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

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The Health Services of Hounslow 1965

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London Borough of Hounslow

Annual Report 1965

of the Medical Officer of Health and Principal School Medical Officer

Robert L Lindon MRCS LRCP DPH DCH

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Alderman E J Kenward

Vice-Chairman
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Councillor Miss E J Atkinson
Councillor Miss B M Cross
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Councillor Mrs D E Gatehouse
Councillor G A M Greenland JP
Councillor K A McKay
Councillor H Nixon
Councillor A H Nixon
Councillor W R Sands
Councillor Mrs V G A Secker JP
Councillor M P Slattery
Councillor A White
Dr E F Roberts
(in an advisory capacity for Middlesex Local Medical Committee)

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Councillor D J Fitzgerald
Councillor R D Flynn
Councillor F E Field (until 31.3.65)
Councillor W E Gamble
Councillor F T Hollocks
Councillor K F Hughes BA
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Councillor G J Stephens OBE
Councillor M L Watts
Councillor J B Webb
Councillor D C Wetzel
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Staff of the Department of Health at 31st December 1965

Medical Officers

Medical Officer of Health and
Principal School Medical Officer
R L Lindon MRCS LRCP DPH DCH

Deputy Medical Officer of Health and
Deputy Principal School Medical Officer
Megan E Wilkinson MB ChB DPH

Consultant Medical Officer
A Anderson MD DPH

Principal Medical Officers
P A Bennett MB ChB
Elizabeth N Christie MB ChB DPH
Dulcie G Gooding MB BS MRCS LRCP DPH

Assistant Principal Medical Officer
Betty P Westworth MB ChB DObst RCOG

Assistant Medical Officers
Miss P J A Bell MB BS MRCS LRCP DCH
Miss M Foxworthy MB BCh BAO
Mrs R R Irvine LRCP LRCS LRFPS FFA RCS DA
Mrs R Prothero MD LRCP LRCS DCH
Mrs T Sebestyen MD LRCP LRCS LRCPS DCH

Consultants

Audiology Unit
L Fisch MD DLO

Cerebral Palsy Unit
A D Barlow MA MB BChir MRCP DCH

Child Guidance Clinic
G Levinson MD BS DPM

Ophthalmic Clinics
C J L Blair MRCS LRCP
Miss H B Casey MB BCh DOMS
R L Kerr MRCS LRCP DOMS

Orthopaedic Clinics
J A Cholmeley MB BS FRCS
E A Devenish MS FRCS

Staffing establishment

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In conjunction with the Regional Hospital Boards

Mental Health Service C F Herridge MA MB BCh DPM	In conjunction with the Regional Hospital Boards
Chest Clinic R Heller MD	
Pathologist E Nassau MD	**Staffing establishment**
Dental Officers and Orthodontists *Chief Dental Officer* D H Norman BDS LDS RCS *Senior Dental Officer* Miss N Leaver BDS LDS *Orthodontist* S Levy BDS *Dental Officers* Miss F H Bowie BDS LDS Mrs B Fox BDS LDS Miss M A Robinson LDS RCS	12
Senior Psychologist for special units and special schools Miss M C Tyson BA BScEcon PhD	1
Social Work Organiser and Advisor on Health Education E Heimler AAPSW	1
Physiotherapists *Superintendent Physiotherapist* Mrs J Biddle MCSP	5
Speech Therapists *Senior Speech Therapist* Miss E G Richnell LCST LRAM	5
Health Visitors and School Nurses *Superintendent Health Visitor* Miss E L Donovan SRN SCM HV *Deputy Superintendent Health Visitor* Miss M M Ward SRN SCM HV	37

	Staffing establishment
Student Health Visitors	3
Tuberculosis Health Visitors	5
Home Nurses	34
Domiciliary Midwives	16
Non-Medical Supervisor of Midwives and Superintendent Home Nurse Miss V Murphy SRN SCM HV RMPA	
Deputy Non-Medical Supervisor of Midwives and Superintendent Home Nurse Miss M A Taylor SRN SCM MTD	
Public Health Inspectors	24
Chief Public Health Inspector K J Smith FAPHI MRSH	
Deputy Chief Public Health Inspector F V Bell MRSH MAPHI	
Public Analysts	In conjunction with the Greater London Council
W B Chapman BSc FRIC E H W J Burden BSc FRIC	
Veterinary Inspector	
J A Morris MRCVS	
Pupil Public Health Inspectors	4
Rodent Officer	1
Rodent Operators/ General Duties Assistants	8
Mortuary Attendant	1
Psychiatric Social Workers	2
Mental Health Social Workers	11
Chief Mental Welfare Officer W N Carey SRN RMN	
Deputy Chief Mental Welfare Officer A H Duff Dip SS	

Junior Training Schools and Special Care Units	Staffing establishment
Hanworth	
Supervisor	
Mrs F R Williams NAMH	
Assistant Supervisors	6
Trainee Supervisor	1
General Duties Assistants	4
Coach Guide	1
Cook	1
Cleaner	1
Stoker	1
Isleworth	
Supervisor	
Miss G M Chapman	
Assistant Supervisors	7
Trainee Supervisor	1
General Duties Assistants	3
Coach Guide	1
Cook	1
Cleaner	1
Adult Training Centres	
Acton Lodge	
Manager	
J R Simpson	
Deputy Manager	1
Senior Instructor	1
Instructors	9
Cooks	2
Domestic Assistant	1
Coach Guides	2
Brentford Adult Training Centre	
Supervisor Instructor	
B F Pitt	
Instructors	3
Coach Guide	1
Supply Staff for Schools and Centres	
Senior Physiotherapist	1
Supervisor	1
Trainee Supervisor	1

	Staffing establishment
Hostel for the Mentally Ill	
Warden H R Thompson	
Assistant Warden	1
Housekeeper	1
Cooks	2
Domestic Assistants	2
Day Nurseries	
Matrons	3
Deputy Matrons	3
Wardens	3
Nursery Nurses	15
Nursery Students	14
Cooks	3
Domestic Assistants	7
Hounslow Chest Clinic	
Almoner	In conjunction with the North West Regional Hospital Boards
Clerk	
Medical Auxiliaries, etc.	
Psychotherapist	1
Dental Auxiliaries	2
Dental Surgery Assistants	16
Audiometricians	3
Chiropodists	3
Orthoptist	1
Occupational Therapist	1
Vision Screen Operator	1
Welfare Assistants	2
Welfare Officer	1
Clinic Attendants	5
Home Helps	160
Organiser Miss D Claxton	
Assistant Organisers	4
Caretakers and Cleaners	10
Administrative and Clerical	77
Chief Administrative Officer H L Law ARSH MRIPHH	
Deputy Chief Administrative Officer J W Dean FSS	

Figures are equivalent full-time to the nearest whole number.

To the Mayor · Aldermen and Councillors of the London Borough of Hounslow

I have the honour to present the first Annual Report on the health of the people living in the London Borough of Hounslow and on the health services provided by the Borough for the year 1965.

Transfer of Health Services occasioned by the Implementation of the Local Government Act 1963

Every effort was made to ensure the smooth transfer of the personal health services from the health department of Middlesex County Council to this department with as little dislocation as possible. That this was achieved, during this very trying period for all concerned, was in no small measure due to the foresight of the County Council, its chief medical officer, Dr Guy Wigley and his staff in re-arranging the health areas in Middlesex to coincide with the new borough boundaries some six months before the new boroughs became comprehensive local health authorities on 1st April 1965.

That the seemingly never ending series of new, complex and often perplexing problems, occasioned by the transfer, were actually solved satisfactorily by the loyal co-operation of colleagues in the health and associated departments, was in considerable measure due to the sustained encouragement, understanding and support of all members of the Health Committee. Day after day during this period, chairmen, members and officers spent many intense hours over and above the normal run of duty, often into the early hours, working as a team to ensure that the health and other essential services to the community were the best that their resources could offer.

Statistical Data

The statistical data for the first quarter of the year, for the same geographical area as the new borough, have been included in the totals in order to provide a complete review for the twelve month period.

Due to the changes occasioned by the implementation of the London Government Act 1963 no strictly comparable returns for previous years are available so comparisons are made where possible with the appropriate national averages.

The birth rate (corrected for the age and sex distribution of the population) of 16.6 is below the national figure of 18.1, and it is of interest to compare this figure with the 1964 figures for each of the three previous constituent authorities of Heston and Isleworth 14.9, Brentford and Chiswick 16.9 and Feltham 18.5.

Although there were 3,541 live and 51 still births, it is gratifying to note that there were no maternal deaths associated with pregnancy or childbirth. This is a tribute to the skill of the doctors, midwives and health visitors who practise in the hospitals and in the homes of the people in the borough.

The percentage of illegitimate births per live births of 8.7 is, however, higher than the national figure of 7.7. This percentage is consistently rising and the great majority of illegitimate babies are born to women who are under 20 years of age. It should now be apparent that the only way to reverse this continuing upward trend is by careful and comprehensive education in all aspects of individual and group human relations, and the cultivation of a more mature and informed responsibility during the formative years both at home and at school. Full knowledge of the consequences to themselves and to the innocent child may deter some, but more positive, though still considered controversial, is the provision of proper access to such sympathetic and kindly advice as is already given at the Brook Advisory Centres in London. It is suggested by those who run these Centres that such advice enables young persons to make their own decisions from a stable foundation of knowledge of every aspect of their individual problems and of every means of avoiding such very preventable tragedies. The content of these remarks will remain a matter for individual conscience, but everything should be done to prevent the misery, distress and damage still caused to the people concerned by each illegitimate birth in our present society.

Infant mortality is 15.5 per 1,000 total live births and is well below the national average figure of 19.0.

The adjusted death rate of 10.7 per 1,000 population is below the national average of 11.5 and compares favourably with the figures for 1964 for Heston and Isleworth of 11.1, Brentford and Chiswick of 10.8 and Feltham of 10.9.

There were 28 deaths from motor vehicle accidents, and 20 from all other accidents. Suicide accounted for 25 deaths.

Incidence of Bronchitis

Deaths from bronchitis were 82 men and 32 women. It is well known that the incidence of bronchitis in this country is between twenty and forty times as great as it is in most continental countries. The reason for this is not yet clear. A major cause of this crippling disease, as of lung cancer, is however, smoking, and the avoidance of this habit is a duty each individual owes to himself and to his family. Certainly any smoker who commences to cough should heed this serious warning and reduce the habit immediately. Atmospheric pollution and infection are also implicated in the causation of bronchitis, but it must be remembered that when one smokes one is inhaling each time a rough equivalent of pea-soup fog!

Another factor that may have a bearing on bronchitis in later life is the British habit of putting babies outside in prams in all weathers and possibly improving their complexions at the expense of their lungs. Adults would never dream of placing their beds in their front gardens in icy conditions and sleeping in them! An infant has a far less effective heat regulating mechanism than an adult, and a more sensitive respiratory system and lungs. Low temperatures significantly reduce the ability of the baby's respiratory tract to deal with both germs and atmospheric pollution. Hence, possibly in this way, the seeds of future bronchitis are sown. The thought is left with you that it may therefore be wiser to place babies to sleep outside only in clement weather.

Lung Cancer

Deaths from cancer of the lung and bronchus were 103 men and 27 women. It is noted that the incidence was about four times higher in men than in women. It cannot be said too often that lung cancer is an eminently preventable disease, and the dominant part that smoking plays is by now common knowledge.

Heart Disease

Heart disease accounted for 739 (34.7%) of all deaths. In the present stage of medical knowledge it may be said that heart attacks may well be reduced in number if each person balances his work, exercise, rest and play, takes animal fats and sugar in moderation, keeps his weight correct for his height, and does not smoke. Those who have a family history of coronary disease, or are significantly overweight could, with advantage, have occasional medical checks in middle age, even in the absence of symptoms.

Infectious Disease

It is a pleasure to report that there were no outbreaks of any major infectious disease during the year, although it should be clearly understood by every individual that the level of protection a community enjoys against an outbreak of such disease is sustained only if an adequate proportion of responsible parents continue to ensure that their children are properly immunised. It is regretted that due to complacency or other unknown factors this proportion continuously threatens to become so low as to be a cause for concern.

Venereal Disease

The gradual rise in the attendance and diagnosis of cases of venereal disease at special hospital clinics is fairly general throughout the country, but like illegitimacy, the increase is mainly in persons under the age of 20 years. There the similarity ends, and a considerable amount of research will be necessary to unravel the complex needs of sections of present day society which lead to the increasing incidence of deviations such as delinquency, illegitimacy, drug taking, and venereal disease in the young. Apparently widely differing types of youngster from widely differing backgrounds may suffer one or other of the above troubles and yet be psychologically less likely to suffer another of these than a youngster who has never before succumbed. It must be stressed that although the increasing incidence must be taken seriously, it is only a very small minority of youngsters who actually contract venereal disease. For this minority the years between school leaving age of 15 and early adulthood at 20 years are a sort of 'no man's' land when they often no longer wish to turn to their parents or personal family doctor with their problems and also no longer have a sympathetic teacher on whom to unload their troubles.

From the preventive point of view the cultivation of the idea of a healthy mind and body, and of responsibility at school is necessary, but beyond this I am afraid we are all still largely ignorant of how to prevent youngsters exposing themselves to these serious illnesses which if remaining undiagnosed too

long can do irreparable damage. What can be done to encourage these young adults to discuss their problems, and what advice to offer them, which will be heeded, are the questions that still require answering.

Screening Procedures and Medical Checks

The health of the people in the borough remains good, but it is well known that there is still, in all communities, the hidden base of a clinical iceberg of minor and major mental or physical disease which remains largely untapped and undetected by present methods. It is, however, now becoming feasible that a proportion of these hidden, incipient, latent or actual diseases could be prevented from causing irreparable damage by early detection before overt signs appear. This early detection could only be instituted by means of voluntary periodic medical checks of individuals at risk or on a larger scale by the screening of populations at risk. Such screening of selected groups has already been carried out for many years in varying degrees of depth, in the maternity and child health clinics, the school health services and also in industry and the armed forces. The following illustrate some of these selective groups—

Ante-natal Clinics
Pregnant women for anaemia, rhesus incompatibility, toxaemia and venereal disease

Infant and Child Development Clinics
Total development examination
Screening for
Hearing defect eg congenital deafness
Visual defects
Neurological and CNS defects
Phenylketonuria
Congenital dislocation of hip
Infants at risk

School Health Service
Audiometric sweep screening
Visual screening
Total medical examination
Pultibec assessment of handicapped etc
Dental screening

Student and Occupational Health Services
Mental Illness
Group work in Hounslow Project
(see later in report)

Screening of middle and later age groups must await a suitable climate of opinion amongst the adults in the population and, secondly the formation of suitably trained medical teams who have the necessary knowledge of the natural history of the disease processes, accurate tests suitable for mass application, and an ability to treat the diseases found and favourably affect their prognosis.

With the spread of civilisation and universal education, has come greater sophistication of its adult members in regard to what they expect and require of medicine and community medical care. In recent decades, their expectation has been considerably enhanced by the spectacular advances in the effectiveness of medical diagnostic and therapeutic procedures and in surgical techniques. Standards of health or ill-health previously accepted by individuals and the community have now become, or are becoming, unacceptable. Resultant demands on doctor time and skill will therefore continue to increase despite individuals in society apparently becoming healthier. This increased education and sophistication aided by the ever increasing tempo of modern life leads to demands that minor and major ills, often psychosomatic in nature, are treated at an earlier and earlier stage, or actually prevented altogether. The climate of opinion in society is thus reaching a stage when the demand and acceptance for such screening procedures are matching with the recent interest shewn in medical circles in such procedures.

In addition to the screening processes already existing, the first new service of the type proposed for the borough is for the early detection of cervical cancer in its pre-malignant and treatable phase. It is proposed that this service will commence in 1966, but its extent will be determined by the number of smears that can be dealt with by the hospital cytological service. This service will supplement work already carried out in this field by a number of family doctors and the Family Planning Association. Screening for diabetes has already been carried out in this country, but very careful planning of resources is necessary before this procedure can be adopted more widely.

With reference to screening in general, there is no point in diagnosing on a mass basis if results are not accurately recorded, and if preliminary ground work, such as standardisation of forms, arrangements for treatment and epidemiological studies has not been

thoroughly carried out. Local health authorities have suitable data-processing machinery, and many have computers but nevertheless considerable resources in money and skilled personnel, both medical and lay, will be required if the vitally necessary processing, selection, recording, diagnosis, treatment, feedback and recall is not to become overloaded and inefficient.

As there is a ceiling on resources, where possible selective as opposed to mass screening should be carried out. Such protection should be related to the general economic position, age, sex and occupational group which will give the most effective yield and the persons who will respond to treatment. Alleviation of much human discomfort and distress may be possible if resources are used sensibly.

The formation of a team of family doctors, local health authority and hospital staff is yet again a necessary part of the procedure, and health centre practice would naturally facilitate the formation of such teams.

Health Services · Section 21 Health Centres

Soon after my appointment in July 1964 I commenced to explore the possibility of positioning the proposed central co-ordinating health centre of the new borough on the site surrounding the existing clinic and health offices at 92 Bath Road Hounslow. This clinic centre was already the administrative centre for the personal health services under the Middlesex County Council health department, and for the public health services for the Borough of Heston and Isleworth.

From the point of view of the people of Hounslow it appeared rational to have one centrally placed centre on which people could converge and obtain advice on any personal health, social or other related problem. It was decided, therefore, to invite the Children's Officer to place her central department with all its services for children on the same site as the central health department. In the same way the Chief Welfare Officer agreed to plan on this site his central department with its services for the handicapped, the elderly and the homeless.

It was also realised that the practical concept of the family doctors as the co-ordinators of a team of health visitors, home nurses, midwives and social workers (with the expertise on casework encompassing children, problem families, mental health, the handicapped and elderly) could become a reality in such a centre, and this was a spur to redouble our efforts to make such a possibility into fact.

The Child Psychiatric Unit of the Child Guidance Centre and a Mental Health Day Centre, both with consultant psychiatric care, were also included in order to make the proposed centre as comprehensive as possible from the point of view of the general public. Added to the central positioning and comprehensive facilities enumerated above, is the fortunate fact that the Hounslow Hospital directly abuts the site. This was a chance indeed for the tripartite health services of hospital, general practitioners and local health authority to come together and to join with the social services of the children's and welfare departments of the borough for the benefit of the individuals and families in the community. This community care would also include psychiatric care for the child and the adult, so encompassing all age groups. Thus the preventive, social and curative aspects of medical care would all come within the ambit of the centre.

I am indebted to Alderman E J Pauling, at the time Chairman of the Steering Committee and Chairman of the Borough, prior to becoming Mayor on 1st April 1965, to Alderman E J Kenward, Chairman of the Health Committee, and to the members of the committee for their support and encouragement, and for making the all important resolution in the Steering Committee on the 13th November 1964 to enable forward planning to commence on this exciting project.

As a result, in the early months of 1965, a group of family doctors commenced meeting informally, and elected Dr W Morgan-Evans, first as spokesman and later as chairman of a committee of doctors. By arrangement, Mr G Madden, Clerk of the Executive Council, communicated with all the doctors who practised within a mile radius of the centre. Thirteen doctors stated they wished to practise full-time from the centre, and a further six doctors to practise part-time. After several meetings of this committee a schedule of accommodation for the general practitioner wing was drawn up and in the hands of the architects before the end of the year.

If this proposed comprehensive health, welfare and children's centre can be fully associated with the local hospital medical centres, the local general hospitals and a teaching hospital then ideal facilities would

become available to medical students, post-graduate doctors and other students of these disciplines for the teaching of community medicine and general family practice medicine.

Several other health centres in the borough are in varying stages of development and are the subject of considerable discussion with the family doctors, the Executive Council, the Local Medical Committee and representatives of the Ministry of Health. All taking part are most helpful and considerable progress has therefore been made. A preliminary report on these centres is given on page 37. Our endeavour is to produce the best possible conditions to enable doctors, with all the resources of the local health authority available to them to practise modern medicine in such a way as to bring the greatest benefit, satisfaction and well-being to their patients.

Health Visiting

The health visiting service is still held back due to difficulty in recruitment, which means that the limited staff from the superintendent (Miss E L Donovan) to the district health visitor has had to put in a considerable amount of hard work. The borough council's forward policy on the provision of health centres and on the need for full co-operation regarding all the aspects of community medicine renders the recruitment of sufficient health visitors a matter of urgency. No liaison or attachment schemes between general practitioners and health visitors were inherited from Middlesex, and any new scheme in an urban area such as Hounslow would only be a success, and success it must be, if there were a sufficient number of health visitors on the ground.

Home Nursing and Midwifery

The home nursing and midwifery services have had a successful year, due not only to the devoted work of a full complement of nurses and midwives, but also to the efficient and kindly guidance of the superintendent, Miss V Murphy and her deputy, Miss M A Taylor who is a welcome addition to the department.

Home Help Service

Each home help is an indispensable member of the health service team, and works in close collaboration with her nursing colleagues. The greatest number of requests for her services come from family doctors, and a breakdown of the client's health is often the precipitating factor in the need for help. Many home helps now come into the service because of a sense of vocation, and soon find helping those in need can be a very satisfying occupation. Miss D Claxton, home help organiser, took over a team of home helps who were second to none from her predecessor, Mrs R Chapman MBE, who was well known in this field.

So many problems in the service have a medical aspect whether the recipient of help is a mother, child, handicapped or an elderly person, that it is essential for the organiser to have medical advice near at hand. Close collaboration between my deputy, Dr M E Wilkinson, Miss V Murphy, superintendent of home nurses and Miss D Claxton has enabled the newly organised service to settle down and reach, by the end of the year, a standard of which the borough and community can be proud.

Physiotherapy and Speech Therapy

The Middlesex pattern of therapists working individually in clinics, schools and medical units has been modified by the formation of teams of therapists co-ordinated by a superintendent responsible to a principal medical officer. Mrs J Biddle has been appointed to the newly formed post of superintendent physiotherapist and co-ordinates a team of six physiotherapists, a number of whom are part-time, and similarly Miss E G Richnell has been appointed senior speech therapist to co-ordinate a team of four speech therapists. Fortunately full establishment has obtained in both fields throughout the year, and much devoted work has been done.

It is envisaged that these two paediatrically orientated teams could form the nucleus upon which a more widely based domiciliary team for the care of the older age groups could be built. By the addition of therapists trained in geriatric work much could be accomplished in the rehabilitation of the elderly and the handicapped.

Nation wide staff shortages however mean that at present the domiciliary field could only be strengthened at a cost to the hospital service. Therefore much thought must be given to the question of priorities, and in which field the patients will reap the greatest benefit.

Vulnerable Groups · Housing and Public Buildings

Despite everything that can be done on the preventive side there will, for the foreseeable future,

be a varying but significant proportion of unmarried mothers and other vulnerable people, such as the handicapped and the elderly in the community. Of the many medico-social provisions that must be made for these groups, one that stands out is the need for suitable housing accommodation.

Hostels for unmarried mothers are short-term only; hostels for the physically handicapped or elderly should only be necessary for a very small proportion of the total number of persons concerned. Suitable and flexible housing accommodation remains therefore the most vitally important material provision for the vast majority of persons who fall into these vulnerable groups. A suitable proportion of all new dwellings could, with advantage, be designed in such a way as to be equally suitable for either the elderly, the physically handicapped or even an ordinary family group, and in this way the unpredictable variations of demand and supply could be economically contained.

For the same reasons it should be brought to the notice of all those who are responsible for the design of public buildings such as theatres, cinemas, libraries, churches, shops, etc that they should make sure that such buildings are accessible to all disabled and elderly persons, including those in wheelchairs. The provision of at least one level entrance with no steps, suitably placed handrails, easy to operate, suitably sized and positioned lifts, suitable doors and at least one toilet large enough to accommodate a wheelchair. The proportion of handicapped and elderly in the community is large enough to warrant these provisions, and it cannot be disputed that they have as much right of access to the amenities of such buildings as any other member of the community.

Health Education

The report of a Joint Committee of the Central and Scottish Health Services Council on health education under the chairmanship of Lord Cohen published in 1964, drew attention to and envisaged a considerable expansion in this important aspect of preventive medicine and the promotion of health. In Hounslow during the last year, a considerable portion of the resources of the health education division of the health department has been devoted to a very important development in the field which has been called the Hounslow Project. Mr E Heimler, Social Work Organiser and Advisor on Health Education and Miss J Dighton, Psychiatric Social Worker, have raised a number of new and interesting issues in this field, and a resumé of the project is to be found in the body of the report. Wide interest in this project has been reported in this country and internationally, but it is only one facet of a wider field envisaged in the Cohen report.

The first part of the project, and the pilot survey have pin-pointed groups in need of education and advice, and particular aspects of health education and prevention will be directed at these groups.

General expansion of this division of the department, especially on the technical side however will be necessary if the suggestions in the Cohen report are to be implemented.

Family Planning

The department continues to co-operate very closely with the voluntary family planning service, on whose committee I have the honour to serve. From so many points of view this is one of the most vital services for the present and future health of mankind. The figures of possible future overcrowding of this world's surface area produced by the statisticians are not without basis, but nearer at home, family planning is without doubt a considerable factor in increasing the stability of family life and improving the health of the new generation of children. It will also be one of the vital factors in enabling such necessary social services as the provision of suitable housing to catch up with the present ever increasing demand.

Maternity · Child Welfare and School Health Services

These services continued to function on the same pattern as under the Middlesex County Council during the year.

The stature, physique and overall health of the children, including the school children in the borough is good, but it must be remembered that there is also the other side to the story. With improved medical and surgical techniques the percentage of surviving handicapped in the child population tends to rise, and added to this improved diagnostic methods find increased numbers of hearing, visual and minor or major psychological deviations from the normal. These factors, combined with the closer assessment of emotional disturbances, social maladjustments, school phobias and failure to progress in school mean that

the school medical officer's time is still very fully occupied. More and more of the departmental medical officer's time and skill is taken up in making a diagnosis and assessment as early as possible and therefore the emphasis on a full developmental clinical examination is now concentrating on the infant and pre-school child, in addition to the continued care of the school child.

To aid this all important early diagnosis of deviations from normal while they are still in a treatable stage, a 'risk' register scheme was set up in the area in 1961 based on suggestions in my paper on 'Risk Registers' published in the Cerebral Palsy Bulletin (Vol 3 No 5 1961 : pages 481-487). I am grateful to Dr D G Gooding, Principal Medical Officer, for reorganising the risk/observation register and the associated child development clinics, and also for carrying the heavy burden of administration and clinical work involved in running Heston Hearing Clinic and the Martindale Medical Advisory Unit.

I am sure all will agree that the appointment of Dr Moya Tyson as senior psychologist to the special units and special schools has been of incalculable value to the handicapped children of this and adjoining boroughs, and also of considerable aid to medical officers of health and those doctors, teachers and therapists who are associated with the care of these children. Dr Tyson's services as a lecturer have been in continuous demand, and since her appointment she has lectured at numerous conferences, at various colleges, and to several groups of parents etc on subjects relating to child development, brain injury and the handicapped generally.

The school psychological service under the guidance of Mr B Barnett, senior psychologist to the Education Department has been of considerable help to this department, and I am most grateful to Mr Barnett and Dr Tyson for their contributions to this report.

The child guidance psychiatric unit is administered by the department of health, and a new unit is envisaged in the proposed comprehensive health centre at 92 Bath Road. An account of the work of this unit is included in the body of this report.

Dental Service

The chief dental officer (Mr D H Norman) administers a local health authority dental service which is the equal of any in the country. All the health premises are purpose-built with the exception of one, and the dental surgeries have the most up-to-date equipment. Recruitment of staff varies, but generally remains difficult.

Mr Norman gives an account of both the priority dental service and the school dental service in the body of this report.

Mr Norman is to be congratulated on his appointment as honorary advisor on public health dentistry to the London Hospital.

Environmental Health

The integration into one department of the varying services of the departments of the three constituent authorities has been a considerable task, and I am indebted to Mr K J Smith, chief public health inspector and Mr F V Bell, deputy chief public health inspector, and the senior staff of the division for accomplishing it so smoothly.

We have been fortunate in having retained throughout the year an almost full complement of public health inspectors. I would like to thank them for their sustained efforts in this important field, especially in view of the considerable amount of new legislation necessitating many new duties and responsibilities which occurred at the same time as the exigencies of reorganisation.

Mr Smith gives a full account later in this report of progress in the implementation of the clean air programme, of the requirements of the Offices, Shops and Railway Premises Act and of the Housing Acts in relation to houses let in multiple occupation, and also of a somewhat troublesome year with itinerant caravan dwellers.

Mental Health

The new mental health division was strengthened appropriately in order to give a more comprehensive service to those who were distressed, overtly mentally ill or subnormal in the community, and to prevent if possible the necessity for their admission to hospital. We have been fortunate in recruiting and retaining an almost full establishment of mental health social workers and thus have been able to co-operate very closely with Springfield Hospital, whose catchment area covers the greater part of the borough. The appointment of a consultant psychiatrist from this hospital as community psychiatrist and adviser to this department will be of considerable help in the future

organisation of these largely pioneer services in the borough.

There is a very full account of the mental health services in the body of this report, and I will refrain from reporting further on this important subject. I would like, however, to quote a paragraph from the preface to Dr A C T Perkins' Health Report for Middlesex for 1955— 'From such work as has already been carried out in the sphere of preventive mental medicine, it is emerging ever more clearly that the seeds of later mental illness are sown in earliest childhood and fostered by faulty parent-child relationships. The local authority clearly has a dual role here'. How true are these words, and they should encourage all those doctors, nurses and social workers who work with the family in child welfare to redouble their efforts.

Day Nurseries

The three day nurseries in the borough play an important role in the day care of children under the age of five years whose mothers are unsupported, or who for some reason or another are unable to take full care of their children during the day.

Since the Middlesex County Council estimated the day nursery provision for the area which now constitutes the borough, conditions have changed considerably, and it is obvious that the existing provision is inadequate. The decision to admit handicapped children has increased the pressure on day nursery places. These children benefit greatly from contact with normal children, the mother who is often under strain benefits from the help provided and the child can be assessed before reaching school age.

The pattern of earlier marriage and earlier child bearing has resulted in a higher proportion of separation and divorce. The number of unmarried mothers has also increased. The health of children from problem families is at risk due to emotional insecurity and inadequate mothering. Day nursery admission can help to reduce the stress and strain in such homes and helps to avoid the necessity of taking the children into care.

During the latter part of the year the demand for day nursery places increased considerably. The nurseries are now working to full capacity and there is a waiting list for admission at two of the nurseries.

Conclusion

In conclusion, after an exciting though exhausting year, I would say, that on the whole, the staff of the Department of Health are optimistic in regard to the future. Relationships with other new departments are settling into place, and it is to be hoped that a reasonable period of stability will now be allowed to the new London Borough of Hounslow.

Since the formation of the new borough, the rapprochement and considerably closer integration of our services with those of the family doctor and with our colleagues in all disciplines within the hospital field is another reason for our optimism.

Appreciation

I would like to thank the family doctors and hospital staff for their help on numerous occasions and for their friendly co-operation during the year.

I would also wish to thank the many voluntary workers and associations who have contributed so much to the success of the services.

I would like to express my warmest appreciation and thanks to every member of the staff of the Department of Health for their loyal and sustained application to duty throughout this unprecedented, yet notable year. A considerable burden of responsibility has inevitably fallen upon my deputy, Dr M E Wilkinson and my chief administrative officer, Mr H L Law, and on all those who have assisted in the preparation of this report. I would also like to thank the chief and senior officers of the other departments of the Council who have helped in so many ways. My thanks to Mrs Marilyn Sturgeon of the Libraries Department who designed the cover and general layout of this report.

I also wish to express my indebtedness to the chairmen and members of the Health Committee and the Public Health (Special Powers) Sub-Committee, the chairmen and members of the Education Committee and Special Services Sub-Committee for their understanding and encouragement which has been a constant source of inspiration to all members of the department.

Robert L Lindon

Medical Officer of Health and
Principal School Medical Officer
Department of Health
92 Bath Road
Hounslow Middlesex

It is with regret that we record the death on 7th June 1966 of Dr Andrew Anderson, who was Medical Officer of Health for the Borough of Heston and Isleworth from 1st November 1938 to 4th July 1948, Area Medical Officer, Health Area No 9 Middlesex County Council and part-time Medical Officer of Health, Borough of Heston and Isleworth from 5th July 1948 to 31st March 1965, and Consultant Medical Officer to the London Borough of Hounslow from 1st April 1965 to 7th June 1966. The fruits of his work live on, and we in the Department of Health have gained much from his wisdom.

October 1966

Summary of general and vital statistics relating to the London Borough of Hounslow

Statistics for the area

Area (including inland water)	14,469 acres
Population—1961 census	208,893
Population—Registrar General's estimate mid-1965	207,550
Persons per acre	14.4
Number of habitable premises (1st April 1965)	64,612
Number of new houses erected during the year	731
Rateable value (all hereditaments) 1st April 1965	£15,232,474
Product of a penny rate (estimated 1965/66)	£62,900

Vital Statistics

Live births	
Number	3,541
Crude rate per 1,000 population	17.1
Adjusted rate per 1,000 population	16.6 (England and Wales 18.1)
Illegitimate live births	
Number	309
Per cent of total live births	8.7 (England and Wales 7.7)
Stillbirths	
Number	51
Rate per 1,000 live and still births	14.2 (England and Wales 15.8)
Total live and still births	3,592
Infant mortality (deaths under 1 year)	55
Total infant deaths per 1,000 total live births	15.5 (England and Wales 19.0)
Legitimate infant deaths per 1,000 legitimate live births	16.1
Illegitimate infant deaths per 1,000 illegitimate live births	9.7
Neo-natal mortality (deaths under four weeks)	
Number	44
Rate per 1,000 total live births	12.4 (England and Wales 13.0)
Early Neo-natal mortality (deaths under one week)	
Number	36
Rate per 1,000 total live births	10.2
Perinatal mortality (still births and deaths under one week combined)	
Number	87
Rate per 1,000 total live and still births	24.2 (England and Wales 26.9)

Maternal mortality (*including abortion*)	
Number	Nil
Rate per 1,000 total live and still births	Nil (England and Wales 0.25)
Deaths (*total—all ages*)	
Number	2,130
Crude rate per 1,000 population	10.3
Adjusted rate per 1,000 population	10.7 (England and Wales 11.5)
Deaths caused by	
Cancer (all forms)	
Number	476
Rate per million population	2,293 (England and Wales 2,227)
Heart Disease	
Number	739
Rate per million population	3,561

All rates for England and Wales are provisional.

Annual Report of the Medical Officer of Health for the year 1965

Vital Statistics

Area and Population

The London Borough of Hounslow is comprised of the former boroughs of Brentford and Chiswick and Heston and Isleworth and the urban district of Feltham and has a total area of 14,469 acres.

The Registrar General estimated that the mid year population was 207,550 which is a reduction of 1,343 compared with the 1961 population census.

Live Births

The number of live births in 1965 was 3,541 (1,868 male, 1,673 female) and this represents a live birth rate per 1,000 population of 17.1. The birth rate will vary, apart from other causes, according to the age and sex distribution of the population and to permit of a valid comparison with other areas the Registrar General supplies an area comparability factor. When this is applied the rate becomes 16.6 compared with 18.1 for the whole of England and Wales. Of the total live births 309 (8.7 per cent) were illegitimate.

Stillbirths

The number of stillbirths during the year was 51 (12 illegitimate) giving a stillbirth rate per 1,000 total (live and still) births of 14.2.

Deaths

The deaths of borough residents during 1965 numbered 2,130 (1,102 male, 1,028 female) giving a death rate per 1,000 population of 10.3. Like the births the number of deaths in any area are influenced by the sex and age distribution of the population and here again the Registrar General supplies an area comparability factor. When this is applied to the local rate the result is 10.7 as compared with a rate of 11.5 for England and Wales. The causes of and ages at death are shown in Table 1. The cause of death was certified by the coroner in 527 cases. Sixty-eight per cent of the deaths occurred in persons aged 65 years and over. More than one-half of all deaths were caused by cancer or heart disease.

Infant Mortality

During the year there were 55 deaths of children under the age of one year and of these three were illegitimate. These deaths give an infant mortality rate of 15.5 per 1,000 live births as compared with 19.0 for England and Wales. The causes of and the ages at death of these infants are shown in Table 2. It should be noted that 65 per cent of these deaths occurred before the babies reached the age of one week and that the chief causes of death were congenital malformations, breathing difficulties and prematurity.

Maternal Mortality

No death was due to causes associated with pregnancy and childbirth.

Infectious Diseases

Information relating to the incidence of infectious disease must reach the Medical Officer of Health if any effective action is to be taken to control them. Doctors are required by statute to notify the Medical Officer of Health of all cases of certain specified infectious diseases.

Persons travelling overseas may be required to produce evidence of recent vaccination against smallpox or inoculation against yellow fever and cholera. For this purpose a standard international form is used which must be endorsed by the Medical Officer of Health. During the year 3,387 such forms were so endorsed.

The number of cases of infectious disease notified and their age distribution are shown in Table 3. It is pleasing to note the continuing freedom from smallpox, diphtheria and poliomyelitis. In the cases of paratyphoid and malaria the infection was contracted abroad. In the case of infection of the eyes of the newborn a complete recovery was made with no damage to sight. Measles was more prevalent than in the previous year but caused no death. Although this disease is generally regarded by the public as of no great medical significance a survey carried out by the Medical Research Council has shown that chest and ear complications are not uncommon. The cases of dysentery were few but there must be no relaxation in personal hygiene if this disease is to be kept under control. It should be noted that the majority of the new cases of pulmonary tuberculosis occurred in the 20-64 age groups ie during normal working life.

Though new drugs have markedly improved the outlook in this disease the loss of working time can still be serious. There should be no delay in seeking investigation and treatment and the mass x-ray unit at West Middlesex Hospital is available to the public without appointment.

Food Poisoning

Fifty cases of suspected food poisoning were notified but after investigation only 24 were confirmed and of these 24 cases a bacterial cause was identified in eight. The investigation of individual cases or small family outbreaks of gastro-enteritis is time consuming and only too often no definite evidence is forthcoming to show that the infection is food borne.

On 1st March information was received from a large store that many of the staff were suffering from suspected food poisoning. It transpired that 17 had been ill during the weekend and a further eight cases had developed. The onsets of illness were as follows—27th February, 5 ; 28th February, 6 ; 1st March, 9 ; 2nd March, 2 ; 3rd March 2 and 4th March, 1. The symptoms included nausea, vomiting, diarrhoea, abdominal pain, headache and dizziness alone or in various combinations. A detailed study of the food consumed in the canteen by the affected persons failed to pin-point any individual item and no remains of the food were available for bacteriological investigation. The conditions in the kitchen and canteen were excellent, the equipment in good condition and clean and the hygiene of the premises and staff was well supervised. The illness was fairly evenly distributed among all sections of the staff and the staff records, supplemented by further enquiries revealed no recent gastro-intestinal illness. Faecal specimens were obtained from all the sufferers and 57 other staff and a total of 103 specimens were sent to the laboratory. All were negative except for three first specimens from which heat resistant cl. welchii was isolated. This germ is well known as a cause of food poisoning but the finding of it in these first specimens was finally considered to be co-incidental because (a) one of the persons concerned had not been at the store on the 27th and 28th February (b) one had been at the store on 28th February only (c) none of the three was engaged in the handling of food (d) two further faecal specimens from each were negative and (e) no re-heated food had been served. The wide spread of onset among those affected, the high prevalence of headache and vomiting rather than diarrhoea and negative bacteriological findings among the food handlers did not support a diagnosis of food poisoning. It was concluded that this was a gastro-intestinal infection of unknown origin.

A pleasing feature of the investigation was the help and co-operation given willingly by the management and staff.

Fever Hospital

The borough is served by the South Middlesex Hospital but on occasion accommodation in other fever hospitals may be used. During the year 180 patients from the borough were admitted as suffering from or suspected to be suffering from infectious disease. Close contact is maintained between the hospital and the Department of Health so that any necessary action can be taken without delay.

Disinfection

Where necessary, disinfection of rooms is carried out by the Department. During the year 21 rooms were disinfected and three sets of bedding were destroyed. Nine lots of clothing were disinfected before being sent abroad.

Venereal Disease

The nearest hospitals with venereal disease clinics are West Middlesex, Central Middlesex, Hillingdon and West London Hospitals. Attached to most venereal disease clinics is a social worker who gives assistance with the social problems arising from these diseases and most clinics also make efforts to trace and secure treatment for contacts. Throughout the country the incidence of venereal disease is on the increase which is as much a social as a medical problem.

Vaccination and Immunisation · Section 26

Poliomyelitis

The introduction of sabin vaccine that can be given by mouth has greatly reduced the work involved in protecting children against poliomyelitis. The Salk vaccine, given by injection, is still available to doctors who prefer to use it. During the year 3,141 children

under the age of 16 years completed the course of treatment necessary for protection. A further 2,164 children were given 'boost' doses.

Diphtheria · Whooping Cough and Tetanus

Protection against these diseases can be given by injection only and the antigens can be given singly or in combination. The poliomyelitis antigen can also be added so that by a course of three injections protection against these four diseases can be given. The general practice is to use a triple antigen and to use oral vaccine for poliomyelitis. In certain cases, on clinical grounds, it may be advisable to omit whooping cough protection. The number of children under the age of 16 years who completed primary courses or were given re-inforcing injections during the year was as under—

	Primary course	*Reinforcing injections*
Diphtheria	3,022	3,818
Whooping cough	2,644	1,597
Tetanus	3,875	3,537
Poliomyelitis	3,141	2,164
Smallpox	1,985	50

Protection against tetanus is now being offered to pupils in secondary schools as it was not in general use when they were babies.

Smallpox

Despite the success with which recent outbreaks of smallpox in this country have been controlled the Ministry of Health recommends that children should be vaccinated against smallpox before they reach the age of three years. During the year primary vaccination was done in 1,985 children under the age of 16 years and 50 were re-vaccinated. No complication occurred in relation to these vaccinations.

Tuberculosis

Some 15 years ago an extensive trial and a five year follow-up of the use of BCG vaccine against tuberculosis was made by the Medical Research Council. This trial showed that the incidence of pulmonary tuberculosis in the inoculated was much less than would have been expected from previous experience of the disease. Since 1957 protection against tuberculosis has been offered to secondary school pupils. The BCG vaccine is also used by the Chest Clinics for the protection of child contacts.

The usual practice is to do a skin test first and to give BCG vaccine to those who do not react to the test. School children showing a positive reaction are referred to the Chest Clinic for a chest x-ray as a positive reaction may be due to previous contact with tuberculosis. The numbers tested and vaccinated during the year are shown below—

1. Contacts at chest clinic	
Number skin tested	236
Number found positive	11
Number found negative	225
Number vaccinated	225
2. School children and students	
Number skin tested	1,292
Number found positive	405
Number found negative	822
Number vaccinated	822

Measles

The Borough participated in the trial of measles vaccine organised by the Medical Research Council. The trial was restricted to children between the ages of 10 months and two years as the disease tends to be more severe and the frequency of complications greater in those of that age. Both live and killed vaccines were used and the trial showed that the best results were obtained when one injection of killed vaccine was given first and followed by an injection of live virus. During the year killed vaccine was given to 373 children and of those live vaccine was given to 310. The trial has shown that the vaccine does protect against measles but it is still not known how long the protection lasts—no general scheme of measles vaccination has been started but the vaccine is available to any general practitioner desiring to use it.

General

Protection against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis can be obtained at local authority clinics or given by general medical practitioners. A fee is paid to general practitioners for notification to the Medical Officer of Health of vaccinations or immunisations carried out by them in respect of children up to the age of 16. The local

authority does not provide vaccination against yellow fever, cholera, typhoid or paratyphoid fevers and persons desiring such protection should consult their own doctors.

Yellow fever vaccination is carried out at the following centres

Hospital for Tropical Diseases 4 St Pancras Way London NW1 Tel: Euston 4411 Ext 137

Medical Department Unilever House Blackfriars EC4 Tel: Fleet Street 7474 Ext 2841

53 Great Cumberland Place W1 Tel: Ambassador 6456

Patients are seen by appointment only. No charge is made.

Cholera, enteric fever and typhus vaccination is available at the Hospital for Tropical Diseases 4 St Pancras Way NW1 Tel: Euston 4411 Ext 137 by appointment only.

Anthrax vaccine is available from the Central Public Health Laboratory Colindale Avenue NW9 Tel: Colindale 7041.

If these diseases are to be kept under control a high proportion of the child population must be protected. Parents must not be lulled into a false sense of security for security can be maintained only by their own co-operation. Protection should not be delayed until the disease appears in the community. Statistics relating to vaccination and immunisation are shown in Tables 6 and 7.

Services provided for the London Borough of Hounslow by other Authorities

North West Metropolitan Regional Hospital Board 40 Eastbourne Terrace W2

South West Middlesex Group Hospital Management Committee West Middlesex Hospital Isleworth

The following are the main hospitals—

	Cases admitted	*Approx No of available staffed beds*
West Middlesex Hospital Twickenham Road Isleworth Tel: ISLeworth 2121	Mainly acute	857
Chiswick Maternity Hospital Netheravon Road W4 Tel: CHIswick 1124	Maternity only	51
Brentford Hospital Boston Manor Road Brentford Tel: ISLeworth 6959	Acute	33
South Middlesex Hospital Mogden Lane Isleworth Tel: POPesgrove 2841	Mainly acute including isolation	155

Staines Group Hospital Management Committee Ashford Hospital Ashford Middlesex

Ashford Hospital Ashford Middlesex Tel: ASHford 53271	Mainly acute	421

	Cases admitted	*Approx No of available staffed beds*
Hounslow Hospital Staines Road Hounslow Tel: HOUnslow 4448	Acute	75
Hounslow Chest Clinic 28 Bell Road Hounslow Tel: HOUnslow 6217	—	—
Ashford Chest Clinic Ashford Hospital Tel: ASHford 53271	—	—
Hospitals for the Mentally Sub-Normal		
Leavesden Hospital Abbots Langley Watford Tel: GARston 2222 [North West Metropolitan Regional Hospital Board]		2,227
Psychiatric Hospitals		
Springfield Hospital Beechcroft Road Upper Tooting SW17 Tel: BALham 1212 [South West Metropolitan Regional Hospital Board]		1,065
St Bernard's Hospital Southall Middlesex Tel: SOUthall 5381 [North West Metropolitan Regional Hospital Board]		2,506
Smallpox Hospital		
Joyce Green Hospital Dartford Kent (Long Reach Hospital) Tel: DARtford 23231 [Admission to this hospital should be arranged through the Medical Officer of Health Tel: HOUnslow 6231]		

Middlesex Executive Council

This body is responsible for the provision under the National Health Service Act, of the general practitioner, dental (other than Local Health Authority provision for expectant and nursing mothers, young children and school children) pharmaceutical and supplementary ophthalmic services. The headquarters of the Council is at North West House 119 Marylebone Road NW1 Tel: PADdington 1277.

Ambulance Service

The Borough is included in the area of the Greater London Council Ambulance Service. Provision is made for the conveyance of sick, accident and emergency cases. Tel: DRYden 0251.

Health Centres and Clinics

New Clinics—shared accommodation with family doctors

Heston Clinic Vicarage Farm Road

The new Heston Clinic to replace facilities provided at the adapted war-time nursery at New Heston Road is in the course of erection and should be completed by July 1966. The premises have been so designed that two surgeries, two examination rooms and waiting space can be made available to general medical practitioners on a shared accommodation basis. Land is available for the extension of the premises and for the provision of additional general practitioner accommodation at a later date.

Two medical practitioners having surgeries in the area and who are in partnership have expressed their interest in working from the clinic.

The Health Committee has approved in principle the use by two general medical practitioners of the accommodation which will be available and the Clerk of the Local Executive Council was asked to convey to the general practitioners practising in the Heston area a general outline of the proposal and to ask them for their views and observations.

Negotiations with the two practitioners who wish to work from the clinic are proceeding and the question of rental and terms of letting for the accommodation are under consideration.

It is proposed to seek the Minister of Health's approval to designate this new clinic as a health centre under section 21 of the National Health Service Act 1946.

Spring Road Clinic Feltham

The new Spring Road Clinic to replace facilities provided by a mobile clinic is under construction and should be completed in the latter part of 1966. In order to meet future needs the premises were designed so that three surgeries, three examination rooms and waiting space could be made available to general medical practitioners on a shared accommodation basis.

The Health Committee has approved in principle the use of the clinic by three general medical practitioners and the Clerk of the Local Executive Council has conveyed to the general practitioners practising in this area of Feltham a general outline of the proposal and asked them for their views and observations.

It is proposed to seek the Minister of Health's approval to designate this new clinic as a health centre under section 21 of the National Health Service Act 1946.

Hounslow Health Centre 92 Bath Road

This project has been dealt with in detail in my introduction to the report.

Brentford Health Centre

The Brentford Clinic was purpose built in the late 1930's and consists of a large waiting hall and seven clinic rooms.

In May 1965, six general medical practitioners practising in Brentford and providing a service for approximately 20,000 patients applied for the use of Brentford Clinic premises for surgery accommodation. Their existing surgeries were said to be either affected by proposals for redevelopment or were inadequate and they had been unable to find a suitable site in a central position for surgery purposes.

It was considered that the clinic could be adapted by internal alterations to meet the needs of the general practitioners leaving adequate accommodation for all the local health authority services. Several informal discussions were held with the general practitioners in the Spring of 1965.

In July 1965 the Health Committee and the Borough Council gave approval in principle to the use of the clinic by six general medical practitioners. The Borough Architect was requested to submit plans for the adaptation of the clinic for this purpose and the Clerk of the Local Executive Council was asked to communicate to general medical practitioners practising in the Brentford area a general outline of the proposal and asking for their views and observations.

On the 2nd December 1965 the Clerk of the Executive Council convened a meeting of all interested parties, there was a general discussion on the

proposals and the general practitioners agreed to accept the plan submitted by the Architect. It was agreed that the accommodation would be shared and that the local authority would be responsible for equipping the general practitioners suite.

The Health Committee approved in principle the Architect's plan for the adaptation of the clinic to provide accommodation for medical practitioners and subsequently the Ministry of Health approved the scheme in principle. The Ministry have also approved draft proposals under section 21 of the National Health Service Act 1946. Negotiations about rental and the terms of letting are now proceeding.

Proposed new Health Centre in South Hounslow

A proposal was agreed in principle for the erection of a health centre on a site in Maswell Park. Negotiations on the scheme were proceeding at the end of the year and it is hoped that building will commence towards the end of the 1967/68 financial year.

The proposal followed the receipt of a letter in January 1965 from the Secretary of the South Hounslow Ratepayer's Association requesting the provision of adequate clinic facilities for mothers and young children in the South Hounslow area. The nearest clinics which are situated at 92 Bath Road Hounslow and Busch Corner Isleworth are not easily accessible by public transport. At about the same time four local medical practitioners asked if they could be provided with a health centre.

In February 1965 the Health Committee decided in principle to provide a new health centre in the South Hounslow area. Several sites were investigated but it was considered that the only suitable one was on land known as Hounslow Station Estate south of Maswell Park Crescent. The Borough Architect confirmed that this site would be suitable.

Subsequently the Health Committee resolved that the site known as the Hounslow Station Allotment Estate be approved for a new health centre to be known as the South Hounslow Health Centre.

Several discussions were held with the four general practitioners concerned. A schedule of accommodation has been prepared and the Borough Architect has been asked to submit plans for approval. The general practitioners unit is to be so designed as to allow for extensions at a later date.

I have also been approached by doctors practising in other parts of the Borough about the provision of health centres and several projects are under consideration.

Midwifery Service · Section 23

Domiciliary midwives employed by the Council attend cases in the former borough of Heston and Isleworth and Urban district of Feltham whilst in accordance with a long standing agreement the domiciliary cases in Brentford and Chiswick are attended by midwives employed by Queen Charlotte's Hospital.

Mothers living in Brentford and Chiswick who are admitted to hospitals other than Queen Charlotte's for confinement and by arrangement are discharged after 48 hours, are attended at their homes by a special midwife employed by the London Borough of Ealing. There were 26 such cases in 1965.

During the year 637 domiciliary deliveries were attended by the Council's midwives. They attended a further 550 cases which were delivered in hospital but discharged before the tenth day. Midwives employed by Queen Charlotte's Hospital delivered 126 domiciliary cases and also attended 116 early discharge cases.

Payment is made by the Council in respect of cases living in the Borough who are attended in their homes by midwives employed by Queen Charlotte's Hospital and the London Borough of Ealing.

Staff

During the greater part of the year the full establishment of 15 midwives were employed and there is no doubt that recruitment has improved markedly since the rota system of night duty was initiated.

Training

Six of the Borough's domiciliary midwives are approved teachers for the purpose of training pupils for part II of the examination of the Central Midwives Board.

Pupils come from Hillingdon and Windsor Hospitals and those from West Middlesex Hospital are expected to participate in the near future. There is a fortunate tendency for some pupils after qualifying to apply for posts as domiciliary midwives in the Borough when vacancies occur.

During the year four midwives attended compul-

sory refresher courses arranged by the Royal College of Midwives under the rules of the Central Midwives Board.

Care of Premature Babies

The necessary equipment for the care of premature infants born at home is always available on loan. Although the Council's midwives, family doctors and consultant obstetricians are able to deal with premature infants at home it is sometimes necessary to transfer such babies to hospital. In these cases a special portable oxygenated incubator is immediately brought to the home by the Ambulance Service by arrangement with the Greater London Council.

Co-operation with Family Doctors

The close co-operation and communication firmly established between family doctors and the midwifery staff was maintained.

Domiciliary midwives attend ante-natal sessions conducted by certain family doctors at their own surgeries. One doctor holds an ante-natal session each week at one of the borough clinics for his own patients and is assisted by the Council's midwives.

Emergency Obstetric Units

Units are kept at Hillingdon Hospital and West Middlesex Hospital and were required on four occasions only during 1965.

Analgesic Apparatus

The Central Midwives Board has approved the use of Entonox analgesic machines by midwives. The apparatus produces an analgesic comprised of nitrous oxide and oxygen in equal parts and is considered the safest form of anaesthetic for domiciliary deliveries.

As the present Minnett and Trilene sets wear out they will be replaced by Entonox machines.

Maternity Medical Services Co-operation Card

A standard co-operation record card for maternity patients has been prepared in consultation with the representatives of the profession and other interested bodies and has been endorsed by the Standing Maternity and Midwifery Advisory Committee.

The main purpose of the card is to ensure that each member of the obstetric team is aware of the attention given by the other members.

It is intended that the card shall be given to the patient by the doctor or midwife who first sees her in connection with her pregnancy. Entries on the card would be made by any family doctor, local health authority or hospital doctor, or midwife who is concerned with the patient's care. The card should be kept by the patient until the final post-natal examination when it should be passed to her family doctor and kept with her medical record.

The Council has approved the use of the card and consultation with the two other branches of the maternity services have continued but no decision has yet been made on its adoption.

Maternity Services Liaison Committee

The committee meets approximately every three months, and consists of members representing the Regional Hospital Board, the South-West Middlesex Hospital Management Committee, the Tottenham Group Hospital Management Committee, Hammersmith Hospital, Queen Charlotte's Hospital, West Middlesex Hospital, Bearsted Hospital, the London Boroughs of Hounslow, Ealing, Hammersmith and Richmond-upon-Thames, the Middlesex Executive Committee, the Middlesex Local Medical Committee, and the Local Medical Committee for the County of London.

Among the items reported and discussed were the booking procedures to ensure an equitable distribution of cases, planning of early discharge cases, heating of ambulances, a standard co-operation card for use by family doctors, hospital doctors, and local authority doctors and midwives.

Health Visiting · Section 24

The National Health Service Act 1946 laid upon local authorities a duty to provide a complete health visiting service for the whole family. The primary function of the health visitor is to provide social advice and health education for the family and to recognise any departure from normal at an early stage when help can be most effective.

Recruitment of health visitors remains difficult and to relieve them, the duties of school nurse, usually combined with those of health visitor, are now largely carried out by clinic nurses who are state registered but do not hold the health visitor's certificate. The clinic nurses carry out duties at school, immunisation, eye and other clinics, enabling the health visitors to

concentrate on home visiting, attendance at ante-natal and child welfare clinics, relaxation and mothercraft classes and health education. Health visitors assist with special surveys of national and local interest.

Liaison with family doctors, hospitals, the staff of the children's, education and welfare departments and with the personnel of many statutory and voluntary bodies is an important part of the health visitor's work. Through her experience and knowledge of all the social services available she is able to advise families and, if necessary, to refer them to the appropriate agencies.

Staff

The establishment of health visitors is 35. At the end of the year the staff consisted of one superintendent, one deputy superintendent, the whole-time equivalent of 20 health visitors and nine clinic nurses.

Training

During the year two health visitors attended a fieldworkers' instruction course at Chiswick Polytechnic, two attended refresher courses and four participated in one-day conferences.

Students

One student health visitor attending the course at Chiswick Polytechnic as an independent student was placed in this borough for practical training.

An intensive study of the various types of liaison and attachment schemes between health visitors and groups of family doctors is in progress. This is of added importance in view of this Council's forward policy in regard to the provision of Health Centres in the Borough.

Home Nursing · Section 25

The Home Nursing Service brings skilled nursing care to people in their own homes. Treatment and care is given at the request of and under the direction of the patient's family doctor.

The introduction of modern drug therapy enables many patients with an acute illness to be treated at home instead of in hospital. The pressure on hospitals is also relieved by earlier discharge of patients from hospital to the care of the family doctor and the home nurse.

The two male nurses have proved of great value in the nursing care of genito-urinary diseases in the male, in the lifting of heavy patients and generally in their nursing care and rehabilitation.

Visits made during 1965 totalled 91,540 to 2,482 patients, 1,606 of whom were aged 65 years and over.

Disposable equipment including syringes, gloves and enemas are in full use in the home nursing service.

The council has continued the policy of the former Middlesex County Council to issue incontinence pads to patients being nursed in their own homes, and whose condition justifies their use. The issue of such pads is not restricted to patients who are receiving care from the Council's home nurses and all family doctors practising in the Borough can obtain pads for their patients on request.

Laundry Service

The arrangements made by the former district councils with a local laundry for a service for incontinent patients has continued. Those who are infirm or where washing facilities are poor and payment of laundry charges cannot be afforded, are provided with a free laundry service under Section 84 of the Public Health Act 1936. During the year 29 cases were assisted in this way after certificates had been issued as required by the Act. Sheets were also loaned free of charge to a few necessitous cases.

Staff

The borough has an establishment of 33 home nurses. There has been no difficulty in recruitment and a full establishment has been maintained almost continuously throughout the year.

The question of greater liaison with family doctors is receiving continuous study for reasons stated under the previous heading.

Training

Three home nurses attended the District Nurse Training Course at the Chiswick Polytechnic, and were successful in obtaining the National Certificate of District Nurse Training.

Arrangements are made with several hospitals whereby student nurses accompany home nurses on visits as part of their practical training.

Refresher Courses

During the year two home nurses attended refresher courses organised by the Queen's Institute of District

Nursing, and the Superintendent Home Nurse participated in two one-day conferences.

Marie Curie Service for Cancer Patients

The Marie Curie Memorial Foundation, which is a voluntary organisation was established to help patients suffering from cancer. A day and night nursing service is provided for patients during the terminal stages of cancer to relieve relatives who may be under considerable strain caring for patients over a long period. The cost of the service is met by the Foundation although it is largely administered by the local authority Home Nursing Service. The Foundation also gives welfare grants to cancer sufferers in financial difficulties.

Home Help Service · Section 29

The Home Help Service is an important element of community care and one on which the domiciliary health and welfare services as a whole increasingly depend for their proper functioning.

The Borough makes no charge for the services of a home help to persons in receipt of National Assistance, and other applicants may appeal against the assessed charge.

During the year the turnover of home helps amounted to 25 per cent, and on 31st December the equivalent of 107 whole-time staff were employed.

Persons aged 65 years and over formed more than three-quarters of the 1,681 cases which were helped. Of those under 65, 155 suffered from chronic sickness or were tubercular, 141 maternity cases, five mentally disturbed and 80 others. The 1,079 cases still receiving assistance at the end of 1965 were 60 greater than those at the beginning of the year.

There is no doubt that with the increase in the number of elderly and infirm the need for the home help service will increase, and it is a matter of some concern as to how the demand can be met in these days of full employment.

Neighbourly Help Scheme

This is an extension of the Home Help Service whereby it was intended that neighbours would be paid a small amount to keep a friendly eye on old or disabled persons living nearby. The neighbourly help is expected to look in several times a day for short periods to light fires, shop, prepare meals and do household cleaning. The scheme has never developed in this Borough and at present only three such helps are employed.

Reasons given for the lack of response vary from the feeling that neighbours are unwilling to accept such regular responsibility to a theory that much voluntary help is given without thought of financial reward.

Whatever the strengths or weaknesses of these services it is gratifying to record that during the year under review it has been necessary to remove only one old person from his home under Section 47 of the National Assistance Act 1948.

Prevention of illness · care and aftercare · Section 28

Tuberculosis

The hospital service bears the main responsibility for the treatment of tuberculous patients.

Facilities for prevention, care and after-care of persons suffering from tuberculosis are provided by the council at the Hounslow Chest Clinic. Persons living in the western part of the borough attend the Ashford Chest Clinic under arrangements made with Surrey County Council, who make a charge based on population. Similar arrangements have been made with the London Borough of Richmond-upon-Thames for their residents who attend Hounslow Chest Clinic.

Eighty-one cases of tuberculosis were formally notified during the year, 70 of which were respiratory. In addition 37 cases came to the Department's notice as new cases other than by formal notification. Thirty-three were respiratory and four non-respiratory.

The formal notification rate per 1,000 population for all forms of tuberculosis was 0.39 ; for respiratory 0.34 and 0.06 for non-respiratory cases.

Nine deaths were ascribed to tuberculosis, seven of which were in respect of the respiratory form. The death rate for all forms of tuberculosis was 0.04 per 1,000 population.

During 1965 the health visitors visited 786 tuberculous households tracing and following up contacts and arranging attendances at chest clinics.

Patients requiring home nursing or surgical dressings are attended by the home nurses.

Help has also been given to a number of tuberculous households by the Home Help Service.

During the year three cases were provided with extra nourishment for varying periods.

BCG vaccination is available to those who have been in contact with tuberculous patients and also to school children at the age of 13 years.

The North West Metropolitan Hospital Board provides the Hounslow Chest Clinic with the part-time services of the chest physician, medical social worker and clerk. The Borough staffing establishment consists of five tuberculosis health visitors, one occupational therapist and one part-time clerical officer. At the end of the year three tuberculosis health visitors were in post, and the services of an occupational therapist were shared with four other London boroughs.

Recuperative Holiday Homes

During the year the Borough Council accepted responsibility under section 28 of the National Health Service Act 1946 for the maintenance of 102 persons in recuperative holiday homes, 75 were admitted to such homes and 27 were cancelled or withdrawn.

Loan of nursing equipment

The former arrangement with the British Red Cross Society has been continued.

The local branch of the Society has custody of the articles and replaces them when they become unserviceable from the monies received from loan charges. These charges are nominal but at the discretion of the British Red Cross Society can be abated or waived completely.

In such cases the charge or the difference between the reduced and normal charge is met by the borough.

Larger items of equipment are purchased by the Authority and, where the loan charges do not cover depreciation, replacement of these items is also undertaken by the Council.

During the year 1965 the following items were issued on loan—

Invalid folding chairs
Invalid wheel chairs
Air cushions
Air rings (includes inflatable toilet seat)
Bed cradles
Bed rests
Mackintosh sheets
Sputum cups
Urinals
Invalid bed tables
Bed pans (including rubber variety)
Feeding cups
Crutches
Commodes

Special beds

Hospital beds
Adult cots suitable for mental cases
Lifting poles and brackets
Ripple beds 3 ft
Egerton electrical adjustable beds

Mattresses

Hair
Protective rubber cover
Dunlopillo (includes sectional mattress)
Protective rubber cover (includes sectional mattress)

Chiropody Service

The demand for the Council's directly-provided service increased slightly during 1965. At the end of the year 17 weekly clinic sessions were being held compared with 14 during the earlier months and a total of 808 clinic sessions were held at which 1,060 patients made 5,560 attendances for treatment as follows—

Category of patient	*First attendances*		*Re-attendances*	*Total attendances*
	New cases	*Old cases*		
Elderly persons	317	737	4,486	5,540
Physically handicapped	2	1	8	11
Expectant & nursing mothers	—	1	2	3
School children	—	1	1	2
Others	1	—	3	4
Totals	320	740	4,500	5,560

Three chiropodists were engaged on carrying out the domiciliary treatment of infirm patients who were unable to attend the clinics or who, if taken by ambulance cars, might have caused difficulty on arrival at a clinic. The following are the details of domiciliary visits undertaken during the year under the Council's directly-provided service—

Category of patient	*First visits*		*Subsequent visits*	*Total visits*
	New cases	*Old cases*		
Infirm persons	123	250	1,723	2,096
Physically handicapped	2	21	111	134
Totals	125	271	1,834	2,230

The arrangements whereby patients in the Brentford and Chiswick areas are referred to privately practising chiropodists continued during 1965, and 86 patients made 696 attendances for treatment for which payment was made to the chiropodists by the Council.

In addition to treatment given by chiropodists employed direct by the Borough there is an arrangement with the Heston and Isleworth Old People's Welfare Committee whereby chiropodists treat elderly patients in their own homes or at clinics provided by the Old People's Welfare Committee. The Borough pays the organisation a quarterly grant of £425 which is based on demand which varies with the adequacy of service which the Borough can provide.

The following figures show the extent of the service provided by the Heston and Isleworth Old People's Welfare Committee during the year—

1. 194 domiciliary patients received a total of 1,170 home visits.
2. 263 patients made a total of 1,503 attendances at specially arranged sessions.

The co-operation between this voluntary organisation and the Department of Health which has been developed over the past year has continued.

Problem Families

There is a minority of families whose standards of home life are generally far below the accepted minimum and whose behaviour is socially unsatisfactory. The children of such families are likely to suffer in their physical, mental or moral well-being and development because of neglect. The number of children in these families is usually high and their living conditions are invariably dirty and sometimes squalid. Financial insolvency is a common feature, and due largely to causes such as the chronic ill-health of the father, frequent changes of employment, or alternatively poor management or irresponsible spending by either or both parents who often have weak or unstable personalities.

These families require support from one who is accepted as a friend, and who is in regular and frequent touch. The welfare of the children needs to be safeguarded and the parents guided and influenced in a tactful and unobtrusive way towards a better

mode of living. This work is carried out mainly by health visitors, field workers in the Children's Department, voluntary agencies such as the NSPCC, and sometimes by a special home help provided as a free service, who by precept and example encourages the mother to manage both her home and family to better effect and balance her budget. In one instance the whole family was sent away to a special home for training, and later were rehoused by the borough in another district where they could make a fresh start.

It is generally desirable to improve the accommodation, but due to the housing shortage this is often difficult, though the Housing Officer is asked to assist. Case conferences are regularly called by the Children's Officer as co-ordinating officer, to discuss selected families, and these are attended by health visitors and other social workers in an endeavour to rehabilitate families with established problems or in need of social 'first aid'. Families are also reclassified, when appropriate, according to improvement in standard of living and child care.

Health Education

Talks, supported by appropriate displays were given and films were shown at mothercraft sessions at all local health authority clinics. At one clinic, husbands accompanied their wives at evening sessions.

Lectures on health subjects were given by medical officers and health visitors to several adult groups and mothers' clubs.

A successful course on preparation for retirement was given to the employees of a large firm and a series of talks was given on this subject at one of the further education establishments.

Talks on the dangers of smoking and on venereal diseases were given to a group of teenagers and arrangements have been made to approach further groups of adolescents and students through various organisations and the technical colleges.

The medical and nursing staff were shown films and given talks on a number of topics and these were followed by lively discussions.

The Hounslow Project

Mr E Heimler, who holds the combined post of Social Work Organiser and Advisor on Health Education has with the help of Miss Julia Dighton, Psychiatric Case Worker, commenced an operational research project known as the Hounslow Project, which is a direct continuation of experiments previously carried out under the former Middlesex County Council.

The first part of the project and pilot survey to find out the community attitudes to the social services provided by the borough was completed in June. A random sample of residents taken from the 74 local polling lists was taken and 357 persons were interviewed by members of a group of social work students and of a group of market research students. A questionnaire was used and those interviewed were given a list of the social services provided by the borough.

The community represented by the pilot survey considered health services to be of primary importance and more than one-third of those interviewed gave health as their first priority. About a quarter of the sample gave welfare as a priority, one-fifth gave education, and about one-tenth gave housing their first priority. A good proportion, well over one-quarter, of the respondents felt that the needs of the aged were inadequately met, anxiety about care of old people was expressed by the young and old and the high and low income groups.

The findings of the survey show that there is a considerable group in the community with very real problems ; they are the widows, and women who are divorced or separated. They would appear to have considerable difficulties in raising their children and maintaining themselves.

The aims of the project are—

1. To explore in greater depth through a group approach the areas of primary social function as revealed by the pilot survey and the needs of the various groups at risk.
2. To carry out a concurrent survey to attempt to discover the attitude towards and the experience in preventive work of the social workers in the various departments of the borough.

The method by which these aims will be achieved is to conduct an investigation of the community attitudes through group discussions. A limited number of pilot groups have been undertaken, but it is intended to increase and extend the groups to include the following—

School leavers
Mothers expecting their first child
Mothers with handicapped children

Women of middle age
Retired people
Husbands of wives who are expecting their first child
Men and women immediately before and after retirement
Couples immediately before and after marriage
Separated and divorced people
People suffering from sudden physical illness
People with stress conditions
Any other special groups will also be studied

Individuals partaking in the groups will be assessed on the scale of social function devised by Mr Heimler, to assess the five following areas of human needs or satisfactions—

Financial security or satisfaction
Sexual satisfaction
Family relationship
Friendship and social contacts
Work and interests

The scale of social function gives a maximum possible score of 100 and an effective maximum of 80 plus. Mr Heimler found that people who scored above 60 were functioning adequately in the community and above 70 were well contented. When people were seriously disturbed, whether temporarily or permanently, their ability to be satisfied was reduced. People scoring below 30 were virtually never part of society and needed institutional care. A definite relationship has been established between normality and the ability to be satisfied.

Each group will comprise between eight and ten people and, apart from the research and educational functions undertaken by the group advisors, careful recordings will be made of the kind of problems each particular group presents and solutions will be suggested.

It is hoped that the findings of the project will enable a careful evaluation to be made of the nature of the problems which the groups might have and a measurement of the success of the psychologists' and sociologists' approach. Particular aspects of health education and prevention can then be directed at those members of the public considered to be most in need.

The help of additional psychiatric social workers, consultants and statisticians, will be required for the next stage of the project.

Cervical Cytology

The importance of early detection of this condition is now universally accepted and preliminary meetings took place with the consultant gynaecologists and pathologists at the West Middlesex and Ashford Hospitals when plans to introduce screening facilities for women at risk were discussed.

The Council agreed to the establishment of such a service in the Borough and it is hoped to put the scheme into operation under Section 28 of the National Health Service Act during 1966.

Care of Mothers and Young Children · Section 22

Ante-natal Clinics

Ante-natal care is concerned with the health of pregnant women and the diagnosis and treatment of disorders and diseases of pregnancy. Health education is important and efforts are made to see that the prospective mother acquires sufficient knowledge of pregnancy, labour, the lying-in period and breast feeding. Preparation for labour is encouraged by way of instruction and practice in relaxation and ante-natal exercises.

Ante-natal sessions are held at seven clinics in the borough and special mothercraft and relaxation sessions are also held. At most sessions a medical officer and health visitors are in attendance and midwives are encouraged to attend as and when their duties permit. Some sessions, with a midwife only in attendance, are held. The number of medical officer sessions and attendances during the year was 361 and 2,569 respectively. Three hundred and seventy attendances were made at 51 midwives' sessions and 447 expectant mothers attended mothercraft and relaxation classes on 2,390 occasions.

A proportion of the cases booked by hospitals for confinement are referred to the Department for routine ante-natal care, and are referred back to the hospital at the 36th week of pregnancy.

In all cases it is advisable that the mother should have a post-natal examination some six weeks after the birth of the child. Where this has not been carried out by the hospital or the doctor attending the confinements, mothers are invited to the ante-natal clinic. During the year 130 such examinations were carried out.

Child Welfare Clinics

The work done at these clinics is largely of a counselling and supportive nature. Its object is the promotion and preservation of health, the early detection of disease or defect and the amelioration of handicaps in children. To an increasing extent it is being realised how important for its future physical and mental health is the quality of parental care a child receives in its earliest years. It is regretted that once the child has reached the toddler stage attendances at child welfare clinics either cease or become infrequent.

Child welfare sessions are held at ten clinic premises and a mobile clinic is used in part of the borough. At each session a medical officer and health visitor are in attendance and at some clinics are assisted by voluntary workers. Vaccination and immunisation is carried out at those sessions held in the Feltham, Hanworth and Bedfont clinics, and this inflates the numbers attending. It has been suggested that this reduces the time available for the primary work of a child welfare clinic and on balance it is probably preferable to provide separate sessions for immunisation. During the year 1,427 sessions were held at which 7,856 children made a total of 61,120 attendances.

Welfare Foods etc

National welfare foods, dried milks and a selection of other suitable preparations are stocked at child welfare centres for sale, or if the need is proved, for free issue. During the year sales to the value of £13,230 were made and the issue of national welfare foods was as under—

National dried milk (tins)	12,434
Orange juice (bottles)	56,679
Vitamin tablets (packets)	3,788
Cod liver oil (bottles)	3,235

Congenital Abnormalities

In accordance with a directive sent to Local Health Authorities in November 1963 arrangements were made, from January 1964, for all babies born with a detectable abnormality to be notified by the doctor or midwife to the Medical Officer of Health. A return of such cases is sent at monthly intervals to the Registrar General.

Observation Register

The Local Authority is able to provide help and advice about the day to day management of the pre-school handicapped child and later to provide the type of education best suited to his needs. To undertake this, however, early diagnosis and assessment of handicaps are essential.

In recent years it had become apparent that in spite of increased knowledge of the causes of various handicaps in childhood, a certain number of children were still being referred for specialist advice too late. In 1961 under the former Middlesex County Council a pilot scheme was inaugurated in the area and based on the experience thus gained it was decided in 1965 to devise a comprehensive scheme whereby all children born in the Borough liable to present a handicap should be kept under observation in the local infant welfare clinic.

Discussions were therefore held with the Obstetricians and Paediatricians at the West Middlesex Hospital, Chiswick Hospital and Queen Charlotte's Maternity Hospital. A practical scheme of notification at birth was evolved whereby it was agreed that those children born with congenital defects and those children born with a potentially greater risk of developing a handicap should be notified to the Health Department with the notification of birth.

The Consultant Obstetricians gave Local Authority Medical Officers access to the Hospital records. Medical Officers have therefore been able to obtain accurate information direct from the Hospital records since September.

It seemed desirable to follow up these children on a developmental basis in normal infant welfare clinics where the child is assessed for its physical and intellectual development including the use of sight and hearing. Only by such a comprehensive assessment can the child be encouraged to develop in all fields and the correct advice given to parents. If a specific handicap is diagnosed or suspected then use is made of specialist clinics such as the Medical Advisory Unit Martindale Road Hounslow or the Hearing Clinic at Heston. Ascertainment as a handicapped pupil will follow if special educational treatment is required, and surveillance throughout the child's school life is maintained by the specialist clinic concerned in liaison with the family doctor.

The foregoing arrangements for notification of

congenital abnormalities, the observation register and arrangements for handicapped pupils as a combined operation are yet in their infancy but can only prove of benefit to the individual child. The Local Health Authority will also have the advantage of a more complete record of handicaps in childhood and the statistics kept in co-operation with hospital authorities will prove most useful for future planning of the obstetric and paediatric services, both for the hospitals and the Authority.

Phenylketonuria

Health visitors carry out phenistix tests for phenylketonuria on as many young babies as possible at the ages of three and six weeks. No positive reactions were obtained.

Asian Immigrants

A small, but gradually rising, number of Indian and Pakistani families now live in the borough. A large centre of Asian immigration lies just to the north of the borough and some drift into the area of this authority has occurred.

The exact number is not known but is estimated to be between 4,000 and 5,000 and some tendency to congregate in districts is becoming manifest.

The basic problem with health education amongst this population is still that of language, and consideration will have to be given to the appointment of an interpreter so that essential advice on hygiene and food values will be easier to impart.

Care of the unsupported mother and her child

The responsibility for this work in the borough was taken over by one of the special services almoners (medical social workers) engaged on this work under the former Middlesex County Council who was transferred to the London Borough of Ealing.

The job of this medical social worker is to secure as far as possible adequate care of the unsupported mother during the pregnancy, make suitable arrangements for her confinement and also for the post-natal care of the mother and child. She supports the mother in making her return to life in the community and in making arrangements for the satisfactory care of the child. In this work the almoner has to seek co-operation from national, local authority and voluntary agencies. In many cases the unmarried mothers are placed in suitable homes during the later stages of pregnancy and again for a period after the birth of the baby which usually takes place in hospital.

St Agnes Home Chiswick, maintained by the Hammersmith Deanery Association for Moral Welfare Work, is the only mother and baby home situated in the borough, but other local authority and voluntary homes are also used. During the year the borough accepted financial responsibility for 10 mothers placed in St Agnes Home and for 57 mothers placed in homes outside the borough. These mothers are required to pay a standard charge towards their care, subject to assessment on the Council's scale of charges.

Day Nurseries

There are three day nurseries in the borough—Danesbury Road Feltham (40 places) ; Portsdown House Brentford (32 places) and Nantly House Hounslow (54 places). These nurseries provide day care for children aged six weeks to five years, whose mothers need to work in order to support them, or by reason of ill-health are unable to provide them with adequate care or whose home conditions are such as to present a danger to their health. A number of handicapped children are also admitted subject to their numbers not exceeding 15 per cent of the number of approved places. These children are referred to later in greater detail. Certain short term admissions are also made because of some temporary emergency which prevents a mother from caring for the children. A charge, subject to an income assessment scale, is made for all admissions to a day nursery. The attendance of children at day nurseries is erratic so it is usual to register up to 10 per cent in excess of the number of approved places. Throughout the year these nurseries worked to full capacity and at times of staff shortage the strain was considerable. The attendances made by children were as under—

Feltham Day Nursery	8,050
Portsdown House	6,935
Nantly House	12,693

Portsdown House and Nantly House are approved for the training of nursery nurses. Practical training is given in the nurseries and academic work is done at Chiswick Polytechnic.

During 1965 a warden attended a two weeks' wardens refresher course and a nursery nurse attended a two weeks' nursery nurses refresher course. Both

took place at Chiswick Polytechnic.

A striking change in social outlook and in attitudes is our increasing interest in and concern for the handicapped. Attention is being focused on the importance of diagnosis and assessment of the child's condition as early as possible and the provision of suitable facilities to help him to reach his full potential. The importance of the role which social and environmental factors play in the development of the handicapped child is becoming increasingly recognised. Even a severely sub-normal child can make quite remarkable progress if he is brought up in an environment specially devised for his care and guidance, but there is still a shortage of these special units, especially for the youngest children. Meantime the admission of a small number of handicapped children to an ordinary day nursery has proved to be most beneficial to them and their progress has been most rewarding. This day care enables the link with the child's home to be maintained—an important point in the care of any child, but particularly so in the care of these children. Continuing guidance and education of the parents is possible—an important aspect of the work of the staffs of these nurseries. It is pleasing to report that the former Middlesex County Council was one of the earliest local authorities to make provision for the admission of handicapped young children to day nurseries. In 1959 the Middlesex County Council arranged for the admission of deaf, partially-sighted, maladjusted and children of deaf and dumb mothers, in a proportion of not more than 15 per cent of the approved number of children in each day nursery. In February 1965 this provision was extended to suitable physically handicapped children under the age of two years and to suitable mentally handicapped children under the age of three years for whom absence from the home environment was considered advisable.

Handicapped children are entitled to special education under the 1944 Education Act from the age of two years, although in practice they are normally admitted to school between the ages of three and four years. One of the reasons for this is the difficulty in completing the assessment of a child with multiple handicaps in the younger age group. As assessment must be as comprehensive as possible the child must be examined for his physical ability, mental ability, his hearing, his vision and his speech development. Only after all these factors are considered can any recommendation be made about his future management and schooling. In a nursery, motor activity, speech, social and emotional behaviour in the play situation can be observed over a period of time, with the obvious advantage this has over the periodic recall system. Besides there is an optimum time for learning certain skills, and most basic skills are learnt within the first five years of life (feeding, talking, walking etc). It is also true to say that some handicapped children have to be taught certain basic skills which a normal child would learn for himself. The nursery staff, because of the comprehensive training they have undergone with regard to children under five years, their sound background knowledge of normal development in all its stages and the sense of vocation and love of children, which is theirs in good measure, are extremely well fitted to this task and to making progress reports, extremely useful to the specialists in charge of these children. Mothers of the children profit too, not only from the periodic relief given from the strain of caring for a handicapped child, but also from the experience and help of others in constructively helping their children and the two-way informal discussion of progress or problems as they arise. It is, I am sure, also true that if some of these children had been left at home without the guidance that can be given by the trained staff in a nursery, they would not have proved suitable for admission to school at five years of age.

Nurseries and Child Minders Regulation Act

Under this Act any person undertaking the care of three or more children, away from their homes, must be registered with the local authority. Similarly, any premises used as day nurseries must also be registered. The following were registered at the end of the year—

Private Day Nurseries—six with accommodation for 182 children

Child Minders—18 approved for the care of 174 children

Regular visits are made by health visitors and occasional visits by medical officers to inspect premises and equipment, to check the number of children in attendance and to assess the general standard of care. The local authority has no control over the fees charged.

Unregistered Child Minders

Women undertaking the daily care of not more than two children are not subject to formal supervision, but health visitors try to keep some watch on children placed with such unregistered child minders. To encourage unregistered child minders to accept some degree of supervision and to bring the children to the Child Welfare Clinic once a month, the Council, subject to the minder and the child's mother accepting and abiding by the scheme, will pay the minder 1s 0d per day for each child minded. So far this scheme has not been popular and at the end of the year only three unregistered child minders were participating.

Family Planning Association

The Council has no directly provided family planning clinics but such clinics are organised within the Borough by the Family Planning Association in the following Council premises— Hounslow, Brentford, Feltham, Bedfont and Isleworth clinics. No charge is made to the Association for the use of these clinics.

The Council agreed to continue to accept the responsibility undertaken by the former Middlesex County Council for charges made by the Family Planning Association in respect of patients referred to them by the Council's medical officers where it was considered that pregnancy would be detrimental to health. In November, the Association introduced a further method of contraception, the intra uterine contraceptive device which is given in certain clinics under the direction of skilled doctors and the supervision of a consultant gynaecologist.

Close co-operation with the Family Planning Association is maintained at all times.

Dental Care

The following report on the operation of the priority dental service has been submitted by the Chief Dental Officer, Mr D H Norman LDS RCS BDS—

'The number of pre-school children attending the Borough clinics must represent well under 10 per cent of those who would benefit from regular dental care.

A survey of the condition of children's teeth on entering school is published in the report of the Principal School Medical Officer for 1965. It provides clear evidence that many more children need to attend for dental treatment at an earlier age than is customary ; a quarter of the school entrants were found to have already lost one or more deciduous teeth by the time they entered school at the age of five.

Only a comparatively small number of expectant and nursing mothers attend the clinics, which can only be expected in an area where the facilities in the General Dental Service are of a high standard and freely available.

During the year the following were among those who visited the clinics—

Dr Ralph McDonald—President, American Society of Dentistry for Children

Professor J F De Villiers and Dr J Howell—both members of the Commission of Enquiry into Public Dental Services South Africa

Dr Gillespie of the Ann Arbor School of Public Dental Health USA

Dr Grimsrud—Saskatchewan Canada

The work of the dental auxiliary has been appreciated by parents, and she has continued to treat very young children under the supervision of the dental officers. If this experiment is ultimately accepted, the employment and value of dental auxiliaries must inevitably depend upon the availability of suitable premises, and also that of dental officers who are able to adjust their methods of working to embrace supervisory duties for which they have had no formal training. It is anticipated that the experiment will be finally assessed in the Summer of 1966.

During the year the dental department has co-operated in research to evaluate the use of fluoridated toothpaste which will continue during the next two years.

Fluoridation of public water supplies was under consideration by the Health Committee but the matter was deferred.

Statistics on dental care provided at clinics during the year are shown in table 21.'

Report of the Principal School Medical Officer for the year 1965

Organisation

This is the first report on the School Health Service provided since 1st April 1965, by the London Borough of Hounslow, which was created by the London Government Act 1963.

The arrangements made by the former County Council of Middlesex whereby the school health service was closely integrated with the other health services administered by the Department of Health has continued. Under this arrangement there has been joint use of medical, dental, nursing and other staff, as well as of clinic premises.

The changeover on the 1st April operated smoothly which was due largely to the very detailed preparatory work undertaken by the staff of the former County Council, both at the central and area offices.

Co-operation

It is important that there is an exchange of information between hospital, general practitioner and school medical staff.

On the whole, local hospitals send reports to the school medical officers on children who have been in-patients ; others tend not to do so automatically but will send reports on request.

Before any child is referred for specialist or hospital treatment it is the practice, except in emergencies, to ask the family doctor whether he is in agreement, or whether he wishes to treat or refer the child himself.

School Health Service

School Population

At the end of the year the maintained school population was as shown below—

Nursery Schools and Classes	204
Primary Schools	16,141
Secondary Modern Schools	7,279
Grammar Schools	3,845
Special Schools	540
Total	28,009

Periodic Medical Inspection

Under the provisions of the Education Act it is the duty of a local education authority to provide, at appropriate intervals, for the medical inspection of pupils in attendance at any school provided by them. The authority may require the parent of any pupil, in attendance at such school, to submit the pupil for medical inspection in accordance with the arrangements made for such inspection. Although the Act thus places a legal obligation on the parent to submit the child for examination, no pressure is put on parents unless there is reason to suspect that the pupil may need special education or may suffer from a defect which might interfere with educational progress. The parent is under no obligation to accept for the child any medical treatment offered by the authority and some parents use the facilities provided under the National Health Service Act.

A minimum of three medical inspections during school life is recommended but a local education authority may arrange others. The usual minimum is as follows—

Entrants —on admission to school for the first time
Intermediates—during last year in primary or first year in secondary school
Leavers —during last year at school

An additional medical inspection at seven to eight years is carried out in the Borough and efforts are made to examine pupils in nursery classes, each term. At the examination of 'intermediates' colour vision is tested, as colour blindness may have a bearing on the pupil's secondary education and selection of a career.

Parents are notified of these periodic medical inspections and invited to attend. The proportion of parents attending varies from school to school but is generally highest at the 'entrants' examination. These examinations should be conducted in school to facilitate consideration by parent, teacher and medical officer of any problem concerning the health, education or social adjustment of the pupil but because of pressure of accommodation the inspections for some schools have to be carried out in the nearest clinic.

When a periodic medical inspection is arranged the head teacher is asked to submit the names of any

other pupils in whose case special medical inspection is thought to be advisable. Also pupils requiring follow-up from previous medical inspections can be seen and thus the visit of the medical officer to the school is used to cover a wider field than a selected age group. If the best results are to be obtained from these visits to school there should be close collaboration and consultation between medical officer and head teacher.

At the 'leavers' examination Form Y9 is completed for each pupil and forwarded to the Youth Employment Officer. This form indicates if there are any health reasons for avoiding certain types of occupation. The number of pupils submitted to periodic medical inspection during the year was 8,249 and the results are shown in Table 1a. The physical condition of 116 (1.4%) was considered to be unsatisfactory. The concept of unsatisfactory physical conditions varies with the examining doctors but the important point is that efforts are made to bring the pupil to a satisfactory physical state.

Special Examinations and Re-examinations

Any parent, head teacher, school nurse, speech therapist, physiotherapist or audiometrician etc may request the medical examination of a pupil and these special examinations are usually carried out at clinics. Regular sessions are held at these clinics when a medical officer is in attendance to see school children, and where necessary special sessions are arranged.

The examinations carried out during the year were as follows—

	Special Examinations	*Re-examinations*
School medical inspection sessions	50	—
Routine clinic sessions	2,359	2,409
Employment of school children	348	—
Children being taken into care	26	—
Freedom from infection	866	—
Pupils at special schools	112	336
Referred by audiometricians	239	—
Attending hearing clinic	—	856
Possibly requiring special education	331	5
Total	4,331	3,606

The defects found at periodic and special medical inspections are shown in Table 2.

Uncleanliness and Verminous Conditions

School nurses make examinations of children in regard to cleanliness of person and clothing and the presence of lice or their eggs (nits). At one time all pupils were examined at least once each term but as uncleanliness of person or clothing is now rare, flea or body lice infestation almost unknown, and the incidence of head lice greatly reduced, such regular examinations are not now held. The nurse now visits schools to carry out these examinations at the request of the head teacher or where there are grounds for suspecting the presence of infestation. During the year the school nurses carried out 23,799 examinations and found lice or their eggs in the hair of 211 individual pupils. Today there is no excuse for such infestation and the infested pupils are now usually members of a hard core of families on whom neither threats nor persuasion seem to have any effect. In most cases the parents deal with the matter as soon as their attention is drawn to it, but 48 formal notices requiring the parent to cleanse the child had to be issued and in 24 cases, where the parent had failed to respond to the formal notice, a cleansing order had to be issued for the pupil to be dealt with by the school nurses.

Medical Treatment

Certain treatment facilities continue to be provided under arrangements made by the local education authority and parents may use these or seek treatment otherwise under the National Health Service. The following notes refer to the treatment facilities provided as part of the school health service. School clinics are listed later in the report.

1. *Minor ailment clinics*

These are staffed by nurses and are held at clinic premises each morning. Here are treated slight

injuries, skin infections and minor defects of eye or ear. The number of attendances is falling and most sessions now take no more than 30 minutes.

2. *School consultation clinics*

These are staffed by a medical officer and regular sessions are held at the various clinic premises. Parents are free to take their children for advice on any condition and pupils may be referred by head teachers, school nurses etc and these sessions also provide facilities for the follow-up of conditions found at periodic and special inspections. Where active treatment is required, the pupils are referred to their own doctor or specialist clinics and most of the work done by the medical officer is advisory, educational or supportive.

3. *Ophthalmic clinics*

The vision of entrants to school is tested during their first year in school and this testing is repeated at ages 7, 11 and 15 years. Where an eye disease, squint or a defect of sight is found parents may use the facilities of our ophthalmic clinics where refraction is carried out by ophthalmic surgeons. A total of 1,894 cases were seen at these clinics during the year and spectacles were prescribed for 833 pupils.

The examination of the vision of spastic and other children with severe physical handicap requires special care and an ophthalmic surgeon visits Martindale School for the Physically Handicapped once a month during school term. Some of these pupils also need special training to make the best use of their eyes and for this purpose an orthoptist attends the school for one session each week.

The Council provides a second pair of glasses for those children who are certified by the ophthalmic surgeon as likely to suffer damage to their eyesight if they had to be without glasses for any period.

4. *Orthopaedic clinics*

These clinics are staffed by orthopaedic surgeons provided by the Regional Hospital Board and by physiotherapists employed by the Council. A total of 1,090 children were seen by the orthopaedic surgeons and treatment was given to 375 by the physiotherapists.

A physiotherapist attends three times a week at the Busch House (open air) School to teach and supervise breathing exercises in children suffering from asthma, bronchitis etc.

5. *Speech therapy clinics*

These are staffed by speech therapists employed by the Council. Regular sessions are held on clinic premises but where the number of pupils requiring treatment warrants it and accommodation is available, arrangements are made for the therapist to attend at the school. During the year 502 pupils were given speech therapy.

6. *Asthma and allergy clinic*

This clinic is held weekly and provides treatment and supervision for children suffering from asthma and hay fever. During the year 116 cases were dealt with.

7. *Hearing clinic*

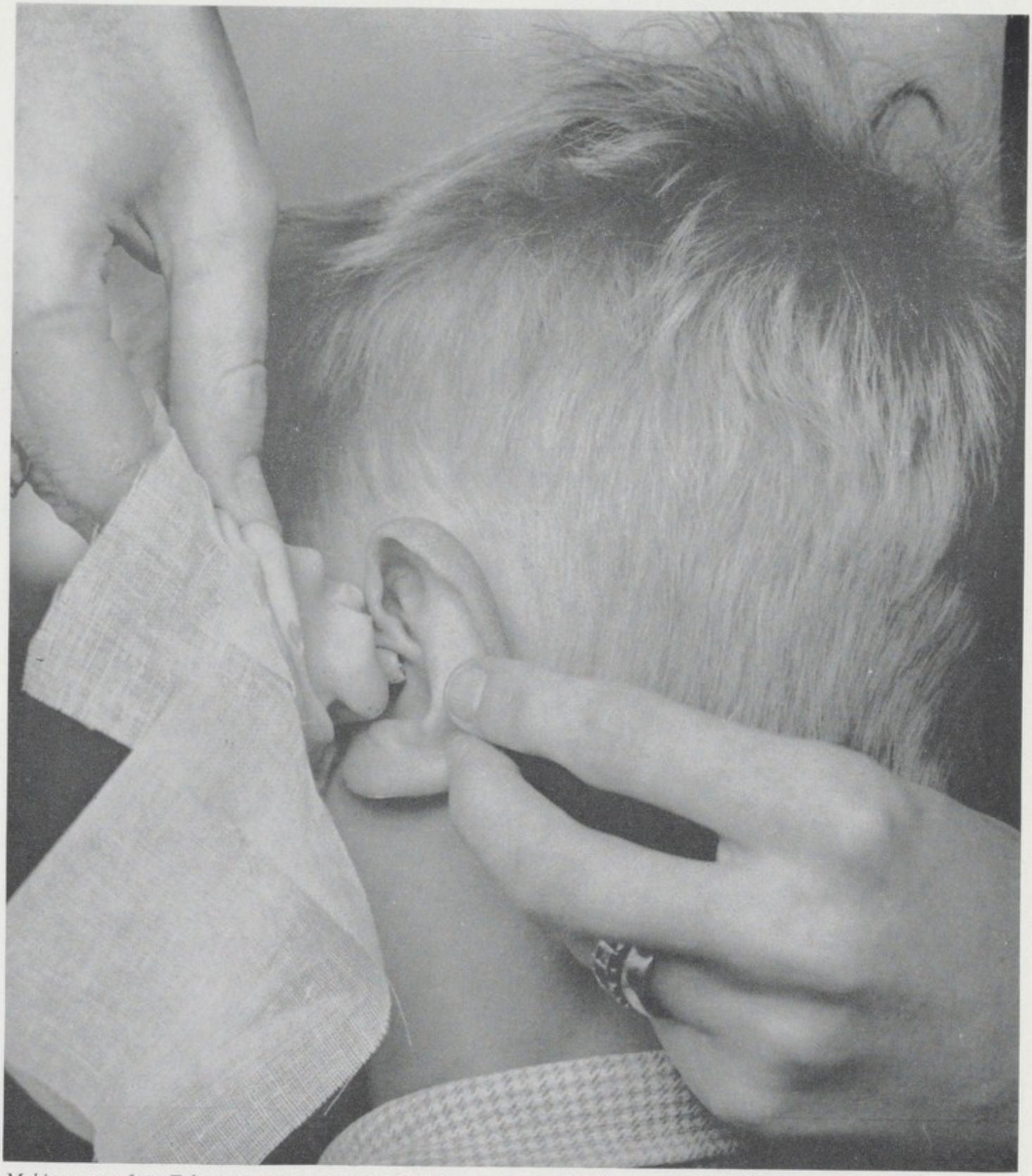
All school children have their hearing tested as a routine twice during school life—at six years plus and at 10 years plus. These tests are carried out in school by pure tone audiometer. Efforts are now being made to test infants at an earlier age as it is important that any hearing loss should be detected as soon as possible. Where there is any doubt about the result a re-test is carried out. The numbers of children tested during the year were—

	1st test	*Re-test*	*Total*
Under seven years	4,049	289	4,338
10 years and over	2,238	79	2,317
Others	30	4	34

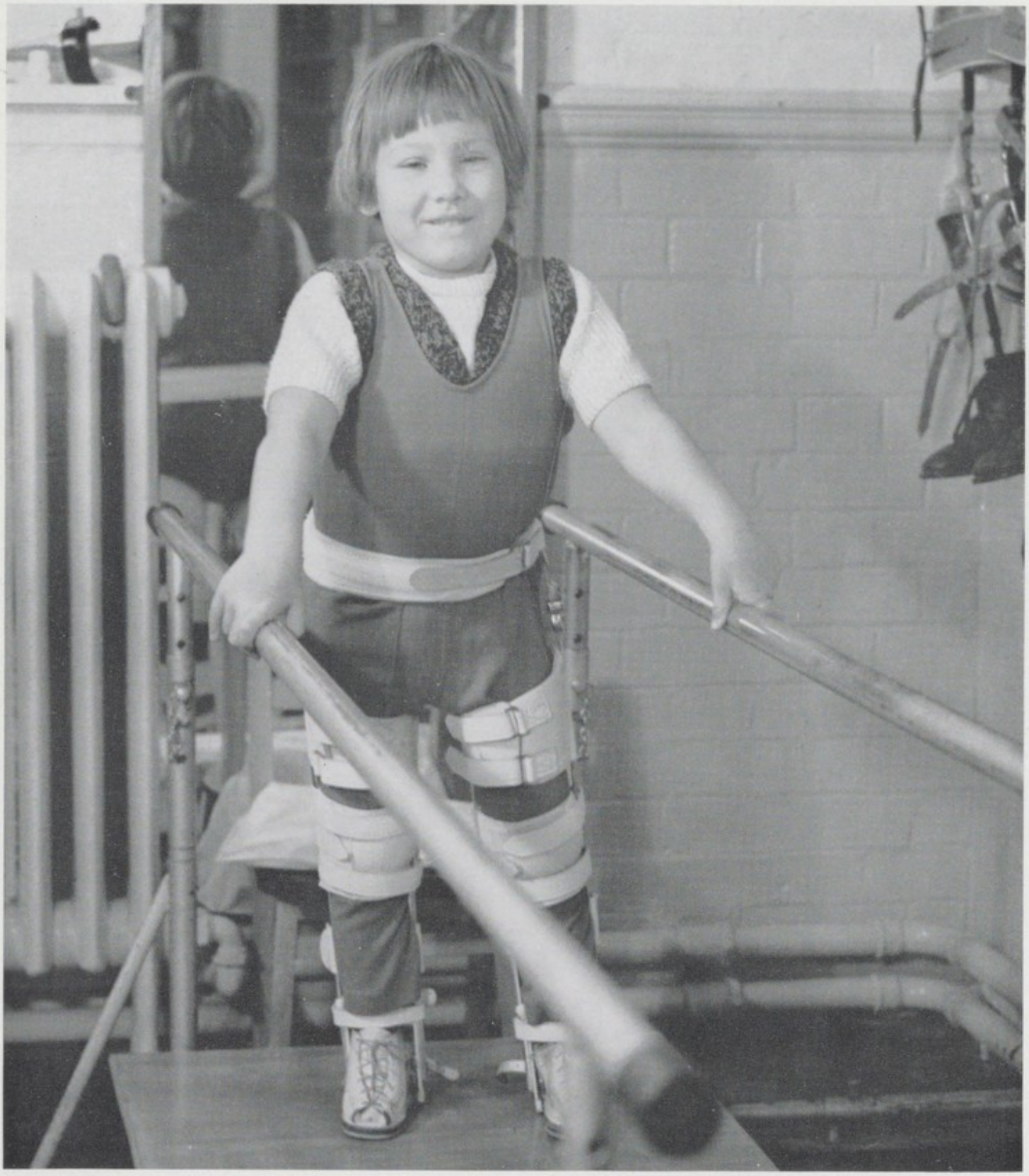
The school medical officers saw 156 children who failed the test with a view to securing any necessary treatment or supervision and 20 of these were referred to the hearing clinic. A further 59 children were referred to the hearing clinic by medical officers.

When the hearing clinic was started in 1957 it served the western half of Middlesex but it now serves the London Boroughs of Ealing, Hillingdon, Hounslow and Richmond but children from other areas are seen if they are candidates for admission to the school for the deaf or to the classes for the partially hearing.

The clinic is staffed by a consultant otologist provided by the Regional Hospital Board and by a principal medical officer, an assistant medical officer, a senior educational psychologist, two teachers of the



Making a cast from Zelgan in preparation for an acrylic resin ear mould. Heston Hearing Clinic



Karen—learning to walk in the Medical Advisory Unit at Martindale School for physica ly handicapped children

deaf, three audiometricians and clerical staff employed by the Borough. The principal medical officer is responsible for the general administration of the clinic, the medical supervision of the pupils in the school for the deaf and in the classes for the partially hearing, and for the re-examination of some of the children on the clinic register.

The two teachers of the deaf give auditory training to children to whom hearing aids have been issued, pay home visits and advise the parents of pre-school children attending the clinic, and maintain contact with teachers in normal and other special schools who have pupils with a hearing loss in their class. They also assist in the training of teachers taking the course for teachers of the deaf at London University.

In addition to routine testing in schools the audiometricians test children attending the clinic, check and carry out minor repairs of hearing aids and take impressions for ear moulds for children using or being given a hearing aid. During the year, 339 impressions for ear moulds were taken and a trial is being made of a new impression material in an attempt to find a material which can be used as an immediate ear mould.

Children are referred to the clinic by medical officers of health, hospitals, general practitioners and school medical officers. The prime purpose of the clinic is to discover the presence of hearing loss, to assess its degree, to advise on treatment and management of the handicap and on the most suitable method of education. All children suggested for admission to the school for the deaf and to the classes for the partially hearing are seen at the clinic prior to acceptance and those admitted are seen periodically throughout their school life. During the year, 239 new cases were seen and 787 re-examinations carried out. The number of infants and children under school age among the new cases is steadily increasing and this acceptance of the importance of early diagnosis is welcome.

During the year National Health Service hearing aids were issued to 40 children and 33 others were supplied with commercial aids. A number of commercial hearing aid manufacturers have kindly loaned aids for trial and these have been used in the classes for the partially hearing and in the school for the deaf, in an endeavour to secure the maximum use of the children's hearing.

Parent meetings are held at the clinic for parents of pre-school children with a hearing defect. They are held usually at six week intervals and talks are given by the clinic staff and others. These meetings provide the parents with the opportunity to discuss their problems and to seek answers to their difficulties and doubts. The clinic is visited by medical and nursing students, doctors, teachers, speech therapists and others, and overseas visitors are frequent. During the year the total of such visitors was 248.

8. *Medical Advisory Unit*

A medical advisory unit was started at Martindale School for the Physically Handicapped in 1956. Its purpose is to provide a comprehensive assessment and observation clinic for children suffering from a physical handicap and to advise on the management and education of such children. The unit provides medical treatment and supervision of the pupils in attendance at the school and keeps under observation children suffering from physical defects attending other schools and the junior training schools in the Borough. The comprehensive facilities make the unit rather unique and for that reason it is available also to children living in other districts including Ealing, Hillingdon, Richmond and the northern division of Surrey. The unit works in close co-operation with any hospital at which the child attends.

A paediatrician (weekly), an orthopaedic surgeon (each term) and an ophthalmologist (twice each term) are provided by the Regional Hospital Board while the Borough provides the services of a principal medical officer, nurse, four physiotherapists, two speech therapists, a psychologist, an orthoptist, a dentist and an audiometrician. The assessment, treatment and education of these children is essentially a team effort and very close liaison is maintained with the headmaster and teaching staff of the school. The principal school medical officer is responsible for administration and co-ordination.

Some indication of the types of handicap dealt with at the unit during the year is given overleaf—

	Martindale School Pupils	*Out-patients*
Cerebral palsy	52	14
Spina bifida with paraplegia	5	3
Brain tumours	2	1
Meningitis and encephalitis	2	–
Poliomyelitis	5	–
Muscular dystrophies	16	–
Haemophilia and allied conditions	8	–
Congenital heart disease	8	–
Other physical handicaps	13	–

New ideas in the assessment of handicapped children, original research work and pioneering activities in the training of children have attracted great interest in the work at Martindale School and Medical Advisory Unit.

Many home and overseas visitors come to see the work of the unit and the school and regular visits are paid by doctors, medical and nursing students, physiotherapists, speech therapists, health visitors and teachers of handicapped pupils.

As a result of the increasing number of children referred both for assessment and for physiotherapy, extensive alterations and additions to the unit were commenced on 8th June 1965. The unit will be ready for occupation at the beginning of the Autumn term 1966, and will be described in detail in my next annual report.

Extensive research has been undertaken at the unit and school since they opened in 1956.

For the information of those who wish to know more of the published research work of the unit since it opened, a list of references was given in the Annual Report of the Principal School Medical Officer to Middlesex County Council for the year 1963. Several more medical papers have been published in various medical and other journals since then, and to bring the list completely up to date the following additional references are given—

Abercrombie, M L J ; Gardiner, P ; Hansen, E ; Jonckheers, J ; Lindon, R L ; Solomon, G ; and Tyson, M C

a. 'Visual, perceptual and visuo-motor impairment in a school for physically handicapped children'. American Journal of Perceptual and Motor Skills. Monograph supplement 3-V18 1964 561-624
   Lindon, R L—'Medical Appraisal and Classification'
   Gardiner, P ; Lindon, R L ; Solomon, G—'Ophthalmic and Orthoptic Assessment'
   Abercrombie, M L J ; Davis, J R ; Shackel, B—'Version Movements'
   Abercrombie, M L J—'Wechsler Intelligence Scale for Children'
   Tyson, M C—'Shape Matching Test'
   Tyson, M C—'Benton right-left Discrimination Battery'
   Hansen, E ; Lindon, R L—'Examination for Parietal Lobe Dysfunction'
   Abercrombie, M L J—'Perception in Cerebral Palsy'

b. Abstract report on 'Visual, perceptual and visuo-motor impairments in a school for physically handicapped children'. Little Club Clinic in Developmental Medicine No 11 63-68
   Higgon, G—'Follow-up Report of Visual Research carried out at Martindale School'. Spastics Quarterly, July 1964
   Abercrombie, M L J ; Lindon, R L ; Tyson, M C—'Associated Movements in normal and physically handicapped children'. Developmental Medicine and Child Neurology 1964, 6, 573-580
   Abercrombie, M L J ; Tyson, M C—'Body Image and Draw-a-Man Test in Cerebral Palsy' (in preparation)
   Abercrombie, M L J ; Lindon, R L ; Tyson M C—'Direction of drawing movements and visuo-motor disorder' (in preparation)

9. *Child Guidance Clinic*

The administrative responsibility for the Child Guidance Clinic was vested in the Health Department of the London Borough of Hounslow on 1st April 1965 when the services were transferred from the former Middlesex County Council and the clinic was the responsibility of the Education Department.

This clinic is staffed by a psychiatrist provided by the Regional Hospital Board for four sessions a week, and by educational psychologists, psychiatric social workers, a psychotherapist and clerical staff employed by the Council.

There is a shortage of workers in this field and at

no time during the year was the clinic fully staffed.

I am grateful to Dr G Levinson for submitting the following information—

Children are referred by school medical officers, educational psychologists, general practitioners, courts and other social agencies and occasionally by direct application from parents. In addition to attendances made for assessment and guidance by educational psychologists, parents and children made 1,546 attendances in connection with diagnosis and treatment. The psychiatrist saw 97 new cases with an age and sex distribution as under.

Age	*Male*	*Female*
2	3	–
3	4	–
4	3	3
5	–	1
6	2	–
7	8	3
8	1	4
9	7	3
10	7	3
11	7	3
12	4	4
13	6	3
14	8	3
15	5	–
16 and over	2	–
Total	67	30

Throughout the year efforts have been made to secure a closer liaison with probation officers and child care officers. Facilities have been provided for doctors studying for the Diploma in Child Health at West Middlesex Hospital to see something of the work of a child guidance clinic.

The psychiatrist is responsible for the selection of children who require special educational treatment for maladjustment and for the general supervision of such children in attendance at Busch House School.

The educational psychologists share their time between the school psychological service and the child guidance clinic so a close linkage is maintained between these two services.

There are special difficulties in assessing the educational potential of handicapped children and to assist in this Dr M Tyson BA BSc(Econ) PhD has been appointed Senior Educational Psychologist for Special Schools and Special Units in the Borough.

I am grateful to Dr Tyson for submitting the following report—

'The position of Senior Educational Psychologist for Special Schools and Special Units in the London Borough of Hounslow was created in order to provide special psychological help to handicapped children in the two medical units catering for handicapped children (the Hearing Clinic at Heston and the Medical Advisory Unit at Martindale School) and in Martindale School for Physically Handicapped Children ; The Old School, Bedfont (educationally sub-normal children) ; Heston School for the Deaf with the six Partially Hearing Units in ordinary schools and the Partially Sighted/Partially Hearing Unit ; the two Junior Training Schools and the two Adult Training Centres (for mentally handicapped children and adults respectively). Since 1st September 1965, when this appointment took effect, the pattern of work in these units and schools has gradually developed and diversified as experience brings a clearer understanding of requirements.

The first need in the schools and units has been for assessment and diagnosis. This is of particular importance in the Hearing Clinic and the Medical Advisory Unit, where information about the child's intelligence and any specific difficulties with possible accompanying learning problems is frequently necessary. In these units, the psychologist works as a member of the unit team, contributing towards diagnosis and management.

Assessment and diagnosis are just as necessary in the schools but advice as to how the child's learning problems could be tackled in the classroom situation is equally required. The practice here is not only to see specific children who have been referred, but to get to know all the children and to aim at preventive work. With the younger children particularly, knowledge of areas of possible strengths and weaknesses can help to formulate a programme of educational guidance which seeks to prevent rather than remedy educational failure. This involves close liaison with teachers and others concerned more directly with the management of the child (including, whenever necessary or possible, the child's parents).

One pressing need has been for psychological assessment of pre-school handicapped children, particularly partially hearing and deaf children in the nursery classes. Many of these children (and the three partially sighted/partially hearing children attending the special unit at Heston School for the Deaf) are handicapped because of maternal rubella, and research on particular characteristics of the handicap which are common to this group and in which they may differ from other deaf and partially hearing children is urgently required, not only to aid in future educational guidance for these children, but for others who will follow them.

Areas of research are being gradually established and it is hoped within the next year to commence two major pieces of research, one with Dr Fisch at the Hearing Clinic which will use a television camera and video-tape to explore, among other things, examiner-child interaction and response, and another at Martindale School using electronic equipment to help children with visuo-motor difficulties in drawing and writing.

Lastly, it is necessary to hand on to others the fruits of past experience and research with handicapped and non-handicapped children. Visits have been received from workers in this field, both in this country and abroad (especially the USA) and lectures have been given to several groups. These include the South West Surrey group of speech therapists (at West Middlesex Hospital), the students on the two Diploma Courses for experienced teachers at the Maria Grey College of Education, staff and students of the Sidney Webb College of Education, the Parent-Teacher Association at the Old School, Bedfont, and a group of experienced teachers at a week-end course on physically handicapped children at the Spastics Society College at Wallingford in Berkshire. The chair was taken at a course for teachers (five consecutive meetings) held at the Chiswick Polytechnic College on the subject of The Disturbed Child.'

School Psychological Service

I am grateful to Mr B R Barnett MA for submitting the following report—

'Throughout the year there has been close co-operation with the staff of the health department and a number of new developments have arisen which are outlined below.

Admissions Case Conferences

In view of the long waiting lists for admissions to special schools, conferences have been held at The Old School Bedfont and Townhill Park Residential School (for educationally sub-normal pupils), and at Busch House School (for delicate children and maladjusted children). These conferences are attended by the Assistant Principal Medical Officer, the Senior Psychologist, the Head Teacher, and, where appropriate, the Consultant Psychiatrist. All aspects of the child's circumstances are carefully considered before his admission. These conferences are very successful and extremely valuable in ensuring that the most suitable children are admitted at the appropriate time.

Multi-Disciplinary Case Conferences

A number of case conferences have also taken place to discuss children with complex diagnostic and treatment problems from the learning point of view. These conferences are normally held at the Child Guidance Centre but occasionally in the school situation and are attended by school medical officers and educational psychologists. It is considered important to encourage and develop the idea of team discussion of children with learning problems. The decision to send a child to a special school involves medical, educational and social diagnosis and calls for close co-operation between head teachers, medical officers, psychologists and parents, and also, where appropriate, psychiatrists, psychiatric social workers and speech therapists.

Visits to Residential Special Schools

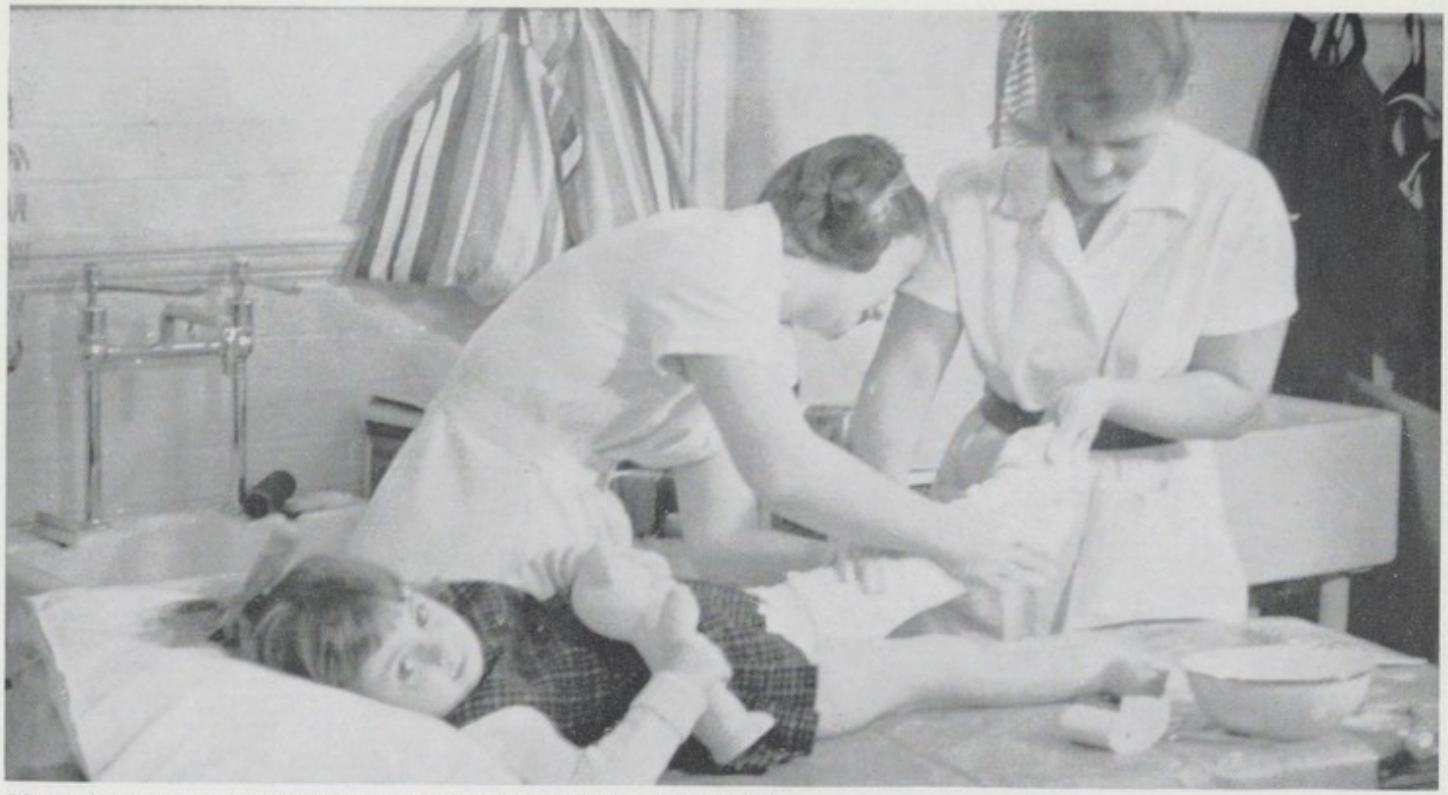
The Senior Psychologist accompanied by the Assistant Principal Medical Officer has visited residential schools for maladjusted children. Although some reports are available on these schools, it is desirable for staff to acquire personal knowledge of them when used regularly for the placement of maladjusted pupils.

Summary of Work

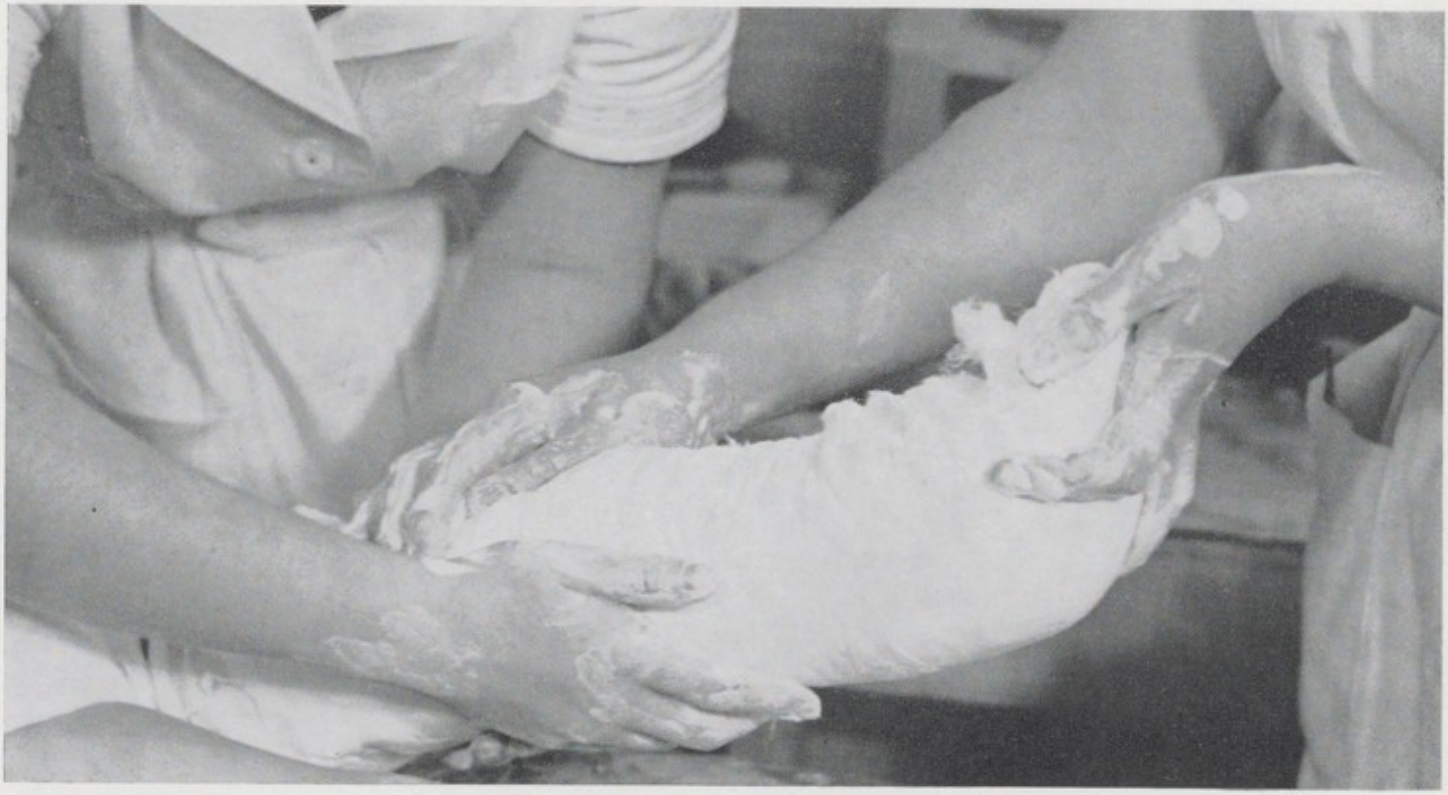
Number of cases referred to School Psychological Service—

Referral Sources

Head Teachers	88
Parents	24
School Medical Officers	82



Physiotherapists preparing a plaster cast to be used as a night splint—



Medical Advisory Unit, Martindale School for physically handicapped children

Hydrotherapy—Medical Advisory Unit, Martindale School for physically handicapped children

Music provided via earphones for young patients at dental clinics at Hounslow Health Centre

Probation Officers	10
Chief Education Officer	40
Child Care Officer	8
Speech Therapist	6
West Middlesex Hospital Psychiatric Department	6
Education Welfare Officer	10
Child Guidance Clinics—transfer to this area	4
General Practitioners	4
Total	282

Types of problem

Behaviour	45
Under achievement	23
Poor reading	36
Slow progress	30
Psychological assessment	32
Query educationally sub-normal	15
School refusal	11
Truancy	5
School transfer	5
Backwardness	30
School placement	20
Enuresis	4
Pilfering	6
Secondary selection	20
Total	282

Disposal

Referred to psychiatrist and psychiatric social worker (social history)	28
Referred to psychiatric social worker	15
Recommendation for placement in a school for the educationally sub-normal	19
Further review	46
Remedial centre	18
Individual remedial help	8
Follow-up school visits	38
School placement	20
Treatment waiting list	4
Regular interviews with educational psychologist	9
Appointments not required	25
Outstanding	52
Total	282

Number of school visits: 164
Number of residential school visits: 5.'

Handicapped Pupils

The Education Act places on local education authorities the duties of ascertaining which pupils in their area are handicapped and of providing special educational treatment for such pupils. The several categories of pupils requiring special educational treatment are defined in the Handicapped Pupils and Special School Regulations as follows—

Blind	Epileptic
Partially sighted	Maladjusted
Deaf	Physically handicapped
Partially hearing	Suffering from speech defects
Educationally sub-normal	Delicate

For the purposes of these regulations, ascertainment applies from the age of two years. A blind or deaf child must be educated at a special school unless the Minister approves otherwise.

Special educational treatment for other handicaps may be provided in an ordinary school with the stipulation that the special educational treatment must be appropriate to the disability.

The number of ascertained handicapped pupils and the arrangements made for their special educational treatment are shown in the following table—

Handicapped Pupils requiring education at Special Schools approved under Section 9 (5) of the Education Act 1944 or Boarded in Boarding Homes

During the calendar year ended 31*st December* 1965		*Blind*	*Partially sighted*
A. Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes		1	—
B. Number of children newly placed in special schools (other than hospital special schools) or boarding homes			
a. Of those included at A above		—	—
b. Of those assessed prior to Jan 1965		—	—
c. Total newly placed B(a) and (b)		—	—
C. On 20th January 1966			
a. Children requiring places in special schools other than hospital special schools	day	—	—
	boarding	1	—
b. Children included at C(a) who had not reached the age of 5 were awaiting	day	—	—
	boarding	1	—
c. Children included at C(a) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, were awaiting	day	—	—
	boarding	—	—
d. Children included at C(a) had been awaiting admission to special schools for more than one year	day	—	—
	boarding	—	—
D. On 20th January 1966 the following number of children from the Authority's area—			
a. Were on the registers of—			
Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	day	—	11
	boarding	1	1
Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day	—	—
	boarding	4	1
Independent schools under arrangements made by the authority		—	—
b. Were boarded in homes and not already included in D(a)		—	—
Total D		5	12
Number of children who are awaiting places or who are receiving special education in special schools or who are boarded in homes—Total of sections C(a) and D		6	12
E. On 20th January 1966— The following number of handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944			
a. In hospitals		—	—
b. In other groups (eg units for spastics, convalescent homes etc)		—	—
c. At home		—	—

Deaf	*Partially hearing*	*Physically Handicapped*	*Delicate*	*Maladjusted*	*Educationally sub-normal*	*Epileptic*	*Speech defects*	*Total*
3	10	9	19	13	36	—	—	91
3	6	—	18	7	18	—	—	52
—	—	2	1	6	3	—	—	12
3	6	2	19	13	21	—	—	64
—	4	9	—	1	14	—	—	28
—	—	—	—	2	2	—	—	5
—	3	6	—	—	—	—	—	9
—	—	—	—	—	—	—	—	1
—	—	—	—	—	1	—	—	1
—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	1
—	—	—	—	—	—	—	—	—
17	28	29	56	11	131	—	—	283
—	—	1	23	13	14	—	—	52
—	—	—	—	—	—	—	—	—
3	—	—	1	5	4	—	1	19
—	—	—	1	21	3	—	—	25
—	—	—	—	—	—	—	—	—
20	28	30	81	50	152	—	1	379
20	32	39	81	53	168	—	1	412
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	1	1	—	—	—	—	2

During the calendar year ended 31st December 1965—

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act 1944	Nil
Number of reviews carried out under the provisions of Section 57A of the Education Act 1944	Nil
Number of decisions cancelled under Section 57A (2) of the Education Act 1944	Nil

Some handicapped children suffer from more than one disability, eg physically handicapped and partially hearing, epileptic and educationally sub-normal, but are classified in the table under the major handicap.

The following special schools for handicapped pupils are maintained by the Education Committee. Although these schools are attended principally by children who live in the Borough, children from other areas are admitted by arrangement with their local education authorities.

1. *Busch House School* (*Isleworth*)

This school was opened in 1938 as a day open air school for 140 delicate pupils. In 1964 it was adapted to take delicate children and children suffering from minor degrees of maladjustment and the total accommodation reduced from 140 to 100.

A medical officer visits the school weekly to supervise the delicate children and deal with any minor ailments, to maintain close liaison with the head teacher in regard to pupils in the school and to make recommendations for admission or discharge.

The psychiatrist from the Child Guidance Clinic spends one session weekly at the school and the services of the educational psychologists and psychiatric social workers are available.

At the end of the year there were 51 delicate and 46 malajusted pupils in attendance. The majority of the delicate children suffer from asthma or recurrent bronchitis and a physiotherapist attends three times a week to give training in breathing exercises.

2. *Martindale School* (*Hounslow*)

This is a day school for physically handicapped children with accommodation for 110 pupils. Furniture and apparatus capable of being adapted to the needs of the pupils is in use and facilities are available for hydrotherapy, physiotherapy and speech therapy. The majority of the pupils suffer from cerebral palsy and many are dependent on wheel chairs for locomotion. Close co-operation between the teaching and medical staff is necessary to secure a reasonable balance between the educational and treatment needs of the child and to make the best of his physical and intellectual potentials. Many of these children have learning difficulties and here the services of the senior educational psychologist are particularly useful.

3. *Heston School for the Deaf* (*Heston*)

This day school, with its associated classes for the partially hearing in Townfield and Harlington Secondary Schools, Springwell Infant, Springwell Junior, Norwood Green Infant and Norwood Green Junior Schools provides accommodation for 130 deaf and partially hearing pupils. The medical officer to the Hearing Clinic gives general medical supervision of these pupils and there is full discussion of hearing and learning difficulties between the clinic and teaching staff.

4. *Old School* (*Bedfont*)

This day school for educationally sub-normal pupils has accommodation for 160 children and at the end of the year had 103 boys and 57 girls. Weekly visits are made by a medical officer to provide general medical supervision and for consultation on specific problems as they arise among the pupils, of whom a proportion suffer from some physical disability. Leavers' conferences with the Head Teacher and Youth Employment Officer are held twice yearly and the medical officer of the Mental Health Department is consulted where it is thought that some follow-up and guidance after leaving school may be necessary. The school maintains contact with the Kitson Youth Club for Handicapped Persons which is run by a former pupil of the school.

5. *Townhill Park* (*Southampton*)

This residential school for educationally sub-normal girls has accommodation for 55 pupils. A

school medical officer visits the school twice a year for a general inspection of kitchens, dormitories, etc, to discuss medical problems with the Matron and general progress of pupils with the Head Teacher.

Aftercare of handicapped pupils

Case conferences are called by the head teachers of the special schools and the Principal School Medical Officer concerned to discuss the special problems which arise when handicapped children reach school leaving age. The Youth Employment Officer and representatives of the Welfare Department attend, and, where appropriate, those representing voluntary organisations such as the Spastic Society and Fellowship for Poliomyelitis are also invited. Arrangements are fully discussed with the parents and where assistance from the Ministry of Labour's scheme for disabled persons is required this is arranged by the Youth Employment Officer.

Martindale School is fortunate in having a further education unit which is attended largely by its pupils who could not be satisfactorily placed on reaching the age of 16.

There remain always some children who are so severely handicapped that no employment is possible, and for these particularly the Welfare Department is able to provide help.

Education otherwise than at school

Consideration is given to providing home tuition to handicapped children awaiting admission to special schools, children having a long convalescence following acute illness, and others who for some specific reason may not be able to attend ordinary schools. Two children were provided with home tuition during the year.

No hospital special schools are provided at hospitals within the Borough but arrangements are made for children to have tuition in the wards at West Middlesex Hospital.

Children excluded from school as unsuitable

No formal decisions were recorded under Section 57 of the Education Act 1944, excluding children as unsuitable for education in school, nor were any reviews conducted under the provisions of Section 57A or any decisions cancelled under Section 57A(2). Seven children, however, were found unsuitable to attend either ordinary or special schools and these were dealt with informally. Similarly one child dealt with informally was re-admitted to a special school.

Medical and dental inspection and treatment of children excluded from school as unsuitable

The medical and dental facilities are available to the severely sub-normal children attending the two junior training schools in the same way as for those attending ordinary schools. A physiotherapist attends each school about once a week to give treatment to those children in the special care units who additionally have severe physical handicaps, principally cerebral palsy. A speech therapist attends Isleworth Junior Training School once a week to treat a few selected cases and to instruct the staff in the constant use of speech therapy techniques. It was not possible to arrange for a speech therapist to attend the school at Hanworth owing to the continual difficulty in recruiting and retaining these staff.

Day Nursery

In some cases physically and mentally handicapped children of pre-school age can benefit from the training and sheltered atmosphere and the companionship provided by a day nursery. Where recommendations are made for such admission for children over the age of two years, the cost is borne by the Education Committee under Section 56 of the Education Act 1944. Three such children were admitted to day nurseries during the year.

Observation Register

A register is kept of children living in the Borough whose family, pre-natal and personal history could mean that a disability or handicap, eg deafness, epilepsy, speech defect, squint, etc, might be present or might develop.

During the year discussions were held with the obstetricians and paediatricians at West Middlesex Hospital, Chiswick Hospital and Queen Charlotte's Maternity Hospital and it was agreed that children born with congenital defects and those with a potentially greater risk of developing a handicap would be notified to the Department of Health.

All such children are kept under observation at the Council's clinics and are assessed for their physical and intellectual development. If a specific handicap is diagnosed or suspected, use is made of the specialist clinics such as the Medical Advisory Unit Martindale School and the Hearing Clinic Heston.

School Meals and Milk

The provision of meals and milk in schools is now firmly established. The milk supplied is pasteurised and is given free. A charge is made for school meals.

A check on one day in September showed that of 26,676 pupils present in school 21,047 (79%) had milk and 17,998 (67%) had dinners. There are 45 school kitchens and 23 departments have a container service.

The number of non-maintained schools taking milk was 15 and 82% of the pupils participated. At one further education establishment milk was supplied to 415 students.

Recuperative Holidays

During the year 19 children were recommended for recuperative holidays and placed for periods of varying length in suitable convalescent homes.

First Aid in Schools

First aid material is held at all schools and is limited to simple dressings.

Infectious Diseases

The following numbers of cases of infectious disease are known to have occurred among school children during the year—

Scarlet fever	67
Measles	633
Whooping cough	13
Paratyphoid fever	1
Pneumonia	6
Food poisoning	5
Tuberculosis	3
Chicken-pox	290
Mumps	22
German measles	54

There were no cases of diphtheria or poliomyelitis. When pulmonary tuberculosis is found in a pupil or teacher the Chest Physician is consulted and where considered advisable investigations of school contacts are undertaken. School children, between their thirteenth and fourteenth birthdays, are offered a test for susceptibility to tuberculosis and BCG vaccination. During the year 822 children received BCG vaccination.

Health Education in Schools

At the request of head teachers, health visitors gave a series of talks to senior girls on mothercraft, personal hygiene and preparation for adult life. The discussions which followed the talks allowed for an interchange of ideas and enabled false impressions to be corrected. Arrangements were made for small groups of senior girls to attend infant welfare clinics.

Medical officers and health visitors gave talks to several parent-teacher associations.

Report of the Principal School Dental Officer for the year 1965

School Dental Service

Details of the work done by the school dentists and orthodontists are shown in Table 5. The dentists inspect the teeth of pupils in school, and where treatment is needed the parent is informed and offered treatment by the school dental service. The proportion of parents accepting treatment varies from school to school, but the facilities for dental treatment provided under the National Health Service Act are also available to them.

There is still a shortage of suitable dental officers and trained dental surgery assistants. The Borough's policy of adjusting the commencing salary to experience and giving accelerated increments where merited should assist recruitment. During the year two chairside attendants have obtained the National Certificate of Dental Nurses and a further three are studying for the examination.

One dental auxiliary is employed and she, under the supervision of dental officers, devotes most of her time to pre-school and infant department pupils.

Dental health education is conducted largely on a personal basis in the surgeries. A scheme has been started for senior pupils in groups of six to visit the dental clinic at Bath Road where they are shown the film 'Tons of Teeth' and the various aspects of dental treatment. A collection of skulls and other materials related to teeth has been started and is used for teaching purposes at the clinic and in schools. A copy of the General Dental Council's booklet 'Why Teeth are Interesting' has been issued to each head teacher.

During the year the Principal School Dental Officer was invited to join the staff of the London Hospital Dental School as honorary adviser in public health dentistry. This is to be regarded as an important step towards establishing a much needed liaison with teaching hospitals.

The Principal School Dental Officer has presented papers as under—

'The First Permanent Molar Tooth'—Public Dental Officers Group of the British Dental Association

'The Treatment of Fractured Teeth'—Medical Postgraduate Federation

The dental department has also been engaged in research as follows—

1. A pilot survey to determine the effect of a new toothpaste on the solubility of tooth enamel was carried out early in the year. The work was done by the Toilet Research Unit of Unilever Limited, assisted by the school dental service staff. No results have yet been published.

2. A major investigation, planned to last for three years and involving almost 2,000 children and their families is being conducted to assess the role of toothpaste in reducing dental decay. The investigation is organised by the Dental Health Study Unit of the London Hospital Dental School under the direction of Professor G L Slack.

3. A survey of the dental condition of five-year old school children is recorded later in this report.

4. A flash unit for dental photography has been designed by the Principal School Dental Officer and was described in the January issue of Medical and Biological Illustrations.

A Dental Survey of school entrants in the London Borough of Hounslow – June to December 1965

by Nance Leaver BDS and Brenda Fox BDS

A survey of the dental condition of 415 children, aged five years at the time of the inspection was carried out between June and December 1965. The children concerned attended schools which were due for routine school dental examinations and were representative of those served by four dental clinics—Hounslow, Chiswick, Brentford and Feltham. The object of the survey was to obtain data concerning the dental health of these pupils and the manner in which they obtained dental treatment and examination.

Details of Charting

1. DMF (Decayed, Missing, Filled) Index

A full charting was made on standard record cards (Form 11M). The inspection was carried out in the best possible light, using a dental mirror and an Ash No. 8 probe which was discarded when blunt, or in any case after being used for 20 examinations. Cavities were charted only if there was definite clinical evidence of caries. Sticky fissures which did not justify conservation were not recorded. Teeth which could be conserved only by involved treatment of the pulp

or root canals were recorded as needing extraction for the purpose of this survey. Permanent teeth were recorded as present if any part of the crown had penetrated the gum surface.

2. The percentage of children receiving regular dental care either from practitioners in the General Dental Service or from the Local Authority Dental Service was established by questioning the parent. In the absence of the parent the validity of the information given by the child on this point was considered in the light of the clinical condition observed.

3. Oral hygiene was recorded as unsatisfactory when it was judged that the pupils regimen of home dental care was clearly inadequate.

Results

So that the data relating to the DMF index can be compared with other published work, the findings are reported in two different ways.

1. Data relating to canine and molar teeth only
2. Data relating to all teeth

In the case of 2 where there was reason to assume that deciduous incisor teeth had been lost due to the normal succession of the permanent incisor, the figure quoted includes the deciduous incisor as present and healthy. This information together with details of the percentage of children found to be free from dental decay and also the details of individual schools is shown in Table 1.

Table 1

School	*Total examined*	*Caries free*		*Decayed, missing, filled*			
				All teeth		*Canines & molars*	
		No.	*%*	*No.*	*Average DMF per child*	*No.*	*Average DMF per child*
Cranford	75	21	28	306	4.1	270	3.6
Beverley Road	46	12	26.1	199	4.3	171	3.7
Norwood Green	58	14	24.1	198	3.4	188	3.2
St Paul's	28	5	17.9	141	5.0	118	4.2
Cardinal Road	97	24	24.7	386	4.0	344	3.5
Hounslow Town	30	9	30	122	4.1	103	3.4
Belmont Infants'	43	16	37.2	157	3.7	129	3.0
Hogarth Infants'	38	10	26.3	135	3.6	122	3.2
Total	415	111	26.8	1,644	4.0	1,445	3.5

Seventy-three per cent of all children examined were found to be suffering already from dental decay by the age of five years. The average child had between three and four teeth which were decayed, filled or had been extracted.

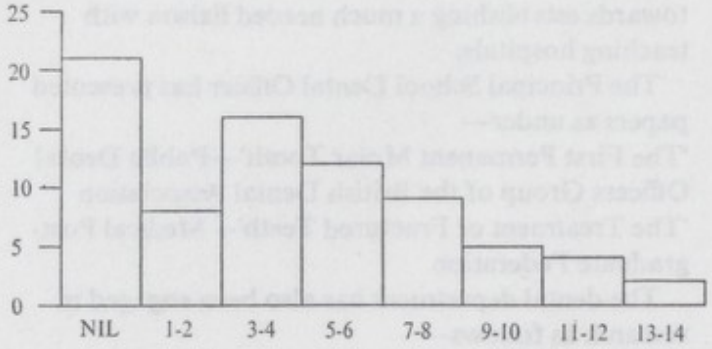
Table 2 gives details of the number of children who at the age of five had already lost teeth or who had teeth in their mouths which required extraction.

Table 2

Number of children with teeth already lost due to dental decay	76
Number of children requiring teeth extracted	28
Number of teeth requiring extraction	65
Number of teeth missing (due to dental decay)	277

The histogram (graph 1) shows the distribution of caries attack among children of one school and it is thought to be typical of the children in general.

Graph 1



Number of decayed, missing and filled teeth

Oral hygiene was better than had been expected and only 26 cases were noted as being unsatisfactory.

Table 3 gives details of children who, by the age of five, visited a dentist regularly.

Table 3

School	*Total no. examined*	*Number receiving regular dental care*	
		GDS	*LADS*
Cranford Infants'	75	30	14
Beverley Infants'	46	5	5
Norwood Green	58	14	4
St Paul's	28	6	8
Cardinal Road	97	41	9
Hounslow Town	30	19	8
Belmont Infants'	43	2	4
Hogarth Infants'	38	2	4
Total	415	119	56
Percentage of Whole	—	29	13

Discussion

A quarter of the children examined were found to have lost or to require extraction of one or more deciduous teeth by the age of five years. Many of these teeth would not normally be replaced by a permanent successor until the age of about 11 years. Masticatory efficiency is thus impaired for a period of at least five years and the premature loss of these teeth may also cause irregularity of the permanent teeth which in later years will necessitate prolonged orthodontic treatment.

The routine school dental inspection was, for the majority of children, the first introduction to regular dental care. The findings emphasise the importance of the routine school dental inspection and also indicate clearly the urgency of persuading many more parents to seek regular dental care for their children before they enter school.

We would like to thank Miss F Bowie and Miss S Robinson for their assistance in collecting part of the data used in this paper.

Table 1 Medical inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

a. Periodic Medical Inspections

Age groups inspected (by year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*	
		Satisfactory	*Unsatisfactory*
1961 and later	245	236	9
1960	1,673	1,651	22
1959	1,039	1,028	11
1958	115	114	1
1957	473	467	6
1956	318	307	11
1955	73	70	3
1954	854	840	14
1953	903	893	10
1952	240	236	4
1951	764	751	13
1950 and earlier	1,552	1,540	12
Total	8,249	8,133	116

b. Special Inspections

Number of Special Inspections	4,331
Number of Re-inspections	3,606
Total	7,937

Pupils found to require treatment (excluding dental diseases and infestation with vermin)

For defective vision (excluding squint)	*For any other condition*	*Total individual pupils*
7	43	46
50	227	316
36	120	180
9	11	18
44	49	85
36	46	70
11	14	17
53	59	114
53	81	125
28	33	71
56	67	112
137	124	240
520	874	1,394

Table 2 Defects found by Periodic and Special Medical Inspections

Defect or Disease		*Number of defects found at*			
		Periodic medical inspections		*Special inspections*	
		Requiring treatment	*Requiring to be kept under observation*	*Requiring treatment*	*Requiring to be kept under observation*
Skin		171	248	323	67
Eyes	a. Vision	520	837	178	185
	b. Squint	79	94	11	5
	c. Other	25	63	27	21
Ears	a. Hearing	35	273	79	151
	b. Otitis Media	30	94	12	15
	c. Other	71	114	31	41
Nose and Throat		110	435	47	126
Speech		63	134	30	38
Lymphatic Glands		5	64	2	24
Heart		14	129	8	37
Lungs		40	224	17	80
Developmental	a. Hernia	11	20	2	4
	b. Other	29	168	24	70
Orthopaedic	a. Posture	8	84	9	19
	b. Feet	71	287	35	42
	c. Other	55	157	28	38
Nervous System	a. Epilepsy	13	28	6	23
	b. Other	4	52	6	29
Psychological	a. Development	5	60	7	26
	b. Stability	20	352	47	255
Abdomen		11	82	—	10
Other		37	214	100	207

Table 3 Treatment known to have been provided by the Council, at Hospitals etc

Condition	*No. of cases known to have been dealt with*
Eye Diseases, Defective Vision and Squint	
External and other excluding errors of refraction and squint	130
Errors of refraction (including squint)	1,764
Total	1,894
Number of pupils for whom spectacles were prescribed	833
Diseases and Defects of Ear, Nose and Throat	
Received operative treatment	
a. for diseases of the ear	—
b. for adenoids and chronic tonsillitis	—
c. for other nose and throat conditions	—
Received other forms of treatment	177
Total	177
Number of pupils known to have been provided with hearing aids	
a. in 1965	14
b. in previous years	45
Orthopaedic and Postural Defects	
a. pupils treated at clinics and out-patient departments	1,090
b. pupils treated at schools for postural defects	196
Total	1,286
Diseases of the Skin (excluding uncleanliness)	
Ringworm	—
Scabies	6
Impetigo	5
Other skin diseases	603
Total	614
Child Guidance Clinic	
Pupils treated	370
Speech Therapy	
Pupils treated	502
Other treatment given	
a. pupils with minor ailments	323
b. pupils who received convalescent treatment under School Health Service arrangements	19
c. pupils who received BCG vaccination	822
d. allergy clinic	116
Total	1,280

Table 4 Infestation with Vermin

Total number of pupils examined in schools by nurses or other authorised persons	23,799
Total number of individual pupils found to be infested	211
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	48
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	24

Table 5 Dental Inspection and Treatment

	Number of pupils			
	Age 5-9	*Age* 10-14	*Age* 15 & *over*	*Total*
Inspections				
First inspection at school				7,251
First inspection at clinic				2,626
No. of first inspections requiring treatment				5,604
No. of first inspections offered treatment				5,603
Pupils re-inspected at clinic				784
No. of re-inspections requiring treatment				536
Attendances and treatment				
First visit	2,200	2,150	507	4,857
Subsequent visits	5,011	6,849	2,037	13,897
Total visits	7,211	8,999	2,544	18,754
Additional courses of treatment commenced	151	108	35	294
Fillings in permanent teeth	2,097	6,048	2,096	10,241
Fillings in deciduous teeth	4,196	405	—	4,601
Permanent teeth filled	1,603	4,085	1,101	6,789
Deciduous teeth filled	3,020	251	—	3,271
Permanent teeth extracted	124	661	162	947
Deciduous teeth extracted	2,032	693	—	2,725
General anaesthetics	919	396	39	1,354
Emergencies	478	291	81	850
Number of pupils X-rayed				490
Prophylaxis				1,685
Teeth otherwise conserved				215
Number of teeth root filled				58
Inlays				5
Crowns				38
Courses of treatment completed				3,750
Anaesthetics				
General anaesthetics administered by dental officers				2

continued

Table 5 Dental Inspection and Treatment *continued*

	Number of pupils			
	Age 5-9	*Age* 10-14	*Age* 15 & *over*	*Total*
Orthodontics				
Cases remaining from previous year				344
New cases commenced during year				165
Cases completed during year				116
Cases discontinued during year				45
No. of removable appliances fitted				295
No. of fixed appliances fitted				4
Pupils referred to hospital consultant				4
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	1	1	—	2
Pupils supplied with other dentures (first time)	—	3	8	11
No. of dentures supplied	1	4	8	13
Sessions				
Sessions devoted to treatment				2,920
Sessions devoted to inspection				112
Sessions devoted to Dental Health Education				141

Student Health Service

Preliminary discussions have taken place with the staff of the Education Department about the inauguration of a student health service at the two further education establishments in the Borough. It is hoped to commence this service in 1966.

Medical Examination of Staff

The Department of Health is responsible for carrying out the medical examination and assessment of staff as required by heads of departments and others. Arrangements are also made for the medical examination of candidates for admission to teacher training colleges and for first teaching appointments.

Examinations are made on a reciprocal basis of staff appointed by other local authorities.

During the year the following examinations and assessments were made—

Referred for assessment prior to appointment—	
Medically examined before assessment	73
Medically assessed without medical examination	1,346
Left before completion of medical assessment	71
Medical examination of existing staff for purposes of admission to the superannuation scheme, sickness pay scheme or continued fitness for employment	80
Medical examination for first teaching appointments	60
Medical examination of other local authority staff	11
Medical examination of student teachers	175

The possibility of extending the above service into a viable occupational health service for the whole staff of the borough is under active consideration.

Mental Health

Until 1st April 1965 all the mental health services throughout the County of Middlesex were administered by the County Health Department. On this date the complete responsibility was transferred to the individual boroughs.

The Borough of Hounslow was fortunate in inheriting relatively well developed facilities and the foresight of the Borough Council has enabled the immediate recruitment of an adequate number of experienced officers to undertake the necessary mental health social work. The mental health service, however, consists of more than men and material and good progress has been made in general integration. Few of the officers, either field or administrative, had ever before worked together and I am happy to report that great progress has been made in forming an efficient and happy team. Clearly it must take time before new innovations develop.

On the mental illness side a strong relationship is developing between the principal catchment hospital, Springfield, and the mental welfare officers working in the community. The borough has agreed to appoint a consultant psychiatrist from the hospital for two sessions a week and this will lead to a still closer relationship.

Conferences have been held with the superintendent of Leavesden Hospital, the catchment psychiatric hospital for subnormality, with whom close co-operation has been established.

Springfield hospital is approximately 15 miles from Hounslow and Leavesden more than 25 miles which factor clearly handicaps close liaison. The medical staff at Springfield, however, hold outpatients sessions at the West Middlesex Day Hospital which provides a closer link. It is hoped that Leavesden may be able to hold outpatients sessions within the borough in the not too distant future.

St Bernard's Hospital serves as the catchment hospital for mental illness for a very small part of the borough but is much nearer than either of the other hospitals.

Mental Subnormality

Hounslow inherited about 380 subnormal people from the community supervision role of Middlesex County Council. All grades of mental defect are to be found in this number, including a substantial proportion of educationally subnormal school-leavers, who require special help and guidance. Eighty are attending adult training centres, 61 are pupils at junior training schools, 25 have been placed in special care units, and two are in a weekly boarding unit. The remainder are either too young or too old to attend a centre, are in normal employment, temporarily unemployed or unemployable and at home or undergoing rehabilitative training with the Ministry of Labour.

The bulk of the department's social work with the mentally subnormal has been in the hands of one

mental health social worker. Two other social workers include subnormal patients in their case load, but they are principally concerned with the mentally ill. This arrangement has its merits and disadvantages. Now that a wider concept of welfare has developed, there is considerable overlapping of agency functions. In having a section specialising in mental subnormality, a common denominator is established for liaison when people in other branches of social work encounter problems with the mentally handicapped. It is usually envisaged that the mental health social worker should be involved with every form of mental disorder, but experience in Middlesex and other parts of the country has shown that where the mentally ill and subnormal caseloads have been mixed, the former group has always received priority attention at the expense of the latter. This is inevitable because of the urgency of the problems of the mentally ill and the limited number of staff to deal with them.

If community care is to be a better alternative to institutional care for the majority of subnormal cases, it will depend on there being adequate provision in the neighbourhood and also suitable short-term care facilities being available to give families occasional relief from the often considerable strain of caring for the handicapped. The temporary care requirements in the borough are provided by Leavesden Hospital but unfortunately these are not being entirely met, particularly this year during the summer period, due to an acute bed shortage. Consequently, families who would otherwise manage reasonably well are needing increased social work support in order to cope.

At present there are 16 children in the community under the department's supervision who are on the waiting list for permanent care, including eight who are in urgent need of admission, but because of the long hospital waiting list have little hope of being offered a bed in the near future. The physician superintendent of Leavesden Hospital recently stated that there were 70 patients on his waiting list, 61 of whom are children. Six Hounslow patients have been admitted to the hospital since April 1965, although all these have been the result of serious crises in the family or extreme pressure by this authority on the hospital whose staff have at all such times been very helpful.

Late last year two medical officers from Leavesden Hospital came to a meeting in the Department of Health when the problem of institutional care was naturally one of the main topics for discussion. Although the hospital doctors did not paint a very bright picture of the permanent care situation we were, nevertheless, able to familiarise them with the most urgent cases on our waiting list. The possibility of these same doctors having community clinics in the borough was also debated, and the conclusion reached was that this might be a feasible proposition in the not too distant future. It is envisaged that these clinics will provide the borough with additional counselling facilities.

A closer relationship has been established with the two local parents' associations in the form of a mental health social worker being co-opted on to their committees. One of the societies is particularly active in the sphere of community work. It has built a new social centre which, at the moment, is the venue for two social clubs a week and a play group for the under fours.

Three clinic sessions are held each month by Dr P A Bennett the principal medical officer, for the examination of sub-normal cases and for the counselling of parents. Two of these sessions are held at the Brentford Health Centre and one at Feltham Clinic, and these serve either end of the borough. The mental health division at Lampton Road is centrally placed and cases are also seen here from time to time as occasion arises, and home visits are also made to some patients, particularly in new cases.

The part-time services of a specialist educational psychologist, Dr M Tyson, are being made available to the mental health division and it is anticipated that her advice on teaching and training techniques will be invaluable to the junior schools and adult training centres. There is also the great advantage of having her expert psychological assessment of individual cases.

Junior Training Schools and Special Care Units

The borough possesses two junior training schools both of which have 24 place special care units attached.

Isleworth Junior Training School Bridge Road Isleworth

This is a purpose-built school which was opened in February 1960, and has a total of 104 places, 24 of which are in the special care unit.

Apart from the catering facilities, the nursery unit is self-contained and has room for 30 children. The emphasis in this unit is upon toilet and social training. Children have their meals in the unit, as supervision of their feeding habits is considered to be an integral and essential part of their training. For a similar reason there are independent toilets attached.

There are three other rooms for the junior, intermediate and senior classes. The selection of the children for the various classes is based on a compromise between age and ability.

There is a large assembly hall which is also used as a dining room for these three classes and for physical activities. The only apparatus provided for this, at present, is a climbing frame. A speech therapist attends the school for one session a week to treat a few selected cases and to instruct the staff in the constant use of speech therapy techniques.

The 24 place special care unit was added to the school in 1964. By catering for the very severely handicapped children during the day the families of these children are able to continue to cope with the care of them at home and the demand for hospital beds is thus reduced. The unit consists of two rooms and special toilet facilities. One of the rooms is allocated to the restless and over-active children, some of whom are psychotic. These children by their behaviour would disrupt the ordinary classes in the school. The other room is devoted to the care of children with additional physical handicaps, principally cerebral palsy, and thus require a considerable degree of nursing care.

A physiotherapist attends for one session weekly to give treatment and to instruct the staff in the correct handling of these children. The nursery unit has two assistant supervisors and one general duties assistant. Junior, intermediate and senior classes have one assistant supervisor each. The special care unit has two assistant supervisors and two general duties assistants for the 24 children.

Of the 107 cases on the register at the end of 1965, 52 were Hounslow cases, 53 from the Borough of Ealing and two from the Borough of Brent. There was a total waiting list of 23 cases.

Hanworth Junior Training School Bear Road Hanworth

This is a temporary building which was erected as a day nursery during the war to which has been added a large assembly hall and a small special care unit section. Sixty places are provided at the school, and 24 places at the special care unit. The principles of training are the same in this school but there are the following differences.

The nursery unit is only large enough for 16 children, staffed by one assistant supervisor and one general duties assistant. There is a junior, intermediate and senior class as at Isleworth. Unfortunately, during the last year no speech therapist has been available to this school, but it is hoped that one will shortly be forthcoming.

The purpose built special care unit at this school was the first in the country and opened in 1957. It was a pioneer project sponsored by the Middlesex County Council and the local parents' association. Originally the unit consisted of one room but since its inception the use of a neighbouring room has been necessary and the grouping of patients is as in the special care unit at Isleworth, although the toilet facilities are inadequate. A physiotherapist attends this unit also for one session a week.

In view of the limited accommodation, physical activities are curtailed and no special apparatus has been provided except in the garden, but the school which is planned to replace these premises will have full facilities.

A progressive attitude to more advanced forms of social training is undertaken and shopping expeditions, short 'bus journeys and the making of telephone calls are additional to the normal syllabus. The supervisor also conducts vigorous efforts in special social activities such as drama, open days and sports days when parents are encouraged to attend. A tour of London and the 'Tower' have been organised and other similar instructional projects are planned.

At the end of 1965 there were 93 children on the register, 34 from this borough, 20 from the Borough of Richmond, 35 from Surrey County Council and four from other local authorities. There were 22 children on the waiting list.

Certain of the children who have attained the age of 16 years are retained at the junior training schools and help in the kitchen or in the nurseries. They are designated as 'orderlies' and are paid monetary rewards varying from 8s 0d to 40s 0d a week. Orderlies do not exceed one to every 30 places.

Colombo House 1 Ferry Road Teddington

This is a voluntary residential establishment for subnormal and severely subnormal children suitable for community care, which was opened within the catchment area of the Hanworth Junior Training School late in 1964. This created an artificially high demand for places in the school and, at one stage, a large waiting list. As a temporary measure, until the replacement of the present Hanworth Junior Training School by the larger purpose-built one, a class was started in Colombo House for 18 children under an assistant supervisor provided by the borough. This class has been an appreciable success although it is realised that the children concerned are denied the chance of a change of environment and the educational value and stimulus of a journey to school each day.

Arrangements have been made whereby the managers of Colombo House charge the borough an inclusive rent for the classroom and the borough makes a charge to other local health authorities who are financially responsible for certain of the trainees in attendance.

Adult Training Centres

There are two centres within the borough.

Acton Lodge Adult Training Centre London Road Brentford

This consists of two separate buildings—

a. an old three storied building which was originally a residential property and was converted and opened in 1957 as an adult training centre. This building accommodates approximately 40 trainees.
b. a new purpose-built section which was opened in July 1962 is a one storey building which can accommodate approximately 100 trainees.

A variety of modern machinery has been installed in the new building particularly that for woodwork and although a wide range of skilled carpentry has been undertaken, a contract has not yet been obtained that would fully utilise this machinery. In addition an air pressure plant has been installed for power operated tools.

A large lean-to greenhouse was constructed and erected in the grounds of this centre two years ago using trainee labour and this year a heating system has been installed and a boilerhouse erected mainly by trainees. Concrete blocks made on the premises were used in the construction of the boilerhouse, and wooden partitioning, fencing and roofing have all been made in the woodwork department.

A concrete mixer and block mould has enabled the trainees to produce a range of concrete products such as blocks, containers for plant culture by the ring method and vases.

In the garden and greenhouse a wide range of plants is grown, in particular tomatoes and chrysanthemums, and the installation of heating in the greenhouse will enable a considerable expansion.

The principal activity in the main workshop is still the assembly of a variety of electrical components.

Arrangements have been made with the Chief Education Officer to employ a half-time teacher for the higher grade trainees. It is envisaged that the classes would be small, not more than eight trainees, and that suitable trainees should have sessional periods daily. The aim would be to teach elementary reading and writing or, at least, a word recognition, simple letter writing, an appreciation of money values, in particular with relation to the cost of common articles, and an elementary level of general knowledge, all of which would be aimed as having a practical application to everyday life. It is hoped that the teacher appointed may extend her activities and organise various social activities such as shopping, travelling, telephone calls, in an attempt to facilitate independence on the part of trainees. With the present ratio of instructors, one for every 15 trainees, it has not yet been possible to institute this programme of training in social competence. Instructors have been made aware of this problem and do endeavour in day-to-day matters to instruct and help the trainees to become more competent and self-sufficient.

Once a fortnight a 'club night' is run voluntarily by the staff which is attended by a large number of trainees in spite of the distance many of them have to travel to their homes. Efforts have been made to liaise with the local youth council and local youth groups and this has proved a considerable success. They have provided entertainment and hospitality to the trainees on a number of occasions. By this policy it is hoped to make young people aware and sympathetic to the problems of subnormality, and by a knowledge of the problems to dispel the many groundless fears and prejudices that accure from ignorance.

Brentford Adult Training Centre Commerce Road Brentford

This centre was started as an experiment in 1960. A group of subnormal trainees were placed in a local plastics factory under the supervision of instructors employed by the Middlesex County Council. This was intended as a 'stepping stone' into industry, and as an effort to integrate the subnormal into a normal environment. This experiment started with only six trainees and, because of its apparent success, within a year this number was increased to 20 and subsequently to 50. This larger number tended to defeat the original aim (the integration with normal industrial life) by creating a focus on subnormality. The numbers have now been reduced to 35 and at this size the centre serves a good and useful purpose although it is still considered to be too large for the true aims of such a scheme.

During 1965, 13 trainees left the adult centres to take up employment direct. In addition four left to undertake further training at the Industrial Therapy Organisation (Thames) Limited. This organisation accepts for rehabilitation and training both subnormal and mentally ill patients and has a very close link with the Ministry of Labour and the disablement rehabilitation officer, which facilitates trainees obtaining employment. After a relatively short period of training with this organisation it is hoped that subnormal trainees will be able to obtain employment in open industry.

Altogether 18 persons from the borough were admitted to the Industrial Therapy Organisation in 1965 and eight left to take up employment.

The trainees at the adult training centres are paid monetary rewards as an incentive to regular attendance and good work. The weekly rate of pay varies from 8s 0d to 40s 0d, and the total amount per trainee should not exceed an average of 20s 0d per head at Acton Lodge, or 30s 0d at Brentford Centre. The manager of the centre is responsible for assessing the payment which is based on the ability and aptitude of each trainee. It is anticipated that the income from work undertaken at Acton Lodge and Brentford Centre during the year will be approximately £8,500 and £3,200 respectively.

Visitors to Junior Training Schools and Adult Training Centres

The schools and centres, particularly the purpose-built ones, had many visitors during 1965.

On ten occasions individual representatives or delegations from other countries inspected one or more of the schools and centres.

These visitors came from America, Germany, Hong Kong, Ireland, Mauritius, New Zealand, Norway and Sweden, and the visits were usually arranged at the request of the Ministry of Health.

There were many visits by council members, medical officers of health and senior officers of other local authorities. Some who contemplated building similar centres were accompanied by architects.

A considerable number of doctors, including some from the hospital service, mental welfare officers, social workers and other professional people also found interest in the schools and centres.

The borough is anxious to co-operate in the training of social workers and during 1965 received about 80 college students to observe the work of the mental health establishments. Fifteen doctors studying either for the Diploma in Public Health or the Diploma in Child Health each spent half-a-day at the schools and centres during the year.

Holiday Camps for the Mentally Subnormal

Before the reorganisation of local government in London, the Middlesex County Council had made preliminary arrangements for holiday camps to take place in the summer for trainees at its adult training centres and junior training schools. The staff of the London Borough of Hounslow completed the arrangements for the two camps for adults, and another borough acted similarly for the children's camp.

Adults

Separate parties of 90 women, including ten Hounslow residents, and 88 men, including seven Hounslow residents, spent 11 and 10 days respectively at the St Mary's Bay Holiday Centre Romney Marsh Kent in August and September. This is a hutted centre designed mainly for school parties, and in general the facilities are adequate. Coaches conveyed the parties from the adult training centres in Middlesex direct to and from the holiday centre.

Staff acting as leaders and escorts provided by the participating boroughs, together with three volunteers, two from the Community Service Volunteers and one from the Hounslow Youth Council, did

sterling work at the men's camp.

Six of the societies for mentally handicapped children in the Middlesex area gave a total of £80 for extras and entertainment which were greatly appreciated at the camps.

A full programme of outings, trips, bathing, games etc was carried through at each camp despite the very changeable and cold weather. The success of the camps, in terms of enjoyment of the trainees, was almost entirely due to the untiring efforts of the leaders and the devoted hard work of all the camp staff. No untoward incidents occurred at either camp.

Each of the participating boroughs made their own arrangements for assessing the contribution towards the cost of the holiday to be made by or on behalf of the trainees whom they sponsored.

Children

Six children from this borough were included in the party of 50 who spent a fortnight at a holiday camp at Park Place School Henley-on-Thames. This was organised by the Borough of Hillingdon on behalf of all the London boroughs in the former Middlesex area and was reported to have been a successful and enjoyable holiday for the children.

Short Term Care

During 1965 arrangements were made for 25 subnormal or severely subnormal patients, mostly children, to have a total of 34 periods of short term care of between two and eight weeks. Fifteen of these patients were awaiting permanent admission to hospital and short term care was necessary because of crises at home or to give families respite from the constant care of difficult patients. One child was admitted for a period of assessment, another while his mother was confined and another child to cover the holidays between terms at a residential training home for blind children. The other patients were given short term care because of sickness in the family or to allow parents to take a much needed rest or holiday.

Of the 34 periods of short term care arranged 28 were accommodated in National Health Service hospitals, mainly Leavesden Hospital, and six were placed in private homes.

Mental Illness

The transfer of mental welfare officer staff on 1st April was effected without any disruption to the existing services due largely to previous planning and the co-operation of the staff involved. An emergency 24 hour service was immediately set up and the local general practitioners were able to call upon the services of the mental health social workers to deal with emergencies.

The staffing structure of the new establishment was decided on the basis of the ten year health and welfare services plan, and consisted of a chief mental welfare officer, a deputy, three senior and six mental health social workers. All but one of the mental welfare officers are primarily concerned with problems of mental illness, and one only with those of subnormality.

A liaison was established with the psychiatric hospitals serving this borough, Springfield and St Bernard's, and arrangements were made for patients who were in need of after-care services to be referred to this department.

The mental health social workers attend the local psychiatric outpatients departments of the two hospitals and in conjunction with the consultants it is hoped that the seeds of preventative or 'pre-care' social work services have been sown. One social worker has been attached to each consultant who deals with patients from this borough. He attends the ward meetings as a member of a team and so maintains contact with the patient throughout his illness until rehabilitation is effected. This provides a continuous social work service and enables the patient to establish a relationship with one social worker throughout the course of his illness.

Contact is also maintained with the family of the patient and an effort made to solve or ameliorate the problems in the family which may have precipitated or even caused the patient's breakdown. In the process of helping the patients when they break down and during the period of recovery, the social workers have established good relationships with the family doctors and form a link between them and the mental hospital.

During the year 710 patients were referred to the mental health social workers by family doctors, hospitals, police, members of the public and others.

The Hostel 24 Wood Lane Isleworth

This hostel is intended for patients recovering from mental illness. A second purpose-built hostel is

planned in Bedfont which when complete may be designated for mentally ill patients and Wood Lane Hostel would then be used for subnormality, but a final decision on this point has not been made.

Considerable difficulty was met in obtaining suitable staff which delayed the opening of this hostel, but on December 1st, a resident warden and his wife, who acts as housekeeper, took up their duties, and it is hoped in the new year to start admitting patients.

Future Projects

1. The Hanworth Junior Training School is about to be replaced by a larger purpose-built school at Main Road, Hanworth. The new school will have a large assembly hall equipped with a stage and with a variety of physical training apparatus. To the main school will be attached a large nursery unit for 30 children who will be accommodated in two class-rooms, which will have its own covered play area and toileting facilities.

There are four other classrooms each large enough for 15 children and an additional practical training room where domestic science classes can be held.

The 24 place special care unit will have two large rooms with special toilet facilities and a covered play area. A small additional room has been added to the original plan for this unit and it is intended that efforts be made to teach a very small group of children who, although of relatively high intelligence, are very active and restless and cannot, therefore, be managed in an ordinary class. It is hoped that by trying to utilise their intelligence, their behaviour may thereby improve.

These plans are at an advanced stage, and it is hoped that the school may be ready for occupation in 1967.

2. A Weekly Boarding Unit on the same site at Main Road, Hanworth. A 12 place unit is planned as being the smallest unit compatible with reasonable cost. Such a unit is considered to be the first residential need of a community service for subnormal children.

Many parents are not prepared or able to accept total care for their subnormal children, and the children themselves are not yet ready for total separation from their families. A weekly boarding unit is thus considered to be a good compromise. It provides great help to the families and yet preserves the family ties and interest and enables both child and parent to undergo a phase of 'emotional weaning'. The age range of children in this unit would be from 4 to 12 years and the children would all attend the junior training school daily.

3. A Full-time Residential Unit for Children. The needs for such a unit are more limited. Either the children are very severely handicapped and therefore require full--time hospital care, or are considered too young to be retained in an ordinary children's home. Consequently the need in this respect is thought to be for older children whose sub-normality becomes more apparent with increasing age who nevertheless do not need hospital diagnostic or therapeutic aids and whose parents or relatives for one reason or another are unable to look after them at home.

A site is being sought and this may dictate the size of the unit which would be for not more than 12 children of both sexes aged from 8 to 15 years.

General comment—It is considered strongly that the success of community services for children will depend largely upon adequate and suitable residential hospital facilities being available locally. Parents will usually resist and resent the transfer of their children to large and remote hopsitals and the need is for a small children's hospital unit within or very near to the area it serves. Such a unit would best be attached to a paediatric unit where diagnostic facilities are available. The proximity of such a unit to the homes of the children concerned is considered to be the all important factor, as only thus can close family ties and the emotional equilibrium of the parents be maintained. The children would also benefit as frequent visiting would tend to prevent the 'depersonalisation' which is liable to occur in large and remote institutions.

4. Part of the present building on the Acton Lodge site at London Road Brentford is outmoded, consisting of a series of small rooms, which are unsuitable for modern techniques of practical training. It is, therefore, planned to replace this by two linked buildings. One of these will be a three storied block. On the ground floor will be a small training laundry, on the middle floor a training room and a small classroom, and on the top floor a domestic science unit. The other building will consist

of a toilet block with changing and shower facilities over which will be placed a gymnasium.

5. A day centre for 30 elderly mentally disturbed—it is hoped that a large residential property in St Margarets will be available for this purpose. This is a three storied house with sizeable hall standing in the garden which with relatively small modification to the ground floor, particularly toilet and bathroom facilities, will make a very adequate day centre for such people.

The hall situated in the garden and one large sitting room would be suitable for light activities, and a further sitting room would be used for relaxation and recreational purposes leaving a small room as an office and a rather small dining room. The upper stories of this building would make a suitable flat for staff.

6. A day centre for 50 mentally ill patients—this is included as an integral part of the projected scheme for the extension of the new Health Centre at 92 Bath Road Hounslow. It will consist of two large work-rooms, a small room for arts and crafts, a sitting room for recreation and relaxation. There will also be a small kitchen for training purposes and a small hairdressing and powder room with full facilities for the various staff including two consulting rooms for visiting psychiatrists.

7. A sheltered workshop for 30 chronic mentally ill patients—this is under active consideration, and it is thought that this might well be run in conjunction with a similar welfare establishment for the physically disabled. As yet no suitable site has been allocated for this purpose but it is hoped to obtain one which is on the main lines of public transport through the borough, and within a reasonable distance of the hostel that is planned in Bedfont for mentally ill patients.

8. In the course of the next year it is hoped to start a club for mentally ill patients based possibly on the hostel about to be opened in Wood Lane so that the residents may also participate.

I am grateful to Dr Morris Markowe and Dr Colin Herridge, consultant psychiatrist at Springfield Hospital, for the following report—

'Report on Community Health Services'

'The accent for psychiatric treatment has swung over the last few years from the psychiatric hospital to the community. Nowhere is this more important than in Hounslow, where by an unfortunate historical mischance the psychiatric in-patient beds are mostly in Springfield Hospital, some 15 miles distant.

The aim of the community psychiatric services is first to keep people out of hospital, and allow them to receive treatment at home. Hounslow is very fortunate in having a large complement of mental welfare officers who, in co-operation with psychiatrists visiting local out-patient clincs or directly at patients' homes, can often manage to carry this out. Should admission to Springfield be necessary, a mental welfare officer regularly attends case conferences, sees the patient in hospital and helps with home arrangements during the in-patient period, and on discharge. This invaluable contact is working well, and may soon be expanded further by the joint appointment of social workers between the local authority and the hospital.

Day patient care is available at the West Middlesex Hospital, and many people can avoid in-patient stays by attending this active unit. Again the closest co-operation exists between mental welfare officers and psychiatrists in the use of this facility.

The opening of the hostel at Wood Lane early next year for psychiatric patients will be another great step forward. This will assist in the rehabilitation of more long-stay patients into their own community, and whilst most of the work of this will fall on to the local authority mental welfare department, a Springfield consultant will visit it weekly to provide specialist services'.

Environmental Health

The following report is submitted by Mr K J Smith FAPHI MRSH, Chief Public Health Inspector—

Physical characteristics—From the north bank of the River Thames the land rises slowly to a height of about 100 feet above sea level. The subsoil consists of drift gravels overlaid in parts by patches of clay.

In addition to two large estates whose houses and grounds are available to the public by courtesy of the owners, open spaces totalling 1,100 acres are controlled by the borough council.

Dotted—Smoke control orders in operation

Hatched—Smoke control orders made but not confirmed by Ministry of Housing and Local Government.

Water supply—The greater part of the supply is provided by the Metropolitan Water Board, and the remainder by the South West Suburban Water Company and is satisfactory in quality and quantity.

The supply is derived from the River Thames, and treated at the Boards' Hampton and Kempton Park works. 3,065 samples were taken for bacteriological examination and 156 for chemical examination in the Boards' laboratories and all were found satisfactory. The natural fluoride content varies between 0.10 and 0.33 milligrammes per litre. The water is not plumbosolvent.

Supplies are piped direct to houses, none of which is permanently served by standpipes. There are no premises in the borough in which water other than that drawn from the mains is used for human consumption.

Drainage and sewerage—With the exception of a small number of isolated premises on the outskirts which drain to cesspools or have pail closets, the sewerage of the borough forms part of the West Middlesex Sewerage Scheme, and is treated at the Mogden sewage purification works which are now controlled by the Greater London Council.

Offensive smells in the vicinity of the works which became prevalent during the latter half of 1964 continued at intervals in 1965. Temporary remedial measures were taken during the year and long-term improvements and extensions at the works are in progress.

930 visits to premises were paid in connection with choked or defective public sewers, 1,510 to deal with choked or defective private drains and 47 tests were applied.

Rivers and streams—No complaint of pollution was made to the Department of Health during the year. Liaison is maintained with the Borough Engineer & Surveyor who has assumed some of the functions formerly discharged by officers of the Middlesex County Council. The Greater London Council maintain control of major waterways.

Public cleansing—The cleansing of streets and collection of refuse are controlled by the Borough Engineer & Surveyor. Refuse is disposed of by controlled tipping and collection of house refuse is carried out weekly.

General nuisances—In addition to the work recorded in other paragraphs, which includes duties assimilated as a result of the creation of the new borough, the public health inspectors continued their general investigation of complaints and in advising complainants as to how and where matters outside the scope of the department's powers may receive attention. 1,784 complaints were investigated during the year.

Feral pigeons—Complaints about nuisance and damage by wild pigeons continue to be received and an improved service under Section 74 of the Public Health Act 1961 was put into operation during the year. Due regard is paid to the limitations imposed by the Protection of Birds Act 1954, and to the feelings of that section of the public addicted to encouraging birds by providing food for them. Three hundred and fifty-two pigeons were destroyed, together with large numbers of eggs and nests.

Exchange of articles for rags—No contraventions of Section 42 of the Public Health Act 1961 were reported during the year.

Clean air—The council continues to co-operate with Warren Spring Laboratory by maintaining eight sets of smoke and sulphur dioxide measuring apparatus, and by forwarding to the laboratory monthly returns showing the average, highest and lowest daily readings obtained from each set of apparatus.

Progress continues in the implementation of the programme of smoke control orders, and at the end of the year 20 such orders, covering 5,925 acres and comprising 26,128 dwellings and 1,121 other buildings were in operation. Three further orders covering 1,628 acres and comprising 4,336 dwellings and 226 other buildings were submitted to the Minister of Housing and Local Government and are awaiting his confirmation. Twelve thousand and ninety-seven visits were paid in connection with this work.

The principle of clean air now appears to be generally accepted and objections to the making of smoke control orders are rare. The recognition of a wider range of appliances for grant purposes has encouraged many householders to instal appliances other than open fires despite the higher cost. The higher range of expenditure now accepted for grant purposes is naturally reflected in the sums paid out in grants by the local authority, which show a substantial increase on those prevailing in the early

years of the programme. Nevetheless, estimated costs in connection with every smoke control order made have not been exceeded.

Public interest in smoke from garden bonfires is unabated and a great deal of time is spent by public health inspectors in investigating complaints and in educating keen gardeners into disposing of their prunings without contravening Section 16 of the Clean Air Act 1956.

During the last few years there has been a steady improvement in industrial smoke emission and generally an emission of excessive smoke occasionally occurring is found to be due to a mechanical break-down or maladjustment and is quickly rectified. No proceedings under section 1 of the Act were taken during the year, but informal negotiation aimed at the prevention of smoke nuisance or the solving of a small number of difficult cases is a daily feature of the department's work.

The association of section 10 of the Act with building byelaw procedures produces difficulties, and it is hoped that discussions in progress will in due course result in a closer relation between the law relating to the height of chimneys and the installations they serve or will serve.

Moveable dwellings—There are six sites in the borough which have been occupied for many years by travelling showmen and therefore exempt from licensing requirements. The sites are well conducted and have given no cause for concern during the year.

Two other sites for the accommodation of single caravans are licensed under the Caravan Sites and Control of Development Act 1960.

On the western outskirts of the borough, occupation of roadside verges and unfenced lands by vagrant types of van dwellers has become more prevalent, and the conditions they create and leave behind them are a serious problem. The generally offensive conduct of these people renders them unsuitable for sites provided anywhere near built up areas, and there is no land available in the borough which is considered to be sufficiently remote from dwellings or other buildings to be suitable as a site for them. The surreptitious depositing of refuse and litter, and of scrap material which is an eyesore but not necessarily always a nuisance or injurious to health, can seldom be dealt with effectively in the absence of proof of the identity of the depositors.

Vigorous application of all the powers available to the council, including forcible removal as trespassers of van dwellers on land owned by the council, fencing or trenching of the margins of such lands wherever practicable and pressure upon the owners of privately owned land to adopt similar measures, serves only to afford temporary relief to some residents while transferring the nuisance to another area. Fines resulting from prosecution of individual van dwellers are cheerfully paid and appear to have no deterrent effect, however often they are imposed, The problem is by no means peculiar to the London Borough of Hounslow, and it may be that a solution will only be found by the introduction of national legislation designed specifically to deal with this type of person, capable of immediate enforcement without the time-consuming process of authorisation by local authorities or their committees.

Seven hundred and eighty-one inspections were made during the year in order to secure the removal of unauthorised caravans and the abatement of nuisances associated with them.

Common lodging houses—There is no common lodging house in the borough.

Canal boats—A reduction in the number of canal boats used for human habitation found on the part of the Grand Union Canal running through the borough consequent upon the closure of a servicing depot, is reflected in a smaller number of inspections made, but routine inspections of boats in transit are regularly carried out.

Factories—Section 153 (1) of the Factories Act 1961 requires the medical officer of health to include in his annual report prescribed particulars of matters under Parts I and VIII of the Act which are administered by the local authority. A summary of the work done is given in Table 27. Standards are generally satisfactory and a relatively small number of contraventions of the Act and relevant regulations have been successfully dealt with without the necessity for legal proceedings. The total number of out-workers' premises within the borough is 78. 1,176 inspections were made of factories, and 83 of out-workers' premises, together with 36 inspections under the Agriculture (Safety Health and Welfare Provisions) Act 1956.

Noise nuisances—Three hundred and three inspections were made in connection with 36 complaints of the following types.

Industrial noises	6	Youth centre	1
Building and demolition	2	Pigeons	1
Garages	2	Testing of machinery	1
Motor vehicles	4	Road breakers	5
Motorcycles on waste land	1	Bowling alley	1
		Dogs	1
		Noisy neighbours	11

All complaints are carefully investigated and, where justification is proved, offenders are given all possible advice and assistance in devising means for remedying the nuisance or reducing noise to tolerable limits. Legal proceedings under the Noise Abatement Act 1960 were not taken during the year.

Rodent control—Arising out of London local government reorganisation it has been necessary during the year to reorganise the rodent control service so as to ensure that those parts of the new borough, where by reason of the age and density of buildings, there appears to be a greater rat population, receive the degree of treatment they require. It was not possible to bring the improved service into operation until late in the year and results in terms of statistical tables do not therefore show a spectacular increase. It is expected that a full year's working will produce very satisfactory results.

Under the Prevention of Damage by Pests Act 1954 the borough council is obliged to recover its expenses in destroying rats and mice on business premises, but no charge is made for the treatment of private dwellings unless there is a failure on the part of the owner or occupier to co-operate in preventing infestation.

A copy of the return submitted to the Minister of Agriculture, Fisheries and Food appears as Table 25.

Other infestations—Bugs, fleas and lice are much less prevalent than they were a few years ago, but the department deals with such infestations as are found. Wasps' nests, ants, cockroaches and other insects, make greater demands on the disinfestors' time. Two hundred and thirty-eight wasps' nests were destroyed and 170 premises treated for other vermin during the year.

Treatment of static waters is also carried out to control the breeding of mosquitoes. A cleansing station maintained by a neighbouring borough is used for the treatment of verminous persons and bedding. Small items are treated in the council's own disinfector unit, which is also used for the sterilisation of medical aids and similar articles before re-issue by welfare officers to patients.

Offices, Shops & Railway Premises Act 1963
Section 60 of the Act requires authorities to submit to the Minister of Labour an annual report of their proceedings under the Act. The report contains particulars in the form prescribed by the Offices, Shops and Railway Premises Annual Reports Order 1964 and appears as Table 26 with which is incorporated a special report on lighting standards, requested by the Minister of Labour in Circular LA 9 (Supp No 1).

It is perhaps unfortunate that the full impact of the Act and the numerous Orders, Regulations and Circulars fell upon local authorities in the London area at a time when they were suffering some unavoidable disruption arising from reorganisation.

Nevertheless, administration in the borough has been pursued by the allocation of a part of the time of all the public health inspectors, 20 in number, to duties under the Act. Progress with initial and subsequent inspections has been maintained to the limit of the resources available, and provided no other dire public health emergencies arise, it is expected that all premises affected will be inspected and brought into conformity with legal requirements in a shorter time than was once envisaged.

No exemptions from the provisions of the Act were granted during the year.

All accidents notified are investigated whether or not they are of a type in respect of which investigation is obligatory, and the opportunity is taken to secure amendment of structures, fittings or methods, designed to prevent a repetition of a similar incident even though there may have been no breach of the Act. Advice to this end is given to employers and employees alike, and the latter in particular are reminded that in this mechanised age there is no room for carelessness or bravado, or disregard of safety measures introduced for their protection. While it is not always easy to suggest how to avoid incidents where, for example, a person working normally at a job he or she has been doing for years efficiently and in perfect safety, for no apparent reason twists a muscle, cuts a finger, or

drops something on a foot, diligent inquiry will sometimes bring to light a fault either in equipment or technique which can be eliminated. Few injuries are in fact sustained as a result of unavoidable accidents in the true sense of the word.

Thirty-two accidents, all non-fatal, were notified and investigated during the year.

Rag Flock and Other Filling Materials Act 1951 There are no premises in the borough where rag flock is manufactured, but six premises where rag flock is used are registered and are kept under surveillance.

Swimming baths—Six swimming baths are provided by the Council, together with slipper baths at each establishment except Heston.

The extent of usage is shown below—

Swimming bath	*Annual attendance*	*Maximum on any one day*
Brentford	84,282	400
Chiswick (Open Air) (Summer only)	50,503	2,400
Feltham	266,571	2,258
Heston	140,770	1,690
Hounslow	219,744	1,083
Isleworth	268,489	1,828
Slipper Baths		
Chiswick	35,347	—
Brentford	15,424	—
Feltham	434	—
Hounslow	26,002	—
Isleworth	17,614	—

Swimming bath water is treated by manual removal of grosser solids, supplemented by continuous filtration and chlorination to maintain a free residual of between one and two parts per million, small periodic dosing with sulphate of alumina to aid filtration and with alkali to maintain a pH value within the range of 7.6 to 7.8.

Fifty samples were taken during the year, six of which were below the normal high standard. These were referred to the Baths Manager who took remedial action.

Pet Animals Act 1951—Twelve premises in the borough are licensed under this Act and are kept under supervision. Fifty-two inspections of the premises were made.

Animals Boarding Establishments Act 1963 Three applications for licences under this Act were received during the year. One related to premises which were exempted by virtue of Section 5 of the Act, the second was subsequently withdrawn and the third was deferred pending the execution of works necessary to bring the premises into conformity with the requirements of the Act.

A veterinary surgeon and all public health inspectors have been authorised to inspect premises affected by the Act. Seven visits to premises affected were made during the year.

Riding Establishments Act 1964—A veterinary surgeon and all public health inspectors have been authorised to inspect premises under this Act.

During the year three applications for licences were received, but one was subsequently withdrawn. Consideration of the veterinary surgeon's and inspectors' reports on the riding establishments was still in progress at the end of the year and no licences were issued.

Diseases of Animals Act 1950—The services of a veterinary surgeon formerly acting for the Middlesex County Council have been retained, and all public health inspectors designated as inspectors for the purposes of the Act and Regulations and Orders made thereunder.

The transfer was accomplished smoothly and no difficulties arose during the year. Eighty-five inspections were made for the purposes of the Act and Regulations.

Food & Drugs—On the 1st April 1965 the borough council became a Food and Drugs authority and the assimilation of the duties formerly performed in the constituent areas by the Middlesex County Council inevitably produced some delays in establishing machinery for dealing with the additional work involved.

Arrangements were concluded in due course between the borough council and the Greater London Council for the use of laboratory services provided by the latter, and Mr W B Chapman BSc FRIC and Mr E H W J Burden BSc FRIC were appointed as Public Analyst and Deputy Public Analyst for the borough respectively.

For bacteriological work laboratories maintained by the Public Health Laboratory Service continue to be used, and for specialist examination of raw milk for the presence of tubercle bacilli and brucella abortus, the services of E Nassau Esq MD, consultant pathologist at Harefield Hospital, are retained. Milk is not produced in the borough and these services will be used for checking raw milk brought in for processing at one pasteurising dairy.

All matters relating to the composition and fitness of food for human consumption now fall within the purview of the Health Committee and routine sampling is undertaken by the public health inspectors. Close liaison is maintained with officers of a newly created Consumer Protection Department, ensuring an exchange of useful information on matters of significance to both departments, such for example, as administration of the Merchandise Marks and similar Acts which, though enacted for a different purpose, are often closely related to Food and Drugs Act work where foodstuffs are concerned.

There are no slaughterhouses, abattoirs or knackers' yards in the borough. One wholesale fruit and vegetable market is managed by the borough council.

A total of 5,088 inspections of premises where food is handled were made during the year.

During the reorganisation period service was maintained in dealing with unfit foodstuffs and with contraventions of section 2 of the Act, while routine sampling duties were resumed after the appointment of a public analyst, and by the end of the year were gaining momentum.

There are no egg pasteurising plants in the borough.

68 complaints of allegedly unsound food were investigated but of these 21 were not substantiated.

Foreign bodies and mould growths are the most frequent causes of complaint, the former usually due to mechanised handling and packing in spite of the most modern inspection devices, and the latter to faulty stock rotation.

An offence can seldom be proved when several days have elapsed between the sale of a perishable article and the lodging of a complaint, but appropriate informal action is taken after thorough investigation.

During the year formal warnings were issued on the instructions of the Health Committee in the following cases—

metal in loaf, wood splinter in loaf, foreign body in corned beef, foreign body in cake, rag in potato crisps, feather in sausage roll, and string in currant bun.

Legal proceedings were instituted in six cases, with the following results—

	Fine	*Costs*
Mouldy bread roll	£20	£5 5 0
Cotton fibres in bread	£10	£5 5 0
Mouldy jam sandwich (sale)	£10	£5 5 0
Mouldy jam sandwich (exposure for sale)	£10	
Mouldy doughnuts	£20	£8 8 0
Mouldy meat pie	£20	£3 3 0
Mouldy cheese slices	£10	£5 5 0

In one other case involving unsound chicken portions, legal proceedings were authorised but had to be abandoned on the disappearance of the purchaser, whose evidence was indispensable.

During the year the following quantities of a variety of foods were surrendered and condemned as unfit for human consumption: 30,349 lbs, 11,958 tins, 8,269 packets including 4,082 packets of frozen foods.

Milk—Eleven complaints were received about allegedly dirty milk bottles. One was found to be due to an optical illusion caused by a flaw in the glass, another was due to the moulding of a piece of coloured glass resembling a leech in the bottom of the bottle. Four official warnings were issued on the instructions of the Health Committee, and the remaining five cases, in the absence of adequate proof, were dealt with informally. Milk processors have a heavy responsibility in avoiding contraventions of Article 27 of the Milk and Dairies (General) Regulations 1959, especially in dealing with bottles which have been misused or detained for long periods by customers. Only unremitting vigilance by those in the dairy and on the round who handle empty or filled bottles can ensure that no dirty or otherwise unsatisfactory bottle is overlooked.

Ice-cream—36 samples were taken for bacteriological examination of which 30 were satisfactory, two doubtful and four unsatisfactory, Five of the six unsatisfactory or doubtful samples were of soft ice-cream. Steps were taken to secure a remedy of unsatisfactory conditions and subsequent samples were reported as satisfactory.

Food hygiene—The problem of hygienic standards of premises and equipment is being steadily pursued. Arrangements have been made for the plans of premises which will be associated with preparation and sale of food to be examined in this department and recommendations made where it appears that the Food Hygiene Regulations will not be complied with.

Standards of premises and equipment have greatly improved in recent years but the need for constant supervision of the human element continues. The principles of hygienic handling of food can best be appreciated by food handlers following personal visits by the public health inspectors to them in their own surroundings, and this type of publicity is continuous. Only in this way can adequate contact be maintained with all food handlers, and particularly with new entrants to the food trades whose knowledge of food hygiene can leave much to be desired.

Legal proceedings were taken in one case for smoking in a food room, resulting in a fine of £10 and £3 3 0 costs.

There are in the borough the following food premises subject to the Food Hygiene (General) Regulations 1960—

Butchers	132
Cafés, canteens, clubs	489
Fish shops	49
Greengrocers	164
Grocery and provisions	320
Hotels and public houses	200
Manufacturers, packers, etc	24
Confectioners, sweet	274
Confectioners, flour	57

No certificates of exemption from the requirements of Regulations 16 and 19 have been issued, and the provision of sinks, wash basins and water supply has been rigidly enforced except in a very small number of cases where structural redevelopment is imminent. In such cases alternative temporary arrangements have been made.

Housing—During the year 356 new dwellings were erected by the Borough Council, 332 by private enterprise and 43 by housing associations.

The action taken in insanitary and unfit dwelling houses during the year is summarised as follows—

1. Inspection of Dwelling-houses during the Year

(1) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts)	1,008
(2) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under Housing Regulations 1925 and 1932	386
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	33
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	267

2. Remedy of Defects during the Year without Service of Formal Notices

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	156

3. Action under Statutory Powers during the Year

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act 1957	
(1) Number of dwelling-houses in respect of which formal notices were served requiring repairs	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices	
(a) by owner	—
(b) by Local Authority in default of owners	—
(b) Proceedings under Public Health Acts	
(1) Number of dwelling-houses in respect of which formal notices were served requiring defects to be remedied	38
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	
(a) by owner	32
(b) by owner after court had made a nuisance order	—
(c) by local authority in default of owners	—

(c) Proceedings under Sections 16, 17, 18, 24, 27, 28 and 43 of the Housing Act 1957

(1) Number of dwelling-houses in respect of which undertakings from owners accepted to render houses fit or not to re-let for human habitation
  (a) to render fit 1
  (b) not to use 1

(2) Number of dwelling-houses rendered fit in consequence of undertakings given by owners 1

(3) Number of dwelling-houses demolished which were subject to undertakings not to use 2

(4) Number of dwelling-houses in respect of which demolition orders were made 5

(5) Number of dwelling-houses demolished in pursuance of demolition orders —

(6) Number of dwelling-houses in respect of which closing orders were made in lieu of undertakings to execute works 2

(7) Number of dwelling-houses in respect of which closing orders were revoked and demolition orders substituted —

(8) Number of demolition orders revoked —

(9) Number of closing orders determined, the premises having been rendered fit 1

(10) Number of closing orders made in respect of:
  (a) any part of a building 1
  (b) any underground room —

(11) Number of closing orders determined in respect of any part of a building rendered fit —

(12) Clearance areas
Derby Road Hounslow (17 houses) and
High Street Cranford (17 houses)
Compulsory purchase orders were awaiting confirmation at the end of the year.

4. Housing Act 1957—Overcrowding

(1) (a) Number of dwellings overcrowded at the end of the year 41
  (b) Number of families dwelling therein 58
  (c) Number of persons dwelling therein 155

(2) Number of new cases of overcrowding reported during the year 26

(3) (a) Number of cases of overcrowding relieved during the year 22
  (b) Number of persons concerned in such cases 137

(4) Particulars of any case in which dwelling-houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding —

5. Other Matters

(1) Number of dwelling-houses demolished voluntarily 9

(2) Number of dwelling-houses demolished following issue of certificates of unfitness —

(3) Certificates of disrepair
Number of decisions not to issue certificates —
Number of decisions to issue
  (a) in respect of some but not all defects 3
  (b) in respect of all defects 3
Number of undertakings given by landlords to remedy defects (Form K) 2
Number of certificates issued —
Number of applications by landlords to local authority for cancellation of certificates —
Number of objections by tenants to cancellation of certificates —
Number of certificates cancelled —

The Housing Department is kept informed of adverse housing conditions coming to the notice of the Department of Health and assistance is given in the assessment of applications for re-housing where priority on medical grounds is claimed.

Similarly, a great deal of time is spent in inspecting dwellings in respect of which applications for improvement grants, repair or mortgage loans have been received by the Valuation and Estates Officer, and in advising him as to whether dwellings are or

will be in a condition such as to satisfy the requirements of Section 43 of the Housing (Financial Provisions) Act 1958.

The following numbers of applications were approved during the year—

Mortgage loans	583
Repairs loans	20
Discretionary grants	35
Standard grants	59

Six hundred and fifty-nine inspections were made and attention drawn to defective conditions in 275 dwellings, in addition to 4,075 routine inspections made in connection with the foregoing summary.

Two representations under Section 19 of the Housing Act 1964 were under consideration at the end of the year.

Liaison is maintained with the Solicitor to the Council in an effort to ensure that dwellings subject to mortgage loans from the council are not overcrowded in breach of a condition of the mortgage.

Overcrowding, particularly where it involves an increasing immigrant population, has become more widespread during the year, and the most vigorous application of the provisions of the Housing Act 1961-1964 does not produce results as satisfactory as one would like to see. Prescribed procedures are so time-consuming that they are often ineffective in dealing with a moving population, and it is not always practicable to apply the provisions of Section 16 of the Housing Act 1961, concurrently with those of Section 15 where external fire escapes are required, since such proposals often involve the need for town planning approval.

While one can readily recommend legal proceedings in those cases where overcrowding has been deliberately caused and there is no likelihood of abatement in any other way, there is always some anxiety about the provision of accommodation for persons who will be dispossessed. It may well be that pre-certification by local authorities of the adequacy of accommodation proposed to be occupied by Commonwealth immigrants will prove to be the only method by which progressive deterioration of standards can be stemmed.

Searches into records etc were made in respect of 4,692 dwelling-houses under the Local Land Charges Act 1925.

Miscellaneous activities—In addition to work described under other headings the staff undertake other duties, either normal to the department or in liaison with other departments.

Inspections of premises licensed for public entertainment numbered 50, of hairdressers' premises to secure compliance with byelaws 56, of schools 29, and routine investigations of infectious diseases and cases of food poisoning 735. Routine inspections of stables, piggeries, public conveniences, swimming baths, random accumulations of rubbish, and of miscellaneous other premises totalled 763, and 2,642 other visits were made for the purpose of interviewing owners of premises, architects, engineers, builders and others affected by the activities of the department.

During the first three months of the year the public health inspectors also paid 409 visits in connection with the council's laundry service to incontinent persons and 1,310 inspections for rodent control purposes pending reorganisation.

The disinfector/drain testers, whose functions also include the conveyance of old people's laundry and the maintenance of communications between departments, made a total of 10,125 visits during the year.

Public Health Act 1936

Nursing Homes

Since the 1st April 1965 the council as local health authority became responsible for the registration and supervision of nursing homes in accordance with regulations made under part VI of the Public Health Act 1936.

Section I of the Nursing Homes Act 1963 made provision governing the conduct of nursing homes with respect to the standard of accommodation, staff and the care provided for patients, and limitations on the number of patients maintained in each home.

At the end of the year three nursing homes were registered to which principal medical officers made periodic visits of inspection.

Survey of childhood cancers

The survey which continued during 1965 was commenced some years ago under the direction of Dr Alice Stewart, Reader in Social Medicine, Oxford University.

The borough, together with other local health authorities, is participating in the study by following

up the histories of children who have died from cancer or leukaemia during 1964. A control for each case is selected from children of the same age and the parents of the child who has died and those of the control are given a preliminary questionnaire by the health visitor. Subsequently a medical officer visits the parents of both groups, who with the doctor's help complete three further questionnaires. The total number interviewed during the year was 21.

It is intended that the survey shall continue until all deaths from childhood cancers since the survey commenced and occurring before 1968 have been recorded.

It is hoped that the study will clarify some uncertainties concerning the effect of pre-natal radiography and to ascertain the 'incubation periods' for these diseases in children.

The Diploma of Public Health assisted Training Scheme

An assisted Diploma of Public Health training scheme has been approved whereby a medical officer is granted leave of absence with full pay and the Council accepts responsibility for the course and examination fees. The medical officer is required to serve the council for a period of one year before commencing the course and not less than two years after obtaining the Diploma. The first doctor will be seconded in 1966 and it is hoped the scheme will encourage the entry of young doctors to the public health field.

Establishments for Massage or Special Treatment

Part XII of the Middlesex County Council Act 1944 was previously in force within the Borough of Brentford & Chiswick and the Urban District of Feltham and continued to apply to those parts of the London Borough of Hounslow from the 1st April 1965 by virtue of the Local Law (North West London Boroughs) Order 1965.

The council at its meeting on the 5th October 1965 declared pursuant to Section 354 (2) of the Middlesex County Council Act 1944, that part XII of the said Act should come into force on the 1st February 1966, in the area of the former Borough of Heston & Isleworth.

During the year five establishments were licensed by the council for the following purposes—

Massage & electrical treatment	1
Chiropody	2
Chiropody & electrical treatment	2

Each establishment was inspected by a Medical Officer on one occasion during 1965.

Mortuary Service

The council maintains a public mortuary in the Feltham area and bodies from the Urban District of Staines, Sunbury-on-Thames, Chertsey and Egham only are sent by the coroner. A nominal charge is made to these councils for the use of the mortuary.

The coroner has directed that deceased persons who were resident within the borough and require to be removed to a public mortuary shall be sent to the Hampton mortuary maintained by the London Borough of Richmond-on-Thames. The council pays a nominal charge for the use of this mortuary.

Burials

Under Section 50 of the National Assistance Act 1948, it is the duty of the council to arrange the burial of any person who has died in the district, where it appears that there are no suitable arrangements for the disposal of the body. During 1965 two such burials were arranged.

The Welfare Services in Hounslow

I am grateful to Mr Fleet, the Borough's Chief Welfare Officer, for the following report—

I welcome the opportunity to add a brief chapter to this report by giving some account of the development of welfare services in 1965.

On the appointed day responsibility was assumed for six old people's homes caring for 336 residents and one home for the younger physically handicapped caring for 49 residents; registers of 371 blind, 117 partially sighted persons and 636 physically handicapped persons; two work centres; two hostels providing temporary accommodation for 20 families ; a meals service which delivered 4,470 meals in April 1965; and several vehicles, including a special coach for the handicapped.

From those bald facts it is of interest to consider in some detail each of the parts of the service.

The Elderly

The six Old People's Homes provide care and attention for approximately 15 persons for every thousand of the borough's elderly population. Plans to increase this ratio must of necessity be long term but it will always be true that the greater emphasis will be upon the care of the elderly in the community.

However, increasing use was made of the Old People's Homes to provide short stay accommodation for elderly people normally cared for by relatives at home. The committee accepted the policy that wherever possible if relatives required a holiday or, because of some crisis, some relief, short term care was often the means of avoiding permanent care.

Day centres can be a focal point, but these facilities were available only for a small minority of pensioners. The Senior Citizens Club run by the Heston and Isleworth Old People's Welfare Committee opened six days each week providing luncheon and other facilities, whilst the Friendship Club run by the Brentford and Chiswick Old Folks Fund was not able to cater for lunches. More day centres will be opened as opportunity and finance permit.

The Holiday Scheme for the elderly, operated by the former Brentford and Chiswick Borough Council, was extended to cover the whole borough. One hundred and fifty-six holdiays were provided.

The Blind and Partially Sighted

Nearly 70% of the total registered blind persons are over the age of 65 years. Social activities and provision of holidays continued on much the same scale as previously. Whilst the numbers on the register showed little change at the end of 1965, it is significant to note that only 4 of the 24 newly registered blind were below the age of 60, whereas all 21 new partially sighted registrations were below the age of 60.

The Physically Handicapped

It was apparent that the creation of a new welfare authority would not of itself produce miracles. However, steps were taken to improve the services wherever possible. One notable example concerned the supply of aids to daily living. The decision to issue all items on permanent loan had the effect of streamlining the supply organisation and overcoming many of the difficulties inherent in the former system.

Holidays were arranged for 58 physically handicapped persons but because of the general shortage of suitable holiday homes some difficulties were encountered in placing the very severely handicapped.

Work centres operating at Eldridge House and Douglas Road on five mornings each week maintained the overall output of outwork for industry. Efforts to find a building suitable for conversion to a full time work centre had been unsuccessful at the end of the year.

The number of persons on the register had increased to 703 by the end of 1965, but there were indications that this in no way represented the potential total of registrations. It is anticipated that there will be an annual increase for the next few years levelling off from 1970.

The Deaf and Hard of Hearing

Although provision had been made in the departmental establishment to appoint a senior welfare officer for the deaf, such was the national shortage of trained officers that no appointment had been made by the end of 1965. The total needs of this group of handicapped persons were largely unknown and apart from clubs organised by voluntary associations to provide for social activities, Hounslow, in common with the majority of other London boroughs, had to mark time.

Homeless Families

Two hostels providing temporary accommodation for 21 families were not seen to be providing any solution to the problem of rehabilitation. The decision to close the larger of the two, with the wholehearted support and co-operation of the Housing Committee, resulted in the re-housing of some families by December 1965.

Transport

Gardening, pets, cookery, dancing and other classes were attended by some of the blind and physically handicapped. Social activities, club meetings, handcraft classes, holidays and other requirements created a constant demand for transport specially designed to carry wheelchair cases. It was found, however,

that although an order was placed in April 1965 delivery could not be expected until early 1966. Co-operation with neighbouring boroughs and the purchase of a Mini-bus partially met the needs but resort was made to hired transport for many of the activities.

Meals on Wheels

This aspect of the Welfare Service was running in three parts in April 1965 and early opportunity was taken to bring about integration. Gradual expansion took place, as evidenced by the fact that in December 1965 8,700 meals were supplied. It was thus possible to reduce the waiting list to manageable proportions.

Voluntary Effort

No report on the Welfare Services, however brief, would be complete without some reference to the notable part played by the very many voluntary organisations in providing services of all kinds complementary to the statutory services.

The need for close co-operation and co-ordination was accepted by the Welfare Committee and after two meetings with representatives of the voluntary bodies, the Welfare Consultative Committee was formed. This met at regular intervals and formed the main link between the local authority and the voluntary organisations and churches.

Future Plans

The provision of additional residential accommodation, a Welfare Services Centre, Day Centres for the elderly, improved transport facilities, luncheon clubs and expansion of the Meals on Wheels service all feature in the ten-year development programme. How soon the plans can be implemented will depend upon the rate at which loan sanctions are authorised by the Government.

To end this survey on a personal note, development of the Welfare Services runs closely in parallel with the development of the personal Health Services. It is very gratifying to record the wholehearted sense of working together which exists between the staffs of the two departments to the mutual advantage of all those in need of either service in the London Borough of Hounslow.

Liaison with the Children's Department

There are good relationships with the Children's Department. The Children's Officer maintains a problem families' register in her capacity as co-ordinating officer for work with families at risk because of neglect, anti-social behaviour, personality problems, rent arrears, arrears of mortgage repayments, poverty, marital disharmony, and severe ill-health of a parent, etc. Such families are included on the register irrespective of which department is dealing with them.

Medical officers, health visitors and mental welfare officers, when involved with a family, attend case conferences organised by the Children's Officer to decide how best to deal with the situation and to help the families with their problems.

Medical officers also attend meetings arranged by the Children's Officer to review children who are placed in residential homes.

Senior medical officers visit all the residential homes at three monthly intervals, they examine the children and make recommendations where necessary. Reports are sent to the Children's Officer on the general conditions within the homes, on the physical health of the children and also on any matters that might be of significance in relation to the behaviour, development and educational progress of each child. The medical officers encourage house parents to contact them promptly should they require any advice about a child in their care. All these children are on the National Health Service list of a General Medical Practitioner.

Table 1 Causes of death at different periods of life for 1965

Cause of death	*Total all ages*		*Age group Under 4 weeks*		*4 weeks and under 1 year*		*1-4*		*5-14*		*15-24*		*25-34*		*35-44*		*45-54*		*55-64*		*65-74*		*75 and over*	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis, respiratory	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3	—	1	1
Tuberculosis, other	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Syphilitic disease	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Malignant neoplasm, stomach	32	21	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	11	4	11	4	7	11
Malignant neoplasm, lung, bronchus	103	27	—	—	—	—	—	—	—	—	—	—	—	—	2	1	13	4	44	8	30	7	14	7
Malignant neoplasm, breast	—	47	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	10	—	12	—	6	—	14
Malignant neoplasm, uterus	—	20	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	3	—	7	—	5
Other malignant and lymphatic neoplasms	116	101	1	—	—	—	—	—	—	—	—	—	2	1	4	3	11	13	21	27	30	26	47	31
Leukaemia, aleukaemia	7	2	—	—	—	—	—	—	1	—	1	—	—	—	1	—	2	—	—	1	2	1	—	—
Diabetes	7	5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	1	3	1	1	3
Vascular lesions of nervous system	96	144	—	—	—	—	—	—	—	—	—	—	—	—	1	1	5	5	15	7	23	34	52	97
Coronary disease, angina	293	159	—	—	—	—	—	—	—	—	—	—	2	—	8	—	31	2	96	22	96	48	60	87
Hypertension with heart disease	10	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	4	6	5	13
Other heart disease	88	168	—	—	—	—	—	—	—	—	—	—	—	—	1	3	7	4	10	9	13	29	57	123
Other circulatory disease	52	54	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	1	9	3	16	8	23	42
Influenza	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2
Pneumonia	48	81	1	—	2	3	1	1	—	—	—	—	1	1	—	1	1	3	3	1	9	18	30	53
Bronchitis	82	32	—	—	—	2	—	2	—	—	—	—	—	—	1	—	3	3	18	1	29	8	31	16
Other diseases of respiratory system	21	3	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	6	—	5	—	8	2
Ulcer of stomach and duodenum	7	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	1	2	3
Gastritis, enteritis and diarrhoea	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	2	3
Nephritis and nephrosis	5	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	2	1	1	—	—	—
Hyperplasia of prostate	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	13	4	9	1	2	2	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—
Other defined and ill-defined diseases	63	87	14	18	—	—	—	—	—	1	2	2	2	—	2	1	4	7	10	8	15	9	14	41
Motor vehicle accidents	21	7	—	—	—	—	1	—	1	2	10	2	2	—	2	—	—	1	—	—	2	1	3	1
All other accidents	11	9	—	—	—	—	2	—	—	—	1	—	2	1	1	—	—	1	—	—	2	—	3	7
Suicide	13	12	—	—	—	—	—	—	—	—	1	—	1	4	1	2	4	1	4	2	—	2	2	1
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total all causes	1102	1028	25	19	4	7	5	5	3	3	16	4	12	8	28	21	91	62	254	114	299	220	365	565

Table 2 Infant deaths according to age and cause 1965

Cause of death	Age in Days under 1	1	2	3	4	5	6	Age in Days 7-13	14-20	21-28	Months 1	2	3	4	5	6	7	8	9	10	11	Total
Birth injury	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Pneumonia	1	—	—	—	—	—	—	—	—	1	—	3	—	—	1	—	—	—	—	—	—	6
Hyaline membrane syndrome	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Atelectasis and birth asphyxia	7	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
Congenital malformation	4	—	3	—	—	—	—	—	2	1	1	—	—	1	—	—	1	—	—	1	—	14
Prematurity	7	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Cerebral tumour	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchiolitis	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	3
Umbilical cord sepsis	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Fibrocystic disease	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Rhesus incompatibility	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total	24	6	5	—	1	—	—	2	3	3	2	3	1	1	1	—	1	—	—	1	1	55

Table 3 Corrected notifications of infectious diseases 1965

Disease	Age in years Total	Under 1	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Age unknown	Cases admitted to hospital
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Scarlet fever	106	1	3	6	9	17	60	7	1	2	—	—	—	—	7
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	16	—	—	—	—	—	—	—	—	—	1	12	2	1	4
Puerperal pyrexia	101	—	—	—	—	—	—	—	11	74	14	—	—	2	100
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute encephalitis	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	2	1	—	—	—	1	—	—	—	—	—	—	—	—	2
Pneumonia	17	1	—	—	—	—	4	2	—	5	—	3	1	1	4
Malaria	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Dysentery	9	—	3	—	2	—	—	—	—	1	1	1	—	1	5
Measles	1653	82	165	227	233	281	613	20	12	9	1	1	—	9	31
Whooping cough	32	3	5	5	4	1	11	2	—	1	—	—	—	—	6
Food poisoning	24	—	—	1	—	4	4	2	1	9	—	3	—	—	—
Tuberculosis															
pulmonary	70	1	—	1	—	—	—	2	7	20	7	22	10	—	12
non pulmonary	11	—	—	—	—	—	1	—	2	5	2	—	1	—	5
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Table 4 Venereal disease patients treated at West Middlesex Hospital

Persons dealt with for the first time and found to be suffering from:	
Syphilis	18
Gonorrhoea	159
Other conditions	872
Total	1049

The figures include patients who do not normally reside in the borough and excludes borough residents attending other hospitals for similar treatment for the first time.

Table 5 Ophthalmia Neonatorum

1	Total number of cases notified during the year	1
2	Number of cases in which	
a	Vision lost	—
b	Vision impaired	—
c	Treatment continuing at end of year	—

Table 6 Vaccination and immunisation

Completed primary courses—number of persons under age 16

	Type of vaccine	*Year of birth*					*Others under age 16*	*Total*
		1965	*1964*	*1963*	*1962*	*1958-61*		
1	Quadruple DTPP	22	36	10	4	3	3	78
2	Triple DTP	1156	1217	114	35	31	9	2562
3	Diphtheria/Whooping cough	—	—	—	—	—	—	—
4	Diphtheria/Tetanus	68	104	28	18	82	70	370
5	Diphtheria	—	9	—	—	3	—	12
6	Whooping cough	1	3	—	—	—	—	4
7	Tetanus	1	1	1	4	142	716	865
8	Salk	1	30	6	2	5	1	45
9	Sabin	378	1887	261	110	255	127	3018
10	Lines 1+2+3+4+5 (Diphtheria)	1246	1366	152	57	119	82	3022
11	Lines 1+2+3+6 (Whooping cough)	1179	1256	124	39	34	12	2644
12	Lines 1+2+4+7 (Tetanus)	1247	1358	153	61	258	798	3875
13	Lines 1+8+9 (Poliomyelitis)	401	1953	277	116	263	131	3141

Reinforcing doses—number of persons under age 16

Type of vaccine	*1965*	*1964*	*1963*	*1962*	*1958-61*	*Others under age 16*	*Total*
1 Quadruple DTPP	—	3	14	4	17	—	38
2 Triple DTP	1	696	627	69	142	21	1556
3 Diphtheria/Whooping cough	—	—	—	1	2	—	3
4 Diphtheria/Tetanus	—	94	86	10	1596	116	1902
5 Diphtheria	—	3	3	—	61	252	319
6 Whooping cough	—	—	—	—	—	—	—
7 Tetanus	—	—	—	—	31	10	41
8 Salk	—	15	19	6	68	6	114
9 Sabin	—	—	—	—	1787	225	2012
10 Lines 1+2+3+4+5 (Diphtheria)	1	796	730	84	1818	389	3818
11 Lines 1+2+3+6 (Whooping cough)	1	699	641	74	161	21	1597
12 Lines 1+2+4+7 (Tetanus)	1	793	727	83	1786	147	3537
13 Lines 1+8+9 (Poliomyelitis)	—	18	33	10	1872	231	2164

Table 7 Smallpox vaccination persons aged under 16

Age at date of vaccination	*Number of persons vaccinated or revaccinated during 1965*	
	Number vaccinated	*Number revaccinated*
0-2 months	52	—
3-5 months	34	—
6-8 months	33	—
9-11 months	51	—
12-23 months	1573	—
2-4 years	205	17
5-15 years	37	33
Total	1985	50

Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1965

Domiciliary	
Employed by Borough Council	18
Employed by Queen Charlotte's Hospital	8
In private practice	—
Institutional	
Hospitals	146
Nursing Homes	—
Total	172

Table 9 Deliveries attended by domiciliary midwives during 1965

By Midwives employed by Borough Council	637
By Midwives employed by Queen Charlotte's Hospital	126
Total	763
Number of cases delivered in Hospitals and other Institutions but discharged and attended by domiciliary midwives before the 10th day	
Borough Council Midwives	550
Queen Charlotte's Hospital Midwives	116
Midwife employed by London Borough of Ealing specifically for 48 hour planned discharges (Brentford and Chiswick area)	26
Total	692

Table 10 Health Visiting

Number of visits paid by Health Visitors during 1965	*First visits*	*Total visits*
Expectant mothers	1477	2492
Children born in 1965	3579	12151
Children born in 1964	3875	12515
Children born in 1960-1963	9603	29108
Other classes	1138	3379
All classes	19672	59645

This table does not include

a. Visits made by Tuberculosis Health Visitors

b. Visits to families by Health Visitor/School Nurses whilst acting solely in their capacity as School Nurses

Table 11 Home Nursing

Patients attended by Home Nurses during 1965	
a. number of cases	2482
b. number of visits	91540
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	1606
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	20
Number of visits included in (b) above of over one hour duration	3961

Table 12 Home Help

Number of cases in which home help was provided during 1965	
Aged 65 or over at time of first visit during year	1300
Aged under 65 at time of first visit during year—	
Chronic sick and tuberculous	155
Mentally disordered	5
Maternity	141
Others	80
Total	1681

Table 13 New cases of Tuberculosis notified formally or otherwise to the Medical Officer of Health and deaths ascribed to Tuberculosis during 1965

Age in years	*New cases*				*Deaths*			
	Pulmonary		*Non-pulmonary*		*Pulmonary*		*Non-pulmonary*	
	M	F	M	F	M	F	M	F
Under 1	—	1	—	—	—	—	—	—
1	1	—	—	—	—	—	—	—
5	1	—	—	1	—	—	—	—
10	1	1	—	—	—	—	—	—
15	6	4	1	1	—	—	—	—
20	8	6	—	1	—	—	—	—
25	11	12	6	2	—	—	—	—
35	4	7	2	—	—	—	—	1
45	11	3	—	—	1	—	—	1
55	8	3	—	—	—	1	—	—
65 and over	10	4	—	1	4	1	—	—
Age unknown	—	1	—	—	—	—	—	—
All ages	61	42	9	6	5	2	—	2

Table 14 Tuberculosis
Summary of the work of chest clinics

Persons examined for the first time	5198
Persons found to be tuberculous	80
New contacts seen for the first time during the year	965
New contacts found to be tuberculous	10
Cases on register at 31st December 1965	1197
Home visits made by Tuberculosis Health Visitors during 1965	2772

Table 15 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1965	7
Number of sessions held by	
Medical Officers	361
Midwives	51
Total	412
Number of women who attended in 1965	
Ante-natal	800
Post-natal	130
Total number of attendances made by women shown above	
Ante-natal	2939
Post-natal	132

Table 16 Ante-natal mothercraft and relaxation classes

Number of women who attended during 1965	
a. Institutionally booked	345
b. Domiciliary booked	102
Total	447
Total number of attendances during 1965	2390

Table 17 Care of premature infants

Number of premature babies born alive to mothers normally resident in the Borough, but excluding babies born in maternity homes or hospitals in the National Health Service

Born at home or in a private nursing home	Born at home or in a private nursing home and nursed entirely at home, or in a private nursing home		
	number born	died during first 24 hours	survived to end of 28 days
23	22	—	21

Table 18 Child welfare centres

Number of centres in use at end of 1965*	11
Number of Child Welfare Sessions held by	
Medical officers	1322
Health visitors	53
Hospital medical staff	52
Total	1427
Number of children who attended during the year and who were born in	
1965	2992
1964	2439
1960-1963	2425
Total	7856
Number of attendances made by children shown above	60940

* The number of centres includes one mobile unit fully staffed by the Council, and a clinic held at Queen Charlotte's Hospital at which the Council provides a health visitor only.

Table 19 Day nurseries provided by the Borough Council as at 31st December 1965

Number	3
Number of approved places	126
Number of children on register at end of year	
Age under 2 years	40
Age 2-5 years	105
Average daily attendance during the year*	
Age under 2 years	28
Age 2-5 years	81

* These are arithmetic averages which reflect absences due to infectious and other illness, and also the postponement of new admissions during outbreaks of infectious illness.

Table 20 Mother and Baby Homes

Provided by Voluntary Organisations with which the Borough Council made arrangements under Section 22 National Health Service Act 1946

Name and address of Home	*Number of beds*	
	Total	*Cots*
St Agnes 53 Barrowgate Road Chiswick W4 (Hammersmith Deanery Association for Moral Welfare)	16	3

In addition the Council accepted financial responsibility for 57 cases which were sent to homes outside the Borough.

Table 21 Priority Dental Service
Expectant and nursing mothers and pre-school children

Number of cases	*Number of persons examined during the year*
1. Expectant and nursing mothers	148
2. Children aged under 5 and not eligible for school dental service	483

Dental treatment provided	*Scalings and gum treatment*	*Fillings*	*Silver nitrate treatment*	*Crowns and inlays*
1. Expectant and nursing mothers	62	272	—	—
2. Children aged under 5 and not eligible for school dental service	—	974	153	—

Admissions		*Average length of stay in weeks*		
Total number of women admitted	*Number of admissions for which the Council accepted financial responsibility*	*Ante-natal*	*Post-natal*	*Shelter*
110	10	$6\frac{6}{7}$	—	$5\frac{1}{7}$

Number of persons who commenced treatment during the year	*Number of courses of treatment completed during the year*
106	69
342	384

Extractions	*General anaesthetics*	*Dentures provided*		*Radiographs*
		Full upper or lower	*Partial upper or lower*	
167	31	17	15	24
429	214	—	4	22

Table 22 Mentally disordered patients under the care of Borough at 31st December 1965

	Mentally ill					*Sub-normal and severely sub-normal*				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
1 Number of patients under care at 31st December 1965	—	—	84	159	243	68	60	115	130	373
2 a. Attending day training centre	—	—	7	10	17	52	41	32	49	174
Awaiting entry thereto	—	—	—	—	—	8	7	1	2	18
b. Resident in a residential training centre	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
c. Receiving home training	—	—	—	—	—	1	—	—	—	1
Awaiting home training	—	—	—	—	—	—	—	—	—	—
d. Resident in LHA home/hostel	—	—	3	3	6	1	1	1	—	3
Awaiting residence in LHA home/ hostel	—	—	—	—	—	—	—	2	—	2
Resident at LHA expense in other residential homes/hostels	—	—	6	10	16	2	7	1	5	15
Resident at LHA expense by boarding out in private household	—	—	—	—	—	1	—	—	4	5
e. Receiving home visits and not included under (a) to (d)										
1. Suitable to attend a training centre	—	—	—	—	—	3	8	12	16	39
2. Others	—	—	68	136	204	2	—	67	60	129
3 Number of patients on Borough waiting list for admission to hospital at 31.12.65										
In urgent need of hospital care	—	—	—	—	—	11	4	—	2	17
Not in urgent need of hospital care	—	—	—	—	—	1	—	1	1	3
4 Number of admissions for temporary residential care (eg to relieve the family) during 1965										
To NHS Hospitals	—	—	—	—	—	16	7	2	3	28
Elsewhere	—	—	—	—	—	5	1	—	—	6

Table 23 Number of patients referred during year ended 31st December 1965

Referred by	*Mentally ill*					*Sub-normal and severely sub-normal*				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General Practitioners	—	—	88	149	237	—	—	—	—	—
Hospitals, on discharge from inpatient treatment	—	—	69	88	157	—	—	2	1	3
Hospitals, after or during outpatient or day treatment	—	—	35	78	113	2	1	—	—	3
Local education authorities	—	—	—	1	1	8	9	—	8	25
Police and courts	—	—	19	14	33	—	—	—	—	—
Other sources	—	—	65	104	169	2	—	3	4	9
Total	—	—	276	434	710	12	10	5	13	40

Table 24 Work of mental health social workers April-December 1965

	Mental illness	*Mental subnormality*
Visits made	2144	1100
Office interviews	221	56
Compulsory admissions to psychiatric hospitals	108	2
Informal admissions to psychiatric hospitals	107	23

Table 25 Ministry of Agriculture, Fisheries and Food · Prevention of Damage by Pests Act 1949 · Report for 12 months ended 31st December 1965

			Type of property				
			Non-agricultural				*Agricultural*
			Local Authority	*Dwelling houses (inc. council houses)*	*All other (including business premises)*	*Total*	
1	Number of properties in Local Authority's District		215	63414	10230	73859	—
2	Total number of properties inspected as a result of notification		68	1060	311	1439	—
	Number of such properties found to be infested by						
	Common rat	Major	25	74	26	125	—
		Minor	48	621	209	878	—
	Ship rat	Major	—	—	—	—	—
		Minor	—	—	—	—	—
	House mouse	Major	4	15	70	89	—
		Minor	29	150	6	185	—
3	Total number of properties inspected in the course of survey under the Act		115	1113	326	1554	—
	Number of such properties found to be infested by						
	Common rat	Major	1	21	17	39	—
		Minor	17	609	260	886	—
	Ship rat	Major	—	—	—	—	—
		Minor	—	—	—	—	—
	House mouse	Major	6	14	12	32	—
		Minor	19	81	37	137	—
4	Total number of properties otherwise inspected (eg when visited primarily for some other purpose)		—	—	—	—	—
	Number of such properties found to be infested by						
	Common rat	Major	—	—	—	—	—
		Minor	—	—	—	—	—
	Ship rat	Major	—	—	—	—	—
		Minor	—	—	—	—	—
	House mouse	Major	—	—	—	—	—
		Minor	—	—	—	—	—

Table 25 continued

		Type of property				
		Non-agricultural				*Agricultural*
		Local Authority	*Dwelling houses (inc. council houses)*	*All other (including business premises)*	*Total*	
5	Total inspections carried out including re-inspections	528	6317	2525	9370	—
6	Number of infested properties (in Sections 2, 3 & 4) treated by the LA	149	1580	629	2358	—
7	Total treatments carried out including re-treatments.	144	4192	1527	5863	—
8	Number of notices served under Section 4 of the Act					
	a. Treatment	—	—	—	—	—
	b. Structural work (ie proofing)	—	—	—	—	—
9	Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
10	Legal proceedings	—	—	—	—	—
11	Number of 'block' control schemes carried out	30	140	99	269	—

Table 26 Offices, Shops and Railway Premises Act 1963 · Annual Report for 1965

Section 60 of the above Act requires a local authority as soon as practicable after the 31st December each year and not later than the end of March following, to make to the Minister of Labour a report on their proceedings under this Act containing particulars as prescribed in an order made by the Minister.

These prescribed particulars, as set out below, were forwarded to the Minister of Labour on the 18th March 1966.

Table A. Registrations and General Inspections

Class of Premises	*Number of premises registered during the year*	*Number of premises registered at end of year*	*Number of registered premises receiving a general inspection during the year*
Offices	135	555	284
Retail shops	225	1111	706
Wholesale shops, warehouses	14	120	16
Catering establishments open to the public, canteens	38	163	84
Fuel storage depots	—	—	—
Totals	412	1949	1090

Table B. Number of visits of all kinds by Inspectors to registered premises 2533

Table C. Analysis of persons employed in registered premises by workplace

Class of Workplace	*Number of persons employed*
Offices	12321
Retail shops	6282
Wholesale departments, warehouses	1510
Catering establishments open to the public	1387
Canteens	250
Fuel storage depots	2
Total	21752
Total males	10921
Total females	10831

Table D. Exemptions No applications received

Table E. Prosecutions None

Offices, Shops and Railway Premises Act 1963 · Annual Report 1965
Special report on lighting standards.

In accordance with the requirements of Ministry of Labour LA Circular 9 (Supplement No 1) the following observations are submitted in connection with investigations made during the last three months of the year, and in particular during November.

Generally, lighting standards in those parts of offices and shops constructed in recent years and open to the public are excellent, though there have been instances where overlighting, particularly in food shops, has produced so much heat as to affect adversely the keeping quality of foods displayed. In stock rooms and other parts of the premises lighting is less brilliant but in most cases adequate, though there have been instances where light fittings in stock rooms have been badly placed in relation to shelving, necessitating the turning of one or the other so that the maximum light is shed along aisles instead of at right angles to them.

In older premises the situation is less satisfactory and a great deal of advice has been given to occupiers. This has generally been readily accepted and acted upon. In the absence of statutory standards such as are prescribed for factories, slaughterhouses, and schools, the recommendations of the Illumination Engineering Society are used as a basis for deciding what may be considered 'suitable and sufficient' in offices and shops in the expectation that when statutory standards are prescribed they will be broadly on similar lines.

Excessive glare is seldom encountered, but in a small number of modern office rooms with very large windows readings of up to 200 lumens per square foot were obtained on desks close to the windows and exposed to full sunlight. Glare from artificial lighting can usually be eliminated by minor adjustments to fittings or the installation of diffusers.

With some exceptions mentioned below, the age of premises and the length of time they have been in the same occupation appears to have a greater influence on the standards of lighting in use than does the class of work carried on. Generally, the older premises are badly lighted except where there has been a recent change of occupier and the opportunity has been taken to improve standards.

Notable exceptions are some public houses, cafes and coffee bars, and ladies' hairdressers, where parts of the premises are dimly lighted in an effort to produce a 'discreet atmosphere'. Fortunately the areas behind bars, in kitchens, and other parts of such premises where the bulk of the work is done are usually adequately lighted and one would hesitate to destroy the cherished atmosphere by insisting upon brighter lighting in the public parts even though some work, eg serving of meals or beverages, is done there.

During the month of November 1965, a sample survey was carried out and the results are tabulated below in the manner suggested in paragraph 3 of the Circular.

Lumens per square foot at working place	*Offices*	*Shops*	
		Selling areas	*Other parts*
Less than 5	6	7	31
More than 5 but less than 10	22	9	35
More than 10 but less than 15	42	10	25
More than 15 but less than 25	53	25	39
More than 25	84	58	35

As a result of informal action, many of the sub-standard installations referred to in the table, have already improved. Most occupiers accept the fact that while the cost of installing improved fittings is substantial there is a subsequent saving in running costs, and better lighting enhances the quality and quantity of work produced.

Table 27 Factories Act 1961 Part I of the Act

1. Inspections for purposes of provisions as to health made by Public Health Inspectors

Premises	*Number on Register*	*Inspections*	*Number of Written notices*	*Occupiers prosecuted*
a. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	115	48	2	—
b. Factories not included in (1) in which Section 7 is enforced by the Local Authority	914	1084	45	—
c. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	13	44	1	—
Total	1042	1176	48	—

2. Cases in which defects were found

	Number of cases in which defects were found				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*Referred*		
			To HM Inspector	*By HM Inspector*	
Want of cleanliness	1	5	—	—	—
Overcrowding (S2)	—	—	—	—	—
Unreasonable temperature (S3)	1	—	—	—	—
Inadequate ventilation (S4)	1	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary conveniences (S7)	—	—	—	—	—
a. insufficient	2	2	—	1	—
b. unsuitable or defective	42	95	—	5	—
c. not separate for sexes	1	4	—	—	—
Other offences against the Act (not including offences relating to outwork)	1	1	—	—	—
Total	49	107	—	6	—

Table 27 continued

3. Outwork—Part VIII of the Act

Nature of Work	*Section 110*			*Section 111*	
	No of Outworkers in August list required by Section 110(1)c	*No of cases of default in sending lists to the Council*	*No of prosecutions for failure to supply lists*	*No of instances of work in unwholesome premises*	*Notices served*	*Prosecutions*
Wearing apparel. Making etc						
cleaning and washing	31	—	—	—	—	—
All other classes	—	—	—	—	—	—

Table 28 Meterorology

Extract from records supplied by the Chief Engineer, Mogden Sewage Works

Week ending 1965	*Barometer*		*Temperature (C°)*		*Days with rainfall*	*Total rainfall (inches)*
	Highest	*Lowest*	*Max*	*Min*		
Jan 2nd	29·95	29·26	10·5	—6·0	2	0·27
9th	30·50	29·64	11·0	—5·0	4	0·14
16th	29·83	29·10	12·0	2·0	7	1·05
23rd	30·00	28·70	9·0	—0·5	6	0·81
30th	30·18	29·64	10·0	—1·0	6	0·04
Feb 6th	30·70	29·91	8·5	—3·0	3	0·03
13th	30·43	29·81	11·0	—1·0	4	0·03
20th	30·50	30·20	7·0	—0·5	6	0·37
27th	30·32	29·75	6·5	—2·5	4	Trace
Mar 6th	30·34	29·23	6·0	—6·5	6	0·28
13th	30·35	29·71	16·0	—2·5	3	0·05
20th	29·87	29·31	13·5	4·5	7	1·11
27th	30·43	29·21	16·0	3·5	5	0·51
Apr 3rd	30·43	29·86	23·5	3·0	1	0·02
10th	29·93	29·46	16·0	2·5	7	0·49
17th	29·95	29·40	17·0	3·0	5	0·30
24th	29·97	29·38	17·0	1·0	6	0·17
May 1st	29·99	29·46	15·5	1·5	7	0·86
8th	29·96	29·21	17·5	4·0	7	0·45
15th	30·18	29·69	28·0	7·0	1	0·02
22nd	30·14	29·45	28·0	3·5	3	0·38
29th	30·09	29·67	18·5	7·5	6	0·39
June 5th	30·07	29·68	21·5	8·0	4	0·15
12th	30·02	29·57	24·0	8·5	5	0·55
19th	30·04	29·30	24·0	10·5	5	0·48
26th	30·17	29·39	22·0	9·0	6	0·47
July 3rd	30·30	29·90	24·0	6·5	2	0·06
10th	29·95	29·59	20·5	8·0	4	0·39
17th	30·19	29·65	22·5	8·0	3	0·62
24th	30·02	29·37	24·0	10·0	6	1·03
31st	29·93	29·38	20·5	8·5	5	0·23
Aug 7th	29·98	29·36	22·0	10·0	2	0·66
14th	30·10	29·85	25·5	11·0	3	0·40
21st	30·00	29·36	23·5	10·0	3	0·64
28th	29·96	29·37	22·0	9·0	5	0·48

Table 28 continued

Week ending 1965	*Barometer*		*Temperature (C°)*		*Days with rainfall*	*Total rainfall (inches)*
	Highest	*Lowest*	*Max*	*Min*		
Sep 4th	30·00	29·31	19·0	6·0	4	1·59
11th	29·80	29·29	18·5	6·0	6	1·10
18th	30·24	29·46	20·0	6·5	6	0·35
25th	30·41	29·05	21·0	6·0	3	1·13
Oct 2nd	29·86	29·18	17·0	5·0	5	0·49
9th	30·11	29·77	25·0	9·0	2	Trace
16th	30·35	29·80	18·0	2·0	1	0·39
23rd	30·35	30·03	16·0	0·5	—	0·0
30th	30·08	29·62	18·0	5·5	2	0·07
Nov 6th	30·36	29·12	15·0	0·5	3	0·40
13th	29·96	29·60	14·0	—2·5	5	0·93
20th	30·16	29·17	9·0	—4·0	5	0·83
27th	30·16	29·19	10·0	—3·0	7	0·37
Dec 4th	29·76	28·41	10·0	0·0	7	1·49
11th	29·96	28·79	12·0	—2·0	4	0·96
18th	30·10	29·46	13·0	3·0	6	1·10
25th	30·10	28·72	9·0	—1·5	6	0·43

Table 29 Wind direction

Summary of daily records for 52 weeks

N	19 days	SSW	5 days
NNE	14 days	SW	32 days
NE	11 days	WSW	19 days
ENE	12 days	W	33 days
E	13 days	WNW	13 days
ESE	6 days	NW	26 days
SE	6 days	NNW	9 days
SSE	3 days	Calm	135 days
S	8 days		

List of Clinics held in the borough at 31st December 1965

Except for infant welfare and minor ailments attendance at all clinics is by appointment

Clinic	*Infant welfare*	*Ante-natal*	*Immunisation*	*Chiropody*	*Dental*	*School*
Bedfont	Mon pm Wed pm Fri pm	Tue pm (alt) Fri am (relaxation)		Wed am	Mon to Fri am/pm	Thur am
Brentford	Wed pm Thur pm	Mon pm (alt)	Fri pm	Tue am Wed pm Fri am	Wed am/pm Thur am/pm Fri am/pm	Thur am
Chiswick	Tue pm Wed pm Thur pm Fri pm	Thur am Tue am (relaxation)	Mon pm Thur pm	Mon pm Tue pm Wed am Thur am Fri pm	Mon to Fri am/pm	Mon am
Cranford	Fri pm					
Feltham	Mon pm Tue pm (HV only) Wed pm	Thur pm (relaxation & mothercraft)	Tue pm	Thur am/pm	Mon am/pm Tue am/pm Thur am/pm	Tue am Fri am
Hanworth	Tue pm Wed pm Fri pm	Thur pm Mon pm (relaxation)		Tue pm	Wed am/pm Fri am/pm	Mon am
Heston	Mon pm Tue pm Wed pm	Thur pm	Fri pm			Tue am
Hounslow	Tue pm Wed pm Thur pm Fri pm	Tue am Thur pm Tue am (relaxation) Wed pm (midwives)	Mon pm Wed am	Mon pm Tue am Fri am	Mon to Fri am/pm	Wed am Fri am
Isleworth	Mon pm Wed pm	Tue pm Thur pm (midwives)	Thur pm	Tue am Fri pm	Mon am/pm Tue am/pm Thur am/pm	Mon am

Minor ailment	*Ophthalmic & orthoptic*	*Orthopaedic*	*Physiotherapy*	*Speech Therapy*	*Allergy*	*Mental Health*
Mon to Fri am				Mon am/pm		
Mon to Fri am	Tue am	Mon pm 1st & 3rd	Mon pm Wed pm Thur pm	Mon am Mon pm Tue pm		Tue pm 2nd & 4th
Mon to Fri am				Fri am/pm		
Mon to Fri am	Mon am			Tue pm Thur am		
Mon to Fri am	Thur am/pm			Wed pm		
Mon to Fri am				Mon am/pm		
Mon to Fri am	Mon am (orthoptist) Tue am Wed pm	Mon pm 2nd	Tue pm Thur am/pm	Tue am/pm Thur am/pm	Fri pm	
Mon to Fri am	Mon pm (alternate)		Mon am Wed am Thur am	Wed am/pm Fri am/pm		

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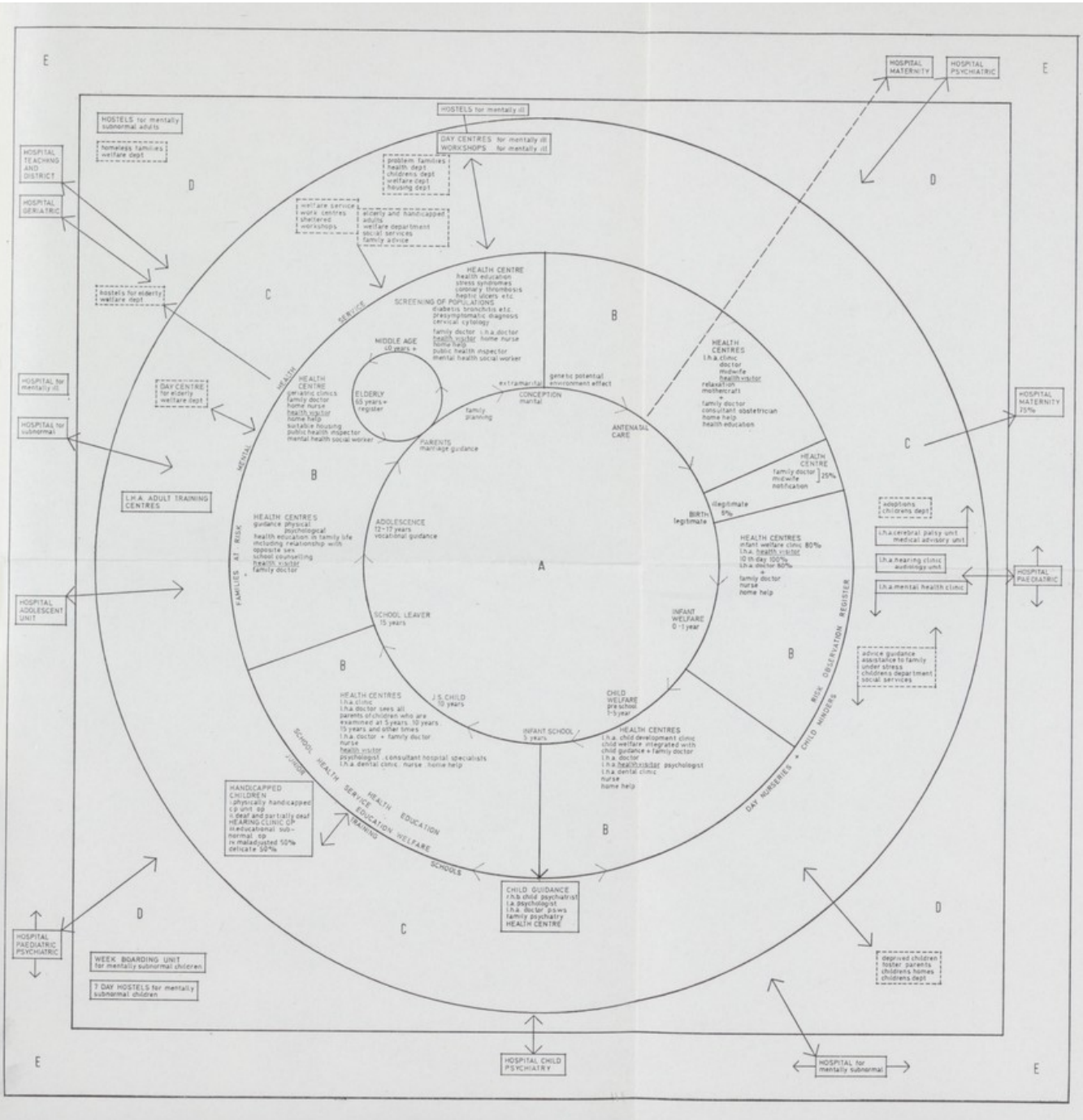
FAMILY AND COMMUNITY CARE
health : prevention : care & aftercare : rehabilitation
A. normal family
B. Local Health Authority services for the preservation of health of individuals and the primary prevention of disease and the family doctor service
C. Local Authority and other services for individuals and families under stress due to emotional, physical or other problems
D. Local Authority care, aftercare and hostel provision
E. hospital provision
HOSPITAL MATERNITY
HOSPITAL PSYCHIATRIC
HOSTELS for mentally subnormal adults
HOSTELS for mentally ill
DAY CENTRES for mentally ill
WORKSHOPS for mentally ill
HOSPITAL TEACHING AND DISTRICT
HOSPITAL GERIATRIC
homeless families welfare dept
problem families health dept childrens dept welfare dept housing dept
welfare service work centres sheltered workshops
elderly and handicapped adults welfare department social services family advice
hostels for elderly welfare dept
HEALTH CENTRE
health education
stress syndromes
coronary thrombosis
peptic ulcers etc
SCREENING OF POPULATIONS
diabetes bronchitis etc
presymptomatic diagnosis
cervical cytology
family doctor l.h.a. doctor
health visitor home nurse
home help
public health inspector
mental health social worker
MIDDLE AGE
40 years +
ELDERLY
65 years +
register
HEALTH CENTRE
geriatric clinics
family doctor
home nurse
health visitor
home help
suitable housing
public health inspector
mental health social worker
DAY CENTRE for elderly welfare dept
HOSPITAL for mentally ill
HOSPITAL for subnormal
L.H.A. ADULT TRAINING CENTRES
HOSPITAL ADOLESCENT UNIT
HOSPITAL PAEDIATRIC PSYCHIATRIC
WEEK BOARDING UNIT for mentally subnormal children
7 DAY HOSTELS for mentally subnormal children
HANDICAPPED CHILDREN
physically handicapped
cp unit op
n. deaf and partially deaf
HEARING CLINIC CP
educational sub-normal op
m. maladjusted 50%
delicate 50%
HOSPITAL CHILD PSYCHIATRY
HOSPITAL for mentally subnormal
HOSPITAL MATERNITY 75%
HOSPITAL PAEDIATRIC
adoptions childrens dept
l.h.a. cerebral palsy unit medical advisory unit
l.h.a. hearing clinic audiology unit
l.h.a. mental health clinic
advice guidance assistance to family under stress childrens department social services
deprived children foster parents childrens homes childrens dept
HEALTH SERVICE
SPECIAL HEALTH
FAMILIES AT RISK
SCHOOL HEALTH SERVICE EDUCATION WELFARE TRAINING
JUNIOR
SCHOOLS
HEALTH EDUCATION
DAY NURSERIES + CHILD MINDERS
RISK OBSERVATION REGISTER
CONCEPTION marital
extramarital
genetic potential environment effect
family planning
PARENTS marriage guidance
ANTENATAL CARE
BIRTH legitimate
illegitimate 5%
HEALTH CENTRE family doctor midwife notification 25%
HEALTH CENTRES l.h.a. clinic doctor midwife health visitor relaxation mothercraft + family doctor consultant obstetrician home help health education
HEALTH CENTRES infant welfare clinic 80% l.h.a. health visitor 10 th day 100% l.h.a. doctor 80% + family doctor nurse home help
INFANT WELFARE 0 - 1 year
CHILD WELFARE pre-school 1-5 year
HEALTH CENTRES l.h.a. child development clinic child welfare integrated with child guidance + family doctor l.h.a. doctor l.h.a. health visitor psychologist l.h.a. dental clinic nurse home help
INFANT SCHOOL 5 years
J.S. CHILD 10 years
HEALTH CENTRES l.h.a. clinic l.h.a. doctor sees all parents of children who are examined at 5 years, 10 years, 15 years and other times l.h.a. doctor + family doctor nurse health visitor psychologist : consultant hospital specialists l.h.a. dental clinic : nurse : home help
SCHOOL LEAVER 15 years
ADOLESCENCE 12 - 17 years vocational guidance
HEALTH CENTRES guidance physical psychological health education in family life including relationship with opposite sex school counselling health visitor family doctor
CHILD GUIDANCE r.h.b. child psychiatrist l.a. psychologist l.h.a. doctor p.s.w.s family psychiatry HEALTH CENTRE
A
B
C
D
E
LONDON BOROUGH OF HOUNSLOW
health department and allied services