proportion of unmarried girls who become pregnant receive support from within their own families. The demand for accommodation in Mother and Baby homes continues to decline, but the provision of longer term accommodation for mothers who wish to keep their children and lead independent lives outside the family circle occasionally brings problems which are not always easy to resolve.

MIDWIVES ACT 1902–1951

The number of midwives who notified their intention to practice as midwives within the Borough (including those in Hospitals) and who were practising at the end of the year was 84.

All held the certificate of the Central Midwives Board. The Superintendent of domiciliary midwives is also Non-Medical Supervisor of Midwives, and undertakes the necessary visiting and investigation appropriate to the Council's Statutory responsibilities in this area.

CONGENITAL MALFORMATIONS

The Registrar General requires information concerning children who are discovered at the time of their birth to have an obvious congenital malformation. Regular returns are forwarded to the Registrar General based upon information received from local midwives at the time that the birth is notified to this Department in accordance with the Notification of Births Act, 1907. A total of 82 babies with congenital conditions were notified in 1970.

PHENYLKETONURIA

This disease of the metabolism has been known for many years. It is hereditary and detectable shortly after birth. If untreated it leads to irreversible brain damage and mental subnormality. A simple urine test has been used successfully for routine screening of all babies. However, this is not always reliable before 4–6 weeks of age, and even by this time the brain may be damaged. A blood test (Guthrie test) has now been developed which can be done after the 6th day of life. It is more accurate than the urine test, but requires laboratory facilities, which have now been provided on a regional basis throughout the country. Early in 1970 the Guthrie blood test was introduced in Hillingdon as a routine screening procedure.

The test is carried out on the 6th day of life by the midwife either in hospital or at home and involves pricking the baby's foot to obtain drops of blood of a specified size. These are collected on a special filter paper which is then posted to the regional centre for processing. Sometimes the result is unsatisfactory for technical reasons and the test has to be repeated.

There were no cases of phenylketonuria detected in the Borough during the year.

CHILD HEALTH CENTRES

A change in title from Child Welfare Clinic to Child Health Centre emphasises the radical re-appraisal which is currently being undertaken of the clinical work which Local Authorities now undertake amongst babies and young children. Formerly such clinics were much concerned with the child's nutrition, relatively minor medical conditions and orthopaedic abnormalities. As such the clinic attracted some criticism from other medical colleagues who considered that such work was unnecessary.

The relief of parental anxiety concerning the development of children is still a valid use of the time of both doctors and the health visitors. The valuable sociological studies of John and Elizabeth Newson indicate that parents are sometimes bewildered by the developmental progress of their children, and are glad to receive appropriate advice which is not often available outside the Child Health Centre. Similarly a number of physical changes concomitant with developmental maturity may be confused with abnormality so that skilled re-assurance should be available.

Thus the Child Health Centre should provide a service for the education of parents both on an individual and on a group basis. The immunisation of children is also an essential part of the work. In addition to the immunisation schemes which have been available for many years, programmes to immunise against measles and german measles are being introduced. Although measles vaccination in this area has been available for some years the community protection levels are insufficient to eliminate the disease, and significant numbers of cases are still being reported. A vigorous campaign particularly directed towards children most at risk of complications from measles should be led from child health centres whether organised by the Local Authority or by individual general practitioners. The variety of immunising agents and the various contra-indications to their use constitutes a special branch of knowledge which can all too easily be overlooked.

In order to advise parents about the developmental progress of their children, both doctors and health visitors must be skilled in the techniques of developmental paediatrics and the early detection of significant handicaps. This process of re-orientation has been continuing for some years, but is now being rapidly accelerated. A programme to ensure that each full time medical

officer is seconded on an appropriate academic course in the techniques of developmental paediatrics is being implemented and the present methods by which health visitors assist in the assessment of potential hearing and vision defects are being actively reviewed.

The programme of Health Centre building to which the Council is now committed will give an added impetus to these developments since by providing appropriate specialist knowledge readily available to the general practitioner the Department is assisting the integration of all child health services to the ultimate benefit of both mother and child.

(Child Health Centre Statistics—see pages 158 & 159.)

OBSERVATION REGISTER

The table on page 160 gives details of the children whose names have been placed on the observation register. They have been listed under the "at risk" categories suggested by the committee of Medical Officers of Health of the London Boroughs. Where more than one factor is applicable an attempt has been made to assess the major factor so that no child is included more than once.

Details of handicapped children under the age of 5 years are recorded on page 134.

Both sets of figures are similar to those of previous years. There is a tendency for the total number on the Observation Register to increase slightly, but the number of handicapped is a little lower than in 1969. Some abnormalities are amenable to medical treatment, e.g. congenital dislocation of the hip and some heart defects; some are re-assessed and some move into or out of the Borough, so that precise comparisons from year to year are not possible. The Register provides a valuable method of concentrating limited manpower resources on children who are more likely to have a permanent handicap.

THE "BATTERED BABY" SYNDROME

Early in 1970 the Department of Health and Social Security issued Circular No. 2/70 asking for local discussions to take place between those likely to be involved in this difficult problem. The Medical Officer of Health in Hillingdon convened a meeting attended by medical officers, health visitors, social workers from the Children's, Health and Welfare and Education Departments in addition to local voluntary organisations. Hospital specialists in paediatrics and child psychiatry also attended as well as a general practitioner, probation officers, police representatives, hospital social workers, day nursery matrons, domiciliary midwives and representatives from the Housing Department and the local office of the Department of Health and Social Security.

There has been increasing interest in this syndrome since its first description drew attention to the possibility of sustained and long term physical abuse of the child by parents. The picture of a young child who suffers a series of injuries—bruises, abrasions or broken bones—in incompletely explained circumstances is now familiar to field workers. The syndrome may occur in any social group and is thought to be related to parental immaturity and reaction to stress rather than to low income or intelligence, although both of these may be an additional hazard. The true incidence is not known but a recent survey of health visitors working in Greater London suggested that each day there may be up to 200 individual consultations taking place into aspects of child cruelty in the conurbation.

A solution to the problem is not immediately evident. At the meeting there was considerable discussion about the action to be taken when there was suspicion that a child was being ill-treated. Those present fully recognised that in addition to urgent action to protect the child which might indeed include its physical removal from the environment the parents also needed help and support. Any of the workers involved in the case could give such assistance, and it would not be appropriate for a single type of worker always to be introduced into the situation. Much depends upon the chances of personality and of "being in the right place at the right time". The handling of the situation must be flexible and tailored to the needs of the moment, but the aid is always protection of the child both in the short and long term. It is important to remember that both parents are always involved. Even if only one is guilty of the physical abuse the other must of necessity condone it. Thus, whenever a "battered baby" is found, the Children's Officer should be informed and he would be ready to act as the case requires.

Ideally, action should precede any significant physical abuse, but in the absence of evidence to warrant legal action, it is difficult for the health visitor to intervene even when she recognises stress within the family and suspects that this may lead the parent to harm the child. It is important to preserve a close and sympathetic relationship with the family, and such children will now be placed in a special section of the Observation Register to ensure that the risks are not forgotten even if there is a change of personnel.

Paradoxically one of the greatest safeguards for children at risk of physical abuse is for all professional workers connected with the family to recognise that the possibility exists. By drawing attention to the problem the meeting has achieved this objective, and also shown ways of ready communication between the health and social services likely to be principally concerned with such families.

WELFARE FOODS AND MEDICAMENTS

The Welfare Foods Service requires Local Health Authorities to ensure the distribution of National Dried milk for babies, orange juice, cod liver oil for children, and vitamin tablets for expectant mothers. In addition it is the practice in this area to permit the sale of certain specified proprietary foods at a cost slightly less than that available in local shops. It has been argued that the sale of proprietary foods in Child Health Centres encourages mothers to attend, but research studies do not endorse this opinion.

Distribution is assisted by a valuable group of voluntary workers who attend at the Child Health Centres. The assistance of these ladies in the promotion of child health within the Borough is much appreciated, not only because of its financial advantages but because of the community interest that it so admirably demonstrates.

During the year increasing difficulties were experienced in maintaining a distribution service at Centres other than Child Health Centres owing to staff shortages. Bearing in mind that individual needs for these foods can usually be planned from week to week, and that on any day in the Borough there will always be several Child Health Centres from which supplies can be obtained, a reduction in the number of distribution centres was considered. This allowed the retirement of some staff who have assisted with the service for many years, and far beyond the usual retirement age. To these workers also grateful thanks are recorded.

The list of proprietary foods which are on sale is kept under continuous review, so that changes in Welfare Foods policy generally may be accurately reflected at the local level.

THE WORK OF THE COMMUNITY NURSING SERVICES

A decision to review the management structure in the Local Authority Nursing Services in the area was overtaken by the receipt of Circular 13/70 from the Department of Health and Social Security which requested all Local Authorities to undertake such a review and to report progress by 31st December, 1970. Although there has been some integration of the domiciliary midwifery and domiciliary nursing services for some years the health visiting service has been quite separate. It has been recognised therefore that all nursing services should become the responsibility of a Chief Nursing Officer who would not only co-ordinate the two existing services but would undertake responsibility for the professional supervision of any staff employed by the Council on nursing duties. The creation of a new post of Chief Nursing Officer was agreed during the year, together with an extensive revision of the management structure consisting of two Principal Nursing Officers and eight Senior Nursing Officers. These latter officers may be described as "First line managers". In the Local Authority nursing services in Hillingdon it is not felt appropriate that field work staff, all of whom have undertaken some duties of a managerial nature in Hospital, should themselves be supervised in their day to day professional duties. There are certain specialist duties to be undertaken within the nursing services, and it is appropriate that nursing staff of appropriate seniority should undertake such responsibilities and receive appropriate recognition for doing so. Liaison with Hospitals, training of nursing personnel, and the necessary support of recently qualified health visitors fall appropriately into these areas of responsibility, together with those undertaken by the three officers currently designated "Deputy Superintendent".

ATTACHMENT AND LIAISON SCHEMES

The gradual abandonment of geographical areas of work in favour of attachment to family doctors is a declared objective of the Department during the next five years. During the year the Social Services Committee authorised the crossing of administrative boundaries between Local Authorities where this would assist the care of individual patients.

There is one full attachment scheme in the Borough; two health visitors, a home nurse and a midwife work with a group practice of four doctors. Another practice of two doctors has an excellent liaison with the community services; a health visitor visits the surgery once a week for discussions and instructions, and a midwife attends the practice ante-natal clinics. At one other surgery the midwife attends the ante-natal clinics and in five other practices a home nurse attends the surgery daily, but visits patients on a geographical basis.

The process of attachment of community nurses to family doctors' practices continues but depends upon the availability of nursing staff. It is easier in the case of midwives and home nurses to carry out treatment as opposed to the provision of an advisory service. It is necessary for the functions and potentialities of a health visitor to be fully understood before her services can be used most effectively in group practice. It must also be remembered that she may appear to increase the doctor's work instead of reducing it by uncovering the previously submerged portion of a family's problem.

LIAISON BETWEEN HOSPITAL AND LOCAL AUTHORITY NURSING SERVICES

There is considerable co-operation between the hospital and community services especially in nursing education. During their basic general training student nurses from the Hillingdon, and Harefield and Mount Vernon Schools of Nursing receive lectures from the Health Department medical and nursing staff; they also pay visits to various Local Authority establishments, and accompany community nurses on their visits. In addition students taking domiciliary midwifery training and integrated health visiting or district nursing training undertake practical work in the Borough under the supervision of qualified staff within the Health Department.

The General Nursing Council has revised the syllabus for nurse education and its recommendations in 1969 included an increased proportion of training in community nursing. Discussions continued between the Hospital teaching staff and the Health Department staff concerning the best methods of implementing the new syllabus. The final results will be to the benefit of the student nurse but will increase the teaching responsibilities of qualified nursing staff working in the Department.

DOMICILIARY MIDWIFERY SERVICE

The number of domiciliary deliveries has remained steady and has allowed pupil midwives on the district to carry out the full number of deliveries under supervision required by the Central Midwives Board.

The scheme described in the 1969 report (page 33) whereby selected patients are delivered by domiciliary midwives in the Duchess of Kent Maternity Wing has continued. 68 women were delivered under this scheme during the year.

Midwives have been able to perform episiotomy on patients if necessary, but only this year have they been permitted to use a local anaesthetic for this purpose. This is a considerable addition to the comfort of the patient in labour and its introduction in this area has been widely welcomed.

The midwifery establishment consists of the Non-Medical Supervisor of Midwives, her Deputy and 22 full-time midwives.

DOMICILIARY NURSING SERVICE

It has become obvious during the year that the work load is now too heavy to be carried by the present level of staffing. The natural desire to stay in familiar surroundings wherever possible, especially during illness or incapacity coupled with the policy of early discharge from hospital in order to use expensive resources most economically is resulting in a rapid increase in domiciliary case loads.

The type of patient to be nursed is also changing. The patient who remains at home longer is now likely to be more incapacitated and therefore requires additional nursing time, so that a single nurse cannot treat as many patients during the working day. A further addition to the home nurse's work has arisen from attachment to the family doctor. By relieving him of a number of essentially nursing duties, she adds to her own. The reorganisation of present services to permit a greater number, and possibly greater variety, of nursing staff to visit patients in their own homes is anxiously awaited.

The routine week-day liaison with Hillingdon Hospital has continued daily and has proved highly successful. Details of patients to be discharged within the next 24 hours are passed to the home nurses, and continuity of care is now assured. Negotiations are in progress to extend this system to Mount Vernon Hospital.

The liaison scheme between one district nurse and the consultant geriatrician continues with meetings at Hillingdon Hospital on two afternoons per week. This close contact allows individual cases to be assessed, and ensures that the suitability of Hospital in-patients for discharge can be assessed, together with the need for admission to Hospital amongst patients who are being nursed on the district.

<i>Number of patients treated</i>					
<i>Medical</i>	<i>Surgical</i>	<i>Infectious Disease</i>	<i>Tuberculosis</i>	<i>Maternal complications</i>	<i>Other</i>
3,159	295	13	26	9	7

PROBLEMS OF DISPOSAL

The popularity of labour-saving heating methods in the home brings its own problems. Modern housing development is automatically designed with central heating, but no provision is made for the disposal of medical waste. There are now more and more people in the Borough with collections of soiled dressings from wounds, colostomies, etc., but with no easy means of disposal. The coal or coke fire has gone and the use of a bonfire discouraged. Communal incinerators are subject to vandalism, whilst the normal refuse disposal methods are inappropriate.

It has become increasingly common for home nurses to transport such waste in their own cars, but this is clearly unacceptable. During the year discussions were commenced with the Director of Engineering concerning the introduction of alternative disposal schemes in appropriate cases. The helpful co-operation shown by members of the Director's staff in the resolution of this problem was much appreciated.

HYPOTHERMIA

Recently public attention has been drawn to the problem of hypothermia. Doctors and nurses working outside Hospitals have been aware for some time that the old and the very young can suffer irreparable physical damage simply by being in cold conditions long enough for the body temperature to fall below normal levels. The Department's home nurses have carried special thermometers capable of registering low temperature readings for some years. At the beginning of the Winter these were checked and the domiciliary staff were reminded of the dangers of hypothermia. In spite of these preventive measures two cases were reported to the Department during the year.

HEALTH VISITING SERVICE

The health visiting services have been maintained as in previous years, but the responsibilities have tended to increase on account of the shortage of medical officers. Health visitors have been required to report on the progress of children when a medical report, if available, would have been sought. Unfortunately the shortage of qualified health visitors has continued, and by the middle of 1970, it was evident that major changes were necessary if the level of recruitment was

to be improved. The training programme and conditions of sponsorship for student health visitors were therefore reviewed. The contract of service after qualification was amended to one year, book and other allowances were made more realistic, and most important of all, the number of sponsored students was raised to ten. The benefit of these changes will only be seen in the longer term, but the recruitment of well qualified students for training already gives grounds for optimism. In the meantime, however, the existing staff carry the burden of helping with the training in addition to maintaining the standards of service in the field which the public rightly expects.

Health visiting statistics are recorded on page 164.

HOME HELP SERVICE

The number of Home Helps employed at the end of the year was 6 full-time and 120 part-time making an equivalent of 71 full-time workers. The following table shows the cases in which help has been provided. The total number has increased but those aged 65 years and over have risen from 780 in 1968—887 in 1969 to 959 for the year under review. The annual total gives no indication that in each of the last two quarters of the year 870 people received help, most of these weekly and many daily. The standard charge for the service is 8/- per hour, but all persons unable to pay this are assessed in accordance with the Council's scale. Recipients of Department of Health and Social Security pensions are not required to pay for the service nor are patients suffering from toxæmia of pregnancy needing complete bed rest.

	<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	959	94	1	58	133	1,245

IMMUNISATION

The elimination of diphtheria and poliomyelitis which has been associated with the mass vaccination campaign against these diseases has produced a generation to whom these diseases are unfamiliar. This welcome change in the health of the community can only be maintained by a continuous immunisation programme as the occasional outbreaks of these diseases still show. It is difficult to engender enthusiasm to protect against apparently hypothetical risks and the increasing variety of vaccines used, together with the complexity of the schedules now advocated often causes bewilderment even to the most persevering mother.

The changes in the immunisation schedules postpones the date by which the child can be regarded as fully protected against all of the diseases for which immunisation is now available. The statistics for Hillingdon whilst generally satisfactory in relation to national averages, nevertheless imply an adverse trend. This applies particularly to smallpox vaccination where the present levels of protection must be regarded as totally inadequate to achieve satisfactory community protection. Persons previously unvaccinated against smallpox still die from occasional importations of the disease into this country, whilst the experience of the most recent outbreak suggested that even vaccination in infancy could secure protection from a fatal attack of the disease for very many years, even when "booster" procedures have been omitted. The decline in smallpox vaccination rates appears to be related to the advice to Local Health Authorities that all routine smallpox vaccinations should be carried out by or with the consent of the family doctor in view of the possibility of accidental infection of an eczematous member of the family. This wise precaution applies only to a small minority of the total population, and it will be unfortunate if a scheme primarily designed for their needs should seriously prejudice the essential protection which can be offered to the majority.

Concern has been expressed about attacks of whooping cough in children apparently fully immunised against the disease. It is important that the antigenic potency of the vaccine used

should be kept under continuous review and members of the Department are co-operating with the local Public Health Laboratory to ensure that cases of whooping cough occurring in Hillingdon are appropriately investigated. The Committee on the development of vaccine and immunological procedures set up by the Medical Research Council has recommended this continuing monitoring procedure, and in certain London Boroughs each case is visited by a Health Visitor who collects a pernasal swab and a full immunisation history. During 1970 forty-nine cases of whooping cough were notified and 74 pernasal swabs were taken. In seven of these cases *Bordetella pertussis* organisms were isolated.

Immunisation is a safe and effective method of protecting against dangerous and potentially lethal diseases. Under appropriate medical supervision it is virtually without risk, and when unexpected local reactions occur, immediate investigations should be undertaken. A small number of local reactions were brought to light concerning one vaccine during the year, and prompt action to replace the vaccine speedily terminated the incident.

During the year the Department of Health and Social Security introduced a programme of vaccination against rubella (German measles). This disease, which to the public represents the epitome of trivial childhood infectious disease, can be extremely hazardous to the unborn child if contracted by an expectant mother. When such a combination of circumstances has occurred it has been usual to give an injection of immunoglobulin to mitigate the possible effects upon the unborn child. Follow up studies have failed to confirm the efficacy of this treatment, so that the only alternative is to ensure that before the age of child bearing each girl either contracts the disease or is actively immunised against it. The former method which has been tried at "German measles parties" is of dubious validity since the disease is not entirely without risk, and its spread amongst the child-bearing population could not be avoided by such a policy. Thus a programme of active immunisation has been commenced in the latter years of school life. The vaccine, a freeze dried preparation of live attenuated rubella virus (Cendehill strain) has been offered to 13-year-old schoolgirls by means of a single injection. In 1970 the parents of 336 girls accepted the offer of vaccination representing approximately 66% of those eligible. This rate is clearly far too low if the primary objective of eliminating rubella syndrome in babies is to be achieved.

An improvement in the present levels of immunisation is considered to be both possible and desirable. A number of alternatives have been considered, and by far the most practicable would be the introduction of computer processing of the appropriate records. By ensuring that parent, doctor and health visitor are each reminded when the next immunisation procedure falls due, the computer can lead to dramatic improvements in immunisation rates. Preliminary work prior to the transfer of such records to the computer was commenced during the year.

Immunisation statistics are recorded on pages 161 & 162.

DENTAL SERVICE (MATERNITY AND CHILD HEALTH)

Mrs. B. Fox, B.D.S.—*Chief Dental Officer*

The full range of dental treatment is available for the pre-school child at the Borough dental clinics. An increasing number is taking advantage of the services offered, but is a small percentage of those children who could benefit. The aim of the service is to familiarise the young patients with the dental surgery and equipment before they require more complex dental treatment. In many cases this may be the first contact the child has had with a dentist, and it is important that a child should not be introduced to dentistry for the relief of pain. Such emergency visits demand much from the child as immediate treatment does not allow for adjustment to strange surroundings and procedures.

Unfortunately many children still arrive at the dental clinic with teeth too badly decayed to fill satisfactorily, and they are either extracted or otherwise conserved to prevent further decay.

The priority dental service relies to a great extent on the co-operation of health visitors and school medical officers to refer children to the dental clinic. Members of the dental staff are always available to advise parents on dental health education, including feeding difficulties, thumb sucking, etc., and other problems which may subsequently affect the teeth and cause parents much concern.

Dental statistics are recorded on page 163.

FAMILY PLANNING

Facilities are widely available throughout the Borough to assist women in the planning of their families. Advice is given concerning the spacing of children, family limitation and also starting a family where sub-fertility is a problem. The service is provided on an agency basis by the Family Planning Association who operate a series of clinics in Corporation premises and by the International Planned Parenthood Federation. Discussions took place during the year on the introduction of a nationally agreed scheme in Hillingdon. If further pregnancy is contra-indicated because of factors affecting the health of the family financial responsibility for the provision of family planning falls to the Council. Difficulties arise, however, when the family's health is affected by circumstances which are social rather than medical.

It has been estimated that 30% of all conceptions are unwanted, and a proportion of the children born as a result of these conceptions will ultimately become a heavy financial burden upon the Corporation's social services. Cost benefit analysis in Hillingdon has revealed positive advantage to the community if free medical advice were to be made available to all who seek this type of help.

Experience has shown that in addition to the general availability of this service, special efforts must be made to encourage the attendance of certain groups. At the present time help is given to enable a mother to reach the clinic, and arrangements can also be made for a doctor to visit the home to give advice. During 1970 a total of 137 women received free advice, 88 being new cases and 49 renewals. The number 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
1970	69	68	137

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

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

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

Monday 7.00–8.00 p.m.

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

Mount Vernon Hospital

Thursday 2.00–5.00 p.m.
(by appointment only)

WELL WOMEN'S CLINICS

Attendance at these Clinics was at a similar level to the previous years and the statistics follow a similar pattern. In September a start was made to recall women seen 4 years previously; 28 were called, 24 came, 1 was seen by her general practitioner, 2 had moved away, and only 1 did not reply. However, many more are returning earlier at their own request, as shown by the numbers who had previous cytology. Most of these are found to be healthy and where a minor condition was found and treated, this has not recurred.

Only 3 cases of malignancy were found in 1970. Their ages ranged from 30 to 51; one had had no children, the others 5 and 6 respectively; one had a cervical erosion, the others appeared clinically normal. All were referred to appropriate hospital specialists through their general practitioners, and are being followed up.

	<i>Laurel Lodge</i>	<i>North-wood</i>	<i>Minet</i>	<i>Ruislip</i>	<i>Yiewsley</i>	<i>Industry</i>
No. of women seen	440	255	344	239	361	261
Healthy	196	155	190	107	157	144
Abnormalities found:						
Pelvic: Malignancy	2				1	
Cervical	151	17	29	59	72	45
Infection	48	7	27	49	33	31
Fibroids	21	15	28	8	21	11
Ovarian	3	1	15	5	2	
Prolapse	1	2	3	2	10	12
Other	2	4	42	6	41	34
Breasts	57	3	2	16	11	14
Hypertension	9	1	12		51	14
Urine	14				6	1
Referred to G.P.	61	12	12	12	69	27
Previous cytology	181	83	32	64	158	106

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

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,
 domiciliary visits and at Chiropodists' surgeries.

The British Red Cross Society:

Sessions at Dawlish Drive, Ruislip Manor.

The number of persons treated during the year was 2,801. This shows a progressive increase from 1,915 in 1967, and is an indication of the increasing demands made upon this service.

Number of Persons Treated

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
Persons aged 65 and over	1,944	598	2,542
Expectant mothers	8		8
Others	251		251
Total	2,203	598	2,801

Number of Treatments

In clinics	6,166	1,218	7,384
In patients' homes	2,104	476	2,580
In old people's homes	1,415	189	1,604
In chiropodists' surgeries		1,912	1,912
Total	9,685	3,795	13,480

RECUPERATIVE HOLIDAYS

During the year recuperative holidays were arranged for 29 adults who were recovering from recent illness. In 19 other cases in which requests for assistance in arranging recuperative holidays were received, the patients could not be placed on holiday either because of deterioration in their physical condition or because of difficulty in finding accommodation which would be suitable for their age and handicap.

	<i>Adults</i>		<i>School Children</i>	
	<i>Arranged</i>	<i>Taken</i>		
1965	51	43	9	
1966	45	33	7	
1967	51	32	17	
1968	65	53	15	
1969	44	26	2	
			<i>Arranged</i>	<i>Taken</i>
1970	48	29	12	10

CORPORATION DAY NURSERIES

The Borough maintains four Day Nurseries providing a total of 200 places. In an emergency each Nursery may accommodate an additional ten children and this allows urgent admissions to be made to cover such domestic upheavals as a mother's serious illness or admission to hospital. The service for mothers in the South Ruislip area has previously been provided by arrangements with the London Borough of Harrow, and a number of Hillingdon children are still attending this day nursery. Unfortunately, owing to pressure upon places for Harrow residents, it has become increasingly difficult to obtain vacancies at this day nursery. This fact, coupled with the increasing demand for such facilities in South Ruislip, had resulted in a proposal that a fifth day nursery should be constructed in the South Ruislip area. Although this scheme was included in the Council's

building programme loan sanction from the Department of Health and Social Security was not forthcoming and the project has therefore been deferred.

Criteria for admission to the day nurseries are as follows:

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

The maximum daily charge is 38/–, but only one mother was paying this amount on 31st December, 1970. All mothers are assessed according to the Council's scale, and the charge is made according to income.

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	48	162	2,037	6,807	8,844	62	142.6
June	54	133	2,003	7,864	9,867	64	154.2
September	33	155	2,122	7,234	9,356	65	143.9
December	34	129	2,084	7,335	9,419	64	147.2

HANDICAPPED CHILDREN IN DAY NURSERIES DURING 1970

Nineteen handicapped children were placed in the day nurseries during 1970; the categories are shown in the accompanying table. Costs in respect of the 2 mentally handicapped children are charged to the Social Services, and for the remainder to the Education Committee. It is important to ensure the ratio of handicapped to normal children is low. In the case of most of the handicapped children there are additional factors in the home backgrounds which make day nursery attendance of great therapeutic value. For those with communication difficulties it is important that the children should be surrounded by speech to stimulate the desire to communicate before training in a special school is commenced.

Category (handicap)	Number
Deaf or partially hearing	7
Delicate	6
Mentally handicapped (Down's Syndrome)	2
Speech defect	1
Physically handicapped	2
Epileptic	1

HOME DIALYSIS

There is increasing use of artificial kidney machines in the treatment of chronic renal failure. This treatment was developed in hospital, but its transfer to the patient's own home carries certain advantages. Firstly, it allows a greater number of patients to receive treatment and secondly it reduces the risk to hospital staff of a serious virus disease which has developed in some hospital units.

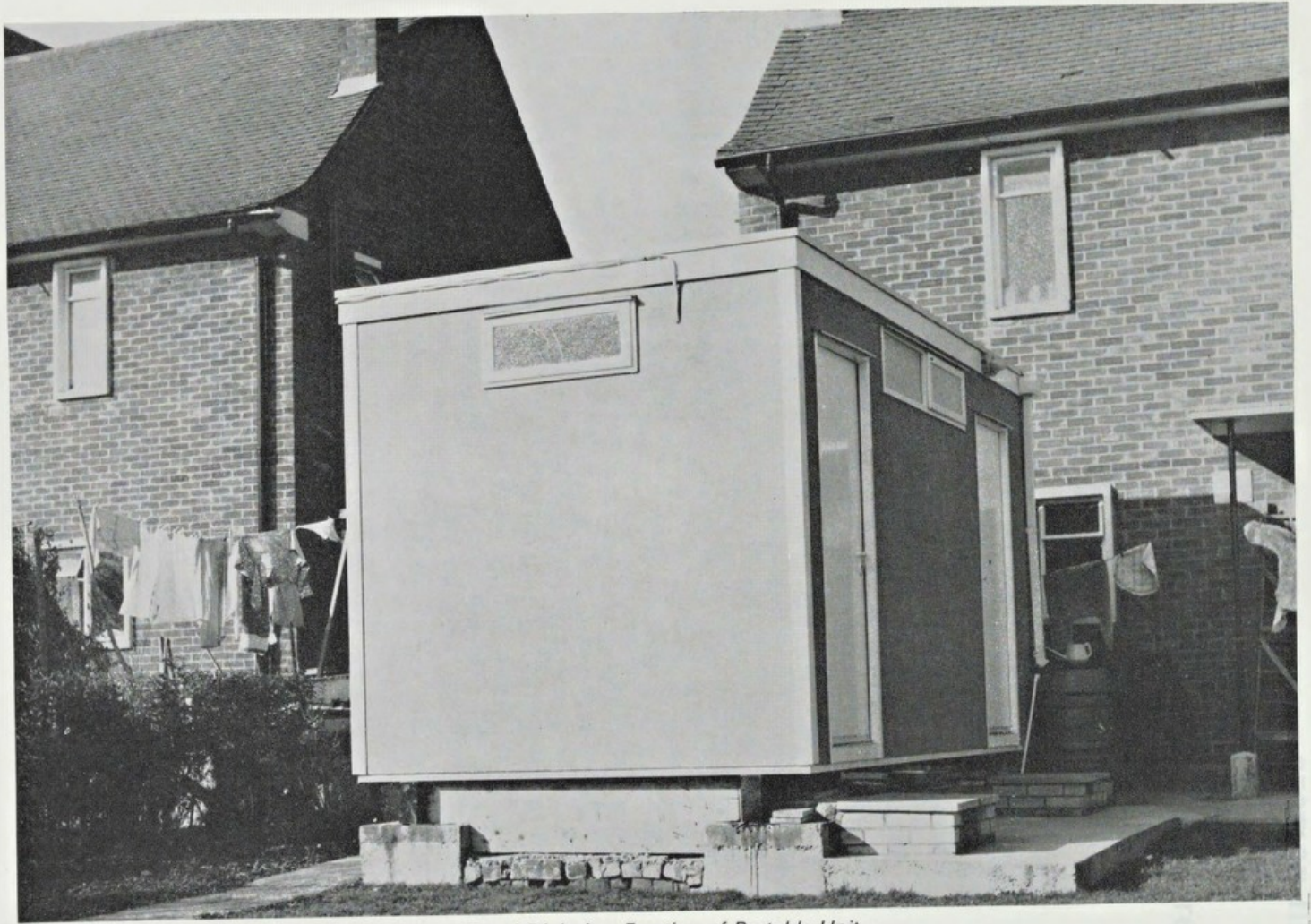
Local Health Authorities are empowered to make arrangements under Section 28 of the National Health Service Act, 1946 for the adaptation of any dwelling or the provision of any additional facilities which may be necessary to allow the installation of equipment for intermittent haemodialysis for the use of a person suffering from kidney disease. Requests for adaptations to be carried out are received from the hospital where the patient is receiving treatment and under whose medical care the patient will continue to remain whilst undergoing home dialysis. The hospital service is responsible for the provision and maintenance of the haemodialysis equipment and also provides dressings, concentrated fluids and specialised medical services.

During 1970 requests for assistance with such adaptations were received from two hospitals relating to three patients resident within the Borough. One of these patients had been receiving home dialysis for several years but certain improvements were now considered necessary in the light of subsequent advances in techniques. In one of the two new cases it proved impracticable to adapt the existing accommodation, and although this was a Council tenancy no suitable alternative unit could be offered. A system built mobile kidney unit especially developed as an extension to an existing dwelling was therefore installed. Foundations were prepared with all service connections immediately available and when the unit was delivered from the factory it was transferred by crane over the top of the house on to the foundations. In addition to providing necessary additional accommodation, mobile units also allow the facilities to be transferred, if necessary. Alternative forms of treatment may subsequently obviate the need for home dialysis, and in such circumstances the mobile unit can be transferred for the use of another patient.

By the end of 1970 four residents in the Borough had received assistance from the Council with the installation of artificial kidney machines.



Renal Dialysis—Installation of Kidney Machine



Renal Dialysis—Erection of Portable Unit

It is not the same affair to feel diseases and remove them; the power of feeling removed by skill.—Ovid.

SECTION III

Welfare Services Community Care

Mr. J. L. Stokes—*Chief Welfare Officer*

RE-ORGANISATION OF SOCIAL WORK

The appointment of three senior social welfare officers early in 1970 made it possible to organise the social work structure on an area team basis. Three teams were formed each headed by a qualified senior officer, and each team included social welfare officers with experience in different disciplines, i.e. work with the physically handicapped, blind and aged. The re-organisation also provided an opportunity to introduce mixed case loads and whereas previously social welfare officers specialised in one particular discipline they were now allocated cases in all three.

This change was in keeping with the recommendation of the Seaborn Committee and was the first stage towards the anticipated re-organisation which would come about with the passing of the Local Authority Social Services Act.

Social welfare officers dealing with homeless and problem families were not included in the area team structure at this stage but will be absorbed into the teams when the formation of the new Social Service Department takes place.

The social welfare officer for the deaf also works outside the team structure and is responsible for the deaf in the whole of the Borough.

WELFARE OF THE AGED

The Council is very grateful for the continued valuable support which is given by voluntary organisations in the care of the aged within the Borough. These include the four Old People's Welfare Associations which received grants totalling £19,736 during the financial year 1970/71. The services provided by these organisations included social and dining centres, holidays, outings, Christmas parcels, meals on wheels and chiropody. The Women's Royal Voluntary Service and the British Red Cross Society also gave considerable assistance.

RESIDENTIAL HOMES FOR THE AGED

The Council's Residential Homes at 31st December, 1970 were:

<i>Name of Home</i>	<i>Address</i>	<i>No. of Beds</i>
Salle Vue	Harlington Road, Hillingdon	53
Brookfield	Park Road, Uxbridge	54
Coaxden	Park Road, Uxbridge	22
Franklin House	The Green, West Drayton	49
Moorcroft	Harlington Road, Hillingdon	67
Rushmead	Coleshill, near Amersham, Bucks.	48
Rye field	Rye field Avenue, Hillingdon	35
The Bentbushs	Mill Road, West Drayton	43
Whitby Dene	Whitby Road, Eastcote, Ruislip	51

A number of improvements have been made in the Homes during the year but no new Homes have been built.

It is obvious that if Hillingdon is to maintain a satisfactory position with regard to the number of beds provided, additional Homes will be required during the next few years.

It is not the same affair to feel diseases and remove them; the power of feeling exists in all; evil is removed by skill.—Ovid.

Welfare Services

Mr. J. L. Stoker—*Chief Welfare Officer*

RE-ORGANISATION OF SOCIAL WORK

The appointment of three senior social welfare officers early in 1970 made it possible to organise the social work structure on an area team basis. Three teams were formed each headed by a qualified senior officer, and each team included social welfare officers with experience in different disciplines, i.e. work with the physically handicapped, blind and aged. The re-organisation also provided an opportunity to introduce mixed case loads and whereas previously social welfare officers specialised in one particular discipline they were now allocated cases in all three.

This change was in keeping with the recommendation of the Seebohm Committee and was the first stage towards the anticipated re-organisation which would come about with the passing of the Local Authority Social Services Act.

Social welfare officers dealing with homeless and problem families were not included in the area team structure at this stage but will be absorbed into the teams when the formation of the new Social Service Department takes place.

The social welfare officer for the deaf also works outside the team structure and is responsible for the deaf in the whole of the Borough.

WELFARE OF THE AGED

The Council is very grateful for the continued valuable support which is given by voluntary organisations in the care of the aged within the Borough. These include the four Old People's Welfare Associations which received grants totalling £10,735 during the financial year 1970/71. The services provided by these organisations included social and dining centres, holidays, outings, Christmas parcels, meals on wheels and chiropody. The Women's Royal Voluntary Service and the British Red Cross Society also gave considerable assistance.

RESIDENTIAL HOMES FOR THE AGED

The Council's Residential Homes at 31st December, 1970 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	22
Franklin House	The Green, West Drayton	49
Moorcroft	Harlington Road, Hillingdon	67
Rushymead	Coleshill, near Amersham, Bucks.	45
Ryefield	Ryefield Avenue, Hillingdon	35
The Burroughs	Mill Road, West Drayton	48
Whitby Dene	Whitby Road, Eastcote, Ruislip	61

A number of improvements have been made in the Homes during the year but no new Homes have been built.

It is obvious that if Hillingdon is to maintain a satisfactory position with regard to the number of beds provided, additional Homes will be required during the next few years.

The Department of Health and Social Security recommends that Local Authorities should make provision for at least 20 beds per thousand of the population over 65 years of age. This is calculated by adding the number of beds in the Council's own Homes to the number maintained in Homes administered by Voluntary Organisations. At the beginning of 1970 it was estimated that there were approximately 23,000 persons over the age of 65 years in the Borough and on this basis Hillingdon was providing 23 beds per thousand. However, figures regarding the estimated trends of population which were obtained from the Research and Intelligence unit of the Greater London Council indicate that the population over the age of 65 years in the Borough is likely to increase to 26,000 in 1971; 28,000 in 1973 and 30,000 by 1976. The Council therefore has plans to make additional provision during the next five years.

On 31st December, 1970 there were 405 residents in the nine Borough residential Homes, 20 of these were the financial responsibility of other Local Authorities. In addition the Council was maintaining 103 persons in Homes administered by Voluntary Organisations and 13 in other Authority Homes.

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

	Admissions	Discharges	To where discharged			
			Hospital	Home Address	Other Address	Deaths
Borough Homes	139	180	92	4	10	74
Voluntary Homes	28	32	8	1	2	22

During the year close liaison was maintained with the medical and social work staff at hospitals within the Borough and in particular with the Geriatric Departments.

Of the 92 residents admitted to hospital from the Homes 29 subsequently returned to the Homes.

39 new cases were admitted from hospital.

The table below shows by age groups all admissions to residential accommodation during 1970:

	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			3	13	19	8	43				13	48	35	95	139
Short Stay				8	16	12	32			3	18	48	56	125	157
Voluntary Homes		1	2	3	1	4	11		1		2	5	9	17	28
Totals		1	5	24	36	24	86		1	3	33	101	90	237	324

SHORT STAY ADMISSIONS

The number of temporary admissions to residential Homes increased from 130 in 1969 to 157 in 1970. This was made possible by the allocation of three additional beds for short stay purposes during the peak holiday period bringing the total number of beds available between June and September to 27.

This service has provided very welcome relief to relatives who normally care for their aged folk. It was also possible to deal with other short term emergencies.

WAITING LIST

Details of aged persons awaiting admission to the Council's residential Homes on 31st December, 1970 are as follows:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Hillingdon Borough Residents	17	57	74
Residents in other Authority Areas	3	20	23

The number of Hillingdon residents awaiting admission has increased from 51 in 1969 to 74 in 1970. This trend is likely to continue until additional Homes can be provided.

HOMES ADMINISTERED BY VOLUNTARY ORGANISATIONS

In 1970 there were three such Homes within the Borough. They were:

Brackenbridge House, Ruislip (for local residents)	(Ruislip & Northwood Aged People's Housing Society)
Denefield, Dene Road, Northwood	(British Red Cross Society)
Denville Hall, Northwood (most residents are from outside the Borough)	(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 Principal Medical Officer of the Department.

Number of persons in Residential Accommodation (including Voluntary Organisation Homes) at 31st December, 1970 in various age groups:

<i>Under 30</i>	<i>30-49</i>	<i>50-64</i>	<i>Total Under 65</i>	<i>65-74</i>	<i>75-84</i>	<i>85 & over</i>	<i>Total 65 & over</i>	<i>Total All Ages</i>
5	3	18	26	55	221	206	482	508

The proportion of the older age groups in the Homes continues to rise. In 1968 31% of all residents were 85 years of age and above. This increased to 37% in 1969 and to 40% in 1970.

These figures reflect the tendency for people to live to a greater age. It is also true to say that with the improving domiciliary services and the increase in the number of sheltered housing schemes, admissions to Residential Homes are delayed until persons are older and more infirm.

For this reason it is likely that additional nursing staff will be required in all Homes in the near future.

OLD PEOPLE'S WORKSHOP

In spite of staffing difficulties during the year the work centre in West Drayton was still well attended.

The Centre is open for two hours each morning and afternoon and work is provided by local industry. At present 20 aged persons are on the register.

WELFARE OF THE PHYSICALLY HANDICAPPED

THE CHRONICALLY SICK AND DISABLED PERSONS ACT, 1970

The passing of this Act was probably the most important event in 1970 as far as handicapped persons are concerned.

Not all sections of the Act have yet come into force but Section II which concerns the provision of social services became effective on 29th August, 1970. Many of the services mentioned in this section have in fact been provided by the Council for some years under Section 29 of the National Assistance Act, 1948. There were, however, one or two notable additions, namely:

- (i) The provision of wireless and television.
- (ii) The provision of telephones and additional special equipment, if required.
- (iii) The provision of meals to handicapped persons under 65 years.

A survey was carried out into those cases known to the department to ascertain which people were most likely to need these additional services.

On 3rd November, 1970 it was reported to the Social Services Committee that the following categories might be most in need:

- | | |
|---|-----------|
| (i) Housebound and living alone | 151 cases |
| (ii) Housebound living with others | 257 cases |
| (iii) Housebound living with others but alone all day | 120 cases |

After giving careful consideration to the matter the Committee resolved that the provision or assistance in the provision of radio, television or telephones for chronically sick and disabled persons be approved, subject to the usual financial assessment, but that such provision be restricted in the first instance to those who are housebound and living alone, or where all members of the household are housebound.

The Committee also authorised the provision of meals on wheels to chronically sick and disabled persons under 65 years of age where there is evidence of substantial need providing arrangements can be made with an appropriate Voluntary Organisation.

By the end of 1970 all known cases were investigated and over 50 persons who were eligible for the service asked for the installation of a telephone or assistance in the payment of the rental, and the majority of these will not be required to make any financial contribution. Negotiations with the Post Office are proceeding.

With regard to the provision of meals on wheels to the under 65's, two of the Voluntary Organisations concerned have indicated that their services could be extended to include younger handicapped persons but it is apparent that if this service is to be widely extended the whole system of the provision of meals on wheels will require reappraisal.

HONEYCROFT HILL WORK CENTRE

This new Centre continues to be well used. The number of handicapped persons attending the Centre each morning has increased from 40 when it first opened in 1969 to 60 by the end of 1970.

The Centre is also used regularly for handcraft classes for blind and physically handicapped persons, and Voluntary Organisations hold regular meetings there.

WELFARE OF THE DEAF

The Welfare Officer for the Deaf continued to give support to deaf persons in the Borough and the number on the register increased to 88 by the end of 1970.

The Hillingdon Deaf Club which holds its weekly meetings at the Honeycroft Hill Work Centre continues to be very successful and its membership has increased.

ADAPTATIONS

During 1970 adaptations were carried out in the homes of 53 handicapped persons at a total cost of £2,488 6s. 7d. of which £1,235 9s. 2d. was recoverable by way of contributions from the handicapped persons. Included in this amount is £250 which was granted as an interest free loan and £711 for a major adaptation.

AIDS

880 aids were issued to 433 handicapped persons at a total cost of £2,156 16s. 5d. All aids are issued on loan free of charge.

HANDICAPPED PERSONS—GENERAL CLASSES

At 31st December, 1970 there were 951 names on the register of handicapped persons and the following table shows an analysis of their disabilities and age groups:

<i>Major Handicaps</i>		<i>Under 16</i>	<i>16- 29</i>	<i>30- 49</i>	<i>50- 64</i>	<i>Over 65</i>	<i>Total</i>
1	Amputation			3	7	19	29
2	Arthritis or rheumatism		2	10	64	261	337
3	Congenital malformations or deformities	5	11	2	6	3	27
4	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		4	6	34	88	132
5	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases of the upper and lower limbs and of the spine		6	15	19	64	104
6	Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	4	24	50	97	111	286
7	Neuroses, psychoses, and other nervous and mental disorders not included in line 6				2	2	4
8	Tuberculosis (respiratory)			1		1	2
9	Tuberculosis (non-respiratory)			4	1	2	7
10	Diseases and injuries not specified above		3	6	3	11	23
11	Total	9	50	97	233	562	951

OCCUPATIONAL THERAPISTS

With the appointment of two additional part-time senior occupational therapists in 1970 it became possible to allocate one to each of the three social work teams. Their professional skills were an invaluable help to social welfare officers in assessing the needs of handicapped persons for aids and adaptations. The occupational therapists also provide a service to aged persons in the Council's residential Homes.

HANDCRAFT CLASSES AND SOCIAL CLUB

The Council is grateful for the valuable assistance given by the British Red Cross Society in arranging handcraft classes and a social club for handicapped persons. The Council gives financial help and assists with transport.

CHORAL CLASS AND CHORAL FESTIVAL

The handicapped persons' choir holds a weekly class at Ruislip Manor School and on 9th May, 1970 took part in a choral festival when all the handicapped persons' choirs from nine London Boroughs participated. This year the festival was held in Hillingdon Borough at Barnhill Secondary School and was sponsored by the Education and Social Services Committees.

GARDENING CLASS

This class is held at Norwood Hall, Southall where special facilities are available for instruction and participation. Transport is provided.

HOLIDAYS

During 1970 holidays were provided for 50 handicapped persons and four families at a total cost of £1,441 16s. 6d. The main holiday party was accommodated at a holiday camp on the Isle of Sheppey.

CAR BADGES

Special coloured discs are currently on issue to 97 handicapped persons who drive invalid carriages or adapted cars. Each application is assessed by a medical officer in the department so that the severity of the handicap may be determined.

The Chronically Sick and Disabled Persons Act, 1970 makes provision for this service to be extended to use on vehicles which carry handicapped passengers.

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

The Council is required to maintain a register of blind and partially sighted persons. Although names are added and removed each year there has been very little change in the total numbers on the register during the past six years. The following table shows the changes which occurred during 1970:

	<i>No. on Register 31.12.69</i>	<i>Additions</i>	<i>Removals</i>	<i>No. on Register 31.12.70</i>
Blind	352	44	49	347
Partially Sighted	121	22	27	116
Total	473	66	76	463

Of the 44 additions to the blind register 32 were new cases and the remainder were re-certifications or transfers from other areas.

20 of the 22 persons added to the partially sighted register were new cases. Of the 347 persons on the blind register at 31st December, 1970, 95 were suffering from additional physical or mental handicaps.

The following table shows the number of persons on the blind register at 31st December, 1970 in age groups:

	-1	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-74	75-79	80-84	85-89	90 +	Total
Male				1	1	3	4	2	2	4	18	14	7	13	18	17	9	12	8	133
Female						4	2	2	5	8	4	16	14	18	20	29	39	29	24	214
Total				1	1	7	6	4	7	12	22	30	21	31	38	46	48	41	32	347

Of the registered blind children of school age on 31st December, 1970:

6 were attending special schools,

3 were attending other schools,

3 children with multiple disabilities were unsuitable for education in school.

EMPLOYMENT OF THE BLIND

This table shows the employment position as at 31st December, 1970. (These figures do not include those persons in residential Homes.)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Employed in Sheltered Workshops	4	—	4
Employed in Homeworker scheme	3	4	7
Employed under ordinary conditions	38	11	49
Total employed	45	15	60
Undergoing Training	1	1	2
Unemployed but capable and available for work	3	1	4
Capable but not available for work	3	21	24
Not capable	3	10	13
Not working—65 and over	57	112	169
Total	67	145	212

The following table shows the age groups of persons on the partially sighted register at 31st December, 1970:

	-1	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-74	75-79	80-84	85-89	90 +	<i>Total</i>
Male				1		5	4	4	8	3	4	4	3	1	2	4	4	1		48
Female							3	2	8	1	4	5	3	4	7	10	12	5	4	68
Total				1		5	7	6	16	4	8	9	6	5	9	14	16	6	4	116

Of the 12 children of school age on the partially sighted register:

- 6 were attending special schools for partially sighted,
- 1 was attending another special school,
- 5 were attending ordinary schools.

Many persons on the partially sighted register require observation only but others are near or prospectively blind or are substantially handicapped in obtaining or keeping employment.

Of those who fall into this category the following table shows the employment position:

	<i>Persons near and prospectively blind</i>			<i>Others substantially handicapped</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Employed	2		2	17	9	26
Undergoing Training	1		1		1	1
Unemployed but capable and available		1	1			
Unemployed and not capable and available	7	25	32	9	28	37
Totals	10	26	36	26	38	64

During 1970, 8 persons whose sight had deteriorated were transferred to the blind register and one case was removed from the register due to improved visual acuity.

CLUBS AND CLASSES FOR BLIND AND PARTIALLY SIGHTED PERSONS

The handcraft classes which are held on alternate weeks at Uxbridge and Ruislip continue to be well attended. As part of the reorganisation of social work one social welfare officer who

has special skills and interest in blind welfare work, has been made responsible for all handcraft instruction and braille teaching both at the classes and in blind persons' own homes.

Social clubs are held once fortnightly in Ruislip and Hayes and monthly in Uxbridge. Social welfare officers assist at two of these clubs.

The gardening class is held at Norwood Hall, Southall.

HOLIDAYS

49 blind persons received assistance with holiday arrangements during 1970. The total cost was £399 11s. 8d.

RADIO SETS

25 new radios were issued to blind persons during 1970. The sets are provided through the Council by the British Wireless for the Blind Fund. The Council is responsible for the maintenance of these sets and the provision of batteries when necessary.

EXEMPTION CERTIFICATES

Persons whose names are on the blind register may obtain wireless licences free of charge by producing an exemption certificate which is provided by the Council on request.

27 certificates were issued during 1970.

TALKING BOOK MACHINES

Blind and partially sighted persons who are unable to read print may be issued with a talking book machine from the Nuffield Talking Book Library. The Council pays the rental charge of £3 per machine per annum.

The recipients of the machines are also provided with a catalogue from which they may select a number of books and the cassettes are then sent through the post. On 31st December, 1970, 108 machines were on issue in the Borough.

DEAF/BLIND PERSONS

On 31st December, 1970 there were four persons in the Borough who required the services of a special Home Teacher because of the double handicap of deafness and loss of sight. This specialist is employed by the London Borough of Richmond but her services are available to other London Boroughs subject to appropriate financial arrangements.

SOCIAL REHABILITATION

During 1970 three blind persons from the Borough attended a three months' course of social rehabilitation at Bridgnorth. The courses are arranged by the Royal National Institute for the Blind and are designed to assist newly blinded persons to overcome their disabilities and live normal lives in the community.

The Council pays the cost of these courses.

HOMELESS FAMILIES AND FAMILIES AT RISK

Social welfare officers have continued to visit families in the Borough who have been in danger of eviction. In some cases the support and advice which they have been able to give has enabled the families to overcome their difficulties and eviction has been prevented.

TEMPORARY ACCOMMODATION

When families actually become homeless they may be admitted to the Council's temporary accommodation. This is comprised of:

Highgrove House Hostel
Mead House Hostel
6 Welfare houses

14 family units
9 family units
6 family units

Families are usually admitted to Highgrove House in the first instance and then may be transferred to Mead House if it is felt that they will benefit from the special rehabilitation facilities which exist there.

The six Welfare houses are provided as the last stage of rehabilitation and families are allocated vacancies for short periods before being nominated for permanent housing accommodation.

Not all families admitted to temporary accommodation are in need of rehabilitation and these may be nominated for permanent housing direct from Highgrove House. The following table shows details of admissions and discharges:

Highgrove House

<i>Admitted</i>	<i>Rehoused</i>	<i>Discharged</i>		
		<i>Mead House</i>	<i>Welfare Houses</i>	<i>Other addresses</i>
33 including transfers	11	6	5	10

Mead House

<i>Admitted</i>	<i>Rehoused</i>	<i>Discharged</i>		
		<i>Highgrove House</i>	<i>Welfare Houses</i>	<i>Other addresses</i>
16 including transfers	9	1	4	2

Special Housing

9 families admitted
5 families rehoused

At 31st December, 1970 the total number of persons in temporary accommodation was as follows:

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Highgrove House	12	12	12	42	66
Mead House	7	5	7	23	35
Special Housing	6	5	6	19	30
Total	25	22	25	84	131

Pressure on temporary accommodation was heavy during 1970 and 42 families were admitted compared with 30 in 1969. There was an increase in the number of families arriving homeless at Heathrow Airport, 12 in 1970 against 5 in the previous year.

PEACE TIME EMERGENCIES

The Department has a responsibility to provide temporary accommodation in the event of large numbers of people becoming homeless because of emergencies.

In this connection staff of the Department had an opportunity to put the emergency scheme into operation by taking part in an exercise which was organised by the Police in conjunction with the Hillingdon Borough Emergency Force on 26th September, 1970. A factory explosion was assumed to have occurred in Hayes as a result of which people were killed, injured or rendered homeless.

Social welfare officers were present at the site of the incident and channelled the "homeless" through to the Honeycroft Hill Centre which was the first "prepared rest centre". Blankets, mattresses and other necessities were taken to the Centre and the W.R.V.S. provided light refreshments. A main meal was provided by the School Meals service.

Valuable experience was gained from this exercise and as a result one or two improvements in the scheme are being made.

PROTECTION OF MOVABLE PROPERTY

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

IN SERVICE TRAINING

During 1970 social welfare staff and residential care staff were able to participate in training courses organised by the London Boroughs Training Committee.

BURIALS AND CREMATIONS

The Council has a duty under Section 50 of the National Assistance Act to arrange for the burial or cremation of the body of any person who has died or been found dead within the Borough, where no other suitable arrangements have been or can be made for disposal. In this connection the Council made funeral arrangements in 9 cases in 1970. Of these, 5 died in Old People's Homes and 4 died elsewhere.

Mental Health Services

Dr. B. P. Westworth—*Principal Medical Officer*

The number of persons suffering from mental disorder in the Borough has been steadily increasing. In 1966, 705 new cases were reported and in 1970, 984 new cases were reported. This represents an increase of 47% or nearly 12% per year.

Hillingdon has perhaps two facets not experienced by other London Boroughs and these are four R.A.F. Camps and one U.S.A.F. Base in or just on the boundaries of the Borough which present a moving population of some magnitude and this provides many problems particularly amongst families with a handicapped person in their midst.

The other facet is London Airport. This presents the Mental Welfare Officer with problems of a world wide variety and the number of calls on his services here is growing each year.

In the following report on mental illness, it will be noticed that the Mental Welfare Officers' work has increased owing to the expanding awareness of general practitioners and hospitals of the value of the support that can be given to families under stress.

The Borough has one residential establishment to assist patients recovering from mental illness. This is a 30 place rehabilitation hostel, which does excellent work in endeavouring to

maintain patients in the community following a period in a psychiatric hospital and re-integrating the patient fully into society.

There are a number of necessary improvements in the Borough's services for the mentally ill at the present time and these were considered during the year as part of the general review of the Council's services. One of the first considerations is a residential home for the elderly mentally confused which is a growing problem as the population of the elderly increases.

Needs for the supervised home and an unsupervised home were identified, together with a further hostel for the mentally ill particularly as a psychiatric unit has been opened at the local general hospital. This unit is likely to bring hospital and local authority services closer together and it is likely that the demand for local authority assistance will grow as this hospital unit develops.

In the following report on subnormality, as with mental illness, figures show an increase over other years. It is thought that one reason for this is that cases are brought to light earlier by the Observation and At Risk Registers, and therefore cases are assessed earlier accordingly. This provides only an apparent increase in numbers, but the recent advances in Paediatric Surgery have produced a very real increase.

As mentioned in the report, the Junior Training Centre has a waiting list that is far too large and arrangements to accommodate a number of these children in temporary accommodation supported by temporarily appointed staff were completed during the year. It is hoped that the majority of the out-borough cases in attendance at the Junior Training Centre will have been removed by the Autumn of 1971 so that those in the temporary accommodation can be returned to the main centre.

As with the mentally ill, needs were identified for improvements in the facilities for the mentally subnormal to meet growing pressures, not only from the hospital service but from parents who are under considerable stress coping with a subnormal child within the family group. The development plan envisages further residential facilities and changes in the present facilities for day care.

It will be seen that the need for the Local Authority mental health service is a growing one, and it is only to be hoped that with the integration of this service under the Social Services Act with other welfare services of the Borough, it will be enhanced to the benefit of all concerned who need assistance owing to mental disorder.

Mental Illness

Mr. L. R. Bradbury—*Chief Mental Welfare Officer*

TRAINING

Until July, Mr. Petts, Deputy Chief Mental Welfare Officer, was away completing the One Year Course in which he was successful in obtaining the Certificate of Social Welfare at Enfield College. Three mental welfare officers have attended day release courses organised by the London Boroughs Training Committee.

MENTAL ILLNESS REFERRALS

The number of cases referred for assistance by the Mental Health Section continues to increase as shown in the table on page 60.

There has been a growing awareness by a number of General Practitioners of the considerable support which Mental Welfare Officers are able to give to patients suffering from vague mental illness. Mental Welfare Officers are repeatedly called in to advise and support clients who are not able to cope satisfactorily with the problems of everyday life and/or crisis situations. The officers' knowledge of the resources and locality of other social agencies both statutory and voluntary is often of great benefit to the client and to the family as a whole. The early referral of such cases often prevents the situation deteriorating to a degree when hospital admission is unavoidable.

On 31st December, 1970 the number of cases receiving support from Mental Welfare Officers in the community was 228.

1970 Referrals—Mental Illness

(1969 figures in brackets)

Referred by	Under 16		Aged 16 years & over		Total
	M	F	M	F	
General Practitioners	1 (1)		108 (65)	195 (166)	304 (232)
Hospital or Discharge from in-patient treatment	(1)	(1)	83 (81)	175 (213)	258 (296)
Hospital after or during O/P or day treatment		1	33 (20)	70 (33)	104 (53)
Police and Courts	1 (2)	(1)	30 (32)	15 (25)	46 (60)
Other sources		2 (1)	123 (117)	107 (120)	232 (237)
Totals	2 (4)	3 (3)	377 (315)	562 (557)	944 (879)

HOSPITAL ADMISSIONS

The importance of statutory duties performed by Mental Welfare Officers must not be overlooked. The Mental Welfare Officer is vested with legal powers under the Mental Health Act, 1959. Cases admitted to hospital both under order and informally are as follows:

Hospital Admissions by Mental Welfare Officers 1970

(1969 Figures in Brackets)

Mental Health Act, 1959	Total
Section 25	123 (113)
Section 26	10 (3)
Section 29	93 (82)
Section 60	2 (1)
Informal	86 (97)
Total	314 (296)

STAND-BY DUTIES

A 24-hour emergency service on a rota basis is maintained by the mental health team for out-of-office calls. During 1970 the duty officer was called out on 201 occasions compared with 149 calls in 1969.

The new Northwick Park Hospital in the Harrow area has as yet no Casualty Department and, since the closure of Harrow Hospital, casualty cases are taken to Mount Vernon Hospital. Mental Welfare Officers in Hillingdon have therefore to deal with all attempted suicides needing urgent psychiatric admission that have been taken to Mount Vernon for initial treatment. As psychiatric admissions from the Harrow area must be directed to Shenley Hospital this has placed an added burden on the Department's resources and accounts in some measure for the increase in stand-by calls.

LONDON AIRPORT

Officers are also available to assist in the care of mentally ill patients from London Airport. These patients may be in transit, may be repatriated from overseas or may arrive at the Airport,

usually without passport or money, endeavouring to travel to other countries. The problems which they present are not always capable of simple or expeditious solution.

During the year 96 patients at the Airport were dealt with by Mental Welfare Officers.

LIAISON WITH HOSPITALS AND ESTABLISHMENTS

During the year the Psychiatric Day Hospital opened at Hillingdon Hospital under the direction of Dr. S. Wiseberg. The ready exchange of information and mutual assistance has been most helpful. The opening of in-patient wards in the near future is eagerly anticipated.

Patients will more readily accept hospital treatment in their local general hospital as compared with larger mental hospitals with their inevitable association with the old Lunacy Acts.

Psychiatric Out-Patient Clinics are held regularly at Hillingdon Hospital Psychiatric Unit and at Mount Vernon Hospital. Mental Welfare Officers are frequently requested to provide social work help for these patients and consultation is readily available with the medical staff. A good relationship has been maintained between the Mental Health team and the Social Workers at St. Bernards Hospital. Mental Welfare Officers are encouraged to keep in touch with patients undergoing temporary hospital care, and to assist with the field training of hospital social workers.

Support in social or behaviour problems is given to both residents and staff at both Hayes Park and Bourne Hostels as well as to those attending the day centres.

SUB-NORMALS

Additionally the officers assisted the families of subnormal persons in Hillingdon Borough. Details are included in the report on Subnormality.

Visits made by Mental Welfare Officers

(1969 figures in brackets)

Visits	<i>Mental Illness</i>
Office Interviews	4800 (3683)
	123 (147)

HAYES PARK HOSTEL

This purpose built hostel which is designed for the rehabilitation of the mentally ill accommodates 30 patients (15 of both sexes). It has had an uneventful year apart from staff changes towards the end of the year which presented administrative difficulties and required extra social work support.

This hostel does accommodate suitable cases from other Boroughs. The number of residents in the Hostel over the whole year was 45. These came from the following Authorities:

	<i>Males</i>	<i>Females</i>
London Borough of Hillingdon	16	11
London Borough of Brent	1	
London Borough of Ealing	7	2
London Borough of Islington	1	
London Borough of Kensington	1	
London Borough of Richmond	1	1
Berkshire County Council		1
Surrey County Council	2	1

At the end of the year 15 patients were in residence from the following Authorities:

	<i>Males</i>	<i>Females</i>
London Borough of Hillingdon	6	3
London Borough of Ealing	3	1
London Borough of Richmond	1	
Berkshire County Council		1

Subnormality

The number of cases of subnormality at the end of 1970 shows a slight increase over the previous year. It is interesting to note that there are more male cases than female. This trend occurs in other parts of the country.

Number of known cases of subnormality at 31st December, 1970 (1969 figures in brackets)

Subnormal				Severely Subnormal				Total
Under 16 years		Over 16 years		Under 16 years		Over 16 years		
Male	Female	Male	Female	Male	Female	Male	Female	
37 (34)	35 (29)	105 (108)	63 (68)	56 (55)	48 (47)	56 (51)	50 (48)	450 (440)

VISITING OF CASES (1969 figures in brackets)

Health Visitors visit all cases of subnormality under the age of 16 years and Mental Welfare Officers continue such visits over 16 years. This arrangement is a flexible one and in such cases where it is thought better for the other to visit appropriate arrangements are made.

During the year the Health Visitors made 215 (220) home visits and the Mental Welfare Officers 877 (847). The Mental Welfare Officers also interviewed 25 (17) cases at the office.

TRAINING FACILITIES

The Borough has 3 Training Centres, 1 for Juniors which contains a Special Care Unit and 2 for Adults. Following the re-organisation of London Local Government in 1965 this Borough has catered for other London Boroughs and in the case of the Junior Centre this has led to increasingly long waiting lists. At the end of the year the waiting list for admission to the Junior Centre stood at 68, many being over the age of 5 years and for the two Adult Centres the list stood at 6.

The position at the Junior Centre could obviously not remain and by the end of the year plans were completed to open temporary accommodation in order that the waiting list could be reduced at least by 50%.

Two of the London Boroughs who had cases in the Uxbridge Adult Training Centre withdrew their cases from the Centre during the year and this has reduced the overall number of attendances.

The position at the 3 Training Centres at 31st December, 1970 was as follows:

	London Boroughs of:					Surrey County Council
	Barnet	Brent	Ealing	Hillingdon	Hounslow	
Hillingdon JTC (80 places)	1	1	16	63		1
Hillingdon JTC (SCU) (22 places)*			7	17		
Moorcroft ATC (85 places)				58	7	25
Uxbridge ATC (120 places)		23	7	51		

*Some cases attend on a part-time basis only.

The Centres have had a satisfactory year despite several difficult periods of staff shortages. The staff are to be thanked for their co-operation in what has sometimes been for them very trying not to say tiring circumstances.

The Centres report on the year as follows:

Hillingdon Junior Training Centre—Supervisor: Mrs. W. Bernas

"The year 1970 has been an extremely busy one. In February Lord Balneil performed the official opening ceremony of the Centre, accompanied by local civic leaders. A buffet tea was provided, and it was a very pleasant afternoon. There have been many visits during the year from various colleges, schools and hospitals, and this is extremely good as people doing other work become interested in the children, and see something of the problems and difficulties that have to be met, and also how much that can be achieved with these children.

We had a very successful May Day Celebration attended by many parents and their friends. This was a special event because for the first time Special Care Unit children were able to perform, and the May Queen was a Special Care Unit child, and she was crowned by Mrs. Dobson. Also one of the small playlets was performed by children of the Special Care Unit. In June there was a meeting of a number of Medical Officers at the school and this enabled some who had not visited the school before to view it.

At the beginning of July, the children's Sports Day was held and this was well attended by parents and friends. During July also the SCU had their day's outing in the garden, and thoroughly enjoyed the paddling pool and the sandpit, and the day in the open air. On July 13th the nursery and the lower classes in the school went to Sunbury Court for their days outing. The coach ride is not too long, and the facilities there are very good should it rain; and the children are back in school in time not to disrupt the normal coach routes.

On July 16th the senior classes in the school went to Littlehampton. The outing was most successful; all the children returned to their homes tired and happy, having sung their way to and from the coast, paddled, and demolished a hearty picnic lunch, ice cream and lemonade. On all these occasions the children behaved extremely well and one can be proud of them. The coaches for both outings were paid for by the Parents Association.

During the Summer vacation some of the children went to Park Place School for the Summer Camp with some of the staff, and enjoyed every minute of it. During the Autumn Term we were very badly handicapped by the fact that we were extremely short of staff having as many as 5 staff away at the same time; and it was only just before Christmas that we had the full number of staff in the school. This, of course, meant that the classes had to double up, and normal timetables had to be abandoned. The staffing position is so tight that if only one staff is away it presents many difficulties in keeping the school running smoothly. It is particularly noticeable at lunch time when every pair of hands is needed either serving lunches, or after for playground supervision. In addition there have been children who have been extremely difficult to incorporate in any class because of behaviour problems and their bad habits. In October we held our Harvest Festival. This took a new form and each child gave a gift to Father Alcock who took the service, and the parable of the 'Sower' was enacted and Harvest Hymns were sung in which the parents joined. This was enjoyed by the parents who as usual had tea, talked to the teachers and went to their children's classrooms. The produce was afterwards distributed to various old people.

This term also we met Dr. Stuart Horner and Dr. Westworth whom we were very pleased to make welcome.

This year Guy Fawkes Day fell in the half term holidays so the children did not have their usual fireworks in the grounds or the usual cup of cocoa and biscuits. On December 9th we had our Christmas play and Carol Service. The order of things was changed this year, and instead of the seniors presenting the Nativity Scene it was enacted by the Nursery Classes. The parents always come in good number and are very appreciative of the efforts of the children.

On the same afternoon a mini-bus for the use of mentally handicapped children in the Borough was presented by Mr. Lawson of Magnetex Ltd., who is also the Chief Barker of the Variety Club of Great Britain.

This year the school has been very lucky with gifts that have been given by various people, organisations and clubs. These included a film projector and screen, electric organ and £5 of sweets and £100 towards an internal communication system in the school. Speech training equipment, 57 beautifully dressed dolls and a Christmas card for each child was sent by one of the local church's Young People's Group.

The school was also given the proceeds of the Carnival Queen's Sponsored Walk which

provided 4 large playground swings, a large climbing frame, and the latest tape recorder. Also just before Christmas we were the recipients of yet another Carnival Queen's Sponsored Walk and a large roundabout is being installed.

The school year ended with a party for the SCU and the Nursery, another for the rest of the school; a party was also given by the parents for the SCU and the Nursery. Because of the continued generosity of the Borough we were able to give each child a very nice present, a tiny gift from the Christmas tree and a box of sweets and an apple to take home at Christmas. Looking back at the past year, I feel that the children have gained in knowledge and social integration and have enjoyed the school life in the process".

Moorcroft Adult Training Centre—Supervisor: Mrs. G. Roberts

"We have had staff shortages throughout the year—one member being off for approximately 6 months. We do have a temporary female staff member, but our real need is more male staff. New machinery in the Laundry and Ironing rooms meant a new approach to the task, but I am relieved to report that in less than a month all machines were in use and the trainees able to use them satisfactorily and some without supervision. Our Laundry Unit is really the only one department that carries contract work throughout the year, and is unaffected by stoppages or stocktaking as are other departments. We have welcomed our monthly visitors—trainee midwives and nurses, welfare staff and district nurses—and all are surprised at the capabilities and potential of the trainees.

Unfortunately, at one period, we had to exclude 3 trainees for behaviour problems and 2 of these for physical violence to staff and trainees. Two of these trainees have returned to us and one is still receiving treatment in hospital. We do contend with quite a number of emotional disturbances and epilepsy amongst the trainees, and I am very proud of the way the staff cope and of the happy and cheerful atmosphere sustained.

Contract work is always spasmodic, but the processes are interesting and progressive. Great strides have been made by the uses of machinery—punch work, drilling, nailing, cutting, press work, plastic covering, painting, assembling of electrical component parts—these cover a large part of our daily programme and our high percentage of finished work is something to feel proud about. We were glad to welcome parents and friends at an Open Day in November, and delighted with the response from many visitors who seemed most impressed with our display.

We have had painting and decorating being carried out throughout the Centre, which tends to slow the system down, but the ensuing brightness and cleanliness fully compensates for the unpleasant smells and discomforts.

We have made a great deal of progress regarding the 'Special Care' type of trainee by taking a few at a time and giving special attention and thought to their needs and how they can be assisted. This new venture is undertaken in the room that usually houses girls making Christmas Crackers, so, in the Autumn, they will have to be transferred back again, unless we have sufficient staff to use another room. We also hope to get the 'sitting' trainees movable through music therapy and exercises".

Uxbridge Adult Training Centre—Manager: Mr. R. Fiske

"On 5th January, 1970, 45 trainees were transferred to a new Adult Training Centre situated at Harrow, leaving a total of 87 trainees. During the year, a further 11 trainees were admitted. Two male trainees left to take up gainful employment, but it is thought that both have failed to hold down jobs. On 2nd November, 1970, 12 trainees were transferred to a Training Centre situated in the Borough of Barnet.

Total number of trainees at the end of 1970 was 81.

Workwise, the Centre had adequate employment all through with the exception of the usual seasonal fall-off during January and December.

Many of the trainees joined the holiday camp at the beginning of September and despite the poor weather all had an enjoyable time.

A very successful Open Day was held in September, and was well supported by parents and friends.

The normal Christmas activities were enjoyed and this year included a visit to the pantomime at Windsor".

Residential Facilities

MOORCROFT WEEKLY BOARDING UNIT

The Weekly Boarding Unit caters for 19 children aged 4–11 years, Monday–Friday and for school term periods only. The Unit's aim is to assist wherever possible those families who have additional problems as well as having a mentally handicapped child (i.e. mother a widow and has to work, more than one handicapped child in family).

The Unit has not been fully occupied this year but has nevertheless proved its purpose. There are problems from time to time, since the Unit is not a seven day one, as the families being assisted must cope with their handicapped children at weekends and holidays. It is hoped to replace the Unit in 1972/73 and due consideration will be given to the extension of its facilities to cover these problems.

The Matron (Mrs. E. Newman) reports:

"During 1970 the children at this Unit gained considerable benefit from the members of the Hayes and Harlington Community Centre and from the Independent Order of the Foresters, who adopted the Unit, as part of their Charity for the year. The members of the T.O.D. Club, who are attached to the Community Centre, presented the children with an indoor slide and climbing frame, as well as numerous other toys. The children derived great pleasure from these during the winter months when outdoor activities are restricted, but during the Spring and Summer months, most of their 'out of school' time is spent either in the garden or by being taken for walks and to a nearby Children's Park. Members of the Hillingdon Girl Guides visited the Unit every third Thursday of each month, to help the children. They also gave each child a small present at Christmas. Each child has his own birthday party and present, those whose birthdays fall during the Summer months delight in having a picnic party in the garden. At Christmas a party was held for all the children and their families. This is an annual event, which has always proved most successful as it does give the parents an opportunity to meet and discuss their own particular problems, not only with each other, but with Dr. Browne, General Practitioner of the Unit and myself.

On July 21st the members of the T.O.D. Club paid for 12 children and five members of staff to be taken by coach to Worthing for the day; this again proved most successful.

Next year the Independent Order of Forresters will be paying for the children to have a holiday at Clacton.

Every effort is made by the staff to create activities for the children. This can be difficult during bad weather as the children are restricted to the Unit. It is hoped however, that during 1971 we will be able to make full use of the 'mini-buses' which are now available to us".

BOURNE HOSTEL FOR SUBNORMAL ADULTS

This purpose-built hostel caters for 30 adult subnormals, 15 of each sex and the beds are allocated as follows:

- 12 of each sex for permanent residents
- 2 of each sex for short-term care
- 1 of each sex for emergencies

Bourne Hostel has proved its need time and time again since it opened in 1967 and it is now full on the permanent resident side apart from 1 male bed. During the year 17 periods of short-term care were given.

Parents and relatives have expressed their delight in the facilities offered at this hostel and many parents hope that by the time they are unable to cope with their child through age, infirmity or death, their child will be able to enter this or a similar hostel.

This type of accommodation is obviously one which will need expanding to meet the future care of adult subnormals, particularly as hospital facilities used in the past will probably only be available to those in need of treatment or nursing care.

The hostel year has been an uneventful one as will be seen from Matron's (Mrs. L. Sutcliffe) report below:

"It was a satisfactory year at the Hostel, our earlier difficulties having been overcome and a settled routine established.

We began and ended the year with 23 permanent residents, although the roll had altered slightly; by December some half a dozen newcomers having arrived and a similar number having left.

Throughout the year we had 17 short-term residents for various reasons—mainly holidays and illnesses of their parents.

In 1970 we were able to plan ahead and organise a Spring and Autumn outing, in May to Longleat and in October to Woburn. Both are Wild Life Preserves and had particular interest to our residents.

This year the annual holiday camp in September for the first time was organised for both sexes together and as a result all our residents participated with the exception of two working boys who had previously taken holidays independently. At Christmas our residents party entertained over 100 guests, the highspot was the showing of more than a 100 colour slides depicting activities of residents and some guests at the September camp holiday.

In 1970 we were able to keep staff up to establishment with less difficulty than in previous years, but since the Hostel has passed the 20 resident mark it becomes more difficult to provide the supervision and domestic duties which the number of residents requires. As a result the resident members of the staff are on call for long periods with only one full day off duty each week; even this is not possible for a number of weeks each year at holiday times".

INFORMAL FOSTER CARE AND GUARDIANSHIP

There are no cases under guardianship. There are 16 cases placed in Informal Foster Care and accommodation in private households, homes or hostels. See table below:

Informal Foster Care Placement as at 31st December, 1970

	<i>Subnormal</i>				<i>Severely Subnormal</i>			
	<i>Under 16 years</i>		<i>Over 16 years</i>		<i>Under 16 years</i>		<i>Over 16 years</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Residents in Home/ Hostel	1	1	1	3	1	1	1	1
Boarded out in private households	1	1	1	2			1	

LIAISON WITH HOSPITAL SERVICES

The liaison with Paediatricians and specialists of local hospitals is good, and with two-way traffic of information on cases duplication of work is minimised. The year produced even more stringent criteria for admissions to the local catchment hospital for subnormals and in one or two instances where admission has not been granted considerable strain on the community service has resulted. This problem is not an easy one to solve, and it must be expected that demand for long term placement other than in hospital will increase with consequent greater demands on community facilities. Discussions were held concerning the creation of a special clinic at the local general hospital with a Consultant Psychiatrist from the local Subnormality Hospital in attendance. The Consultant Psychiatrist will not only be available to see parents, but also the hospital Paediatrician and Borough medical staff involved. This way will facilitate the solving of such problems as long term residential placement. During the year 10 cases were admitted to hospital on a permanent basis. There are 21 cases on the waiting list for admission to hospital on a permanent basis of which 4 are deemed to be urgent.

SHORT TERM CARE

This is an invaluable service to parents, not only to those whose children are waiting admission on a permanent basis, but to relieve the parents so that they may have a holiday or respite from caring for their handicapped children. The Borough is fortunate in its short term care facilities. For the under 16 years it has two hospitals to apply to but one of these can only take the severely subnormal child who must not be over 12 years. In one or two instances the Weekly Boarding Unit has been used for short term care when, for example, mother has had to enter hospital for a few days but father or other relatives could have child at weekends.

For the over 16 years in addition to the subnormality hospital, Bourne Hostel has been used, and the demand has increased each year.

During the year 55 periods of short term care were arranged and this included two periods for two cases placed in private homes run by voluntary organisations.

HOLIDAY CAMPS

The Borough arranges two holiday camps for those attending the Training Centres (except those in the SCU).

The Junior Training Centre usually go to a residential special school kindly loaned by the Education Department. This has proved very successful as the school has all the facilities required for handicapped children particularly the younger age range. The staff of the school are also most co-operative and have assisted the camp staff to make the holiday a happy and enjoyable one for the children. This year 18 children and 6 staff attended.

The adults go to St. Mary's Bay, Dymchurch, Kent. This too, has proved to be a beneficial venture. In the past the males and females have had separate periods on holiday but this year a mixed camp was tried and found to be a complete success. 30 males, 35 females and 10 staff attended.

VOLUNTARY ORGANISATIONS

Hillingdon has two Parent Associations affiliated to the National Society for Mentally Handicapped Children. These two Associations are very co-operative and have been most helpful in sponsoring outings, parties, etc., to the Training Centres. These two Associations also run Gateway Clubs which many of the mentally handicapped in the Borough attend each week.

This year one of the Associations has opened a Play Group which has been of tremendous benefit to the young mentally handicapped child and also to the mothers to be able to meet other mothers with similar problems.

In addition to the two Associations a considerable amount of support to Mental Health Establishments has been received both in cash and kind from local firms, sports and Social Clubs, Public Houses, Youth Groups, etc., and this has been very much appreciated, and assists greatly the task of caring for the mentally handicapped. There is also a local branch of the National Association for Mental Health in the Borough under the Chairmanship of Father Alcock. This branch is a small one and runs annually courses of educational value on various aspects of Mental Health in the Community. The branch also supports the hostel for the mentally ill in various ways particularly at Christmas.

Environmental Health

Environmental Health

GENERAL CIRCUMSTANCES

Hillingdon is one of 32 London Boroughs created by the London Government Act, 1963 and the administrative Borough came into being on 1st April, 1965. The Borough is situated on the north west border of the Greater London area, and has a total area of 42.5 square miles. There is extensive urban development but approximately half of the Borough is designated Green Belt with a predominantly rural character. The Borough is 12 miles from north to south and 4 miles from east to west. It contains almost the whole of London (Heathrow) Airport as well as Northolt aerodrome. The west is bounded by the M.4 motorway and the A.40 major arterial road as well as a number of major rail links. In addition to providing housing for those who work in Central London the area provides significant local industrial development, particularly in Hayes and Uxbridge. Land in the southern part of the Borough, especially associated with the canal network is being reclaimed and imaginatively developed.

WATER SUPPLY

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

	Colne Valley Water Co.	Rickmansworth and Uxbridge Valley Water Co.	South-West Suburban Water Co.
Suspended matter	Absent	Absent	Absent
Appearance	Clear & bright	Clear & bright	Clear & bright
Taste	Normal	Normal	Normal
Odour	Absent	Absent	Normal
Parts per million			
Total solid residue dried at 105°C	409.6	385.6	475.6
Chlorides as Chloride	40.0	18.0	38.8
Nitrate Nitrogen	2.5	1.86	3.15
Nitrite Nitrogen	Absent	Absent	Absent
Ammoniacal Nitrogen	Less than .01	Less than .01	Less than .01
Albuminoid Nitrogen	.02	.05	.01
O ₂ absorbed 4 hrs 27°C	5	4	6.2
Total hardness as CaCO ₃	260.0	257.0	257.5
Non-carbonate hardness	85	7	57.6
Alkalinity as CaCO ₃	175	250	230
Poisonous metals	Absent	Absent	Absent
pH	7.3	7.3	7.7

Fluoride content of water supplies:

Colne Valley Water Company	0.3 p.p.m.
South West Suburban Water Company	0.2 p.p.m.
Rickmansworth and Uxbridge Valley Water Company	0.3 p.p.m.

There must be sufficient intelligence and watchfulness as to the channels, commercial and other which can clandestinely admit uncleanness from without.—John Simon, 1889

Environmental Health

GENERAL CIRCUMSTANCES

Hillingdon is one of 32 London Boroughs created by the London Government Act, 1963 and the administrative Borough came into being on 1st April, 1965. The Borough is situated on the north west border of the Greater London area, and has a total area of 42.5 square miles. There is extensive urban development but approximately half of the Borough is designated Green Belt with a predominantly rural character. The Borough is 12 miles from north to south and 4 miles from east to west. It contains almost the whole of London (Heathrow) Airport as well as Northolt aerodrome. The area is bi-sected by the M.4 motorway and the A.40 major arterial road as well as a number of major rail links. In addition to providing housing for those who work in Central London the area provides significant local industrial development, particularly in Hayes and Uxbridge. Land in the southern part of the Borough, especially associated with the canal network is being reclaimed and imaginatively developed.

WATER SUPPLY

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

	<i>Colne Valley Water Co.</i>	<i>Rickmansworth and Uxbridge Valley Water Co.</i>	<i>South-West Suburban Water Co.</i>
Suspended matter	Absent	Absent	Absent
Appearance	Clear & bright	Clear & bright	Clear & bright
Taste	Normal	Normal	Normal
Odour	Absent	Absent	Normal
<i>Parts per million</i>			
Total solid residue dried at 105°C	409.6	355.6	475.6
Chlorides as Chlorion	40.0	18.0	38.8
Nitrate Nitrogen	2.5	1.85	3.15
Nitrite Nitrogen	Absent	Absent	Absent
Ammoniacal Nitrogen	Less than .01	Less than .01	Less than .01
Albuminoid Nitrogen	.02	.05	.01
O ₂ absorbed 4 hrs 27°C	.5	.4	0.2
Total hardness as CaCO ₃	260.0	257.0	257.5
Non-carbonate hardness	85	7	57.5
Alkalinity as CaCO ₃	175	250	200
Poisonous metals	Absent	Absent	Absent
pH	7.3	7.3	7.7

Fluoride content of water supplies:

Colne Valley Water Company	0.3 p.p.m.
South West Suburban Water Company	0.2 p.p.m.
Rickmansworth and Uxbridge Valley Water Company	0.3 p.p.m.

The results of the bacteriological tests carried out on the various sources of water supply are given in the following table:

<i>Source of Supply</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Direct from mains supply	26	2	28
From mains supply via storage tanks, etc.	11		11
Drinking water dispensers	21		21
Private supply	32	13	45

The two failures on public water supply one from a house tap and one from a drinking water fountain were found to be isolated results, repeat samples being satisfactory.

PRIVATE SUPPLIES

There remain two houses in the Borough without a mains water supply. In one case mains water is carried to the premises from an adjoining property while the other water has a shallow well supply. The former premises are the subject of a Demolition Order while in the case of the latter intermittent failures of the water have been recorded and the provision of a water treatment plant has been recommended. There are no dwelling houses supplied with water from standpipes although there are some caravans and houseboats using standpipe supplies. In addition a number of industrial premises draw water from deep wells for manufacturing purposes. Failures were recorded in respect of a food factory using well water as a coolant and in the case of a very small factory using the water for drinking purposes. In the case of both these factories a water treatment plant has been requested. One house was found to have a dual water supply, a pumped supply from a well being available as an alternative to the main supply. The well water was found to have a high faecal coliform count and disconnection was requested.

SEWAGE DISPOSAL

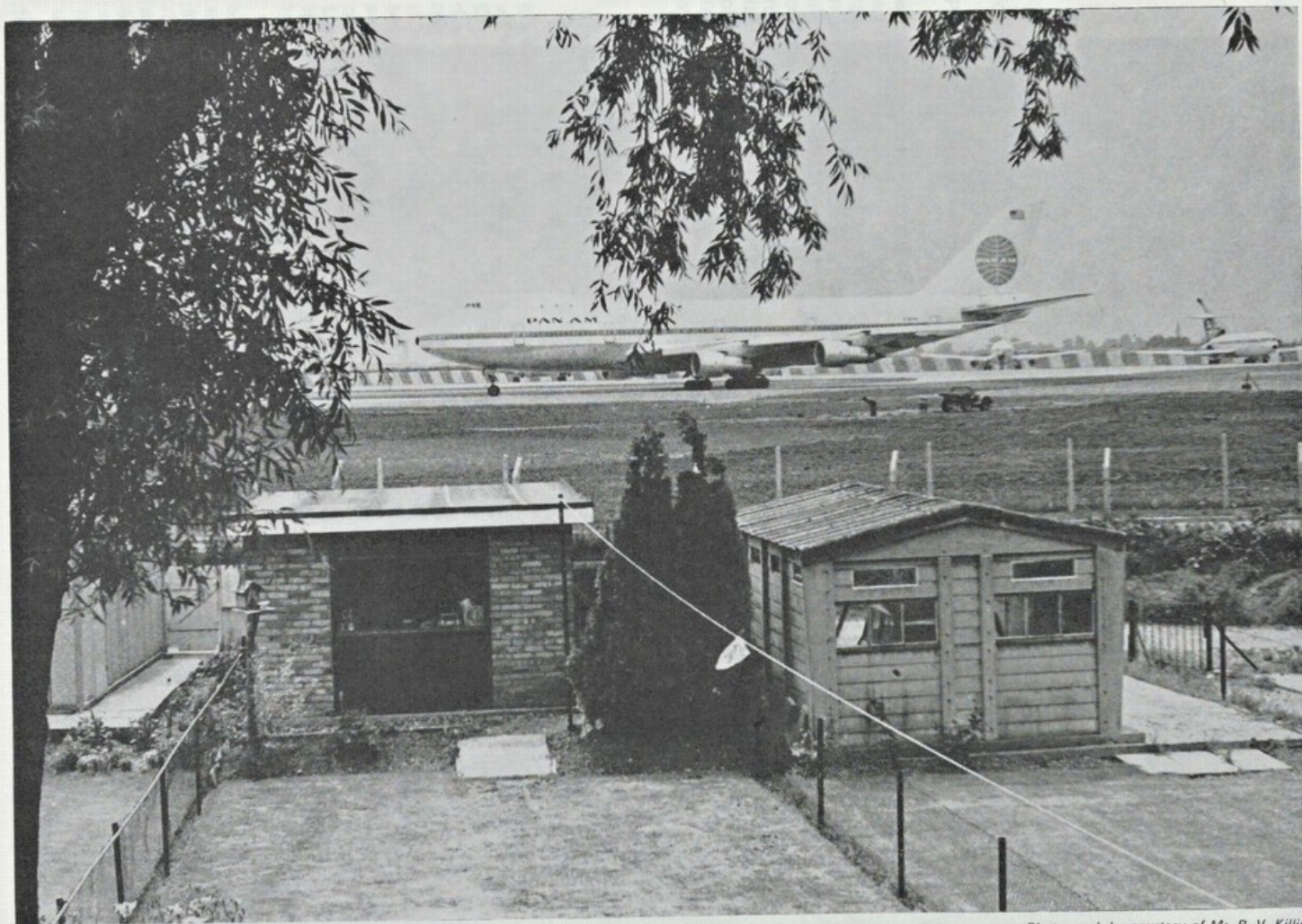
I am indebted to the Director of Engineering, Mr. Basil D. Steele, for the following information:

The London Borough of Hillingdon is drained on separate sewerage systems, the foul sewage is treated at the Mogden sewage treatment works of the Greater London Council and the surface water is discharged into the drainage areas of the Thames Conservancy or the Greater London Council. The Borough is divided into natural geographical areas served by district sewers which discharge into the Council's main sewers and thence to outfalls on the Greater London Council's trunk sewers. The responsibility of the Borough for the disposal of foul sewage ceases at the point where it discharges into the Greater London Council's trunk sewers which convey the sewage to Mogden. The disposal of the surface water is through the Council's main surface water sewers which discharge at a number of places into the rivers flowing in the Borough. The rivers of the Thames Conservancy Board are the Pinn, the Frays and the Colne and those of the Greater London Council are the Yeading Brook which flows into the River Crane. In addition, through the co-operation of the British Waterways Board, a number of surface water sewers discharge into the Grand Union Canal.

Considerable development and redevelopment has taken place in this Borough since the sewerage systems were designed and this together with the increased use of water, both for domestic and industrial use, has caused some local flooding. It is thought that there are a number of areas in which the sewers are over-loaded to an extent that the addition of a comparatively small number of connections from new properties may result in local flooding. The Council is undertaking a detailed examination of the sewerage systems of the whole of the Borough to ascertain the adequacy of the systems, both for present needs and those of the foreseeable future. It is intended where inadequacies are found to carry out such works as are required immediately and allow in the design of those works for possible future development. A start has been made on this enormous undertaking which it is programmed to complete before the end of 1977.



Pest Control—Nuisance by pigeons in roof span



Noise nuisance at Longford

Photograph by courtesy of Mr. R. V. Killick

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

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

With improved standards of living it might be assumed that environmental health would become of less significance. It is clearly evident, however, that this is not so. As some difficulties are overcome new hazards arise. Technological developments are themselves creating potential dangers and threatening the quality of daily life. Air and water pollution, noise and pesticide residues are some of the products of technological advance which are very prominent in this country and abroad. Hillingdon itself is an example of an area where technological advance, i.e. air transportation gives rise to several problems—noise, air pollution, food hazards, infectious disease both in humans and animals, to name but a few.

The year 1970 has been particularly difficult as for five months there was a 25% staff deficiency and an increased work-load, created by the Housing Act, 1969. Notwithstanding the pressure on the section due to increased work the staff have co-operated in every way to ensure that the services provided by the section have been maintained and, in some fields, improved.

During the year three senior officers of the section left the service of the Council—Mr. J. S. Hodgins, formerly Chief Public Health Inspector of Hayes and Harlington U.D.C.—on retirement after 40 years Local Government service, Mr. E. H. Jenkins, formerly Chief Public Health Inspector of Ruislip-Northwood U.D.C., retired after 38 years Local Government Service and Mr. S. A. Cash, formerly Chief Public Health Inspector, Borough of Uxbridge, on appointment as Chief Public Health Inspector to the Urban District of Havant and Waterloo. Each of these officers played an important part in the organisation of the Environmental Health Section from the inception of the Borough.

I would also like to take this opportunity of thanking all my colleagues in this department and in other departments for help and co-operation whenever requested. In addition, I am indebted to several individuals and agencies for specialised help in various fields, in particular the Food Hygiene Laboratory of the Central Public Health Laboratory Service and the Scientific Department of the Greater London Council.

SCOPE

The work of the section concerns the protection and improvement of the environment under the following headings:

- | | |
|------------------------|------------------------------------|
| 1. Air | 6. Noise |
| 2. Water | 7. Consumer Protection |
| 3. Food | 8. Pest Control |
| 4. Housing | 9. Airport Sanitary Administration |
| 5. Working environment | 10. Other Services |

In fact all matters which are conducive to a healthy environment and the report which follows will give in greater detail the responsibilities of the section under each heading.

AIR

The Committee on Air Pollution (Beaver Committee) reporting in 1954 said, amongst other things, "that air pollution on the scale with which we are familiar in this country today is a social and economic evil which should no longer be tolerated"—and continued "we are satisfied that the most serious immediate problem to be tackled is visible pollution by smoke, grit and dust".

Progress towards this objective in Hillingdon has been impeded by financial restrictions and it has not been possible to maintain the original programme of making the whole borough smoke controlled by 1975. The programme suffered a further setback in 1970 because of the shortage of smokeless fuels. The results of this shortage were the postponement of one area and the suspension of Hayes and Harlington Smoke Control Orders, Nos. 1 to 21, from the 1st December, 1970 to the 1st April, 1971.

Although this fuel shortage was only expected to be a problem during the winter of 1970/71 the Solid Smokeless Fuel Federation have asked that further Smoke Control Orders for 1971 should be delayed with the result that two Orders already confirmed for 1971 will probably have the operational date put back and the remaining two Orders not made until 1972. This will obviously have an effect on the programme which has been adjusted to be completed in 1978.

Monthly Averages for Smoke and Sulphur Dioxide in Microgrammes per Cubic Metre for 1970

Month	76 High St., Northwood		West Mead Clinic, South Ruislip		Coldharbour Lane, Hayes		Grange Park School, Lansbury Dr., Hayes		Dragonfield, High Street, Uxbridge		Oak Farm School, Long Lane, Hillingdon		Drayton Hall, Station Rd., West Drayton	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
January	70	124	60	188	45	148	48	137	66	165	51	170	49	174
February	40	96	37	132	26	104	40	115	47	130	35	120	44	111
March	42	101	30	119	21	113	30	125	40	117	31	130	55	152
April	31	70	22	114	24	106	21	93	26	97	21	92	32	98
May	18	77	20	91	23	100	19	98	29	85	23	107	30	89
June	13	55	18	92	23	117	17	102	24	75	20	87	29	108
July	16	59	16	87	22	87	14	65			16	83	21	67
August	17	52	19	90	20	89	17	79	22	67	22	92	25	85
September	50	78	38	82	26	85	28	88	38	65	37	88	39	80
October	33	63	50	177	37	160	42	135	38	97	35	114	34	124
November	51	161	32	322	34	449	37	277	46	226	90	381	53	329
December	67	150	50	220	40	220	68	410	60	165	51	283	64	263

MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE IN THE ATMOSPHERE

The seven stations established in previous years have been maintained and the monthly averages for smoke and sulphur dioxide in micro-grammes per cubic metre are set out in the table on page 69. In calculating the average figure for any month if more than 3 consecutive days measurements, or more than a total of 5 days in any month, are not available, then the monthly average is not accurate. The measuring stations have been designed to operate for 7 days without attention. Therefore, if there is a breakdown it can mean up to 7 days results are not obtained. It is for this reason that in some cases the tables do not show an average figure for a particular station.

The result of the smoke control programme to date has had a beneficial effect over the whole of the Borough but the advantage of living in a well established smoke control area surrounded by other smoke control areas can be seen by comparing the winter and summer smoke levels at the recording stations in the different areas.

STATION	Date in operative Smoke Control Area	Smoke			
		January 1970	June 1970	Ratio	January*
Grange Park School, Hayes	1960	48	17	2.9:1	1965 71
Drayton Hall, West Drayton	1962	49	29	1.7:1	1967 51
Oak Farm School, Hillingdon	1968	51	20	2.6:1	1967 53
West Mead Clinic, Ruislip	1968	60	18	3.3:1	1965 85
Coldharbour Lane, Hayes	**	45	23	2:1	1965 97
High Street, Uxbridge		66	24	3:1	1967 66
High Street, Northwood		70	13	6:1	1965 92

* The Years shown are the first available from records kept by this Borough.

** The Smoke Control Order affecting this area was delayed to coincide with the completion of the modernisation of the southern portion of the Council's Botwell Housing Estate, it will be operative in 1971 but is already surrounded by operative smoke control areas.

NEW FURNACES

73 notifications of the intention to install new furnaces were received in 1970. Of these furnaces, 24 were designed to burn gas; 42 to burn light fuel oil which has a sulphur content less than that of solid fuel; 3 to burn heavy fuel oil which has a high sulphur content and 4 were incinerators.

CHIMNEY HEIGHTS

Any new furnace which is capable of burning either 100 lbs or more of any solid matter per hour or the equivalent calorific value in liquid or gaseous matter must have the height of the chimney to which it discharges approved. This is to avoid unreasonable ground level concentration

of fumes emitted by the furnace. Approval was given to 23 chimneys. The heights of these chimneys were agreed before formal applications were submitted and it was not necessary to reject any application. In one case considerable discussion was necessary with the Department of Trade and Industry because of the proximity of London Airport. Eventually agreement was reached on the original height proposed. Approval to the height of a chimney is not necessary for temporary installations. One such furnace was installed.

SMOKE NUISANCES

Smoke nuisances are increasingly less acceptable to the public and regular complaints are received in the Department. During 1970 complaints of 166 smoke nuisances were received and 499 visits were made in dealing with them. The complaints concerned smoke from industrial bonfires, garden bonfires and incinerators. In all except two of the complaints, the nuisances were abated by informal action. Court proceedings were necessary to secure abatement in only two instances:

- (1) The incinerator at a bakery—defendant pleaded guilty and was fined £5.
- (2) Fires on a refuse disposal site—defendant was fined £20 and the Council was awarded £10 costs.

The garden bonfire is a difficult problem particularly in the areas being developed at a relatively high density as the only means of disposal of some garden waste is by burning or by taking this refuse to the nearest Greater London Council refuse disposal site, i.e. Harefield or West Drayton. An obvious solution to this problem would be the collection by the refuse collection service of garden waste not capable of being composted, but there are a number of serious difficulties not least the heavy financial cost involved. As far as industrial bonfires are concerned workers on demolition sites are the greatest offenders. The nuisance normally arises from the burning of wood and other combustible materials which ought to be taken to proper refuse disposal sites. Burning such waste is cheap and it is only by rigid enforcement of the provisions of the Clean Air Act, 1968 that such nuisances can be controlled, notwithstanding that the Council include a provision in their demolition contracts prohibiting burning on the site.

DUST AND GRIT

From furnaces: It is necessary to provide grit arrestment plant to particular types of furnaces. Notifications to install four such furnaces were received and in each case suitable grit arrestment plant was provided. The Local Authority may request the occupiers of a building in which a furnace is installed to take measurements and keep records of the dust and grit emitted. It was not necessary to recommend the service of such a notice.

Other than from furnaces: Two standard deposit gauges are maintained. These are used for the measurement of slightly larger particles which settle out of the atmosphere rather than remain in suspension and therefore are not collected by the daily volumetric apparatus.

From the deposits in these gauges it is possible to estimate the weight of dust and grit deposited over an area and to identify the type of dust. This assists in identifying the source of the dust.

During 1970 both deposit gauges were sited in the vicinity of the Uxbridge Industrial Estate for the specific purpose of determining whether asbestos dust was present. The investigations are still continuing.

The deposit gauge recordings in the vicinity of the West Drayton Coal Depot have proved the reduction in the deposit of coal/coke dust from 70% to 80% of the total deposit in 1965 to 50% of the total deposit in 1968/69. This reduction was achieved by the application of various dust suppression measures. However, measures introduced in 1969/70 have produced little or no improvement and the deposit gauge has been removed pending the installation of further methods of control. It is my opinion that much of the dust is caused during the recovery of the fuel from the stock pile, and loading by mechanical shovel into the delivery vehicle although much work has already been done to combat dust from the stock piles. I have made a suggestion to the depot management that loading should take place under cover and an arrangement has

been developed which is now under test for loading within a water curtain—in the experiments I have seen the results have been good. The one disadvantage of this method is the increased loading time.

Additional loading enclosures are being made around the stock pile area, and when all loading is taking place in these enclosures the deposit gauges will be re-introduced to check on the effectiveness of the service.

123 visits were made in connection with alleged dust nuisance during 1970. Modifications were made to a cement storage silo to prevent excessive dust emissions during loading and other cases were resolved by adjustment or repair to dust extraction plant.

OFFENSIVE EFFLUVIA

214 complaints were investigated concerning this type of nuisance and details of some of the investigations are outlined below:

(1) Fumes from Factory Manufacturing Pitch Fibre Pipes

Complaints have been received for several years from residents in the vicinity of this factory. This has been a difficult problem to resolve because of the three facets of this case: (i) The working conditions within the factory involving the Factory Inspector. (ii) The discharge of toxic material, the responsibility of the Alkalis Inspector. (iii) Offensive effluvia—the responsibility of the Public Health Inspector.

As a result of work carried out by the management after discussion between all the parties working conditions have been improved, emission has been reduced and the nuisance to residents reduced. Conditions are much improved and although too early to make a final assessment of the situation no complaint has been received since August 1970.

(2) Odours from a Fat Rendering Factory

There were a number of complaints of an offensive odour which was eventually traced to a long established fat rendering premises. By co-operation, the owner has agreed to alter the fume extraction system in the works and to provide a scrubbing unit for the fumes. This work is in hand.

(3) Odours from a Coffee Manufacturing Process

Complaints have been received for several years and the factory management have endeavoured to effect abatement although this has never been wholly successful. Following discussions over the last two years the company have now agreed to instal a completely new system for dealing with these odours which should eliminate effectively any cause for complaint. Work should be completed in late 1971.

(4) Fumes from Aircraft

Despite comments by aeronautical experts that it is impracticable for the modern aircraft engine to emit paraffin or kerosene fumes, residents in the vicinity of the airport have complained of kerosene fumes in their houses and of oil deposits on laundry which has been hung out to dry. The Ministry of Technology, Warren Springs Laboratory is carrying out investigations into air pollution by aircraft and hopes to extend this work to cover possible kerosene emissions during investigations to start early in 1971.

(5) Coin Operated Dry Cleaners

The plans of new dry cleaning premises are examined to ensure that the discharge ducts from the dry cleaning equipment are at a safe level. A multi-gas detector is used for perchloro-ethylene fumes and it was necessary to ask one Company to close down a dry cleaning plant which had a serious leak until the plant had been repaired. The company replaced the equipment.

WATER

Section 111 of the Public Health Act, 1936 as amended by the Water Act, 1945 makes it the duty of every Local Authority to "take from time to time such steps as may be necessary for ascertaining the sufficiency and wholesomeness of water supplies within their District".

For this purpose samples are regularly taken of water not only from main taps and from well supplies but also from various points during distribution before either final consumption or use for food preparation. Samples are taken of water from storage tanks, from water dispensers, containers and from ice cube machines. These are mostly examined by the Public Health Laboratory service but tests are also made in the Department's own laboratory particularly when examinations of water are required on days when it is not so convenient to send the samples to the Public Health Laboratory.

SWIMMING POOLS

In addition to four public pools and Ruislip Lido there are 17 swimming pools within the Borough. These are situated at hotels, clubs, schools, and one hospital, and vary in their size and sophistication. Many are un-heated and are only used for very short periods during the summer season. To ensure that the water is not only inviting but also free from harmful organisms water treatment involving filtration, sterilization and pH adjustment is necessary. Regular tests are carried out on pool water, and samples are examined bacteriologically by the Public Health Laboratory, or in the department's laboratory when a sufficient amount of free chlorine is not maintained in the water. Guidance notes on the routine maintenance of swimming pool water have been prepared and issued to swimming pool operators. On 19 occasions the levels of free chlorine were found to be inadequate in some 10 pools and advice on the necessary remedial measures was given to the persons responsible.

An area of Ruislip Lido is used for bathing and the chlorination of this area calls for particular care.

FOOD

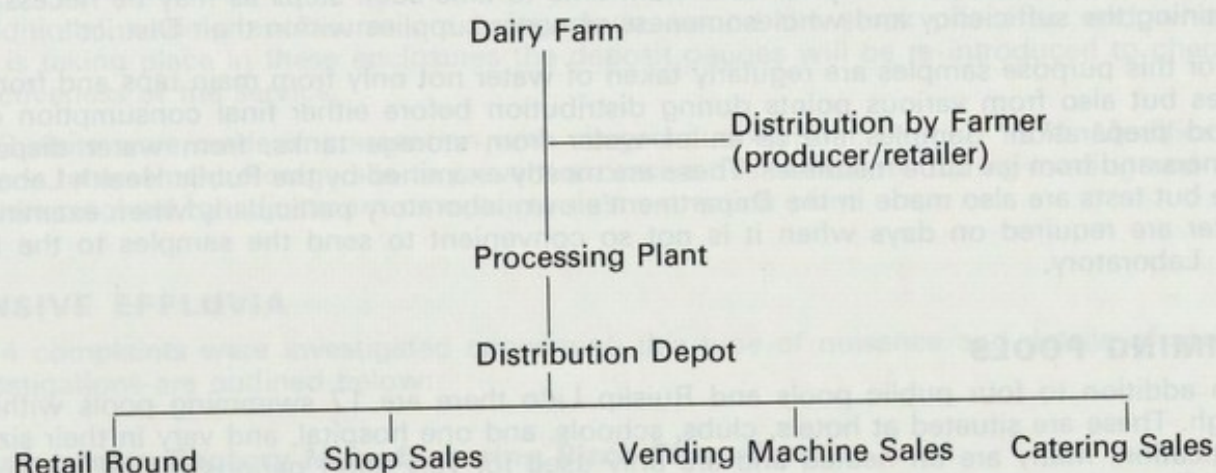
In a highly industrialised society the preparation, processing and distribution of food becomes increasingly complicated. Whatever form developments in the food industry may take and however they are employed, there must be one responsible public officer whose duty it is to ensure that all food is fit to eat. Parliament places the responsibility for ensuring the safety of the public's food upon local authorities and for more than 100 years the onerous task of food care and control has been delegated to the public health inspector. In the performance of these duties covering food preparation and sales the inspector is actively engaged in offering advice to everyone connected with food.

MILK AND MILK PRODUCTS

Milk is an example of how a potentially dangerous food has, through the enforcement of statutory standards, become safe. All milk sold by retail in this Country must be sold under one of the four "special designations" prescribed by the Milk (Special Designation) Regulations which also lay down the tests which the milk must satisfy.

<i>Milk</i>	<i>Test</i>
Pasteurised Sterilized Ultra Heat Treated Untreated	Methylene Blue and Phosphatase Turbidity Colony Count Methylene Blue

The following chart shows the various stages during milk production and supply where control and vigilance is required and the part played by the Public Health Inspector is subsequently outlined.



Dairy Farms

There are 15 dairy farms within the Borough and milk from these is, with one exception, sent for processing. Untreated milk, that is milk which has not been subjected to heat treatment, is supplied from one farm being the supply of milk to members of the Jewish faith. Untreated milk from a farm outside the Borough is also retailed.

Hygiene on the farm is the responsibility of the Ministry of Agriculture Fisheries and Food who grant producers licences.

Standards of composition are laid down by the Food and Drugs Act, 1955 which legislation is enforced by the Borough Council as Food and Drugs Authority through its Public Health Inspectors. Samples are taken regularly from dairy farms and examined for milk fat and non-fat solids, these tests being carried out in the Department's own laboratory. Examinations are also carried out for the presence of antibiotics (TTC test) and *Brucella abortus*, both these tests being carried out by the Public Health Laboratory service. The presence of antibiotics in milk may arise through veterinary use of an antibiotic and its presence in milk is both undesirable and a contravention of the Food and Drugs Act, 1955. *Brucella abortus* in addition to causing disease in cattle also causes Brucellosis in man. It is destroyed by heat treatment, and the chief danger lies in the consumption of untreated milk either through milk supplied in accordance with the designation untreated or through milk consumed by farm workers and their families from a supply prior to pasteurisation. In testing for *Brucella abortus* the milk ring test is applied as a screening test. Positive results are checked by guinea pig inoculation. If a positive reaction is obtained to this test the farmer is advised accordingly and the affected cows are invariably removed from the herd. The Agriculture Act, 1970 made it an offence for any person to sell, except for slaughter, an animal known to him to be a reactor to *Brucella abortus*.

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

<i>Brucella Ring Test</i>		<i>Guinea Pig Inoculation</i>		<i>T.T.C. Test</i>	
<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	<i>Negative</i>	<i>Positive</i>
121	16	0	1	76	0

The positive result from guinea-pig inoculation was from milk used to produce untreated cream, and although the remainder of the milk was being sent for pasteurisation it was necessary to require, by Notice, that the farmer discontinue the use of raw milk in accordance with the

provisions of the Milk and Dairies Regulations, 1959. Similar action had been necessary the previous year and it was disturbing to find that the supply was again infected. Supplies of cream are now being obtained from another farm and the Order relating to the milk supply remains in force.

Processing Plants

There are two plants within the Borough where milk is pasteurised and bottled. These are registered by this Authority and also licensed at five yearly intervals. Both are regularly inspected, samples of milk and washed bottles and churn rinses taken and submitted to the Public Health Laboratory for examination to check the effectiveness of the process and the efficiency of the cleaning.

<i>Bottles</i>		<i>Churns</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
12	0	9	0

Distribution Depots, Shops and Vending Machine Sales

These outlets are controlled by registration and also the five yearly licensing under the Milk and Dairies (Special Designation) Regulations. Vending machines are only in use on three sites within the Borough. Proper maintenance and correct stock rotation are essential to safeguard the quality of the milk and this is checked by routine sampling.

Retail Rounds

Milk roundsmen are increasingly becoming mobile grocers. The ever widening range of commodities which they carry in addition to liquid milk adds considerably to their difficulties. It was necessary during the year to draw the attention of all the major Dairy companies to the widespread practice of storing crates of empty milk bottles by the roadside and near public footpaths, etc. This practice not only constitutes a physical danger to the public but also exposes the bottles to additional risk of contamination. Assurances were received from all persons concerned that this practice was contrary to management instruction, and that more effective enforcement measures would be taken. Obviously the question is one of supervision.

Catering Sales

While the production of milk is strictly controlled to ensure safety it is extremely susceptible to subsequent contamination as this risk increases with handling. During the inspection of food premises in accordance with the requirements of the Food Hygiene (General) Regulations, 1960, particular attention is paid to minimizing these risks. The use of disposable milk packs is recommended and tests are carried out to ensure that all apparatus and equipment used for dispensing milk is properly cleaned. The following table shows the results of milk samples taken from catering establishments and, in the case of dispensers, illustrates that insufficient attention is given to the proper cleaning of equipment.

<i>Churns and Dippers</i>		<i>Dispensers</i>		<i>Milk Packs</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
3	0	7	5	4	0

The results of all milk samples taken for the statutory tests are set out in the following table:

<i>Pasteurised— Methylene Blue and Phosphatase Tests</i>		<i>Sterilised— Turbidity Test</i>		<i>U.H.T.— Colony Count</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
47	1	3	0	5	1

Premises registered and licensed in accordance with the Milk and Dairies (General) Regulations, 1959 and the Milk (Special Designation) Regulations:

Registered Milk Distributors	109
Registered Dairies	2
Licences to use Special Designations:	
(a) pasteurised	92
(b) sterilised	60
(c) ultra heat treated	75
(d) untreated	13
Dealers Licence (pasteurised)	2

All licences expired on the 31st December, and were renewed.

Cream

There is no bacteriological test for cream recognised by statute but the methylene blue test in association with a coliform count affords a good indication whether the cream is being properly handled and this test is carried out by the Public Health Laboratory as a screening test. If an unsatisfactory or border-line result is obtained enquiries are made into handling and storage methods for a possible cause of the failure. The main causes of failure in respect of pre-packed cartons of cream were long storage and incorrect temperatures during either delivery or display. Failure to clean equipment properly was the main cause of failure of catering samples involving cream which had been prepared (e.g. by whipping) prior to use in confectionery. Persistent problems were experienced with a cream whipping machine in a confectioner's shop. This was due to difficulty in satisfactorily sterilising the working parts; the machine was replaced by a later model of the same make with the same result. At present the equipment is out of use pending a solution to the problem which is being investigated by the manufacturers.

Similar trouble was experienced with similar machines by other users within the Borough and they have now discontinued their use. Of the 81 cream samples examined—53 or 65% were classed as unsatisfactory.

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Major Dairy Companies	16	45
Farm Produced	1	1
Catering Sales	11	7

Following the unsatisfactory sample of farm produced cream, sale of this cream stopped because the milk from which the cream was produced was found to contain brucella abortus.

At present a purchaser does not necessarily know whether the cream has been heat treated or not. This situation will be rectified when the Cream Regulations, 1970 become fully operative on the 1st March, 1972. These require that any cream other than cream bearing the description clotted cream which is pasteurised cream, ultra heat treated cream or untreated shall be appropriately marked.

Ice Cream

The production, composition, labelling, storage and sale of ice cream is controlled by the Food and Drugs Act, 1955, The Ice Cream (Heat Treatment, etc.) Regulations, 1959 and 1963, The Labelling of Food Order, 1953, The Food Hygiene (General) Regulations, 1960 and, in the case of a stall, The Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966, all of which are enforced by the public health inspectors. Premises used for the manufacture, storage or sale of ice cream are registered by the local authority in accordance with Section 16 of the Food and Drugs Act, 1955, registration being subject to the premises complying fully with the requirements of the Food Hygiene Regulations and generally being suitable for the purpose. 432 premises are registered for the storage and sale of ice cream. Ice cream is classed as soft or hard, the former is a product from a specially designed machine which produces the ice cream at the point of sale, the equipment being installed on some sales vehicles and in a small number of shops within the Borough. Hard ice cream forms the bulk of the ice cream sold in the area and is supplied either in the individual packs or dispensed from containers of varying capacity. The hard ice cream produced by the major manufacturers gives no cause for concern. Any failures of the statutory test invariably result from the methods of storing and handling during sale. There is no prescribed statutory bacteriological standard of cleanliness for ice cream but, in accordance with the recommendations of the Ministry of Agriculture Fisheries and Food the methylene blue test is used for the provisional assessment of the bacterial cleanliness of ice cream. This allows for the routine grading of the product and is useful in indicating where further investigation into the practices of the manufacturers, distributors and retailers, is required.

Results of ice cream samples:

<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	3	6	8	0	0	1
Hard ice cream	9	1	0	0	34	20	15	5

Results of all samples taken:

<i>Grade</i>	<i>No. Taken</i>	<i>Percentage</i>
1	56	52
2	22	20
3	18	17
4	12	11

Ice lollies normally have a pH of less than 4.5 and are so acid that few bacteria will multiply or even survive. Determination of the pH value is carried out in the Department's laboratory. Three ice lollies were tested for pH value and all were found to be satisfactory.

MEAT

The Meat Inspection Regulations, 1963–1966 require that, before removal the carcasses, parts of carcasses and offal of animals slaughtered for sale for human consumption must be inspected. The carcass inspected and passed fit for human consumption cannot be removed until it has been marked by the Inspector and for this purpose a stamp which identifies the Inspector using it, is applied. Detailed instructions for the inspection of carcasses are contained in the

Regulations and the application of the stamp implies that the Inspector has carried out an inspection in accordance with these detailed requirements.

<i>Number of carcasses Inspected and Condemned (pounds weight)</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed Number not inspected	207	10	24	365	2,488
<i>All diseases except Tuberculosis and Cysticerci</i> Whole carcasses condemned Carcasses of which some part or organ was condemned	67	4	1	1 8	4 542
<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 Carcasses submitted to refrigeration Generalised and totally condemned	5 3				

Condemnation (All Causes)—Quantities pound weight:

	<i>Cattle</i>		<i>Calves</i>		<i>Sheep</i>		<i>Pigs</i>	
	<i>Carcass</i>	<i>Offal</i>	<i>Carcass</i>	<i>Offal</i>	<i>Carcass</i>	<i>Offal</i>	<i>Carcass</i>	<i>Offal</i>
Abscess	36	164			6		350	
Arthritis							109	
Parasitic		176				10½		391½
Bruising							82	
C. bovis	3	11						
Emaciation							250	
Fascioliasis		348						63
Haemorrhagic							40	12
Oedema							10	4
Pericarditis		4						130½
Peritonitis		61½						118
Pleurisy		12						136
Pneumonia								588½
Pyæmia							200	
Septicæmia			60				200	
Telangiectasis		36						
Tuberculosis							37	
Other conditions	24	73½			70	2	35	15½
Total	63	886	60		76	12½	1313	1459

Total of all meat condemned=1 ton 14 cwt 61½ lbs

Slaughtering is carried out at the one licensed and privately owned slaughterhouse in the Borough. Details of the animals slaughtered and inspected together with the quantities of meat condemned and the reasons for condemnation are set out in the preceding tables. Slaughtering is regularly carried out on Mondays, Tuesdays and Wednesdays. Some attendance at the slaughterhouse is necessary during one evening each week, this work being carried out by the Duty Inspector. Slaughterhouse inspections are carried out by the four public health inspectors whose districts are nearest to the slaughterhouse. Two diseases of animals which are of particular interest in post mortem meat inspection are Tuberculosis and *Cysticercus bovis* the cystic stage of the beef tape worm (*Taenia saginata*) and these are included in the preceding tables which give details of the various classes of animals slaughtered and inspected together with the condemnations classified under disease or condition. Eradication of Tuberculosis from cattle in this country has resulted in the virtual disappearance of this disease from the slaughterhouse.

Taenia saginata is a tape worm which lives exclusively in the small intestine of man. *Cysticercus bovis*, the larva stage develops in the intermuscular connective tissue of cattle and results when cattle graze on pastures contaminated with faeces. Consumption of the cysts with undercooked meat can complete the cycle and the tape worm then develops in the small intestine of man.

Where any part of a carcass or offal is affected with a localised infestation of *C. bovis* the part of the carcass so infested is condemned but the remainder of the carcass and offal is released for human consumption after refrigeration at a temperature not exceeding 20°F (–7°C) for a period of not less than three weeks or at a temperature not exceeding 14°F (–10°C) for a period of not less than 2 weeks.

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 in connection with the infestation of pastures, etc.

Meat inspection does not solely involve the rejection of meat with visible abnormalities. Salmonellosis, Shigellosis, and Staphylococcal gastro-enteritis may result from the ingestion of inadequately cooked infected meat which can appear quite normal to the eye and a very careful assessment of the carcass has to be made whenever abscesses, inflammatory conditions, etc., are found.

There are two aspects of meat inspection—examination of the live animals on entry to the slaughterhouse (ante-mortem inspection) and examination of the carcass (post-mortem inspection). Ante-mortem inspection is particularly important as it indicates those animals requiring more careful examination after slaughter together with the possible need for laboratory examination of specimens.

Inspectors occasionally encounter circumstances when laboratory assistance is required for firm diagnosis and the assistance given by Dr. Picton of the Pathology Department of Hillingdon Hospital in this respect is gratefully acknowledged.

In addition, specimens and swabs are submitted to the food hygiene section of the Central Public Health Laboratory, Colindale, for bacteriological control of hygiene in the slaughter and dressing of carcasses. The specimens submitted during the year and the results obtained were as follows:

<i>Specimens</i>	<i>Surface Plate Count at 35°C</i>	<i>Coliforms</i>		<i>Salmonella</i>
		<i>Non-faecal</i>	<i>faecal</i>	
Pork	250,000	0·01 g	0·01 g	Isolated
Pork				Not found
Pork				Isolated
Pork	3,500	0·01 g	0·01 g	Not found
Pork				Not found
Pork				Isolated
Pork	25,000	0·01 g	0·01 g	Isolated
Pork				Isolated
Pork				Isolated
Pork	1,000,000	0·01 g	0·01 g	Not found
Pork				Not found
Pork				Not found

The salmonella isolated in each of the above cases was *Salmonella typhimurium* phage type U165.

POULTRY INSPECTION

All premises where poultry is dressed and packed are subject to inspection under the Food and Drugs Act, 1955, and the premises and the procedures must comply with the Food Hygiene (General) Regulations, 1960.

There is one poultry processing establishment operating in the Borough and this deals, in the main, with birds which have been slaughtered and plucked at poultry slaughter houses outside the district, activities being confined to evisceration, packing and freezing, etc. Any obviously unfit birds are rejected at the point of slaughter and in accordance with the Ministry's advice, those which show evidence of disease on evisceration are dealt with by trained members of the operator's staff and the suspected carcass is retained for examination by the public health inspector. Details of the poultry processed at this establishment are set out in the following table. Poultry slaughter is carried out on an occasional basis at 11 farms within the Borough mainly during the Christmas period and at this time of the year visits are made to supervise and advise on hygienic practices. A total of 127 visits were made to poultry processing premises. Danger of unfit poultry passing for human consumption by way of restaurants, etc., is great and is a point to which the inspector has regard in carrying out routine inspections of the premises for the purpose of the Food Hygiene Regulations.

Details of Poultry Processed

<i>Chickens</i>	<i>Hens</i>	<i>Ducks</i>	<i>Pheasants</i>	<i>Turkeys</i>	<i>Total</i>
82,389	2,054	61	2	1,834	86,340

INSPECTIONS OF OTHER FOOD

The trade regularly require advice and assistance in dealing with food which is unsound or suspected of being unsound. Such conditions may result from refrigeration breakdown (the main cause for food condemnation), damage during transit, contamination while awaiting sale, etc. Food dealt with in this way is surrendered, stained to prevent the possibility of its being used for human consumption, and disposed of by tipping and burial at a refuse tip. The total amount of food surrendered for destruction during the year is set out on the following page.

COMPOSITION AND QUALITY

The provisions of the Food and Drugs Act, 1955 and the multitude of Regulations made thereunder are designed to ensure that food will not be harmful to the consumer's health, will not be adulterated, will not be contaminated in any way and will be properly described in any advertisements and on any labels. To ensure that food manufactured and on sale in the Borough complies with the statutory requirements, surveillance is maintained and samples are purchased for examination both by the Public Analyst and in the departmental laboratory. Quarterly returns of the Public Analyst are submitted to the Ministry of Agriculture Fisheries and Food who also require information on the action taken regarding any samples found to be unsatisfactory. Samples may be taken formally, i.e. in accordance with the procedure laid down in the Act whereby the sample is divided into three parts each part sealed and labelled, one part being submitted to the Public Analyst, one retained by the Vendor and one by the Local Authority or informally. With informal sampling a normal purchase is made and the sample submitted for examination. The latter method is normally employed, formal action only being taken when an unsatisfactory result has been obtained or an unsatisfactory result is anticipated.

Unfit Food Surrendered

<i>Class of Food</i>	<i>Weight (lbs)</i>
Fresh Meat	9,242
Fresh fish	981
Fresh fruit	21
Fresh vegetables	11,185
Frozen meat	2,183
Frozen fish	2,435
Frozen fruit	284
Frozen vegetables	2,060
Canned meat	8,364
Canned fish	450
Canned fruit	7,655
Canned vegetables	4,734
Canned soup	426
Canned dairy produce (milk, cream and evaporated)	557
Canned meals	2,104
Poultry	1,478
Cereals	1,050
Flour confectionery	870
Sugar confectionery	1,426
Fruit juice	158
Cheese	80
Other foods	198
Total	57,941 lbs

Totals

1968 53,264 lbs
1969 39,494 lbs

The following tables give details of the foods sampled together with the result and 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
Alcohol Dispersant		1			Honey		2		
Beer		1			Indian food		1		
Biscuits		2			Instant non-fat milk		2		2
Bread		4			Jam & Marmalade		5		
Buttered rolls	1				Jelly		1		
Canned cream		3			Marzipan		1		
Canned fish		2			Mayonnaise		3		
Canned fruit		11			Meat & meat products		5		
Canned meals		3			Milk & milk products		5		
Canned meats & meat products		15			Minerals		1		
Soup (Canned)		2			Pickles		3		
Canned vegetables		9			Potato mix		5		3
Cheese & cheese products		23		5	Preservative		1		
Coffee		2		1	Pudding mix		1		
Cooking oil		1			Rice products		2		
Cream		4			Salad & Salad dressing		2		
Curry & Curry Powder		2			Salt with flavouring		1		
Dandelion Coffee		1			Sauces & Sauce mixes		7		
Dessert Topping		1			Sausages	5	29		4
Desiccated coconut		7			Savoury spreads		1		
Dried fruit		1			Seasoning & spices		12		
Drugs		3			Skimmed milk powder		1		
Evaporated milk		4			Sugar		2		
Fish products		1			Sugar confect.		6		
Flavouring		2		1	Vinegar		2		
Flour		1			Yeast		1		
Flour Confect.		1			Yoghourt		3		
Food Colour		2							
Fruit Drinks & Fruit Juice		7							
Health Foods		5							
Home brewing ingredients		1							
					Total	6	227		16

Samples Examined in the Departmental Laboratory

Food	Departmental (Chemical)		Total
	Satisfactory	Unsatisfactory	
Cream	11		11
Canned Fruit	2		2
Ice Cream	4		4
Milk	52		52
Preservatives:			
Mincemeat and Sausages	37	2	39
Spirits	32		32
Sausage Rolls, Pies, Pasties	18		18
Buttered Rolls	15	2	17
Cooking Oil	19	5	24
	190	9	199

76 samples of milk were examined by the Public Health Laboratory for the presence of anti-biotics and all were found to be satisfactory. A total of 508 food and drug samples were examined, 25 or 4.8% were classed as unsatisfactory. Details of the action taken regarding these samples are set out in the following table.

Product	No.	Contravention	Action
Cheese	5	Non-compliance with Cheese Regulations, 1970	All foreign produce. Matter taken up with the importers. Two labels changed. Advice on action taken by remaining producers awaited.
Potato mixes	3	Incorrectly described	Observations of producers awaited.
Milk powder	2	Incorrectly described	Both products sold under retailer's label. One line discontinued. Observations of producers of the second product awaited.
Cooking oil	1	Incorrectly described	Manufacturer not in agreement with Analyst's findings. Further observations awaited.
Food colour	1	Incorrectly described	Manufacturer not in agreement with Analyst's findings. Further observations awaited.
Sausages	4	Non-compliance with Sausage and Other Meat Product Regulations, 1967	Unsatisfactory or informal sample repeat samples taken formally found to be satisfactory.
Buttered Rolls	2	Contained margarine	Repeat samples found to be satisfactory.
Cooking Oils	5	Rancid to varying degrees.	Advice given regarding correct use of oils—storage, changing frequencies, etc.
Minced Meat	2	Presence of Preservatives	(1) Referred to Local Authority where mince produced. (2) Repeat samples found to be satisfactory.

Food Complaints

I am pleased to report that the number of food complaints, which had been increasing, showed a slight reduction during the year, 175 as against 181 for 1969; 155 for 1968; 114 for 1967. Details of these complaints were as follows:

<i>Food</i>	<i>Foreign Matter</i>	<i>Mould</i>	<i>Type of Foreign Body</i>
Milk	26	2	Dirty milk bottles, etc.
Butter	1		Excess salt
Cheese	1	2	Insect
Bread	16	19	Piece of plastic; dough deposits; edible oil; string; wire; insects
Bacon	2	1	Maggots
Canned Meat	2	6	Insects; solder
Cooked Meat and Meat Products	10	6	Stone; glass; paper; pellet
Meat Pies	1	10	Rubber band
Fruit (canned)	3	2	Lint; rust
Fish	6	2	Parasites
Vegetables	6	7	Insects; wire
Cereals	8		Insects
Sweets	2	2	Maggots
Confectionery	11	6	String; bolt; ants
Other foods	13	2	Centipede; wire; insects
	108	67	

Total: 175 food complaints.

Seven prosecutions were taken as a result of food complaints; details are set out in the following table. A further six prosecutions are awaiting court hearings at the time of writing the report.

<i>Offence</i>	<i>Statute</i>	<i>Trade of Defendant</i>	<i>Fine</i>	<i>Costs</i>	<i>Total</i>
1. Selling a mouldy cake	Section 2, Food and Drugs Act, 1955	Grocers	£10	£3 3s.	£13 3s.
2. Selling mouldy cheese	Section 2, Food and Drugs Act, 1955	Grocers	£10	£3 3s.	£13 3s.
3. Selling loaf containing insect	Section 2, Food and Drugs Act, 1955	Baker	£25		£25
4. Selling a mouldy cake	Section 2, Food and Drugs Act, 1955	Confectioners	£10	£8	£18
5. Foreign matter in milk	Section 2, Food and Drugs Act, 1955	Wholesale Dairy	£20	£9	£29
6. Use of dirty bottle	Milk and Dairies (Gen.) Regulations, 1959, Regulation 27	Wholesale Dairy	£20	£5	£25
7. Supplying unfit sausage meat	Section 8, Food and Drugs Act, 1955	Wholesale Butchers	£20	£10	£30

Bread and flour confectionery and dirty milk bottles accounted for almost half of the complaints received. A major cause for complaint was faulty stock rotation. All goods produced by the larger manufacturers bear an indication of the date of manufacture or the last day on which they should be sold to the public and the retailer is advised by the manufacturer on the methods of storage and the length of shelf life of the product. Turnover of stock within this shelf life is particularly important in the case of perishable foods such as meat pies, sausages, cream, etc. In some instances the last day of sale is shown as a straightforward date as with certain vacuum packs of bacon or more commonly by a code which is sometimes known to the retailer, but in most cases only to the manufacturer.

To achieve proper stock rotation shop assistants must not only be systematic in controlling their displays by applying their store code to the goods, but must also check the goods supplied to them and be alert for disruption of their displays through the activities of the shoppers. Some stores are to be commended on the system of incorporating a date code with the price stamp, it then being a simple matter for a responsible member of staff to check all goods regularly and remove any which may be out of date. All too often staff will leave stock rotation of a particular product to the salesman delivering the goods but it is a responsibility which cannot be delegated in this way. Flour confectionery from a large manufacturer was repeatedly found being delivered to shops after the expiry of the shelf life. The products were not unfit for human consumption but they were stale. This matter was taken up most strongly with the company concerned who eventually took disciplinary action against the staff involved. When inspecting for the purposes of the Food Hygiene Regulations attention is given to the system of stock rotation in operation and advises when necessary. A guide on this aspect of trading has been prepared by the Association of Public Health Inspectors and copies are issued to traders as necessary. During the course of the year a large manufacturer of dairy products was informed that it was most difficult to read the coding marks on fruit yoghurt as the coloured foil caps completely obscured the stamped figures and letters. It was suggested that the method of coding the product should be altered or the code placed in a more conspicuous position. They agreed they had not noted this point, the code was resited and amended giving improved visibility.

FOOD HYGIENE

The requirements in respect of the cleanliness of premises, places, vehicles, etc., where food is handled and stored, the cleanliness of equipment, the cleanliness and conduct of staff, construction repair and maintenance of premises stalls and vehicles, etc., and the facilities to be provided therein are contained in a series of Regulations, namely The Food Hygiene (General) Regulations, 1960, The Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966, The Food Hygiene (Docks, carriers, etc.) Regulations, 1960, The Slaughterhouse Hygiene Regulations, 1968.

Enforcement of these Regulations is one of the most important duties and one which requires considerable experience and expertise, and is not merely a policing operation. The Regulations are broadly drawn and it is the application of the principles laid down in the regulations which the experienced officer uses to secure and maintain suitable conditions in the food preparation and handling processes. The purpose of the regulations is to ensure that food is prepared, stored and sold under conditions which ensure its absolute safety. Inspectors must not only take the condition and state of cleanliness of the structure into account but must also enquire closely into the practices followed in the preparation of the food. Personal hygiene of the food handler plays a very important part in safeguarding food supplies and the emphasis must be on education rather than on enforcement.

The majority of the food premises within the Borough are experiencing difficulty in maintaining a satisfactory standard of cleanliness. Important factors include an acute shortage of suitable staff in the food trades, the lack of efficient organisation in many of the large food industries and the complete non-existence of methodical working in most of the smaller undertakings. In addition there is waste of the already inadequate manpower together with the failure to use modern methods, hygienic finishes, and techniques. Cleansing schedules are seldom arranged and when they are, rarely supervised to ensure implementation.

The various classes of food premises and businesses within the Borough are shown in the following table:

<i>Type of Business</i>	<i>Total number</i>
BAKEHOUSES	23
BAKERS SHOPS	56
BUTCHERS SHOPS	132
CATERING PREMISES	
1. Aircraft catering	10
2. Factory canteens	79
3. Hospital kitchens	10
4. Hotels, restaurants, cafes, Public Houses, clubs	311
5. School kitchens and dining canteens	84
6. Old People's/Children's Homes, Day Nurseries, etc.	37
7. Other catering premises (office canteens, etc.)	151
8. Confectioners	100
DAIRIES	2
FISHMONGERS AND POULTERERS	50
FOOD FACTORIES	
1. Bakery and confectionery	4
2. Biscuit manufacture	1
3. Butter blending	1
4. Caramel production	1
5. Coffee and chocolate manufacture	1
6. Confectionery manufacture	1
7. Fat rendering	1
8. Manufacture of Pharmaceutical products	2
9. Meat products	2
10. Manufacture soft drink and mineral manufacture	2
GREENGROCERS SHOPS	110
GROCERS SHOPS	234
HAWKERS OF FOOD	98
POULTRY PROCESSORS	1
POULTRY SLAUGHTERHOUSES—CASUAL	11
VENDING MACHINE SITES (NOT ON FOOD PREMISES)	57
TOTAL	1,572

Guidance notes in Chinese, Bengali, Urdu and Spanish emphasizing the basic principles of hygiene have been produced in an effort to assist workers with a limited command of English. Many food premises are inadequate or unsuitable for the purpose for which they are used. This applies not only to premises constructed before World War II but to many of the buildings built in the immediate post-war period which have proved to be inadequate in both size and facilities. Some of the recent buildings have also proved insufficient to cope with the ever expanding needs of this area. Every effort is made to ensure that all new food premises, extensions, etc., are designed to meet the needs of the foreseeable future and to facilitate as far as possible the maintenance of hygiene standards. Plans in connection with premises of this type which are submitted to the Director of Engineering for approval under the Building Regulations are assessed for compliance with the Food Hygiene Regulations. Co-operation received from Architects has been encouraging but their clients have often disagreed with suggestions particularly on size of kitchen, preferring to use space for public areas, with the result that very modern catering units are now having to be rebuilt and enlarged to meet the requirements of the Regulations.

During the year there were numerous proposals and enquiries concerning the establishment of "take-away" Chinese food shops. The use of premises for this purpose comes within the requirements of section 16, Food and Drugs Act, 1955, registration by the Council being necessary. The proposers were apparently prepared to set up business in the most unsuitable of locations and in several instances the proposals were abandoned as the premises could not be adapted to the required standard. Legal proceedings were taken against the proprietor of one such business for opening on unregistered premises. A fine of £10 with £10.50 costs were imposed. The premises had been suitably altered by the date of the hearing and registration was subsequently granted by the Council.

Bacteriological Examination

The laboratory examination of samples is an essential part of food hygiene control. Such examinations not only ensure that any statutory standards are complied with, e.g. those for ice cream and milk, but also indicate whether the food has been correctly prepared and hygienically handled. By this means practices are revealed which might not have been apparent during routine visits. The routine examination of foods for statutory tests by the Public Health Laboratory Service is supplemented by bacteriological assays carried out by the Food Hygiene Laboratory, Colindale. During the year 56 such examinations were made, of which 13 were unsatisfactory and 7 suspicious. The foods submitted for this type of examination are cooked meats and foods containing fresh and synthetic cream which are particularly favourable to bacterial multiplication. High bacterial counts indicate the need for more thorough investigation of the practices employed and such results are most carefully followed up. Examinations by the Food Hygiene laboratory were supplemented by examinations carried out in the Department's own laboratory.

Legal Proceedings

Reliance on legislation alone cannot ensure safe food. The statutory provisions do, however, set a minimum standard and provide an effective deterrent against persistent defaulters. Six prosecutions were taken for contraventions of the Food Hygiene (General) Regulations, 1960, and three for contraventions of the Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966. These prosecutions are summarised in the following table:

<i>Statute</i>	<i>Trade/Occupation of Defendant</i>	<i>Fine and costs</i>	<i>Remarks</i>
The Food Hygiene (General) Regulations, 1960	Greengrocer	£18	Hygiene offences
	Kitchen worker	£15	Smoking
	Butchers	£200	Hygiene offences
	Shop assistant	£8	Smoking
	Bakers	£144	Hygiene offences
	Restaurant	£360	2 prosecutions, Hygiene offences
Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966	Ice Cream vehicle operator	£45	Hygiene offences
	Food hawker	£11	Hygiene offences
	Ice Cream vehicle operator	£18	Hygiene offences
	Confectionery sales vehicle operator	£45	Hygiene offences
	Food delivery vehicle driver	£10	Dirty clothing

At the time of writing one prosecution for a breach of the Food Hygiene (General) Regulations, 1960 is awaiting a hearing.

SCHOOL MEALS SERVICE

At regular intervals throughout the year routine inspections are made of all canteens, services and dining centres.

At the end of 1970, these numbered:

School kitchens	64	Dining centres	19
Central kitchen	1		

Most of the kitchens are modern in construction and design, and generally a good standard of hygiene is maintained. When unsatisfactory conditions are found the facts are reported to the Chief Education Officer. If the matter concerns cleanliness or faulty procedures it receives instant attention.

CATERING FACILITIES IN OTHER SCHOOLS AND EDUCATIONAL ESTABLISHMENTS

The Borough has a number of independent schools which also serve meals to the pupils. Eight of these have kitchens, and as some of the schools have boarding pupils, quite extensive catering is carried out. In most of the schools conditions have been found to be extremely good and when deficiencies have been found they have received prompt attention. There are also extensive catering units attached to Brunel University and other educational establishments in the Borough, all of which are inspected regularly.

FOOD HYGIENE LECTURES

During the routine inspection of kitchens considerable time is spent in observing the methods of food handling, and in giving advice to workers and management concerning hygienic handling of food in the raw and cooked state. It has been found that many food handlers are quite ignorant of the first principles of food hygiene, and in order to overcome this problem lectures have been arranged for food handlers at their place of employment. These lectures have been given by various members of the public health inspectorate and on the whole have been appreciated. As an aid to lecturing a comprehensive set of colour slides illustrating all aspects of the Food Hygiene Regulations has been accumulated.

THE FERTILIZERS AND FEEDING STUFFS ACT, 1926

THE FERTILIZERS AND FEEDING STUFFS REGULATIONS, 1968

The Act and Regulations provide for statutory information to be given to the purchasers of fertilizers and animal feeding stuffs. Implied definitions are given for the various names under which articles may be sold and the relevant particulars to be contained in the statutory statement, are prescribed. All the Council's Public Health Inspectors have been approved by the Ministry of Agriculture Fisheries and Food for these duties. Stocks of fertilisers and feeding stuffs and the necessary records are inspected at wholesalers, retail shops, allotment societies, farms, etc., and samples are submitted to the Council's Agricultural Analyst for examination. 14 samples of animal feeding stuffs were sampled during the year and two were found to be unsatisfactory. Both were samples of bonemeal which did not comply with the written guarantee. Action was confined to a warning letter to the wholesalers and retailers.

THE SLAUGHTER OF ANIMALS ACT, 1958

This Act provides for the licensing of slaughtermen and contains provisions relating to the methods of slaughter and for securing humane conditions in slaughter houses. More detailed requirements are contained in the Slaughter of Animals (Prevention of Cruelty) Regulations. Licences to slaughter animals are issued annually, and specify the classes of animals to which they apply together with the methods of stunning which may be used. New licences may be conditional upon the slaughtering only being carried out under supervision. During the year four licences to slaughter were issued.

SLAUGHTER OF POULTRY ACT, 1967

The provisions of this Act were brought into operation by order on 1st January, 1970. The Act which applies only to turkeys and domestic fowls provides that when these are slaughtered

for sale for human consumption they shall either (a) be slaughtered instantaneously by decapitation or dislocation of the neck or (b) be stunned by means of approved instrument so as to render them instantaneously insensible until death supervenes. Provision is made for other methods of slaughter to be approved. An approved instrument is one which passes an electric current through the brain and is sufficient to render it instantaneously insensible to pain. Slaughter of a bird in contravention of these requirements is an offence and stunning may only be carried out at premises registered with a Local Authority.

Poultry slaughter is known to be carried out at 12 premises mainly on an occasional basis. A survey of the premises revealed that slaughter by the first method was used in all cases and registration was therefore not necessary.

DISEASES OF ANIMALS ACT, 1950

All public health inspectors are appointed as inspectors under this Act and they are assisted by the part-time veterinary officer appointed for this and certain other duties. Of the 100 orders the ones of concern in the Borough are:

The Diseases of Animals (Waste Foods) Order, 1957, which requires that all waste food comprising meat, bones, offal, etc., brought from other premises for the purpose of feeding cattle, sheep, pigs and goats, be boiled for at least one hour. Compliance with the Order is important as waste food is suspected of carrying the viruses of foot and mouth disease, swine fever and fowl pest. There are 33 licensed swill boiling plants in the Borough.

The Regulations of Movement of Swine Order, 1959 prohibits movement of pigs from a sale at a market except under licence. Licenses are issued by the Local Authority Inspector of the area in which the sale takes place and a copy of the licence is forwarded to the Local Authority of the area in which the pigs are moved. The pigs must be kept in the premises to which they are moved for 28 days and while so detained must be kept separate from all other pigs. The pigs may be moved to a slaughterhouse for slaughter within this period.

Surveillance of pigs moved under the Licence during the 28 days detention is, in the main carried out by the Council's Veterinary Officer. During 1970, 241 movement licenses were received.

The Movement of Animals (Records) Orders, 1960 and 1961, require stock holders to keep records giving details of all stock brought into or removed from the premises. The form of record is prescribed and provisions are very important as they enable proper investigations to be carried out in the event of any outbreak of notifiable disease. When visiting premises inspectors check that the records are being properly maintained.

Transit Orders lay down conditions for vehicles conveying animals and require that all vehicles used for such conveyance be cleansed and disinfected after the animals have been unloaded. These provisions are enforceable by the Local Authority.

FOWL PEST

During the year 4 outbreaks of fowl pest occurred within the Borough. The outbreaks were confined to the premises of small poultry keepers and the various control measures were taken by the Ministry's Inspectors.

HOUSING

The conditions under which people live have been the concern of public health inspectors for more than a hundred years. Action to deal with unsatisfactory dwellings is a traditional part of their duties. Today, in a period of change there has been conjured up in some minds the dream of an all embracing housing department. This was considered to be impracticable by the Committee of Management of Local Government as recently as 1967, when they said: "It is difficult to envisage a single officer exercising responsibility for Housing Management, for Slum Clearance, Housing Design and House Building".

The idea of one comprehensive housing department connected with all aspects of housing both public and private stems largely from the increasing emphasis now being placed on the improvement of houses and also from the concept of one officer to whom people may apply for

information on all housing matters. As far as Hillingdon is concerned, except in the matter of municipal housing, most enquiries are made at the office of the Town Clerk or at the office of the Chief Public Health Inspector. When enquiries are concerned with the repair or improvement of houses the enquiry is cleared by a visit of the Inspector to the house requiring attention within three days of the enquiry. During this visit all the queries are dealt with—if a tenant is anxious about repairs—an inspection is carried out and if necessary procedures are set in motion to secure the carrying out of the repairs—if the tenant is concerned about improvements, Section 19, Housing Act, 1964 procedure is explained and assistance is given in completing the appropriate application to initiate action whereby the Local Authority can compel a landlord to improve his property. If concern is expressed about the possible increase in rent, arrangements are made for the rent officer with whom the public health inspector has extremely good relations to explain the position.

If the enquiry is from an owner/occupier concerning improvements and grants a visit is made and advice given together with enquiry forms and booklets explaining the Improvement Grant procedure. Fuller details of the operation of the improvement work in the Borough is given in the section of the report dealing with improvement grants.

As far as slum clearance is concerned little work is required in the Borough and it is not anticipated that there will be more than 6 or 7 houses each year requiring action by way of clearance areas or individual demolition.

The Housing Act, 1969 makes provision in Section 43 for the conversion of controlled tenancies to regulated tenancies. If certain conditions are met, viz. that, the house is provided with all the standard amenities for the exclusive use of its occupants, it is in good repair, having regard to its age, character and locality and it is in all other respects fit for human habitation then the Local Authority must issue a Qualification Certificate, which enables the owner to ask the rent officer to fix a fair rent. During the year there have been 1,255 applications for Qualification Certificates of which 1,165 have been processed. This additional work load has created several problems both with the inspectorial and administrative staff but co-operation from the staff has been extremely good and reaction from owners has been pleasant. Arising from the interest of owners in obtaining the increased rents and the requirement that houses must be provided with all the standard amenities in order to obtain a Qualification Certificate there has been an increase in the amount of work connected with Improvement Grants. There is no doubt that the Housing Act, 1969 has had a greater impact on the improvement of housing conditions in Hillingdon than any other piece of housing legislation for many years.

Notwithstanding the work involved in dealing with Qualification Certificates and Improvement Grants, work has continued in all other aspects of housing, i.e. multiple occupation, overcrowding, abatement of nuisances in dwellings and the sound insulation of dwellings in connection with the London (Heathrow) Airport Noise Insulation Grant Scheme.

IMPROVEMENT AREAS

Improvement Areas were declared by the Council under the powers available in the Housing Act, 1964. This provided for areas to be declared Improvement Areas in which a substantial number of houses were lacking in standard amenities (bath or shower, internal water closet, wash hand basin, hot water supply and food store) and which ought to be improved. Powers under this Act enabled the Council to serve statutory notices on the landlords of tenanted dwellings requiring the provision of missing standard amenities. In cases where the tenants were willing to have these provided the notices required their installation within twelve months, but in the cases where the tenants were unwilling, the notice was suspended for five years, unless there was a change in occupation within that period. The London Borough of Hillingdon declared 4 Improvement Areas and in the whole of England only 463 Improvement Areas were declared by 154 Local Authorities. In the London area 41 areas were declared by 10 Local Authorities. These figures indicate a greater determination by this Council to secure the provision of what are, after all, basic amenities which every dwelling in 1971 ought to have. A new concept of declaring a "General Improvement Area" has been incorporated in the Housing Act, 1969, which aims at improving the environment as well as improving individual properties, but the success of such a scheme is dependent upon persuasion rather than on compulsion. This department is represented on the Redevelopment Working Party which is considering two such areas in the Borough. The position

at the end of 1970 in respect of the four Improvement Areas declared by the Borough is shown below:

Area No.	No. of houses lacking amenities in the area	No. improved	No. still to be improved			Remarks
			Owner/occupier	Tenants willing	Tenants unwilling	
1	108	73	24		7	4 houses demolished
2	159	37	50	26	24	21 dwellings where it is not reasonably practicable to provide the amenities
3	189	34	123	22	10	
4	158	40	62	28	28	

Number of:	1. Preliminary Notices served	37
	2. Undertakings accepted	—
	3. Immediate Improvement Notices served	22
	4. Suspended Notices served	14
	5. Final Notices served	—
	6. Dwellings improved (a) full standard	15
	(b) reduced standard	—
	7. Dwellings improved by Local Authority in default:	
	(a) full standard	—
	(b) reduced standard	—

DWELLINGS OUTSIDE IMPROVEMENT AREAS, SECTION 19, HOUSING ACT, 1964

Whereas under Section 13–18 of the Housing Act, 1964 action to secure the improvement of dwellings within improvement areas is initiated by the Council's declaration of an improvement area, the powers of Section 19 can only be initiated by the occupying tenant of a dwelling which:

- is outside an improvement area at the date representation is made;
- is not a dwelling in a tenement block;
- is lacking one or more of the standard amenities.

If a written representation is received from a tenant requesting the Council to use its powers under Section 19, the Council must notify the owner of the representation. The procedure for securing the improvement of a tenanted dwelling involves the service of a preliminary notice inviting the owner and tenant and other interested parties to a meeting to discuss the proposals and to hear objections or consider counter proposals. This is followed by the service of an immediate improvement notice requesting the owner to provide the missing standard amenities within twelve months. An owner who is under an obligation to incur the cost of carrying out improvements in compliance with an immediate notice has the right to serve a purchase notice on the Council within six months of the operative date of the notice. On receipt of such a purchase notice the Council are deemed to be authorised to acquire compulsorily the interest in the property of the person who served the notice. Tenants are advised by the inspectorate on these procedures when they are involved with houses lacking amenities.

Dwellings outside Improvement Areas (Section 19 Applications)

1. Number of representations made by tenants	10
2. Number of Preliminary Notices served (full standard)	6
3. Number of Immediate Improvement Notices (full standard)	27
4. Number of dwellings improved:	
(a) full standard	3
(b) reduced standard	—

The position with the 10 representations is as follows:

Applications applied for grant by owners	1
Houses found to be unfit and dealt with by Closing Orders	—
Representations cancelled	1
Immediate Notices served on owners	6
Negotiations with owners in progress	2

IMPROVEMENT GRANTS

There are three types of grant available:

- (a) **The Standard Grant**
- (b) **The Improvement Grant**
- (c) **The Special Grant**

(a) **The Standard Grant** is a grant towards the cost of works required for the improvement of an existing dwelling by the provision of missing standard amenities. It is a grant which is given as of right providing:

- 1. the house was in existence before 3rd October, 1961;
- 2. the standard amenities are to be provided for the exclusive use of the occupants of the house;
- 3. the Council are satisfied that after the work has been done the house will be in a good state of repair and will in all other respects be fit for human habitation and likely to remain in that condition for at least 15 years. The maximum grant available under this scheme is £200 except that where it is not reasonably practicable to provide a bath or shower in its own bathroom except by building onto the dwelling, the grant is then subject to a maximum payment of £450.

(b) **The Improvement Grant** is towards the cost of works required for either the provision of dwellings (e.g. the conversion into flats of a house or other building) or for the improvement of existing dwellings other than by the mere provision of the missing standard amenities. These are made to help owners improve old houses to a good standard or to provide dwellings by converting houses of an unsatisfactory size, or by converting non-residential buildings to a housing use. They are given at the Council's discretion and are not of right as in the case of standard grants. The maximum amount of grant under this scheme is £1,000 for each house improved or for each dwelling provided by conversion. Where, however, flats are provided by the conversion of a house or building of three or more storeys, the upper limit of grant is £1,200 for each flat. Up to one half of the approved amount of this grant may relate to works of repair or replacement which are either incidental to some other improvement or which are needed, in the Council's opinion, for the purpose of making the improvements fully effective. Repairs and replacements by themselves do not qualify for grant.

(c) **The Special Grant.** This Grant is towards the cost of works required for the improvement of houses in multiple occupation by the provision of standard amenities. This type of grant is not available in Hillingdon.

From the statistical tables that follow it will be seen that 1970 has been a record year for the number of applications received for Improvement Grants.

Details of Improvement Grants received and given in 1970 are as follows:

Standard Grants

	Own/Occ.	Tenanted
1. Number of applications received	23	136
2. Number of applications approved	16	110
3. Number of applications refused	—	—
4. Number of dwellings improved	23	35
5. Works carried out in default	—	2

The total number of applications for Standard Grant in 1969 was 104.

Amount paid in grants	£8965 1s. 7d.
Average grant per house	£154 11s. 5d.

Amenities provided

(a) fixed bath	47
(b) shower	—
(c) wash hand basin	55
(d) hot water supply (to any fittings)	58
(e) water closet:	
(i) within dwelling	50
(ii) accessible from dwelling	—
(f) food store	12
(g) sink	2

Discretionary Grants now Improvement Grants

	Own/Occ.	Tenanted
Number of applications received	41	65
Number of applications approved	25	40
Number of applications refused	—	—
Number of dwellings improved	12	9

The total number of applications for the Discretionary Grant in 1969 was 6

Amount paid in grants	£8253 13s. 3d.
Average grant per house	£393 0s. 7d.

Improvement Grants—Publicity

Posters have again been exhibited on all the Council's notice boards advertising grants for improvements and a feature on the scheme was given publicity in the *Middlesex Advertiser and Gazette*. Whenever possible, inspectors advise tenants and owners of the advantages and benefits in taking advantage of the available grants. At both the "Welcome to Citizenship Exhibition" and the "Borough Show" models and photographs were displayed which showed the improvements that could be made to the older type house.

QUALIFICATION CERTIFICATES (HOUSING ACT, 1969)

Although the main purpose of the 1969 Housing Act is to encourage repairs and improvements to older houses, it also makes provision for the conversion of controlled tenancies to regulated tenancies enabling a "fair rent" to be charged for the dwelling. For the purpose of deciding what a new fair rent shall be the Act lays down a new standard, which the house must satisfy:

- It must have all the standard amenities.
- It must be in good repair, having regard to its age, character and locality (this does not take into account internal decorative repairs).
- It must be fit for human habitation.

A Qualification Certificate certifies that a dwelling satisfies these conditions. Provisional qualification certificates are given in those cases which do not possess the standard amenities if the application is made in conjunction with an application for an improvement grant. During the year the number of applications received, exceeded all expectations. In fact it was thought that about 600 would be received instead of the 1,255 that were actually submitted. All these required full housing inspections. The task of fulfilling all landlords' requests for these certificates has been a considerable burden on the staff. However, it will be seen that 96% of the total applications were dealt with. Although qualification certificates have been granted in only one-third of the total houses inspected, the one-third represent 361 houses which have been repaired up to a good standard. This standard of good repair could not have been enforced by the usual Public Health or Housing Act repair notices, and so the new Act is succeeding to the extent that dwellings have received repairs and maintenance which perhaps they would not otherwise have received. With the increased number of applications for improvement grants in conjunction with qualification certificates, it does appear that the incentive of an increased rent is persuading landlords to invest in the repair and improvement of their property.

Applications for Qualification Certificates received during 1970:

Number of applications received	1,255
Number of combined applications received (Improvement Grant and Qualification Certificate)	183
Number of houses inspected	1,165
Number of Qualification Certificates granted	361
Number of Provisional Certificates provided	127
Number of Certificates recommended for refusal	43
Number of Combined Qualification Certificate and Improvement Grants visited	166

REPAIR (HOUSING AND PUBLIC HEALTH ACTS)

Action to secure the repair of dwelling houses, as distinct from the department's efforts in the field of improvements, has continued throughout the year, the object in view being the preservation of the nation's stock of houses in accordance with the recommendations of the Government's white paper on this subject. Legislation to deal with repairs which are classed as nuisances still dates back to the Public Health Act, 1936, and the repair of unfit houses is dealt

Unfit Houses made Fit

After informal action by Local Authority	by owner	
After formal notice under Section 9(1) and 16(1), Housing Act, 1957:		
	(a) by owner	
	(b) by local authority	
After formal notice under Public Health Acts		
Previously included in a clearance order which has been or will be modified or revoked under Section 24, Housing Act, 1961		
Previously included in a demolition order which has or will be revoked under Section 24, Housing Act, 1957		1
Previously included in a closing order which has or will be determined under Section 27, Housing Act, 1957		1

Other Houses in which Defects were Remedied

After formal notice under Public Health Acts	29
After formal action under Section 9(1A), Housing Act, 1957:	
(a) by owner	
(b) by local authority	
After informal action by local authority	691

with by the Housing Act, 1957. The new provision in the Housing Act, 1969 which deals with the repair of dwelling houses which although not unfit require substantial repairs has been used as extensively as possible in appropriate cases. In addition to those dwellings repaired as a result of notices under the above Acts, every dwelling in respect of which an improvement grant has been made has also been repaired as a condition of grant to the department's satisfaction, i.e. to the good repair standard. An interesting exercise is worth reporting which concerned eight dwellings in Villier Street, Uxbridge. The owners and tenants were all invited to an informal meeting at which the improvement grant schemes were explained with a view to interesting the owners in repairing and improving with grant aid their respective dwellings. The new rent structure was also explained to the tenants. With one exception there is a distinct possibility that the owners will take advantage of the grants available to carry out improvement and repair thus saving the houses from falling into the unfit classification.

SLUM CLEARANCE

There are three ways in which to deal with dwelling houses which have reached the end of their useful life and ought to be demolished. In the case of a single dwelling house which is unfit and not repairable at reasonable expense a demolition order is made requiring its demolition. If the dwelling is unfit and not repairable at reasonable expense and its demolition is not expedient, having regard to the effect on contiguous property, a Closing Order is made. In both cases, although not legally bound to do so, the Borough Council accepts responsibility for rehousing the occupants of such houses. A Demolition Order requires the dwelling to be demolished after vacation. A Closing Order, although not requiring the demolition of the dwelling, prohibits its re-use for human habitation unless the order is determined as a result of extensive repairs to restore it to a satisfactory state for habitation.

When two or more contiguous dwellings are found to be unfit and after considering the public health inspector's report, the Local Authority considers the best way of dealing with the dwellings is by their total clearance, then either of two courses of action may follow:

- (a) If the Local Authority require the land on which the dwellings stand, for its own re-development purposes, a Compulsory Purchase Order is made.
- (b) If the Local Authority does not require the land on which the dwellings stand, then a Clearance Order is made.

In both cases the dwellings are demolished and the site cleared and tenants are entitled under this procedure to be rehoused by the Council. In the former, the Council redevelops to its own plans, in the latter the owner can redevelop subject to planning approval.

In all cases where dwelling houses are condemned for unfitness reasons, the tenant and the owner are entitled to apply for a well-maintained grant providing the dwelling concerned has in fact been well-maintained notwithstanding its unfitness. Well-maintained grants are available to both landlord and tenant where the well-maintained condition of a dwelling is due equally to both the landlord and the tenant's efforts. In the case of clearance areas the Minister may direct a Council to pay a well-maintained grant in those cases he thinks appropriate. Four grants of this kind were made during the year.

Action taken during the year is reported in the following tables:

Unfit Houses (not capable of repair at reasonable expense) Housing Act, 1957

1. Undertakings received (Section 16)	—
2. Closing Orders made (Section 17)	—
3. Demolition Orders made (Section 17)	3
4. Closing Orders made (rooms) (Section 18)	—
5. Closing Orders determined (Section 27)	1
6. Closing Orders revoked and Demolition Orders substituted (Section 28)	—
7. Houses demolished following Demolition Orders	9
8. Houses demolished following Closing Orders	2
9. Number of people displaced:	
(a) individuals	41
(b) families	14

CLEARANCE AREAS AND INDIVIDUAL UNFIT DWELLINGS

Since the 1st April, 1965, the Council have made 46 demolition orders, 32 Closing Orders and declared 42 Clearance Areas. The only common lodging house that operated in the Borough has been demolished.

(1) Clearance Areas represented during the year:

1. Number of areas	3
2. Houses unfit for human habitation	12
3. Houses included by reason of bad arrangement, etc.	—
4. Houses on land acquired under Section 43 (2)	—
5. Number of people to be displaced:	
(a) individuals	28
(b) families	10

(2) Action taken during the year relating to Clearance Areas:

1. Houses demolished by Local Authorities or owners:	
(a) unfit	38
(b) others	—
2. Number of people displaced:	
(a) individuals	27
(b) families	12

MULTIPLE OCCUPATION

During the year 34 new cases of multiple occupation were discovered and as a result 34 Direction Orders were served.

Revisits to those houses on which Direction Orders were already in force revealed 16 contraventions, and legal proceedings were instituted in these cases.

Satisfactory means of escape in case of fire were required in 7 cases.

CERTIFICATES OF DISREPAIR—RENT ACT, 1957

Under this Act a tenant under a controlled tenancy can apply to the Council for a Certificate of Disrepair if the dwelling he occupies is in a state of disrepair by reason of defects. The tenant must first serve notice on the prescribed form on the landlord, listing those defects which ought reasonably to be remedied, having due regard to the age, character and locality of the dwelling, and requesting the landlord to remedy them. If on the expiry of 6 weeks from the service of this notice the defects specified in the notice remain unremedied then unless the landlord has given an undertaking in the prescribed form to remedy those defects, the tenant may apply to the Council for a Certificate of Disrepair which has the effect of securing rent abatement while the Certificate is in force.

Only 5 applications were received during the year and as more landlords avail themselves of the opportunity in the new Housing Act, 1969 to obtain fair rents, there will be less use of this procedure. If after having obtained a fair rent for a previously controlled dwelling the house becomes in disrepair, a tenant will be able to apply to the rent officer for rent adjustment.

Certificates of Disrepair—Rent Act, 1957

Part 1—Applications for Certificates of Disrepair

1. Number of applications for Certificates	5
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	1
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
6. Number of Certificates issued	3

Part 2—Applications for Cancellation of Certificates

7. Applications by Landlords to Local Authority for cancellation of certificates	1
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

The following table shows the number of licensed sites in the Borough. During the year 7 new licenses were issued.

<i>Licensed Sites in the Borough</i>	
<i>Temporary Licenses</i>	<i>Permanent Licenses</i>
21	13

WORKING ENVIRONMENT

The law for the protection of the working environment is contained in the Offices, Shops and Railway Premises Act, 1963, the Shops Acts, 1950–56, the Factories Act, 1961, the Agriculture (Safety, Health & Welfare Provisions) Act, 1956, and the Young Persons (Employment) Acts, 1938–64, and it is with the enforcement of these statutes that the public health inspector is concerned when dealing with the working environment. Each of the statutes caters for a certain type of employee, e.g. office workers (whether they work in separate office buildings or in offices forming parts of other buildings, e.g. in Schools) and shop assistants including those in restaurants and public houses.

The Act does not apply to premises where only self-employed persons work or where the total time worked by an employee or employees does not total 21 hours in any week. Notwithstanding that there are a large number of workers covered by legislation there are many whose conditions have much to be desired. If unsatisfactory conditions are found to exist the only action

which can be taken to deal with them is to operate the nuisance provisions of the Public Health Act, 1936. Such procedure can only deal with the grosser type of problem and certainly cannot bring the premises to a standard such as is required in offices. Some of the classes of workers not covered are teachers, nurses and road transport workers (depots).

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for securing the health, safety and welfare of persons employed in offices and shops, etc., and requires the occupier of such premises, where persons are employed, to notify this fact to the enforcing authority. There are 2,927 such premises registered in Hillingdon employing 30,914 persons. 4,179 visits were made to these premises during 1970, investigating conditions and checking if work required had been carried out. The various matters required by the Offices, Shops and Railway Premises Act, are as follows:

Cleanliness: All premises, furniture, furnishings and fittings to be kept in a clean state; no dirt or refuse to be allowed to accumulate; and floors and steps to be kept clean by washing at least once a week. The cleanliness at 108 premises was improved.

Overcrowding: Persons shall not be required to work in conditions that are so overcrowded as to cause risk of injury to health and notwithstanding this provision each person habitually employed shall be provided with at least 40 sq. ft. floor space or 400 cu. ft. Overcrowding was abated at 6 premises by re-distribution of staff and in one case plans for the extension of the building have been approved.

Temperature: Effective provisions for securing and maintaining a reasonable temperature are required; after the first hour a temperature of less than 16°C is not considered reasonable. It is also necessary to display conspicuously a thermometer capable of indicating the temperature of the rooms, on each floor where personnel are employed. The heating was improved and/or thermometers provided at 27 premises during the year. Legal proceedings were taken in respect of one firm's failure to provide adequate heating and a fine of £20 was imposed.

Ventilation: Effective and suitable means for securing and maintaining adequate supplies of fresh air must be provided; ventilation was improved at 8 premises.

Lighting: Suitable and sufficient means for securing and maintaining lighting either natural or artificial must be provided. The standard of lighting is checked by use of a light meter. The lighting was improved at 17 premises.

Sanitary Conveniences: Adequate sanitary accommodation, separate for the sexes, must be provided for persons employed and where the number of female staff exceeds ten suitable and effective means for the disposal of sanitary dressings must be provided and maintained. In 35 premises the sanitary conveniences were improved. Where it is considered appropriate, attempts are made to persuade occupiers to provide facilities for the use of customers and, in the cafe type shops, where the legal authority to require such accommodation does exist under the Public Health Act, provision is required at new premises, or at premises at which structural alterations are being carried out.

Washing facilities: Suitable and sufficient washing facilities including a supply of clean running hot and cold water and in addition soap, clean towels or other means of cleaning or drying must be provided in a conveniently accessible position to persons employed to work in premises. The place or room where these facilities are provided must be kept clean and in an orderly condition. These facilities were improved at 23 premises.

Supply of drinking water: Employees must be provided with an adequate supply of wholesome drinking water. If the supply of drinking water is not from a jet then a suitable drinking vessel must be provided, with, unless they are of the disposable type, facilities for cleaning the vessels.

Because of the easy access to the water supply and drainage there has always been a tendency for drinking water points to be provided in the sanitary accommodation. This exposes the drinking water to risk of airborne contamination, arising from the use of water closets. For this reason at all new premises the occupiers are requested to provide the drinking water point entirely separate from the sanitary accommodation or any annexe to the sanitary accommodation. The introduction of cooled drinking water dispensers sited in the working areas is becoming more common. The drinking water supply was improved at 1 premise.

Accommodation for clothing: Suitable and sufficient facilities for hanging and drying outdoor clothing must be provided. At 7 premises improved accommodation was provided.

Sitting facilities and seats for sedentary work: Where persons who are employed to work in Offices, Shops or Railway Premises have a reasonable opportunity for sitting without detriment to their work there must be provided for them facilities to enable them to make use of such opportunities. Also, if the person's work or a substantial part of it can be done sitting down there shall be provided for them a seat of suitable design, construction and dimensions including, if necessary, a footrest. Seating was provided in 1 shop.

Floors, Passages and Stairs: All floors, stairs, steps, passages, etc., shall be properly constructed, maintained and be kept free from obstruction. Every staircase shall be provided with a handrail. Legal proceedings were taken against one firm for failure to properly maintain floors and stairs and a fine of £20 was imposed.

All openings in floors shall whenever practicable be securely fenced. Although the change in level between the ground and floor level at a loading platform is not strictly an opening in a floor, because of the number of accidents that have occurred to employees on loading bays, occupiers of premises are advised to fence loading bays or if this is not considered to be practicable to define the edge of the loading platform by brightly painted diagonal lines. Where premises or any part of a premise are in such a condition or so constructed that it cannot be used without risk of bodily injury the local Magistrates may make an Order prohibiting their use. Two such premises were found, one arising from early occupation of premises in the central redevelopment area in Uxbridge, the other due to deterioration in an older property, but in both cases the construction was rectified without the necessity of applying for an Order.

The Fencing of Exposed Parts of Machinery: Every dangerous part of any machinery used for forming part of the equipment of premises to which the Act applies shall be securely fenced. Modifications were requested and subsequently made to the guarding to the drive belt of an imported paper baling machine which is installed in the Uxbridge Redevelopment Centre. A booklet entitled "The Safe Use of Food Slicing Machines" has been prepared by the Department of Employment and Productivity and is available for distribution to all persons using this type of machine. Supplies of the book were obtained and were distributed to appropriate premises, together with a leaflet prepared in the Department on the routine cleanliness of food slicing machines. The distribution has been made by the inspector when visiting premises so that both the safety and the food hygiene requirements could be explained to the occupier and to any personnel who use the machine. In addition to this a supply of the leaflets was distributed to all premises operated by the Borough Council where such machines are in use. The guarding to 21 dangerous machines was improved during the year. The Act contains special provisions for the protection of young persons from dangerous machinery and for their training in the use of such machinery. It was not necessary during 1970 to draw attention to any contraventions in respect of young persons and dangerous machinery.

Prohibition of Heavy Work: During the course of inspections no person was found to be carrying, lifting or moving loads so heavy as to be likely to cause injury to him. A number of accidents were caused by people handling goods but these were not due to handling excessive weights. During the investigations of accidents due to handling, advice is given on lifting and carrying and the occupier is recommended to obtain the Safety Health and Welfare booklet on this subject.

Lifts and Hoists: Regulations made under the Act lay down a safety and inspection standard for lifts and hoists installed in Offices and Shops. There are 85 such lifts in the Borough. Inspection reports showed that 24 of these lifts required attention and 23 of these were repaired by the end of the year. Lifts which it is not reasonable to use until repaired are taken out of operation.

Information for Employees: The occupiers of all premises registered under the Act must display a notice to his employees setting out in the prescribed form the requirements of the Act.

First Aid and Accidents: A suitable first aid box(es) for the number of employees on the premises must be kept. Many occupiers keep a register of persons receiving first aid. Any accident which occurs to a person employed on premises registered under the above mentioned Act and which incapacitates that person for more than three days from work is notifiable to the Local Authority. 91 such accidents were notified to this Authority and one of these accidents was fatal.

The accident occurred to a window-cleaner cleaning windows inside the London Airport buildings. The fall was from the comparatively low height of 12 feet. The ladder was examined and showed no defects. Such accidents indicate the need for extreme care to avoid over reaching when working on large areas of glazing. This is the first fatality to be notified to this Authority.

	<i>No. Reported</i>		<i>Action Recommended</i>		
	<i>Fatal</i>	<i>Non-Fatal</i>	<i>Prosecution</i>	<i>Formal Warning</i>	<i>Informal Advice</i>
Offices		15			15
Retail Shops		36		1	35
Wholesale Warehouses		19			19
Catering	1	19			20
Fuel Storage		1			1
Totals	1	90		1	90

The number of notified accidents continues to rise each year but this is thought to be due mainly to occupiers of premises becoming aware of their liabilities under the Act to notify rather than a specific increase in actual accidents.

In addition, 13 further accidents were notified which, because they did not take place on registered premises or for other reasons were not technically notifiable, are not included in the statistical tables.

<i>Cause</i>	<i>Offices</i>		<i>Retail Shops</i>		<i>Wholesale Warehouses</i>		<i>Catering Establishments</i>		<i>Fuel Storage Depot</i>	
	<i>Fatal</i>	<i>Non-Fatal</i>	<i>Fatal</i>	<i>Non-Fatal</i>	<i>Fatal</i>	<i>Non-Fatal</i>	<i>Fatal</i>	<i>Non-Fatal</i>	<i>Fatal</i>	<i>Non-Fatal</i>
Machinery				3		1		1		
Transport				2		3		1		
Falls		9		11		5	1	4		
Stepping or striking against object or person				4		2				
Handling		4		9		7		9		1
Struck by falling object		1		1		1		2		
Fires & explosions										
Electricity				3						
Hand tools										
Not otherwise specified		1		3				2		
Non-Fatal Total:		15		36		19		19		1
Fatal							1			
Total	15		36		19		20		1	

FACTORIES

The public health inspection function in factories varies according to whether the factory is a power or non-power factory. In a power factory the public health inspector is concerned with:

- (1) The purity of the drinking water.
- (2) The adequacy and suitability of the sanitary accommodation.
- (3) The display of the Abstract of the Factories Act.
- (4) The abatement of nuisances.
- (5) Rodent control, and
- (6) The enforcement of the Food Hygiene (General) Regulations in connection with food sales from canteens and vending machines.

There are 1,002 power factories in the Borough.

In non-power factories the public health inspector is concerned with the above matters and the following:

- | | |
|------------------|------------------------|
| (1) Cleanliness | (4) Ventilation |
| (2) Overcrowding | (5) Drainage of Floors |
| (3) Temperature | |

There are 23 non-power factories in the Borough.

During the year 1,119 inspections were made of factories registered under the Factories Act and 45 notices under this Act were served requiring work to be done; schedules of the inspections made and defects found are set out on page 102.

OUTWORKERS

If a factory employs people to carry out work at their own home, the details must be notified by the factory to the local authority in whose area the factory is situated. The local authority must in turn notify any other local authority in whose area the employed person resides.

Persons so employed are referred to as out-workers. There are 238 out-workers in the Borough and 149 inspections were made of premises occupied by them. The conditions under which the work was being carried out was in all cases satisfactory.

Details of the number of persons employed on out-work and the types of trades at which they are employed is set out below:

<i>Notifications from Factory Occupiers within the Borough</i>	<i>Type of work</i>	<i>No. of Outworkers</i>
1	Alterations or finishing wearing apparel	16
Total 1		16
<i>Notifications from other Local Authorities</i>		
22	Alterations or finishing wearing apparel	59
2	Brush making	2
1	Making Christmas crackers	160
1	Making lampshades	1
Total 26		222
	Total no. of Outworkers:	238

Inspections

<i>Premises</i> (1)	<i>Number on register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	49	10	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	986	952	33	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	16	18	2	
Total	1,025	1,119	45	

Defects

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7)					
(a) Insufficient	8	14			
(b) Unsuitable or defective	43	69	1	5	
(c) Not separate for sexes	4	1			
Other offences against the Act (not including offences relating to Outwork)	20	33	20		
Total	75	117	21	5	

AGRICULTURE (SAFETY AND WELFARE PROVISIONS) ACT, 1965

The sections of this Act dealing with the provision, maintenance and cleanliness of sanitary accommodation are administered by the Sanitary Authority. There are 41 agricultural units in the Borough. It was not necessary to take statutory action against any of the owners or occupiers but one land owner has been requested to improve the sanitary accommodation.

SHOPS ACT, 1950-1965

EMPLOYMENT OF YOUNG PERSONS ACT, 1938-1964

These Acts control the hours of employment of young persons including a restriction in their employment at night and regulate the opening hours and half day closing of shops, Sunday opening and compensatory leave and provide for rest and meal breaks for employees. In addition to the routine checks made of shops during the course of visits under the Offices Shops and Railway Premises Act, 66 visits were made in connection with shop closing hours. The language barrier does not assist the administration of these Acts in shops occupied by immigrants and there is difficulty in ensuring that the provisions relating to the employment of young persons are complied with. London (Heathrow) Airport is specifically exempt from early closing by the Shops (Airports) Act, 1962; there has not yet been any approach to the Council for the introduction of 6 day trading in any other part of the Borough.

NOISE

In an interim report the Noise Advisory Council concluded that the Noise Abatement Act was inadequate for modern conditions and stated that they had been impressed by the enthusiasm and professional skill which public health departments have given to the implementing of the Act. There is difficulty in administering the Act because of the delay that must occur before a nuisance order can be obtained. Fortunately very good co-operation has been received locally whenever the statutory noise nuisance occurred at night and could have affected people's health by depriving them of their sleep.

For the first time since 1965 complaints were made to this Department concerning noise from Heathrow Airport. The complaints were caused by the use of the extension to Number 1 Runway. The noise nuisance was particularly severe when planes took off from the West or Longford end of the runway. The G.L.C. Scientific Branch co-operated in measuring the sound level and peak levels of 117 PNdB were recorded. It would not be practicable economically to sound proof the average suburban dwelling against sound levels of this magnitude and even if it were possible, with flights every two to three minutes leisure use of the garden would be impossible. Noise or vibration caused by aircraft is exempt from the provisions of the Noise Abatement Act, 1960. There should be a complete prohibition of domestic development within a prescribed distance from a runway and any houses affected as seriously as those investigated in the Longford area cannot be considered suitable for continued residential use.

In addition to the complaints of aircraft noise, 99 complaints of noise from other sources were investigated. These complaints covered a wide spectrum and included:

- Nuisance from neighbours caused by dogs barking, television and practising of musical instruments;

- Noise from commercial premises such as dance halls and public houses caused by loud music played at the establishment and by the patrons leaving the premises at the end of a session;

- Nuisance from industrial premises arising from machinery and processes.

There is difficulty in deciding whether or not the nuisance exists if at the visit the noise is inaudible or is stated to be at a lower volume than normal with the implication that this is because the inspector's presence is known. In some cases the complainants have been asked to record the noise when it is at a level at which they are complaining on a sealed tape recorder which is examined by the Scientific Branch Laboratory of the Greater London Council. By use of this method one complaint was substantiated, one unconfirmed and one complainant refused to co-operate during winter. In this case the noise complained of was from an industrial process and the complainant has offered to co-operate in the summer of 1971 alleging that the noise has been a greater nuisance during warm weather.

LONDON (HEATHROW) AIRPORT NOISE INSULATION GRANTS SCHEME

The Council continued to act as agents to the British Airports Authority in the administration of this scheme and public health inspectors dealt with applications for grant from qualified applicants in the defined area concerned. The amount of grant is 60% or a maximum of £150 of the reasonable cost of the sound insulation works carried out, after taking into account the full value of all incentives and discounts provided by builders, contractors or suppliers. Applications for grant must be accompanied by supporting estimates fully itemised to show the costs of each element of the work. All applicants are told that before soundproofing works are carried out they must obtain the written notification from the Council that the application qualifies for grant. They are also advised to ensure that the completed works are approved before paying for the work. The closing dates for lodging applications and for completing insulating works have been extended by two years. Applications must be made before 31st December, 1972 and the works completed by the end of December 1973. For the first time since the grant scheme was inaugurated the British Airports Authority have formulated a cost yardstick as a guide to the "cost of insulation works reasonably incurred". This authority has made several representations in the past that such a cost yardstick should have been formulated for the purpose of attaining uniformity with the other authorities participating in the scheme. The cost of insulation works above the cost yardstick is borne by the applicant. Details of applications dealt with during the year are as follows:

No. of applications received during 1970	62
No. of applications granted during 1970	62
No. of applications dealt with since the start of the scheme on 1st January, 1966	631
No. of private dwellings within the defined area	6,000

CONSUMER PROTECTION

The Consumer Protection Act, 1961 authorises the Secretary of State by Regulation to impose safety requirements and warning instructions for certain classes of goods. Details of the work carried out in the enforcement of certain of these Regulations is set out below:

The Heating Appliances (Fireguards) Regulations, 1953 and the Oil Heaters Regulations, 1962: During 1970 inspections were made of 9 premises selling oil heaters, gas fires or electrical fires. No contraventions of the Regulations were noted. Two investigations were made of premises where fires involving oil heaters had occurred and in both cases the heaters were so damaged that it was not possible to verify whether the heaters complied with Regulations before the fire. An examination was made of heaters on the premises of retailers of the appliances and no contraventions were observed.

It is general practice when inspecting premises in multiple occupation to draw attention to these Regulations and also to the provisions of the Childrens and Young Persons Act concerning guarding of open fires.

The Night Dresses (Safety) Regulations, 1967: These Regulations require that night dresses for children must be made of flame-proof material and that women's nightdresses must be of flame-proof material or clearly and conspicuously marked to indicate that they are not flame proofed. Night dresses examined at 46 premises were found to comply with the Regulations.

TOYS (SAFETY) REGULATIONS, 1967

These Regulations require that, subject to certain exceptions, no persons may sell or have in his possession for sale a toy not complying with the standards set out. The use of celluloid, which is inflammable, is prohibited except for ping pong balls. Restrictions are imposed in relation to the paint which may be used on toys limiting the amounts of lead, arsenic, soluble antimony, barium, cadmium or chromium. The Regulations also apply to toys which were manufactured before the effective date of the Regulations, i.e. 1st November, 1967.

Suspect toys are purchased and submitted to the Public Analyst for examination. 18 toys were purchased for examination in 1970, 7 of which were found to be painted with paint con-

taining excessive amounts of lead and one (toy guitar) had a celluloid plectrum. Details are given below:

<i>Satisfactory Toys</i>		<i>Unsatisfactory Toys</i>		
<i>Article</i>	<i>Country of Origin</i>	<i>Article</i>	<i>Country of Origin</i>	<i>Reason</i>
Toy piano	Japan	Toy Pianos (4)	Japan	(1) 38,164 parts per million Pb
Toy pianos (2)	China			(2) 30,015 parts per million Pb
Boy on clockwork tricycle	Japan			(3) 50,200 parts per million Pb
Take apart horse and donkey	China			(4) 56,284 parts per million Pb
Toy soldier	Hong Kong	House blocks	China	42,740 parts per million Pb
Toy footballer	Hong Kong Empire	Wooden toadstool money box	France	7,845 parts per million Pb
Toy umbrella				
Wooden counting frame and beads	Foreign	Clockwork motor cycle	China	10,063 parts per million Pb
Skiing clown with friction motor	Hong Kong	Toy guitar	Foreign	Celluloid plectrum

When unsatisfactory reports are received on toys steps are taken to secure their immediate withdrawal from sale in the Borough and where necessary local publicity is given through a press release and on one occasion details were broadcast by Radio London. Details are also submitted to other authorities in order that officers in these authorities responsible for the enforcement of this enactment may take appropriate action in their own areas.

In some cases it was found that the offending toys had been imported into the country as early as 1968.

Action was confined to a warning letter with regard to the toy pianos and investigations into the remaining four offending toys are continuing.

PEST CONTROL

The Prevention of Damage by Pests Act, 1949 imposes upon every Local Authority the duty to take such steps as may be necessary to secure, so far as practicable, that their district is kept free from rats and mice and in particular (a) from time to time to carry out such inspections as may be necessary for the purpose, (b) to destroy rats and mice on the land of which they are the occupier and otherwise to keep such land so far as practicable free from rats and mice, (c) to enforce the duties of owners/occupiers of land under the provision of the Act.

Owing to the difficulty in recruiting sufficient manual staff to carry out rodent control treatment it has again been necessary to contract out the work to a commercial operator. The contractor works in close contact with the Department and submits detailed records of the treatment carried out. Rodent control on domestic premises is a free service but a charge is made for any work done on business, commercial or industrial premises. In an area of this type, with so many open spaces, the location of reservoirs of rodent infestation is extremely difficult and the appointment during the latter part of the year of a technical assistant for vermin control duties has meant that more attention can be given to this aspect of the work.

PROPERTIES OTHER THAN SEWERS

	Type of Property	
	Non-agricultural	Agricultural
1. Number of properties in district	89,533	101
2a. Total number of properties (including nearby premises) inspected following notification	2,165	—
b. Number infested by (i) rats	1,860	—
(ii) mice	288	—

In addition to this all routine inspections of premises include a check for the presence of rats and mice.

The increase in mice infestation was a disturbing feature particularly as a number of food premises were involved. Routine inspection of food premises revealed several major infestations of mice and although their presence was readily apparent effective eradication measures had not been taken by the occupiers. The risk of contamination resulting from these infestations in food premises featured in two of the prosecutions taken under the Food Hygiene (General) Regulations, 1960. To prevent the spread of rodents due to the demolition of properties in the Uxbridge Central Redevelopment Area routine baiting of all premises was carried out prior to demolition. Rodent control treatment of sewers was also carried out by contractors. During the year 250 manholes were baited with fluoracetamide a poison which can give over 90% control of rats in a single treatment.

Complaints have been received in the department for several years concerning squirrel infestations, and complaints of this nature have recently shown a considerable increase.

Until the appointment of the technical assistant (vermin control) it was only possible to offer advice but at the end of the year active control measures were offered to the public on a rechargeable basis. In domestic properties squirrel traps are installed in the affected premises and when the householder advises the department that a squirrel is in the trap an operator visits and destroys it. The damage caused by these animals invading the roof spaces of houses is considerable, plastic guttering, electricity cables and woodwork are extensively gnawed and water in storage tanks contaminated.

Foxes.—Increasing complaints are also being received regarding the activities of foxes. Until recently the Ministry of Agriculture Fisheries and Food dealt with this problem but they no longer accept this responsibility. It has been possible to survey some of the areas where foxes have been reported so that a shoot may be arranged.

OTHER PESTS

735 complaints of infestation were received, details of which are given below:

Wasps	655	Bugs	14	Maggots	1
Ants	28	Cockroaches	9	Mites	1
Fleas	23	Lice	3	Silver Fish	1

In every case control treatment was carried out by the Manual staff of the department.

Pigeons.—There are several sites in the Borough troubled with pigeons—the worst one being the Central Area of Uxbridge.

During the year pigeon traps were installed on two buildings in the area and 300 birds were caught. Notwithstanding the number caught there are still a large number of birds in the area and it is proposed to continue trapping.

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. This certificate ensures that the meat or the meat from which the product has been manufactured has been derived from animals inspected before and after slaughter in accordance with criteria satisfactory to the Ministry of Agriculture Fisheries and Food and that the dressing, preparation and packing was carried out with all the necessary precautions for the prevention of danger to health. By request H.M. Customs detain meat and meat products pending inspection and other foods are examined when considered necessary. The remaining two larger bonds were transferred to the Cargo Centre in the Urban District of Staines during January, leaving two agency bonds operating in this Borough. Imports of food through these are very infrequent. The following foods were examined:

<i>Article</i>	<i>Lbs</i>	<i>Article</i>	<i>Lbs</i>
Dried Meat	51	Casings	35
Meat pies and pastes	1,466	Fish	446
Salad of meat	1,215	Shellfish	15
Tinned meat	83	Cheese	88
Cooked and smoked meats	282	Fruit	12,122
Bacon and ham	92	Vegetables	4,895
Salami	798	Sugar confectionery	93
Sausages	1,693	Fruit juice crystals	59
		Dried turtle meat	3,306

4,895 lbs of food was surrendered as unfit for human consumption.

In addition to imported food through the airport sealed container traffic is now carried into the Borough from various seaports, mainly Harwich, Liverpool, Newhaven and Holyhead. The food carried consists of bacon, fresh meat, cheese, sweets, butter and the total weight examined in 1970 was 269½ tons.

IMPORTED FOOD REGULATIONS, 1968

These regulations permit an authorised officer at the port of entry who considers it expeditious (having regard to the nature of the container in which the food is imported), to defer the examination of the food until it reaches a specified place of destination elsewhere, provided (a) the importer gives a written undertaking that the container has been sealed and will not be opened until it reaches the specified place and (b) notifies the receiving authority—who become responsible for the enforcement of the Regulations in relation to that food. During the year the effect of the Regulations became more apparent. Containers, which had not been examined at the docks, were delivered to firms in the Borough in increasing numbers. Inspection generally was quite straightforward but in some cases difficulties were encountered for the following reasons:

1. Late notification from the Port Health Authority.
2. Insufficient details—e.g. (i) Incomplete address of consignee. (ii) The importer does not notify purchaser of lack of inspection at the docks or the purchaser holds a consignment which has been inspected at the docks waiting for the local authority inspector to visit. (iii) The purchaser diverts the consignment to storage premises for a short period again without notification to anyone. (iv) Part of the contents of a container are unloaded at one premises and the remainder are transported in the container to other premises in the area of another Local Authority.
3. The purchaser diverts part of the consignment previously notified to one Authority to another depot in the district of another Authority without notification.
4. Invariably at the time of the inspection the containers have been unloaded because it is expensive to keep drivers and vehicles waiting and as a result of this, it is often not possible to inspect the containers themselves.

The regulations do not require the consignee to notify the receiving authority of its arrival or to hold the food for inspection.

Fourteen containerised imports of food were examined during the year all of which were found to be satisfactory. Details of the cargoes and their country of origin are given below:

<i>Products</i>	<i>Number of Containers</i>	<i>Weight</i>				<i>Origin</i>
		<i>Tons</i>	<i>Cwts</i>	<i>Qtrs</i>	<i>Lbs</i>	
Mashed Potato Mix	1	15	8	2	8	Canada
Canned Oranges	1	26	10	1	12	Spain
Butter	1	17	14	1		Holland
Canned Tomatoes	6	187	5	1	16	Spain and Italy
Cheese	5	22	17		9	Dublin
Total	14	269	15	2	17	

HYGIENE OF FOOD PREMISES

At London Heathrow Airport there are numerous catering establishments varying in size from the small industrial buffet to large restaurants catering for the public. Many 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. The number of meals produced in the district during the year and supplied to aircraft was 5,600,000.

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

WATER SUPPLY

Two companies supply the whole of the airport with mains water. Regular samples are taken from aircraft and submitted for bacteriological examination. 377 samples were taken during the year with the following results:

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
From fixed tanks	159	11
From portable flasks:		
(1) filled in Borough area	58	40
(2) filled outside Borough area	16	23
(3) foreign filled	11	22
From bowzers	16	5
From mains	14	
Ice cubes	1	1

Fixed tanks are fitted to modern aircraft and portable flasks are used for supplying drinking water to the older types as well as supplying iced water to many foreign airlines. Although sterilization 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, inspections of buildings, land and aircraft are made.

Land

Minor 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

Airport buildings are inspected for rodents and insects. Mice and particularly cockroaches were troublesome in past years but with the regular control treatment by the contracting company the situation remains greatly improved.

Aircraft

Occasionally a rodent is found or suspected on an aircraft presumably gaining access with cargo. During 1970 five aircraft were fumigated with hydrogen cyanide for the destruction of rats or mice but only one carcass (a white mouse) was found. In order that infestation may proceed quickly a fumigation company has agreed to treat an aircraft with hydrogen cyanide at any time of the day or night on the request of an airline duty officer. On discovery of insects, disinsectisation by spraying is carried out immediately by airline staff. If warranted, the services of the same company are available for treatment by gas fumigation.

OTHER SERVICES

DEPARTMENTAL LABORATORY

With the formation of the Borough a small laboratory was set up for the purpose of carrying out simple screening tests and examinations in connection with the Council's responsibilities for food and drug examination, the operation of the atmospheric pollution measurement stations and other matters. It has been possible over the years to expand the work carried out in this laboratory with a resultant saving in cost and a technical assistant is now employed on laboratory work and associated sampling duties. Details of chemical tests in connection with food have been set out elsewhere and the following is a summary of all the examinations carried out.

<i>Type of Examination</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total number of Tests</i>
Agar Sausage incubation and assessment. (Check on surface cleanliness of food premises and equipment)	42	24	66
Bacteriological examination of foods and water:			
(1) Food	2	5	7
(2) Liquid egg	4	Nil	4
(3) Water	38	4	42
Chemical Examination of Food	190	9	199
Celluloid in toys	2	1	3
pH determination of iced lollies	3	Nil	3
Insects identified	52		
Moulds identified	11		
Chemical Examination—River water	33		
Atmospheric Pollution:			
Sulphur dioxide determinations	2,548		
Measurement of Smoke Concentrations	2,548		
Examination of Building Materials	2		

In addition to this work two tests were carried out on building materials for the Architects Department. A portable pH meter was added to the laboratory equipment during the year and this has proved extremely useful for pH determinations in connection with food as well as swimming pool water.

RIVER POLLUTION

On the 7th September, 1970, a complete survey was made of the River Colne, the survey commenced in the North at the boundary of the Borough in the vicinity of Springwell Lane, Harefield and terminated in the south at the Bath Road, Longford. A boat was used and samples of river water were taken from thirty points along the course of the river. The samples were examined in the departmental laboratory and the results were typical for water samples taken from a river flowing through mixed agricultural and industrial development and receiving discharges from surface water sewers serving industrial development. The samples did not indicate any excessive pollution from any particular source.

During the survey oil was observed entering the river from surface water connections at four points along the course of the river; these points were: (1) north of Maple Lodge sewage works outfall; (2) the Uxbridge Industrial Estate; (3) adjacent to Accommodation Lane, Harmondsworth; and (4) Moor Bridge, Bath Road, Longford. Rodent infestation was noted in the banks of the river adjacent to industrial premises at Uxbridge and following the service of notices this infestation was cleared by the Industrial company concerned. An accumulation of refuse on the bank of the river opposite to Denham Studios was cleared by the owner of the land.

In addition to this special survey of the River Colne, 184 inspections and re-inspections were made of rivers, ditches and water courses in the Borough and 14 specific sources of pollution noted in the rivers were investigated and dealt with. It had been hoped that the publicity which has been given to river pollution would produce a public response and that pollution would diminish. Unfortunately, this has not occurred so far as the following four specific investigations demonstrate:

Oil pollution of the River Colne was traced back to a road gulley on an Industrial Estate. It was obvious that the oil had originated from the deliberate drainage of motor oil from a car stationed over the gulley. It was necessary to remove the oil from the gulley by use of a gulley exhaustor, to prevent widespread and serious pollution to the river during the next heavy rainfall.

The Grand Union Canal was heavily contaminated with oil when a fuel oil storage tank at an Industrial premises was over-filled during a night delivery to the company when none of the company's administrative staff were present. There was no bund walling to the storage tank and there is no legal authority whereby the Council can require the provision of such walling to an existing storage tank. The company have agreed to restrict deliveries of fuel oil to such times as a competent member of their staff is present.

Glass jars of chemicals were deliberately deposited into the canal feeder at Ruislip. Fortunately they were recovered before causing any pollution. Serious dark discolouration was caused to the canal following the breakdown of a private sewage pumping station situated on industrial premises and soil water overflowed into the canal. The pumping station is automatic and situated at the rear of the factory. A duplicate set of pumps would have prevented this accident but unless there is frequent routine inspection of the pumps or, in the event of breakdown, the first pump is coupled to an automatic alarm system, there is no guarantee that the first pump would be repaired before the reserve set also broke down.

Owing to the shortage of inspectorial staff it has not been possible to carry out the investigation of oil pollution arising from industrial estates in the Borough which it had been hoped to make during European Conservation Year.

MAPLE CROSS SEWAGE DISPOSAL WORKS

Eight chemical samples were taken at the point where the effluent from the Maple Cross Sewage Works discharges into the canal and then into the River Colne or from a point downstream of this discharge channel. Results of the examination of these samples are set out on page 111.

Samples numbered 5 and 6 were taken at the time of an industrial dispute when the sewage works were not fully staffed. Normally there is a brown discolouration at the point of the effluent discharge across the width of the canal and downstream almost to the junction with the River Colne. During the dispute this discolouration also spread upstream for approximately 50 yards.

Generally the samples indicate discharge of a satisfactory effluent.

EFFLUENT SAMPLES

Sample No.	1	2	3	4	5	6	7	8
Date taken	9.4.70	9.4.70	10.6.70	22.10.70	29.10.70	24.11.70	14.1.71	14.1.71
Location of Sample	Channel	200 yds down stream	Channel	200 yds down stream	200 yds down stream	200 yds down stream	Channel	100 yds down stream
Appearance	Fairly clear	Clear	Clear	Fairly clear	Fairly clear	Fairly clear	Yellowish clear	Yellowish clear
Odour	Earthy	Earthy	Earthy	Earthy	Earthy	Earthy	Earthy	Earthy
Reaction pH	7.6	7.3	7.4	7.0	7.5	7.7	7.6	7.7
			PARTS PER MILLION					
Total dissolved solids				718	692	651	746	721
Suspended solids	5	6	5	15	5	3	9	5
Chlorion	117	97	117	129	112	100	122	114
Ammonical Nitrogen	3.28	4.72	2.64	6.1	3.28	2.13	1.0	0.5
Albuminoid Nitrogen	3.28	4.00	0.21	4.2	0.48	0.60	0.6	1.6
Nitrate Nitrogen	22	16	10	8	4	5.2	10.0	13
Nitrite Nitrogen	1.00	0.50	0.10	0.21	0.10	0.1	absent	absent
Permanganate value	10.9	8.3	6.20	8.6	5.3	6.3	8.5	7.9
Total Alkalinity			291	214	202	185	181	175
B.O.D.	23	9	12	20	9	6	5	6
Anionic Detergent Manoxol OT					0.2	0.2		
Remarks:	High organic content B.O.D. excess	Similar to effluent B.O.D. lower	Satis. B.O.D.	High organic content Satis. B.O.D.	Effect of effluent show from sewage works	Not exceptionally high—Satisfactory	Not exceptionally high—Satisfactory	Not exceptionally high—Satisfactory

Other Services

Other Services

HOUSING ALLOCATION—MEDICAL FACTORS

During 1970, the Council's housing points scheme continued in operation and all applications received by the Director of Housing in which medical factors were put forward for consideration were referred to this Department. The number of applications for this year, at 540, is almost 100 less than the record total of 637 received by the Department in 1969. The total number of applications for rehousing or transfer of accommodation which were considered by this Department during 1970 was nevertheless the second highest since the inception of the Borough.

Year	New Applications			Transfers			Total
	Special recommen- dation and points	No recommen- dation	Total	Support	No support	Total	
1966	115	253	368	40	79	119	517
1967	84	215	299	63	113	176	475
1968	115	242	357	36	90	126	533
1969	150	226	376	101	180	281	637
1970	162	191	353	85	102	187	540

A review was undertaken of the type and source of the medical support submitted with applications for rehousing referred to the Department during the past year and the following tables are of some interest:

Review of 353 applications for rehousing because of medical factors

Primary Source of Medical referral	Number	Number Supported	Proportion Supported
General Practitioners	304	35	11.8%
Hospital (Consultant or Medical Social Worker)	39	35	89.7%
Social Workers	2	2	100%
Health Visitors	2	2	100%
Others	6	6	100%
Total	353	81	22.9%

Other Services

HOUSING ALLOCATION—MEDICAL FACTORS

During 1970, the Council's housing points scheme continued in operation and all applications received by the Director of Housing in which medical factors were put forward for consideration were referred to this Department. The number of applications for this year, at 540, is almost 100 less than the record total of 637 received by the Department in 1969. The total number of applications for rehousing or transfer of accommodation which were considered by this Department during 1970 was nevertheless the second highest since the inception of the Borough.

<i>Year</i>	<i>New Applications</i>			<i>Transfers</i>			<i>Total</i>
	<i>Special recommen- dation and points</i>	<i>No recommen- dation</i>	<i>Total</i>	<i>Support</i>	<i>No support</i>	<i>Total</i>	
1966	115	283	398	40	79	119	517
1967	84	215	299	63	113	176	475
1968	115	242	357	86	90	176	533
1969	150	226	376	101	160	261	637
1970	162	191	353	85	102	187	540

A review was undertaken of the type and source of the medical support submitted with applications for rehousing referred to the Department during the past year and the following tables are of some interest:

Review of 353 applications for rehousing because of medical factors:

<i>Primary Source of Medical referral</i>	<i>Number</i>	<i>Number Supported</i>	<i>Proportion Supported</i>
General Practitioners	304	36	11·8%
Hospital			
(Consultant or Medical Social Worker)	39	35	89·7%
Social Workers	2	2	100%
Health Visitors	2	2	100%
Others	6	6	100%
Total	353	81	22·9%

<i>Further information concerning the above referrals requested from:</i>	<i>Number</i>	<i>Number Supported</i>	<i>Proportion Supported</i>
Social Workers	81	47	58.0%
Health Visitors	36	24	66.6%
Public Health Inspectors	17		
School Health Service	5	5	100%
Mental Health Officers	3	3	100%
Home Nurses	2	2	100%
Total	144	81	56.3%

The tables show that 81 of the 353 applications were given support, chiefly on the basis of the evidence submitted by the primary source of medical referral while in an equal number of cases, further information had to be obtained before support was justified. It is of particular interest to note that only a small number of General Practitioner's primary referrals could be supported (36 out of 304), compared with other referrals especially those from hospital staff (35 out of 39), Health Visitors and Social Workers. There is no doubt that the General Practitioners' certificates issued "on demand" to applicants have outlived any usefulness they may have had, and requests by applicants for such certificates are becoming an increasing source of irritation. When a General Practitioner considers that a patient's medical condition is being seriously aggravated by his accommodation, then he has no hesitation in contacting this Department direct, either by letter or by telephone.

The following table indicates the nature of the medical conditions for which housing applicants sought support from this Department:

<i>Medical Condition</i>	<i>New Applications</i>	<i>Transfers</i>
Heart Conditions	59	25
Chest Conditions	67	23
Arthritis and Rheumatism	36	20
Mentally ill or Sub-normal	13	10
Nervous Disability	54	41
Other physical handicap	29	17
Other	95	51

MASS RADIOGRAPHY

In continuance of the policy of visiting the various parts of the Borough at approximately three-yearly intervals the Mass X-ray Unit came to the Yiewsley and West Drayton area in the latter part of the year. The total attendance figure was 5,875 compared with 5,362 on the occasion of the previous visit in 1967. Thirty persons were referred for further investigation and in nineteen cases nothing abnormal was discovered. One case of tuberculosis and two heart conditions were found and in the remaining eight cases details of the final results are not yet available.

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. In addition to these visits the following facilities for chest X-ray are available

at fixed points reasonably accessible to residents of the Borough, for which no appointment is necessary. Persons attending should take stamped addressed envelopes for the results to be notified to them.

Static X-ray Centres

Central Middlesex Hospital Acton Lane, Park Royal (nearest LTB Station—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, Middlesex	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 Offices Car Park, Rickmansworth	Weekly—on Mondays	2.45 p.m.—3.15 p.m.

LONG STAY IMMIGRANTS

Visits were made to long-stay immigrants so that they may be made aware of the health and social facilities available, particularly to children. The Department was notified of all new arrivals in the Borough. Visits are made to all recent immigrants by the public health inspectors.

<i>Country issuing passport</i>	<i>Notifications Received</i>	<i>Successful visits completed</i>
<i>Commonwealth Countries</i>		
Caribbean	31	23
India	45	26
Pakistan	24	12
Other Asian	7	6
African	32	30
Others	41	33
<i>Non-Commonwealth Countries</i>		
European	54	41
Others	15	12
Total	249	183

NATIONAL ASSISTANCE ACT, 1948—SECTION 47

This provision authorises the Medical Officer of Health to effect the compulsory removal to a suitable place any person who by reason of age, illness or infirmity is living in insanitary conditions, and is unable to care for himself, and is not receiving such care from others. Application is made to the Magistrates Court in appropriate cases or direct to a Justice of the Peace in emergency conditions.

It is usually possible to avoid compulsory removal by the use of the domiciliary health team of home nurses, home helps, social workers and doctors. Good relationships between the Department's staff and the local consultant geriatrician also avoid the need for compulsion when hospital admission becomes inevitable.

During 1970 five people came to the attention of the Department for consideration under this Section, but in four cases it was possible to make appropriate alternative arrangements. In one case, however, an old lady was seriously disabled and obviously in need of hospital treatment. Persuasion proved quite ineffective, and an application under this Section was approved. Subsequent admission to hospital resulted in recovery, discharge to an old people's home and eventual transfer to more appropriate independent accommodation.

MASSAGE AND SPECIAL TREATMENT

Licences, which are renewable annually, are issued in respect of premises used for the reception or treatment of persons requiring massage or special treatment, in accordance with Middlesex County Council Act, 1944.

All such premises were inspected by a Principal Medical Officer and found to be of a satisfactory standard. The number of premises licensed and the type of treatment offered is shown in the following table:

<i>Treatment Carried Out</i>	<i>Number of Premises</i>
Chiropody	15
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

NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948

(As amended by the Health Services and Public Health Act, 1968)

Full-time Registered Child Minders are 109 in number, providing places for 378 children.

Of this number 95 child minders provide all day care for a total of 170 children.

Play Groups on Registered Premises other than factory premises—56 premises, providing places for 1,608 children.

NURSING HOMES

There are no Private Nursing Homes in the Borough. One Hospital subject to registration under the Public Health Act, 1936 is visited by officers of the Department from time to time.

NURSING AGENCIES

There is one Nursing Agency in the Borough, and this continues to be conducted in a satisfactory manner.

OCCUPATIONAL HEALTH SERVICES

The total number of cases considered for medical assessment during 1970 was, at 2,233, the highest figure for any year to date. The relatively small number of teachers examined (and only those taking up their first teaching post are routinely medically examined) was more than offset by the rise in the number of other staff assessed. It is interesting to note that despite the increase in the total number of assessments carried out during 1970, the number of people actually medically examined was the lowest so far and at 516 represented 23% of the total. Of these 276 were in categories requiring routine medical examinations (e.g. teachers, students, etc.) so that in only 12% (240) of those cases in which discretion could be exercised, based on scrutiny of completed medical questionnaires, was a medical examination considered necessary.

	1966	1967	1968	1969	1970
Total Number of Assessments	2,034	2,022	2,072	1,773	2,233
MEDICAL EXAMINATIONS					
<i>Routine</i>					
(i) Teachers (First appointment)	173	129	111	66	78
(ii) Students (On selection for Teachers Training College)	159	240	219	177	188
(iii) Requests from other Authorities	14	14	7	11	10
Other Staff Examined	319	409	398	323	240
Total number of Medical Examinations	665	792	735	577	516
Number Assessed without Examinations	1,369	1,230	1,337	1,196	1,717
% Total Assessed by Medical Examination	32.6%	39%	35%	32.5%	23%
% Assessed by Examination when Routine Medical not required	19%	25%	23%	21%	12%

PREVENTION OF BREAK-UP OF FAMILIES

During the year under review two meetings were held under the joint Chairmanship of the Medical Officer of Health and the Children's Officer to consider what assistance the Borough's services should provide to promote the health of children and prevent a possible break-up of families. The meetings were attended by a variety of social agencies from different departments within the Corporation and from other Statutory bodies. Seven new cases were discussed and helped during 1970, and a further 29 cases were reviewed. At the end of 1970 it was possible to remove 8 cases from the register since no further help was required.

PUBLIC MORTUARY

In view of the increasing number of bodies received at the Public Mortuary together with the long periods that must sometimes elapse before necessary enquiries are complete, the Social Services Committee resolved to increase the accommodation at the 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	247	
Residents of other districts	26	
	<hr/>	273

From Hospitals in the Area:

Residents of Hillingdon	355	
Residents of other districts	347	
	<hr/>	702

From London Airport:

Residents of other districts	26	
	<hr/>	1,001

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 has been noticed for some years, and it is one of the objectives of the Council to encourage cremation in appropriate cases.

Year	Total Cremations	Year	Total Cremations
1965	3,439	1968	3,677
1966	3,399	1969	3,802
1967	3,412	1970	3,929

PREVENTION OF BREAK-UP OF FAMILIES

During the year under review two meetings were held under the joint Chairmanship of the Medical Officer of Health and the Children's Officer to consider what assistance the Borough's services should provide to promote the health of children and prevent a possible break-up of families. The meetings were attended by representatives of various agencies from different departments within the Corporation and from other statutory bodies. Seven new cases were discussed and helped during 1970 and a further 25 cases were reviewed. At the end of 1970 it was possible to remove 5 cases from the register since no further help was required.

Report of the Principal School Medical Officer for the year 1970

MEDICAL INSPECTION IN SCHOOLS

The medical inspection of school children in the Borough's schools is laid down by Section 48 of the Education Act, 1944, whereby it is the duty of Local Education Authorities to provide for the medical inspection of pupils attending maintained schools in their area. These medical inspections are carried out by school medical officers employed by the Authority in the School Health Service. All parents are given the opportunity of being present at every medical inspection of their children.

This Authority has decided to carry out its duty to inspect all children periodically as follows:

- Children entering school under 5 years of age are to be inspected as soon as possible after entry to school and to be inspected again after reaching the age of 5 years providing an interval of at least one year has elapsed between routine inspections.
- Children entering school at 5 years of age and over to be inspected during their first year at school.
- A further inspection during the child's last year in a primary school. If this should not be possible, then a child should be examined in its first year at a secondary school.
- An inspection during the child's fourth year at a secondary school, that is to say the school year in which a child reaches 15 years of age.
- Where pupils continue at school beyond 15 years of age, another inspection will then be made at approximately 17 years of age.

In addition to these periodic inspections, pupils can be inspected at any time at the request of the headteacher, parent, or school nurse.

The total number of routine medical inspections of school children during 1970 was 8,922 and a further 5,055 special inspections and re-inspections made at school or at school health clinics brought the total to 13,980. There were fewer routine medical inspections completed in 1970 than in 1969 (11,545) due to shortages of medical staff. At the beginning of 1970 the establishment was 8 Medical Officers in Department. By the end of June 1970 there was in fact only one whole-time Medical Officer in Department and the equivalent sessional/part-time staff of approximately 4 Medical Officers in Department.

It was necessary to advise the Education Committee that periodic inspections could only be offered to two groups of school children, namely new entrants to schools for the first time, and secondary school leavers in order to assist the Career Officers and ensure that children left school fit as it was possible to expect. Since June 1970 great efforts have been made to overcome these staffing difficulties, and by the end of this year a complete establishment had been achieved.

It is clear from the previous paragraph that economic deployment of medical manpower is of the greatest importance, firstly to give the children and their parents the advantage of skilled advice about the general well-being and happiness of their children, and to give the Education Authority and its school personnel skilled medical opinion so that the education provided can be used to the greatest advantage. Many schemes have been put forward for the inspection of school children, but they derive from two main principles. The first has been the complete inspection of every school child at least three times in its school career by a doctor. This means that a large number of healthy children are examined, which is time-consuming, but a number of unsuspected and potentially remediable defects come to light during these examinations which would not

There mark what ill the scholar's life assail.—Samuel Johnson, 1738

Annual Report of the Principal School Medical Officer for the year 1970

Dr. J. W. E. Bridger—*Principal Medical Officer (School Health)*

Part I

MEDICAL INSPECTION IN SCHOOLS

The medical inspection of school children in the Borough's schools is laid down by Section 48 of the Education Act, 1944, whereby it is the duty of Local Education Authorities to provide for the medical inspection of pupils attending maintained schools in their area. These medical inspections are carried out by school medical officers employed by the Authority in the School Health Service. All parents are given the opportunity of being present at every medical inspection of their children.

This Authority has decided to carry out its duty to inspect all children periodically as follows:

- (a) Children entering school under 5 years of age are to be inspected as soon as possible after entry to school and to be inspected again after reaching the age of 5 years providing an interval of at least one year has elapsed between routine inspections.
- (b) Children entering school at 5 years of age and over to be inspected during their first year at school.
- (c) A further inspection during the child's last year in a primary school. If this should not be possible, then a child should be examined in its first year at a secondary school.
- (d) An inspection during the child's fourth year at a secondary school, that is to say the school year in which a child reaches 15 years of age.
- (e) Where pupils continue at school beyond 15 years of age, another inspection will then be made at approximately 17 years of age.

In addition to these periodic inspections, pupils can be inspected at any time at the request of the headteacher, parent, or school nurse.

The total number of routine medical inspections of school children during 1970 was 8,922 and a further 5,058 special inspections and re-inspections made at school or at school health clinics brought the total to 13,980. There were fewer routine medical inspections completed in 1970 than in 1969 (11,545) due to shortages of medical staff. At the beginning of 1970 the establishment was 8 Medical Officers in Department. By the end of June 1970 there was in fact only one whole-time Medical Officer in Department and the equivalent sessional/part-time staff of approximately 4 Medical Officers in Department.

It was necessary to advise the Education Committee that periodic inspections could only be offered to two groups of school children, namely new entrants to schools for the first time, and secondary school leavers in order to assist the Career Officers and ensure that children left school as fit as it was possible to expect. Since June 1970 great efforts have been made to overcome these staffing difficulties, and by the end of the year a complete establishment had been achieved.

It is clear from the previous paragraph that economic deployment of medical manpower is of the greatest importance, firstly to give the children and their parents the advantage of skilled advice about the general well-being and happiness of their children, and to give the Education Authority and its school personnel skilled medical opinion so that the education provided can be used to the greatest advantage. Many schemes have been put forward for the inspection of school children, but they derive from two main principles. The first has been the complete inspection of every school child at least three times in its school career by a doctor. This means that a large number of healthy children are examined, which is time consuming, but a number of unsuspected and potentially remediable defects come to light during these examinations which would not

otherwise have been noted. The other principle involves the selection of certain children who are put forward by parents, teachers, social workers, health visitors, etc., for inspection and assumes that all the other children are satisfactory. This ensures that those selected children have a very thorough overhaul and great time can be spent in discussion with the parent and other interested parties. Unfortunately, the assumption that none of the other children requires examination is unsupported. Many minor defects can escape the notice of unskilled observers.

Among the 8,922 routine medical inspections completed, a total of 1,945 defects were discovered; 620 needing or receiving treatment and 1,325 requiring further observation. This proportion of defects to routine medical inspections remains exactly the same as for 1969. A summary of the defects found at routine medical inspections in 1970 has been recorded on Table C.

PERSONAL HYGIENE

A Local Education Authority has the power to ensure that the person or clothing of any pupil, in attendance at one of its maintained schools, is not infested with vermin or is not in a foul condition. The Authority may for this purpose, authorise a Medical Officer to cause examinations of the persons and clothing of pupils in attendance at any or all of its maintained schools, whenever in his or her opinion, such examinations are necessary in the interests of cleanliness. The examination will be made by a person authorised by the Authority, and if the person or clothing of a pupil is found to be infested with vermin or in a foul condition, an officer of the Authority may serve on the parent of the pupil, a notice requiring him to cause the person and clothing of the pupil to be cleansed within the time stated on the notice. This notice should give at least twenty-four hours in which the parent can cleanse the child, otherwise the cleansing will be carried out by the Authority. If an order is made by a Medical Officer or if the cleansing is requested by a parent, it is the duty of the Authority to secure that the cleansing is carried out at suitable premises by suitable persons with suitable appliances. An order by a Medical Officer will be sufficient to authorise an officer of the Authority to convey the pupil to the suitable premises, detain him there, and cause his person and clothing to be cleansed.

After the cleansing has been carried out, if the person or clothing of the pupil is again, owing to neglect, found to be infested with vermin or in a foul condition at any time while he is in attendance at a school maintained by the Local Education Authority, the parent will be liable on summary conviction to a fine. If a Medical Officer suspects that the person or clothing of a pupil is verminous or in a foul condition, but action for the examination or cleansing cannot be taken immediately, he or she may, if it is considered necessary either in the interest of the pupil or of the other pupils, direct that the pupil be excluded from attendance at school until such action is taken.

The London Borough of Hillingdon in implementing its powers under Section 54 has adopted the following procedure.

Primary Schools

A full inspection for cleanliness of person and clothing be conducted each autumn term in every Primary School, and that re-visits to schools be made until an inspection of all the children on roll at each school has been completed.

If after complete inspection:

- (a) not one case of infestation is found, then no further routine inspection for cleanliness be carried out until the following autumn term;
- (b) one or more cases of infestation are found, then a further full inspection for cleanliness be conducted during the following spring term. Should there be a further case or cases of infestation found during the spring term, then another full inspection will be conducted during the summer term. If no cases of infestation are found during the spring term, the next routine inspection will take place in the following autumn term.

Secondary Schools

The first, second and third year children be inspected exactly on the same principles as outlined for the Primary Schools.

The cleanliness inspection of the fourth year children will be carried out at the same time as the routine medical examination, which takes place during the school year in which a pupil reaches fifteen years of age.

Pupils who stay on at school beyond compulsory school age will have their next cleanliness inspection at the routine medical examination which takes place at approximately seventeen years of age.

If a case of infestation is reported from these two latter groups of senior pupils, the method of inspection adopted to combat further infestation is left to the discretion of the Principal School Medical Officer.

At any other time, complaints of infestation of individual pupils will cause immediate inspection under this Section in the interests of the health and well-being of all school children.

CLEANLINESS INSPECTIONS

It is regrettable to note that there was an increase in the number of children found to have head lice infestation, 68 in 1969, 112 in 1970. This means constant alertness on the part of school doctors and nurses that all children are examined in all schools since this condition is no respecter of persons and prompt action is necessary to prevent its spread. The steady increase in infestation which has been noted on a national scale in recent years is a matter of some concern, especially in view of recent reports suggesting that head lice are acquiring resistance to the current methods of treatment.

	1969	1970
Number of pupils inspected	55,349	52,856
Found infected for the first time	68	112

SKIN DEFECTS

A decline was noted in the small number of children suffering from skin defects when compared with last year. Infant school children showed the greatest incidence, followed by leavers then the junior school children. Among infants, one of the commonest conditions is eczema, or atopic dermatitis (usually associated with the allergic diseases such as asthma and hay fever) and occasionally impetigo. The latter is very quickly brought under control; the former requires a longer treatment with variable results. Among the older schoolchildren acne is the most common and this affects a fairly large number of "teenagers" at some stage during their later school life. The treatment consists of scrupulous attention to personal cleanliness since the skin tends to become very greasy and easily infected at this period of their lives, as well as topical applications of medicaments in appropriate cases. The majority of children pass through this phase with very little difficulty, but early attention to this problem is desirable.

Among all sections of school children verrucae or plantar warts are noted, the incidence being similar for junior and senior pupils but less often seen among the infants. Since the warts are considered to be infective, it is necessary that children who have them should keep the part covered with plaster when using public places for example, showers at school or physical education in the hall. The treatment can be lengthy and not always completely successful. Prevention is eminently preferable to cure.

Two cases of ringworm came to light and the usual preventive measures were taken to exclude infection in other children.

Scabies

In 1970, 22 sessions were devoted to investigations for scabies in 18 different schools and 32 cases were found. By comparison in 1969, 17 sessions were devoted to this condition and 33 cases were discovered. There was some difference in distribution of these cases, however, since in 1969 the 17 sessions were concentrated in one part of the Borough but in 1970 the other parts of the Borough were involved. The number of cases discovered were similar. It would appear

that the incidence of this disease is increasing throughout the country but the evidence in Hillingdon suggests that the position is fairly static. Nevertheless further steps are being taken to secure the eradication of this disease in this Borough. Towards the end of the year, two of the Medical Officers in Department were given extra training in the diagnosis of scabies and, in future, investigations will be carried out by a special small section of the staff so that professional expertise on this subject can be further developed. Other medical officers will be seconded for special training as their duties permit.

Once a case of scabies has been reported to this Department, an inspection of immediate contacts is made at the child's school and at other schools where siblings may attend. Whenever a child is confirmed to be suffering from scabies, it is likely that all members of the family may be infected and the whole family is encouraged to undergo treatment. Health Visitors undertake visits to homes to explain and supervise the necessary treatment. The co-operation of the family doctors in these efforts to overcome this condition is very welcome.

VISION DEFECTS

Vision defects still constitute the largest proportion of all defects noted at routine medical inspections. This year 39.4% of all defects were in this category including 38% with a defect of visual acuity; the remainder being for squint and other conditions such as conjunctivitis, blepharitis, etc. The percentage is higher this year than last though the actual numbers are less since fewer junior routine medical inspections were made; nevertheless it highlights the extreme importance of keeping the vision of children under constant review. Besides the routine medical inspections, health visitors examine the visual acuity of all school children in the Borough at 7 years of age, and again, if necessary, prior to their admission to senior school. These extra inspections are made to ensure that children will not be prevented from taking full advantage of their education by inadequate vision. The teachers are also kept aware of children's needs in special circumstances, and that all children who are issued with spectacles should, of course, wear them.

The School Health Service has its own Ophthalmic Specialists who attend at specified clinics throughout the Borough, and any child who needs specialist advice and/or treatment may obtain this easily.

A few children presented with squint among whom most are already having treatment. It is discouraging to find there are children who have reached the age of 5 years with a squint for which nothing appears to have been done. The earlier this condition is treated the better, for successful cure depends upon this.

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

Number of children tested	3,966
Number referred for opinion of School Medical Officer	218

Of these:

- 63 were referred to the Authority's Ophthalmic Clinics.
- 35 were referred for treatment via general practitioners, at the request of parents.
- 43 were deferred for re-examination at School Health Clinics.
- 34 were considered to have normal vision.
- 38 were already having ophthalmic treatment.
- 5 left the area while investigations were proceeding.

Of the 63 children referred to the Authority's Ophthalmic Clinics:

- 44 were prescribed glasses.
- 8 were noted for re-examination.
- 11 were discharged.

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

DEFECTS OF EARS

After visual defects, hearing presents the next largest number of defects, being 12% of the total this year and marginally higher than the previous year's figure of 11·5%. All children who have problems in hearing are at risk in this modern world of fast machinery and traffic; and especially so in the educational world where a missed lesson or even a missed part of a lesson may have an effect on future work.

All children in the Borough's schools are tested audiometrically at the ages of 6 years and 9 years. A standard method of testing is applied by the Audiometrician who is employed by the School Health Service on a part-time basis. A child who fails any part of this simple test is referred to the school doctor who fully examines the child and advises the parent if treatment is found to be necessary. Dr. Fisch, Consultant Otologist attends the Hearing Clinic in Heston in the London Borough of Hounslow, and advises the School Health Service of children referred to him. Hearing aids, either of National Health Service type or of commercial manufacture, where these are considered necessary, may be supplied to pupils on Dr. Fisch's recommendation. A peripatetic Teacher of the Deaf visits schools to advise headteachers where partially hearing children are educated in their schools.

The number of children who present at routine medical inspection with middle ear disease, has shown a drop in 1970 and only represents 0·3% of the defects. Modern anti-biotic treatment has reduced this formerly common and disabling disease to a fraction of its severity and importance and has robbed it of much of its danger. However, it does still exist and several children each year are discovered to be suffering from it.

DEFECTS OF NOSE AND THROAT

The diseases of the upper respiratory tract continue to plague children, though nearly all the figures represent children in the infant classes. Only a few of the junior and less of the senior pupils are affected at any one time. The first year at the infant school is a time of infection and re-infection of the child with germs from outside the family and its immediate environment. Enlarged tonsils and adenoids, sore throats and enlarged cervical lymph nodes are very common.

DEFECTS OF HEART AND CIRCULATION

There was a slightly higher incidence this year over 1969 (2·7% 1970—2·1% 1969). Mainly these represented heart murmurs often of little significance but all requiring careful reassessment.

DEFECTS OF LUNGS

The outstanding disease with which school doctors are concerned in this field is probably asthma or spasmodic bronchial asthma. Many children with this complaint continue at ordinary schools with varying degrees of absence; but with the severe type of asthma associated with frequent absence from school, a child's education as well as his health will suffer. Sometimes these children find it difficult to keep up with the inevitable competition of an ordinary school and an argument can be advanced for a small day special school for children with this and other chronic diseases where the child's health could be improved with a variation of education and outdoor activity, together with closer medical supervision. Where necessary, some children can be given education in a special residential school for delicate children where most of their needs can be met.

DEVELOPMENTAL DEFECTS

A few children are seen at routine medical inspections with herniae of various kinds mainly umbilical, occasionally inguinal. The numbers are small and fairly constant.

ORTHOPAEDIC DEFECTS

These defects are mainly of posture, especially in the senior pupils, and of feet which affect all groups of pupils. There is a slight reduction this year from the 1969 figures. Of the 39 children seen with postural defects, 27 were of senior school age, and in most cases represent poor stance and slack musculature. Occasionally one finds a severe scoliosis (twisting and curvature of the

spine) in early adolescence, usually associated with some underlying disease. In its early and treatable stages it can be discovered by careful examination and hence the need for all children to be examined thoroughly at appropriate stages throughout their school career. Defects of the feet rank fairly high in the proportion of all defects, being 6.4% in 1970. The majority of children with these conditions have "flat feet" (flattening of the longitudinal arch), hallux valgus (big toe is drawn over to the midline of the foot often over-riding the second and third toes). The former is seen in all groups of pupils and can be remedied fairly easily with exercises and the help of the physical education specialist is sought in school. The second condition is seen very frequently in senior girls and represents the result of ill-fitting and unsuitable shoes. Fashion frequently dictates the choice of clothing especially footwear, but fashion does not always consider the suitability of the foot to fit its cover. Hence socks or stockings which are too small and shoes which tend to mould the foot into their shape ruin many children's feet. Defective feet can produce a great deal of misery now and in the future. It is very important that from the toddler stage onwards the fitting of shoes should be made by appropriately trained staff and the use of inexperienced assistants on a busy Saturday afternoon is to be deprecated. Time, care and moderate expense is necessary to secure defect-free feet into old age.

DISEASES OF THE NERVOUS SYSTEM

These continue to be small in number accounting for nearly 0.5% of the total defects. Epilepsy is the commonest condition usually of very mild character and allowing the child to be taught in a normal environment under suitable therapy. These children do not as a rule present any great problem to the teacher especially where he is aware of the condition, but every parent whose child is liable to have fits, however minor, should take the headteacher and school doctor into his confidence in order to prevent untoward episodes.

PSYCHOLOGICAL DEFECTS

The School Health Service is increasingly aware of psychological problems in school children and this is reflected in the increasing number being referred for consultation to the Child Guidance Clinic. Emotional difficulties can arise at any age but the chances of developing these increase as the child approaches adolescence. Sometimes these difficulties are associated with environmental circumstances and these may be altered by the various agencies to the child's advantage, i.e. special classes or school or residential treatment in special school. Occasionally, however, one is presented with a personality change derived from a mental illness of such severity that immediate transfer to a psychiatric hospital is necessary for the child's security and treatment. Here the position is little better than it was 5 years ago. The provision of hospital beds for acutely mentally ill children is practically non-existent in the immediate neighbourhood of this Borough.

Part II

SPECIALIST SERVICES

AUDIOMETRY

The routine audiometry service was continued as in previous years with the audiometer operator working on a part-time basis of three days per week. Investigations were continued in Junior and Infant Departments of Primary Schools.

Number of children tested	6,790
Number found to have normal hearing	6,323
Number found to have a hearing loss	467

Of the 467 children found to have a hearing loss:

- 105 were found to have a hearing loss in the right ear
- 143 were found to have a hearing loss in the left ear
- 219 were found to have a hearing loss in both ears

The 467 children were referred for examination by the school doctors with the following results:

- 45 were found to have normal hearing on clinical testing
- 258 were noted for re-examination
 - 1 was referred to a hospital
- 35 were referred to G.P's
 - 5 were referred to Audiology Units
- 69 were already attending hospital
- 20 were already attending Audiology Units
- 11 had left the area
- 23 still under observation

CHILD GUIDANCE CLINICS

I am grateful to Dr. R. P. M. Urquhart, Medical Director for the following report:

The past year was distinguished by the higher standards of work possible consequent on having a larger and more highly trained staff. The Clinics have been fortunate in being able to attract well qualified students from centres of advanced training to undertake professional work while continuing their studies. The demand for psychiatric and psychotherapeutic help continues to exceed the provision of professional time.

Staff

The number of psychiatric sessions available has continued to prove insufficient, although for large portions of the year the psychiatrist has worked the two extra sessions which the Regional Board allowed. There is a need for further psychiatric time; a further part-time consultant or senior registrar would be appropriate.

The psychiatric social workers have been able to cope with increased demands on their clinical skills, and the administrative work entailed in arranging more individual and family treatment. Mrs. H. Bonard at the Hayes Clinic has maintained her extensive local contacts built up over many years with numerous individuals and agencies, and for much of the year was involved in collaborative treatment of children and families with Mr. Campbell, psychotherapist, in addition to the psychiatrist. At the Uxbridge Clinic, Miss R. Reynolds, and Mrs. E. S. Jones, who works part-time, were already fully extended in their work with parents before the number of psychotherapists was increased, and the service would have faltered without the considerable extra work beyond Clinic hours which they contributed.

Mrs. T. Powell, psychotherapist, resigned in May after lengthy service both in Uxbridge and Hayes and is greatly missed for her warmth and the stimulus of her views as a colleague, as well as her skill and concern for her patients. Mrs. A. Zadik and Miss V. Hamilton, students on the child psychotherapist course at the Tavistock Clinic, continue to combine work with children at Uxbridge with more advanced stages of their training. Mr. D. Campbell, a senior student at the Hampstead Child Therapy Clinic, was able to give considerable assistance through his wide previous experience and training until September, when his course entailed full-time attendance. Miss M. Sobat has been appointed to a psychotherapist vacancy to enable her to pay for her training at the Tavistock Clinic, and when sufficiently advanced will be undertaking individual treatment of children locally.

The psychologists have participated in the weekly conferences at which individual children and broader clinical issues are discussed, and they continue to conduct in the majority of instances the liaison between the Clinics and teachers, clarifying problems that children present in school so as to allow the school staff to make best use of the facilities a particular school possesses. The secretarial staff continue against expectation to get through a volume of work which has always been considerable and has steadily increased with the increased numbers of professional staff. While the clinic staff appreciate the limitations of there being only two secretaries at Uxbridge and endeavour to moderate their demands for secretarial help, there are limits to the keeping of records below which effective work cannot be kept up, and at times in the past year this point has been approached. We continue to hope that fuller secretarial provision will become possible.

Clinic Organisation

While no Government decision has yet been made about the provision of child psychiatric services, it must be anticipated that the medical side will be covered by the Area Health Board and effective local arrangements will need to be ensured so that the staff of the clinics are able to work as now in professional independence while able to maintain effective links with other relevant social services. The Clinics continue to receive approaches for the placement of student psychologists, psychotherapists and psychiatric social workers which have to be mostly turned down, not on the grounds that insufficient training and experience would be available to them within the present setting, but that accommodation is insufficient. If it can be reasonably expected that nationally competitive salary scales are to be paid to the psychiatric social workers and psychotherapists in particular, then the amount and quality of help which the Clinics can provide, not only to patients but to other agencies, can be expected to be maintained and, in course of time, improved. The possibility of devising a scheme of training for psychiatric social workers and psychotherapists through employment of recruits by the Borough while they are receiving nationally recognised training is being actively explored.

Child Guidance Centres

Number of cases referred in 1970	Boys	85	(125)
	Girls	55	(57)
		140	(182)
Number of cases brought forward from 1969		62	(52)
	Total	202	(244)
Number of cases dealt with by psychiatrist		121	(127)
Number on Waiting List at 31.12.70		43	(62)
Number of cases uneventuated, left Hayes and Uxbridge or improved before appointment given		46	(46)
Number of cases dealt with by other means		2	(9)
Number of cases seen regularly for treatment by psychiatrist		3	(0)
Number of cases seen for follow up by psychiatrist		150	(145)
Number of cases seen regularly for treatment by psycho-therapist		30	(23)
Number of cases recommended for residential placement		12	(6)
Number of cases recommended for day maladjusted schools and units		25	(25)

Sources of referrals

Director of Health and Welfare Services and Principal School Medical Officer	37	(34)
Heads of schools via Educational Psychologist	69	(64)
Chief Education Officer	21	(3)
General Practitioners and Hospitals	23	(30)
Probation Officer	3	(4)
Children's Officer	0	(3)
Parents	38	(48)
Other	11	(8)
	<hr/> 202	<hr/>

SCHOOL DENTAL SERVICE

Mrs. B. Fox, B.D.S.—*Principal School Dental Officer*

The aim of the school dental service is the annual inspection of all school children so that parents may be informed if their children require further specialist advice or treatment. A full range of dental treatment is available for children whose parents request treatment from the Borough's dental service. A proportion of children receive regular dental treatment from the General Dental Service, and the school inspections complement the service by encouraging regular attendance for more detailed examinations at the dental surgery. The use of X-rays allows a more comprehensive assessment of the child's dental health.

Children undergoing orthodontic treatment, those on the handicapped register, and those requiring special observation are recalled at intervals to the clinic for re-inspection.

The group of children selected as needing orthodontic treatment received this at Ickenham Clinic. Travelling across the Borough presents problems as regular attendance over a period of eighteen months may be required. In the future it is hoped that another Centre may be opened, more conveniently situated for patients in the Yiewsley/West Drayton area.

The dental clinic at Yiewsley was closed at the end of 1970 as the Health Centre is to be built on the site. Suitable temporary accommodation was not available and children requiring dental treatment will be referred to the nearest dental clinic with a consequent reduction in local facilities for the time being.

There has been a severe shortage of medical anaesthetists for the administration of general anaesthetics, and the service was greatly curtailed. Children requiring a general anaesthetic were referred to the hospital service with inevitable delays. The situation has now improved and general anaesthetic sessions are now available at selected clinics on a regular basis.

ENURESIS ALARMS

34 Enuresis alarms were in use (issued 1969) on the 1st January, 1970. During the course of the year, these were all returned and it was indicated that in 22 cases there had been a successful result, whilst in 12 cases the result was unsuccessful.

During 1970, 61 new issues were made and the alarms were returned before the end of the year. 42 were successful in use and 19 were unsuccessful. In addition 2 alarms were ready for issue, but were not collected from the clinic.

Altogether 95 results were available in 1970 of which 64 were successful (67.37%) and 31 were unsuccessful.

On the 31st December, 1970, 41 alarms were still issued and there were 14 names on the waiting list.

Altogether in 1970, a total of 102 issues of Enuresis alarms were made.

SPEECH THERAPY

Mrs. J. Shakeshaft—*Senior Speech Therapist*

During most of 1970 the speech therapy section has been fully staffed with 1 senior and 2 full-time therapists. In August 1970, Mrs. Lorna Dixon left Ruislip area to go to Oxford and she was replaced by three part-time staff, Mrs. Margaret Thomas at Northwood, Ruislip Gardens School and Ickenham; Mrs. Mariane Robson at Ruislip Manor and West Mead; and Mrs. Shirley Woods at Harefield. In November, 1970, Mrs. Gill McCord left Hayes and West Drayton area to take up a post in High Wycombe where she lives. Her post is as yet unfilled. The Senior Speech Therapist left in December 1970 and her post was also unfilled. This shows the instability of a virtually all female profession and the necessity to employ part time workers who still have family commitments. There appear to be relatively few speech therapists living in the Borough, however, and most of these are in Ruislip/Northwood area.

During the year 481 school children and 106 pre-school children have made a total of 4,029 visits to speech therapy clinics. Due to insufficient staff the senior has been carrying a full case load, and this means each full-time therapist has the responsibility of 100 children, approximately 50 seen weekly, 50 on review. These numbers are too great and put far too much pressure on the staff. Added to this there is an approximate waiting list of 80. This is very bad because pre-school children are not receiving the immediate consultation necessary to alleviate parental anxiety.

A request for the establishment to be built up to 1 senior and 3½ full-time therapists is proceeding, but clearly depends on recruitment to existing posts. At present speech therapy is undertaken in 21 places each week, covering 12 clinics, 3 special classes, 3 special schools, 1 school, 1 unit and 1 training centre.

All the special classes and special schools, including the Junior Training Centre, in the Borough are visited by the speech therapy staff and although there is insufficient time allocated to these schools, it is hoped to treat the severe cases and advise staff and parents.

Good personal contact with schools where the patients attend is encouraged, and the speech therapists always find they are welcome visitors. Good contacts are also maintained with Educational Psychologists, Health Visitors, Physiotherapists and administrative staff.

There is a need for improved contact with school doctors together with case discussions.

Part III

HANDICAPPED PUPILS

The total number of children at present on the Handicapped Pupils' Register of the London Borough of Hillingdon is 1,095. This represents an increase of 15 or 1.3% compared with 1969 when 1,080 children were so registered. Of this number (1,095), 364 are in day special schools, 2 in special day classes, 96 in residential special schools and 2 receive home tuition. 552 children on the Register are attending normal schools with some variation of their education to allow them to receive treatment, medical or paramedical, e.g. attendance at clinics or hospitals, speech therapy at clinic or at school, and physiotherapy. 9 children at present attending normal schools are awaiting placement at a special school (2 of these are being educated privately); 6 children are on trial at normal schools.

The children who are able to attend normal schools are only handicapped to a minor degree but sufficiently so as to need some special attention at intervals to secure their improvement and so that the teachers may be aware of their special problems. This applies to certain categories, for example, the epileptic child under treatment who may need attention occasionally; the diabetic child who sometimes has a hypoglycaemic attack; the partially sighted child whose defect is not serious and who can cope if placed in the correct position in the classroom with good lighting facilities; the speech defective child who needs help in the class situation and therapy at regular intervals; the partially hearing child with a hearing aid who requires teacher's special attention and the mildly maladjusted pupil who can be very demanding. The headteachers and teaching staff together with their welfare assistants are deserving of high praise for their patience and resourcefulness and for the cheerful encouragement that they afford these children whom they have welcomed into their schools. A normal environment is usually the best for many minimally handicapped children for healthy competition can be experienced and will help the child to adapt itself to the real world.

Among these 1,095 children, there are 5 pre-school children in day nurseries placed there to assist their social and medical development. They are in the care of experienced nursing staff and are re-assessed at intervals by the medical staff and members of the school psychological service who advise on future placement. A further 14 pre-school children have been recommended for special schools and 25 more have been assessed and recommended for trial at a normal school.

Handicapped Pupils Register for 1970

Category	No. of Children Placed in						No. of Other Children Ascertained (See Separate Table)		Total		New Cases Referred to Local Education Authority during 1970	
	Day Special Schools		Day Special Classes		Residential Special Schools							
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A—Blind					2	1	2		4	1	2	
B—Partially Sighted	7	2			1	2	3	2	11	6	1	
C—Deaf	5	4			2	2			7	6	2	1
D—Partially Hearing	3	1	4	10	1	1	11	13	19	25	4	6
E—Educationally Sub-normal	132	88			8	4	2	1	142	93	22	16
F—Epileptic						1	22	6	22	7	5	5
G—Maladjusted	38	8	5	1	24	2	7		74	11	25	4
H—Physically Handicapped	18	17			1	2	50	35	69	54	7	11
I—Speech Defect					1		161	71	162	71	58	38
J—Delicate	1	2			17	10	127	88	145	100	33	26
Multiple Defects	23	15	1	1	8	6	6	6	38	28	4	5
Totals	227	137	10	12	65	31	391	222	693	402	163	112

The pre-school child enters the register by way of medical examination and assessment from data gathered from many sources during the preceding months or years. Infants are initially seen at Child Health Centres where a careful history is taken of mother's pregnancy and her subsequent confinement. The child is physically examined and if anything is found to be abnormal or unusual or the history points to a possible future medical condition, the child is placed on an Observation Register for future careful assessment at regular intervals. This ensures prompt and accurate treatment if a physical defect develops and if considered necessary, early warning is given to the School Health Service. A child may be included in the Observation Register at any time after its birth should any disabling condition arise; similarly many children leave the register at varying times when periodic reviews show that they are developing normally. This latter is the usual pattern for the majority of children originally screened. One is then left with a small number of handicapped pre-school children whose educational future must be planned with great care. Parents are kept fully in the picture from the beginning and the family doctor and hospital consultant drawn into discussions and the help of the school psychological service elicited. The pattern of future needs emerges from these consultations and the Education Department warned of the child's educational requirements. It is clear that close co-operation is required among the many disciplines to ensure that the handicapped child receives its due needs. The School Health Service confers early and fully with colleagues in the Child Health Clinics and with the Chief Education Officer's staff to bring these plans into operation.

Handicapped Children under 5 years of age

Category	Year of Birth					Total
	1966	1967	1968	1969	1970	
Defective Vision	1	5	3	1	1	11
Defective Hearing		3	2	1	2	8
Mental Defect	11	8	15	3	2	39
Down's Syndrome	6	5	2	2	5	20
Cerebral Palsy	2	2		2		6
Heart Disease	3	7	5	4	2	21
Spina Bifida	2	4	4	1	5	16
Fibrocystic disease	1	1	1			3
Other physical handicap	4	11	6	4	3	28
Totals	30	46	38	18	20	152

(A) Blind Children

In residential schools 3
 Pre-school children who were ascertained in 1970
 and are awaiting placement 2
 2 children were ascertained as blind in 1970.

(B) Partially Sighted

In residential schools 3
 In day schools 9
 In normal schools 5
 2 of the 5 children in normal schools are on a trial basis.
 1 child was ascertained in 1970.

The London Borough of Hillingdon does not possess any day schools for the education of partially sighted children. Application is made to the Inner London Education Authority for places in its day schools. The number of partially sighted children is not large and it is more economic to have one school serving several London Boroughs.

(C) Deaf & (D) Partially hearing

In residential schools	4
In day schools	9
3 children were ascertained in 1970.	

Application is made to neighbouring authorities for places in their schools for the deaf. A day school is situated in the London Borough of Hounslow and children from this Authority may be admitted through the Heston Hearing Clinic. This clinic also deals with the partially hearing child and similarly accepts this Authority's children in its special classes for the partially hearing. These classes are generally situated in normal schools where integration can occur with normal children in communal activities although the children have their own classroom and teacher for formal school work. 2 senior classes for the partially hearing children are situated in this Borough, one at Harlington Senior School and the other at Townfield Senior Girls' School. The present figures for the partially hearing are as follows:

In residential schools	2
In day special schools	4
In day special classes	14
In day nurseries	1

Two pre-school children are recommended for special schools; 3 pre-school children are recommended for trial in a normal school with the use of a hearing aid.

1 child in normal school is awaiting placement in a special school; 17 partially hearing children are at present satisfactorily placed in normal schools.

10 children were ascertained as partially hearing in 1970.

(E) Educationally Sub-normal Pupils

In residential schools	12
In day special schools	220

2 children in normal schools have been recommended for special schools.

1 child in a normal school is on trial.

38 children were ascertained in 1970, fewer than in 1969 when there were more specially trained doctors available to make ascertainments.

Some children have been admitted to the day schools for the educationally subnormal on an informal basis.

This category is the largest in numbers of all ascertained children. The London Borough of Hillingdon contains 2 special schools for these handicapped children giving ample educational opportunities to these pupils.

MEADOW SCHOOL, ROYAL LANE, HILLINGDON

I am grateful to Mr. Everett, Headteacher, for the following report:

"Our roll this term is 160—93 boys and 67 girls. There have been a number of staff changes since my last report. Mrs. W. J. Taylor retired at the end of last term and Mrs. D. Hill left to return to Australia. This term Miss C. A. Johnson has begun a year's course in Special Education at Bristol. We have 3 new members of staff, Miss Meredith, Mr. Herschell and Miss Wise. Mrs. Hampele comes in for 4 sessions a week, and takes some of the classes which Miss Johnson would have taken. I am pleased to report that we have had a very full and varied timetable since my last report. We have had our annual school educational visit to Kent. This week was spent in visiting Dover Harbour, Bodian Castle, Canterbury Cathedral as well as enjoying the sun whilst playing on the beach. There have been camps for all ages. The youngest children spent a night camping in the school field. Other camps were held for the middle school and early this term, we took a small party of boys and girls to camp in France. Whilst there, we also visited Belgium and Holland. This camp was a great success and leads me to consider seriously the idea of further continental journeys.

Miss Johnson is responsible for organising the major school journey and as she is away for the year I am considering changing the pattern of summer activities. We now have a nucleus

of experienced campers and I feel that it is time to extend them in less protected surrounds than they have hitherto experienced. I have in mind a number of days in the rugged North Wales countryside or learning to canoe or sail in the West Country. My major problem is expense; the Authority provide a generous extra mural allowance, but I am always concerned that I do not spend a disproportionate amount on any one group.

At the end of last term, all classes spent a day on an educational visit—either to Madame Tussaud's, Windsor Safari Park or Whipsnade Zoo. In addition, a party of senior children were invited to accompany Chantry School to the Royal Tournament.

Early in the year, Mr. Fenner and I went on a Plastics Course. This medium seemed to us to be of great relevance to our needs and plastics now play a large part in the practical work of the school. We also have started stone tumbling and the children have produced some very professional looking articles of jewellery. I think this is the great value of these crafts—the end result is nearly, if not quite, as good as work produced professionally and we can thereby give the children pride in work produced.

On the 23rd September a day's course was held at this school on building a canoe in fibre glass. This was attended by teachers from all over the Borough. This course was most successful, particularly as we kept the canoe which was made! We are now intending to make some more and I hope to include a canoeing course in next year's activities.

We contributed to the Centenary Exhibition at Townfield School on 19th October, 1970. We were visited by a party of the Education Committee on Monday, 5th October, 1970.

A party of girls visited the West End shops as part of their domestic science activities.

Throughout the year we have had visits by teachers from other schools and our staff have, in turn, visited other schools. These visits are mutually helpful—they keep us in touch with the main stream and help other teachers in discussing special education with parents.

Teaching Machines

One of our pupils attends daily the Centre for Learning Disabilities, St. Matthews School, Nelson Place, N.1, to work with the Talking Typewriter. This boy has had exceptional difficulties in learning to read and we await the results of this protracted experiment with interest.

At the end of the year we obtained for a term's experiment a Talking Page. This is a simpler machine for teaching reading. It is designed mainly for primary schools and has not been widely tested with educationally subnormal children."

HEDGEWOOD DAY SPECIAL SCHOOL FOR E.S.N. PUPILS

I am grateful to Mr. O. G. Best for the following report:

"The School opened in September 1968, and children are admitted because they are unable to cope with the normal demands in schools. The education offered is child-centred and progressive in outlook. Help in academic school subjects is given by encouraging the child to work individually or in small groups. Many children lose confidence in themselves because they have experienced failure. New experiences which they will enjoy and in which they will not experience any failure are offered in an attempt to make education relevant to their needs.

As the approach to education is so different from that received by the parents, every encouragement is given to them to visit the school. Parents know that they are welcome at Hedgewood at any time to discuss matters with the class teachers or the Head, and they are invited to see the children at work using the latest teaching aids. There is a Parent/Teacher Association, and in 1970 a dance was held at the end of each term as well as a monthly club during the Winter. The many activities of the Association have proved to be an interesting experiment in Parent/Teacher relationships, and has been most worthwhile.

There are a wide variety of extra mural activities for the children, and the staff run a variety of activities at lunch-time and at the end of school. In addition to day outings this year some of the older pupils spent another long week-end at a residential school in Worcestershire. In the

summer the boys spent five days camping at Park Place School, and another group of children went camping for a weekend in Sussex.

Every attempt is made to involve the children in the organisation of the school, and this year a School Council has been set up. Following a suggestion at the School Council arrangements have been made for some of the older girls to attend once per week at Mellow Lane School for typing instruction. Swimming is encouraged at the school, and the children have been very successful in the recognised awards. In addition eleven pupils obtained Water Safety Awards and gave a demonstration to the rest of the school just before the summer holiday."

(F) Epileptic

In residential special school	1
In special day school	1
Pre-school children recommended for trial in normal school	1
Satisfactorily placed in normal school with a variation of educational treatment and supervision	27
10 children were ascertained in 1970.	

Nearly all the children who suffer from epilepsy may be placed in normal schools when under effective therapy. They are little trouble to their teachers and follow a normal regime except for certain restrictions on above-ground activities, on gymnastic apparatus and swimming. Occasionally the epileptic may indulge in violent behaviour patterns making the life of others around him hazardous. One pupil unfortunately suffered in this way but after hospital treatment was able to be admitted to a special day school. This transfer has so far been successful particularly as the ratio of teachers to pupils is a high one.

(G) Maladjusted

In residential schools	26
In day special schools	46
In special class for autistic children	6
In normal school but recommended for special school	4
On trial in normal school having been previously in residential school	3
29 children were ascertained in 1970.	

The number of children ascertained as maladjusted has risen again this year (29) above last year's figure of 23 and 14 for 1968. 6 children diagnosed as autistic and recommended for special education are grouped in a small class in the environs of Oak Farm Infant and Junior Schools, Hillingdon. These have been selected and referred by school medical officers and educational psychologists to the consultant child psychiatrist at the Child Guidance Centre who makes the requisite decision. This unit is one of the few which exist as part of the special educational facilities of a local authority. Very great care needs to be taken to ensure that the Autistic Unit is not diluted by the admission of children who show pseudo-autistic features with gross mental retardation for which children special treatment in the Junior Training Centre is more appropriate. This Authority provides for the education of maladjusted pupils in the 2 special schools—Townsend House in Hayes for children up to 11 years of age and the Chantry School in West Drayton for the 11–16 years age range.

(H) Physically Handicapped

In residential schools	3
In day special schools	35
In day nurseries	1
Pre-school children recommended for special school	2
Satisfactorily placed in normal schools with variation of educational treatment	75
18 children were ascertained during 1970.	

There are at present 28 pupils attending St. Michael's School for Physically Handicapped Children, 9 of these are residents at the school and are from adjacent authorities. Over the past

few years, the degree of disability of new entrants to the school has become increasingly severe. The progress of modern medicine has preserved many children from early death but often at the expense of full activity and mobility. As an example, the insertion of a Spitz Holter Valve is a life saving measure when a spina bifida child shows evidence of increasing cerebrospinal fluid pressure but this may leave a child with an existing paraplegia and subsequent confinement to a wheelchair. Indeed the increasing traffic in wheelchairs and children in calipers is causing congestion in this little school and the problem of space may soon become urgent. Toilets have been drastically altered to allow wheel-chaired pupils to use them without help and new apparatus has been erected in the corridors to give support and much needed therapy to children with palsied limbs and a poor balance mechanism. The types of physical handicaps are many and varied mainly,

Spina bifida	8
Muscular dystrophy	3
Cerebral palsy	10
Congenital heart	4
Post Thalidomide	1
Multiple congenital defects	1
Post road traffic accident	1

15 other children are placed in Martindale School for Physically Handicapped Children, Hounslow:

Cerebral palsy	9
Congenital heart defect	2
Haemophilia	1
Hydrocephalus	1
Rheumatoid arthritis	1
Post paralytic poliomyelitis	1

ST. MICHAEL'S SCHOOL, JOEL STREET, EASTCOTE

I am grateful to Mr. Thornton, Headteacher for the following report:

"St. Michael's is a school for physically handicapped children between the ages of five and sixteen years. The school contains pupils with various categories of physical handicap including spina bifida, spastic, congenital heart conditions and post thalidomide abnormalities, but most of the pupils suffer from spina bifida or spasticity.

The school caters for day pupils, pupils resident on a weekly basis (Monday to Friday), and pupils resident from holiday to holiday.

Activities at St. Michael's include archery, animal husbandry, gardening, music, theatrical productions, pottery, photography, cooking, swimming, roller skating, printing, carpentry, etc., and the boys have pets which include rabbits, guinea-pigs, tropical fish, cold-water fish, over thirty cage birds, chickens, various types of pheasant and many others.

Over the last two-and-a-half years several new activities have been introduced, most of which are used as class-room work and hobbies. For instance, the school now has a pets corner which contains budgerigars, parakeets, finches, gold and silver pheasants, jungle fowl, Java sparrows, rabbits and guinea pigs. The school curriculum now includes Rural Studies; we have incubated our own chickens which started producing eggs earlier this year, and the school now has a greenhouse which produced its first crop of tomatoes last year and this year includes decorative plants and flowers. We have also extended outside a little to include sweet peas and some of the easier crops such as radishes and lettuces. The pupils have also been introduced to photography, which is proving of great benefit towards more comprehensive records of the physical progress of our pupils. Pottery was introduced into the syllabus two years ago and I am sure that the children are achieving great benefit from the physical expression of handling the clay apart from the sense of achievement in producing the final article and the chance of self-expression therein. To date we have produced a Nativity Play and two Pantomimes for outside, sympathetic, audiences. In these productions we utilised the music which has recently developed in this school. Most of the two senior classes now play a musical instrument, the two most common being the recorder and the piano. The other instruments include xylophone, glockenspiel and percussion,

and we are aiming, eventually, at every child being able to play an instrument. Most of the progress in this field springs from our new music teacher and our physiotherapist. Physiotherapy is developing from straight treatment and holds the interest of the children with activities that may be described as highly specialised physical education, games, music and movement. For instance, as part of the very wide range offered, the cerebral palsy children now enjoy the incredible pleasure of un-assisted roller-skating, which was introduced last year. The more established activities connected with physiotherapy still continue. For instance, one of our ex-pupils, Michael Karaphillides, won the Junior Stoke Mandeville archery cup and represented England as a senior at the opening of the new Stoke Mandeville swimming pool."

(I) Speech Defect

In residential schools	1
In normal school and receiving speech therapy	216
Pre-school children receiving speech therapy	16
96 children were ascertained in 1970.	

Except for the one child at present placed in a residential school, all children attend a normal school and visit a local school clinic for therapy. Occasionally, the speech therapist visits the school for therapy usually where a number of these children are gathered in one unit, for example, in the Special Class at Ruislip Gardens Infant and Junior Schools and in the special schools for educationally subnormal children.

At the beginning of 1970 there was a Senior Speech Therapist with 2 full-time Speech Therapists to give treatment to the children of the Borough. By the end of 1970, the service had been reduced to 4 part-time speech therapists, clearly an unsatisfactory position. Great efforts are being made to recruit more staff but the manpower problem here as with medical staff is a national one and this Authority has to compete with the rest of the country for scarce skilled therapists.

(J) Delicate Pupils

In residential schools	27
In day special schools	3
Pre-school children in a day nursery	3
Pre-school children who are recommended for special school	3
Children recommended for home tuition	2
Children in normal schools with some variation of education	202
57 children were ascertained as delicate during 1970.	
3 pre-school children were recommended for normal school with variation of education.	

This large group of handicapped pupils consists of various children who do not fit into any of the previous categories. The problem presented by them is in the main that of attendance at school and that which inevitably follows, the child's inability to maintain educational progress with its peers. Absence is usually due to medical factors, for example, a child with asthma may need several days to recover reasonable health after a severe attack; a child with fibrocystic disease will be absent during inclement weather; the diabetic child may have episodes of hypoglycaemia particularly if he is a young child and relatively unstable in his insulin requirements.

With these factors in mind, recommendations were made in 1969 for the provision of a day school or classes for delicate children in response to a circular 20/68 issued by the Department of Education and Science. It was considered that of the number of children currently on the Handicapped Pupils' Register ascertained as delicate, 70 would benefit by special day school provision. The Department of Education and Science, however, felt that such a proposal was against the current national trend and therefore this project could not proceed. There is no doubt that given a small special school with adequate teaching staff and medical supervision, many children who have prolonged absence would be able to return to school quicker and in such a favourable environment catch up with lost work and return to a normal school after an appropriate interval. Among the medical conditions noted in this category are asthma, diabetes, rheumatic fever and other heart diseases, bronchiectasis, haemophilia, Still's disease and bronchitis.

PARK PLACE SCHOOL, HENLEY-ON-THAMES

The Authority maintains a residential school for delicate pupils at Henley-on-Thames, and I am grateful to Mr. Owen, the headmaster for the following report:

"The school can cater for 64 senior delicate boys.

The main building is a converted country mansion situated in a commanding position overlooking the River Thames and the town of Henley. It is surrounded by sixty acres of ground. There are ample facilities for games, field studies and outdoor activities.

The school has a rural science department, library, gymnasium, woodwork room, pottery room and an indoor swimming pool. Classes are small permitting a greater degree of individual attention. Remedial teaching and a programme of study learning to C.S.E. is provided. The main aim of the school is to provide the boys with an environment in which they can learn to cope with their disabilities both medical and emotional, and improve their academic standards.

A normal timetable is provided from 9 a.m. to 4 p.m. and there is a full range of evening and weekend activities including photography, archery, rifle club, enamelling, woodwork, natural history, football, cricket, swimming instruction, amateur radio, chess, model making, cookery, pioneering club and scouts. Special instructors come to the school for music and judo.

The teaching staff comprises of the Headmaster, Deputy Headmaster and four qualified teachers. The Headmaster and the teaching staff take an active part in school life outside the classroom and are responsible for general supervision of the social and domestic life assisted by four Housefathers and Matron.

There are two resident qualified Nurses and a local Doctor to provide a twenty-four hour medical coverage. There is the usual contact with the Specialists and local Hospitals. A part-time physiotherapist is employed. Night supervision is provided in the form of night supervisors on duty all night through.

Visits are regularly made using the school bus to sporting fixtures, concerts, careers visits to factories, etc. Special visits of three day duration were made to the International Eisteddford in North Wales and a fortnight camp for the Scouts at Broadstone Warren in Surrey. This year another visit to the Eisteddford is planned and the camp is arranged at La Baillaterie in Guernsey."

The handicaps of the 56 boys can be grouped as follows:

Asthma	49
Epileptic	1
Erbs Palsy	1
Haemophiliac	1
Osteomyelitis	1
Spastic Diplegia	1
Spina Bifida	1
Maladjusted	1

Multiple Defects

Residential schools	14
In day special schools	38
In day special classes	2

Nine children were ascertained in 1970. These children consist of those who have been ascertained having more than one defect and the most disabling handicap is taken as priority for educational purposes. These children after careful consultation are placed in the appropriate educational setting and their progress reviewed at intervals of not less than one year.

CHRONICALLY SICK AND DISABLED PERSONS ACT, 1970

On 29th August, 1970, Sections 25, 26 and 27 of this Act came into force and placed a duty on local education authorities with regard to the provision of special educational treatment, so far as is practicable, for children suffering from the dual handicap of deaf-blindness, autism and other forms of early childhood psychosis, and acute dyslexia.

DEAF BLIND CHILDREN

This particular combination of handicap makes early diagnosis peculiarly difficult and such children often appear to be mentally sub-normal. Indeed mental subnormality may also exist so that the child has a triple handicap. Where the sensory loss in both categories is severe, specialised teaching is the only satisfactory method of implementing the requirements under this Act. The number of such children is so small that provision on a national basis in residential schools would seem to be the appropriate solution.

If one sensory loss is greater than the other, and the child is not severely mentally sub-normal, then education could be provided in an appropriate local unit. Where mental severe subnormality co-exists, then the right course would be to educate the child under this category.

AUTISM AND EARLY CHILDHOOD PSYCHOSIS

Autism is a mental handicap where the child appears oblivious to its surroundings. Behaviourally such a child appears severely mentally sub-normal and available evidence indicates that at least half the children who are "autistic" are also severely mentally sub-normal. Such children are usually placed according to mental ability in junior training centres which will become special schools for educationally sub-normal pupils with the implementation of the Education (Handicapped Pupils) Act, 1970, in April 1971.

Children who are found to be autistic and not severely mentally sub-normal should be placed in appropriate day special units and this authority has had this provision for several years.

The characteristics of an autistic child have been described as follows:

1. History
 - (a) Appears normal or perhaps slightly backward in milestones until age of 15-18 months when speech slows or ceases.
 - (b) Relationships with others become less tenuous and child becomes more withdrawn and less affectionate.
2. Child appears to have a low I.Q. but with islets of average or above average ability.
3. Less affected by pain.
4. Obviously more interested in objects than in persons.
5. Temper tantrums.
6. Speech nil or nearly so and often thought to be deaf.

ACUTE DYSLEXIA

Although no agreement has been reached on what is specifically meant by the term "dyslexia", it is generally accepted to mean "reading disability" or "word blindness".

The causes of reading disability where there is no brain damage have been cited as a failure to provide special educational facilities at the right time of a child's development and emotional relationship within its family. The utmost concern must be shown for a child of average or above average intelligence who has a reading delay without obvious physical or emotional handicap. In such children, where the reading delay is of some three years, then a diagnosis of dyslexia may be justified. Reading delay in the older child, indicates a waste of educational opportunity.

Other forms of identification have been given as a child whose writing is somewhat bizarre and characterised by reversals of letters and mirror writing, and a child whose reading difficulty is unrelated to general educational retardation.

This authority has provided remedial reading facilities for several years, but the extent of the problem of dyslexia has not yet been clearly identified. The provision of a remedial reading centre with all available teaching aids would be the greatest incentive for bringing "dyslexic" children to the notice of the authority.

A meeting was convened between the Director of Health and Welfare Services and his staff and the Chief Education Officer and her senior officers to examine the responsibilities imposed by this Act on this Authority towards the children suffering from conditions mentioned above.

A joint report was prepared for submission to the Education Committee. The number of children who are blind and deaf is very small and one unit could be shared by several authorities.

Two children belonging to this Borough at present attend such a unit maintained by an adjacent authority. Two other children are unable to be accommodated in this Unit due to concomitant low mental ability, and are placed in the Special Care Unit at Moorcroft Training Centre.

Mention has already been made of the Autistic Unit in this Borough (page 137) and children are admitted to this class on the advice of the Consultant Child Psychiatrist.

Reading difficulties in otherwise normal children can be dealt with in a variety of ways and intensive assessment by school doctors and educational psychologists provides a plan for their treatment. Methods of attack on these problems vary from one child to another and the remedial education is tailored to suit the individual where this is possible.

Section 8 of the Act came into force on 29th November, 1970 and covers a wide variety of educational buildings. Local education authorities are required to make provision, so far as is practicable and reasonable, for the needs of disabled persons using the buildings, in the means of access both internally and externally and in parking facilities and sanitary conveniences which may be available.

UNSUITABLE FOR EDUCATION IN SCHOOL

6 children were ascertained under Section 57 of the Education Act, 1944 as being unsuitable for education in school during 1970, the last child for which this procedure was invoked being reported in May 1970. These children were admitted to the Junior Training School or confirmed in their placement there.

The Education (Handicapped Children) Act, 1970, makes provision to bring within the educational system those children who have or would previously have been determined as being unsuitable for education at school. This year, 1970, is the last in which responsibility for these children rests with the Social Services Committee. They become the responsibility of the Education Committee as from the 1st April, 1971.

EDUCATION (HANDICAPPED CHILDREN) ACT, 1970 and Circular 15/70 Issued by the Department of Education and Science

The extension of educational responsibility envisaged by this Act will operate from 1st April, 1971. It will bring within the educational system those children who in the past have been described as being unsuitable for education at school. Any such decision made as a result of a statutory examination in accordance with Section 57 (as amended) of the Education Act will now be translated as meaning that the child concerned is in need of special educational treatment as an educationally subnormal pupil. Therefore all children within the age limits for education will become the responsibility of the Local Education Authorities. In the past, Local Health Authorities have had the power to provide training for children deemed to be unsuitable for education at school but by the first of April, staff, buildings and facilities provided by such authorities will pass to Local Education Authorities. Junior Training Centres will be proposed normally for approval as new special schools for the educationally subnormal child. Where Special Care Units operate as unattached units, they will be considered as a provision under Section 56 of the Education Act, 1944. Applications have to be made to the Department of Education and Science for the approval of arrangements for providing education in a hospital for the mentally handicapped of compulsory school age. It is considered that the conditions applying in specialist hospitals for the mentally handicapped will justify the establishment of hospital special schools. Particularly this would seem to be the case for Leavesden Hospital, for which Hillingdon is part of the catchment area. The hospital itself lies within the area of Hertfordshire County Council which would be responsible for establishing an educational service there and subsequently claiming from placing authorities for education provided. It is accepted that some children, at least for the time being, are incapable of response to any form of educational stimulus. These children are to be kept under regular review and freshly assessed from time to time, so that it is possible to respond without delay to any development of a child's capacity to benefit from some form of special education. Co-ordination among Education, Health and the new Social Services Departments will be of paramount importance if the changes made are to lead to real advances in the standard of education which even the most afflicted children can receive.

Year of Birth	Normal Environment				Hospital Cases								Other Placings				Grand Total	
	Section 57 Cases		Informal Cases		Leavesden Hospital Section 57 Cases		Leavesden Hospital Informal Cases		Other Hospitals Section 57 Cases		Other Hospitals Informal Cases		Section 57 Cases		Informal Cases			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1955	1	1							1					1			2	2
1956	5	3	1		3					1							10	5
1957	2	5			1				2	1							5	6
1958	5	2							1								6	2
1959	8	1	1														9	1
1960	4	6		2	2	1							1				8	9
1961	6	1	2	1	1	1											9	3
1962		3	2	4	1	1		1					1		1	1	5	10
1963			8	11													8	12
1964			9	7			1										10	7
1965		1	7	5				1									7	7
1966			11	8													11	8
1967			6	8													6	8
1968			3	2			1	1									4	3
1969			2														2	
1970				1				1										2
Totals	31	23	52	49	8	3	2	4	4	2	2	2	2	1	1	1	102	85

Part IV

STATISTICAL RETURNS

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1970: 39,410.

TABLE A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of Birth)</i>	<i>Number of Pupils Inspected</i>	<i>Physical condition of pupils Inspected</i>		<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satisfactory</i>	<i>Un-satisfactory</i>	<i>For defective vision (excluding squint)</i>	<i>For any other conditions in Table 5 (SH)</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	98	98		2	4	5
1965	1,374	1,372	2	29	114	139
1964	2,090	2,090		41	125	162
1963	243	243		3	13	16
1962	149	149		5	15	19
1961	133	133		3	12	13
1960	180	180		7	14	20
1959	664	664		15	26	41
1958	1,125	1,124	1	22	32	54
1957	451	451		16	25	41
1956	890	888	2	11	18	29
1955 and earlier	1,525	1,521	4	30	38	67
Total	8,922	8,913	9	184	436	606

Column 3 total as a percentage of
Column 2 total:

99.89%

Column 7 total as a percentage of
Column 2 total:

6.79%

TABLE B—OTHER MEDICAL INSPECTIONS

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

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

Number of special inspections	4,007
Number of re-inspections	1,051
Total	<u>5,058</u>

TABLE C—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR 1970

T = Requiring Treatment O = Requiring Observation

Defect or Disease (1)	Periodic Inspections								Special Inspections	
	Entrants		Leavers		Others		Total			
	(T) (2)	(O) (3)	(T) (4)	(O) (5)	(T) (6)	(O) (7)	(T) (8)	(O) (9)	(T) (10)	(O) (11)
Skin	8	9	4	2	9	1	21	12	79	16
Eyes:										
(a) Vision	70	387	35	63	79	104	184	554	204	227
(b) Squint	9	12			1	1	10	13	3	1
(c) Other	2	1		1		5	2	7	3	1
Ears:										
(a) Hearing	101	42	21		46	13	168	55	255	390
(b) Otitis media	3	4					3	4	3	3
(c) Other	4	2		1	1	2	5	5	18	22
Nose and throat	24	93	1	3	3	20	28	116	19	51
Speech	36	60	1	1	12	13	49	74	61	50
Lymphatic glands		12				2		14		8
Heart	4	25		10		14	4	49	4	30
Lungs	5	26		6	2	9	7	41	5	51
Developmental:										
(a) Hernia	2	7				1	2	8		1
(b) Other	7	22		8	7	13	14	43	7	52
Orthopaedic:										
(a) Posture	1	8		4		26	1	38	1	18
(b) Feet	10	55	10	7	25	19	45	81	63	98
(c) Other	3	9		11	5	8	8	28	2	29
Nervous system:										
(a) Epilepsy		8		1		1		10		10
(b) Other	3	12	2			4	5	16	9	32
Psychological:										
(a) Development	2	8		4	1	5	3	17	7	11
(b) Stability	5	51		1	5	17	10	69	22	99
Abdomen	2	4	1	1		1	3	6	5	8
Other	21	23	6	9	21	33	48	65	20	121

TABLE D—PUPILS TREATED AT SCHOOL CLINICS

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	54
Errors of refraction (including squint)	1,241
Total	1,295
Number of pupils for whom spectacles were prescribed	671

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsilitis	—
(c) for other nose and throat conditions	—
Received other forms of treatment	15
Total	15
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids:	
(a) during the calendar year 1970	5
(b) in previous years	61

Orthopaedic and Postural Defects

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	94
(b) Pupils treated at school for postural defects	—
Total	94

Diseases of the Skin

	Number of pupils known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	—
Other skin diseases	11
Total	11

Child Guidance Treatment

	Number known to have been treated
Pupils treated at Child Guidance clinics	120

Speech Therapy

Pupils treated by speech therapists

Number known to
have been treated
481

Other Treatment Given

- (a) Pupils with minor ailments
- (b) Pupils who received convalescent treatment under School Health Service arrangements
- (c) Pupils who received B.C.G. vaccination
- (d) Other than (a), (b) and (c) above. Please specify

Number known to
have been treated

—
15
2,752
—

TABLE E—SCHOOL DENTAL SERVICE STATISTICS

<i>Attendances and Treatment</i>	<i>Ages 5-9</i>	<i>Ages 10-14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit	3,452	2,439	554	6,445
Subsequent visits	4,193	4,624	992	9,809
Total visits	7,645	7,063	1,546	16,254
Additional courses of treatment commenced	175	93	17	285
Fillings in permanent teeth	2,384	4,871	1,487	8,742
Fillings in deciduous teeth	6,457	651		7,108
Permanent teeth filled	2,094	4,082	1,195	7,371
Deciduous teeth filled	5,444	437		5,881
General anaesthetics	403	138	17	558
Emergencies	206	93	19	318
Prosthetics				
Pupils supplied with full upper or full lower (first time)	3			3
Pupils supplied with other dentures		10	6	16
Number of dentures supplied	3	10	6	19

Number of pupils X-rayed 525
 Prophylaxis 916
 Teeth otherwise conserved 419
 Number of teeth root filled 31
 Inlays 2
 Crowns 25
 Courses of treatment completed 4,603

Inspections

First inspection at school, no. of pupils 19,988
 First inspection at clinic, no. of pupils 2,980
 Number found to require treatment 7,958
 Number offered treatment 7,372
 Pupils re-inspected at school clinic 2,229
 Number found to require treatment 1,418

Orthodontics

Cases remaining from previous year 122
 New cases commenced during year 128
 Cases completed during year 15
 Number of removable appliances fitted 266
 Number of fixed appliances fitted 8
 Pupils referred to Hospital Consultant

Anaesthetics

Total number administered 558

Sessions

Number of sessions devoted to treat-
ment 3,027
 Number of sessions devoted to
inspection 165

147

TABLE F—ORTHOPTIC CLINIC

During the year 45 patients were discharged, a few of these being referred to other areas for continuation of orthoptic treatment.

Monthly Attendance Record

	<i>New Patients</i>	<i>Attending for Exercises</i>	<i>Attending for test and/or Observation</i>	<i>Total</i>
January	4	4	53	61
February	1		19	20
March	6	4	53	63
April	4	11	43	58
May	5	9	34	48
June	13	3	43	59
July	2	2	16	20
August	9	2	54	65
September	5	2	30	37
October	18		66	84
November	9	7	52	68
December	11	10	53	74
Totals	87	54	516	657

Total new patients, 1970	87	Referred from school clinics	73
		Referred from Medical Eye Centres	14
<i>Type of Case</i>			
<i>Convergent strabismus</i>		<i>Amblyopia</i> due to anisometropia	15
Including:		<i>Heterophorias</i>	2
(i) With amblyopia	28	<i>Apparent squint</i> due to epicanthus, wide I.P.D., etc.	2
(ii) Referred for surgery	11		
(iii) Others	12	<i>Suspected disorder</i> in children with family history of refractive error or strabismus who were found N.A.D.	15
	51		
<i>Divergent strabismus</i>			
Latent	2		

TABLE G—HANDICAPPED CHILDREN NOT ATTENDING SPECIAL SCHOOLS OR CLASSES

Categories	Pre-School but placed in day nurseries		Pre-School but recommended for:				Attending Ordinary School						Receiving Home Tuition		Total	
			Special School		Ordinary School		and satis- factorily placed		but recom- mended for Special School		For a Trial Period					
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A—Blind			2												2	
B—Partially Sighted							1	2			2				3	2
C—Deaf																
D—Partially Hearing		1	1	1	1	2	9	8		1					11	13
E—Educationally Sub-normal									1*	1*	1				2	1
F—Epileptic						1	22	5							22	6
G—Maladjusted									4		3†				7	
H—Physically Handicapped		1	2	5			47	28	1	1					50	35
I—Speech Defect					7	9	154	62							161	71
J—Delicate	1	2	1	2	1	4	123	79					1	1	127	88
Multiple Defects							6	6							6	6
Total	1	4	6	8	9	16	362	190	6	3	6		1	1	391	222

† Following Boarding School Education.

* Parents have placed privately.

TABLE H—SCHOOL CLINICS

<i>Premises</i>	<i>School Health Sessions</i>	<i>Dental Clinics</i>	<i>Speech Therapy</i>	<i>Ophthalmic Clinics</i>	<i>Immunisation and Vaccination</i>
Cavendish Pavilion, Field End Road, Eastcote					1st Thursday a.m. in the month
Elers Road Clinic, Elers Road, Hayes	Every Thursday a.m.	Every Wednesday, Thurs. & Friday	Every Wednesday a.m. & p.m.		1st Friday a.m. in the month
Grange Park Clinic, Lansbury Drive, Hayes	Every Tuesday a.m.	Every Monday, Tues. & Friday	Every Friday a.m. & p.m.	Every Wednesday p.m.	2nd & 4th Thursday a.m. in the month
Harefield Clinic, Park Lane, Harefield	Every Thursday a.m.	Every Monday & Tuesday	Every Tuesday a.m.		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 & 3rd Tuesday a.m. in the month	Monday, Wed., Thurs. & Friday Orthodontic Clinic Tues., Wed. & Thurs.	Every Tuesday a.m.		4th Friday a.m. in the month
Laurel Lodge Clinic, Harlington Road,	1st & 3rd Wednesday a.m. in the month	Monday to Friday	Every Tuesday & Friday p.m.		2nd & 4th Wed. a.m. in the month
Manor Farm Clinic, Ruislip	2nd & 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

<i>Premises</i>	<i>School Health Sessions</i>	<i>Dental Clinics</i>	<i>Speech Therapy</i>	<i>Ophthalmic Clinics</i>	<i>Immunisation and Vaccination</i>
Minet Clinic, Coldharbour Lane, Hayes	Every Friday a.m.	Every Monday, Wed. (a.m.) & Friday	Every Monday & Tuesday a.m. & p.m.	Every Wednesday a.m.	2nd Monday a.m. in the month
Northolt Grange, Edwards Road, Northolt (London Bor. of Ealing)					1st Wednesday p.m. in the month
Northwood Clinic, Ryefield Court, Ryefield Cresc., Northwood Hills	1st & 3rd Tuesday a.m. in the month	Every Friday	Every Monday & Friday a.m.		2nd Wednesday a.m. in the month
Oak Farm Clinic, Long Lane, Hillingdon	2nd, 4th & 5th Thurs. a.m. in the month	Every Tuesday, Wed. & Thurs.	Every Tuesday a.m.		2nd Friday a.m. in the month
Queen's Hall Station Road, Hayes					3rd Wednesday p.m. in the month
Ruislip Manor Clinic, Dawlish Drive, Ruislip	2nd & 4th Friday a.m. in the month	Every Monday, Tues., Wed. & Thurs.	Every Thursday a.m. & p.m.	Every Tuesday a.m.	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.	Monday to Friday Orthodontic Clinic By appointment	Every Monday a.m. & Thurs. a.m. & p.m.	Every Tuesday a.m. (except 1st) & p.m. (Orthoptic Clinic Every Tues., Wed. & Friday a.m.)	1st Wednesday a.m.
West Mead Clinic, West Mead, South Ruislip	1st & 3rd Fri. a.m. in the month	Monday to Friday	Every Monday a.m. & p.m.	1st Tuesday a.m. in the month	2nd Tuesday a.m. in the month
Yiewsley Clinic, Baptist Church Hall, Yiewsley	Every Tuesday a.m. in the month	Monday, Thurs. & Friday at Laurel Lodge Clinic	Every Thurs. a.m.		Alternate Fridays a.m.

Specialist Clinics are held at Uxbridge Clinic as follows:

Orthopaedic—1st Friday p.m. in month. *Physiotherapy*—Every Monday and Thursday p.m.

CLINICS FOR THE EXPECTANT MOTHER

Appendix Tables

<i>Practices</i>	<i>Ante-Natal Clinic</i>	<i>Relaxation</i>
Elers Road Clinic, Elers Road, Hayes	Every Tuesday p.m.	Every Tuesday a.m.
Grange Park Clinic, Lanebury Drive, Hayes	Every Tuesday p.m.	Every Wednesday p.m.
Hamfield Clinic, Park Lane, Hamfield		Every Wednesday a.m.
Hayden Hall Clinic, High Road, Eastcote	Every Wednesday p.m.	Every Tuesday a.m.
Ickenham Clinic, Long Lane, Ickenham	Every Monday p.m.	Every Thursday p.m.
Laurel Lodge Clinic, Hillingdon Road, Hillingdon	Every Tuesday p.m.	Every Wednesday p.m.
Manor Farm Clinic, Manor Farm, Ruislip	Every Tuesday p.m.	Every Tuesday a.m.
Minet Clinic, Coldharbour Lane, Hayes	Every Tuesday p.m.	Every Tuesday p.m.
Northwood Hills Clinic, Ryefield Court, Ryefield Crescent	Every Wednesday p.m.	Every Thursday a.m.
Oak Farm Clinic, Long Lane, Hillingdon	Every Tuesday p.m.	Every Wednesday a.m.
Queen's Hall Clinic, Station Road, Hayes	2nd, 4th and 6th Wednesdays p.m.	
Ruislip Manor Clinic, Dawlish Drive, Ruislip	2nd, 4th and 6th Tuesdays p.m.	Every Wednesday a.m.
Sidmouth Drive Clinic, Sidmouth Drive, Ruislip	Every Thursday p.m.	Every Tuesday a.m.
Uxbridge Clinic, Council Offices, High Street, Uxbridge	Every Monday p.m.	Every Monday p.m.
West Mead Clinic, West Mead, South Ruislip	Every Monday p.m.	Every Wednesday p.m.
Yewsfey Clinic, Baptist Church Hall	Every Wednesday p.m.	Every Wednesday a.m.

CLINICS FOR THE EXPECTANT MOTHER

<i>Premises</i>	<i>Ante-Natal Clinic</i>	<i>Mothercraft and Relaxation</i>
Elers Road Clinic, Elers Road, Hayes	Every Tuesday p.m.	Every Tuesday a.m.
Grange Park Clinic, Lansbury Drive, Hayes	Every Tuesday p.m.	Every Wednesday p.m.
Harefield Clinic, Park Lane, Harefield		Every Wednesday a.m.
Haydon Hall Clinic, High Road, Eastcote	Every Wednesday p.m.	Every Tuesday a.m.
Ickenham Clinic, Long Lane, Ickenham	Every Monday p.m.	Every Thursday p.m.
Laurel Lodge Clinic, Harlington Road, Hillingdon	Every Tuesday p.m.	Every Wednesday p.m.
Manor Farm Clinic, Manor Farm, Ruislip	Every Tuesday p.m.	Every Tuesday a.m.
Minet Clinic, Coldharbour Lane, Hayes	Every Tuesday p.m.	Every Tuesday p.m.
Northwood Hills Clinic, Ryefield Court, Ryefield Crescent	Every Wednesday p.m.	Every Thursday a.m.
Oak Farm Clinic, Long Lane, Hillingdon	Every Tuesday p.m.	Every Wednesday a.m.
Queen's Hall Clinic, Station Road, Hayes	2nd, 4th and 5th Wednesdays p.m.	
Ruislip Manor Clinic, Dawlish Drive, Ruislip	2nd, 4th and 5th Tuesdays p.m.	Every Wednesday a.m.
Sidmouth Drive Clinic, Sidmouth Drive, Ruislip	Every Thursday p.m.	Every Tuesday a.m.
Uxbridge Clinic, Council Offices, High Street, Uxbridge	Every Monday p.m.	Every Monday p.m.
West Mead Clinic, West Mead, South Ruislip	Every Monday p.m.	Every Wednesday p.m.
Yiewsley Clinic, Baptist Church Hall	Every Wednesday p.m.	Every Wednesday a.m.

CAUSES OF DEATH

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	
B4 Enteritis and Other Diarrhoeal Diseases	M													
	F	1		1										
B5 Tuberculosis of Respiratory System	M	4								1	2	1		
	F													
B17 Syphilis and its Sequelae	M	1										1		
	F	1											1	
B18 Other Infective and Parasitic Diseases	M	1									1			
	F	2								1	1			
B19(1) Malignant Neoplasm, Buccal Cavity, etc.	M	3								1		1	1	
	F	6							1		2	1	2	
B19(2) Malignant Neoplasm, Oesophagus	M	2											2	
	F	4								1		2	1	
B19(3) Malignant Neoplasm, Stomach	M	33							1	5	13	8	6	
	F	11									1	4	6	
B19(4) Malignant Neoplasm, Intestine	M	27				1			1	4	2	12	7	
	F	36								1	5	13	17	
B19(5) Malignant Neoplasm, Larynx	M	2									1	1		
	F	1												
B19(6) Malignant Neoplasm, Lung, Bronchus	M	142						1	1	9	56	53	22	
	F	28								4	12	6	6	
B19(7) Malignant Neoplasm, Breast	M													
	F	56						1	5	12	13	10	15	
B19(8) Malignant Neoplasm, Uterus	F	14							1	2	7		4	
B19(9) Malignant Neoplasm, Prostate	M	10										3	7	
B19(10) Leukaemia	M	4					1					2	1	
	F	7						1				3	1	
B19(11) Other Malignant Neoplasms	M	66				2			2	10	15	20	17	
	F	61					1	1	4	13	12	13	17	
B20 Benign and Unspecified Neoplasms	M	5									1	4		
	F	4									1	1	2	
B21 Diabetes Mellitus	M	7							1		2	1	3	
	F	8							1		3	3	1	
B22 Avitaminoses, etc.	M	1										1		
	F	2								1	1			
B46(1) Other Endocrine, etc., Diseases	M	6				1			1		1	3		
	F	7					1			1	2	2	1	
B23 Anaemias	M	2										2		
	F	8							1			2	5	
B46(2) Other Diseases of Blood, etc.	M	2							1				2	
	F	1												
B46(3) Mental Disorders	M	5									1		4	
	F	2										1	1	
B24 Meningitis	M													
	F	1		1										
B46(4) Multiple Sclerosis	M	2								1	1			
	F	5									2	3		
B46(5) Other Diseases of Nervous System	M	11				1		2		1	2	4	1	
	F	8				1					2	2	3	
B25 Active Rheumatic Fever	M													
	F	1					1							
B26 Chronic Rheumatic Heart Disease	M	9								1	2	3	3	
	F	25						2		1	8	9	5	
B27 Hypertensive Disease	M	21						1		3	4	4	9	
	F	33							1	1	4	6	21	

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	369						1	9	44	110	121	84
	F	225							2	2	21	62	138
B29 Other Forms of Heart Disease	M	35						1		1	4	6	23
	F	67								1	3	5	58
B30 Cerebrovascular Disease	M	113								7	18	37	51
	F	132							1	2	13	27	89
B46(6) Other Diseases of Circulatory System	M	43						1		1	11	12	18
	F	46								1		9	36
B31 Influenza	M	10									2	6	2
	F	12								1	2	4	5
B32 Pneumonia	M	62	1	3			1	3	1	1	5	10	37
	F	84	1	1						2	5	18	57
B33(1) Bronchitis and Emphysema	M	88								5	24	33	26
	F	34		1					1	1	4	9	18
B33(2) Asthma	M	3						1		1			
	F	2										1	1
B46(7) Other Diseases of Respiratory System	M	4								1			3
	F	4										2	2
B34 Peptic Ulcer	M	10									1	6	3
	F	5								1		1	3
B35 Appendicitis	M	1					1						
	F												
B36 Intestinal Obstruction and Hernia	M	4								2		1	1
	F	8								1	1	1	5
B37 Cirrhosis of Liver	M	1					1						
	F	3										2	1
B46(8) Other Diseases of Digestive System	M	11								1	3	1	6
	F	11			1						2	2	6
B38 Nephritis and Nephrosis	M	1										1	
	F	1									1		
B39 Hyperplasia of Prostate	M	4										2	2
B46(9) Other Diseases, Genito-Urinary System	M	8		1							3	1	3
	F	12								1		4	7
B41 Other Complications of Pregnancy, etc.	F	1								1			
B46(10) Diseases of Skin, Subcutaneous Tissue	M	1											1
	F												
B46(11) Diseases of Musculo-Skeletal System	M	3									1	1	1
	F	5									2		3
B42 Congenital Anomalies	M	13	4	3	1	1	1				1	2	
	F	10	5	2	1	1	1						
B43 Birth Injury, Difficult Labour, etc.	M	3	3										
	F	5	5										
B44 Other Causes of Perinatal Mortality	M	4	4										
	F	7	7										
B45 Symptoms and Ill-defined Conditions	M	1											1
	F	8											8
BE47 Motor Vehicle Accidents	M	22			1	1	6	4			5	4	1
	F	11				2	1	1			1	4	2
BE48 All Other Accidents	M	11			1	1	1	1		4		2	1
	F	12								2	3	1	6
BE49 Suicide and Self-inflicted Injuries	M	7					1	1	2	2	1		
	F	12					1		1	3	3	2	2
BE50 All Other External Causes	M	3						2			1		
	F	1						1					
Total All Causes	M	1,201	12	7	4	7	15	17	19	106	296	369	349
	F	1,051	19	5	3	4	5	7	20	57	140	236	555

ATTENDANCES AT CHILD HEALTH CENTRES 1970

		<i>Cavendish Pavilion Thurs. a.m. & p.m.</i>	<i>Elers Road Mon. p.m., Thurs. p.m.</i>	<i>Grange Park Mon. p.m., Thurs. p.m.</i>	<i>Harefield Mon. p.m., Thurs. p.m.</i>	<i>Harmondsworth Thurs. p.m.</i>	<i>Haydon Hall, Eastcote Mon. p.m., Wed. a.m.</i>	<i>Hayes End Thurs. a.m. & p.m.</i>	<i>Ickenham Wed. p.m., Fri. a.m.</i>	<i>Laurel Lodge Mon. p.m., Tues. a.m., Thurs. p.m.</i>	<i>Manor Farm Thurs. a.m. & p.m.</i>
Infants Born 1970	102	123	214	71	44	105	89	134	200	69	
All other Attendances under 1 year	1,143	1,879	2,790	1,361	1,031	1,417	1,145	2,124	2,483	1,274	
Children 1–5 years	1,331	1,357	1,187	1,549	695	1,376	940	1,322	2,077	1,697	
Total Attendances	2,576	3,359	4,191	2,981	1,770	2,898	2,174	3,580	4,760	3,040	
Consultations with Doctors	285	560	953	624	266	459	341	528	940	523	
Number of Sessions	100	101	115	100	53	100	106	101	125	103	
Average Attendance per Session 1970	25.8	33.3	36.4	29.8	33.4	29.0	20.5	35.4	38.1	29.5	
Average Attendance per Session 1969	25.2	36.6	36.6	24.3	31.1	29.4	22.2	34.8	31.5	28.7	

	<i>Maurice Child, Carfax Road Tues. p.m.</i>	<i>Minet Mon. p.m., Thurs. a.m.</i>	<i>Northolt Grange, Ealing Premises Mon. p.m., Wed. p.m.</i>	<i>Northwood Hills Mon. p.m., Tues. p.m.</i>	<i>Oak Farm Wed. p.m., Fri. p.m.</i>	<i>Queens Hall, Hayes Wed. a.m.</i>	<i>Ruislip Manor Wed. p.m., Fri. p.m.</i>	<i>Sidmouth Drive Mon. p.m.</i>	<i>Uxbridge Wed. p.m., Fri. p.m.</i>	<i>Westmead Tues. p.m., Thurs. p.m.</i>	<i>Yiewsley Mon. p.m., Fri. p.m.</i>
Infants Born 1970	62	211	115	173	92	104	164	65	178	152	283
All other Attendances under 1 year	845	1,424	1,739	2,316	2,608	803	2,102	1,100	1,899	2,297	3,053
Children 1–5 years	630	898	1,517	2,663	1,529	526	1,023	556	780	1,029	1,649
Total Attendances	1,537	2,533	3,371	5,152	4,229	1,433	3,289	1,721	2,857	3,478	4,985
Consultations with Doctors	223	513	561	640	988	232	793	361	527	979	799
Number of Sessions	52	100	100	98	119	52	102	48	101	104	99
Average Attendance per Session 1970	29.6	25.3	33.7	52.6	35.5	27.6	32.2	35.9	28.3	33.4	50.4
Average Attendance per Session 1969	32.2	24.5	34.0	52.6	33.4	31.6	30.3	35.6	33.7	37.0	52.0

ATTENDANCES AT MOBILE CHILD HEALTH CENTRES 1970

	<i>Barra Hall Circus 1st & 3rd Tues. a.m.</i>	<i>Charville Estate 1st, 2nd & 4th Mon. a.m.</i>	<i>Cowley 1st, 2nd, 4th & 5th Fri. p.m.</i>	<i>Cranford Cross Estate 1st & 3rd Wed. a.m.</i>	<i>Glebe Estate 2nd & 4th Wed. p.m.</i>	<i>Harlington Mon. p.m.</i>	<i>Northwood, The Grange 2nd & 4th Thurs. p.m.</i>	<i>Sipson 1st & 3rd Fri. a.m.</i>	<i>Wise Lane Estate 2nd & 4th Wed. a.m.</i>	<i>Yeading Tues. p.m.</i>
Infants Born 1970	34	14	68	25	18	52	17	28	17	58
All other Attendances under 1 year	288	119	504	359	367	918	255	256	170	834
Children 1-5 years	191	111	239	256	319	385	183	261	244	607
Total Attendances	513	244	811	640	704	1,355	455	545	431	1,499
Consultations with Doctors	147	80	152	121	162	301	135	138	111	486
Number of Sessions	23	24	39	24	25	40	24	25	24	75
Average Attendance per Session 1970	22.3	10.2	20.8	26.7	28.2	33.9	19.0	21.8	18.0	20.0
Average Attendance per Session 1969	16.4	14.4	13.9	24.8	23.7	27.3	18.7	19.1	18.3	23.3

ATTENDANCES AT CHILD HEALTH CENTRES 1970

CHILDREN ON OBSERVATION REGISTER

Category	Year of Birth				
	1966	1967	1968	1969	1970
Pre-Natal					
Rubella or virus infection		1		4	12
Blood incompatibility	2		1	10	9
Ante Partum Haemorrhage			2	19	20
Toxaemia	1	2	6	24	23
X-ray					2
Thyrototoxicosis				2	2
Diabetes	1	1		6	3
Other complications of Pregnancy			1	11	14
Psychiatric illness				2	1
Peri-Natal					
Prolonged or difficult labour	5	8	17	139	154
Post Maturity			1	5	3
Birth Weight under 4 lbs	1	2	4	17	13
Gestation under 36 weeks		2	1	17	18
Foetal distress	3		2	16	11
Birth Asphyxia	2	3	9	20	18
Prolonged poor sucking		1	1	9	14
Post Natal					
Jaundice	3	2	3	27	42
Convulsions		2	1	3	6
Respiratory Distress	2	3	4	12	12
Cyanotic attacks					
Congenital Abnormality	45	59	56	62	67
Genetic					
Family History deaf or blind	2	2	1	5	6
Other		2	2	10	6
General					
Socio Economic			1	3	2
Other		2	2		
Total	67	92	115	423	458

Grand Total: 1,155

IMMUNISATION

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

Primary Immunisation—Disease

	Year of Birth						Totals	1969 Totals
	1970	1969	1968	1967	1963–66	Others under 16		
Diphtheria	240	2,090	990	103	142	69	3,634	3,476
German Measles						221	221	
Measles	13	843	883	548	789	141	3,217	2,284
Poliomyelitis	184	2,129	1,075	93	156	70	3,707	3,240
Tetanus	240	2,091	996	105	145	110	3,687	3,572
Whooping Cough	237	2,017	904	70	69	2	3,299	3,044

Re-inforcing Doses—Vaccine

	Year of Birth						Totals	1969 Totals
	1970	1969	1968	1967	1963–66	Others under 16		
Diphtheria					11	18	29	25
Tetanus only			18	7	43	277	345	381
Combined Dip./Tet. Triple—		10	130	44	2,214	1,888	4,286	5,391
Dip./Tet./W.cough		34	161	67	443	91	796	1,461
Poliomyelitis		27	213	82	2,519	1,408	4,249*	5,333†

* Including 27 children born in 1968 and previously, who received injections of poliomyelitis (Salk) Vaccine.

† Including 61 children born in 1968 and previously, who received injections of poliomyelitis (Salk) Vaccine.

SMALLPOX VACCINATION

During the year the following vaccinations of children were undertaken:

Age	Vaccination		Re-vaccination		Generalised Vaccinia 1970
	1970	1969	1970	1969	
Under 3 months	12	18			
3-6 months	40	32		2	
6-9 months	46	35		4	
9-12 months	44	128		4	
1 year	787	819		32	
2-4 years	705	928	164	156	
5-15 years	389	235	741	613	
Totals	2,023	2,195	905	811	Nil

The above-mentioned figures include 195 children vaccinated and 466 children re-vaccinated at London Airport.

In 1970, 8,337 adult persons were vaccinated at London Airport. Not all these vaccinations were performed on arriving passengers, as in certain circumstances it was necessary to vaccinate outgoing passengers.

DEATHS FROM CANCER

	Male		Female		Total	
	1969	1970	1969	1970	1969	1970
Malignant neoplasm, buccal cavity, etc.	2	3	2	6	4	9
Malignant neoplasm, oesophagus	2	2	6	4	8	6
Malignant neoplasm, stomach	30	33	12	11	42	44
Malignant neoplasm, intestine	27	27	36	36	63	63
Malignant neoplasm, larynx	4	2		1	4	3
Malignant neoplasm, lung, bronchus	124	142	22	28	146	170
Malignant neoplasm, breast			40	56	40	56
Malignant neoplasm, uterus			19	14	19	14
Malignant neoplasm, prostate	10	10			10	10
Leukaemia	6	4	10	7	16	11
Other malignant neoplasms	68	66	68	61	136	127
Totals	273	289	215	224	488	513

Rates per 1,000 of population

Hillingdon

All causes
Lung and Bronchus

2.02
0.72

England and Wales

All causes
Lung and Bronchus

2.39
0.61

PRIORITY DENTAL SERVICE STATISTICS

<i>Attendances and Treatment</i>	<i>Children under 5</i>	<i>Expectant and Nursing Mothers</i>
First visit	397	101
Subsequent visits	567	181
Total visits	964	282
Number of additional courses of treatment commenced	36	11
Treatment provided:		
Number of fillings	872	262
Teeth filled	735	185
Teeth extracted	106	27
General anaesthetics	38	2
Emergency visits by patients	26	5
Patients X-rayed		15
Patients treated by scaling, etc.	44	64
Teeth otherwise conserved	325	
Teeth root filled		5
Inlays		
Crowns		4
Number of courses of treatment completed during the year	244	128
<i>Inspections</i>		
Number of patients given first inspections	871	89
Number of patients who required treatment	398	80
Number of patients who were offered treatment	373	79

Prosthetics

Patients supplied with full upper or full lower (first time)	8
Patients provided with other dentures	5
Number of dentures supplied	14

Sessions

Number of dental officers sessions devoted to Maternity and child welfare patients (for treatment)	157
Total number of Dental Officer sessions	3,349

HEALTH VISITING SERVICE

Staff

Establishment—57 (including Superintendent Health Visitor and Deputy)
In post at end of year:

Superintendent	1
Deputy	1
Group Adviser	1
Health Visitors—full time	20
Health Visitors—part time	14
Tuberculosis visitor	1
Clinic nurses—full time for mobile clinic	1
Clinic nurses—part time	17
Health Assistants (miscellaneous grade whose duties are specifically allocated to schools and clinics)	4

Statistics

	<i>Cases Visited</i>	<i>Number of Cases</i>
1	Total number of cases	16,914
2	Children born in 1970	3,883
3	Children born in 1969	3,349
4	Children born in 1956–68	7,688
5	Total number of children in lines 2–4	14,920
6	Persons aged 65 or over	662
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	137
8	Mentally disordered persons	149
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	44
10	Persons, excluding Maternity cases, discharged from hospitals (other than mental hospitals)	52
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	17
12	Number of tuberculous households visited	2
13	Number of households visited on account of other infectious diseases	211
14	Other cases	918
15	Number of tuberculosis households visited by tuberculosis visitors	470
16	Families with a subnormal child	159

DEATHS UNDER ONE YEAR

ARRANGED IN DAYS WEEKS AND MONTHS

<i>Causes of Death</i>	<i>1st Day</i>	<i>2nd Day</i>	<i>3rd Day</i>	<i>4th Day</i>	<i>5th Day</i>	<i>6th Day</i>	<i>7th Day</i>	<i>8th–14th Day</i>	<i>15th–21st Day</i>	<i>22nd–28th Day</i>	<i>Total under 1 Month</i>	<i>1 Month</i>	<i>2 Months</i>	<i>3 Months</i>	<i>4 Months</i>	<i>5 Months</i>	<i>6 Months</i>	<i>7 Months</i>	<i>8 Months</i>	<i>9 Months</i>	<i>10 Months</i>	<i>11 Months</i>	<i>Total</i>	
Congenital Malformations	6			1				2			9	1	2											12
Prematurity	6	2	2			1					11													11
Birth Injury	3										3													3
Resp. Distress Syndrome	1	1									2													2
Haemorrhagic Disease of Newborn	1	2									3													3
Pneumonia (All forms)	2										2	1		3		1					1			8
Bronchitis																		1						1
Meningitis					1						1													1
Peritonitis												1												1
Pyelonephritis													1											1
Total	19	5	2	1	1	1		2			31	3	3	3		1		1			1			43

Index

Adaptations	46	Diphtheria Intimidation Statistics	161
Adult Training Centres	58	Domiciliary Nursing Service	31
Age, Welfare of	43	Dust and Grit	71
Agricultural (Safety, Health and Welfare Provisions) Act, 1956	103		
Aids	47	Early Defects of	127
Air	68	Effluent Samples	
Aliens, Medical Inspection of	31	Elbowia, Offensive	
Animals — Diseases of Act, 1950	89	Employment of Young Persons, Act, 1958	109
— Slaughter of Acts, 1933-1958	86	1964	
Art and Post-Natal Clinics	27	Enuresis Alarms	131
Atmospheric Pollution, measurement of	70	Environmental Health	65-111
Attachment and Licensure Schemes	31		
Audiometry	129		
		Factories — Inspections	102
Bacteriological examination of food	87	— Defects	102
Battered Baby Syndrome	29	Families — Prevention of Break-up	119
Blind, Welfare of	46	Family Planning	35
Bourne Hostel	59	Fertilizers and Feeding Stuffs Act, 1926	68
Burials and Cremations	62	Food — Complaints	64
		— Hygiene	65
Cancer, Deaths from	162	— Hygiene Lectures	68
Caravan Sites	37	— Imported Regulations, 1965	107
Car Badges	45	— Inspection at London (Heathrow)	
Cervical Cytology statistics	36	— Airport	107
Chief Public Health Inspector, Report of	68-111	— Poisoning	17
Chief Welfare Officer, Report of	43-61	— Premises, Inspection of	86
Child Guidance	129	— Sampling	52, 53
Child Health Centres	28	— Units, Sunderland	81
Child Health Centres — attendances at	158-159	Food Pests	89
Climber Heights	70	Foodstuffs, Notification of intention to install	70
Clinicopath	36		
Chronically Sick and Disabled Persons Act —		Gardening Class — Handicapped Persons	46
Physically Handicapped	46		
Children	140	Handicapped Persons	47
Cleanliness Inspections	125	Hepatitis Classes — Handicapped Persons	47
Clearance areas and Individual Unit Dwellings	96	Handicapped Children not attending Special Schools	148
Clinics for Expectant Mothers	185	Handicapped Children under 5 years	134
Clubs for the Blind	49	Hayes Park Hostel	65
Community Care	43-61	Health Control Unit, Heathrow Airport	18-23
Condemned Food	81	Health Visiting Service	32
Congenital Malformations	28	Health Visiting Statistics	164
Consumer Protection Act, 1961	104	Heart and Circulation, Defects of	127
Cream	76	Hedgewood Day Special School	136
Crematorium	120	Highgrove House	81
		Hillingdon Junior Training Centre	57
Day Nurseries	37	Holidays — Recuperative	37
Deaths — All Causes	15	— For the Handicapped	48
— Cause of, Statistics	159-167	Home Dialysis	38
— Infant	166	Homeless Families	50
— Maternal	14	Home Help Service	33
Deaf and Hard of Hearing — Welfare of	46	Homes for the Aged — Private	44
Defects found at School Medical Inspection	146	— Voluntary	45
Dental Service — Priority	34	Homes — For the Homeless	50
— Priority Statistics	163	— Mentally ill	55
— School	131	— Subnormal Adults	59
— School Statistics	147	Housing — Allocation of Medical Grounds	115
Development Defects	127	— Certificates of Disposal	86
Diseases of Animals Act, 1950	89	— Clearance Areas	98
Disposal Problems	32	— Improvement Areas	90
Dispersal, Certificate of, Rent Act, 1957	86	— Improvement Grants	92

Adaptations	46	Diphtheria Immunisation Statistics	161
Adult Training Centres	58	Domiciliary Nursing Service	31
Aged, Welfare of	43	Dust and Grit	71
Agricultural (Safety, Health and Welfare Provisions) Act, 1956	103		
Aids	47	Ears, Defects of	127
Air	68	Effluent Samples	111
Aliens, Medical Inspection of	21	Effluvia, Offensive	72
Animals — Diseases of Act, 1950	89	Employment of Young Persons Act, 1958—1964	103
Slaughter of Acts, 1933–1958	88	Enuresis Alarms	131
Ante and Post-Natal Clinics	27	Environmental Health	65–111
Atmospheric Pollution, measurement of	70		
Attachment and Liaison Schemes	31		
Audiometry	129		
		Factories — Inspections	102
Bacteriological examination of food	87	— Defects	102
Battered Baby Syndrome	29	Families — Prevention of Break-up	119
Blind, Welfare of	48	Family Planning	35
Bourne Hostel	59	Fertilizers and Feeding Stuffs Act, 1926	88
Burials and Cremations	52	Food — Complaints	84
		— Hygiene	85
		— Hygiene Lectures	88
		— Imported Regulations, 1968	107
		— Inspection at London (Heathrow) Airport	107
		— Poisoning	17
		— Premises, Inspection of	86
		— Sampling	82, 83
		— Unfit, Surrendered	81
		Fowl Pest	89
		Furnaces, Notification of Intention to Install	70
		Gardening Class — Handicapped Persons	48
		Handicapped Persons	47
		Handcraft Classes — Handicapped Persons	47
		Handicapped Children not attending Special Schools	149
		Handicapped Children under 5 years	134
		Hayes Park Hostel	55
		Health Control Unit, Heathrow Airport	18–23
		Health Visiting Service	32
		Health Visiting Statistics	164
		Heart and Circulation, Defects of	127
		Hedgewood Day Special School	136
		Highgrove House	51
		Hillingdon Junior Training Centre	57
		Holidays — Recuperative	37
		— For the Handicapped	48
		Home Dialysis	38
		Homeless Families	50
		Home Help Service	33
		Homes for the Aged — Private	45
		— Voluntary	45
		Hostels — For the Homeless	50
		— Mentally Ill	55
		— Subnormal Adults	59
		Housing — Allocation on Medical Grounds	115
		— Certificates of Disrepair	96
		— Clearance Areas	96
		— Improvement Areas	90
		— Improvement Grants	92
Cancer, Deaths from	162		
Caravan Sites	97		
Car Badges	48		
Cervical Cytology statistics	36		
Chief Public Health Inspector, Report of	68–111		
Chief Welfare Officer, Report of	43–61		
Child Guidance	129		
Child Health Centres	28		
Child Health Centres — attendances at	158–159		
Chimney heights	70		
Chiropody	36		
Chronically Sick and Disabled Persons Act —			
Physically Handicapped	46		
Children	140		
Cleanliness Inspections	125		
Clearance areas and Individual Unfit Dwellings	96		
Clinics for Expectant Mothers	155		
Clubs for the Blind	49		
Community Care	43–61		
Condemned Food	81		
Congenital Malformations	28		
Consumer Protection Act, 1961	104		
Cream	76		
Crematorium	120		
Day Nurseries	37		
Deaths — All Causes	15		
— Cause of, Statistics	156–157		
— Infant	165		
— Maternal	14		
Deaf and Hard of Hearing — Welfare of	46		
Defects found at School Medical Inspection	145		
Dental Service — Priority	34		
— Priority Statistics	163		
— School	131		
— School Statistics	147		
Development Defects	127		
Diseases of Animals Act, 1950	89		
Disposal Problems	32		
Disrepair, Certificate of, Rent Act, 1957	96		

Housing — Improvement Grants Publicity ..	93
— Multiple Occupation	96
— Qualification Certificates ..	93
— Repair	94
— Slum Clearance	95
Hygiene — Personal	124
— of Food Premises	108
Hypothermia	32
Ice Cream	77
Immigrants — Long Stay	117
— Medical Inspections of ..	20
Immunisation	33
Imported Food Regulations, 1968 ..	107
Infant Deaths	14
Infant Mortality — Statistics ..	165
Infectious Diseases	15, 20
In-Service Training of Attendants ..	52
Inspection of Other Food	80
Introduction	3-6
Junior Training Centre	57
Laboratory — Departmental	109
Legal Proceedings	87
Lungs, Defects of	127
Massage and Special Treatment ..	118
Mass Radiography	116
Mead House	51
Meadow School	135
Measles — Vaccination	16
Meat	77
Medical Inspection — In Schools ..	123
— Periodic — Statistics	144
— Other	144
Mental Health Services	52
Mental Illness — Statistics	54
— Referrals	53
— Hospital Admissions	54
— Stand by Duties	54
— London Airport	54
— Liaison with Hospital and Establishments	55
Mental Welfare Services	52
Midwifery Service	27-31
Milk and Milk Products	73
Mobile Child Health Centre — Attendances at	159
Moorcroft Weekly Boarding Unit ..	59
Mortuary	120
Mothercraft and Relaxation	27
Multiple Occupation	96
National Assistance Act, 1948 — Section 47	117
Nervous System — Diseases of ..	128
Noise	103
Noise Insulation Grants — London Airport ..	104
Nose and Throat — Defects of ..	127
Nurseries and Child Minders	118
Nursing Agencies	119

Nursing Homes	118
Nursing Services — Work of	30-33
Observation Register	29, 160
Occupational Health Services	119
Occupational Therapists	47
Offices, Shops and Railway Premises Act, 1963	98
Orthodontics	147
Orthopaedic Defects	127
Orthoptic Clinic	148
Other Services	115-120
Outworkers	101
Park Place School	140
Peace Time Emergencies	52
Pest Control	105
Personal Health Services	27-39
Phenylketonuria	28
Physically Handicapped — Welfare of ..	46
Poliomyelitis Vaccination — Statistics ..	161
Port Sanitary Administration, London Airport	107
Post-Natal Clinics	27
Poultry Inspection	80
Prevent of Damage by Pests Act, 1949 ..	105
Priority Dental Service	34
Protection of Moveable Property	52
Psychological Defects	128
Pulmonary Tuberculosis	16
Pupils Treated at School Clinics	146
Radio Sets for the Blind	50
Recuperative Holidays	37
Residential Homes for the Aged	43
River Pollution	110
Salmonella Investigations	79
Sampling of Food and Drugs	82, 83
Scabies	125
School Clinics and Sessions	150-151
School Dental Service	131
School Health Service	123-151
School Meals Service	88
Section 57 Cases — Statistics	143
Sewage Disposal	66
Shops Act, 1950	103
Short Stay Admissions	44
Skin Defects	125
Slum Clearance	95
Smallpox Vaccination — Statistics ..	162
Smoke Control Areas	68
Smoke Nuisances	71
Smoke and Sulphur Dioxide, Statistics ..	69-70
Social Services Committee	7
Speech Therapy	132
St. Michael's School	138
Staff of the Department	9
Statistics	13-15
Subnormality	56
Swimming Pools	73

Temporary Accommodation	50	Water — Aircraft Drinking	108
Talking Book Machine	50	— Private Supplies	66
Toys (Safety) Regulations, 1967	104	— Public Supplies	65, 73
Training Centre, Junior and Adult	56–58	Welfare Foods and Medicaments	30
Treatment of School Children — Statistics	145	Welfare of the Aged	43
Tuberculosis	16	Welfare of the Blind	48–50
Typhoid Fever	18	Welfare of the Deaf	46
		Welfare of the Physically Handicapped	46–48
Unsupported Mothers — Care of	27	Welfare Services	43–52
Uxbridge Adult Training Centre	58	Well Women's Clinics	36
		Work for the Physically Handicapped	46
Vaccination — Heathrow Airport	23	Workshop, Old People's	45
Venereal Diseases	17	Working Environment	97
Vermin Control	108		
Vision Defects	126	X-ray Unit, Heathrow Airport	21

