

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

Contributors

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London Borough of Hillingdon

THE HEALTH OF HILLINGDON

1973



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1973



DR. J. STUART HORNER, O.St.J., M.B., Ch.B., M.F.C.M., D.P.H., D.I.H.
Health Department, Belmont House, 38 Market Square, Uxbridge, Middlesex.

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

Madam Mayor, Ladies and Gentlemen,

I have the honour to present my fourth and final Annual Report which covers the work of the health department for the year 1973. The reorganisation of the National Health Service on 1 April 1974 finally severs the previous association of doctors with local government and the office of medical officer of health will have ceased to exist. The first medical officer of health was appointed in Liverpool in 1847, and a similar appointment was made by the City of London in the following year. A local Board of Health was formed in Uxbridge during 1849 and a medical officer of health was appointed on 14th September that year although the office was not ratified by the General Board of Health until 1854.

The early medical officers of health were indeed physicians to the communities they served, and reported with considerable literary skill upon the insanitary conditions which were apparent as a result of rapid urbanisation. They faithfully recorded the extent of local mortality with especial reference to diseases which were locally prevalent. The public conscience was aroused and an impressive period of sanitary improvement was followed by the introduction of particular services to meet the needs of disadvantaged groups. As a result the infant mortality rate has fallen dramatically whilst communicable diseases have become far less prevalent. Increasingly in recent years the medical officers of health, particularly of larger areas have been involved with the planning and co-ordination of all health services in the area, and have applied statistical and epidemiological skills to these aspects of their work. A new medical speciality has emerged and the community physicians of the future will use statistical rather than literary skills to draw the attention of the public and of the service itself to the deficiencies in health provision within an area.

Infectious Diseases

It is perhaps ironic that the final year before the abolition of the office of medical officer of health should have been characterised by the return of old plagues both nationally and locally. In March a case of smallpox developed in a laboratory technician, and whilst there were no cases in Hillingdon it was necessary to follow up a potential contact and a number of other suspected cases. In addition the decision to make London a locally infected area and to require passengers departing from Heathrow airport to carry a valid International certificate resulted in considerable additional work at the Health Control Unit to which all medical officers employed by the Borough readily responded.

Internationally the incidence of smallpox as reported to the World Health Organisation rose to 132,339 cases the largest for some years. All the epidemiological evidence suggests, however, that the disease is becoming increasingly concentrated, and whilst large numbers of cases were reported from the Indian Sub-Continent, the number of countries reporting one or more cases each month continued to decline. Continuing transmission is now believed to be limited to four countries and this has much more significance for port health control in the future than the apparently rising incidence.

The first case of paralytic poliomyelitis for 12 years occurred in a school child, and although for technical reasons laboratory investigations were unhelpful and the mode of spread could not be demonstrated, the clinical diagnosis of the condition was confirmed.

Cholera again spread to Europe and created some problems in the follow-up of returning holiday makers.

Finally an outbreak of diarrhoea in the maternity unit at Hillingdon Hospital was traced to the organism salmonella java, and it was necessary to close the unit for a short period to enable the source of the outbreak successfully to be traced.

Vital Statistics

There was again a reduction in the number of births and the infant mortality rate continued the improving trend reported last year. This is the first time that the Borough has been able to report an

improvement in infant mortality in two successive years but most of the improvement seems to be concentrated in the post neo-natal period when the activities of the health department are likely to be of most assistance. Considerable efforts were made during the year to concentrate resources in this area, and this response was encouraging. Although the still-birth rate and the perinatal mortality rate also improved the neo-natal mortality showed no significant improvement on the previous year.

The death rate was 10.8/1000 and underlined the trend of recent years with deaths from cancer and cardio-vascular disease being the most common.

Personal Health Service

In an effort to improve the disappointing trends in infant mortality reported on page 15 of last year's report considerable efforts have been made to persuade mothers to enter hospital for their confinements. It is encouraging to note that 84% of all births were recorded as occurring in hospital and during the year agreement was reached amongst all doctors and midwives in the area to ensure that all babies are delivered in hospital as soon as the integration of the National Health Service takes place.

The night nursing service which has made remarkable progress since its inception in November 1972 was extended during the year by the appointment of a senior nursing officer with full responsibility for the service and the creation of a second base at Mount Vernon hospital. An incontinent laundry service was commenced for incontinent bedfast patients who are being nursed by the district nursing service. This new service, like the night nursing service, has proved an invaluable addition to the facilities available for community nursing in the area, as well as a considerable help to already heavily burdened relatives. It is, however, not intended to be a comprehensive service or to provide facilities which will remain in the future the responsibility of local authorities.

The family planning services were again expanded as additional sessions were introduced and additional clinics were opened. The provision of a service at Yiewsley health centre was a valuable addition in an area where it has been particularly difficult to meet known demand. Negotiations were completed with the Family Planning Association for the transfer of family planning facilities in Northwood to the responsibility of the health department when Northwood health centre was brought into operation. On 1st October family planning services at all clinics operated by the health department or by the Family Planning Association within the area became free of charge.

The number of attendances at child health centres has been noted to be falling in recent years despite the recruitment of an increasing number of clinical medical officers. This reflects the trend towards more specialised work within the centres since, instead of large numbers of children receiving a minimal amount of medical advice, it is possible to examine more comprehensively a smaller number of children each session. The provision of additional sessions made possible by the larger number of medical officers has ensured that all children presented by their parents for this service can receive it. One of the medical officers who had attended a course in developmental paediatrics at the Institute of Child Health in London returned to the department to create specialist facilities for the examination of children thought to be handicapped at initial screening assessments. Negotiations also took place with local hospital paediatricians and at the end of the year agreement had been reached for a developmental assessment unit to be opened on an experimental basis at Hillingdon Hospital. This unit, allowing close working relationships between hospital and community facilities, will be a valuable addition to the services available for the care of the handicapped child.

There was considerable interest during the year in the question of non-accidental injury to children. A study group produced a report suggesting the creation of review committees in each Area, and regular case conferences between field workers about particular children. A meeting convened at Hillingdon Hospital and attended by a large number of hospital medical specialists together with representatives of a variety of professional workers from both hospital and community services reviewed the present arrangements in Hillingdon and concluded that they were generally satisfactory. Some improvement in methods of obtaining early social work advice during the diagnostic period were suggested but there was clearly some divergence of view concerning the individual responsibility of particular professional groups in the subsequent care of the injured child.

Environmental Health

The creation of a public protection department and the appointment of the former chief public health inspector as its first controller gave ample opportunity for the present relationship between public health inspectors and public health medical officers to continue. Although specialists in community medicine will now be employed by the Area Health Authority one officer is to be responsible specifically for providing the necessary support to the inspectorate. In addition the decision to maintain the inspectorate as a single entity will ensure sufficient career prospects for the increasing number of university graduates entering this particular aspect of the department's work.

The decision that responsibility within the Health Control Unit at London (Heathrow) airport should be divided was a disappointment. As a port health function the unit remains with the local authority but as the Working Party on Collaboration recorded during the year the circumstances at Heathrow airport are unusual if not unique. Port health functions in this authority are almost entirely concerned with the health of passengers which is in marked contrast to almost all other ports where environmental health matters predominate. In future the unit will be administered by the Controller of Public Protection who will receive medical advice from full time medical staff employed by the Area Health Authority and seconded to the unit. Since both authorities will be reimbursed by the Department of Health and Social Security for all relevant expenditure this decision seems administratively cumbersome.

Liaison and Co-ordination

The opening of Yiewsley Health Centre followed later in the year by the commissioning of the health centre at Northwood quickly demonstrated the tremendous advantages for the integration of community health services of such buildings. Progress continued during the year with the planning of further health centres at Eastcote and Hayes and an approach was received from general practitioners in the Ickenham area for the existing clinic to be extended. A feasibility study confirmed that such a building would be practicable and it was agreed to include the project in the building programme. The decision to curtail centrally the expansion of the health centre programme in view of financial restrictions was a severe setback to these proposals and it remains to be seen whether the interest of general practitioners can be sustained if progress is significantly delayed.

The proposals for the reorganisation of the National Health Service inevitably drew all health service personnel into a closer recognition of each other's problems and this has undoubtedly facilitated co-ordination during the year. In almost every area of the department's work attempts were made to promote closer relationships with other branches of the National Health Service.

The Reorganisation of the National Health Service

The arrangements outlined in the previous Report were continued and a Joint Liaison Committee for the Hillingdon Area was formed at the beginning of the year. In addition to a representative of the Chief Executive, the Director of Health Services and the Chief Nursing Officer became members of this Committee and a number of its sub-groups. A considerable amount of preparatory work was undertaken which should provide valuable information for the Area Health Authority which was formed in September. A survey of attitudes amongst the staff to the reorganisation confirmed the general impression of unease and identified significant areas where information was lacking. Such a major change as the present reorganisation must be expected to have some repercussions upon staff morale and although particular attention has been concentrated upon this point in various official documents, delays in reaching decisions at national level have inevitably created anxieties which local reassurance cannot adequately allay. The announcement at the end of the year that the health department staff must again move their accommodation (a transfer in accommodation having already taken place once during the year) inevitably added to these anxieties.

The appointment of Miss J. Byatt as Area Nursing Officer in Hillingdon was welcome confirmation that the reorganisation represented a genuine merger of existing services.

As most members of the department move into a new service, and in some cases a different locality I wish to express to all the staff of the department my gratitude for their devoted service in spite of the increasing pressures which have resulted from the reorganisation and the changing

patterns of work within the department. It gives me much pleasure to thank the Town Clerk and the Chief Officers for their unfailing support and help throughout the year. Finally my thanks are due to all members of the Council whose advice and encouragement have been particularly helpful at such a critical time.

I am,

Yours faithfully,

J. Stuart Horner

Director of Health Services

March 1974

HEALTH COMMITTEE

(as at 31st December, 1973)

Ex-officio: The Mayor (Alderman Mrs. W. Pomeroy, O.B.E.)
The Leader of the Council (Alderman J. C. Bartlett)
The Leader of the Opposition (Alderman W. D. Charles, J.P.)

Chairman: Councillor A. J. Potts

Vice-Chairman: Alderman Mrs. C. O. Parsonage, M.A.

Alderman:

K. A. Gigg

Councillors:

Mrs. E. G. Boff
N. H. Butler,
F.Inst.L.Ex.
G. A. Childs

R. H. Collman
J. H. Dobinson
Dr. C. H. Nemeth, M.A.
L.R.C.P., M.R.C.S.,
M.R.C.G.P.

J. Rowe
F. E. Walsh, F.A.P.H.I.

Advisory:

Mr. E. S. Saywell (representing Harefield & Northwood Group Hospital Management Committee)
Mr. S. D. Askew, O.B.E., F.C.I.S. (Representing Hillingdon Group Hospital Management Committee)
Mrs. L. Lynch
Dr. M. E. Binks
Mrs. L. M. Robbins } (representing Hillingdon Association of Voluntary Social Service)
Mrs. W. Hobday (representing Hillingdon Federation of Residents and Tenants Associations)
Dr. P. Knight (representing Middlesex Local Medical Committee)
Mr. L. P. Emerson (representing The Pharmaceutical Society of Great Britain)

STAFF

SECTION I

Senior Staff and Approved Establishments:

Director of Health Services and Principal School Medical Officer:

Dr. J. Stuart Horner, O.St.J., M.B., Ch.B., M.F.C.M., D.P.H., D.I.H.

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

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

Principal Medical Officers

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

Dr. W. H. G. Batham, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

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

Dr. E. W. Jones, M.B., B.S., M.F.C.M., D.I.H., D.P.H., D.T.M. & H.

(Medical Officers in Department — 12)

(Airport Medical Officers — 10)

Chief Dental Officer:

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

(Dental Officers — 13)

(Dental Auxiliary — 1)

(Dental Surgery Assistants — 18)

Chief Public Health Inspector:

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

(Public Health Inspectors — 20)

(Technical Assistants — 10)

Chief Nursing Officer:

Miss J. Byatt, S.R.N., S.C.M., M.T.D., Q.N.,
H.V.Cert.

Liaison and Administrative Officer

W. H. Knapton

(Administrative and clerical staff — 87)

Statistician

M. J. Southgate, B.Sc., M.Sc., F.S.S.

Principal Health Education Officer:

Mrs. P. Mahy, S.R.N., C.M.B.(Pt. 1), H.V.Cert., Community Care Cert., F.E. Teacher's Cert.
(Health Education Officer and Health Education Technician — 2)

Principal Nursing Officer:

Miss A. D. Mogford, S.R.N., C.M.B.(Pt. 1), H.V.Cert.

(Health Visitors, Clinic Nurses and Health Assistants — 82)

Principal Nursing Officer:

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

(Home Nurses — 64.5)

(Auxiliaries — 15)

(Midwives — 19)

Senior Nursing Officers:

Miss G. M. Austin, S.R.N., S.C.M., H.V.Cert.

Mrs. P. Fisher, S.R.N., N.D.N.Cert.

Mrs. M. Gow, S.R.N., S.C.M., Q.N.

Mr. P. Luchmaya, S.R.N., R.M.N.,
N.D.N.Cert.

Mr. D. B. McBain, S.R.N., B.T.A., Q.N.

Miss S. A. Murray, S.R.N., S.C.M., N.D.N.
(Queens Cert.)

Mrs. D. N. Philcox, S.R.N., C.M.B.(Pt. 1),
H.V.Cert.

Mrs. A. M. Read, S.R.N., S.C.M., H.V.Cert.

Mrs. F. E. Wilson, S.R.N., N.D.N.Cert.

Area—square miles	42.6
Population—Registrar General's Census for mid-year 1973	236,030
Number of dwellings	
Statistical Year as at 1st April, 1973	
Product of Fertility Rate—1973/74 (Estimated)	1527,940

Statistics

Infectious Diseases

Health Control Unit
London (Heathrow) Airport

Vital Statistics

Total Live Births:

	Male	Female	Total
Legitimate	1,454	1,372	2,826
Illegitimate	86	85	171
	<hr/>	<hr/>	<hr/>
	1,540	1,457	2,997
Birth Rate per 1,000 population:			
Hillingdon —Crude	12.8		
—Corrected	12.4		
England and Wales	13.7		
Area comparability Factor: 0.96			

"That sick man is not to be pitied who hath his cure in his sleeve."

Illegitimate Live Births: —Gnomologia (1732)

Percentage of total live births:	5
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Still Births:

	Male	Female	Total
Legitimate	7	17	24
Illegitimate	6	—	6
	<hr/>	<hr/>	<hr/>
	12	17	29
Rate per thousand live and still births:			
Hillingdon	10		
England and Wales	12		

Total Live and Still Births:

	Male	Female	Total
Legitimate	1,461	1,389	2,850
Illegitimate	91	85	176
	<hr/>	<hr/>	<hr/>
	1,552	1,474	3,026

These births occurred as under:

	Live Births	Still Births
At home	449	4
in hospitals, nursing homes or other maternity establishments	2,548	25
	<hr/>	<hr/>
	2,997	29

General Statistics

Area—square miles	42.5
Population—Registrar General's Census for mid-year 1973	235,030
Number of dwellings	78,445
Rateable Value as at 1st April, 1973	£52,090,672
Product of Penny Rate—1973/74 (Estimated)	£527,940

Vital Statistics

Total Live Births:

	Male	Female	Total
Legitimate	1,454	1,372	2,826
Illegitimate	86	85	171
	<hr/>	<hr/>	<hr/>
	1,540	1,457	2,997
Birth Rate per 1,000 population:			
Hillingdon —Crude	12.8		
—Corrected	12.4		
England and Wales	13.7		
Area comparability Factor: 0.96			

Illegitimate Live Births:

	Male	Female	Total
Percentage of total live births:	91	80	171

Still Births:

	Male	Female	Total
Legitimate	7	17	24
Illegitimate	5	—	5
	<hr/>	<hr/>	<hr/>
	12	17	29
Rate per thousand live and still births:			
Hillingdon	10		
England and Wales	12		

Total Live and Still Births:

	Male	Female	Total
Legitimate	1,461	1,389	2,850
Illegitimate	91	85	176
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	1,552	1,474	3,026

These births occurred as under:

	Live Births	Still Births
At home	449	4
In hospitals, nursing homes or other maternity establishments	2,548	25
	<hr/>	<hr/>
	2,997	29

Infant Deaths (under 1 year of age):

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	25	12	37
Illegitimate	1	1	2
	—	—	—
	26	13	39
Legitimate—rate per 1,000 legitimate live births	13		
Illegitimate—rate per 1,000 illegitimate live births	12		
Infant Death Rate per 1,000 total live births:			
Hillingdon	13		
England and Wales	17		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	18	8	26
Illegitimate	1	1	2
	—	—	—
	19	9	28
Rate per 1,000 total live births:			
Hillingdon	9		
England and Wales	11		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	15	5	20
Illegitimate	1	1	2
	—	—	—
	16	6	22
Rate per 1,000 total live births:			
Hillingdon	7		
England and Wales	10		

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

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	22	22	44
Illegitimate	6	1	7
	—	—	—
	28	23	51
Rate per 1,000 live and still births:			
Hillingdon	17		
England and Wales	21		

Maternal Deaths:

Total	—		
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Deaths from All Causes:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,141	1,104	2,245
Death Rate per 1,000 population:			
Hillingdon —Crude	9.6		
—Corrected	10.8		
England and Wales	12.0		
Area comparability Factor: 1.13			

Trends in Infant Mortality

Since the creation of the London Borough of Hillingdon in 1965 infant mortality trends have shown a disturbing upward movement. Although the general level of the rate is comparable with that for England and Wales as a whole this trend could not be ignored. An extensive account on page 15 of the annual report for 1972 reviewed these trends and divided the wards of the Borough into three groups based on socio-economic characteristics. The infant mortality pattern was shown to be related to those wards with adverse socio-economic characteristics. The available evidence also suggested that the proportion of babies born at home was higher in those wards showing less satisfactory infant mortality figures.

These trends have been reviewed in the light of the figures available for 1973, and a rather more encouraging picture now emerges. In 1973 there was an encouraging decrease in infant mortality compared with previous years, and for the second successive year there has been an improvement in the rate. Indeed the improvement may be even more satisfactory than the rates themselves reveal since it has previously been noticeable that infant mortality rates in this Borough show a relatively high figure in alternate years. Thus in 1973 when an upward movement might have been anticipated there has in fact been a further decline in the figure.

An analysis of the individual wards has identified six which have a rate above that for the Borough as a whole. Of these three are the same as those recording high rates in previous reports whilst a fourth also falls within the groups of disadvantaged wards in socio-economic terms identified in the previous Report. The remaining two wards showing less satisfactory improvements in 1973 are of particular interest since one falls within the middle group of wards and the other is from the most favourable group in terms of socio-economic characteristics. This analysis may suggest that whilst it is important to concentrate resources in areas of social deprivation, this should not be done at the expense of an equitable distribution of resources throughout the remaining area. The analysis of individual wards does not on this occasion associate higher infant mortality rates with a high proportion of domiciliary births, and it would be unwise to concentrate attention upon this aspect alone in the light of the latest review.

These studies have shown that the trends in infant mortality in Hillingdon were generally disappointing during the first seven years. There is now evidence to suggest that this trend may have been arrested possibly as a result of the improvement in services which have occurred in the last two years. There are, however, two wards in the Borough, namely Yeading and Yiewsley, which have shown consistently poor results throughout the whole period, and it would seem logical to concentrate attention in these two areas if the infant mortality rate is to be reduced still further in the future. Over the years the Uxbridge ward has shown a number of disappointing results although the trend is not consistent. It would be wise to monitor the services carefully in this ward in the future, especially as it falls in the middle group of wards in terms of socio-economic characteristics.

No. of cases	Organism	No. of cases	Organism
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>
1	<i>Salmonella typhimurium</i>	1	<i>Salmonella typhimurium</i>

Infectious Diseases

The following table shows the incidence of infectious diseases during 1973.

DISEASES	Ages of Cases Notified							Totals			Deaths
	Under One Year	1 and 2 years	3 and 4 years	5 to 9 years	10 to 14 years	15 to 24 years	25 years and Over	1973	1972	1971	1973
Scarlet Fever		8	7	29	4	2	3	53	45	91	
Whooping Cough	4	1	11	13	2			31	23	135	
Measles	38	181	250	433	41	13	6	962	200	1208	
Acute Meningitis			1	1	1	1		4	4	5	
Poliomyelitis (Paralytic)				1				1			
Poliomyelitis (Non-Paralytic)											
Acute Encephalitis Infective		1		1	1	1	3	7			
Acute Encephalitis Post Infective		1		2				3			
Smallpox										1	
Tetanus									1		
Typhoid											
Paratyphoid											
Dysentery	1	1	5	2	1	4	6	20	35	38	
Food Poisoning	6	1	3	9	3	7	13	42	35	25	
Malaria							3	3		3	
Tuberculosis Respiratory		2		3	1	2	29	37	45	53	1
Tuberculosis Other				1		3	10	14	2	19	1
Infective Jaundice					1	8	11	20	52	53	

FOOD POISONING

During the year there were 42 cases of food poisoning, and in 26 of these cases, salmonellae (the organism causing food poisoning) were isolated. An analysis of the notifications of food poisoning, showed that there were three separate general outbreaks, three family outbreaks, and nine single sporadic cases.

The types of salmonellae organisms identified were as follows.

Organism	No. of cases	Organism	No. of cases
Salmonella typhimurium ...	11	Salmonella ge ge ...	1
Salmonella java ...	6	Salmonella heidelberg ...	1
Salmonella agona ...	2	Salmonella kottbus ...	1
Salmonella bredeney ...	2	Salmonella thompson ...	1
Salmonella enteriditis ...	1		

Salmonella Java Infection

An outbreak of salmonellosis occurred in the maternity unit of Hillingdon Hospital during November, and resulted in the temporary closure of the wards for a short period. Four newly born babies and one adult person from the Borough developed the disease and required isolation in St. John's Hospital for observation and treatment.

The causative organism was *Salmonella java*, a food poisoning bacteria, which was identified at the Central Reference Laboratory of the Public Health Laboratory Service at Colindale.

In order to prevent any possible spread in the community, the health department provided an infectious disease team of domiciliary midwives, health visitors and a public health inspector. For a period of three weeks, these selected community nurses visited all the patients who had been discharged from the maternity unit, and the specialist public health inspector arranged for the collection of specimens from the direct contacts of the original case.

By these methods, it was possible to contain the infection, and prevent the occurrence of secondary cases. Three of the original cases have remained positive excretors of the organism, and continue under the observation of the health department.

INFECTIVE JAUNDICE

There were 20 cases of infective jaundice notified during the year. Details concerning two of the cases were notified to the Blood Transfusion Centre, so that the names of family contacts who might have become infected with the virus could be removed from the list of blood donors.

MEASLES

The number of cases of measles notified during 1973 was 962, and this figure shows a considerable increase on the 200 of 1972, and approaches the peak total of 1,208 in 1971. These notifications may reflect the "two year cycle" of measles that is said to occur in the community, and strongly suggests that the measles vaccination programme has failed to achieve its original objectives.

POLIOMYELITIS

A single case of paralytic poliomyelitis occurred in the Borough during September and was the first occurrence of this disease in the area for nearly thirteen years. The patient, a five year old school child, developed weakness and wasting of one leg, and was diagnosed by a team of specialist clinicians at Hillingdon Hospital. At the time of the diagnosis, the patient was considered to be non-infectious and was attended at home by the family doctor.

Mass vaccination against poliomyelitis was undertaken at the child's school, for the attending school children, teachers, kitchen staff and cleaners. In addition, arrangements were made for a "follow-up" session at a nearby local authority clinic for the vaccination of school personnel who were either absent or indisposed at the time of the mass vaccination.

The absence of secondary cases, may be attributed to the relatively high state of immunisation in the Hillingdon school population and the prompt action of the health department.

WHOOPIING COUGH

The 31 cases of whooping cough notified during 1973 shows a moderate increase on the 23 cases reported last year. This department continues to co-operate with the Public Health Laboratory Service in carrying out the survey into the efficacy of the whooping cough vaccines at present in use. During the year, 44 per nasal swabs were taken from contacts of notified cases of whooping cough, but no positive cases were found for *Bordetella pertussis* (the organism causing whooping cough).

TUBERCULOSIS

The following table indicates the incidence of pulmonary and non-pulmonary tuberculosis in those over and under twenty-five years of age, during the past five years.

Tuberculosis Notifications 1969-1973

Year		Under 25 years	Over 25 years	Total
1969	P	8	32	40
	NP	3	12	15
1970	P	10	32	42
	NP	4	9	13
1971	P	17	36	53
	NP	7	12	19
1972	P	6	39	45
	NP		2	2
1973	P	9	28	37
	NP	3	11	14

P = Pulmonary. NP = Non-pulmonary.

A total of 37 notified cases of pulmonary tuberculosis constitutes a notification rate for Hillingdon of 15 per 100,000 population. This figure compares very favourably with the national average of 19 per 100,000, and shows a decrease of 8 cases on the 1972 total.

The fall in notifications is reflected in the number of tuberculin skin tests and BCG vaccinations carried out in the year.

Contacts:

		1973	1972	1971
i. Skin tested	...	70	83	722
ii. Found positive	...	19	1	84
iii. Found negative...	...	151	82	233
iv. Vaccinated	...	147	78	233
v. Babies vaccinated at birth	...	14	6	—

School children and students excluding those known to have received BCG Vaccination already

i. Skin tested	...	2,837	3,006	2,259
ii. Found positive	...	151	181	89
iii. Found negative...	...	2,686	2,825	2,170
iv. Vaccinated	...	2,686	2,825	2,170

VENEREAL DISEASE

The following are the returns made to this department in respect of residents of the Borough by physicians in charge of centres for the treatment of venereal diseases in the Greater London area:

<i>Hospitals</i>	NUMBER OF NEW CASES					
	<i>Totals all Venereal Conditions</i>	<i>Syphilis</i>		<i>Gonorrhoea</i>	<i>Other Genital Infections</i>	<i>Other Conditions</i>
		<i>Primary and Secondary</i>	<i>Other</i>			
Hillingdon	1,426	4	2	127	794	499
Central Middlesex	52			3	32	17
Middlesex	1			1		
St. Bartholomew's	8			1	3	4
St. Thomas'	8			1	6	1
Seamen's						
Westminster	10			3	4	3
Whitechapel Clinic	1			1		
Totals: 1973	1,506	4	2	137	839	524
1972	1,341	5	2	118	1,216	
1971	1,371	2	9	124	1,236	
1970	1,011	3	3	108	897	
1969	992	2	4	109	807	

The figures for venereal disease continue to rise in Hillingdon, and reflect the general trend seen in the rest of the country. It is particularly disappointing to note that the apparent halt in this upward trend in 1972 has not been maintained during the year under review.

Health Control Unit, London (Heathrow) Airport

INTRODUCTION

Although no cases of smallpox were encountered at Heathrow during the year, the Unit was under considerable pressure following the confirmed case of smallpox in a laboratory worker in London and the two subsequent secondary cases. As a result of this, London was declared infected on 5th April. Inevitably many countries reacted to this situation by requiring travellers from London (and in some cases from the United Kingdom as a whole) to present valid certificates of vaccination, and during the few weeks, 6th April until 12th May, when the capital was declared free, 10,300 vaccinations were carried out by the medical staff of the Health Control Unit. During this emergency, valuable assistance was rendered by departmental medical officers of the Borough of Hillingdon, who came to Heathrow outside their normal duty hours to help the Unit's staff.

Italy was declared infected with cholera from 30th September until 2nd November, the main centres being the Naples and Bari areas, and during this period travellers leaving Heathrow for that

country were vaccinated on request. In April a case of cholera was confirmed in the United Kingdom in one of the British Airways' pilots.

At the 26th World Health Assembly held in May it was decided to make a change in the International Health Regulations concerning cholera. As a result of this decision, which came into force on 1st January, 1974, vaccination against cholera will no longer be required as a condition of admission of any international traveller to a country. Whether all member states will accept this change in practice only time will tell.

The new Immigration Act came into operation in January, replacing the former Commonwealth Immigrants Act and the Aliens Order. The operative date coincided with Britain's entry into the E.E.C. This change made little difference to the work of the medical inspectors.

The matter of accommodation in the Terminal Buildings remained the vexatious problem which it has always been, although the situation was eased towards the end of the year when more space became available in Terminal 3.

The occupation of the rest rooms in Terminal 1 was dependent upon the reconstruction of the Queen's Building Medical Centre and the consequent removal of the British Airports Authority from that area. Unfortunately the contractors were unable to complete the work by the target date and it may well be that the Unit will be unable to gain access until the spring of 1974.

In Terminal 2 long term plans were submitted when news was received that the entire terminal was being redesigned and although the outlook is not bright, these plans are assured of consideration when the time comes.

With the reorganisation of the National Health Service in 1974, the function of port health at Heathrow will remain with the Borough of Hillingdon. While the medical staff will transfer to the Area Health Authority, the clerk/receptionists will stay with the Borough and will form part of the establishment of the Department of Public Protection. The future is awaited with keen interest.

STAFF

Medical Officers

Dr. R. H. P. Clark retired from the staff after twelve years' service in May and Dr. D. W. Trump rejoined the staff in his place. Dr. Trump had in fact been on the permanent staff from 1963-1966 when he left to take up an appointment in Saudi Arabia.

Dr. D. W. Tweedie resigned in October and, at the end of the year, the vacancy was filled by Dr. M. P. Browne, who had seen previous service with the Unit from 1960 to 1961.

Dr. F. C. Miller who had, over a period of fourteen years, rendered such valuable service in a "locum" capacity retired in May.

In November, the Unit suffered a severe loss, as a result of a tragic accident at sea, in the death of Dr. F. J. G. Kinsella, Deputy Principal Medical Officer. The resulting vacancy had not been filled by the end of the year.

Superintendent Radiographer

Mrs. M. Taylor was appointed Superintendent Radiographer in succession to Miss Wills and has continued the previous arrangements for radiography in Terminal 3.

Receptionists

The establishment of staff on 1st January, 1973 comprised a Senior Clerk/Receptionist, six Shift Leaders and eighty Receptionists. On this date there were thirteen vacancies.

During the year fourteen Receptionists were recruited, but the appointments of two Receptionists were terminated and thirty-four others resigned. Of these, thirteen resigned because they were leaving the district, eleven because they were taking up other appointments; four joined airline

companies and six left for domestic reasons. The posts were advertised increasingly towards the end of the year, when there were twenty-four vacancies outstanding.

During the year authority was given for the post of an Administrative Assistant and an appointment is expected to be made early in 1974.

In the early part of 1973, it was decided to set up a Joint Clerk Receptionists Consultative Committee under the Chairmanship of the Director of Health Services in order to provide effective liaison between the Health Control Unit and Management. The Committee included representatives of both Staff and Management sides and meetings were held quarterly—the first having taken place in April. Among matters considered and discussed were the local interpretations of national decisions and general provisions affecting staff welfare and the operation of the service.

ACCOMMODATION

Terminal 1

The British Airports Authority made available a rest room in the Health Control Unit accommodation for joint use pending the completion of alterations to the Queen's Building Medical Centre. This room will serve to accommodate any passenger who may be physically or mentally sick.

Terminal 2

The British Airports Authority has drawn up plans for the complete alteration of this terminal, although the work is not expected to be finished for three or four years. Proposals for additional accommodation for the Unit have been submitted to the Authority and an assurance has been given to their consideration at the appropriate time.

During the year as a short-term measure, it was agreed to partition one rest room and to install air conditioning and lavatory accommodation to provide for two passengers. This work should be completed early in 1974.

Terminal 3

The two rest rooms in the Unit's accommodation in the Arrivals Building, formerly in the occupation of the British Airports Authority, were handed over exclusively for the Unit's use during the year.

Application was made to the Authority for further space to accommodate additional offices and also to provide extra staff rest room premises. After considerable pressure, the Authority finally agreed to provide an area, approximately 20' × 19', in the Immigration Hall adjacent to the Unit. This is a welcome move.

Piers 5 and 6

The work of converting the old style gate-rooms into accommodation suitable for Jumbo jets was completed in April and as a result there are now three enlarged gate-rooms on each of these piers. One noticeable advantage has been a distinct improvement in the heating of the area; a second is that the problem which arose on the use of the Health Control desks at these stands by airline operators now seems to have been satisfactorily resolved.

Owing to its inaccessibility the rest room on the ground floor of Pier 6 was returned to the British Airports Authority for alternative use during the year.

Plans are now well advanced for constructing an extension to Pier 5 by a traveller to provide accommodation for a further five "Jumbos".

COMMUNICABLE DISEASES

Smallpox

On two occasions during the year it was necessary to call upon the consultant from the smallpox panel owing to the appearance of suspicious-looking rashes on arriving passengers. In the

first case, the diagnosis was chickenpox, while in the second it was impetigo presenting as a herpes-type rash.

The number of passengers placed under surveillance for smallpox in 1973 was 5,541. In following up the success or failure of placing persons under surveillance, co-operation was received from destination health departments on 88.1% occasions. Of those that replied, contact was made in 82.6% of cases and not made in 17.4%.

The number of passengers isolated in St. John's Hospital for routine observation after having arrived from infected areas without valid vaccination certificates was 198.

Cholera

Although an outbreak of cholera occurred in Italy at the end of August and lasted until mid-October, no confirmed cases were encountered amongst passengers arriving at Heathrow Airport.

Advice notices to travellers, arriving from countries where cholera was reported, continued to be distributed.

Other Infectious Diseases

Ninety-six persons were admitted to St. John's Hospital, Uxbridge and two to Coppett's Wood Hospital.

The conditions for which admission was requested included:

Enteritis or gastro-enteritis	39	Encephalitis	1
Suspected tuberculosis	30	Glandular fever	1
Chickenpox	6	Leprosy	1
Infective hepatitis	5	Mumps	1
Measles	3	Scabies	1

Other conditions included chronic empyema, upper respiratory tract infection, stomatitis, ascariasis, ulcerative colitis, bronchitis and post-malarial debility.

MEDICAL EXAMINATION OF IMMIGRANTS

The total number of immigrants referred to the Medical Inspectors in 1973 was 44,823 and of these 35,319 were from Commonwealth countries and 9,504 were from non-Commonwealth countries.

During the last five years the number of immigrants referred has been:

	<i>Commonwealth</i>	<i>Non-Commonwealth</i>	<i>Total</i>
1973	35,319	9,504	44,823
1972	44,629	8,643	53,272
1971	39,961	9,432	49,393
1970	44,611	8,488	53,099
1969	44,575	6,203	50,778

The number of medical inspection reports issued to Immigration Officers (Port 30) was 104. These forms replaced the old forms Port 12 for Aliens and Port 23 for Commonwealth citizens.

The categories of immigrant seen in 1973 were:

- | | |
|--|--------|
| (a) holders of Department of Employment work permits and their dependants: | 24,361 |
| (b) other persons seeking to be resident for a permitted period or to remain for more than six months: | 20,070 |
| (c) any person appearing to be mentally or physically abnormal or both | 170 |
| (d) any person appearing not to be in good health | 94 |
| (e) any person appearing to be bodily dirty | 9 |
| (f) any person in regard to whom there is any mention of health as a reason for his visit | 119 |

The number of refusals following medical recommendation was 70. Included among the conditions for such recommendation were:

Mental instability 49	Bodily dirty 2
Pulmonary tuberculosis 4	Venereal disease 2
Heart disease 3	Measles 1
Alcohol or other addiction 4	

Forms Port 29 (formerly Form IB 548) advising the immigrant to make contact with the destination health department were issued in 200 cases, and in all except 30, the reason was for referral to local chest clinics.

The number of notifications advising health departments of the arrival in their areas of new immigrants and their families totalled 27,732. Replies were received from health departments in 64% of notifications issued and of these 75% were traced and 25% were not. The commonest reasons for failure to make contact were (i) the immigrant was not at the address given or (ii) the immigrant had already left the address by the time that efforts were made to contact.

X-RAY UNIT

Efforts were pursued with the Department of Health and Social Security in order to obtain a second X-ray Unit to cover arrivals in Terminals 1 and 2. Although a redundant mobile X-ray Unit was offered on permanent loan for this purpose by the Department, it was found impractical and suitable locations for the Unit were not available.

Following upon advice from the Standing Medical Advisory Committee the Department's policy moved away from general mass radiography and suggested that the aim should rather be the integration of mass miniature radiography units with hospital X-ray departments.

The result was that the proposal to have a second unit was not pursued and the present practice of transporting those clinically suspect passengers from Terminals 1 and 2 to Terminal 3 will continue. In 1973 there were 316 such passengers. Had facilities existed, 1,362 passengers in Terminal 1 and 2,203 in Terminal 2 would have been X-rayed as a routine measure.

Number of immigrants X-rayed:

1973	7,617
1972	8,893
1971	9,383
1970	7,128
1969	4,229

The monthly total of X-rays were:

January 513	July 558
February 570	August 789
March 780	September 1,051
April 575	October 684
May 448	November 584
June 560	December 541

The busiest months, as always, were August, September and October.

During the year nine Clerk/Receptionists were trained in the use of the Odelca Camera.

PULMONARY TUBERCULOSIS

Thirty-one persons were discovered to have active pulmonary tuberculosis on arrival, compared with twenty-seven in 1972 and thirty-three in 1971.

The country of origin was:

India 11	Other Asian 6	Africa 3
Pakistan 6	Non-Commonwealth 4	Caribbean 1

Of this total, four persons were refused landing, two from Pakistan, one each from Japan and Turkey; two others, one each from Guyana and Hong Kong, returned to their country of their own volition.

A total of 170 persons were allowed to land subject to follow up by the local Medical Officer of Health and were issued with form Port 29 (which replaced forms IB548) to this effect. Subsequent information was received in only 40 cases. In 11 persons, active pulmonary tuberculosis was confirmed, three each from India, Pakistan and in Other Asians, and two in non-Commonwealth persons. In addition, the Consulting Radiologist referred a further 132 persons to chest X-ray clinics and of these, follow-up letters reached us in 29 cases, confirming activity in four persons, two from India, one from the Caribbean and one Other Asian.

TRAINING

Two courses of training for newly appointed Receptionists were held—in February and in November.

Dr. M. J. James started his M.Sc. Course at the London School of Hygiene in October for a full academic year.

Dr. Woodland attended a one-day course on soft tissue injuries at Stoke Mandeville Hospital in October, and Dr. Cooper, together with the Senior Receptionist and the Shift Leaders, attended a one-day course on "Identification of Training Needs" in November. Mrs. M. Taylor, the Superintendent Radiographer, attended a two-day course in November on the subject of Radiation Protection.

Miss W. Davies attended a two-day course in January on Action Centred Leadership and a one-day course on Effective Staff Selection in February.

OTHER ACTIVITIES

Visitors

During the year distinguished medical visitors were received from Chile, Hong Kong, India, Japan, Thailand and New Zealand.

Other visitors in 1973 included the Medical Officer of Health of Harrow and his Deputy, the Medical Officer of Health of Belfast and the Medical Officer of Health of Bradford.

Official visits were paid to the Unit in April and May by the Leader of the Council, London Borough of Hillingdon, the then Chairman and Vice-Chairman of the Health Committee and other members and in July, by the newly appointed Chairman of the Health Committee, Councillor A. J. Potts.

In November, Lord Aberdare, Minister of State, Department of Health and Social Security, paid his first official visit to the Unit.

Other parties attending lectures at the Unit included a group of occupational health student nurses under the aegis of the Air Corporations Joint Medical Service, students of preventive medicine from the University of Leeds under Dr. Sutcliffe, and public health inspector students from the Matthew Boulton Technical College, Birmingham, Department of Science.

Conferences

The Annual Conference of the Association of Sea and Air Port Health Authorities took place this year in Manchester from 26th June–29th June. This was attended by a former Chairman of the Health Committee, Councillor J. Rowe, and by the Director of Health Services and the Principal Airport Medical Officer.

The latter also attended a Symposium in October at Birmingham University on the subject of the role of cable television in health services.

STATISTICS

SECTION II

Total number of Aircraft issued with Disinsectisation Certificates	...	...	523
No. of Aliens inspected under Immigrants Act	...	...	9,504
No. of Forms Port 30 issued in respect of Aliens	...	...	67
No. of Aliens refused entry	...	...	51
No. of Commonwealth Immigrants inspected under Immigrants Act	...	...	35,319
No. of Forms Port 30 issued in respect of Commonwealth Immigrants	...	...	37
No. of Commonwealth Immigrants refused entry	...	...	19
No. of Immigrants X-rayed	...	...	7,617
No. of Long-Stay Immigrant Notifications sent to Medical Officers of Health	...	...	27,732
No. of Forms Port 29 issued	...	...	200
No. of Surveillance Notifications sent to Medical Officers of Health	...	...	5,541
No. of Smallpox Vaccinations carried out	...	...	20,212
No. of Cholera Vaccinations carried out	...	...	2,456
No. of Yellow Fever Vaccinations carried out	...	...	223
No. of Unvaccinated Passengers Isolated	...	...	198
No. of Passengers seen by Health Control	...	...	947,803

	1969	1970	1971	1972	1973
Total aircraft movements:	293,745	270,169	273,490	279,227	294,294*
Total passenger flow:	14,314,882	15,606,719	16,174,756	18,621,886	20,713,760*

* Provisional figure.

IMMUNISATIONS

Vaccinations against Smallpox

1973	20,212
1972	8,664
1971	6,413
1970	8,998
1969	10,254

Vaccinations against Cholera

1973	2,456
1972	1,919
1971	2,008
1970	1,515
1969	611

Number of Passengers Isolated

1973	198
1972	105
1971	92
1970	137
1969	88

Vaccinations against Yellow Fever

1973	223
1972	292
1971	225
1970	131
1969	103

ANTE- AND POST-NATAL CLINICS

Personal Health Services

Although each of the three branches of the N.H.S. has a certain responsibility for ante-natal and post-natal care, there is an increasing trend for such care to be provided by the family doctor except in respect of patients who require specialist obstetric supervision. The continuing and welcome decline in the proportion of domiciliary deliveries has reduced the requirement for ante-natal clinics conducted by the local authority and during the year a number of arrangements were made for the domiciliary midwives to participate in the ante-natal clinics undertaken by family doctors in their own surgeries, thus avoiding the need for mothers to make a double journey. This development of a domiciliary midwifery team will be facilitated by the integration of the National Health Service in 1974, and the trend towards this objective in Hillingdon is most welcome. One of the results of general practitioner supervision is that fewer patients are now seen in any one session since the family doctor is unlikely to have as many patients attending a clinic in his practice as would attend a specialist ante-natal clinic organised by a hospital department or by a local health authority. The sessions are, however, of shorter duration and this allows the midwife to engage in other duties:

Number of women in attendance		Number of sessions held by		Total number of Sessions
For ante-natal examination	For post-natal examination	Medical Officers	Midwives	
<p><i>"Doctors are always working to preserve our health and cooks to destroy it, but the latter are often the more successful"</i>—Dideiot (1713–1784)</p>				

The number attending the Showings and Mothercraft classes was 975 representing a decrease of 3.5% compared with 1972. Classes were held at 15 clinics and the total number of attendances during the year was 9,747 a decrease of 2% compared with the previous year.

Training for women nurses and others concerned with ante-natal care and mothercraft teaching continued during the year so that all these practitioners were aware of modern developments in technique.

MIDWIVES ACT 1962-1967

The number of midwives who notified their intention to practise as midwives within the Borough (including those in hospitals) and who were practising at the end of the year was 95. All held the certificate of the Central Midwives Board.

CONGENITAL MALFORMATIONS

Congenital malformations observed at birth are notified by local midwives at the same time as the statutory birth notifications. During 1973 a total of 40 such notifications were received and forwarded to the Registrar General.

CONGENITAL ERRORS OF METABOLISM

Screening for phenylketonuria is carried out routinely by the Guthrie test. A blood sample is taken by the midwife on the sixth day of life and is processed at the regional centre. A number of other rare diseases can be excluded by the use of the same blood specimen and as facilities are available this is done at the same centre.

There were no cases of phenylketonuria or similar metabolic errors detected in the Borough during 1973.

Personal Health Services

ANTE- AND POST-NATAL CLINICS

Although each of the three branches of the National Health Service currently have a statutory responsibility for ante-natal and post-natal care, there is an increasing trend for such care to be provided by the family doctor except in respect of patients who require specialist obstetric supervision. The continuing and welcome decline in the proportion of domiciliary deliveries has reduced the requirement for ante-natal clinics conducted by the local authority and during the year a number of arrangements were made for the domiciliary midwives to participate in the ante-natal clinics undertaken by family doctors in their own surgeries, thus avoiding the need for mothers to make a double journey. This development of a domiciliary midwifery team will be facilitated by the integration of the National Health Service in 1974, and the trend towards this objective in Hillingdon is most welcome. One of the results of general practitioner supervision is that fewer patients are now seen in any one session since the family doctor is unlikely to have as many patients attending a clinic in his practice as would attend a specialist ante-natal clinic organised by a hospital department or by a local health authority. The sessions are, however, of shorter duration and this allows the midwife to engage in other duties:

<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>	
276	11	16	588	604

The number attending the Relaxation and Mothercraft classes was 975 representing a decrease of 3.5% compared with 1972. Classes were held at 15 clinics and the total number of attendances during the year was 5,747 a decrease of 3% compared with the previous year.

Training for health visitors and others concerned with ante-natal care and mothercraft teaching continued during the year so that all those undertaking such classes were aware of modern developments in technique.

MIDWIVES ACT 1902-1951

The number of midwives who notified their intention to practise as midwives within the Borough (including those in hospitals) and who were practising at the end of the year was 95. All held the certificate of the Central Midwives Board.

CONGENITAL MALFORMATIONS

Congenital malformations obvious at birth are notified by local midwives at the same time as the statutory birth notifications. During 1973 a total of 60 such notifications were received and forwarded to the Registrar General.

CONGENITAL ERRORS OF METABOLISM

Screening for phenylketonuria is carried out routinely by the Guthrie test. A blood sample is taken by the midwife on the sixth day of life and is processed at the regional centre. A number of other rare diseases can be excluded by the use of the same blood specimen and as facilities are available this is done at the same centre.

There were no cases of phenylketonuria or similar metabolic errors detected in the Borough during 1973.

CHILD HEALTH SERVICES

The work of developmental screening for children under five years of age is now well established. Mothers are aware of the object underlying periodic visits to the doctor at the child health centre, and are beginning to demand assessment.

During 1973 the first medical officer to undertake advanced studies completed her one year's training in developmental paediatrics at the Institute of Child Health. She returned to supplement the work previously carried out by Principal Medical Officers, and plans to set up an assessment centre for potentially handicapped children in conjunction with the local hospital paediatricians.

At the same time as she returned the opportunity was taken to reorganise the work of the medical officers so that two other senior clinicians were involved in some of the more specialised aspects of child health work. These three doctors were also given additional responsibility in the training and supervised practice of new medical officers entering the public health service. It is hoped that this aspect of child health work will expand during the immediate future, especially as interest in developmental paediatrics is being shown by some local general practitioners. This is particularly noticeable in those entering or negotiating entry into health centres.

Non-Accidental Injury

The problem of the battered baby or as it is better named "Non-Accidental Injury Syndrome" has been mentioned regularly in previous reports. It has come to prominence on a national scale during the past year owing to reports on a particular case where the child died. Before this, however, a group of paediatricians, social workers, public health doctors and police representatives arranged a series of meetings to discuss the problem with a view to making recommendations on ways of alleviating it. They met in Tunbridge Wells and their subsequent report was referred to as "The Tunbridge Wells Report".

Arising from this renewed interest it was decided to convene a local discussion group on similar lines to that held in 1967. Present on this occasion were consultant paediatricians, consultant psychiatrists, consultant and nursing staff from the accident and emergency unit, ward sisters and representatives of public health, social services, N.S.P.C.C., juvenile courts and police. It was notable that considerable interest was expressed by adult psychiatrists who thought such a problem was a family one. It was agreed that accident and emergency departments need more information, and that case conferences play a significant part in the organisation of all the workers involved.

Apart from the publicity arising from the foregoing there is now more general awareness of the conditions which pre-dispose to non-accidental injury. Health visitors particularly are able to foresee difficulties in women who attend ante-natal mothercraft classes and to give early warning of break-down. This can be passed to social services or to the social workers of the N.S.P.C.C. who undertake the intensive case work needed. Two case conferences were held during 1973.

Handicapped Children in Day Nurseries

There continues to be a number of handicapped children placed in day nurseries, details of which appear below.

Medical Officers visit the nurseries regularly to assess these children and to advise on their management and any similar problems raised by the matrons.

A corresponding service is offered to the social services department for residential homes.

The table below gives some details of these children:

Category (handicap)	Number
Deaf or partially hearing	1
Delicate	2
Mentally handicapped	3
Speech defect	9
Physically handicapped	1



A medical specialist assesses a child's developmental progress

FAMILY PLANNING

The expansion of the family planning services has continued. There has been a need for these services in the Yiewsley area for a long time, but it was not possible to find suitable premises. When Yiewsley Health Centre opened in April it was possible to fill this need. The single clinic was over subscribed very quickly but by August a second session was proving very popular. This was augmented by an evening session in December, but it is not easy to find professional staff to work in the evening.

The Family Planning Association have operated a clinic at Northwood for many years but following an agreed policy, the administration of this was handed over to the Borough in October, preparatory to the opening of Northwood Health Centre. This occurred in November and the family planning clinic is now housed in more comfortable surroundings and can be expanded as the need arises.

With effect from October, family planning became a completely free service to all residents whether they attended directly operated or agency provided clinics. This included vasectomy which is carried out on an agency basis at Family Planning Association clinics outside the Borough.

Family Planning Attendances 1973

<i>Local Authority Clinics</i>	<i>New patients</i>	<i>Total attendances</i>
Laurel Lodge	177	1,084
Elers Road	161	746
Mount Vernon	322	1,140
Yiewsley	347	828
Harefield	58	180
Northwood (Oct.—Dec. only)	23	359
	1,088	4,337
FPA Clinics and Brook Advisory clinics: Total number of patients—6,588		

Abortions

The number of abortions conducted at Hospitals in Hillingdon was as follows:

	1971	1972	1973
Provisional	730	806	682
Actual	743	—	—

Family Planning Service (general enquiries—not appointments) Uxbridge 52281

Elers Road Clinic, Elers Road, Hayes	Wednesday	1.30 p.m.—4.00 p.m. (by appointment only)
Harefield Health Centre, Park Lane, Harefield	Friday (not 4th Friday in any month)	2.00 p.m.—4.00 p.m. (by appointment only)
Laurel Lodge Clinic, Harlington Road, Hillingdon	Tuesday	9.30 a.m.—12 noon (by appointment only)

Northwood Health Centre, Neal Close, Acre Way, Northwood	Tuesday	5.30 p.m.—6.30 p.m. 7.00 p.m.—8.30 p.m. (by appointment only)
Yiewsley Health Centre, 20 High Street, Yiewsley	Wednesday	9.30 a.m.—12 noon 6.00 p.m.—8.00 p.m. (by appointment only)
Mount Vernon Hospital, Rickmansworth Road, Northwood	Thursday Friday	2.00 p.m.—4.30 p.m. 2.00 p.m.—4.30 p.m. (by appointment only)

Family Planning Association

Grange Park Clinic, Lansbury Drive, Hayes	Tuesday	6.30 p.m.—8.30 p.m.
Hillingdon Hospital	Monday Thursday	7.00 p.m.—8.30 p.m. 10.00 a.m.—12 noon (by appointment only)
Ickenham Clinic, Long Lane, Ickenham	Monday	7.00 p.m.—8.30 p.m.
Minet Clinic, Coldharbour Lane, Hayes	Wednesday	1.45 p.m.—3.15 p.m. 5.30 p.m.—7.00 p.m.
Oak Farm Clinic, Long Lane, Hillingdon	Thursday	6.30 p.m.—8.30 p.m.
West Mead Clinic, West Mead, Ruislip	Friday	1.45 p.m.—3.15 p.m. 6.30 p.m.—8.00 p.m.
Uxbridge Clinic, Council Offices, High Street, Uxbridge	Thursday	1.45 p.m.—3.15 p.m. 5.30 p.m.—7.00 p.m.

WELL WOMEN'S CLINICS

The number of women attending for screening has remained similar to that in previous years. The details are shown in the table on page 33. All cases of malignancy and treatable disease were referred to their family doctors for further advice. Many who had been so referred in previous years and who returned for repeat screening expressed their gratitude for the service offered and their pleasure at improved well being after treatment.

During 1973 a student statistician working in the department for a short time was able to carry out a brief survey on the cytology service. He found that the local authority clinics seemed to be reaching the greatest proportion of "at risk" women. These clinics rather than hospital, general practitioner or family planning facilities were chosen by women with three or more children, widows and the older age groups. The figures for cytology carried out in hospital are incomplete of course, as they do not include all women attending gynaecology clinics. It should be remembered, however, that these are not well women, as they are referred because of symptoms of disease.

An analysis of 1,544 women who had smears taken during the twelve week period 9th April, 1973—1st July, 1973 revealed the following interesting information concerning the source of referral.

SPECIAL SURVEY—ALL CERVICAL SMEARS April–July 1973

Social Class	Source of Cervical Smear							
	General Practitioners		Local Health Authority Clinic		F.P.A. Clinic		Hospital	
	No.	%	No.	%	No.	%	No.	%
I and II	8	30.8	108	23.6	90	29.4	46	23.4
III	15	57.7	272	59.5	189	61.8	119	60.7
IV and V	3	11.5	77	16.8	27	8.8	31	15.8
Total analysed	26	100.0	457	100.0	306	100.0	196	100.0
<i>Number of Pregnancies</i>								
None	10	9.9	76	12.1	220	43.4	133	43.5
1	29	28.7	99	15.7	68	13.4	95	31.0
2	33	32.7	217	34.4	132	26.0	35	11.4
3	19	18.8	105	16.7	54	10.7	23	7.5
4 or more	10	10.0	133	21.2	33	6.5	20	6.6
Total analysed	101	100.0	630	100.0	507	100.0	306	100.0

LONDON BOROUGH OF HILLINGDON WELL WOMEN'S CLINICS 1973

	Elers Road	Grange* Park	Laurel Lodge	Minet†	Northwood	Ruislip	Yiewsley	Industry
No. of women seen	180	54	712	338	248	447	554	294
"At Risk"	98%	56%	40%	44%	36%	43%	48%	49%
Healthy	84	43	333	249	123	50	309	213
Abnormalities found:								
Pelvic: Malignancy	1	1	1			1	1	
Cervical	37	2	263	20	24	96	94	22
Infection	24	4	47	17	49	224	55	15
Fibroids	9	2	32	10	9	5	18	11
Ovarian	2		15		2	1	9	3
Prolapse	2		6				6	1
Other	20		21	15	59	133	57	10
Breasts	5		42	20	4	36	23	11
Hypertension	7		38	4	10	29	37	15
Urine	1		15	1		2	5	3
Referred to G.P.	18	4	113	10	30	26	50	8
Previous cytology	67	40	536	198	136	329	386	163

* November/December

† January–October

CHIROPODY

This has been a satisfying year in relation to the chiropody service, although much remains to be done. The area chiropodist took up his duties in January and a sector chiropodist in February. These officers tackled the backlog of clinical work, but in addition were able to arrange practical training sessions in foot care for home nurses, home attendants, and clinic nurses as well as taking part in professional discussions with individual medical officers. It was possible to increase the amount of work undertaken for school children, and to give some talks on foot care in schools and to mothers' clubs. The table below shows the number of patients treated.

Contact was established with the chiropody training schools and as a result it was possible to recruit a newly qualified chiropodist in July. In September the second sector chiropodist joined the department completing the management structure planned in 1972.

New health centres were opened at Yiewsley in April and at Northwood in November. Here for the first time there were properly equipped chiropody surgeries with hydraulic chairs and up-to-date instruments. The opportunity arose to create an appliance laboratory at Northwood Health Centre. This satisfied a need which was becoming more and more evident and although the equipment is modest, it should be possible to improve it in the coming months.

The success of the newly expanded service has been heartening to all and has inspired ideas and innovations. Among these was a colour film made by one of the sector chiropodists which will prove useful for health education and training sessions in the future.

Chiropody facilities are available at the following clinics:

- Minet, Coldharbour Lane, Hayes
- Laurel Lodge, Harlington Road, Hillingdon
- Northwood Health Centre, Neal Close, Acre Way, Northwood
- Uxbridge, High Street, Uxbridge
- Westmead, Westmead, South Ruislip
- Yiewsley Health Centre, High Street, Yiewsley

In addition sessions are held at Elm Park Club, Park Way, Ruislip

- Brackenbridge House Aged Persons Home
(Ruislip/Northwood Old Folks Association)
- Dawlish Drive, Ruislip Manor (British Red Cross Society)

The number of persons treated during the year was 3,223. This shows a marginal increase over the figure for 1972 (3,206), whereas the number of treatments given represents a massive increase of 32.7%, almost entirely within the local authority sector.

Number of Persons Treated

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
Persons aged 65 and over	3,005	165	3,170
Expectant mothers	3		3
Physically handicapped or otherwise disabled persons under age 65	37		37
Others	13		13
Total	3,058	165	3,223

Number of Treatments

	<i>By local Authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
In clinics	6,689		6,689
In patients' homes	4,985	821	5,806
In old people's homes	1,257	123	1,380
In chiropodists' surgeries		2,494	2,494
Total	12,931	3,438	16,369

THE WORK OF THE COMMUNITY NURSING SERVICE

The domiciliary nursing, midwifery and health visiting services have continued to develop during 1973. Attachment of community nursing staff to general practitioners is now virtually complete throughout the Borough, and arrangements have been made with the neighbouring authorities of Buckinghamshire, Hertfordshire, and Harrow for nursing staff to visit patients living "over the border" whose doctor's main practice is based in Hillingdon.

Domiciliary Nursing Service

Although the nursing staff establishment has been increased in accordance with the needs outlined in the work study of November 1971, the nurses are still working under heavy pressure. Patients are coming home from hospital earlier and, with the growth of general practitioner attachment schemes, their work load has become more varied and interesting. The scheme for supplying nursing equipment from the central sterile supply department at Hillingdon Hospital has been extended to cover the nursing needs of the whole of the Borough. Also, in conjunction with Hillingdon Hospital, a laundry service has been established for seriously ill patients being nursed at home. Although necessarily limited in this, its first year, it has already proved to be of considerable help to both patients' relatives and the nursing staff. In order to deal with laundry and other deliveries for the health department a second van was brought into service, and a full time driver was appointed. To improve the service to the patients, a scheme has started whereby a community nursing officer can be contacted at Hillingdon Hospital every Saturday and Sunday between 9.30 a.m. and 3.30 p.m. and can deal with any problems which may arise over the weekend.

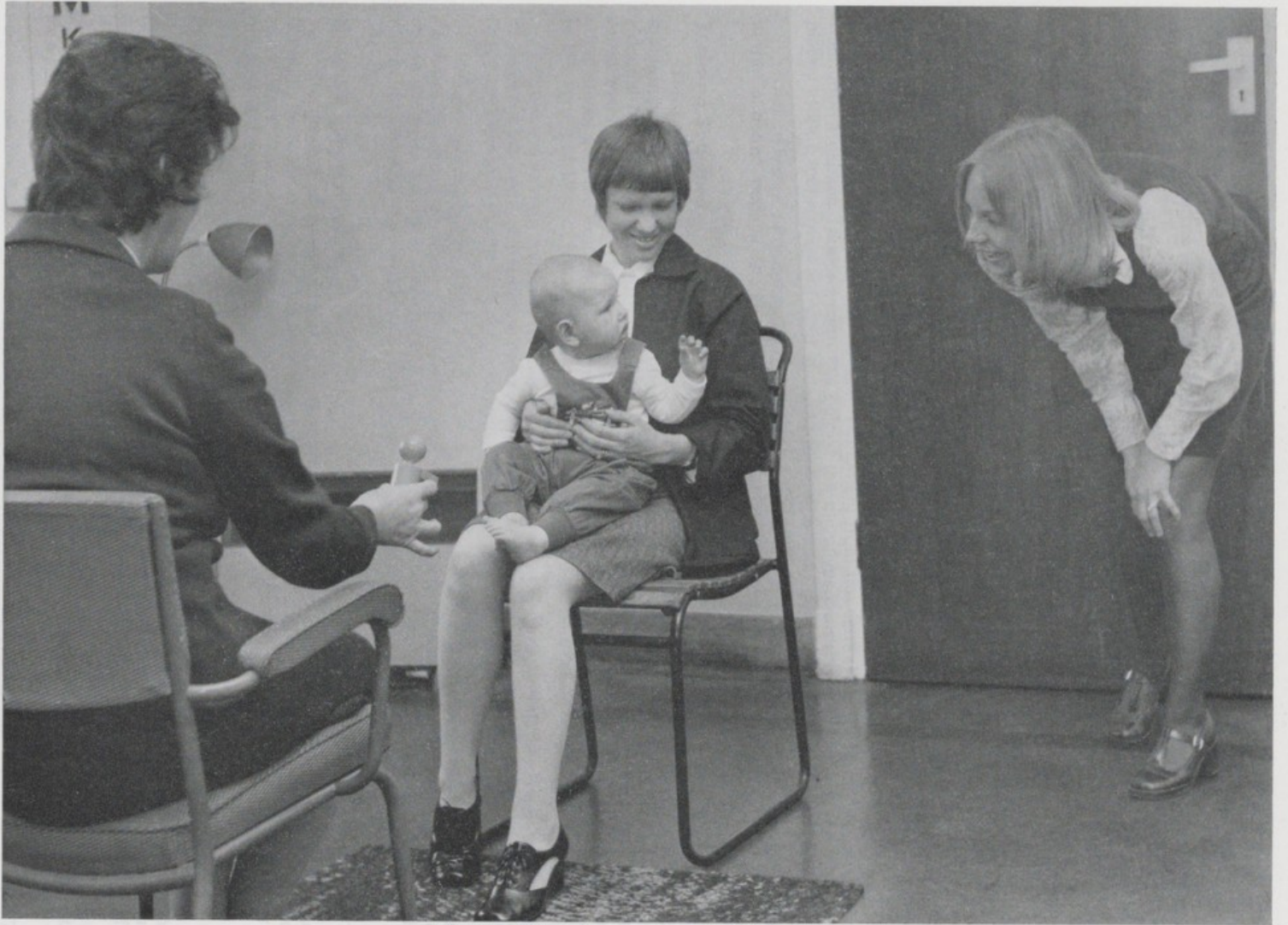
Night Nursing Service

This service has continued to expand, and in September it was found to be necessary to appoint a nursing officer solely responsible for the night nursing service. A second "base" has been established for the night nurses, and from early in 1974 part of the night service will be run from this second base at Mount Vernon Hospital. It is hoped that the provision of this second base will cut down nurses' travelling time considerably.

A total of 300 patients received night nursing care during 1973, and the total number of visits paid during the year was 8,786. On 290 occasions patients were cared for throughout the night by nursing auxiliaries with supervision from the night sisters. The establishment of nurses for the night nursing service is now 1 nursing officer, 5 night sisters and 7 nursing auxiliaries.

Health Visiting Service

Although the staffing situation has fluctuated slightly, it shows a steady and gradual increase. This is largely due to the 10 student health visitors sponsored by the Borough who qualified in September. A further 10 students have been sponsored for the academic year 1973/74, and 15 will



Health visitors test a young baby's hearing

be sponsored in 1974/75. All health visitors are now "attached" to groups of general practitioners, and as a result are finding that their field of work is widening to include all age groups, rather than only mothers and babies.

More clinic nurses and nursing auxiliaries have been appointed in the health visiting service. These nurses will deal with routine clinic and school work, leaving the health visitor more time for work where her special skills are needed.

Details of the health visitor's work in the health education field will be found in the health education section of this report.

Domiciliary Midwifery Service

There has been a significant decrease in the number of "at risk" mothers who book for home confinement. Considerable efforts have been expended by the midwifery staff in order to effect this very favourable trend, and these efforts will continue.

During the year a radio call system was introduced. Although not wholly satisfactory at first, a new scheme for its implementation is being planned which, it is hoped, will be completely satisfactory.

All midwives are now supplied with equipment from the central sterile supply department at Hillingdon Hospital. This provision has helped the midwives considerably, and ensures that completely aseptic techniques are used in caring for mothers at home.

Total deliveries undertaken by district midwives numbered 453, of these 186 were undertaken in the "scheme" beds at The Duchess of Kent Maternity Unit, Hillingdon Hospital.

Training Schemes

The same high numbers of students continue to come to the community nursing service for additional experience. In addition, student nurses from Mount Vernon Hospital and from Hillingdon Hospital have come to us for planned courses of community experience as part of their general nurse training (S.R.N.). These courses have been approved by the General Nursing Council and some nurses are able to spend extra time in the district nursing field so that they may have a reduction in the length of District Nurse training if this is taken at a later date.

In service training schemes for members of the community nursing staff have been undertaken throughout the year, and subjects covered include hearing and vision testing, and the teaching of psychoprophylaxis, in addition to the monthly staff lecture sessions.

Health visitor, district nurse and part II midwifery training has continued as in previous years. As reported previously, the high numbers of students coming into the community for training impose a heavy burden on the already busy nursing staff, and it is likely that such training needs will increase rather than decrease in the future.

Hospital Liaison Schemes

The growth of liaison schemes between the community nursing staff and hospitals in the Borough has been most encouraging. Nursing Officers from the community are now able to attend consultants' "rounds" at both Hillingdon and Mount Vernon Hospitals, and liaison with the maternity unit is excellent.

Preparation for Reorganisation of the National Health Service

Throughout the year all members of the community nursing services have been very aware of the need for preparation for changes which will occur in 1974. With this in mind, discussions about future changes have frequently taken place between nursing officers and staff, and special staff lectures have been arranged, and have been well attended.

Efforts have been made to build up a first class community nursing service which can go forward with confidence into the future.

DENTAL SERVICE (MATERNITY AND CHILD HEALTH)

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

The number of pre-school children treated has again risen this year. This is a welcome trend but still far too few pre-school children receive a dental examination and treatment. More than half the children entering school have already experienced dental decay, and less than half of this has been treated. Many parents seem unaware that dental decay can start very early and even less appreciate that fillings can be done easily and that many children actually enjoy their visit to the dentist.

Regular inspections of day nurseries and the playgroup for handicapped children have continued. All parents of children under special observation at the child health clinics have been contacted when the child is three years of age, and informed of the facilities available. This has been an interim arrangement until the computer programme matures, supplying the service with the third year birthday of every child in the Borough.

A discussion on dental health is held with mothers attending every ante-natal class in the Borough. This must of necessity be brief but usually covers mother's dental health, feeding the baby and toddler, teething and fluoride supplements. Fluoride drops or tablets are now easily available and can supplement the deficiency of fluoride in the drinking water. However, as children must be given the fluoride daily until they are about 10 years of age, in practice it is a poor substitute for fluoridation of the drinking water.

Mentally handicapped

The dental department has continued to give advice to mentally handicapped young people and some dental treatment has been provided where parents have not been able to obtain it from any other source. A dental surgery assistant has visited Fountains Mill and Moorcroft Training Centres regularly and supervised tooth brushing sessions. The friendly atmosphere, patience and perseverance has made subsequent dental treatment much easier and more successful. The statistics of the priority dental service follow on page 111.

HEALTH CENTRES

The National Health Service Act of 1946 gave statutory powers to apply the concept of the health centre first introduced by a committee under the chairmanship of Lord Dawson of Penn. A health centre was envisaged as a building where family doctor, hospital specialist and local authority health services would be housed under one roof. It was to be the beginning of team work between these branches of the health service, ultimately leading to integration. Unfortunately initial progress was slow and very few health centres of this type were built. In the 1960s, however, the Minister of Health, as he then was, encouraged local health authorities to plan health centres rather than new child health clinics where family doctor and local authority health staff would work and this time greater success was achieved.

The opportunity for Hillingdon to build its first health centre occurred when it became necessary to replace Yiewsley Clinic which was housed in unsatisfactory premises. Planning, building and equipping the Centre took several years, but it was finally occupied in April 1973. It provides facilities for three family doctors, and all local authority services including child health, family planning, well women, chiropody, dentistry, audiology and speech therapy. The site presented architectural difficulties so that the finished building is not ideal, but nevertheless it is appreciated by those who use it, and it has formed a useful basis from which to plan subsequent centres.

Plans for Yiewsley Health Centre were followed by those for Northwood. Here the Borough was fortunate to acquire land near Northwood and Pinner Cottage Hospital from the North West Regional Hospital Board. Planning and building were much more expeditious, and this Centre was occupied by local authority health services in November 1973. There is provision for a total of five



Northwood Health Centre—reception area

general practitioners who will move in early in 1974. Both local authority and general practitioner services mentioned above are provided and in addition, an appliance laboratory has been equipped for the use of full time chiropractors.

As foundations have been dug and the bricks and mortar have taken shape, interest in the health centre concept has quickened. Family doctors have begun to ask if there is likely to be one in their own districts. With this encouragement, a forward plan has been drawn up. This envisages a health centre in Uxbridge, to be completed in late 1974 and to be followed by one each year in various parts of the Borough over the next ten years. The plans have been linked as far as possible with the Council's plans for housing development. There are certain parts in the south of the Borough where there are practically no general practitioner surgeries and where the local authority services are offered in very sub-standard premises. There is an urgent need for health centre provision here, but unfortunately the implementation of the programme depends upon the availability of suitable sites and the necessary finance. During the year progress in planning health centres came to an abrupt halt when the Department of Health and Social Security announced that the national sum allocated for the current financial year had been exhausted. In future all projects must compete for inclusion in a programme predetermined nationally by the finance likely to be available. Each authority is now required not only to submit proposals but to make a case for each project which will enable national priorities to be determined. This apparent change of policy has attracted considerable criticism from family doctor representatives, and it remains to be seen what effect it will have upon the long term development of the health centre concept.

HEALTH EDUCATION

Mrs. P. Mahy, S.R.N., C.M.B.(Part I), H.V.Cert., Community Care Cert., F.E. Teachers Cert., M.I.H.E., M.R.S.H.—*Principal Health Education Officer*

"He is the best physician who is the best inspirer of hope"

—Samuel Taylor Coleridge

As in previous years the health visitors have participated in the general health education programme. The three Mother's Clubs envisaged in 1972 have become a reality and it is hoped will continue to flourish. Health education topics such as temper tantrums, bed wetting, care of the feet, the importance of speech and care of the teeth, have been included in the programme which it is hoped will be an on-going process. It is felt that there is a need for health education to be extended to the mothers of the pre-school child.

Mothercraft classes have continued, and the new syllabus is rapidly becoming the old syllabus and has been updated. The main reason necessitating change is the new psycho-prophylaxis training. The health visitors have participated in numerous training sessions and now the mothers are being taught the new method. In fact psycho-prophylaxis is not new at all, it was commenced in Russia in 1946/47. It would appear that both staff and mothers are enjoying the new learning situation.

In-service training for the clerk/receptionists at health control unit, London Airport has continued as in 1972—evaluation has shown that the training sessions are beneficial to the new and established staff.

Other in-service training for staff has included a study day on nutrition. The speakers were Dr. R. Britt, Consultant Haematologist, Hillingdon Hospital; Dr. M. Gunther and Dr. June Lloyd from the Institute of Child Health, Great Ormond Street, and Miss R. Harrison, Lecturer in Dietetics at the Post-Graduate Medical School, Hammersmith.

The review panel on drug abuse which meets at six monthly intervals, felt that whilst there was no large scale drug abuse problem in Hillingdon, it would be wise to keep the general public, schoolteachers and all persons interested, informed of the situation. Resulting from this, a series of public lectures on the "Abuse of Drugs", including alcohol, was arranged by the health education

unit. The speakers were Professor W. D. Paton from the Institute of Pharmacology, Oxford; Dr. C. Lucas of the Student Health Service, University College; Dr. W. A. Weston, Consultant Forensic Psychiatrist, Stanley Royd Hospital, Wakefield, and Mr. D. Rutherford of the Teachers Advisory Council on Alcohol and Drug Education. The series was met with quite an encouraging response.

Dr. E. W. Jones participated in a series of First Aid Lectures for employees of the Borough, the venue was the lecture room at Hayes Swimming Baths.

The audio visual section of the health education unit has continued to expand. A display was exhibited at the Welcome to Citizenship, held at Uxbridge Technical College. The Hillingdon Show was devoted to dental health education, more details of this appear in the section on dental health.

With 1974 and the reorganisation of the National Health Service very much in our thoughts, 1973 has been a year during which closer co-operation between the hospitals and Health Department has been encouraged. Consequently there has been an increase in the number of visitors to the health education unit. Hospital staff have also been invited to attend in-service training and study days.

During March a campaign was launched to collect unused medicines. The health education unit worked closely with the Harrow & District Pharmaceutical Society, and with the aid of the cleansing department 2 cwt 56 lbs of pills and powders were collected from chemists shops and burned at Alperton. The response was not as great as one hoped that it might have been in view of the high incidence of accidental poisoning, especially in those under 5 years of age. Requests from Young Wives, Church Fellowships and Mothers Clubs have been received and speakers have been provided, the topics have included cervical cytology, drugs and home accidents.

GENERAL HEALTH EDUCATION

<i>Speakers</i>	<i>No. of Talks</i>	<i>Audience</i>	<i>Total Audience</i>
Medical Officers	6	Voluntary Organisations	330
	4	General Public—	
	4	Drugs Lectures Professional Groups	390 120
Health Education Officers	30	Hospital Nursing & Management Staff	231
	3	Family Aids	10
	1	Junior Induction Group	25
	1	Pre-Retirement Group	12
	8	Voluntary Organisations	389
	1	Industry	30
	2	Heathrow Clerks/ Receptionists	35
	1	University Student	1
4	General Practitioners	4	
Nursing Staff	517	Mothercraft Classes	859
	20	Fathers' evenings	514
	13	Voluntary Organisations	200
Dental Officers	3	Voluntary Organisations	120
	47	Mothercraft Classes	540



Protecting the child against dangerous diseases

HOME DIALYSIS

During 1973 a request was received from a London hospital for the provision of electric points for emergency generators in case of breakdowns in the electricity supply industry etc. The Regional Hospital Board considered that all units should have emergency points. The Borough installed two points and the Regional Hospital Board installed the remaining six. The Borough also installed storage heaters in those units which were insufficiently heated.

During the year a further room adaptation was carried out so that a resident of the Borough could be provided with facilities for intermittent haemo-dialysis to be carried out in his own home.

As one of the dialysis patients had a kidney transplant in 1973 there are now eight Hillingdon residents making use of artificial kidney machines within their own home environment.

IMMUNISATION

The standard programme of immunisation was followed without any amendment during 1973. The three different national schedules of inoculation that are currently used in the Borough, occasionally give rise to problems of application and create a situation in which it is often difficult to be certain of a child's current immunisation status, and the need for further booster doses. In order to provide some assistance to health department staff and general practitioners, it was decided to publish a time series analysis of the procedures and represent the information concerning all the schedules in a diagrammatic form. This was circulated to all general medical practitioners in the Borough as well as professional staff in the health department.

The charts are based on the various procedures which have been in use in this area since 1962. Since that time three different schedules have been in operation.

It is important to remember that these schedules of inoculation are used in local authority clinics at the relevant time. Individual family doctors may have used alternative schedules which are not necessarily related to the child's date of birth.

The tables on page 109 show the number of children immunised during the year at Council clinics or by general medical practitioners.

The number of primary immunisation doses given in 1973 has remained almost the same as the 1972 figures, with the exception of German Measles which showed an increase of 60%.

The number of reinforcing doses of vaccine given in 1973 for diphtheria/tetanus and poliomyelitis showed a considerable increase compared with the previous year. The large total of poliomyelitis inoculations may have been partly caused by the mass vaccination carried out in the latter part of the year, as a result of the reported case of poliomyelitis.

BCG Vaccination—Production of acquired resistance to Tuberculosis

The following table gives details of BCG vaccinations carried out in 1973, and the preceding 3 years for children in the 2nd year of secondary school life.

It will be noted that the number of children in the second year of school life who were eligible for BCG vaccination was lower (3,106) during 1973 than for the previous year. A total of 2,837 children volunteered for tuberculin testing, and it is pleasant to record that the acceptance rate (91.3%) was the highest figure recorded during the past 5 years. The number of children found to

be Heaf positive (151) was 5.4% of the children tested and is a slight decrease on the 1972 percentage (6%).

Year			<i>Children Eligible</i>	<i>Children Tested</i>	<i>Children Vaccinated</i>	<i>Children not vaccinated (Heaf positive)</i>	<i>Percentage of eligible children tuberculin tested</i>
1970	...	...	3,435	2,873	2,752	121	83.6
1971	...	...	2,766	2,259	2,170	89	81.7
1972	...	...	3,475	3,006	2,825	181	86.5
1973	...	...	3,106	2,837	2,686	151	91.3

Rabies Vaccination

As a result of the recommendations of the Waterhouse Committee in 1970, concerning the precautions which should be taken in Great Britain against the introduction of rabies, prophylactic inoculations have been offered to the staff of three kennels in the Hillingdon area. In addition, blood tests have been carried out at regular intervals following booster doses, in order to assess the rabies antibody levels attained in these personnel.

MENTAL HEALTH SERVICES

Dr. W. H. G. Batham—*Principal Medical Officer—Mental Health*

Approval of Medical Practitioners

No new approvals were made during 1973 under the Mental Health Act. Dr. W. H. G. Batham was re-approved for the next five year period under the Mental Health Act 1959 as having special experience in the diagnosis of mental disorders.

Psychiatric Services

The relationship between the health department, the social services department and the hospital service continues to develop in the field of mental illness. There has been closer communication between the social workers of St. Bernard's Hospital and the senior social workers of social services (north team), in conjunction with Dr. Batham, on co-operation and methods of improving the service to patients.

A good relationship has developed between Dr. Morrish, consultant psychiatrist, St. Bernard's Hospital and Dr. Batham. The good relationship established with Dr. Freeman and Dr. Wiseberg, the consultant psychiatrists at Hillingdon Hospital, in the previous year has continued.

Dr. Batham attends two weekly psychiatric sessions at Hillingdon Hospital, one with Dr. Freeman and one with Dr. Wiseberg. Weekly contact is made with all staff including social workers and occupational therapists in the psychiatric wing.

A psychiatrist and the principal medical officer (mental health) visit Hayes Park Hostel every four weeks to discuss the psychiatric treatment of residents with the warden.

Mental Subnormality

Health visitors continue to visit homes of mentally handicapped children under the age of 16 years every six months to counsel the parents and submit their reports to the health department. A good relationship between the health and social services departments ensures the best available help.

Dr. Finn is the consultant psychiatrist at Leavesden Hospital with responsibility for this Borough. There was considerable difficulty in securing a hospital bed for one patient this year despite close liaison between the social services and health departments. Such difficulties are an inevitable consequence at local level of the present confusion about future policies and the division of responsibility for their execution. Such difficulties will not be overcome by the reorganisations currently taking place.

Future Developments

1st April, 1974 sees the uniting of the local authority health departments with the National Health Service under area health authorities and regional health authorities. This is the most important development in the National Health Service since its inception twenty-five years ago. It should assist the development of community medicine and provide challenges in this new specialty including the advancement of preventive medicine. One of the very important branches of preventive medicine is mental illness and mental handicap.

Moorcroft School for E.S.N. Pupils

Medical officers with special experience visit regularly, on average twice weekly, during term time to carry out routine medical inspections and I.Q. assessments. Opportunities occur on these occasions to discuss with the parents the child's welfare and placement. There is full co-operation between the medical officers and the staff of the school.

Drug Abuse

The Drugs Advisory Panel composed of professional workers from various Council departments and other medical and social agencies in the area met on two occasions during the year to consider the extent of drug abuse in the Hillingdon area. These meetings provided a useful forum in which to discuss evidence of drug abuse, and it was again concluded that whilst Hillingdon was not exempt from the general problem of drug abuse in the London area, abuse of more exotic drugs did not constitute a problem. There was, however, evidence that alcohol was increasingly being abused in the area, particularly amongst younger people. The attention of the police authorities was drawn to instances of apparent under-age drinking, and whilst there was no statistical evidence to confirm these impressions from prosecutions in the area, those working with young people were increasingly concerned by the trends which became apparent. There is certain evidence to suggest that where young people abuse alcohol at an early age, the onset of alcohol addiction is more rapid, and these trends which no doubt reflect commercial pressures on the young were disturbing.

A series of four public lectures on various aspects of the drug problem were held at Uxbridge Technical College during the year. After an excellent attendance at the first lecture, the public response was somewhat disappointing and tended to confirm the view that drug abuse is not thought to be a major social problem in this area.

An article on drug abuse was publicised in the local press in May based upon information supplied by the Department of Health and Social Security. The Borough nominated Dr. W. H. G. Batham as its member on the Drug Dependency Discussion Group which meets under the auspices of the Kings Fund Centre, London.

RECUPERATIVE HOLIDAYS

The following table gives details of persons placed on recuperative holidays during 1973 and the preceding four years:

	<i>Adults</i>		<i>School Children</i>	
	<i>Arranged</i>	<i>Taken</i>	<i>Arranged</i>	<i>Taken</i>
1969	44	26	2	
1970	48	29	12	10
1971	43	29	9	8
1972	19	11	15	7
1973	25	19	2	2

Since January 1973 patients have not been assessed for payment and all pay a flat rate of £2 per person per week. The Borough pays the balance and travelling expenses.

GENERAL CIRCUMSTANCES

Environmental Health

Hillingdon is one of 32 London Boroughs created by 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 the London (Heathrow) Airport as well as Northolt aerodrome. The area is bisected 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 by three Water Companies, Rickmansworth and Uxbridge Valley Water Company, Colne Valley Water Company and the South West Suburban Water Company. Chemical analyses of water from these three companies are as follows:

"Each civilization makes its own diseases"—Sigerist

	Colne Valley Water Co.	and Uxbridge Valley Water Co.	South-West Suburban Water Co.
Appearance	Clear & Bright	Clear & Bright	Clear & Bright
Reaction (pH)	7.3	7.6	7.6
	<i>Parts per million</i>		
Dissolved solids	393.20	387.80	478.80
Suspended solids	—	—	0.10
Chloride	34.00	20.00	38.6
Free and Saline Nitrogen	—	—	—
Albuminoid Nitrogen	0.05	—	0.10
Nitrate Nitrogen	1.20	2.04	0.76
Nitrite Nitrogen	—	—	—
Oxygen demand	0.10	0.15	1.05
Biochemical oxygen demand	0.12	0.10	0.23
Total Alkalinity (CaCO ₃)	180.00	258.00	218.00
Lead (Pb)	—	0.02	—
Zinc (Zn)	—	0.01	—
Copper (Cu)	0.15	0.02	—

The fluoride content of the respective water supplies is as follows:

Colne Valley Water Co.	0.4 parts per million
Rickmansworth & Uxbridge Valley Water Co.	0.25-1.4 parts per million
South-West Suburban Water Co.	0.262 parts per million

The water from one of the wells belonging to the latter company and supplying part of the Borough has a naturally high fluoride content.

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 the London (Heathrow) Airport as well as Northolt aerodrome. The area is bisected 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 by three Water Companies, Rickmansworth and Uxbridge Valley Water Company; Colne Valley Water Company and the South-West Suburban Water Company. Chemical analyses of water from these three companies are as follows:

	<i>Colne Valley Water Co.</i>	<i>Rickmansworth and Uxbridge Valley Water Co.</i>	<i>South-West Suburban Water Co.</i>
Appearance	Clear & Bright	Clear & Bright	Clear & Bright
Reaction (pH)	7.3	7.5	7.6
	<i>Parts per million</i>		
Dissolved solids	393.20	367.80	478.80
Suspended solids	—	—	0.10
Chlorion	34.00	20.00	39.6
Free and Saline Nitrogen	—	—	—
Albuminoid Nitrogen	0.05	—	0.10
Nitrate Nitrogen	1.20	2.04	0.75
Nitrite Nitrogen	—	—	—
Oxygen demand	0.10	0.15	1.05
Biochemical oxygen demand	0.12	0.10	0.23
Total Alkalinity (CaCO ₃)	180.00	258.00	218.00
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The water from one of the wells belonging to the latter company and supplying part of the Borough has a naturally high fluoride content.

All the water companies maintain a very close watch on the standards of purity of their supply and the results of the periodical bacteriological samples taken by the department confirm these to be satisfactory. Only one of the samples of mains water taken was found to contain bacteria.

While the biological purity of water remains satisfactory palatability and appearance does, from time to time, cause the public concern. Sediment and debris in the water due to maintenance operations by the supplying company is a common cause for complaint as is also the suspected presence of copper and lead due to absorption from service pipes or utensils. All such complaints are investigated and where necessary referred to the water company concerned. Complaints are also received on occasions regarding the taste of water.

An example of this occurred in late September when a number of people telephoned to say that the mains water had an unpleasant taste. The taste was described variously as "medicinal, chlorinous, like T.C.P." and was restricted to one particular area of the Borough. The supplying company stated that complaints of chlorphenolic taste had occurred between about the 20th and 25th September and that these occurred because the wells from which the water was drawn were low following a period of low annual rainfall and when heavy rain followed a prolonged dry spell there was a tendency for traces of vegetable material to enter the well. Some of the vegetable material was liable to be of a phenolic nature which could react with the normal amount of chlorine used during the sterilisation process and so give rise to chlorphenolic taste. This particular taste becomes most noticeable when the water is boiled and therefore most frequently observed in hot drinks.

PRIVATE WATER SUPPLY

Not all drinking water originates from mains supplies. One house and a small factory remain dependent on wells for their supply and several factories use wells to supplement the main supply for manufacturing and process work. Periodical checks are made on these sources and also on water supplied from storage tanks, dispensers, etc. The results of the bacteriological tests carried out on the various sources of supply are given in the following table:

<i>Source of Supply</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Direct from main supply	25	1	26
From mains via storage tanks, etc.	9	0	9
Private supply	11	2	13
Drinking water dispensers	4	0	4
Total	49	3	52

SEWAGE DISPOSAL

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

DESCRIPTION OF SYSTEM

The London Borough of Hillingdon is drained by 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 catchment areas of the Thames Conservancy or the Greater London Council. The Borough is divided into natural geographical areas served by district foul sewers which discharge into the Council's main sewers and then 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, the Colne and Wyardisbury, and those of the

Greater London Council are the Yeading Brook which flows into the River Crane and the Duke of Northumberland's River. In addition, through the co-operation of the British Waterways Board, a number of surface water sewers discharge into the Grand Union Canal which has overflow weirs discharging into certain of the above-mentioned rivers.

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. 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.

PROGRESS OF RESEWERAGE WORKS

Considerable progress was made in 1973 with the programme for reviewing and, where necessary, replacing or augmenting the sewerage systems of the Borough to cater for future needs.

The contracts for foul and surface water sewerage in the Ickenham/North Hillingdon and the Harefield areas, together valued at £588,000, were completed during the year and replacement of the Dews Farm Sewage Pumping Station which serves Harefield Village is proceeding at a cost of £197,000 and should be completed in July 1974.

Surface water relief works, including a new pumping station at Nine Elms Farm Estate, Cowley, are almost complete. The estimated cost is £78,000.

Major schemes for the re sewerage of Ruislip/Northwood (£961,000) and of Harlington (£1,073,000) commenced during the year and are planned to be finished in July, 1974 and March, 1975 respectively.

Surface water drainage schemes at Bath Road/Colnbrook By-Pass (£250,000) and Springfield Road, Hayes (£70,000) will commence early in 1974.

Design work on Stage II of the Ickenham/North Hillingdon scheme, estimated to cost £635,000, has been completed but commencement of the works has been delayed by the economic situation.

Design work is almost complete on sewerage schemes for the Yiewsley and West Drayton and the South Ruislip areas (estimated costs £800,000 and £715,000 respectively) and has commenced for the Uxbridge and Colham areas.

Progress on these latter schemes will, however, be dependent on approval by the New Thames Water Authority which takes over responsibility for the sewerage functions of the local authorities within its area on 1st April, 1974.

The Clean Air Act 1956 and 1968 control the emission of smoke and other pollutants from specified sources, i.e.

- (1) Smoke from domestic chimneys by the introduction of smoke control orders.
- (2) Dark smoke from industrial chimneys.
- (3) Dark smoke from industrial bonfires.
- (4) Smoke other than from the previous three sources which is a nuisance.
- (5) Emissions of dust and grit from industrial chimneys.

Under other public health legislation there are powers to control the emission of dust and of excess effluvia from industrial processes. The various actions taken to improve the atmosphere in this Borough during 1973 are set out below.

SMOKE CONTROL PROGRAMME

Seven Control Orders became operative in 1973 and a further four areas were surveyed and the Council have made Orders to bring these areas to operation during 1974. Approximately 66% of the Borough both by regards area and property is now covered by operative smoke control orders and if the programme continues as scheduled the Borough should be completed by 1976.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

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

AIR

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MEASUREMENT OF SMOKE AND SULPHUR DIOXIDE IN THE ATMOSPHERE

The routine monitoring of the daily smoke and sulphur dioxide content in the atmosphere was carried out at 7 stations already established in the Borough. The table showing the monthly averages for both smoke and sulphur dioxide in micro-grammes per cubic metre is set out on page 53. The stations are designed to operate continuously for 7 days without attention and in the event of a breakdown monthly averages are not calculated as the results obtained from the lesser number of days would be inaccurate. For this reason some of the results are not shown. During the latter part of 1972 the station at Drayton Hall, West Drayton was withdrawn and it was not reinstated until April of 1973 and the station at Dragonfield, High Street, Uxbridge was withdrawn after May.

Whether the increased winter sunshine is a result of the reduction of smoke in the atmosphere or whether the increased sunshine has reduced the smoke concentration could be argued. That both the sunshine and the visibility have improved is agreed by most people.

INDUSTRIAL CHIMNEYS

The Clean Air Act requires that the intention to install any industrial furnace or any domestic furnace with a rating of 55,000 or more Btu/hr shall be notified to the local authority, and 42 notifications were received in 1973. Of these 27 related to gas, 13 related to furnaces burning light fuel oil which has a lower sulphur content than the solid fuel, 1 to a furnace burning heavy fuel oil which has a sulphur content greater than solid fuel and 2 to incinerators.

It is necessary for the chimney height which is proposed to provide to certain furnaces to be approved, seven applications for approval were received and as prior consultation had taken place it was not necessary to refuse any applications.

The height of a chimney controls the ground level concentration of any pollutants emitted and in addition to the formal notifications received, information was given of the intention of a company to change the type of heavy fuel oil used in their furnace to a different grade. Both fuel oils were in the same category but the replacement fuel had a lower calorific value and a slightly greater sulphur content. There would therefore be a greater emission of sulphur, but as new equipment was not required and there was no alteration in the size of the furnace there was no authority to require any increase in the chimney height. There was good co-operation between the operators of the furnace and this department and extensive maintenance overhauls were carried out. This improved the efficiency of the furnace and it is unlikely that there was in fact any increase in the ground level concentration, but whether or not this continues will depend upon the maintenance of the higher efficiency. It is possible that with the liquid fuel crisis the marketing companies will endeavour to reduce the number of grades which are marketed and other companies may be forced to make similar alterations.

One of the incinerators installed required the provision of dust and grit arrestment equipment and this was satisfactorily provided.

INDUSTRIAL BONFIRES

Sixteen complaints of nuisance from industrial bonfires were investigated. Under the provisions of section 1 of the Clean Air Act 1968 it is an offence for dark smoke to be emitted from industrial bonfires. Legal proceedings as a result of one such offence led to the occupier being convicted and a fine of £10 was imposed by the magistrates and costs of £5 were awarded to the Council.

SMOKE NUISANCES

A total of 143 complaints of smoke nuisance were received during 1973 the majority of these complaints arose from domestic bonfires and no legal action was recommended. It is unfortunate that, because of the fuel crisis which occurred towards the end of the year, it was necessary for the Council to advise residents to burn all paper. Apart from possible pollution of the atmosphere if the 80,000 odd property occupiers of the Borough all burned their paper, the smoke emitted, although light in density, will be considerable in volume. The destruction of materials which whether or not in short supply are capable of being reclaimed and re-circulated is not in the best interests of conservation.

Monthly Averages for Smoke and Sulphur Dioxide in Microgrammes per Cubic Metre for 1973

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	46	83	41	147	53	155	39	140	50	81	42	143		
February	44	63	37	113	51	119	33	108	45	59	37	107		
March	39	83	35	110	48	125	37	118	41	75	38	114		
April	32	74	20	79	26	97	20	96			20	82	26	66
May	13	43	15	62			14	70	21	68	14	61	18	55
June	13	52	12	69	22	70	13	58			14	68	23	49
July	11	43	13	68	20	67	12	58			14	71		
August	18	38	20	69							22	60	24	60
September	20	60	25	108	33	136	24	95			24	106	30	85
October	60	96	63	158	53	155	72	165			59	151	61	123
November	60	126	66	152	71	112	57	147			60	151	61	131
December	28	50	29	87	34	102	29	78			25	104	36	62

DUST AND GRIT

It was not necessary to serve any formal request to measure the emissions of dust and grit from any appliance in the Borough. There were 23 complaints of dust and grit investigated during 1973 but no legal action was recommended.

Two of the premises causing emissions of dust are under the control of the Alkali Inspectorate and I am advised that all parties concerned are trying to secure improvements.

INDUSTRIAL AND OTHER ODOURS

Equipment for the routine monitoring of fumes from dry cleaning establishments is maintained in the department. One occupier of such an establishment voluntarily closed down the operation until maintenance and repairs had been carried out and the ventilation within the establishment improved. It has been necessary to serve a statutory notice on the occupier of another establishment to carry out works to reduce the emission into the atmosphere, the time in which to comply with the notice has not yet expired.

The emissions from an industrial food premises were considered to be obnoxious and a statutory notice has been served requesting works to be done, the time in which to comply with the notice has not yet expired but the company have indicated the works which they propose to carry out to comply with the notice.

There have been complaints of nuisance by the occupiers of an adjacent factory in respect of fumes emitted from an anodising plant. This is another process under the direct control of the Alkali Inspector and a close liaison has been maintained with this Inspectorate throughout the year and a number of improvements and modifications have taken place and by the end of the year the nuisance had been abated. The emissions from this type of plant will depend upon the surface area of the materials being treated and if overloaded nuisance could recur.

During 1973 a proposal to erect a chemical waste disposal plant in Buckinghamshire close to the Borough's western boundary was noted. Various authorities were advised that this Borough would wish to be consulted about the precautions to be taken, and I am able to say permission to erect was not granted.

WATER

SWIMMING POOLS

There are twenty-four swimming pools in the Borough situated as follows:

	<i>Covered Pools</i>	<i>Open Pools</i>
Public	2	3
Private schools		3
Local authority schools	3	4
Clubs	1	2
Hospitals		2
Hotels	2	2

At all the pools except one, water is purified by the application of chlorine, the exception being a hotel pool which is treated with bromine. Routine determinations are made of the chlorine content (bromine content where applicable), and the pH value of the water by the use of (a) colour comparator and (b) pH meter. These supplement the regular tests carried out by the pool attendants.

The following are the details of the samples taken during the year and the results obtained.

	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Chlorine determination	50	10	60
Bromine determination	6	1	7
<i>Total</i>	56	11	67

In addition an area of Ruislip Lido is reserved for swimming. The area being treated with chlorine. Twenty-three determinations were made of the chlorine content together with six bacteriological examinations. Eight of these twenty-nine tests were found to be below the standards for conventional swimming pools but there was no health hazard.

FOOD

The enforcement of the legislation relating to the safety and quality of food supplied for human consumption remains one of the most important duties of the public health inspector. The complexity of the food trade of necessity entails complex legislation to effect efficient control and the public health inspector has to combine the role of counsellor and mentor with his duties as enforcement officer, drawing attention to, and advising upon, new legislation as it is introduced, helping management to achieve the required standard and on occasions assisting the legislature with advice regarding new legislation. An example of this latter function is the Greater London Council (General Powers) Act 1973, section 30 of which provides for the closure of insanitary premises. Supporting evidence as to the need for this section was supplied to the Council's Parliamentary Officer. Parliamentary Committee and other meetings were attended by the Chief Public Health Inspector and the Deputy Chief Public Health Inspector. There are also the changes in existing legislation which are taking place in order to effect harmonisation with the European Economic Community requirements.

Some of the main spheres of activity in the field of food control are set out in following paragraphs:

MILK AND MILK PRODUCTS

The majority of the milk supplied within the Borough has been made bacteriologically safe by one of the approved treatment processes, namely pasteurisation, sterilisation or ultra heat treatment. The exception is the small amount of untreated milk supplied direct by two farmers who retail to the public and by a company who retail untreated milk for members of the Jewish faith. All milk is regularly sampled and subjected to the various bacteriological, chemical and biochemical tests. These are carried out partly by the Public Health Laboratory Service and partly by the department's laboratory technician. Raw milk, including milk produced at the twelve dairy farms within the Borough, and destined for heat treatment is sampled and examined for the presence of *Brucella abortus* (*Brucella* ring test) and antibiotics (T.T.C. test). Details of the raw milk samples taken and the results obtained are set out in the following tables:

Raw milk samples taken and the results obtained:

<i>Brucella ring test</i>			<i>Guinea pig inoculation</i>			<i>TTC Test</i>		
<i>Negative</i>	<i>Positive</i>	<i>Total</i>	<i>Negative</i>	<i>Positive</i>	<i>Total</i>	<i>Negative</i>	<i>Positive</i>	<i>Total</i>
138	2	140	2	0	2	105	0	105

Processing Plants

There are two dairies within the Borough where milk is pasteurised and bottled. In addition to routine inspection of the plant and equipment, washed bottles and churn rinses are periodically taken for laboratory examination to check on the efficiency of the cleaning method. The results of the washed bottles and churn rinses examined are set out in the following tables:

<i>Bottles</i>		<i>Churns</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
36	12	3	2

Premises Registered and Licensed

Details of the premises registered and licensed in accordance with the Milk and Dairies (General) Regulations 1959 and the Milk (Special Designation) Regulations are as follows:

Registered milk distributors	165
Registered dairies	2
Licences to use as special designations:	
(a) Pasteurised	140
(b) Sterilised	81
(c) Ultra Heat treated	116
(d) Untreated	19
(e) Dealers licence (pasteurised)	2

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

<i>Pasteurised—Phosphate Test</i>		<i>Untreated—Methylene Blue Test</i>		<i>Sterilised—Turbidity Test</i>		<i>Ultra Heat Treated—Plate Counts</i>	
<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
33	1	18	1	1	—	7	—

Cream

This commodity is particularly vulnerable to faulty hygiene practices during production and distribution. The test applied is the methylene blue reduction test and whilst it is not a statutory test the results provide a guide as to the conditions to which the cream has been subjected. The results of the cream samples examined during the year are as follows:

	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Major dairy companies	31	8	39
Farm produced	6	4	10
Total	37	12	49

The failure rate of 24% compares with 28% for 1972 and 36% for 1971.

Ice Cream

As with cream, the methylene blue reduction test applied to ice cream allows for a provisional assessment of the bacteriological cleanliness of the product. Most of the failures arose from incorrect handling of the product at the point of sale. The following tables set out details of samples taken and the results obtained.

Results of all samples taken:

Grade	Vehicles				Premises			
	1	2	3	4	1	2	3	4
Soft Ice Cream	7	1	1	1	1	2	0	2
Hard Ice Cream	0	3	1	2	46	11	3	3
Total	7	4	2	3	47	13	3	5

Total number of ice cream samples taken = 84. A further 9 were submitted to the laboratory but not examined due to difficulties there.

Results of ice cream samples:

Grade	No. Taken	Percentage
1	54	64 (71)
2	17	20 (13)
3	5	6 (11)
4	8	10 (5)

Percentages in brackets are the 1972 figures.

MEAT

There is one privately owned slaughter house in the Borough where cattle, sheep and pigs are slaughtered. All the carcasses are inspected in accordance with the Meat Inspection Regulations 1963 to 1966. Details of the animals slaughtered and inspected together with the quantities of meat condemned and reasons for condemnation are given in the following tables on page 58.

<i>Number of carcasses Inspected and Condemned</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed Number not inspected	386		16	400	3429
<i>All diseases except Tuberculosis and Cysticerci</i> Whole carcasses condemned Carcasses of which some part or organ was condemned	1 124		1 5	2 26	4 1341
<i>Tuberculosis only</i> Whole carcasses condemned Carcasses of which some part or organ was condemned					9
<i>Cysticerci</i> Carcasses of which some part or organ was condemned Carcasses submitted to refrigeration Generalised and totally condemned	3 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	18	310				4	237	35
Arthritis							81	
Ascariasis	5	14						768
Bruising					67		114	
Cysticerci	18	4						
Emaciation	398		42					
Fascioliasis		250				10		
Haemorrhagic								
Hepatitis								
Mastitis		12						
Parasitic	38	38				38		45
Oedema							43	
Pericarditis								12
Peritonitis		36						12
Pneumonia/ Pleurisy		56		11		1		916
Pyæmia							122	
Septicæmia								
Telangiectasis		132						
Tuberculosis							86	
Other conditions		172			60	12	505	40
Total	439	924	42	11	127	65	1158	1828

Total of all meat condemned = 2 tons 1 cwt 2 lbs

POULTRY INSPECTION

A small processing establishment which dealt chiefly with birds that had been slaughtered and plucked outside the Borough, closed down during the year. In accordance with the recommendations of the Ministry of Agriculture Fisheries and Food, birds which showed evidence of disease on evisceration were rejected and retained for examination by the public health inspector. Details of the poultry processed are given in the following table:

<i>Chickens</i>	<i>Hens</i>	<i>Ducks</i>	<i>Geese</i>	<i>Capons</i>	<i>Turkeys</i>	<i>Total</i>
86,934	2,639	76	1	148	2,784	92,582

In addition occasional slaughter of poultry takes place on a number of farms within the Borough, chiefly for the Christmas trade.

INSPECTION OF OTHER FOOD

Attention is given to the condition of food during the routine inspection of food premises. Unfit food found, may be seized in accordance with the provisions of the Food and Drugs Act 1955 and taken before a Justice of the Peace for his consideration. In the majority of cases, unfit food is detected or suspected by the trader himself who then asks for an inspector to call and pass his judgement. Details of the unfit food which was condemned following examination by inspectors are set out in the following table:

Unfit Food Surrendered

<i>Class of Food</i>	<i>Weight (lbs)</i>
Fresh Meat	10,315
Fresh fish	52
Fresh fruit	27
Fresh vegetables	1,183
Frozen meat	6,601
Frozen fish	5,014
Frozen fruit	133
Frozen vegetables	3,578
Canned meat	2,654
Canned fish	190
Canned fruit	5,311
Canned vegetables	7,713
Canned soup	234
Canned dairy produce (milk, cream and evaporated)	4,817
Canned meals	53
Poultry	1,562
Cereals	334
Flour confectionery	894
Sugar confectionery	744
Fruit juice	1,101
Cheese	299
Ice cream	474
Other foods	3,187
Total	56,459 lbs

Comparative Totals

1968	53,264 lbs
1969	39,494 lbs
1970	57,941 lbs
1971	30,869 lbs
1972	48,766 lbs

Food Complaints

The number of food complaints received during the year has risen once again. The comparative figures for the year and the previous six years are given in the following table:

1967	1968	1969	1970	1971	1972	1973
114	155	181	175	192	202	289

The investigation of food complaints is particularly onerous and time-consuming. The support provided by the departmental laboratory is invaluable to the public health inspectors in this field of activity as it enables a prompt and scientific assessment of the condition of the food, identity of the foreign matter etc. Twenty-five prosecutions were heard before the courts during the year, twelve of these being cases relating to complaints received in 1972. Further, twenty-two complaints are being considered for prosecution at the time of writing this report. Details of the prosecutions are set out in the following table.

<i>Offence</i>	<i>Statute</i>	<i>Trade of Defendant</i>	<i>Fine</i>	<i>Costs</i>	<i>Total</i>
Tip of ball point pen in sausages	Sects. 2 & 113 Food & Drugs Act 1955	Food Manufact.	£40	£10	£50
Milk in dirty bottle	Milk & Dairies (Gen.) Regs. 1959 Regulation 27(1)	Wholesale Dairyman	£20	£5	£25
Milk in dirty bottle	do.	Wholesale Dairyman	£20	£5	£25
Carrots in rotting condition	Section 2	Greengrocer	£10	£5	£15
Bristle in cheese spread	Sections 2 & 113(3)	Food Manufact.	£25	£10	£35
Milk in dirty bottle	Milk & Dairies (Gen.) Regs. 1959 Regulations 27(1) & 34	Wholesale Dairyman	£20	£10	£30
Dehydrated and discoloured cheese portions	Section 2	Grocer	£25	£5	£30
Mouldy cake	do.	Grocer	£10	£10	£20
Milk containing hypochlorite	Sections 2 & 113	Wholesale Dairy	£50	£10	£60
Milk in dirty bottle	Milk & Dairies (Gen.) Regs. 1959 Regulations 27(1) and 34	Wholesale Dairy	£25	£5	£30
Bread roll containing portion of a cigarette	Section 2	Baker	£40	£10	£50
Coiled metal in creamed potato	do.	Caterer	£30	£5	£35

Mouldy part baked loaf	do.	Grocer	£40	£10	£50
Mouldy scotch eggs	Section 8	Grocer	£50	—	£50
Doughnut containing insect	Section 2	Baker	£50	£10	£60
Mouldy apple slice	Section 2	Baker	£20	£13	£33
Mouldy cottage cheese	do.	Grocer	£15	£5	£20
Pack of mild curry					
savoury rice containing part of pencil	Sections 2 & 113(3)	Food Manufact.	£50	£5	£55
Quavers containing hydro carbon oil	Section 2	Food Manufact.	£60	£10	£70
Milk in dirty bottle	Milk & Dairies (Gen.) Regs. 1959 Regulations 27(1) and 34	Wholesale Dairy	£50	£10	£60
Sausage roll containing cigarette butt, grape stone & currant	Section 2	Baker	£100	£5	£105
Sour milk	Section 8	Wholesale Dairy	£10	—	£10
Dirty milk bottle	Milk & Dairies (Gen.) Regs. 1959 Regulations 27(1) and 34	Wholesale Dairy	£50	—	£50
Black material in loaf	Sections 2 & 113(3)	Baker	£20	£10	£30
Mouldy loaf	Section 2	Baker	£15	£10	£25

The increase in the number of complaints does not necessarily reflect a deterioration in the standard of food production and handling as the public are becoming increasingly concerned with the conditions of the food supplied to them and at the same time, dissatisfied with the attention given to any complaints which are made direct with the retailer or manufacturer.

FOOD AND DRUGS ACT 1955

Samples examined in the Departmental laboratory

<i>Food</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
Butter	17	1	18
Buttered rolls	27	3	30
Canned fruit	3	—	3
Cream	8	—	8
Cream confectionery	3	—	3
Food colours	6	—	6
Jam	1	—	1
Jelly	6	—	6
Meat pies	4	—	4
Milk	56	—	56
Mincemeat	41	—	41
Powdered milk	5	—	5
Sausage rolls	9	—	9
Spirits	9	1	10
Tintravardine	3	—	3
Vinegar	5	—	5
Total	203	5	208

A further 105 samples of milk were examined by the Public Health Laboratory service for the presence of antibiotics, all of which were found to be satisfactory. A total of 636 food and drugs samples were examined of which 31 or 4.9% were classed as unsatisfactory.

Details of food examined in accordance with the Food and Drugs Act 1955 are set out in the following table.

PRODUCT	PROCURED		ADULTERATED BELOW STANDARD		PRODUCT	PROCURED		ADULTERATED BELOW STANDARD	
	Formally taken	In-formally taken	Formally taken	In-formally taken		Formally taken	In-formally taken	Formally taken	In-formally taken
Baby foods		2			Indian foods				1
Beefburgers		3	1		Instant potato		1		
Beer	5				Instant whip		3		
Biscuits		5			Mayonnaise		3		
Bread		7			Meat & Meat products	1	17	2	2
Buttered rolls			1		Milk and Milk products		17		4
Cake & Pudding mix		5		1	Minerals		11		1
Canned fruit		17			Packed meal		1		
Canned meat		5			Pate		1		
Canned vegetables		7			Pickles		2		1
Cereals		3			Pizza		1		
Cheese		10			Poultry		5		
Cheese cake		2			Preserves		5		
Coconut		1			Salad cream		1		
Confectionery		11	1	2	Sandwich	1			
Crisps		1		1	Sauce and sauce mixes		10		
Cummin seed			1	1	Sausages		2		
Dairy produce		3			Spices and savoury spread		4		
Dried milk		1			Vinegar		1		
Drugs		13			Vending machine products		4		2
Essences		2			Wine and spirits	2		1	1
Fish		6							
Fruit juice		17		1					
Game				1					
Herbs		2							
Ice cream		2							
						9	214	7	19

FOOD HYGIENE

The various classes of food premises and businesses within the Borough to which the Food Hygiene Regulations apply are shown in the following table.

<i>Type of Business</i>	<i>Total number</i>
BAKEHOUSES	20
BAKERS SHOPS	48
BUTCHERS SHOPS	102
CATERING PREMISES	
(a) Aircraft catering	10
(b) Factory canteens	95
(c) Hospital kitchens	9
(d) Hotels, restaurants, cafes, public houses, clubs	437
(e) Schools	120
(f) Old peoples/childrens homes/day nurseries etc.	53
(g) Other catering premises (office canteens, etc.)	27
CONFECTIONERS	128
DAIRIES	2
FISHMONGERS AND POULTERERS	35
FOOD FACTORIES	
(a) Bakery and Confectionery	6
(b) Butter blending	1
(c) Caramel production	1
(d) Coffee and chocolate manufacture	1
(e) Confectionery manufacture	1
(f) Fat rendering	1
(g) Manufacture of pharmaceutical products	2
(h) Meat products	2
GREENGROCERS SHOPS	96
GROCERS SHOPS	220
HAWKERS OF FOOD	18
MARKET STALLS	12
MEETING AND OTHER PUBLIC HALLS	21
POULTRY SLAUGHTERHOUSES—CASUAL	8
VENDING MACHINE SITES (Not on food premises)	93
TOTAL	1,569

Ensuring the maintenance of an adequate standard of food hygiene throughout the Borough remains one of the most important and at the same time the most difficult tasks of the public health inspector. While the Food Hygiene (General) Regulations 1970 and the Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations 1966 prescribe the minimum standard to be maintained where food is produced, prepared and sold and lay down penalties for non-compliance, their enforcement is by no means a straight forward matter. The health of the consumer can only be adequately safeguarded by the goodwill and understanding of everyone engaged in the food trade backed by an adequate system of supervision and management. Staffing difficulties predominate throughout the food trade and are particularly acute in the area. Staff shortages invariably mean that routine cleaning is neglected and without strict control part time staff tend to leave someone else to clear up. There are also some food handlers who are unsuitable for that type of employment by virtue of their incapability or unwillingness to comply with the hygiene code. Immigrant food

handlers present particular difficulties in this respect. Every effort is made by persuasion and education to ensure compliance with the regulations but whenever these efforts are ignored and the health of the public is endangered there is no alternative but to prosecute the offender.

Details of the prosecutions taken during the year for hygiene offences are set out in the following table. At three of the premises (2 restaurants and a baker's shop) the hearing related to offences which were reported during 1972. Further prosecutions relating to 8 premises await hearing at the time of writing this report.

<i>Statute</i>	<i>Nature of Business/ Occupation of Defendant</i>	<i>Fine & Costs</i>	<i>Remarks</i>
Food Hygiene (General) Regulations 1970	Restaurant proprietor	£110	Food hygiene offences
	Restaurant proprietor	£635	do.
	Baker	£13	do.
	Butcher	£70	do.
	Grocer	£110	do.
Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations 1966	Food hawker	£34	do.
	Food hawker	£40	do.
	Food hawker	£40	do.
	Food hawker	£40	do.

Periodical samples of food are submitted to the Central Food Hygiene Laboratory at Colindale for bacteriological examination. Results of these examinations enable an assessment to be made on the conditions to which the food has been subjected during processing and subsequent storage and preparation. All suspicious and unsatisfactory results are closely investigated and by this means many malpractices are revealed. Details of the samples taken for bacteriological examination and the results obtained are set out in the following table:

<i>Type of Food</i>	<i>Satisfactory</i>	<i>Suspicious</i>	<i>Unsatisfactory</i>	<i>Total</i>
Aircraft meals	8	2	2	12
Confectionery	2		1	3
Cooked chicken	5	1	3	9
Cooked ham	13	1	6	20
Cooked fish	1		1	2
Cooked meat (excluding ham)	23	1	2	26
Meat products	5			5
Raw meat	2			2
Sauces	2			2
Egg products	1			1
Total	62	5	15	82

A total of 40 samples of raw meat from the slaughterhouse operating within the Borough were submitted for bacteriological examination and counts were recorded ranging from 200 to 200,000 at 35°C. These counts are satisfactory and all the samples were free from salmonella organisms.

SPECIAL LABORATORY INVESTIGATIONS

In conjunction with Dr. Betty Hobbs of the Central Food Hygiene Laboratory samples of boiled and fried rice from Chinese take-away premises and pizza pies from a small manufacturing premises were submitted for investigation. A total of 103 samples of rice were submitted of which 2 were classed as unsatisfactory and 59 samples of pizzas were examined of which 14 were found to have high bacterial counts.

IMPORTED FOOD REGULATIONS 1968

There was a slight decrease during the year in the number of containerised food imports delivered to firms in the Borough which had either not been examined at the port of entry or which required further examination. Details of these imports together with the country of origin are given in the following table.

<i>Products</i>	<i>No. of Containers</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Origin</i>
Beef steaks	1		6	Ireland
Gateaux	1	6	9	Ireland
Sausages	15	108	17	Ireland
Confectionery	6	41	15	Ireland
Confectionery	3	16	1	West Germany
Confectionery	1	16	12	Switzerland
Tomato Ketchup	2	10	7	Ireland
Total	29	200	7	

DISEASES OF ANIMALS ACT 1950

The local authority's duties under this Act and various orders made thereunder are enforced by the public health inspectors assisted, where necessary, by the services of one of the Council's part-time veterinary officers. The orders are concerned with the prevention and control of animal diseases and in addition to dealing with specific diseases and animals they cover such matters as animal transportation, disinfection of premises and vehicles.

The Diseases of Animals (Waste Foods) Order 1957 prohibits the feeding of unboiled waste foods to certain animals or poultry. Plant used for the boiling of swill is required to be the subject of a licence issued by the local authority. The continuing incidents of swine vesicular disease makes the enforcement of the requirements relating to swill boiling particularly important. The very nature of the operation makes the maintenance of adequate hygiene standards particularly difficult and the 1957 order did not provide for strict control although recently the Ministry of Agriculture, Fisheries and Food have interpreted the requirements of the Order to require higher standards. There are 29 licensed boiling plants in the Borough and these are regularly visited by public health inspectors. The Diseases of Animals (Waste Food) Order 1973 which becomes fully operative on the 1st July, 1974 will provide for much stricter control and these provisions are welcomed.

The Movement of Pigs (Waste Food Precautions) Order 1973 came into operation on the 19th April 1973 and prohibited except under licence, the movement of pigs from premises to which waste food had been brought within 3 months of the move. Pigs moved by licence under this Order are required to be taken directly to a slaughterhouse.

Licences in respect of premises within the Borough are issued by the public health inspectors and during the year 479 licences were issued.

SLAUGHTER OF ANIMALS ACT 1958

During the year 5 licences to slaughter animals were issued.

THE FERTILISERS AND FEEDING STUFFS ACT 1926

FERTILISERS AND FEEDING STUFFS REGULATIONS

Nine samples of fertilisers and two samples of animal feeding stuffs were taken during the year and submitted to the Council's Agricultural Analyst for examination. One sample of fertiliser was found to be incorrectly labelled and another not clearly labelled. Both these matters were promptly attended to and no legal proceedings were necessary.

HOUSING

Looking back through the past year, the most striking fact to be revealed from the department's work is the result of a survey which was made to determine the number of houses in the Borough that still lacked one or more standard amenities.

In 1965 the situation in the Borough showed 2,773 houses lacking in such amenities, of which 1,196 were in Uxbridge, 639 in Hayes, 571 were in Yiewsley and West Drayton and 367 were in Ruislip/Northwood. At the end of 1973 the survey revealed there are now only 860 houses not provided with all the basic standard amenities. Of these 860 houses, 298 are owner-occupied and 512 are tenanted. Uxbridge now has 378 houses lacking in one or more standard amenities, Hayes 186, Yiewsley and West Drayton 163 and Ruislip/Northwood 83. There are 50 vacant houses in this category. The total figure of 860 represents 1.2% of the houses in Hillingdon, whereas the national figure is 16.8%.

Other aspects of the department's work were concerned with repair, improvement, demolition, multiple occupation and the issue of qualification certificates. The following information shows in detail the work of the department's inspectors in carrying out the mandatory requirements imposed on the Council by Housing Act legislation.

SLUM CLEARANCE

There is no slum clearance problem in Hillingdon and therefore no programme is needed. However it is obvious that from time to time some dwelling houses will reach the end of their useful life making clearance of one form or another a necessity. One such block in New Windsor Street is assessed to be in this condition and the best course of action to deal with it is not by repair but by clearance procedure. A report on its condition is to be reported formally to the Health Committee in 1974. There are 8 houses comprising this area.

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

1. Undertakings received (Section 16)	...	...	...	...	—
2. Closing Orders made (Section 17)	...	...	...	...	2
3. Demolition Orders made (Section 17)	...	...	...	...	—
4. Closing Orders made (rooms) (Section 18)	...	...	...	...	—
5. Closing Orders determined (Section 27)	...	...	...	...	—
6. Closing Orders revoked and Demolition Orders substituted (Section 28)	...	...	...	...	—
7. Houses demolished following demolition orders	...	...	...	...	—
8. Houses demolished following closing orders	...	...	...	...	1
9. Number of persons displaced:					
(a) individuals	...	...	...	...	12
(b) families	...	...	...	...	7

Clearance Areas and Individual Unfit Dwellings

No clearance areas were represented during the year and since 1st April 1965 the Council has now made 89 Demolition Orders, 36 Closing Orders and declared 43 Clearance Areas.

The following action was taken during the year in relation to clearance areas declared in previous years.



Repair and Renewal under the Housing Acts

(a) Houses demolished by local authority or owners:	
(i) Unfit	9
(ii) Others	—
(b) Number of people displaced:	
(i) individuals	1
(ii) families	1

REPAIR AND IMPROVEMENT

House repair and improvement has continued during the year by the statutory methods available to the Council namely:

- Granting qualification certificates but only conditional to the house being brought up to the standard of good repair.
- The making available of improvement grants subject to the house being brought up to the same standard of good repair as required for the granting of qualification certificates.
- By use of the powers contained in the Housing Acts 1957/69 enabling local authorities to require the repair of houses.
- By use of the nuisance provisions of the Public Health Acts 1936/61.

Since the passing of the Housing Act 1969 the provisions enabling landlords to obtain qualification certificates continued to be used but only 25 such applications were made against 227 in 1972. This reduction is very significant and shows that landlords, rather than comply with the onerous financial obligation to put a house into good repair in order to obtain a qualification certificate will now wait until a rented house falls within the particular rateable value category enabling the fixing and registration of a fair rent based on its existing condition. The opportunity to apply for the registration of a fair rent depending on rateable value is contained in the Housing Finance Act 1972 and section 36 shows the qualifying dates as follows:

1 <i>Dwelling house in Greater London</i> <i>Rateable value of dwelling house at 31st March, 1972</i>	2 <i>Dwelling house elsewhere in England and Wales</i> <i>Rateable value of dwelling house at 31st March, 1972</i>	3 <i>Applicable date</i>
£95 or more	£60 or more	1st January, 1973
£80 or more but less than £95	£45 or more but less than £60	1st July, 1973
£70 or more but less than £80	£35 or more but less than £45	1st January, 1974
£60 or more but less than £70	£25 or more but less than £35	1st July, 1974
£50 or more but less than £60	£20 or more but less than £25	1st January, 1975
Less than £50	Less than £20	1st July, 1975

Of 2,986 applications made since 1969 for qualification certificates 1,991 have now been granted, this work involves full housing inspections, scheduling of defects, notification to landlords, formal complicated documentation, the several inspections, meetings with builders, discussions with landlords, final inspections, final documentation and granting of the certificates.

The difference in number between applications made and certificates granted is another significant indication that landlords will not now pay out money to repair to a good standard but hope for the "best bargain" of a new rent on existing conditions. The aim of this department will be to serve notices on the owners of these dwellings to carry out repairs where these can be statutorily required, as the "good repair" standard is not enforceable. Where these houses, in addition to requiring repair, also require standard amenities, the tenants concerned will be advised of the opportunity available to them to make representations to the Council to serve notices requiring their installation.

Applications for Qualification Certificates during 1973

Number of applications for Qualification Certificates received	...	25
Number of houses inspected	...	25
Number of applications for Qualification Certificates cancelled	...	82
Number of Qualification Certificates refused	...	215
Number of Qualification Certificates granted	...	229
Combined Improvement Grant and Qualification Certificates	...	13
Number of houses inspected	...	13
Number of certificates of provisional approval issued	...	15
Number of combined applications granted	...	30
Number of combined applications refused	...	1

Combined Standard Grant and Qualification Certificate

Number of combined applications received	...	38
Number of houses inspected	...	38
Number of certificates of provisional approval issued	...	25
Number of combined applications granted	...	8
Number of combined applications refused	...	0

Block IV Uxbridge Comprehensive Development Area

The housing in this area in central Uxbridge has deteriorated over a number of years due to uncertainty over its future. It was decided by the housing programme action group that the area would not be comprehensively re-developed and the public health department took action to upgrade the area. As a result the area has been the subject of a detailed survey producing information on repair, the standard of bathroom and kitchen facilities existing, type of occupation and ownership details.

The area is bounded on the north and east by Cedars Roundabout and the Oxford Road, on the south by New Windsor Street and the west by The Lynch. The properties involved totalled 97 consisting mainly of Victorian terraced houses with infilling by modern properties. Included within the boundaries, but excluded from the total numbers and statistics are council houses in Lynch Close and the almshouses of the Uxbridge united charities. Details of the properties involved, their standard and the action taken are shown in the table on page 69.

Observations

- During the course of the year 40 inspections have been carried out and all the properties have now been inspected.
- The river frontage of The Lynch to the River Fray is included in a scheme of area improvement. Improvement and standard grant applications with respect to these properties may require review.
- A clearance area of nine properties in New Windsor Street and a closing order for one property in The Lynch are in preparation.
- All tenanted properties requiring repair have been made subject to statutory notices and default action will be undertaken where necessary.
- Tenants without standard amenities have been advised concerning the methods of achieving them but because of aged tenants and financial implications this has not produced the desired result.
- All owner occupiers have been advised of defects and grant aid prospects. Again aged occupiers and financial considerations have limited the response. It is proposed to follow up notifications of defects only where public health considerations make this necessary.

Position as at 31st December 1973

TENANTED PROPERTIES

Total	Number inspected	NEEDING REPAIR			Lacking standard amenities	No further action	METHOD USED TO ACHIEVE ACTION						Total Receiving attention	
		Substantial	Minor	Not needed			Number needing action	Clearance Closing Order Envisaged	Section 9(1A) Notices	Tenants Repres. S.19	Advisory letter	S.G. application		Council negotiating purchase
31	31	20	0	11	13	11	20	5	8	2	NA	2	3	20

OWNER/OCCUPIED PROPERTIES

Total	Number inspected	NEEDING REPAIR			Lacking standard amenities	No further action	METHOD USED TO ACHIEVE ACTION						Total Receiving attention	
		Substantial	Minor	Not needed			Number needing action	Clearance Closing Order Envisaged	Section 9(1A) Notices	S.19	Advisory letter	I.G. application		Council negotiating purchase
48	48	26	3	19	11	19	29	5	0	NA	21	2	1	29

TOTALS

Total	Number inspected	NEEDING REPAIR			Lacking standard amenities	No further action	METHOD USED TO ACHIEVE ACTION						Total Receiving attention	
		Substantial	Minor	Not needed			Number needing action	Clearance Closing Order Envisaged	Section 9(1A) Notices	S.19	Advisory letter	Grant application		Council negotiating purchase
96*	96	46	3	30	25	30	49	10	8	2	21	4	4	49

* Includes 17 properties acquired by the Council.

Improvement Areas

Further progress can be reported on the continuing action in respect of the 4 improvement areas declared under the now superseded Housing Act 1964. Seven statutory notices have been complied with during the year resulting in 7 houses being provided at least with the basic standard amenities and brought up to a good repair standard. The following table shows the latest position in the 4 areas.

HOUSING ACT 1964—IMPROVEMENT AREAS

IMPROVEMENT AREA	POSITION WHEN AREA FIRST DECLARED		POSITION AT END OF 1973	
	Tenanted houses requiring standard amenities	Owner/occupied houses requiring standard amenities	Tenanted houses still requiring standard amenities	Owner/occupied houses still requiring standard amenities
Improvement Area No. 1 (Declared 18.11.1964)	75	33	All tenanted houses provided with standard amenities and statutory action completed	8 All owner/occupiers have been visited and advised about the Improvement Grant Scheme
Improvement Area No. 2 (Declared 13.7.1967)	100	59	34	28
Improvement Area No. 3 (Declared 25.1.1968)	67	122	16	54
Improvement Area No. 4 (Declared 24.7.1968)	90	68	18	27

Note:

All owner/occupiers have been advised about the Improvement Grant Scheme. Some of the outstanding tenanted dwellings have tenants who are unwilling to have the standard amenities and the Council have agreed to let these notices lapse.

(Suspended notices). Application for Improvement Grants are in progress in some of the outstanding cases and the remainder are being pressed to complete.

General Improvement Areas

Detailed comment was made last year (p. 82) on the two areas that were suggested as being possible general improvement areas but no final decision has been made by the Director of Planning and the housing programme action group. In the meantime this department has continued with repair and improvement in both areas as far as it has been possible to do so.

Cowley North Area

Of the 130 houses in this area lacking in basic standard amenities there now remain 31 owner/occupied houses and 13 tenanted houses.

West Drayton Area (Bentinck Road/Padcroft Road Area)

This area contained 134 dwellings of which 40 lack basic amenities. The existing situation is that 10 owner occupied houses and 8 tenanted houses are lacking. One house is lacking where the occupancy is unknown.

It is particularly pleasing to report that statutory action in Improvement Area No. 1 which started in late 1966 is now completed as shown in the following table.

**IMPROVEMENT AREA NO. 1 (HAYES)
DECLARED 18th NOVEMBER, 1964**

Position in November 1964

tenanted houses requiring one or more standard amenities = 75

owner/occupied houses requiring one or more standard amenities = 33

Position in December 1973

All tenanted houses provided with standard amenities and statutory action completed

owner/occupied houses requiring one or more standard amenities = 8

House in need of substantial repair

Tenanted houses where statutory action has been taken

Preliminary notices served (Full standard) = 41

63 Cromwell Road
56 Tudor Road
37 Tudor Road

No
No
No

Preliminary notices served (Reduced standard) = 2

39 Tudor Road
43 Tudor Road
59 Tudor Road

No
No
No

TOTAL = 43

1 Cranmer Road
40 Cranmer Road

Yes
No

Immediate notices served (Full standard) = 22

Suspended notices served (Full standard) = 10

Undertakings accepted = 8

Completed before notice served = 3

All owner/occupiers have been visited and advised about the improvement scheme. They are not interested or do not wish to bother. No statutory action can be taken to improve these.

TOTAL = 43

Housing Action areas

The main new proposal in the White Paper "Better Homes—the Next Priorities" is the opportunity of local authorities to declare housing action areas to alleviate the problems of inner city stress areas. To deal with the problems of the stress areas the Government is advocating the establishment of housing action areas. These would be designated by Councils in consultation with the Department of the Environment. In order to qualify for declaration by a local authority, certain tests would be applied to the area. The area would have to contain combinations of, or all of, the following factors:

"Households living at density exceeding 1.5 persons per room; furnished tenancies, shared accommodation; elderly people and large families; houses lacking a hot water supply; a fixed bath or an inside W.C."

The declaration of such an area would not require the Secretary of State's prior approval but authorities would have to inform him of the declaration and provide evidence in support of the declaration and indicate the action programme proposed in each. The Secretary of State would have powers to cancel the declaration if he felt it was unjustified. The White Paper signifies that social factors will take prominence over the physical conditions in any proposed area.

The proposal to compel house owners to bring their dwellings up to a minimum standard of fitness and to carry out the work in default if it is not done, is a reintroduction of the power contained in the Housing Act 1964, which was dropped with the introduction of the Housing Act 1969. This Council criticised the Housing Act 1969 for leaving out the compulsory powers now being re-introduced.

No mention seems to have been made about the availability of environmental grants as in the case of general improvement areas, and therefore, it will only be houses which will be improved in a housing action area and not the environment.

Whatever form the procedure to deal with housing action areas takes, local authorities will be faced with a complex piece of legislation. Few London Boroughs declared improvement areas under the Housing Act 1964, blaming the cumbersome procedure of that Act. The complexity of dealing with housing action areas will be far greater than dealing with former improvement areas but as far as Hillingdon is concerned, it is thought not to be necessary to create housing action areas.

Dwellings Outside Improvement Areas—Section 19 Housing Act 1964

The survey referred to in the introduction to this report meant that some 1,800 houses were visited to find the 860 still lacking in one or more of the basic amenities. In all these cases the tenants were advised about representations. Not all are desirous of having the standard amenities provided, particularly senior citizens, who do not wish to have the inconvenience even though this would only be for a few days. Increased rents also create an anxiety with certain people who are known to refuse to have the amenities for this reason although extra financial support is available should this be necessary for the particular tenant affected.

The increase in the number of applications from tenants over the figure for 1972 is due to the work of public health inspectors who have stressed the benefits of having these basic amenities provided.

Dwellings outside Improvement Areas (Section 19 Applications)

1. Number of representations made by tenants	47
2. Number of Preliminary Notices served (full standard)	24
3. Number of Immediate Improvement Notices served (full standard)	5
4. Number of dwellings improved:	
(a) full standard	14
(b) reduced standard	—

The position with the 47 representations is as follows:

Applications for grants by owners	10
Immediate Notices served on owners	8
Negotiations with owners in progress	36

Improvement Grants

The Council decided in the first week of 1973 to restrict the availability of discretionary improvement grants to owner occupiers, or, in respect of vacant properties, to intending owner occupiers. In the latter case—vacant property—grant would only be paid when an applicant physically took up occupation. This was intended to be a safeguard against possible abuse of the scheme. In addition the Council refused to make available a grant for the conversion of larger type houses into smaller units. Again the intention was to prevent any possible abuse of the scheme, although as far as Hillingdon is concerned, there is no evidence to suggest that such abuses are occurring, and there have been relatively few applications for grants in respect of conversions.

These policy restrictions are in conflict with the principles of house improvement programmes as set out in command papers and government circulars. Ever since the improvement grant scheme

started (1949) successive governments have expressed concern about the disproportionate number of grants given in favour of owner/occupiers in comparison with tenanted properties. The maximum grant level was increased in 1969 in the hope of a better balance being created, because one had to look to the tenanted dwelling to see where the need lay for comprehensive improvement and repair to prevent its deterioration requiring clearance. As a result of the revised policy in Hillingdon the number of applications in respect of tenanted dwellings is considerably lower than in 1972.

The 125 dwellings improved in 1973 were also brought up to good repair and the following defects were remedied.

W.C. pans and traps repaired/renewed	7
W.C. ventilation improved	
Manhole covers renewed	1
Gullies repaired/renewed	23
Roofs repaired/renewed	143
Chimney stacks repaired/renewed	59
Brickwork pointing, rendering etc. repaired/renewed	198
Gutters R.W.P.'s waste pipes repaired/renewed	107
Yard paving repaired/renewed/provided	36
Paintwork renewed	60
Dampness remedied	270
Walls and ceilings repaired/renewed (rooms)	202
Floors repaired/renewed	120
Doors, windows, repaired/renewed	776
Stairs repaired/renewed	24
Flues repaired/renewed	3
Fireplaces repaired/renewed	17
Sinks renewed/provided	21
Ventilation provided/improved	19
Other defects	137

Details of Improvement Grant Applications received and given in 1973 are as follows:

Standard Grants

	<i>Owner/Occupier</i>	<i>Tenanted</i>
1. Number of applications received	4	52
2. Number of applications approved	75	14
3. Number of applications refused	—	—
4. Number of dwellings improved	4	10
5. Number of applications cancelled or changed to Improvement Grants	2	8

The total number of applications for Standard Grant in 1972 was 56.

Amount paid in grants	£1,188.00
Average grant per house	£84.85

Amenities Provided

(a) fixed bath	5
(b) shower	—
(c) wash hand basin	11

(d) hot water supply (to any fittings)	14
(e) water closet:	
(i) within dwelling	6
(ii) accessible from dwelling	—
(f) food store	—
(g) sink	1

Improvement Grants (Discretionary)

	<i>Owner/Occupier</i>	<i>Tenanted</i>
Number of applications received	75	27
Number of applications approved	59	24
Number of applications refused	3	—
Number of dwellings improved	57	54
Number cancelled	4	2
The total number of applications in 1972 was 155.		
Amount paid in grants		£75,040·00
Average grant per house		£676·03

Improvement Grants—Publicity

The Welcome to Citizenship Exhibition and the Borough Show were used as fully as possible to promulgate the types of improvement grants available with examples of houses improved in this Borough. Wherever possible, public health inspectors advise on improvement grants and bring to the notice of either tenant, landlord or owner occupier the extent and availability of grant aid for certain improvements and repairs.

The printed booklet of the Department of Environment is distributed with departmental correspondence where it is known to be of use and likely to be of assistance.

Repair (Housing and Public Health Acts)

Houses are repaired by this department's action in several ways, e.g., by inspection following complaint, by routine inspection, conditional on the issue of qualification certificates, and as a condition for improvement grant. Notices, both informal and statutory were served as set out in the following table.

Houses in which Defects were Remedied

After formal notice under Public Health Acts	26
After formal action under Section 9(1A), Housing Act, 1957:	
(a) by owner	19
(b) by local authority	—
After informal action by local authority	513

MULTIPLE OCCUPATION

The number of cases of multiple occupation found during the year was 55 and the Council's declared policy of serving directions was carried out: 55 notices of "Intention to serve direction" and 55 directions were served in these cases.

Six contraventions of directions were proved in the magistrates court and fines imposed. It is to be regretted that no amendments to existing legislation dealing with contraventions of directions has been introduced since after conviction the individual causing a contravention can still remain in the dwelling. The Council revoked 9 directions where the abatement of multiple occupation and reversion to one family had taken place. During the year 6 houses were found to be in need of fire precautions and notices were served on the owners of the properties concerned.

CONTROL OF CARAVAN SITES

Caravan Sites and Control of Development Act 1960

There was no change in the number of licensed sites existing in 1973.

<i>Licensed Sites in the Borough</i>	
<i>Temporary Licences</i>	<i>Permanent Licences</i>
22	14

Gypsies and Other Itinerants

A site on the Colnbrook-by-Pass formerly used as an experimental road by the Road Research Laboratory, which had previously been abused by gypsies was cleared during the year.

WORKING ENVIRONMENT

During 1973 in addition to inspecting places of work for compliance with specific legislation dealing with that place of employment, attention was also paid to such other matters as nuisance, drainage and refuse storage and disposal, rodent infestation and food hygiene at canteens and of vending machines.

Ergonomics is the study of working efficiency. It involves the study of the design and layout of equipment, the flow of work to and from the persons concerned and includes a study of the environmental conditions, lighting, heating, ventilation, humidity and noise of their place of work. During the year it was decided to undertake a study of the environmental aspects affecting the working conditions in one building which had been built speculatively for letting and was being used as an "open plan" office. The investigation indicated difficulty with lighting particularly from glare and also revealed considerable fluctuations in temperature ventilation and humidity in various parts of the building arising from partitioning, both from partitions that had been constructed and partitions that had been formed by using office equipment to create barriers and breaks between working areas. There was also difficulty due to noise, a good deal of which was caused by the use of equipment, for example, telephone bells not designed for open plan office use. It had been hoped to include a study of the sickness rate of employees comparing those statistics when employed in smaller offices with those for the period the staff had been engaged in the open plan. Because however, there had been other changes in the working conditions the total number of hours worked and the introduction of flexitime working, this was not practicable.

During the year, three of the technical assistants attended a series of lectures to improve their inspection performance under the Offices, Shops and Railway Premises Act. The lectures were orientated towards practical field inspection work particularly in the field of safety rather than in the administrative or legal implications of the legislation.

In 1973 a concerted effort was made to draw attention to the need for proper care in the use of slicing machines and some investigation was made into the practical aspects of guarding them. It was found that there was no interlocking device which immobilised the machine if the guard was removed. In correspondence with H.M. Factory Inspectorate it was confirmed that the legislation

regarding the guarding was only effective when the machine was in use. There is no necessity to keep the guard in position when the machine is being cleaned, in fact this may not be practical, but unfortunately, there is no way of requiring that the guard is replaced immediately cleaning has finished. The blade could remain unguarded and even though without being used, remain dangerous to anyone who accidentally slipped against the machine. Fortunately most of these machines are operated from a plug and wall socket and operators have been advised to disconnect the wall socket while cleaning the machine. This tends largely to counteract any disadvantage due to the absence of an interlocking device but there is still a real danger of accidental contact with the blade if the guard is not replaced immediately. There has already been one quite serious accident to a young person employed in a shop who slipped and fell on the unguarded blade of a slicing machine which was not in use and which because the machine was not normally in use, being an obsolete model, had in fact been in an unguarded condition for a long period of time.

During the year a comprehensive guide on the selection and basic training of forklift truck drivers was prepared by the Road Transport Industry Training Board. The guide is an extremely useful document and attention has been drawn to this publication during previous inspections of premises using this equipment.

It was necessary to draw attention to the instability of the materials stack in one large warehouse which handled many varieties of goods and it was necessary to ask the Company concerned to improve the guarding to the operators of fork-lift trucks working with these stacks by providing in addition to the normal over-head guard, a small mesh guard to ensure complete protection for the operator. This was done and the stacking procedure revised to give more stable stacking.

A minor incident occurred which frightened the operator, and could have led to a serious accident arising from the use of a data sorting machine in a company operating computer equipment. The machine was one of the original types and later machines have been designed with more effective guarding. The machine has now been replaced with one that is effectively guarded. Although the incident did not cause a notifiable accident, it was decided to contact all persons who could be operating this type of machine in the Borough, but no further machines of this make were found to be in operation.

The use of micro-wave cooking ovens in premises can offer some hazard to the employees regularly using this equipment unless all the safety factors are properly maintained. Wherever this type of equipment has been found to be in use both the management's and the operator's attention has been drawn to the need to take care.

A statistical report of the department's activities in connection with various legislation concerned with the working environment is set out below.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

There are 3,319 registered premises in the Borough employing 36,323 persons. The following table shows the various types of premises and the numbers of persons employed therein.

<i>Class of Premises</i>	<i>No. of Registered Premises</i>	<i>No. of Registered Premises receiving one or more general inspections during the year</i>	<i>No. of Persons Employed</i>
Offices	991	545	21,779
Retail shops	1,909	1,544	8,844
Wholesale shops, warehouses	128	85	2,221
Catering establishments open to the public, canteens ...	279	265	3,361
Fuel storage depots	12	10	118
Totals	3,319	2,449	36,323

COURT/WORKING ENVIRONMENT

Inspections were made to these classes of premises during 1973 and 517 notices requiring various works shown in the table below were served. The defects were remedied by informal action and legal proceedings were not necessary.

<i>Defect</i>	<i>Number of Premises</i>
Cleanliness	250
Overcrowding	1
Temperature	18
Absence of thermometer	144
Ventilation	50
Lighting	143
Sanitary conveniences	170
Washing facilities	89
Supply of drinking water	2
Accommodation for outdoor clothing	9
Seats or sitting facilities	2
Facilities for meals	2
Disrepair	160
Fencing exposed parts of machinery	78
Training of young persons working at dangerous machinery	1
Absence of first aid equipment	145
Failure to display abstract of the Act	185
Other matters	308

It was not necessary to make any application to the local Magistrates Court for an order preventing either work being carried on in premises that were considered to be dangerous or doing any dangerous practices on any premises. No action was necessary in respect of the protection of young persons from dangerous machinery or the prohibition of heavy work.

Fatal accidents or other accidents which cause absence of work for three or more days are notifiable—no fatal accidents were notified. Successful legal proceedings were taken against one firm for failure to notify an accident and a fine of £20 and £5 costs were awarded against the Company.

74 non fatal accidents were investigated and the following table sets out their causes and the premises where they occurred.

<i>Cause</i>	<i>Offices</i>		<i>Retail Shops</i>		<i>Wholesale Warehouses</i>		<i>Catering Establishments</i>		<i>Total all 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		4		4		1		2	11
Transport				3		2			5
Falls		3		4		1		9	17
Stepping or striking against object or person		1						2	3
Handling goods		1		9		7		7	24
Struck by falling object				4		4		1	9
Hand tools				2				1	3
Not otherwise classified		1						1	2
Total		10		26		15		23	74

Lifts and hoists have to be examined by a competent engineer every 6 months. If the appliance is not in good repair the engineer must submit a copy of the report to the local authority. 175 premises are known to contain lifts or hoists and 20 reports from engineers referring to defects were received, all these defects were rectified without the necessity of legal action.

SHOPS ACT 1950—1965

EMPLOYMENT OF YOUNG PERSONS ACT 1958—1964

This legislation controls the hours of employment of young persons, regulates the general closing hours, early closing for Sunday opening of shops and provides for rest and meal breaks for employees. The Shops (Airports) Act 1962 exempts the shops at Heathrow and other airports from the early closing and general closing provisions of the main act. There are provisions in the Act for the local authority, if it is satisfied that the majority of traders so wish, to exempt the traders in that area from the provisions relating to half day closing. It is necessary for the traders to give their assistants a half-day holiday on one week-day in every week. In 1973 such an order came into operation for the shopping area in the Uxbridge new town centre. As the shops are not closed on any particular half day more attention from the shops inspectors is required to ensure that assistants are receiving their statutory weekly half holiday.

In recent years there have been attempts to run Sunday markets at various locations in the Borough. These markets cause inconvenience to the local residents in the immediate vicinity, and in many cases the traders carrying on business at the market are contravening the Sunday trading provisions of the Shops Act and action has to be taken to enforce these provisions. During 1973 applications were received from persons operating markets to be registered as persons observing the Jewish Sabbath. This would have entitled them and any other employees to trade on a Sunday up to 2 p.m. It was considered that persons operating markets, that is leasing ground and letting stalls to other traders, could not be regarded as the occupiers of shops within the meaning of the Act and the applications were refused. Where applications have been received from individual traders, each application must be accompanied by a statutory declaration that the person does observe the Jewish Sabbath and unless the Council has evidence that these documents are falsely or incorrectly made the application must be granted. The reference in the Act is to the person observing the Jewish Sabbath and it should be noted that in addition to persons practising the Jewish religion it would also include other religions where the regular day of worship is a Saturday.

A total of 135 applications for registration have been received, of which 2 have been refused because the information was considered to be false, 44 are still under consideration and the applicants have been requested to give further details or submit properly sworn documents, whilst 89 have been registered.

In order to enforce the Sunday trading provisions of the Act it is necessary for the Inspectorate to work on a Sunday. There is a limit to the amount of time that they can reasonably be expected to work "unsocial hours" and while it is necessary to deploy staff almost every week at markets which are operating without town planning or other consent this must curtail the routine checks that would normally be made to ensure that shop assistants legally employed to work on a Sunday are receiving the statutory meal and rest breaks, and compensatory leave, and that young persons are not employed more than the legally permitted number of hours in each week.

There were 56 summonses for offences against the Sunday trading provisions of the Act and/or obstructing inspectors from carrying out their duties, and others are scheduled for hearing in 1974. Two summonses were taken against companies operating markets and in one case a fine of £20, and in the other a fine of £80 were imposed. The fines are small compared with the total weekly rental paid by traders using these markets which is approximately £300. The summonses against individual traders resulted in fines of £3-£18 and costs of £3-£6 were awarded to the Council.

During the year a number of summonses were taken against an individual shop keeper who persistently contravened the Act. At separate hearings fines of £10, £40 and £50 were imposed and the Council were awarded costs of £5, £5 and £15.

The Shops Act 1950 consolidated the Shops Act 1912-1937 and at that time the consolidation was stated to be to facilitate the amendment of the Act. Perhaps the present fuel crises will encourage people to restrict the hours that they expect to obtain service from shops but it does appear that

FACTORIES ACT 1961

Inspections

Premises (1)	Number on register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	24	28	7	
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	998	949	64	
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	16	9	4	
Total	1,038	1,033	75	

Defects

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4) | By H.M. Inspector (5)		
Want of cleanliness (S.1)					
Overcrowding (S.2)			1		
Unreasonable temperature (S.3)					
Inadequate ventilation (S.4)					
Ineffective drainage of floors (S.6)			1		
Sanitary Conveniences (S.7)					
(a) Insufficient	10	5		1	
(b) Unsuitable or defective	90	19			
(c) Not separate for sexes	5				
Other offences against the Act (not including offences relating to Outwork)					
Total	175	24	3	1	

many persons would like shopping facilities 24 hours a day 7 days a week and some "take-away" type restaurants are giving this service in this Borough. No legal proceedings were necessary under the provisions of the Employment of Young Persons Acts.

FACTORIES ACT 1961

Factories are divided into two categories, those with or without mechanical power. In factories with mechanical power the matters directly controlled by the Factories Act are the purity of the drinking water, the adequacy and suitability of the sanitary accommodation and the display of the abstract of the Factories Act, while in addition to these matters in non power factories the cleanliness, overcrowding, temperature, ventilation and drainage of floors are also the responsibility of the public health inspector. There are 998 power factories and 24 non-power factories in the Borough. During the year 986 visits were made to the factories and 75 notices requiring works to be done were served. Tables giving details of the inspections and defects found are set out on page 79

OUTWORKERS

If a factory employs persons to carry out certain specified works in their own homes the details must be notified by the occupier of the factory to the local authority in the area the factory is situated. That local authority must notify any other local authority in whose area the employed person resides. Such notifications are made twice a year and national statistics for outworkers that is persons employed to work in their own homes are based on the August return. Notification of 190 persons employed as outworkers by the factories outside the Borough were received, inspections were made at 150 homes in which this work is carried out and no contraventions of the Act or other matters needing attention were recorded. Details of the number of persons so employed and the category of work they undertake is set out below.

<i>Type of work</i>	<i>No. of out-workers</i>
Alterations or finishing wearing apparel	32
Making Christmas crackers	158
Total	190

AGRICULTURAL (SAFETY HEALTH AND WELFARE) PROVISIONS ACT 1956

There are 37 agricultural units in the Borough; as in the case of factories when inspections are made under the specific legislation, attention is also paid to other matters, such as drainage, manure storage, use of sewage sludge as fertiliser, rodent and other pest control and nuisances etc. No statutory action was necessary to enforce the provisions of this Act.

NOISE

The year under review saw big advances in the development of healthier attitudes towards environmental noise in Great Britain. The Land Compensation Act came into operation and provided for compensation amongst other matters for noise, vibration and fumes from road traffic and the Noise Insulation Regulations 1973 were passed. These Regulations set out the conditions under which highway authorities must pay a grant to occupiers of premises adjoining "new" roads and have a discretion to pay a grant for those constructed since 1969. It would seem reasonable to assume that if the highway authorities exercise this discretion and the backlog is dealt with, amendment regulations will be introduced which would further extend the backdating at least until such times as they include earlier motorway construction. The M.4 motorway through this Borough was

originally opened to traffic in April 1965. The Sound Insulation Regulations lay down a standard for noise measurement which requires precision instruments. This degree of accuracy is difficult to justify when any measurements made have to be projected to allow for the traffic flow in 15 years time, since projections of this nature can only be based on past trends, and in view of the present fuel situation a considerable margin of error must be anticipated.

The Controller of Public Protection Services authorised the attendance of two divisional public health inspectors at the West Midlands Office of the Department of the Environment for discussions with their staff and some 30 members of local authorities in that area about the practical implications of the noise insulation regulations based on experience of the Heathrow scheme.

Since 1966 a total of 953 applications from persons requiring a grant under the Heathrow Airport—London Noise Insulation Grant Scheme have been processed. Details of the applications received during 1973 are set out below:

1. Number of applications received	159
2. Number of applications granted	159
3. Number of applications from the "special" area (100% grant)	23
4. Number of applications from the balance of the "defined area" (75% grant)	135
5. Number of cases eligible for special consideration (100% grant)	1

There has been co-operation between the environmental health section and the planning department when any proposed development is likely to cause noise or would be subject to high existing noise levels. Evidence has been given at local planning enquiries and reports have been prepared on the noise climate at other locations which are the subject of applications under the Town and Country Planning Acts.

Following complaints from local residents it was possible to reach an agreement with one company that the night use of a loading bay at their premises would be discontinued pending the investigation of the practical steps that would be necessary to prevent nuisance if the use of the bay at night was to continue. The company engaged acoustic consultants who have submitted their recommendations for abating the nuisance. These recommendations include considerable structural work for which both Building Regulations and planning permission will be necessary and while the noise nuisance may be abated the barriers provided for this purpose could be an eyesore. Local residents may well not regard this as an improvement, and negotiations are still continuing with the company. To cope with the extra work load due to the new legislation the staff of the department has been increased by the appointment of a technician for pollution control.

CONSUMER PROTECTION

Consumer Protection Act 1961

A number of regulations under the above mentioned Act have been made, some of these including the Oil Heater Regulations, the Electrical Power Code Regulations, the Electric Blanket Regulations, The Carry Cot Stand Regulations and the Nightdresses Regulations are designed mainly to ensure the safe usage of the articles concerned.

Checks to ensure compliance with the regulations are carried out as part of the standard routine inspections of shops and warehouse premises. No contraventions of the regulations were observed during 1973 and in that period 11 children's nightdresses were purchased and tested in the department's laboratory for flammability; the tests carried out included tests on any ornamental lace ribbons etc. which may have been incorporated in the nightdress. All complied with the statutory requirements and after testing were released to the social services department.

In the past it has been the practice for the Greater London Council Fire Brigade to inform this Council whenever they became aware of a fire involving an oil heater but because of staff shortages this service has been discontinued for the time being.

Toys (Safety) Regulations 1967

Thirty-three articles were examined for compliance with these regulations which impose restrictions in relation to the lead (Pb), antimony, barium, cadmium and chromium content of paints used on toys and prohibit general use of celluloid in toys. Twenty-four toys were examined in the departmental laboratory and nine were submitted to the Public Analyst. Of the toys examined within the department, four were found to have excess lead and one to be partly composed of celluloid. Of the nine samples examined by the Public Analyst, four were found to be unsatisfactory. Details of these toys are given in the following table:

<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>
Humming Top	West Germany	Toy Car	Canada	5,674 parts per million Pb
Coloured Gummed Paper	England	Musical Top	England	8,828 parts per million Pb
		Musical Jack in the Box	Hong Kong	9,756 parts per million Pb (peach paint)
		Saucepan Set	West Germany	161,144 parts per million Pb
		Musical Jack in the Box	Hong Kong	972,000 parts per million Pb. (red paint)

At the time of writing this report, legal proceedings are under consideration in respect of the offending toys.

CONSUMER ADVICE CENTRE

1. Function

The Consumer Advice Centre opened in May 1973. It has four main functions.

- i To give objective and impartial information, advice and practical assistance in disputes between supplier and consumer.
- ii To provide information about goods and services in sufficient depth to enable the consumer to make an informed choice at the point of sale.
- iii To organise or to take part in consumer education for all age groups and to arrange complementary exhibitions.
- iv To gather information for use in the centre through surveys or any other suitable method.

2. Complaints

Since May 1973, some 3,511 consumers have visited (2,294) or telephoned (1,217) the centre to seek assistance. A very small minority of the 3,299 complaints proved unjustified after investigation. In the remainder it has been possible in all cases either to obtain complete satisfaction for the complainant or so to clarify the situation that, satisfied or not, he knows that all possible steps have been taken to resolve the matter. Seven consumers have been assisted with actions in the Small Claims Court of the County Courts.

3. Pre-shopping Information

212 consumers have visited the centre for in depth interviews on future purchases. The centre is building up its own information store, supplementing material supplied by contract with Consumers' Association. The "miscellaneous" category in the attached analysis has involved researching material (e.g. on prismatic compasses, air ionisers and marine insurance) for individual local residents.

4. Consumers' Education

Nineteen groups (nine schools and colleges, ten local organisations) have come to the centre for lectures and discussions. The advisers have spoken at eleven meetings outside the centre. Exhibitions have been held with material supplied by the British Standards Institution and the National Book League. Courses of adult consumer education and further exhibitions arranged for Spring 1974 have been postponed until the end of lighting, etc. restrictions.

5. Surveys

The centre opened with two staff who were joined by one assistant adviser in June and a second in October. The work load entailed in the resolution of complaints, and the period of training necessary before new staff could take their full share of this work has meant that the survey function could not be fulfilled. The local information which could be extracted by survey techniques is vital if the centre is fully to realise its potential and this function is seen as a priority for 1974-75.

POST SHOPPING PROBLEMS

<i>Goods</i>		<i>Services</i>	
T.V./stereo/radio	240	Electrical service and repairs	134
Clothing	177	Building and Decorating	112
Second hand cars (inc. motor bikes)	161	Garages	108
House/garden	145	Central heating	101
Shoes	142	Mail order/premium offers	90
Furniture	129	Selling methods	85
New cars (inc. motor bikes)	102	Credit	82
Refrigerators/freezers	100	Holidays	71
Small electrical	92	Dougle glazing	50
Washing machines/dishwashers	81	Public services	54
Miscellaneous (pets, cameras etc.)	81	Gas service and repair	53
Carpets	72	Service miscellaneous (hairdressers, agencies etc.)	53
Cookers	64	Dry cleaning/laundrettes	52
Heaters	56	Consumer law	49
Food	52	Repairs miscellaneous (jewellery, shoes etc.)	44
Car accessories	51	Insurance/banks	32
Toiletries	48	Solid fuel	20
Children's toys etc.	43	Hotels and restaurants	15
Jewellery	32		
	<hr/>		<hr/>
	1,868		1,205
*Prices	226		
	<hr/>		<hr/>
	<i>Totals</i>		
	Goods	1,868	
	Services	1,205	
	*Prices	226	
	<hr/>	<hr/>	
	TOTAL	3,299	

* Prices passed to Customs & Excise (VAT), Price Commission or discussed with supplier.

Pre-Shopping Interviews

Domestic equipment	76
Motor cars and accessories	21
T.V./stereo/radio	18
Building	15
Furniture	13
Clothing	12
Food	8
Bedding	7
Gardening equipment	7
Miscellaneous	35
TOTAL	212

Area breakdown of Visits and Telephone Calls

Area	Total	Visits	Telephone Calls
Uxbridge	641	487	154
Hayes	543	364	179
Hillingdon	467	320	147
Ruislip	280	158	122
West Drayton	271	205	66
Ickenham	183	102	81
Cowley	152	102	50
Yiewsley	98	72	26
Northwood	87	30	57
Harefield	83	30	53
Eastcote	56	22	34
Visits and calls from people who live away from the Borough, but who have bought goods here or work in the Borough ...	438	190	248
Pre-shopping interviews	3,299 212	2,082	1,217
	3,511		

PEST CONTROL

The Council's obligations under the Prevention of Damage by Pest Act 1949 are discharged through a team of four rodent operators and a foreman operator, under the general supervision of a Technical Assistant. The group also carries out insect control and drain clearance and gives general manual support to the environmental health teams. The technical assistant (vermin control) also organises and personally supervises the regular shoots which are carried out to control squirrels, foxes and pigeons.

All routine inspections of premises include a check for the presence of rats and mice and as a precaution against the spread of infestations all premises due for demolition are, wherever possible, poison baited before the work commences. All complaints and identified infestations were treated

during the year but shortage of staff meant that some survey work had to be curtailed. Details of the premises inspected and found to be infested with rats and mice are recorded in the following table:

		<i>Type of Property</i>	
		<i>Non-agricultural</i>	<i>Agricultural</i>
1.	Number of properties in district	94,179	75
2. (a)	Total number of properties inspected following notification	2,004	3
(b)	Number infested by rats	1,224	3
(c)	Number infested by mice	780	0
3. (a)	Number of properties inspected for reasons other than notification	2,807	46
(b)	Number infested by rats	2	7
(c)	Number infested by mice	5	0

Sewers

Treatment of sewers is carried out with fluoracetamide when conditions are suitable, in other cases warfarin sewer bait is used. During the year 649 inspection chambers in various parts of the sewage system were treated.

Squirrels and Foxes

Thirty-seven complaints of squirrels and thirty-four of foxes were received during the year. The destruction of these animals is carried out when their presence gives rise to a nuisance, a charge being made for the service. All land under the control of the Borough is systematically surveyed by way of organised shoots. During the year 1,300 squirrels and 66 foxes were destroyed.

Other Pests

Eight complaints were received concerning feral pigeon and twenty concerning stray cats. Regular trapping of pigeons is carried out in areas where they have given rise to a serious pigeon nuisance and during the year 157 pigeons were caught.

Insect Pests

There was a slight increase in the number of insect pests complaints received during the year, being 779 as against 652 for 1972.

Advice on insect pests is freely given and treatment for insects of public health importance is carried out free of charge. Details of the complaints received are as follows:

Ants	...	6	Cockroaches	...	5	Mites	...	10
Fleas	...	65	Flies	...	63	Silverfish	...	3
Bugs	...	58	Lice	...	1	Wasps	...	529
Beetles	...	31	Maggots	...	8			

PORT SANITARY ADMINISTRATION—LONDON (HEATHROW) AIRPORT

While the Borough is the port health authority for London (Heathrow) Airport the airport itself extends into the adjoining urban district of Staines and the London Borough of Hounslow. During 1973 aircraft movements again increased and the number of passengers using the airport numbered 20,713,760 being an increase of 11% over the previous year.

Water Supply

Two companies supply the whole of the airport with mains water and regular samples are taken from aircraft and submitted to bacteriological examination. The following are the results of 353 samples examined:

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
From fixed tanks	210	13
From portable flasks:		
(1) filled in Borough area	23	6
(2) filled outside Borough area	33	38
(3) foreign filled	13	9
From bowzers	2	—
From proprietary brands of foreign water in bottles or cans	6	—

Modern aircraft are fitted with tanks from which water is distributed to drinking points, galleys and washbasins. At times of routine maintenance the distribution systems are subjected to hyperchlorination. Water bowzers are also subjected to routine hyperchlorination once weekly. These bowzers are filled with mains water to uplift into aircraft tanks from supply points used for no other purpose and chloramine is added at this stage to leave at least 0.3 parts per million chlorine 30 minutes after treatment to ensure the water remains as pure in the aircraft tanks. Additional supplies are taken on board at foreign stations and the water in the tanks becomes a mixture of varying sources and qualities. Of the 13 unsatisfactory samples from tank supplies 4 were from British aircraft of which 3 had returned from foreign travel.

A small number of the older types of aircraft rely on portable flasks for drinking water and many foreign aircraft carry iced water in flasks as an additional supply. This type of supply remains unreliable probably due to ineffective sanitising of the flasks or by incorrect handling at the time of filling. Unsatisfactory results are notified to airlines requesting investigation into the cause.

Food Hygiene

The numerous food preparation premises include high class restaurants, grill and griddle restaurants, buffets, industrial and non-industrial canteens and aircraft catering establishments, many operating 24 hours of every day. Managements endeavour to maintain a high standard of hygiene but the many staff changes are the usual cause of temporary failures. Cleaning in many establishments is a divided responsibility between the caterers and the British Airports Authority cleaning contractors. The Authority also depends on contractors for maintenance which invariably causes delay in remedying defects.

Aircraft catering establishments prepare and store meals for supply to aircraft galleys from which all meals on aircraft leaving Heathrow Airport are served. Cold meals immediately after preparation are placed in insulated containers and transferred to cold rooms where the temperature is maintained below 50°F whilst awaiting despatch to aircraft. In order to maintain the low temperature dry ice is added to the container unless the galley compartments provided for the containers are fitted with refrigeration. Some later type containers have built-in refrigeration plates which are plugged into refrigeration lines on the more modern aircraft. On short haul flights freshly cooked hot meals are placed in portable ovens which are connected to the aircraft electrical supply to maintain their temperature until served. On long haul flights the bulk of hot main meals are supplied by the reheating of frozen meals in convection ovens and it is in these same ovens that the small proportion of freshly cooked meals are actually cooked.

Vermin Control

The British Airports Authority engage a pest control company with staff based at the airport on contract to survey for and exterminate any rodents or insects that may arise on its land or in

buildings it and its concessionaires occupy. Most other occupiers continue to engage, also on contract, the same operating company. This ensures continuity of routine surveys and baiting. The continuance of these contracts has ensured that no actual infestation can develop. Routine inspections of catering premises has shown little evidence of any infestation. The daily intake of catering supplies puts establishments at risk and baggage in transit can be a hazard to the terminal building. Container equipment from pick-up points abroad may contain insects putting flight catering units at risk.

An operating company arranges for the whole aircraft to be treated for its safety with poison gas on the suspicion of a rat or mouse being present in the hold. Four aircraft were so treated during 1973 but no infestation was confirmed.

"Temperance and labour are the two true physicians of man"—Rousseau

HOUSING ALLOCATION—MEDICAL Other Services

The following table shows the number of applications for re-housing by the Council and for transfer of accommodation approved by the Council in the years for assessment of the medical factors which are being put forward by applicants to justify a claim for priority consideration.

Year	New Applications			Transfers			Total
	Special recommendation points	Other	Total	Support	No support	Total	
1969	160	24	184	104	160	264	637
1970	162	17	179	76	102	178	540
1971	178	12	190	77	104	181	576
1972	240	20	260	27	85	112	701
1973	358	27	385	22	88	110	833

"Temperance and labour are the two true physicians of man"—Rousseau

During the year 1973, 385 applications for re-housing were approved by the Council, and in addition 33 other cases were considered under the Council's schemes of accommodation, making a total of 518 cases in all. This total compares favourably with the increasing total of new applications for re-housing which in 1973 amounted to a 45% increase on the 1972 figure. The total reflects a rapidly rising yearly trend in applications which has nearly doubled the total in 1973. Of the 385 applications for re-housing in which a case was made for give support, 352 were awarded extra housing points while 33 were given special recommendations. The information available indicated that medical factors present were being satisfied by existing accommodation and re-housing was recommended despite the fact that the application did not in other respects satisfy the criteria laid down by the Council in order to qualify for consideration. Of the 337 applications where no recommendation was made, 33 were recommended to have medical factors present which justified re-consideration at a later date when the applicant's case was reviewed for one year and qualified for the allocation of points.

Analysis of Medical Factors

The following table gives details of the medical factors most commonly put forward when claims for priority consideration for re-housing or for transfer of accommodation are made.

Medical Condition	New Applications	Transfers
Nervous Stability	141	29
Cardio-Vascular	110	26
Respiratory	100	17
Arthritis and Rheumatism	87	10
Physical Deformity	71	7
Mental illness or Subnormality	61	3
Other	20	26

Other Services

HOUSING ALLOCATION—MEDICAL FACTORS

The following table gives a summary of the applications for re-housing by the Council and for transfer of accommodation submitted over the last five years for assessment of the medical factors which are being put forward by the applicants to further a claim for priority consideration.

Year	New Applications			Transfers			Total
	Special recommendation or points	No recommendation	Total	Support	No support	Total	
1969	150	226	376	101	160	261	637
1970	162	191	353	85	102	187	540
1971	178	237	415	57	104	161	576
1972	240	365	605	31	65	96	701
1973	358	337	695	72	56	128	823

It will be seen that 823 housing cases were referred to the department during 1973, and in addition 33 other cases were considered under the Council's purchase of accommodation scheme, making a total of 856 cases in all. Particular attention is drawn to the increasing total of new applications for re-housing which at 695 represents a 15% increase on the 1972 figure. This total reflects a rapidly rising yearly trend in applications and is nearly double the total in 1969. Of the 358 applications for re-housing in which it was possible to give support, 325 were awarded extra housing points while 33 were given special recommendations, i.e. the information available indicated that medical factors present were being seriously aggravated by existing accommodation, and re-housing was recommended despite the fact that the application did not in other respects satisfy the criteria laid down by the Council in order to qualify for consideration. Of the 337 applications where no recommendation was made, 99 were considered to have medical factors present which justified re-consideration at a later date when the application had been registered for one year and qualified for the allocation of points.

Analysis of Medical Factors

The following table gives details of the medical conditions most commonly put forward when claims for priority consideration for re-housing or for transfer of accommodation are made.

Medical Condition	New Application	Transfers
Nervous Debility	157	39
Cardio-Vascular	134	29
Respiratory	93	17
Arthritis and Rheumatism	50	10
Physical Disability	34	7
Mental Illness or Subnormality	42	9
Other	185	26

Figures relating to the "Source of Medical Referral" showed an increased use of the standard medical questionnaire by new applicants as shown in the following table. For the first time this total of 328 applications exceeded the number who made use of supporting general practitioner certificates.

Source of Medical Referral

Source	New Applications		Transfers	
	1972	1973	1972	1973
Medical Questionnaire	225	328	45	45
General Practitioner	324	280	41	60
Hospital	35	34	5	9
Social Worker	7	9	—	2
Health Visitor	10	32	3	6
Other Sources	4	12	2	6

Housing Needs of the Elderly

During the year there were 177 new applications received from persons of pensionable age; an increase of 10% on the previous year. It was possible to give support on medical grounds in 120 of these cases, 23 of which received a special recommendation.

In December 1973, the attention of the Housing Committee was drawn to the considerable increase in housing applications over recent years. In addition, considerable doubt was expressed on the value of the medical points system and the Committee were informed that the award of extra points by the Director of Health Services merely re-arranged the order of re-housing of applicants on a dubious scientific basis.

As a result, it was decided by the Housing Committee that the points procedure would be discontinued from January 1974 and each application that warranted immediate support on medical grounds should be given a special recommendation, leaving the points system itself to resolve difficulties about the order of priority between other cases.

MASS RADIOGRAPHY

Following the recommendation by the Standing Medical Advisory Committee that the number of Mass Miniature Radiography Units should be reduced, there has been a gradual run-down in the number of mobile units available in the North West Metropolitan Hospital Region. During 1973 no population surveys were undertaken, although negotiations were proceeding at the end of the year for a survey in a small circumscribed area with epidemiological evidence of a possible infective focus. Facilities still exist for chest X-rays to be undertaken at the request of family doctors, and a number of surveys have shown that the yield of positive cases from this source is much greater than the population surveys previously undertaken. In addition arrangements continue whereby those

in regular contact with children produce evidence of a satisfactory chest X-ray every third year. The following facilities for mass radiography are available in this area:

CHEST X-RAY

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
Police Station Forecourt (near Uxbridge Road Roundabout), Rickmansworth	Weekly—on Mondays	2.45 p.m.—3.15 p.m.

LONG STAY IMMIGRANTS

The following table gives the number of advice notices received during the year from ports and airports relating to the arrival of immigrants in the Hillingdon area.

<i>Country issuing passport</i>	<i>Number of notifications received during the year from ports and airports relating to arrival of immigrants</i>	<i>Successful visits paid to immigrants during the year</i>
<i>Commonwealth Countries</i>		
Caribbean	8	8
India	55	49
Pakistan	18	11
Other Asian	3	3
African	78	66
Other	43	35
Total	205	172
<i>Non-Commonwealth Countries</i>		
European	—	—
Other	52	44
Total	52	44
Grand Total	257	216

NATIONAL ASSISTANCE ACT, 1948—SECTION 47

This section authorises the Medical Officer of Health to effect the compulsory removal to a suitable place of any person who by reason of age, illness or infirmity is living in insanitary conditions and is unable to care for himself/herself and is not receiving such care from others. It was not necessary to take such action during 1973.

The concept of the observation register has been developed during the year in regard to elderly persons who may ultimately require action under section 47. Reports are requested from health visitors, home nurses, public health inspectors and social services departments at varying intervals, depending on several factors including medical diagnosis, time of year and state of health when the last report was submitted.

First class liaison with the hospital geriatrician and the hospital psychiatrists at St. Bernard's and Hillingdon Hospitals is most helpful in a crisis and there appears to be considerable merit in this register as an early-warning system in cases which are known to the departments.

NURSING HOMES

There is one hospital in the Borough which is subject to registration under the Public Health Act 1936. It is of a high standard and is visited from time to time by officers of the department.

At the beginning of the year, an application was received for a private nursing home catering mainly for the elderly; unfortunately there were considerable delays in obtaining planning permission and carrying out various works and adaptations which were necessary to satisfy the food hygiene regulations and the requirements of the fire officers. This meant that the home was still unregistered by the end of the year but the necessary standards should be achieved early in 1974.

NURSING AGENCIES

There are no nursing agencies in the Borough.

MASSAGE AND SPECIAL TREATMENT

The advent of the sauna bath in hotels in the vicinity of Heathrow Airport was mentioned in the report for 1972. The number of these continued to increase the total being shown in the table below. All have been inspected and found satisfactory, as have premises for the reception and treatment of persons requiring massage and other special treatment:

<i>Treatment Carried Out</i>	<i>Number of Premises</i>
Chiropody	10
Chiropody, physiotherapy	1
Physiotherapy, manipulative therapy	1
Beauty massage, electric treatment, radiant heat, steam or other baths, manicure, pedicure, electrolysis for face and limbs	7

OCCUPATIONAL HEALTH SERVICES

The following table gives the details of medical assessments carried out during 1973, and for the previous four years:

	1969	1970	1971	1972	1973
Total Number of Assessments	1,773	2,233	2,257	2,503	3,185
MEDICAL EXAMINATIONS					
<i>Routine</i>					
(i) Teachers (First appointment)	66	78	96	52	138
(ii) Students (On selection for Teacher Training College)	177	188	304	233	189
(iii) Requests from other Authorities	11	10	9	10	5
Other Staff Examined	323	240	259	142	124
Total number of Medical Examinations	577	516	668	437	456
Number Assessed without Examinations	1,196	1,717	1,589	2,066	2,729
% Total Assessed by Medical Examination	32.5%	23%	29%	17.5%	14%
Number of Registered Disabled Persons accepted for employment					18
Number of Potentially Registerable Disabled Persons accepted for employment					20

It will be noticed that the total number of assessments carried out during 1972 was much higher than for any of the previous years. The figure of 3,185 assessments confirmed the trend of increasing demands on the occupational health services, and showed an 80% increase on the 1969 figure.

The number of medical examinations carried out by Health Department staff was 456, and this total was very similar to the previous year. In relative terms, this figure amounted to 14% of all personnel requiring medical assessment, and reflected the downward trend in the "percentage total assessed by medical examination".

The practice of requiring a chest X-ray examination for all candidates for employment whose duties would involve close and continuous contact with children was continued during 1973, and the details of chest X-ray requirements were placed on the computer. The first list of employees requiring a "Three yearly chest X-ray" has been produced by the computer, and arrangements are being made to notify individual departments.

A list of newly employed registered disabled, and potentially registerable disabled persons has been maintained in the department since August 1973. It is hoped that these figures will provide a statistical register, of the placement of disabled persons in the Council, and reflect an increasing concern with the employment of handicapped personnel in the future.

PUBLIC MORTUARY

The number of bodies received and post mortem examinations carried out during 1973 at the Council's mortuary in Kingston Lane, Hillingdon were:

From Home Address:

Residents of Hillingdon	220	
Residents of other districts	7	
	—	227

From Hospitals in the Area:

Residents of Hillingdon	404	
Residents of other districts	366	
	—	770

From London Airport:

Residents of other districts	33	
	—	33
		1,030

BREAKSPEAR 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 the Director of Health Services is the medical referee.

Year	Total Cremations	Year	Total Cremations	Year	Total Cremations
1965	3,439	1968	3,677	1971	3,870
1966	3,399	1969	3,802	1972	4,140
1967	3,412	1970	3,929	1973	4,189

The number of cremations, 4,189, continued the upward trend which has been evident since the crematorium first opened in 1957. The proportion of cremations authorised as a result of a coroner's certificate in 1973 was 31.6% representing a slight reduction in comparison with the figure for the previous year (33.1%). In addition, a total of 5 cases were referred for autopsy examination by the medical referee before the cremation could be authorised during the year, and most of these were undertaken by arrangement with H.M. Coroner (Dr. J. D. K. Burton). On 18th September it was necessary to refer the first case for autopsy examination under arrangements made by the Joint Committee with Dr. Michael H. Bennett as outlined on page 111 of last year's Report.

The need for a medical referee was queried by the Committee on Death Certification and Coroners which reported in 1971. The Committee, by the very nature of the enquiries which it conducted, seem to have under-estimated the contribution which the medical referee is currently making. It is noticeable that the number of medical certificates upon which further enquiries must be made is rising and whilst many of these queries can be resolved by direct discussion with the medical practitioner concerned, a small but significant minority raise problems which only an autopsy can ultimately resolve. Changing patterns of medical practice seem to have increased the possibility of the patient dying in unexpected circumstances and the need for a medical referee has never been more evident if the public interest is to be seen to be protected. It has been noticeable during the year that when a medical certificate has been completed before the results of the autopsy were known a significant difference in the cause of death has often been noticed. There would appear to be a need to make facilities for autopsy examination more widely available not only in the

interest of improved death certification, but to enable a greater number of doctors to benefit from the additional clinical knowledge which can be obtained from such examinations. This would enable them to monitor their own clinical performance which is infinitely more desirable than for some outside agency to attempt to do so.

During the year the second chapel was opened by Lord Greenwood, President of the Cremation Society, who pointed out that in approximately half of all deaths in this country cremation was now preferred. The new chapel has proved to be a most attractive asset to the facilities at the crematorium and together with the other modifications which have taken place, will allow an improved service to be offered at one of the country's busiest crematoria.

Appendix Tables

MEDICAL OFFICERS OF HEALTH IN THE UXBRIDGE DISTRICT 1849—1974

1849-1874*	Dr. Thomas JAMES	Uxbridge Local Board of Health (Appointment confirmed by General Board of Health 18.8.1854)
1875*-1895	Dr. William RAYNER	Uxbridge Urban District Council
1895-1901	Dr. Ambrose E. L. CHARPENTIER	
1902-1904	Dr. F. W. BEVILLE	
1905-1915	Dr. I. T. LOCK	
1916	Dr. F. C. WALKER	
1917-1918	Dr. W. Townsend DOBSON	
1919-1928	Dr. A. J. TURNER	
1929-1948	Dr. W. Townsend DOBSON	Amalgamation of Uxbridge Urban and Uxbridge Rural District Councils-1929
1949-1965	Dr. O. C. DOBSON	Borough of Uxbridge—1955
1965-1970	Dr. O. C. DOBSON	London Borough of Hillingdon
1970-1974	Dr. J. Stuart HORNER	

* The records are incomplete and these dates can only be inferred.

CLINICS FOR THE EXPECTANT MOTHER

MEDICAL OFFICERS OF HEALTH IN THE UXBRIDGE DISTRICT

1849—1974

Elers Road Clinic, Elers Road, Hayes		Every Tuesday a.m.
Grange Park Clinic, Lanabury Drive, Hayes		Every Wednesday p.m.
Harefield Health Centre, Park Lane, Harefield		Every Tuesday p.m.
1849—1874* High Road, Eastcote	Dr. Thomas JAMES	Uxbridge Local Board of Health (Ap- pointment confirmed by General Board of Health 18.8.1854)
1875*—1895	Dr. William RAYNER	Uxbridge Urban District Council
1895—1901	Dr. Ambrose E. L. CHARPENTIER	Every Wednesday p.m.
1902—1904	Dr. F. W. BEVILLE	Tuesday a.m. as per programme
1905—1915	Dr. I. T. LOCK	Every Thursday p.m.
1916	Dr. F. C. WALKER	Every Thursday a.m.
1917—1918	Dr. W. Townsend DOBSON	Every Wednesday p.m.
1919—1928	Dr. A. J. TURNER	Every Tuesday p.m.
1929—1948	Dr. W. Townsend DOBSON	Amalgamation of Uxbridge Urban and Uxbridge Rural District Councils—1929
1949—1965	Dr. O. C. DOBSON	Borough of Uxbridge—1955
1965—1970	Dr. O. C. DOBSON	London Borough of Hillingdon
1970—1974	Dr. J. Stuart HORNER	Every Monday p.m.
		Every Wednesday p.m.
Yiewsley Health Centre, High Street, Yiewsley	Alternate Mondays p.m.	Every Monday p.m.

* The records are incomplete and these dates can only be inferred.

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 a.m.
Grange Park Clinic, Lansbury Drive, Hayes		Every Wednesday p.m.
Harefield Health Centre, Park Lane, Harefield		Every Tuesday p.m.
Haydon Hall Clinic, High Road, Eastcote		Every Tuesday a.m.
Ickenham Clinic, Long Lane, Ickenham		Every Thursday a.m.
Laurel Lodge Clinic, Harlington Road, Hillingdon	Every Tuesday p.m.	Every Wednesday p.m.
Manor Farm Clinic, Manor Farm, Ruislip		Tuesday a.m. as per programme
Minet Clinic, Coldharbour Lane, Hayes		Every Thursday p.m.
Northwood Health Centre, Neil Close, Northwood	Every Wednesday p.m.	Every Thursday a.m.
Oak Farm Clinic, Long Lane, Hillingdon	Every Tuesday p.m.	Every Tuesday p.m.
Ruislip Manor Clinic, Dawlish Drive, Ruislip	Every Tuesday p.m.	Every Wednesday a.m.
Sidmouth Drive Clinic, Sidmouth Drive, Ruislip		Tuesday a.m. as per programme
Uxbridge Clinic, Council Offices, High Street, Uxbridge		Every Monday p.m.
West Mead Clinic, West Mead, South Ruislip	Every Monday p.m.	Every Wednesday p.m.
Yiewsley Health Centre, High Street, Yiewsley	Alternate Mondays p.m.	Every Monday p.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	1			1									
	F	1	1											
B5 Tuberculosis of Respiratory System	M													
	F	1							1					
B6(2) Other Tuberculosis	M	1							1					
	F													
B11 Meningococcal Infection	M													
	F	1												
B14 Measles	M	1			1									
	F													
B17 Syphilis and its Sequelae	M	1						1						
	F													
B18 Other Infective and Parasitic Diseases	M	1								1				
	F													
B19(1) Malignant Neoplasm, Buccal Cavity, etc.	M	2									1	1		
	F	1										1		
B19(2) Malignant Neoplasm, Oesophagus	M	14								1	4	6	3	
	F	4										2	2	
B19(3) Malignant Neoplasm, Stomach	M	24					1		3	4	10	6	6	
	F	19						1	1	4	4	4	9	
B19(4) Malignant Neoplasm, Intestine	M	29					1		4	6	10	8	8	
	F	25							1	8	8	8	8	
B19(5) Malignant Neoplasm, Larynx	M	2										1	1	
	F													
B19(6) Malignant Neoplasm, Lung, Bronchus	M	126							2	6	29	59	30	
	F	27								3	5	11	8	
B19(7) Malignant Neoplasm, Breast	M													
	F	53							3	6	14	12	18	
B19(8) Malignant Neoplasm, Uterus	F	14					1		5	2	2	4		
B19(9) Malignant Neoplasm, Prostate	M	14									3	6	5	
B19(10) Leukaemia	M	10			1	1				2	2	3	1	
	F	6							1	1	2	2		
B19(11) Other Malignant Neoplasms, etc.	M	68		1		2	1	5	6	17	28	8		
	F	52					1	3	4	13	16	15		
B20 Benign and Unspecified Neoplasms	M	2							1					
	F	2								1	1			
B21 Diabetes Mellitus	M	4								1	2		1	
	F	7							1		2	2	2	
B46(1) Other Endocrine etc. Diseases	M	3				1				1				
	F	1												1
B23 Anaemias	M													
	F	2										1	1	
B46(2) Other Diseases of Blood, etc.	M	2		1									1	
	F													1
B46(3) Mental Disorders	M	1												1
	F	4						1						3
B46(4) Multiple Sclerosis	M	2						1			1			
	F	4							1	1			2	
B46(5) Other Diseases of Nervous System, etc.	M	10				1	1	1	1	1	1	3	2	
	F	4								1	2			
B26 Chronic Rheumatic Heart Disease	M	5				1			1		2	1		
	F	25								2	10	9	4	
B27 Hypertensive Heart Disease	M	11								3	2	2	4	
	F	40								2	2	9	27	

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	326								7	40	81	105	93
	F	268								3	6	26	68	165
B29 Other Forms of Heart Disease	M	36		1			1			1	3	7	12	11
	F	62					1					3	14	44
B30 Cerebrovascular Disease	M	111					1				6	19	37	48
	F	170					1				2	8	27	132
B46(6) Other Diseases of Circulatory System	M	48								1	7	8	14	18
	F	62					1	2				1	13	45
B31 Influenza	M													
	F	1												1
B32 Pneumonia	M	91	3	1	2	1				2	3	6	13	60
	F	118									1	5	21	91
B33(1) Bronchitis and Emphysema	M	82						1			2	8	31	40
	F	22									1	2	6	13
B33(2) Asthma	M	4										2	1	1
	F	2											1	1
B46(7) Other Diseases of Respiratory System	M	7											3	4
	F	5							1		2	1	1	1
B34 Peptic Ulcer	M	5											4	1
	F	5											2	3
B36 Intestinal Obstruction and Hernia	M	4											1	3
	F	6												6
B37 Cirrhosis of Liver	M	3						1					2	
	F	3										2	1	
B46(8) Other Diseases of Digestive System	M	4				1					1		1	1
	F	13										3	4	6
B38 Nephritis and Nephrosis	M	3									1		1	1
	F	3								1				2
B39 Hyperplasia of Prostate	M	3											1	2
B46(9) Other Diseases, Genito- Urinary System	M	8								1	1	1	2	3
	F	5				1								3
B46(10) Diseases of Skin, Subcutaneous Tissue	M												1	
	F	1												
B46(11) Diseases of Musculo- Skeletal System	M	3									2		1	
	F	6											4	2
B42 Congenital Anomalies	M	9	3	1								2	1	2
	F	7	1	2	1						1	2		
B43 Difficult Delivery and/or Anoxic Condition	M	10	10											
	F	5	5											
B44 Other Causes of Perinatal Mortality	M	3	3											
	F	2	2											
B45 Symptoms and Ill-Defined Conditions	M	3		2										1
	F	10		2									1	7
BE47 Motor Vehicle Accidents	M	20			1	2	8	2	2	1	1	2	2	1
	F	11					2	1	2	1	2	1	1	4
BE48 All Other Accidents	M	10			1		2	1	2	2	1			1
	F	11				1	1		1	1		3		4
BE49 Suicide and Self-Inflicted Injuries	M	11						3	2	3	2	1		
	F	13						1		3	7			2
BE50 All Other External Causes	M	3								3				
	F													
Total All Causes	M	1,141	19	7	7	10	11	15	29	106	213	364	360	
	F	1,104	9	4	1	2	6	9	17	42	129	249	636	

ATTENDANCES AT CHILD HEALTH CENTRES 1973

	<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. p.m.</i>	<i>Laurel Lodge Mon. p.m., Thurs. p.m.</i>	<i>Manor Farm Thurs. a.m. & p.m.</i>
Infants Born 1973	48	150	188	129	28	74	76	100	133	92
All other Attendances under 1 year	904	2,018	2,080	1,222	492	1,378	1,152	1,748	1,581	1,021
Children 1-5 years	796	1,124	1,474	1,090	596	1,283	790	1,269	922	799
Total Attendances	1,748	3,292	3,742	2,441	1,116	2,735	2,018	3,117	2,636	1,912
Consultations with Doctors	333	847	1,217	665	307	765	410	898	793	567
Number of Sessions	102	100	124	99	52	99	104	100	100	103
Average Attendance per Session 1973	17.1	32.9	30.2	24.7	21.5	27.6	19.4	31.2	26.4	18.6
Average Attendance per Session 1972	21.3	37.2	37.3	28.3	32.1	31.6	22.1	28.7	37.6	17.2
	<i>Maurice Child, Carfax Road Tues. p.m.</i>	<i>Minet Mon. p.m., Fri. p.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>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 Tues. p.m., Fri. p.m.</i>
Infants Born 1973	42	117	88	101	161	278	90	161	159	250
All other Attendances under 1 year	716	1,533	1,054	1,704	2,218	1,904	1,015	2,173	1,866	2,791
Children 1-5 years	464	900	859	1,594	1,474	1,090	604	889	784	1,449
Total Attendances	1,222	2,550	2,001	3,399	3,853	3,272	1,709	3,223	2,809	4,490
Consultations with Doctors	387	852	540	980	1,155	916	478	923	1,107	1,137
Number of Sessions	51	99	99	99	122	102	48	102	103	102
Average Attendance per Session 1973	24.0	25.8	20.2	33.3	31.6	32.1	35.6	32.0	27.3	44.0
Average Attendance per Session 1972	36.5	23.5	26.4	37.1	30.8	32.6	39.1	31.4	30.8	50.3

CHILDREN ON OBSERVATION REGISTER

IMMUNISATION

Year of Birth

The following table shows the number of children immunised during the year at Council Clinics in any category designated under the Immunisation Regulations 1968

ATTENDANCES AT MOBILE CHILD HEALTH CENTRES 1973

	<i>Barra Hall Circus 1st & 3rd Tues. a.m.</i>	<i>Charville Estate 2nd, 4th, 5th Mon. a.m.</i>	<i>Cowley 1st, 2nd, 4th & 5th Fri. p.m.</i>	<i>Cranford Cross 1st & 3rd Weds. a.m.</i>	<i>Glebe Estate 2nd & 4th Fri. a.m.</i>	<i>Harlington 1st, 2nd, 3rd, 4th & 5th Mon. p.m.</i>	<i>Hayes Baths 1st, 2nd, 3rd, 4th & 5th Weds. p.m.</i>	<i>Northwood, The Grange 2nd & 4th Thurs. p.m.</i>	<i>Sipson 1st, 3rd & 4th Fri. a.m.</i>	<i>Wise Lane Estate 2nd & 4th Weds. a.m.</i>	<i>Yeading 1st, 2nd, 3rd, 4th & 5th Tues. p.m.</i>
Infants Born 1973	27	29	55	9	22	53	24	19	19	13	60
All other Attendances											
Under 1 year	263	180	535	169	146	827	391	169	142	180	785
Children 1-5 years	253	165	354	93	173	472	409	220	184	141	474
Total Attendances	543	374	944	271	341	1,352	824	408	345	334	1,319
Consultations with Doctors	152	97	249	97	124	300	341	144	108	104	405
Number of Sessions	24	25	39	24	24	47	50	24	23	22	50
Average Attendance per Session 1973	22.6	15.0	24.2	11.3	14.2	28.8	16.5	17.0	15.0	15.2	26.4
Average Attendance per Session 1972	22.8	11.2	22.3	12.3	20.7	27.9	13.8	25.1	20.3	20.0	18.7

CHILDREN ON OBSERVATION REGISTER

Category	Year of Birth				
	1969	1970	1971	1972	1973
Pre-Natal					
Rubella or virus infection			1	7	4
Blood incompatibility				7	3
Ante Partum Haemorrhage				10	9
Toxaemia			6	33	30
X-ray				16	32
Diabetes			1	4	
Other complications of pregnancy			3	5	6
Psychiatric illness				2	4
Perinatal					
Prolonged or difficult labour			35	201	174
Post maturity			1	3	4
Birth weight under 5 lbs			13	49	71
Gestation under 36 weeks			11	112	80
Birth asphyxia/foetal distress			2	21	18
Prolonged poor sucking					
Post-Natal					
Jaundice			4	54	48
Convulsions				7	12
Respiratory distress/cyanotic attacks			3	19	10
Congenital abnormality	24	53	44	71	66
Genetic					
Family history deaf or blind	3		2	15	5
Other	1		6	16	22
General					
Socio-economic	4	11	8	12	8
Other	14	30	3	4	8
High birthrank				1	11
Illegitimate/Father social Group V				4	12
Total	46	94	143	673	637

Grand Total: 1,593

IMMUNISATION

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

Primary Immunisation—Disease

	Year of Birth						Total 1973	Total 1972
	1973	1972	1971	1970	1966-69	Others under 16		
Diphtheria	64	1,739	734	59	307	125	3,028	3,127
German Measles						1,451	*1,451	892
Measles	3	917	846	180	153	8	2,107	2,085
Poliomyelitis	66	1,748	740	50	431	42	3,077	3,428
Tetanus	64	1,738	733	59	308	134	3,036	3,155
Whooping Cough	60	1,463	584	20	70		2,197	2,555

* This figure represents 67.7% of eligible school population.

Re-inforcing Doses—Vaccine

	Year of Birth						Total 1973	Total 1972
	1973	1972	1971	1970	1966-69	Others under 16		
Diphtheria					1	7	8	22
Tetanus only			2		2	76	80	179
Combined Dip./Tet. Triple—		11	32	21	1,395	3,040	4,499	3,131
Dip./Tet./W.cough		21	29		54	34	138	288
Poliomyelitis		58	106	38	1,652	2,598	4,452	3,091

CHILDREN ON OBSERVATION REGISTER

IMMUNISATION

DEATHS FROM CANCER

	Male		Female		Total	
	1973	1972	1973	1972	1973	1972
Malignant neoplasm, buccal cavity, etc.	2	1	1	4	3	5
Malignant neoplasm, oesophagus	14	3	4	5	18	8
Malignant neoplasm, stomach	24	23	19	19	43	42
Malignant neoplasm, intestine	29	22	25	31	54	53
Malignant neoplasm, larynx	2				2	
Malignant neoplasm, lung, bronchus	126	133	27	33	153	166
Malignant neoplasm, breast			53	41	53	41
Malignant neoplasm, uterus			14	19	14	19
Malignant neoplasm, prostate	14	9			14	9
Leukaemia	10	5	6	11	16	16
Other malignant neoplasms	70	74	54	71	124	145
Totals	291	270	203	234	494	501

Rates per 1,000 of population

Hillingdon

All causes

2.10

Lung and Bronchus

0.65

PRIORITY DENTAL SERVICE STATISTICS

<i>Attendances and Treatment</i>	<i>Children under 5</i>	<i>Expectant and Nursing Mothers</i>
First visit	1,267	53
Subsequent visits	1,276	104
Total visits	2,543	157
Number of additional courses of treatment commenced	68	5
Treatment provided:		
Number of fillings	1,570	114
Teeth filled	1,336	92
Teeth extracted	409	25
General anaesthetics	112	6
Emergency visits by patients	102	17
Patients X-rayed	43	22
Patients treated by scaling, etc.	784	40
Teeth otherwise conserved	62	
Teeth root filled		3
Inlays		1
Crowns		3
Number of courses of treatment completed during the year	1,181	55
<i>Inspections</i>		
Number of patients given first inspections	1,366	46
Number of patients who required treatment	1,150	44
Number of patients who were offered treatment	1,135	40

Prosthetics

Patients supplied with full upper or full lower (first time)	5
Patients provided with other dentures	1
Number of dentures supplied	6

Sessions

Number of dental officers sessions devoted to Maternity and child welfare patients (for treatment)	84
Total number of Dental Officer sessions	4,179

HOME NURSING AND MIDWIFERY STATISTICS

Home Nursing Service

Place where first treatment of year took place	Number of persons treated during year			
	Under 5	5 to 64	65 and over	Total
Patient's home	28	1,194	2,817	4,039
Health Centres	5	261	47	313
G.P.'s Premises	288	956	239	1,483
Residential Homes		1	5	6
Total	321	2,412	3,108	5,841

Total visits paid by Home Nurses—147,728, of these 1,219 were of over one hour's duration.

Night Nursing Service

Number of patients nursed	...	...	...	...	...	300
Number of visits paid by night nurses	...	...	...	...	...	8,786
Number of nights where a nurse has been placed in a patient's home throughout the night to give full care	...	...	...	...	...	290

Midwifery Service

Number of domiciliary confinements	...	...	...	...	...	453
Number of confinements in the Duchess of Kent Maternity Wing conducted by domiciliary midwives	...	...	...	...	...	186
Number of patients confined in hospital and discharged to care of domiciliary midwives	...	...	...	...	...	913
Of these, number discharged before 5th day	...	...	...	...	...	675

HEALTH VISITING SERVICE

Staff

Establishment—excluding managers	80
Principal Nursing Officer	1
Senior Nursing Officers	3
Health Visitors—full-time	26
Health Visitors—part-time (full-time equivalent 10)	16
Clinic nurses—full-time	3
Clinic nurses—part-time (full-time equivalent 9.3)	19
Health Assistants	8

Statistics

<i>Cases visited</i>		<i>Number of Cases (1)</i>	<i>Number of cases included in col. (1) seen at special request of</i>	
			<i>Hospital (2)</i>	<i>G.P. (3)</i>
1	Children born in 1973	3,433	61	38
2	Other children aged under 5	8,589	13	27
3	Persons aged between 5 and 16 seen as part of health visiting (i.e. excluding those seen as part of school health service)	1,763	10	47
4	Persons aged between 17 and 64	1,357	20	85
5	Persons aged 65 and over	991	24	261
6	Households visited on account of tuberculosis	227	28	4
7	Households visited on account of other infectious diseases	319	4	18
8	Households visited for any other reason	282	3	21
9	Total	16,961	159	501
<i>Number of persons included in lines 1–5 above who are:</i>				
10	Mentally handicapped	274		6
11	Mentally ill	100	6	34

**DEATHS UNDER ONE YEAR
ARRANGED IN DAYS WEEKS AND MONTHS**

Causes of Death	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th-14th Day	15th-21st Day	22nd-28th Day	Total under 1 Month	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months	7 Months	8 Months	9 Months	10 Months	11 Months	Total	
Congenital Malformations		1				1		1		1	4			1	1	1		1						8
Prematurity	9		1					1			11													11
Birth Injury	1	1									2													2
Resp. Distress Syndrome	3		1								4													4
Haemorrhagic Disease of Newborn			2								2													2
Pneumonia (All forms)	1						1	1			3	1												4
Bronchitis																					1			1
Cot Death												1	1	1				1						4
Gastro-Enteritis								1			1													1
Cardiac Failure								1			1													1
Neuroblastoma																					1			1
Total	14	2	4			1	1	5		1	28	2	1	2	1	1		2			2			39

Annual Report of the Principal School Medical Officer for the year 1973

Dr. J. Stuart Homer, D.S.L.J., M.B., Ch.B., M.F.C.M., D.F.P.

Report of the Principal School Medical Officer for the year 1973

The Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have pleasure in reviewing the progress of the school health service in Hillingdon during the calendar year 1973. The passage of the National Health Service Reorganisation Act 1973 gave legislative effect to the transfer of the school health service and the staff responsible for its administration to an integrated National Health Service leaving local education authorities responsible for the ascertainment of children in need of special educational treatment and the provision of facilities appropriate to their needs. There was much concern throughout the year concerning the availability of medical advice to local education authorities to assist them with these responsibilities and no less than three reports from the Working Party on Collaboration gave consideration to various aspects of the situation. This concern was understandable outside London where local government is itself being reorganised and in many parts of London where a number of separate local education authorities have been incorporated into the geographical area of a single health authority. In Hillingdon few difficulties are anticipated since both of these problems have been avoided and there is no reason why the present arrangements for close co-operation between the medical, nursing and administrative staff within the health department and the professional staff within the education department should not be maintained.

"An intemperate youth brings to old age a worn out body"

—Cicero

towards the integration of the health services in schools and the development of the school health service can be maintained and developed in accordance with changing professional practice. The Borough has been fortunate since its inception in having the services of Dr. J. W. E. Bridger to administer the school health service and his appointment as specialist in community medicine (child health) by the Hillingdon Area Health Authority reflects the high regard for his work, and assures the Education Committee of the necessary continuity which will be so essential in the future.

A number of minor problems still remain not least the professional position of nursing and para-medical staff hitherto employed by the education committee to work exclusively in various educational establishments. It is most desirable for the professional development of these staff that they should be transferred to the Area Health Authority whilst continuing to spend most of their time in close working relationships with their educational colleagues.

Similarly there are a number of buildings in close geographical relationship with schools which it would be more appropriate to transfer to the Area Health Authority notwithstanding their continuing limited use for educational purposes. The decision to separate the medical and administrative staff of the school health service from their colleagues in the education department must however remain a matter for serious concern. Considerable benefits have resulted in the past from their close geographical proximity and there must naturally be some anxiety whether such benefits can be maintained following their geographical as well as organisational separation.

The number of routine medical inspections shows an increase fully consistent with the additional manpower resources allocated during the year. The continuation of routine medical inspections is still a matter for professional discussion but it should be noted that over three-quarters of the parents invited to attend these inspections did so which hardly suggests any apathy towards them by parents themselves. The reaction of the consumer will become increasingly important in the reorganised National Health Service and vigilance will be necessary to ensure that parents receive the service they expect.

Treatment Services

The role of the school health service in supplementing treatment services and providing alternative services to those not apparently able to obtain them within the National Health Service

Annual Report of the Principal School Medical Officer for the year 1973

Dr. J. Stuart Horner, O.St.J., M.B., Ch.B., M.F.C.M., D.P.H., D.I.H.

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I have pleasure in reviewing the progress of the school health service in Hillingdon during the calendar year 1973. The passage of the National Health Service Reorganisation Act 1973 gave legislative effect to the transfer of the school health service and the staff responsible for its administration to an integrated National Health Service leaving local education authorities responsible for the ascertainment of children in need of special educational treatment and the provision of facilities appropriate to their needs. There was much concern throughout the year concerning the availability of medical advice to local education authorities to assist them with these responsibilities and no less than three reports from the Working Party on Collaboration gave consideration to various aspects of the situation. This concern was understandable outside London where local government is itself being reorganised and in many parts of London where a number of separate local education authorities have been incorporated into the geographical area of a single health authority. In Hillingdon few difficulties are anticipated since both of these problems have been avoided and there is no reason why the present arrangements for close co-operation between the medical, nursing and administrative staff within the health department and the professional staff within the education department should not continue. Whilst there must be steady movement towards the integration of all the child health services in the area the present service to schools can be maintained and developed in accordance with changing professional practice. The Borough has been fortunate since its inception in having the services of Dr. J. W. E. Bridger to administer the school health service and his appointment as specialist in community medicine (child health) by the Hillingdon Area Health Authority reflects the high regard for his work, and assures the Education Committee of the necessary continuity which will be so essential in the future.

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Treatment Services

The role of the school health service in supplementing treatment services and providing alternative services to those not apparently able to obtain them within the National Health Service

itself is clearly seen in the dental services. During the year the Committee's policy of providing specialised dental treatment facilities for school children as well as treatment services for the handicapped was challenged by the Department of Education and Science who pointed out that the number of dental inspections carried out in the Borough and the number of children treated per session in the clinics compared unfavourably with the national average. A detailed analysis of these figures showed that a number of treatment procedures carried out in the Borough clinics were not adequately reflected in the statistics recorded nationally. Moreover whilst it had been suggested to the Authority that the proportion of dental practitioners working in the general dental services was sufficiently high to ensure that all children inspected and found to be in need of dental treatment could obtain it, a survey amongst school teachers in connection with the Council's own review of its school health service cast serious doubt upon this assumption. Even in areas of the Borough where general dental practitioners might normally be expected to play a significant role in the treatment of school children considerable difficulty was reported in obtaining treatment for many of the children. This unexpected discovery certainly did not endorse the view that a greater proportion of time should be spent inspecting children at the expense of treatment within the clinics. After detailed consideration of all aspects of the matter the Committee unanimously endorsed its previous policy which it defined more clearly than ever before. In fact it will be noted from the statistics given in this report that in addition to maintaining these policies the school dental service in Hillingdon has been able to record an impressive improvement in work output which amply illustrates the danger of erroneous conclusions from an incomplete understanding of the relevant statistics.

During the year a second enuresis clinic was established in Hayes to complement the earlier clinic established in Ickenham in October 1971. The number of children coming forward to these clinics emphasises the extent of the need which has not previously been met whilst the proportion of satisfactory treatments is encouraging. Preparation was undertaken during the year for one of the medical officers to create a clinic for over-weight children. It may appear ironic that a service which probably owes its very existence to the number of under-weight children at the beginning of the century should now actively be concerned with the treatment of over-weight children. It should, however, be remembered that the over-weight child is just as malnourished as his under-weight predecessor, and that the long term consequences of both conditions can be equally serious. The treatment of the over-weight child depends much on changing behaviour and attitudes and this has proved to be notoriously more difficult to achieve than the social changes necessary to secure a minimum level of nutrients to an otherwise deficient diet.

Services for the adolescent

During the year a limited service was offered to the Uxbridge Technical College and both doctors and health visitors attended to provide consultation with individual students as well as to provide opportunities for group discussion on health related topics. These facilities were welcomed by the College and appeared to be of value although a number of practical problems still remain in the provision of a comprehensive service. The Education Committee had already provided a youth consultation service "LINK" for young people not necessarily associated with educational establishments and Dr. C. Enfield, the newly appointed second psychiatrist, kindly accepted responsibility for the provision of psychiatric support to those engaged in this valuable project. It is, of course, amongst this age group that drug abuse appears to be most frequent and the provision of counselling services for young people provides useful insights in the control of this problem.

Special Education

The decision of the Department of Education and Science to allow design work to commence on the facilities for child psychiatric services in the Uxbridge area as well as the project to replace St. Michaels School and to create a second school for the severely sub-normal child was most welcome. Both projects have presented opportunities for imaginative concepts and the location of the new school for physically handicapped children on the same general campus as a second school for severely mentally sub-normal children and an ordinary primary school will be welcomed enthusiastically. There is a continuing debate on the wisdom of separating handicapped children into special schools, although it is difficult to see how their particular needs could be met in the

conditions appropriate to ordinary schools. The provision of three quite separate schools in a single geographical location will provide opportunities for specialised medical facilities of a very high order and will in addition provide the flexibility to experiment with the placement of a child in different educational environments which are nevertheless all geographically linked.

Staffing

The development of the new specialty of community medicine has raised doubts about the career future of those full time medical officers engaged in clinical duties within the service. Previous remuneration patterns have placed these doctors at some disadvantage, and it was pleasing to note that the specialist skills of three clinical medical officers were recognised during the year by appointments to more senior posts. One of the medical officers became responsible for the advanced clinical training of her colleagues whilst another assumed responsibility for the clinical oversight of handicapped children throughout the Borough. The remaining medical officer, who had completed a course of training at the Institute of Child Health extending over a full academic year assumed responsibility for the ascertainment of pre-school children with more complex handicaps.

Training programmes for individual school medical officers continued although it was disappointing that the shortage of facilities for training in developmental paediatrics precluded the attendance of some of the doctors for whom training was required, and consequently delayed the programme. A further medical officer was seconded for an academic year to the Institute of Child Health, which will further strengthen the expertise available in this emerging sub-specialty.

The report draws attention to the continuing difficulty in staffing some aspects of the work of the school health service. Such difficulties are particularly apparent in the para-medical field and must largely be attributed to national shortages in the specialist man-power available. Although much has been done to encourage the recruitment of staff locally by the provision of modern facilities and appropriate salary gradings some shortages still give cause for concern.

It is my pleasure to record thanks to the Director of Education together with the staff of the Education Department and the headteachers of the schools who continue to provide the ready co-operation and help without which little could be achieved. The Town Clerk and his staff have again provided much valuable support. My thanks are particularly extended to the staff in the service for their support in the face of increasing pressures. Finally it is my pleasure to thank the Committee for their interest and support in all that we seek to do.

Yours faithfully,

J. Stuart Horner,

Principal School Medical Officer

March 1974

School Health Service

Dr. J. W. E. Bridger (*Principal Medical Officer*)

Part I

MEDICAL INSPECTION IN SCHOOLS

Routine medical inspection of children in maintained schools has been the main function of the school health service since its inception through the introduction of the Education (Administrative Provisions) Act 1907. Subsequent Education Acts culminating in the Education Act of 1944 underlined this supervision of the health of school children, and section 48 of this Act laid a duty upon local education authorities not only to inspect but to provide treatment for children found to be in need of it. Medical inspection of school children was made compulsory for all who attend maintained schools but parents were not obliged to accept treatment although encouraged to do so. The National Health Service Act of 1946 by placing the responsibility for primary care of all sections of the public upon the general medical practitioner, although relieving the local education authority of its responsibility for the treatment of school children, left a few areas of treatment for certain conditions to the medical officers in clinics if parents wished to avail themselves of it. Reports of such clinics run by the school health service in the Borough are to be found in other parts of this report.

Periodic inspection of children is carried out by medical officers of the authority, each doctor being responsible for a number of schools in the vicinity of the clinic. Special examinations are also carried out by the doctors at the request of parents, school nurses, doctors or headteachers and are conducted usually in the schools or the clinics, parents being offered the opportunity to attend at all routine or special examinations.

Periodic medical inspections are carried out as follows:

- (a) On entry to infant school or nursery school, at the age of five years or under, and this inspection to be carried out during the first year at school (entrance inspection). No further routine medical inspection will be undertaken until the intermediate inspection unless the child presents with a defect which needs observation or treatment.
- (b) An intermediate medical inspection is made in the last year of the primary school or the first year of secondary school education.
- (c) A medical inspection is made during the child's last year at secondary school, that is to say the school year in which the child attains its 16th birthday. No further inspections are made after this leaving inspection unless a defect is found to be present, which requires treatment or further observation.

A total of 13,072 routine medical inspections were made during 1973, this was 3,249 more than in 1972, which year saw the implementation of the raising of the school leaving age to 16 years, and a consequent reduction of the number of school leavers inspected. The number of special examinations was 8,708, an increase of 1,011 over last year's figure. In all 21,780 school children were examined during 1973—a figure which demonstrates the large volume of work undertaken by the medical staff. 3,695 defects were noted, 1,149 of which required referral to family doctor, hospital or special clinic for treatment; 2,546 needing further observation, the child being recalled for further inspection at some future date.

It has been noted in previous reports that parents of children in Hillingdon schools show a great deal of interest in their children's routine medical inspection, and in 1973 some 77.7% of those invited attended. At special examinations the proportion of parents attending was 66.9%.

The system of routine medical inspection of all children at the stages in the child's school career indicated above has been retained in Hillingdon in spite of a tendency in other areas to experiment with schemes of selective examination of school children. In the main these schemes are variations of a basic plan which aims at selecting certain children by consultation with parents, school nurses, doctors and school teachers for inspection at various stages during their school career. Such schemes sometimes include a more detailed examination of all children at school entry, and a final interview/inspection during the last year at school. It would appear that retention of the original comprehensive method of inspection is justified when the numbers of children inspected and the number of defects found at various ages are compared. Among the children entering school there were 1,557 defects discovered (42.1% of total); among the children inspected at intermediate inspection at other ages 1,799 defects occurred (48.7% of the total), and among leavers 339 or 9% of all defects found. It would appear that a larger proportion of children attending the intermediate inspection have defects than any other group. Of the defects needing treatment 441 (38.4%) are in the entrance group, 601 (58.3%) are in the intermediate group, and 107 (9.3%) are among the leavers. This trend is repeated when the defects needing observation are examined—1,116 (43%) among the entrants, 1,198 (47.1%) among the intermediates and 232 (9.1%) among the leavers.

The increased volume of work involved in inspecting all these school children can only be performed when a full establishment of medical officers is maintained. Fortunately this year saw the recruitment of sufficient full time medical staff to undertake this work and of part-time staff able to be called upon sometimes at short notice to cover important sessions when doctors are ill or on leave. Meetings of medical officers occur at intervals of about two months during the year to review the service, to make suggestions for improvement and to investigate areas of medical need which are of particular interest to individual doctors.

In a different field of work the headteachers greatly assisted the service by sending in duplicate reports of accidents to school children which occurred in their schools during the year. The data was obtained during the period 1st October, 1972—30th October, 1973. 604 accidents were reported among a school population of 39,749 i.e. 1.5% of children had an accident at school during the year or approximately 3 children during each school day.

Most of the accidents occurred in secondary schools, followed by junior and then infant schools.

<i>Type of school</i>	<i>Number of accidents</i>	<i>Number of children</i>	<i>% injured</i>
Secondary	319	15,782	2.2%
Junior	175	14,107	1.24%
Infant	110	9,860	1.12%

Boys received more than twice the number of injuries than girls.

In both boys and girls the upper limbs were the most frequent site of injury, a higher percentage being in the girls than in the boys. Injury to the head occurred in just over 30% in both sexes. These figures are too small to draw any profound conclusions; however, most accidents outside school occurred in the playground; within the school the classrooms were the sites most common.

Among school children accidents are the commonest single cause of death and although no deaths occurred among any of our children during the year it would be prudent to investigate the causes of these accidents and so prevent them in the future.

Among the three groups the majority of accidents occurred outside the school buildings.

<i>Schools</i>						
<i>Place of accident</i>	<i>Secondary</i>		<i>Junior</i>		<i>Infant</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
<i>Outside</i>						
Sportsfield	86	27.0	28	16.0	6	5.5
Playground	66	20.7	78	44.6	60	54.6
Other	22	6.9	15	8.6	1	0.9
<i>Inside</i>						
Gymnasium	52	16.3	13	7.4	5	4.6
Classrooms	59	18.5	15	8.6	17	15.5
Hall	7	2.2	9	5.1	4	3.6
Stairs	7	2.2	5	2.9		
Doorways			3	1.7	4	3.6
Other	20	6.3	9	5.1	13	11.8
Total	319	100.0	175	100.0	110	100.0

<i>Site of injury</i>	<i>Boys</i>		<i>Girls</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Upper limbs	154	37.6	83	42.6
Head	136	33.3	62	31.8
Lower limbs	82	20.1	38	19.4
Trunk	37	9.0	12	6.2
Total	409	100.0	195	100.0

Personal Hygiene

The London Borough of Hillingdon under section 54 of the Education Act 1944 has adopted the following procedure:

Primary Schools

A full inspection for cleanliness of person and clothing is to be conducted each autumn term in every school and re-visits to schools are to be made until an inspection of all children on roll at each school has been completed. If after completing inspection:

- (a) not one case of infestation is found, then no further routine inspection for cleanliness will be carried out until the following autumn term.
- (b) one or more cases of infestation are found, then a full inspection for cleanliness will be conducted during the following spring term. If there should 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, third and fourth year children will be inspected on exactly the same principle as outlined for the primary schools. The cleanliness and inspection of the fifth year children will be carried out at the same time as routine medical inspections which takes place during the school year in which a pupil attains the age of 16 years. There will be no further inspection of senior children unless a case of infestation is found in the group. If such infestation is found, the method of inspection adopted to combat further infestation will be left to the discretion of the Principal School Medical Officer. At any other time complaints of infestation of individual pupils will cause immediate inspection in the interests of the health and well-being of all school children.

Cleanliness Inspections

Once again an increase in the number of children infested with head lice during 1973 must be reported. 63,956 head inspections were made during the year and 263 children were found to be infested. There has been an increasing upward trend in these figures over the past few years, and this shows no sign of diminishing in spite of vigorous measures applied in the schools. Probably the current fashion of wearing the hair long in both sexes has been a factor in this increase, although many more girls than boys have in fact dirty heads. It is probable also that the insecticides used are not as effective as they once were, and other forms of drug treatment will need to be applied in the future. It is, however, a national problem and many authorities are reporting an upward trend in infestation statistics.

	1972	1973
Number of cleanliness inspections	64,486	63,956
Number of children found infested for the first time	237	263

Skin Defects

There were 94 children reported during the year as having skin defects, 50 being offered treatment and 44 referred for observation. The conditions discovered are usually verrucae, impetigo, fungal infections of the toes and feet, various kinds of dermatitis and an occasional case of ringworm of skin or scalp. Verrucae are treated in the clinics by using a keratolytic ointment which is applied to the lesion and some good results have been reported. With resistant foot warts recourse is made to the chiropody service and surgical removal produces a cure. The proportion of skin defects found is similar to 1972.

Visual Defects

The importance attached to the discovery of eye disease is shown by the number of inspections and the time given to visual screening. Every school child is tested at intervals of 2 years beginning with the child's entry into school and continuing to the school leaving year. Indeed every infant attending child health centres is given a screening test at the age of 7 to 11 months to check that sight is present and normal. At routine medical inspections, 1,084 children were found to have a visual defect of some degree. 260 needed treatment and 824 showed a minor degree of defect needing observation over the following months. There were 449 children found among the entrants, 498 among the intermediate group and 137 among the leavers.

It is pleasing to report the lower incidence of squint this year than last, which year compared very favourably with 1971 and 1970. Only 20 children were noted to have squint, 5 requiring treatment. This low figure suggests that squint in babies is being diagnosed more effectively.

Other eye defects include colour vision defect, acute or chronic disease of conjunctivae or eye-lids and accounts for 4.2% of all defects. The overall proportion of eye defects compared with the total found is 33.5% somewhat lower than last year (36.6%).

Defects of Ears

Defects of ears and hearing accounted for 544 of the total of 3,695 defects found during 1973 (14.7%), which was a higher total than last year; of these, 477 were defects of hearing; 242 were

discovered among the entrants to school and 204 among the intermediate examinees. Only 31 defects of hearing were found among school leavers. The maintenance of good hearing acuity in school children is very important, and in order to detect deviation from the normal, children are examined every 3 years by two audiometricians who visit the schools during the year. In addition to these defects recorded at the routine medical inspections, medical officers examined children for a further 1,185 suspected hearing defects at special examinations in school clinics during the year. Children in whom deafness of any degree has been detected are referred to the Audiology Clinic at Heston which is conducted by the consultant otologist Dr. L. Fisch, and staffed by medical officers expert in this field of medicine. If a child needs a hearing appliance after examination and assessment, one is chosen which is most suitable for the child's condition, and fitted by the staff. A peripatetic teacher of the deaf visits home and school to ensure that the child's needs and problems are well understood; repeat visits are made to maintain the essential contact with the child and its home in between appointments at the Heston Hearing Clinic.

Other conditions of the ear especially infections of the middle ear showed a reduction over last year, and it is to be expected with the rapid referral for treatment available to children with consequential cure of this condition. It is probable that immunisation of infants against measles has produced a lower incidence of acute and chronic otitis media which is a common complication of this children's disease.

Defects of Nose and Throat

This group of defects has shown a gradual reduction in the number found over the past few years. In 1970 it accounted for 7.5% of all defects; in 1971 5.3%; in 1972 4.8%, and this year 2.9%. The greatest number of defects was found among the entrants as would be expected, but 49 of the 109 came from the intermediate group.

Defects of Speech

These are commonest among the entrants (165) and are mainly simple inaccuracies of consonantal sounds, substitutions or stammering. This group usually attracts about 6% of the total defects, about one third needing active treatment. The speech therapy service has been under considerable pressure during the year owing to staffing difficulties; the full establishment has not been achieved and at present the staffing is only at half strength. Clearly this scarce resource must be carefully husbanded and treatment offered to those children considered to be in greatest need. It is regrettable that over one fifth of the appointments offered are not kept, thus depriving other children of the chance of treatment and wasting valuable time. In order to make this facility available to as many children as possible, group speech therapy is being undertaken in the special schools where teachers can also be involved in the treatment process.

A report on the speech therapy service by the senior speech therapist is on page 137.

Defects of Heart and Circulation

There were 57 children noted to have possible defects, 9 being referred for further advice and 48 for observation. There has been a slight drop in numbers from those noted in previous years, but does not represent a significant difference.

Defects of Lungs

Little change can be detected in the proportion of defects presenting under this heading. A total of 76 was recorded. It would appear that bronchial asthma is responsible for the greater part of chest disease among this group and can be a cause of much absence from school at an important stage in the child's life. The loss of schooling entailed may result in educational slowness and failure to progress normally because of the gaps in teaching imposed by this absence. Many children with asthma have difficulty in coping with the regime of an ordinary school on their "off" days, so that they may remain at home for a longer period than is absolutely necessary until they are fit for full schooling. Units of some small classes for the delicate child spread throughout the schools in the

Borough where nursing assistance and some relief from the pressures of normal schooling could be applied would probably enable these "chesty" children to return to school quicker thereby losing less of the educational time available, and would tend to return them to normal school more quickly than appears to be the case at present.

Defects of Development

Developmental defects are subdivided into herniae and other defects. A total of 11 children presented with herniae, 7 of them discovered among infant school children, 6 being referred for treatment. There were 119 other defects reported, the highest number being from among the intermediate group (78). Among the boys, non-descent of one or both testicles constituted the major problem and in both sexes variations of size or number or complete absence or deformity of structures were reported. There is little change in the proportion of defects in this group noted from year to year.

Orthopaedic Defects

This group contains a relatively higher number of defects namely 10.6% of the total. The three categories, posture, feet and other conditions show that the greatest number of defects is recorded from the intermediate group of pupils, fewest among the leavers. It would appear from this year's figures that parents are extremely careful regarding the choice of footwear for young children, yet this vigilance is less marked for the younger teenage child. It must be repeated year after year that shoes that become too small and socks that become too tight and prevent free movement of the toes and feet are the causes of much foot pain and deformity in later years. A great deal of poor health among elderly people can be directly attributed to chronically painful and deformed toes and feet.

Defects of Nervous System

There is very little change in the incidence of these diseases from year to year. Epilepsy accounts for between 0.5% and 0.8% of all defects—this year 0.4%. All the children so recorded were under adequate medical control except 2 infants who were referred back to their medical advisers for review of dosage. The total number of epileptic children examined was 16 in the routine medical inspections and 41 other children presented with other defects of the nervous system.

Psychological Defects

A reduction in the overall proportion of children reported with defects under this group has occurred this year. Among the 41 children with developmental psychological defects, 10 were noted among the entrants and 28 among the intermediate group of children. This is somewhat higher than last year's figures. Special educational treatment may be required at some stage for the majority of these children and careful screening and subsequent assessment of the physical and mental abilities must be undertaken by teachers, educational psychologists and doctors to ensure that the children's educational needs are being met. Future placement in the educational system depends upon the available facilities and the Authority is kept informed of the trends in numbers of children likely to require special educational treatment. A new school for severely educationally subnormal pupils is already being planned and its building is eagerly awaited.

There appears to have been a reduction in the proportion of children reported with emotional problems this year (1973—2.7%, 1972—4.5%). Altogether 99 children were noted to have some degree of emotional instability, 21 required treatment. There were 51 children from the entrant group to schools, a figure very close to last year's. Dr. C. Enfield, child psychiatrist, joined Dr. Urquhart and the staff of the child guidance clinic at Uxbridge during 1973, and has been instrumental in forming discussion groups with medical officers. The meetings are convened each month and as well as short talks on psychiatric topics, individual emotional problems of school children are examined and guide lines laid down for their individual easement or resolution. Some pupils are referred directly to the child psychiatrist. This direct consultation has produced beneficial results for medical officers as well as for their patients, and has supplied a much needed expansion to their knowledge of family and child psychiatry.

Scabies

Once again there has been a notable increase in the number of scabies infestations this year. Altogether 106 children were affected, 85 being reported to the infectious diseases section and another 21 children being discovered as schools were inspected for contacts of the original notifications. As a result 51 visits were paid by teams of doctors, nurses and clerks to 35 schools throughout the Borough. The increase is very marked when last year's figures are compared with 1973. Then there were 49 cases and 39 visits were made to 29 schools.

This is essentially a family disease and when one member has been discovered to be infected, all members of the family must be treated whether symptoms are present or not. One difficulty in dealing with this disease effectively is that adults in the family opt out of treatment and become the reservoirs for future re-infestation of the children. Treatment is effective if carried out correctly, and this condition could be checked easily if every member of the family co-operated fully with the family doctor and the health visitor.

EDUCATION (MILK) ACT 1971

Free school milk can be provided for junior school children in maintained schools under the above Act and regulations pertaining to it:

- (1) When a child achieves the age of seven years between the end of the summer term and the following 31st August, free milk can be provided for it in a maintained school until the end of the summer term following the seventh birthday.
- (2) Where a school medical officer certifies that the pupil's health requires that he/she should be provided with milk at school. Such recommendation can be made at any time whilst a child is at school.

A total of 658 children were receiving free school milk in junior departments of schools at the end of 1973.

School Health Service and the Employment Medical Advisory Service

The Employment Medical Advisory Service Act 1972 came into force on 1st February, 1973 and empowered the Government to set up an Employment Medical Advisory Service which will study and give advice on medical problems connected with employment, and supervise medically where necessary young people entering employment. The new arrangements from 1st February, 1973 cover the medical supervision of young people entering any type of employment and relate to those who have some departure from normal health which might affect their choice of employment, whatever sort of job they have in mind.

The new system will be based on the school health service's knowledge of the health of pupils and this will enable it to be selective. Only those young people so identified by the school health service will be brought to the attention of EMAS. The system will be flexible and largely non-statutory and to function properly, it will require close co-operation among the school health service medical officers, the careers officer and the employment medical adviser. Co-operation with National Health Service doctors will often be required also. Normally the careers officer will form a link between the school health service and the employment medical adviser.

In the London Borough of Hillingdon, it has been decided that a Form Y.9 will be completed for all pupils including those whose medical conditions show no departure from normal health. The school health service will send a copy of Form Y.9 to the careers officer and, where the child's medical condition shows a departure from normal health, to the employment medical adviser and to the young person's general practitioner. At the leaver's examination a pupil and his/her parents or legal guardians will be told in general terms of any suggested conditions which might affect his/her choice of employment. Where the employment medical adviser wishes to supplement the information on Form Y.9 he may obtain the medical information required about the young person from the school medical officer or the general practitioner. This, of course, is done through informal professional discussion and the employment medical adviser would not seek medical information beyond which he may reasonably require for the efficient performance of his functions.

The same procedure will be adopted for substantially handicapped young persons using Form Y.10. Because this form includes medical details the consent of the parent or guardian is essential before the form can be issued. A specialist careers officer appointed by the Authority has the responsibility of placing children who are on the handicapped pupils register in suitable employment. In order to place these children in a congenial work setting, a special liaison exists between the school health service and the specialist careers officer; a number of meetings are arranged between the Principal Medical Officer (schools) and the specialist careers officer, and a senior social worker from the social services department, to pool information and to ensure that handicapped young people are supervised after leaving school. A much greater degree of help should be available to the handicapped school leaver with the introduction of the general practitioner and the employment medical adviser into the team through the effectiveness of the Employment Medical Advisory Service.

School Health Service and the Employment of School Children (Childrens and Young Persons Act 1933)

The employment of school children is regulated by law and local authorities may apply restrictions by means of bye-laws. A child who is 13 years of age and not yet of school leaving age, may be employed, in certain occupations up to a maximum of 20 hours per week. A certificate must be obtained stating that the school medical officer is satisfied that the work the child has to perform will not interfere with his health or education. The medical officer must consider whether the work is liable to induce undue or excessive fatigue, whether it is liable to induce some postural disability—excessive weight carrying, working in a cramped attitude, etc. or whether it is liable to take up too much of the child's leisure. If the child is on the handicapped pupils register stricter conditions must be applied to be certain that the handicap is not exacerbated. All assessments are made in school health clinics. Upon the issuing of the medical certificate, the child is given an employment card which must be produced for inspection when required to do so by an authorised officer. In 1973 a total of 1,298 unconditional certificates were issued by the school medical officers.

AUDIOMETRY RESULTS 1st September, 1973-31st December, 1973

Details of specific age groups		Number of children tested			Number found to have normal hearing			Number found to have a hearing loss		
Age group	Sex	Male	Female	Total	Normal	Loss	Loss	Loss	Loss	
7-11	M	11	11	22	11	11	0	0	0	
7-11	F	11	11	22	11	11	0	0	0	
12-15	M	11	11	22	11	11	0	0	0	
12-15	F	11	11	22	11	11	0	0	0	
16-18	M	11	11	22	11	11	0	0	0	
16-18	F	11	11	22	11	11	0	0	0	
Total		11	11	22	11	11	0	0	0	

ROUTINE VISION TESTING IN SCHOOLS		Number of children tested			Number found to have normal vision			Number found to have a vision defect		
Age group	Sex	Male	Female	Total	Normal	Defect	Defect	Defect	Defect	
7-11	M	11	11	22	11	11	0	0	0	
7-11	F	11	11	22	11	11	0	0	0	
12-15	M	11	11	22	11	11	0	0	0	
12-15	F	11	11	22	11	11	0	0	0	
16-18	M	11	11	22	11	11	0	0	0	
16-18	F	11	11	22	11	11	0	0	0	
Total		11	11	22	11	11	0	0	0	

Part II

SPECIALIST SERVICES

ROUTINE AUDIOMETRY IN SCHOOLS

Routine hearing tests were carried out in schools in the following age groups:

- (1) School year in which a child reaches 6 years of age.
- (2) School year in which a child reaches 9 years of age.
- (3) School year in which a child reaches 12 years of age.
- (4) School year in which a child reaches 15 years of age.

In addition some children of other age groups were seen at the request of headteachers.

Audiometry Results, 1st September, 1972–31st August, 1973

Number of children tested	14,570
Number found to have normal hearing	13,771
Number found to have a hearing loss	799

Details of specific age groups

	Age Groups					Special Schools
	1957/58	1960/61	1962/63	1963/64	1966/67	
(1) Number of children tested	2,749	3,029	974	4,044	3,395	379
(2) Number found to have normal hearing	2,682	2,882	939	3,754	3,167	347
(3) Number found to have a hearing loss	67	147	35	290	228	32
Number in (3) above:						
(a) found to have a hearing loss in the right ear	24	52	11	84	59	10
(b) found to have a hearing loss in the left ear	18	60	13	87	70	7
(c) found to have a hearing loss in both ears	25	35	11	119	99	15
Number in (3) referred for examination by the school doctor:						
(i) found to have normal hearing on clinical testing	3	23	3	30	8	4
(ii) noted for re-examination	47	108	26	195	161	15
(iii) referred to general practitioner	4	2	2	16	8	1
(iv) referred to an audiology unit		1	1	7	2	1
(v) already attending audiology units	4	5		10	4	2
(vi) already attending general practitioner				1		
(vii) already attending hospital	7	6		27	20	1
(viii) still under observation	1	2	3	2	22	7
(ix) had left the area	1			2	3	1

AUDIOMETRY RESULTS 1st September, 1973–31st December, 1973

Number of children tested 5,025
 Number found to have normal hearing 4,832
 Number found to have a hearing loss 193

Details of specific age groups

	Age Groups										
	1957/8	1958/9	1960/1	1961/2	1962/3	1963/4	1964/5	1965/6	1966/7	1967/8	1968/9
(1) Number of children tested	2	679	1	329	49	5	2,327	18	4	1,609	2
(2) Number found to have normal hearing		662		314	47	4	2,256	14		1,535	
(3) Number found to have a hearing loss	2	17	1	15	2	1	71	4	4	74	2
Number in (3) above:											
(a) found to have a hearing loss in the right ear		6		3	1	1	17	1		16	
(b) found to have a hearing loss in the left ear		5		5			26	2		20	1
(c) found to have a hearing loss in both ears	2	6	1	7	1		28	1	4	38	1

ROUTINE VISION TESTING IN SCHOOLS

	Age Groups			Total for 1972/73
	1959/60	1963/64	1965/66	
(1) Number of children tested	4,110	3,842	4,222	12,174
(2) Number referred for opinion of school medical officer	176	148	132	456
Number in (2) above:				
(a) referred to school ophthalmic clinic	52	40	39	131
(b) referred for treatment via G.P. at request of parents	34	16	12	62
(c) referred for re-examination at school health clinic	31	23	24	78
(d) considered to have normal vision	6	10	10	26
(e) already having ophthalmic treatment	43	50	36	129
(f) left the area while investigations were proceeding	1		2	3
(g) still awaiting examination by school medical officer	9	9	9	27
Number in (2) (a):				
(i) prescribed glasses	21	14	17	52
(ii) noted for re-examination	22	16	5	43
(iii) discharged	4	5	8	17
(iv) still under investigation	5	5	9	19
Number in (2) (a):				
(i) referred to the school orthoptic clinic	1	2	5	8

CHILD PSYCHIATRIC CLINICS

I am grateful to Dr. R. P. M. Urquhart, Medical Director for the following report:

During the year expansion of the clinics' services and re-examination of our techniques of working have proceeded importantly in spite of and limited by the shortage of rooms and the insufficient provision of clerical help. The appointment of Dr. C. C. Enfield as a second consultant child psychiatrist in May has greatly strengthened the clinics, while compounding the practical difficulties of accommodation and paperwork.

Dr. Enfield has particularly made himself available to the medical officers in the Borough's health department, and has been able to meet them weekly to discuss problems of children and families as they present at school and welfare clinics. Within the clinics he has supplied a new dynamic, based on his extensive experience and training and a special interest in work with families as a whole. He has been able to contribute in a consultative role to "LINK", providing medical backup, and in this way to augment the service available to adolescents from the clinics. We recognise the limitations of the current psychiatric provision for adolescents and would hope to make further progress in this area.

Problems over communication within the clinics have been recognised, particularly since the move of the School Psychological Service to Harefield Road, and steps taken to remedy them, but the exchange of views and collaborative effort are hampered by the separation.

We have devoted considerable time and thought to the process of referral of children and families to the clinics. We have exchanged visits with the staff of the psychiatric department at Hillingdon Hospital. Dr. Urquhart and Dr. Enfield, in addition to contacts with the Directors of Health Services and Education in the Borough and their officers, have spoken to meetings of the Uxbridge Medical Society and Hillingdon Hospital staff, with the aim of making our work better understood. Within the clinics we have been paying closer attention to the nature of problems presented at the referral stage with the aim of ensuring that our initial moves are best geared to the needs of the situation. This has entailed intensive discussion of our techniques of working, to which all the staff have contributed.

The staff took part in a survey of our need for clerical staff, and we look forward hopefully to the outcome early in 1974.

The professional staff was increased during the year by the appointment of Dr. Enfield, of Mr. Arthur Potton as a fourth Educational Psychologist, and by an increase in the hours of Mrs. E. S. Jones which she is able to give as a Psychiatric Social Worker. Mr. Potton has come from Hampshire, but had trained in London, and already knew some of the staff here. His contribution to the work of the clinics has been energetic and whole-hearted. While we continue to rely on and appreciate the tactful and dedicated work of Miss Sheppard in the office of the Uxbridge Clinic, the fact that on many days there is no secretary at the Uxbridge Clinic, no one to answer the telephone, must have a damaging effect for the community as well as the clinic and its work.

The capacity of the staff for giving training is relatively little used in the Borough, but it may be mentioned that members of staff are also engaged in teaching and research elsewhere. The potential of the psychiatric social workers in teaching is conspicuously underused, though they have taken part in the teaching of nurses under the auspices of the Health Department.

In conclusion, it must be emphasised that the difficulties over inadequate accommodation and insufficient secretarial help are real and deleterious, though we recognise that effort is being made in the education department to remedy these.

SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer—Mrs. B. Fox, B.D.S., D.D.P.H.

Dental Staff

The shortage of full time dental officers continued and in addition two officers were absent on maternity leave. In the latter part of the year recruitment improved and we were fortunate to obtain the services of two newly qualified dental auxiliaries to replace our previous auxiliary, who left the service in March. It is hoped that they will soon be able to undertake responsibilities in the dental health education programme.

It is obvious that the high cost of housing in this area is acting as a deterrent to the recruitment of newly qualified dentists and has been a major factor in the loss of some very able staff.

Mrs. Fox, the Principal School Dental Officer gained her Diploma in Dental Public Health in July, after a year's attendance at a University of London part-time course.

Mr. J. Furniss and Mr. J. G. Windmill were regraded as sector dental officers, in view of their increased responsibilities.

Mr. J. Furniss attended a calibration course at Birmingham University for the National Survey of Child Dental Health. He subsequently examined children in four schools in the Borough. It is hoped that the results of the survey will be published in 1974.

Health Centre Development

We have been fortunate in opening two new health centres this year at Yiewsley and Northwood. Each has two dental surgeries. The need for treatment services at Yiewsley was becoming acute, as the area had been without a dental clinic for two years while the new health centre was being built.

Handicapped Children

Handicapped children were provided with comprehensive dental care. Many parents live considerable distances from the special schools but were encouraged whenever possible, to attend with their children for dental treatment.

Mr. J. Furniss has provided the following detailed report for mentally handicapped children:

Following an inspection of 109 children at Moorcroft School in March, 48% were found to be in need of dental treatment. Parents of 77% of the children requiring dental treatment requested that the treatment be carried out at Laurel Lodge Dental Clinic. By the end of December treatment had been completed for 83% of those requesting it, most of the remainder were awaiting medical history reports.

42.5% of treatment was carried out under general anaesthesia. The amount of work carried out on 14 cases totalled 125 fillings, 2 crowns, 1 initial root canal therapy and 28 extractions. This averaged out per child at 8.9 fillings and 2.0 extractions.

From May to December weekly oral hygiene visits have been carried out by either a dental surgery assistant or a dental auxiliary. Twenty-two visits have resulted in 787 cases of plaque removal and oral hygiene instruction.

School Dental Inspections

As reported last year the number of children inspected was far from ideal. However, this year has seen a substantial increase in the number inspected. All primary and special schools were inspected. The general dental practitioners continue to treat a large proportion of children requiring dental care. Without this help the service's own waiting lists for treatment would be even longer. However, the problem remains that more children require treatment than can be provided by present staff in existing clinics, particularly if six-monthly check-up appointments are to be maintained. There has been an increase in productivity in the work of the dental staff, which has more than compensated for the small decrease in the number of treatment sessions provided by the service.

Dental Health Education

I am grateful to Mr. J. Furniss for the following report:

During 1973 a total of twenty-one schools participated in the dental health education programme. Both junior and secondary schools were involved in various projects and teaching sessions. Ninety-five lectures were given to a total of 1,870 children. The dental health education programme is continually being expanded as more and more schools are requesting to be included.

The dental projects are constantly monitored and assessed, modifications and new concepts being introduced in the light of the collected data and information. At the annual Hillingdon Show an exhibition was organised of dental health posters and project work which had been carried out in the various junior schools. A class of children from Bishop Winnington-Ingram School demonstrated different projects, especially the ones involving disclosing plaque on their own teeth and placing fillings in plaster models.

The dental health education programme will be expanded for 1974 to deal with the increased number of schools involved.

ENURESIS CLINIC

There are two clinics established in the Borough for the treatment and study of bed-wetting children. The first experimental special clinic was set up under Dr. C. M. Jennings in October, 1971 at Ickenham and was an immediate success. This encouraged the health department to request the Council to allow a second experimental special clinic to be started in Hayes. The Minet clinic opened for the treatment and study of enuresis in October, 1972 under the guidance of Dr. G. Carey.

Enuresis Clinic, Ickenham

Dr. C. Jennings—*School Medical Officer*

This clinic has now been in existence for two years and three months, and is held weekly on Tuesday afternoons. The problem of bed-wetting among children is very wide-spread and although the waiting list has been reduced considerably there are still a number of children waiting treatment and advice. Priority is given to the older child, and to children whose bed-wetting is producing severe secondary effects on the child and its family. The age range of treatment is from 6½ years to 15 years, although advice is frequently given on the management of younger siblings of patients already attending.

Treatment varies with the age and temperament of the child. Great importance is attached to making good relationships with the parent and child and relieving guilt feelings and anxiety by free discussion at the consultation. Advice on management and particularly encouragement of the child in the form of keeping a chart with the reward of stars is important. Most children, especially the older ones get good results from the enuresis alarms which awaken the child up when he begins to wet the bed.

All children have a full physical examination and urine analysis. Only one child was found to have a urinary infection and referred to his own doctor. Other defects found during the examination and unassociated with the enuresis included: hearing defect, visual defects and undescended testicles among boys. A few children were also attending a child psychiatrist and others were referred to the educational psychologist because of learning difficulties at school.

Number of patients attending the clinic in 1973	93 (Boys 67, Girls 26)
Number of new patients	51
Number of reviews of patients	42
Number of visits in the year to the clinic	406
Results of treatment:	
Total number successfully treated (dry for at least one month)	42
Number discharged after being dry for three months	30
Number discharged unsuccessfully treated	7

The latter were mainly children with social and psychological problems, some of which showed an improvement in but not a complete cure of the bed-wetting.

Children are followed up for six months after being dry in order to study the relapse rate, if any.

Number of children relapsing during the past year 9
Of these 4 have now been discharged successfully.

The relapses usually occur after certain precipitating factors such as changing schools i.e. from infant to junior or from junior to senior school, during stress such as examinations; but among older children relapses are less likely to occur.

Enuresis Clinic, Minet

Dr. G. Carey—*Clinical Specialist*

In October 1972 a new enuresis clinic was opened at Minet clinic to shorten the waiting list at Ickenham clinic and to serve the children living in the Hayes and West Drayton areas. It was staffed by a doctor, nurse and a clerk.

Eighty-eight children were seen at the clinic between 1.10.72 and 31.12.73 ranging in age from 5 to 15 years.

Of these children 8 are not included in the final figures for several reasons. One child was considered to be not a true enuretic and another became dry whilst on the waiting list. Another child had a day time problem which was resolved but then attendance was discontinued. It was discovered that one of the children was already receiving treatment at the child psychiatric clinic and, after consultation, was not accepted. Another child has a congenital syndrome which makes only supportive treatment possible. A child was transferred to the Ickenham clinic and another moved from the area.

Twenty-four children were discharged because they had become dry, and of these 3 are known to be still dry six months later. There were 3 relapses during the six months following discharge but one of them had become dry again within 3 days of recommending treatment.

Nine children defaulted from treatment, but 3 of these had already made some improvement; 3 more have re-started treatment.

Treatment was undertaken of 4 children in the care of the social services department of the Borough, and although in one case it was felt that the more stable environment of the community home produced an improvement, in the other 3 cases treatment was inhibited because the buzzer used awakened other children during the night. This problem has yet to be resolved.

One of the children examined at the clinic and given treatment has made no apparent progress, and has been referred to the paediatrician in Hillingdon Hospital for further investigation.

Forty-two children still remain under treatment, and are showing varying degrees of improvement.

HEALTH EDUCATION IN SCHOOLS

Mrs. P. Mahy, S.R.N., C.M.B. (Part 1), H.V.Cert., Community Care Cert., F.E. Teacher's Cert. M.I.H.E., M.R.S.H.—*Principal Health Education Officer*

The health education programme within schools has expanded considerably throughout the year. Previously only secondary schools were prepared to include a limited amount of health education in the curriculum. However during 1973 many more primary schools have introduced and enlarged the content of their health education programme. Teaching for a positive attitude towards the body and health has been achieved during the year. Home safety, and the prevention of accidents in the home, including simple first aid has been avidly learned and the classes enjoyed by the pupils.

It is a pleasure to report an increasing awareness of health education amongst parent-teachers' associations. The Principal Health Education Officer has received and accepted many more invitations to address parent-teacher groups; an encouraging number of parents attended on each occasion. The format has been a talk by the Principal Health Education Officer followed by a question and answer session. After a coffee break a lively discussion has usually taken place, and on many occasions the head teacher has reluctantly had to draw the discussion to a close. This response by parents is most welcome, for it is thought to be highly desirable that parents are concerned not only with academic achievements but the general and mental health of the children at all stages of education.

The close liaison between education personnel and health department staff continues and has been strengthened; this is most encouraging. Several successful study days were arranged by the Health Education Unit, the venue was Battle of Britain House. These study days consisted of lectures, seminars, and a film session followed by discussion. The sessions were well attended by appreciative teachers from both secondary and primary schools, the topic discussed was "A Responsible Approach to Sex Education"; more study days are planned.

The pilot scheme of health lectures, linked to a counselling service at Uxbridge Technical College has continued throughout the academic year. An evaluation was made by asking students to complete a questionnaire; the results were favourable. In view of this it is proposed to continue the service, and to expand where necessary. This has been made possible by the valuable contribution made to the scheme by health visitors participating.

School Health Education

<i>Speakers</i>	<i>No. of Talks</i>	<i>Audience</i>	<i>Total Audience</i>
Health Education Officers	74	Primary & Secondary Groups	1,317
	11	Uxbridge Technical College	154
	1	Teachers	6
	3	Duke of Edinburgh Awards	24
	12	Parent Teachers Association	880
	1 day	School Conference	49
	1 day	Teachers Study Day	30
Nursing Staff	234	Primary & Secondary Groups and Middlesex Lodge	1,327
Area Chiropodist	6	Secondary Groups	300

INTELLIGENCE ASSESSMENT

School children are referred to school medical officers for various medical and mental conditions which frequently entail a psychometric examination. These medical officers require special training before undertaking this and is only given after considerable experience in school health work. Two more medical officers in the department were trained this year, and after a probationary period two more will be fully trained next year.

There were 131 intelligence assessments made in the school health service in 1973.

ORTHOPAEDIC CLINIC

Dr. A. Karim—*School Medical Officer*

198 children attended the Orthopaedic Clinic at Uxbridge during 1973. The commonest defects treated were knock-knees, pes planus and valgus ankles. A growing number of older children presented with hallux valgus and a few with postural defects such as scoliosis and kyphosis. 20 younger children and babies were examined and had defects such as shortened achilles tendon and overlapping toes. All except two babies showed considerable improvement after passive exercises to the feet by the physiotherapist and strapping for overriding toes.

For most foot conditions the children were treated by three different methods:

	<i>Total</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Not Reviewed</i>
Inneraze	61	35 (58%)	11 (18%)	15 (24%)
Exercises	62	29 (49%)	8 (13%)	25 (40%)
Valgus Insoles	13	9 (70%)	2 (15%)	2 (15%)

The results indicate that children under five years of age show considerable improvement with inneraze shoes whereas the over five year olds are better off by using foot exercises.

14 children were referred to the Consultant Orthopaedic Surgeon for further opinion.

One baby was referred to the Hospital for Sick Children, Great Ormond Street and diagnosed as Werdnig-Hoffmann syndrome.

Number of Clinics held	13
Number of children over five years of age attending	112
Number of children under five years of age attending	86

92 new children over five years of age were seen at the Clinic and 70 new patients under five years of age.

PHYSIOTHERAPY SERVICE

Mrs. J. M. Gilboy—*Senior Physiotherapist*

Uxbridge Clinic

In the past year the emphasis has been placed on the treatment of handicapped children in the pre-school age group. More infants and young children have been referred for treatment by the school medical officers than in previous years. The aim in treating these younger children is to show the mother how to handle and encourage the child by putting him in various positions that will encourage the desired movement, and thereby assist the child through his developmental milestones. The earlier treatment is begun the better chance the child has of developing his physical abilities. The mother can practise these movements with her child for the same periods of time each day, and invariably she becomes an excellent therapist.

As in the previous years the majority of patients seen at Uxbridge clinic for supervision are those with postural defects, foot defects, and medical chest disorders, who are referred from routine medical inspection, the orthopaedic clinic, or the chest physician at Hillingdon Hospital, occasionally from a general practitioner. The children usually attend at fortnightly intervals at the clinic and with constant reminders about home practice the majority of these patients show improvement. School holidays and half-term holidays are particularly busy since nearly all of the children attend for their therapy.

Total number of treatments during 1973 were for school health—513; from child health clinics—131, giving a total of 644 treatments.

An average of 2 sessions per week was achieved throughout the year.

Moorcroft School

By the nature of this school physiotherapy has been very varied during 1973. From a physiotherapist's point of view working in a school for physically and mentally handicapped children is a challenge to professional skills and demands initiative in seeking interesting forms of treatment. The aims are to make a child as independent as possible, to prevent or counteract deformities of the limbs, and to strengthen voluntary muscles for purposeful use. The children that are supervised constitute only a small number of those attending this school, and are chiefly in the special care unit; although any child who may require physiotherapy can be seen from any part of the school.

The acquisition of wheelchairs for the use of children in the school is a part of the role of the physiotherapist. The majority of school wheelchairs are obtained via the wheelchair clinic at Hillingdon Hospital. The senior technical officer from the local office of the Department of Health and Social Security, which supplies the chairs comes to the school regularly to inspect them or to suggest alternatives or improvements for the children as they develop physically.

Occasional visits to the Wren Centre Play Group for handicapped children were undertaken to give advice and assistance. These visits help to develop the leaders and helpers' capacity to manage the children in the playgroup setting, i.e. movements to be encouraged, suitable positions for play etc. A few of the pupils in the special care unit at Moorcroft School attend the Wren Centre play group prior to attending school. During the school holidays a number of these children continue to attend the play group, so that occasional visits to this group by the physiotherapist is often a valuable introduction to the children who may attend Moorcroft School at some later date.

Approximate number of physiotherapeutic treatments during 1973—674. This is composed of:

School health treatment	473
Administration and miscellaneous tasks	152
Hospital visits	32
Parents and visitors	17
	—
Total	674
	—

4 sessions per week are devoted to this school.

Westmead Clinic

Physiotherapy sessions are held on 2 mornings each week at West Mead Clinic. Children are referred from such sources as the general practitioner, or the medical officer in department. Children are also sent from the orthopaedic clinic at Uxbridge if they live in the northern part of the Borough, as are children referred through the health department by a hospital consultant. Pre-school children as well as school children are given treatment, although where final exercises are indicated the extent is limited to the individual understanding and co-operation, of the child. In such cases the aims of treatment are carefully explained to the mother who is taught what may be achieved directly, e.g. activity or passively or encouraged in the form of play. Even with some of the older children it is a great help if a parent attends when exercises form at least part of the treatment, as success always depends on regular daily home exercises between appointments.

Approximately 10–12 children are seen each week, although this number is variable even with regular attendances. When several children can attend simultaneously for a group session incentive is stimulated, and more children can be treated in a single session.

Most of the children referred have some postural defect due to habit or abnormality, pes planus and/or valgoid ankle accounting for the largest number. Advice concerning special shoes or insoles is given by the doctor, and the wear of shoes thereafter watched. In the pre-school and young school child a number attend for strapping of crooked or "clawing" toes. Success is more easily achieved if the mother learns how to do the strapping for renewal at home between appointments.

Other conditions treated are kyphosis, lordosis with or without associated chest complaint e.g. asthma or bronchitis where breathing techniques and exercises are always given.

Whilst in the minority a number of handicapped children attend. Of cases seen this year the diagnosis has varied from cerebral palsy, the result of poliomyelitis and brain damage associated with pneumococcal meningitis. Educationally sub-normal children from special schools make up the number of variously handicapped children. Each of these children have individual programmes, separate and lengthier sessions.

Finally, during half-terms and holidays an extra session is occasionally accommodated at West Mead for the few older children who have difficulty attending regularly or often in the term time due to school work and examinations, but who have indicated that they can and will do home exercises regularly and competently.

SPEECH THERAPY SERVICE

Miss G. C. Donald—*Senior Speech Therapist*

The past year has been one of change in the quantity of service given to the Borough's children. It has been difficult for some years now to recruit speech therapy staff up to the establishment allowed, especially in full-time staff, and the service is grateful to the part-time speech therapists who fit in so willingly to cover as many clinics and schools as possible. At present the whole time equivalent staffing position is 1.9 full-time speech therapists.

There were 930 sessions undertaken by the speech therapist during the year at which 4,236 visits were made by pre-school and school children. There were 79 pre-school children and 159 school children seen for the first time during the year and 3,981 visits made by these and other children. There were a number of visits made to schools other than the special schools and the senior speech therapist gave 2 talks during the year.

There were regular meetings of speech therapists during the half-term holidays at which discussions on cases seen in the schools and clinics proved helpful. At one meeting a number of recommendations were put forward which it was felt would encourage new staff to join the department. Among these were that offers of help with accommodation should be made; further opportunities should be given for attending at lectures and courses, especially for part-time staff; and that some clerical help should be available especially in the typing of reports.

New special equipment is now available for the use of speech therapists in the form of tape recorders and a special Amplivox speech trainer.

Part III

HANDICAPPED PUPILS

Special education in its various forms is provided for 1,083 children ascertained in the area of the London Borough of Hillingdon. Section 34 of the Education Act 1944 places a duty upon local education authorities to provide a special education to any child ascertained within its area whose handicap requires such education.

There are 675 children on the handicapped pupils register sufficiently handicapped as to need this special education in special schools or classes. 361 children are able to receive education at an ordinary school with some modification of the regime to suit their handicap. A further 45 children are pre-school and recommended for special education at the appropriate time and 2 receive home tuition. 533 children attend special day schools in the Borough—323 of these are boys and 210 girls.

A total of 380 pupils are educated in the three schools for the educationally sub-normal—Hedgewood School, Meadow School and Moorcroft School of which the latter caters for the severely mentally handicapped child. The category of the educationally sub-normal pupil is numerically the largest of the handicapped pupil categories and accounts for over one half of the children attending special schools; a further 40 children are attending special residential schools for the educationally sub-normal making a total of 420 in special schools, whilst 17 are awaiting placement, 9 of these being in ordinary schools.

Twenty-three children attend the special classes which are distributed in schools throughout the Borough. These classes include those for children having a single handicap such as partial hearing as well as observation classes staffed by special teachers where the children's educational physical and/or mental progress can be carefully watched and re-assessed before decisions regarding their educational future are taken.

Residential special education is provided for 119 children of whom 40 are at residential schools for the educationally sub-normal child, 29 at residential schools for the maladjusted pupil, 12 at schools for the delicate, 12 at schools for physically handicapped children, and 12 at residential schools which cater for the child with more than one handicap. The remaining 14 attend residential schools for the blind or partially hearing, deaf, epileptic or speech handicap.

There are 34 pre-school children who have been ascertained as requiring special education if the defect present remains with the child into its school attendance years. 13 of these children have very severe speech defects, and are placed in day nurseries under skilled nursing and speech therapy supervision in the expectation that the child will be able to enter school at the appropriate time able to communicate sufficiently to benefit from the education provided. The prognosis for children with severe speech delay is not, however, encouraging.

In the years previous to 1972, all children needing speech therapy were placed on the handicapped pupils register. Since the number of children requiring intense therapy due to severe impediment of speech was small compared with the number whose defect was minor in character, it was considered statistically inaccurate to regard every child having speech therapy as needing to be ascertained. The criteria adopted before the child is put on the handicapped pupils register now as speech defective are that the speech defect should produce a considerable handicap and be likely to have a serious and significant effect upon the child's education; and that the condition is likely to persist for at least 12 months.

There were 169 children admitted to the register in 1973, a reduction from last year's figure of 244. There were fewer children ascertained as educationally sub-normal or as maladjusted, and fewer children with multiple handicaps (6 in 1973, 16 in 1972). The reason for these variations is unknown but may reflect the trend to earlier ascertainment in previous years.

Over one third of the children on the handicapped pupils register are now attending ordinary schools with special arrangements being made for their education. Alterations are being considered to the structure of a secondary school in the Borough to accommodate physically handicapped

children, who will need secondary education when they leave St. Michaels School, Eastcote. At present these children are transported to Martindale School, Hounslow which entails a long and tedious journey; it is to be hoped that most physically handicapped children will be educated in schools within the Borough in the future.

Handicapped Pupils Register for 1973

Category	No. of Children Placed in						No. of other children ascertained		Totals		New Cases during 1973	
	Day Special Schools		Day Special Classes		Residential Schools							
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
A—Blind	1				4	2		1	5	3		1
B—Partially Sighted	4	3			2	1	3	4	9	8	1	1
C—Deaf	7	1			1	2			8	3		
D—Partially Hearing	2	4	7	8			13	17	22	29	2	8
E—Educationally Sub-normal	220	160		1	26	14	7	9	253	184	46	29
F—Epileptic			1			1	20	11	21	12		1
G—Maladjusted	36	7	4		22	7	5	2	67	16	14	2
H—Physically Handicapped	26	20			6	6	39	34	71	60	8	8
I—Speech Defect					1		26	14	27	14	7	5
J—Delicate	8	3			11	1	112	85	131	89	16	14
Multiple Defects	19	12	1	1	4	8	4	2	28	23	3	3
Totals	323	210	13	10	77	42	229	179	642	441	97	72

Handicapped Children under 5 years of Age

A total of 128 children under the age of 5 years have been assessed and recorded as needing special education in the future. Their handicaps are varied and, as shown in the table on page 140, range from defective vision and hearing through mental defect to physical defect such as heart disease and spina bifida. Three less children were recorded in 1973 compared with 1972 but for the various categories the numbers remain within fairly close limits e.g.

	1973	1972
Mental defect	37	34
Mongolism	18	16
Heart disease	21	20

Handicapped Children under 5 years of age

Category	Year of Birth					Total
	1969	1970	1971	1972	1973	
Defective vision	1		1	3		5
Defective hearing	2	1	1			4
Mental defect	9	17	5	5	1	37
Down's Syndrome	1	5	3	4	5	18
Autism						
Cerebral palsy	3	1	1	1		6
Epilepsy	1		2			3
Heart disease	1	5	7	5	3	21
Spina Bifida		3		2		5
Fibrocystic disease			1	1		2
Other physical handicap	5	7	3	12		27
Totals	23	39	24	33	9	128

(A) Blind Children

In residential schools	6
In day special schools	1
Children ascertained in 1973	1
Pre-school children ascertained in 1973	1

Only 1 child (a pre-school girl) was ascertained as blind in 1973 in contrast to 3 being so ascertained in 1972. Six children (4 boys and 2 girls) are in a residential special school, Linden Lodge, Wimbledon, a school which is administered by the Inner London Education Authority. One boy attends Dorton House School, Sevenoaks, and another boy attends Worcester College for the Blind.

(B) Partially Sighted Pupils

In residential schools	3
In day special schools	7
In ordinary schools	6
Children ascertained in 1973	2
Pre-school children ascertained in 1973	1

There are 17 children on the register as being partially sighted. Six of them attend ordinary schools and are considered to be satisfactorily placed (2 boys, 4 girls). A pre-school boy has been recommended for a trial at an ordinary school. Seven children (4 boys and 3 girls) attend the John Aird School for partially sighted pupils at Hammersmith, a school administered by the Inner London Education Authority. One boy attends St. Vincents School, Liverpool and another attends Exhall Grange, Warwickshire.

(C) Deaf Pupils

In residential schools	3
In day special schools	8
No child was ascertained in 1973	

In contrast to the blind children the deaf are mainly educated in day special schools or classes. Only 3 children attend residential schools, two (1 boy and 1 girl) attend the Royal School for the Deaf at Margate and one girl attends Woodford School for the Deaf.

(D) Partially Hearing

A total of 51 children are ascertained as being partially hearing.

In day special classes	15
In day special schools	6
In ordinary schools	28
Pre-school children recommended for special schools	1
Pre-school children placed in day nursery	1
Children ascertained in 1973	10

The importance of hearing for good communication and in the development of clear speech is emphasised by the regular assessment of children's hearing acuity in schools by the school health service. Two part-time audiometer operators are employed to visit schools throughout the Borough, and the aim is to test every child at the ages of 6, 9, 12 and 15 years with a pure tone audiometer. During one school year from 1.9.1972 to 31.8.1973, 14,570 school children were tested by the audiometer operators, and 799 children were found to have a hearing loss. These children are further examined by the clinical medical officers and where necessary they are referred to their general practitioner or to an audiology unit. Statistics relating to routine audiometry in schools will be found on page 128.

Over half the children with intermittent deafness together with a similar proportion of those issued with hearing aids are able to be educated in ordinary schools, some adjustment being made by the teacher to ensure that the child is not at a disadvantage by this placement. A peripatetic teacher of the deaf visits schools which have partially hearing pupils in the classes and she discusses with the teachers problems that may arise and assesses the progress of the child. One pre-school child is placed in a day nursery in order to improve his powers of communication, and to surround him with meaningful sounds and speech.

(E) Educationally Sub-Normal Pupils

In residential special schools	40
In day special schools	381
In ordinary schools	9
Pre-school children placed in day nurseries	1
Pre-school children recommended for special schools	4
Children admitted for a trial period in ordinary schools	2
Children ascertained in 1973	75

This group is numerically the largest among the categories of handicapped pupils, comprising 40.3% of the total register including 253 boys and 184 girls. The total number of children currently ascertained is 437, which is just two higher than last year. The 381 children who attend day special schools are all accommodated at the Borough's own schools, e.g. Hedgewood, Meadow and Moorcroft Schools. The 40 children who attend residential special schools are accommodated in schools belonging to other local authorities e.g. Swaylands School, Penhurst, St. Mary's, Horam, and St. John's Brighton. Eight children attend boarding schools or hospitals for the mentally sub-normal child.

Moorcroft School for ESN Pupils

I am indebted to Mr. W. D. Nicholas for the following report:

The year 1973 has been a busy one, but also an interesting one.

In January we were able to occupy the two new mobile classrooms. This meant that the two classes which had been using the South Hillingdon Society's room were able to vacate it so that it was free for playgroup purposes.

In March the school was presented with a new mini-bus by the Uxbridge Round Table, to be shared with Meadow School. We have had the use of it on alternate weeks and it has been a tremendous asset to the school and numerous visits to places of interest have been made by the children.

We have, this year again, had a number of pupils from the secondary schools coming in to help as part of their social studies course. They fitted in very quickly and have been very ready and happy to involve themselves with our children.

We have been given further ancillary help and there is now a welfare assistant for each class in the school.

The holiday spent at Henley by 28 children, organised by the social services and staffed by the school staff, proved to be most successful again this year.

Our latest acquisition is a chairmobile presented to the school by Marks & Spencers Sports and Social Club of Uxbridge. We hope that some of our special care children will benefit from this.

The North and South Hillingdon Societies have already started a fund to provide the school with a swimming pool in the future, but more details have to be obtained before the really big efforts are embarked upon.

We are extremely grateful to the numerous people who have been so helpful in many ways during the past year.

We hope that our efforts have helped to continue to stimulate and interest our children so that they may have learned something which will be of real value to them in the future.

Hedgewood Day Special School for Educationally Sub-Normal Pupils

Mr. O. G. Best has kindly sent the following report:

The outstanding event of 1973 was the gaining of the Duke of Edinburgh's Silver Awards by ten of our pupils. Seven children received the Bronze Award. We were grateful to the Mayor for presenting the awards to the children. The event attracted many parents, and our hall was full.

The meetings in parents' homes between teachers and parents continued. There were six held this year, and teachers and parents still find them useful.

Horse riding at Charville School of Equitation continued for weekly instruction, with only a short break in January and December. We now go after school, but we still receive the support required from teachers and parents in supervising the children.

Meadow School, Royal Lane, Hillingdon

I wish to thank Mr. K. H. Everett for the following report:

Our present roll is 138 plus 10 children in the diagnostic unit.

The work of the school has again been very satisfactory. In particular, we have started a special reading unit to provide daily help for pupils with exceptional difficulties.

Once again, we have had a full year of school activities. Every child has been involved with camping and we ended the year with a visit to Majorca. The drama group gave a performance of Tom Sawyer to a party of pensioners; the senior girls gave a fashion display to their parents of clothes they had made. We have started a French singing group and the group gave a very enjoyable concert at the end of the summer term.

During the year, we have been presented with two very valuable gifts; the Uxbridge Round Table provided a mini-bus to be shared with Moorcroft School and an anonymous donor bought a new sailing dinghy.

We hope to build up an outdoor activity centre in South Wales and Brunel University plan to help buy equipment for this with the proceeds of their Rag. Brunel also organised a firework party which the children greatly enjoyed.

(F) Epileptic Pupils

In day special classes	1
In residential schools	1
In ordinary classes	31
Children ascertained in 1973	1

The number of children ascertained as epileptic varies little from year to year. As can be seen above nearly all these children attend ordinary schools because modern medical treatment prevents many of the embarrassing episodes otherwise likely to occur in the classroom. In the main these children follow a normal educational curriculum and only minimal restrictions need to be applied to their physical education and occasionally to swimming. One child has been admitted to a residential school for epileptics during the year because drug treatment was unable to control the seizures in the normal school situation. One child was ascertained in 1973.

(G) Maladjusted Pupils

In day special schools	43
In day special classes	4
In residential schools	29
In ordinary schools but recommended for special schools	5
Recommended for a trial period in an ordinary school	2
Children ascertained in 1973	16

A total of 83 children are ascertained as maladjusted a reduction of 8 from the figure of last year. These are only a few of the children who were under treatment at the child guidance centres at Uxbridge and Hayes, but who require in addition special educational treatment. An increase in consultant staff in the person of Dr. Enfield has helped immeasurably to reduce the work load on Dr. Urquhart and the staff of the child guidance centres, and has provided our children with a better service. A suggestion was made in the Annual Report of the Principal School Medical Officer last year that if the child psychiatrist could give time, training for consultation and advice to the doctors in the clinics who are directly concerned with school children, they and their families would receive a better and quicker service. It is a pleasure to report that regular meetings of school doctors and Dr. Enfield now take place at one or other of the clinics in the Borough. At these meetings special problems are brought forward for discussion, and individual cases considered and advice sought and received. These sessions, which occur usually after clinic sessions in the afternoon, are enthusiastically attended and provide training as well as psychiatric advice and consultation.

The Borough has two schools for the education of the maladjusted child.

Chantry Special School

I am indebted to Mr. Cambell for the following report:

The school roll is 43, 13 leaving us during the year and 13 being admitted. All school leavers found work and settled down satisfactorily into jobs they liked. We continue to receive visits and letters from pupils who left us in past years, and this helps us to revise our objectives and to be more helpful to the present generation of disturbed children.

We have had difficulty in recruiting the right staff for the important and difficult work the school is trying to carry out. In particular we miss a social worker. We have been without one for the whole year.

We have some very disturbed children in our care, and the patience and understanding of the staff cannot be over-praised. To accept the aggression from these unhappy youngsters one has to be healthy and very sure of oneself, emotionally as well as physically.

We try to maintain academic standards and this with our other activities makes Chantry a very busy school. Every child in the school went hostelling or camping last summer. Swimming and canoeing are becoming increasingly popular; games and P.E. help with self-discipline, as well as providing enjoyment.

Our float in the Hayes Carnival was a very successful communal effort, and we produced a pantomime at Christmas which was much enjoyed by other schools and by the old people's club.

Townsend House Day Special School for Maladjusted Children

I am grateful for the following report from Mrs. J. M. Clarke:

In the period covered by this report our numbers on roll were:

14 boys
2 girls
Admissions: 4 boys
Leavers: 4 boys, 1 girl

The leavers were placed as follows: 2 returned to normal school, 3 transferred to boarding school.

Our staffing situation has improved since last year and we are particularly glad to welcome the appointment of Miss B. Renfrew as Deputy Headteacher.

The improvement in staffing has enabled us to widen the scope of our activities and we have been fortunate in obtaining the use of the mini-bus provided for Chantry School, on a regular day each week. We have taken the children on many educational trips and we have been impressed with the amount of stimulation the children have derived from these visits. This has been reflected in the follow-up work in the classrooms.

The appointment of a Deputy Headteacher has made it possible for me to see all parents on an individual basis, to discuss their children's progress. In addition to this at the end of the summer term we held an open evening and exhibition of children's work, which was extremely well attended, as was our Christmas party.

We have had a number of visitors during the year including the then Mayor and Mayoress of Hillingdon. We continue to receive regular visits from Dr. Urquhart and the psychiatric social workers and Mrs. Brice—educational psychologist visits the school each week.

Finally I must put on record the hard work and forbearance shown by the staff in dealing with many severely maladjusted children.

(H) Physically Handicapped Pupils

In residential schools	12
In day special schools	46
Attending ordinary schools on trial	2
Attending ordinary school but recommended for special schools	4
Pre-school children recommended for special schools	3
Home tuition	2
Children ascertained in 1973	16

There has been an increase of 3 children over the number recorded for last year, e.g. 1972—128; 1973—131. Nearly one half of these children (66) attend normal schools with some variation in the school curriculum but 4 are recommended for special schooling and await placement. Twelve children are in special residential schools which is an increase of 5 over last year's figure. Forty-six children attend special day schools either St. Michael's School for physically handicapped children, Eastcote or Martindale School, Hounslow. Since St. Michael's School is now a day school catering for infant and junior children, when the children are ready for secondary education they are accommodated in ordinary secondary schools in the Borough or in Martindale School if their condition warrants the facilities which that school offers.

St. Michael's School has also a nursery class attached and has nursing staff to cope with the additional problems that such a unit presents. A medical officer with special knowledge of handicapped children attends the school each week to review the medical needs of the children and a



Medical supervision at a special school

consultant orthopaedic surgeon visits each term to advise on orthopaedic aspects of medical care. The school has a physiotherapist and speech therapist to reinforce the medical and educational programme. The children at St. Michael's School present with a number of handicaps a few of which are appended below:

Cerebral palsy	14
Spina bifida	7
Congenital heart disease	5
Muscular dystrophy	2
Road traffic accident	2

Cerebral palsy and spina bifida are together responsible for the presence of over half of the 37 children attending the school.

I am indebted to Mr. Thornton, headmaster of St. Michael's School for physically handicapped children, Eastcote for the following report:

St. Michael's is now operating as a primary school for physically handicapped children. There is no hesitation, however, in making a school transfer earlier if a child's needs seem to indicate this. Thirteen children left St. Michael's at the end of July, 1973, and one child left at the end of December, 1973, his parents having moved to a different part of the country.

The pre-school unit is now well established and the younger children in the main school are now showing how useful the unit can be. They are entering the reception class with much more confidence and their attainments in many of the basic things are of a higher standard, compared with the children who came directly into the reception class before the unit was established.

The school now offers pupils a lending library and a reference library. The lending library functions on a daily basis and the children appear to be deriving much benefit from it.

The extra-curricular activities have been extended a little to include golf lessons as well as an archery club. The home economics side has also been extended and this should help many children to gain a greater degree of independence.

School functions this year include a fireworks party; an archery club championship day; a fête; a film show; a jumble sale; sports day and prize giving; a Christmas party and carol singing by staff, parents and friends. There have also been various educational visits, on a class basis, to local parks and Ruislip Woods. At the end of last term the school had a joint carol service and film show. These took the place of the normal Christmas pantomime. Each class chose and scripted a film of about five minutes in length. These films, which included sound, were shown to two invited audiences before the end of term.

(I) Speech Defect

In residential schools	1
In ordinary schools and receiving speech therapy	40
Children ascertained in 1973	12

Again a reduction has been made of the number of children on the register this year included in this category. This is to be expected since the criteria for admission to the register are now much stricter. Twelve children have been admitted to the register this year, and all are pre-school children who are placed in day nurseries in order that their speech may be improved by daily contact with other children and the nursing staff. Sometimes this is combined with speech therapy at a clinic or advice is given to the matron by the speech therapist attending the nursery.

The speech therapy service is still bereft of a full complement of staff. The establishment is for 4 full time therapists, but only the equivalent of 2.9 was in post during the year. The senior speech therapist Miss Donald left at the end of 1973 to take up a post in Canada, reducing the service still further.

The number of children requiring urgent treatment still remains high, and the dearth of speech therapists throughout the country means that the waiting list will become larger than ever.

(J) Delicate

In residential schools	12
In day special schools	11
Pre-school children in day nurseries	6
In ordinary schools with some variation of education	175
In ordinary schools but recommended for special schools	4
In ordinary schools in trial	2
Receiving home tuition	8
Pre-school children recommended for ordinary school	2
Children ascertained in 1973	30

The 220 children gathered into this part of the register as delicate include those who have medico-social as well as medico-educational difficulties, together with illnesses which cannot be classified under the previous nine headings. The child's health may fluctuate from week to week even daily, and this causes frequent absence from school. The consequent loss of valuable teaching time leads in many cases, to a degree of educational retardation requiring special education to restore the balance. Many of these children (175) manage with varying degrees of success to attend ordinary schools where arrangements are made for their health to be supervised; a few attend special day schools (11), and 12 others are accommodated in residential special schools. An interesting experiment would be to provide one or two special classes in a part of a school to be placed at the disposal of a number of these delicate children where they could be accommodated during their "under par" days, and returned to normal schooling as their health improves; to be taken from the normal curriculum and be allowed freedom in the open air or under greater medical and nursing supervision. A suggestion for such an establishment was proposed some years ago to the Department of Education and Science but was turned down because it was considered that the numbers of children involved would not warrant the expense of such special schooling and was against the national trend. It is felt, however, that many children are away from school for long periods because of inability to cope with normal school life, and a more rapid return could be made through a planned period in such classes for the delicate.

Park Place School, Henley-on-Thames

The London Borough of Hillingdon maintains this residential school for senior delicate boys at Henley-on-Thames.

I am grateful to Mr. Owen the headmaster for the following report:

The number of pupils at present on roll is 58.

The only entrant for the C.S.E. examination obtained a grade III pass in mathematics and then left to take up employment. All our ten leavers either entered employment, day school or further education. A place was arranged at a local school for one boy to take a special "O" level engineering course.

Our two nurses with the support of Doctor Jones and Doctor Carey are continuing the health education programme.

The school band is still a major feature locally and within the Hillingdon Borough. A full range of activities are also included in the weekly programme, for example, badminton, basket ball, enamelling, pottery, photography, scouts, natural history, woodwork, swimming, amateur radio, model clubs and many others. Weekly visits are made to the local youth club.

The mini-bus has been in regular use for sporting fixtures, for educational visits to the Guardian newspaper, the Reading magistrates court and various other firms and places of interest, and further afield to Schmittbach in Germany, Sherwood Forest, Swanage, South Wales and to Ashe Hall School for delicate children in Derbyshire with whom we have had two successful exchange visits of one week's duration on each occasion.

Our scouts have acted as hosts for a long weekend camp for the physically handicapped from our surrounding six counties. Others travelled to Holland during their summer vacation to help at the international camp for physically handicapped scouts.

EDUCATION (HANDICAPPED CHILDREN) ACT 1970

This Act brought into the education system all those children who would have been ascertained as being unsuitable for education previous to 1970. Every child who is of compulsory school age has the right to education, and a place in the system.

A total of 178 are known to the London Borough of Hillingdon, and the following table shows the age groups and the placings of the children for whom the authority has some responsibility. 176 children have been formally ascertained and placed on the handicapped pupils register (98.8% of the total). 13 were ascertained in 1973 and 162 were re-examined.

Year Group	Moorcroft School		Leavesden Hospital		Other Placings (see below)		At Home		Total	On HPR (E) ESN	No. Ascertained 1973	No. Examined 1973
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
1956						1			1	1		1
1957		2	1			3	1		7	7		6
1958	4	4			2				10	10		10
1959	6	1			2		1		10	10		7
1960	4	6	1	2	3	3			19	18	1	17
1961	7	2	1	1	1				12	12		12
1962	2	6	2	1	3	2			16	16	2	15
1963	8	10			1	1			20	20		17
1964	7	4	3	1		1			16	16	1	15
1965	6	8		1		2			17	17	1	16
1966	10	7			1	3			21	21	3	20
1967	4	9				1			14	14		14
1968	5	3	1		2	2		1	14	13	4	11
1969						1			1	1	1	1
Totals	63	62	9	6	15	20	2	1	178	176	13	162

Other Placements

	Boys	Girls		Boys	Girls
Cell Barnes Hospital	1	1	Hawksworth Hall		1
Whittlesea School, Harrow	2	3	St. Christophers School	1	
Mandeville School, Ealing	1	3	Sunshine Home, East Grinstead		1
Harperbury Hospital	1		Redcourt		1
Autistic Society School	1		John Capel Hanbury School		1
Oak Farm Autistic Unit	1	1	Townsend House School	1	
St. Catherines Hospital		1	Meadow School (Special opp. class)		2
St. Vincents Hospital	1	1	Athol School (Independent)		1
St. Francis de Sales School	1		William Byrd Primary	1	
Brighton Guardianship	1		Meldreth Manor School		1
Strathmore Road School		1			
Meadow Cottage Home	1				
Camphill Rudolph Steiner School		1	Totals	15	20
Breakspear Centre, Watford	1				

Health Visitors

Health visitors made 286 visits to the homes of these children during the year. As a result of these visits recommendations were made in 42 cases for the following matters to be further investigated:

Holidays and temporary residential care	9
Aids and adaptations	10
Social work support	3
Rehousing	6
Residential care	5
Physiotherapy	1
Speech therapy	17

51

Part IV

STATISTICAL RETURNS

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth) (1)	Number of Pupils Inspected (2)	Physical condition of pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory (3)	Un-satisfactory (4)	For defective vision (including squint) (5)	For any other conditions in Table C (6)	Total individual pupils (7)
1969 and later	334	334		4	24	27
1968	1,684	1,682	2	19	172	188
1967	1,727	1,726	1	36	195	220
1966	277	277		6	38	40
1965	178	177	1	4	32	35
1964	179	179		7	27	34
1963	1,598	1,598		27	109	132
1962	2,640	2,638	2	55	137	186
1961	1,280	1,279	1	26	66	91
1960	298	297	1	8	22	30
1959	186	186		8	9	16
1958 and earlier	2,691	2,690	1	60	56	113
Totals	13,072	13,063	9	260	887	1,112

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	4,143
Number of re-inspections	4,565
Total	8,708

TABLE C—DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspections			
		Entrants		Leavers		Others		Total		Special Inspections			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	F.	Re.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	F.	Re.	F.	Re.
4	Skin	12	5	1	8	37	31	50	44	14	29	56	168
5	Eyes:												
	(a) Vision	59	390	53	84	148	350	260	824	162	160	154	272
	(b) Squint		4		1	5	10	5	15	4	1	1	4
	(c) Other	1	121		4	3	26	4	151	2		12	11
6	Ears:												
	(a) Hearing	190	52	21	10	153	51	364	113	201	334	166	485
	(b) Otitis media	2	7	1	3	5	5	8	15	7	1		9
	(c) Other	7	7	1	7	4	18	12	32	3	8	21	51
7	Nose and throat	11	46	3		8	41	22	87	18	8	22	33
8	Speech	50	115			22	19	72	134	33	27	14	37
9	Lymphatic glands		5		2	2	5	2	12			2	1
10	Heart	2	15		10	7	23	9	48	2	4	12	32
11	Lungs	2	27		3	2	42	4	72		2	19	34
12	Developmental:												
	(a) Hernia	5	2		1	1	2	6	5		1	2	
	(b) Other	8	24		9	10	68	18	101	5	10	24	76
13	Orthopaedic:												
	(a) Posture	2	5	1	2	9	18	12	25	2	2	2	8
	(b) Feet	13	60	7	27	58	150	78	237	44	29	95	237
	(c) Other	1	10	1	8	9	12	11	30	9	4	14	48
14	Nervous system:												
	(a) Epilepsy	2	3		4		7	2	14		1	8	11
	(b) Other	2	19	2		5	13	9	32	3	10	16	21
15	Psychological:												
	(a) Development		10		3	6	22	6	35	9	2	5	23
	(b) Stability	9	42	1	6	11	30	21	78	15	19	27	41
16	Abdomen	1	13	1	1	3	10	5	24			7	14
17	Other	62	134	14	39	93	245	169	418	32	37	124	193

(T) Requiring treatment, 1,149 (O) Requiring observation, 2,546

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	9
Errors of refraction (including squint)	1,566
Total	<u>1,575</u>
Number of pupils for whom spectacles were prescribed	794

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	5
(b) for adenoids and chronic tonsillitis	—
(c) for other nose and throat conditions	—
Received other forms of treatment	—
Total	<u>5</u>
Total number of pupils still on the register of schools at 31st December, 1973, known to have been pro- vided with hearing aids:	
(a) during the calendar year 1973	1
(b) in previous years	61

Orthopaedic and Postural Defects

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	179
(b) Pupils treated at school for postural defects	80
Total	<u>259</u>

Diseases of the Skin

	Number of pupils known to have been treated
Ringworm—(a) Scalp	7
(b) Body	—
Scabies	84
Impetigo	46
Other skin diseases	48
Total	<u>185</u>

Child Guidance Treatment

	Number known to have been treated
Pupils treated at Child Guidance clinics	119

Speech Therapy

	Number known to have been treated
Pupils treated by speech therapists for the first time	277

Other Treatment Given

	Number known to have been treated
(a) Pupils with minor ailments	15
(b) Pupils who received convalescent treatment under school health service arrangements	2
(c) Pupils who received B.C.G. vaccination	2,686

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	4,356	2,738	627	7,721
Subsequent visits	6,577	5,333	1,479	13,389
Total visits	10,933	8,071	2,106	21,110
Additional courses of treatment commenced	114	45	14	173
Fillings in permanent teeth	3,708	6,342	2,148	12,198
Fillings in deciduous teeth	7,508	1,130		8,638
Permanent teeth filled	2,848	4,999	1,625	9,472
Deciduous teeth filled	6,078	884		6,962
General anaesthetics	754	337	47	1,138
Emergencies	609	326	88	1,023
Prosthetics				
Pupils supplied with full upper or full lower (first time)			2	2
Pupils supplied with other dentures	2	4	5	11
Number of dentures supplied (first or subsequent time)	2	4	8	14

Number of pupils X-rayed	1,850	<i>Orthodontics</i>	
Prophylaxis	4,922	New cases commenced during year	101
Teeth otherwise conserved	421	Cases completed during year	119
Teeth root filled	74	Cases discontinued during year	1
Crowns	57	Number of removable appliances fitted	214
		Number of fixed appliances fitted	2
		Pupils referred to hospital consultant	17
<i>Inspections</i>		<i>Anaesthetics</i>	
First inspection at school, number of pupils	30,124	Total number administered	1,138
First inspection at clinic, number of pupils	5,840	<i>Sessions</i>	
Number found to require treatment	17,004	Number of sessions devoted to treatment	3,292
Number offered treatment	16,148	Number of sessions devoted to inspection	231
Pupils re-inspected at school clinic	1,340		
Number found to require treatment	1,224		153

TABLE F—ORTHOPTIC CLINIC

Monthly Attendance Record

	<i>New Patients</i>	<i>Observation</i>	<i>Treatment</i>	<i>Total</i>
January	20	63	9	92
February	15	48	15	78
March	15	47	19	81
April	11	52	7	70
May	6	63	12	81
June	10	47	15	72
July	9	52	5	66
August	5	41	1	47
September	3	65	2	70
October	11	53	3	67
November	12	71	8	91
December	7	34	4	45
Totals	124	636	100	860

Total new patients 1973	124	Referred from school clinics	104
Total attendances	860	Referred from medical eye centre	20
Total patients discharged	31		

Type of case

Convergent strabismus	65
Divergent strabismus	5
Anisometropic amblyopia	22
Heterophoria	8
N.A.D. or no treatment required	24

TABLE G—HANDICAPPED CHILDREN NOT ATTENDING SPECIAL SCHOOLS OR CLASSES

Category	Pre-school but placed in Day Nurseries		Pre-school but recommended for				Attending ordinary School						Receiving Home Tuition		Of compulsory school age not attending School but recommended for Special School		Total		
	Boys	Girls	Special School		Ordinary School		and satisfactorily Placed		but recommended 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				1															1
B—Partially Sighted					1			2	4										3
C—Deaf																			4
D—Partially Hearing	1			1				12	15			1							13
E—Educationally Sub-normal	1		2	2						2	5	1	1				1	1	7
F—Epileptic								20	11										20
G—Maladjusted										4	1	1	1						5
H—Physically H'cap			1	2				33	29	2	2	1	1	2					39
I—Speech Defect	10	3						16	11										26
J—Delicate	3	3			1	1	103	72	1	3	1	1	3	5					112
Multiple Defects			1				1	2		1				1	5				4
Totals	15	6	4	6	2	1	187	144	10	12	4	4	6	5	1	1	229	179	

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	2nd, 3rd, 4th & 5th Friday in the month	Monday to Friday (except Wednesday)	Every Tuesday		1st Friday a.m. in the month
Grange Park Clinic, Lansbury Drive, Hayes	Every Tuesday a.m.	Every Tues., Wed., & Fri. Wednesday evenings	Every Monday & Friday a.m.	Every Wednesday p.m.	2nd & 4th Thursday a.m. in the month
Harefield Clinic, Park Lane, Harefield	1st & 3rd Friday p.m. in the month	Every Monday, Tuesday & Wednesday	Every Tuesday a.m.		4th Friday p.m. in the month
Harmondsworth (Old School), Moor Lane, Harmondsworth					3rd & 5th 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	2nd & 4th Tuesday a.m. in the month	Monday to Friday Orthodontic Clinic Tues., Wed., Thurs. & Friday a.m.	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 Wednesday 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.	Monday to Friday	Wednesday a.m. Thursday a.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 Health Centre, Neal Close, Acre Way, Northwood, Middx.	1st & 3rd Tuesday a.m. in the month	Monday to Friday	Every Monday a.m. & 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 Mon., Tues., Wed., Thurs. & Fri.	Every Monday & Thursday p.m.		2nd Friday a.m. in the month
Ruislip Manor Clinic, Dawlish Drive, Ruislip	2nd & 4th Friday a.m. in the month	Monday to Friday	Every Tues. a.m. & Thurs. a.m. & p.m.	Every Tuesday a.m. & Mon. a.m.	1st Friday a.m. in the month
Sidmouth Drive, Ruislip	2nd & 4th Friday a.m. in the month				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 Wednesday & Thursday a.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.		2nd Tuesday a.m. in the month
Yiewsley Health Centre, High Street, Yiewsley	Every Tuesday a.m. in the month	Monday to Friday	Every Monday a.m. & Tuesday p.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.

ORTHOPAEDIC

	Sessions	First Attendance	Total Attendance
Physiotherapy – Uxbridge	98	74	496
Specialist – Uxbridge	13	88	114
Physiotherapy – West Mead	67	23	233

SPEECH THERAPY

Elers Road	21	13	71
Grange Park	39	20	119
Harefield	33	14	216
Ickenham	35	16	126
Laurel Lodge	67	29	232
Minet	85	32	315
Northwood	110	29	361
Oak Farm	70	18	345
Ruislip Manor	93	46	498
Uxbridge	61	11	251
West Mead	90	27	362
Yiewsley	70	22	267

HEALTH VISITORS/CLINIC NURSES/HEALTH ASSISTANTS

Visits and Sessions for School Health Service

Number of children visited		2,623
School health and follow-up sessions		629
Enuresis clinics		81
Hygiene inspections		555
Pre-medical examination sessions		382
Routine medical examination sessions		769
Health Education sessions		697
Health survey visits re pertussis		44

Dental Sessions

4,179

SCABIES 1973

Schools where Investigations made

<i>Schools where Investigations made</i>	<i>Date</i>	<i>No. of Cases</i>
Charville Infant	5 January	1
Chantry	8 January	1
Charville Junior	18 January	1
Yeading Junior	21 January	1
Cherry Lane Infant	22 January	2
Townfield	22 January	3
Yeading Infant	22 January	1
Meadow	23 January	2
John Penrose	26 January	2
Townfield	29 January	1
Cherry Lane Infant	29 January	1
Barnhill Secondary	30 January	1
John Penrose	13 February	2
Sacred Heart R.C.	14 February	1
Pinkwell Junior	14 February	4
Pinkwell Junior	15 February	0
Providence Road	27 February	1
Cherry Lane Infant	28 February	7
Cherry Lane Junior	28 February	8
Meadow	1 March	7
Townmead	1 March	10
Longmead Infant	2 March	2
Dr. Triplett's C.E.	7 March	2
Longmead Junior	7 March	3
Harmondsworth	8 March	2
Charville Junior	22 March	2
Glebe	30 March	1
Abbotsfield	3 April	1
Hillingdon Infant	4 April	1
St. Matthew's C.E.	10 April	2
St. Stephen's	11 April	3
Barnhill Junior	2 May	1
Townmead	15 May	1
Minet Junior	23 May	1
West Drayton	23 May	1
Whitehall Junior	5 June	3
Whitehall Infant	7 June	1
Townfield	8 June	2
Moorcroft	22 June	1
Bourne Secondary	25 June	1
St. Matthew's	26 October	1
Cherry Lane Junior	6 November	5
Swakeleys	8 November	1
West Drayton	9 November	4
Cherry Lane Infant	12 November	2
Oak Farm Junior	15 November	1
West Drayton	15 November	0
West Drayton	20 November	0
Our Lady & St. Anselm R.C.	26 November	2
Holy Trinity C.E.	11 December	1
Cherry Lane Infant	11 December	1
<hr/> 35 Schools	<hr/> 51 Visits	<hr/> 106 Cases

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85 cases reported and 21 discovered on inspection of schools

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