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

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The Health Services of Hounslow 1967

~~Mr. Minston~~ ~~B.H15~~
1. ~~Dr. Didsbury~~ C.407
2. ~~Mr. Morley Parry~~ A.421 ~~A.419~~
3. ~~Mr. Perry~~ ~~A.405~~
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London Borough of Hounslow
Annual Report 1967

of the Medical Officer of Health and Principal School Medical Officer

Robert L Lindon MRCS LRCP DPH DCH

Department of Health
92 Bath Road
Hounslow Middlesex

Telephone: 01-570 6231

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Members of the Health Committee 1967-1968

His Worship the Mayor Alderman F J Jansen JP MInstM MBIM (ex officio)

Chairman
Alderman E J Kenward FACCA MIOM MREconS

Vice-Chairman
Councillor R D Flynn

Alderman A W McQuirk FIBST
Councillor Miss E J Atkinson
Councillor Mrs E M Boxall
Councillor A F Brazier
Councillor W E Gamble
Councillor Mrs D E Gatehouse
Councillor G A M Greenland JP
Councillor H Nixon
Councillor W R Sands
Councillor Mrs V G A Secker JP
Councillor M P Slattery
Councillor A White
Councillor B A Williams MPS
Dr E F Roberts
(in an advisory capacity for Middlesex Local Medical Committee)

Members of the Public Health Special Powers Sub-Committee 1967-1968

His Worship the Mayor Alderman F J Jansen JP MInstM MBIM (ex officio)

Chairman
Councillor R D Flynn

Alderman E J Kenward FACCA MIOM MREconS
Alderman A W McQuirk FIBST
Councillor A F Brazier
Councillor Mrs D E Gatehouse

Members of the Education Committee 1967-1968

His Worship the Mayor Alderman F J Jansen JP MInstM MBIM (ex officio)

Chairman
Councillor P H Blake

Vice-Chairman
Alderman S L Sage

Alderman A G King JP
Alderman E J Pauling JP
Alderman J B Webb

Councillor Miss E J Atkinson
Councillor A E Bearne BEM
Councillor W R Boyce
Councillor A F Brazier
Councillor H T Brown JP
Councillor Mrs E M Coleman JP (until October)
Councillor T J Crispin
Councillor R D Flynn
Councillor W E Gamble
Councillor G E Henniker
Councillor H C James
Councillor G McKay
Councillor K A McKay
Councillor H Nixon
Councillor F W Powe JP (from October)
Councillor M D Rickwood
Councillor Mrs M T Roebuck
Councillor D F Ryan BSc
Councillor L G Sanderson
Councillor W R Sands
Councillor A J Sheppard
Councillor A J Timney
Councillor M L Watts
Councillor A White
Councillor B A Williams MPS
Councillor N V Wright

Members of the Education Special Services Sub-Committee 1967-1968

His Worship the Mayor Alderman F J Jansen JP MInstM MBIM (ex officio)

Chairman
Councillor Mrs E M Coleman JP (resigned October)
Councillor Miss E J Atkinson (from October)

Vice-Chairman
Councillor G McKay

Alderman S L Sage
Councillor Miss E J Atkinson (until October)
Councillor P H Blake
Councillor A F Brazier
Councillor H Nixon
Councillor M D Rickwood
Councillor Mrs M T Roebuck
Councillor L G Sanderson
Councillor W R Sands
Councillor M L Watts
Councillor B A Williams MPS

Staff of the Department of Health at 31st December 1967

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

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

Senior Medical Officers
A R Broadbent MRCS LRCP DPH DIH
Betty P Westworth MB ChB DObst RCOG DPH

Senior Departmental Medical Officers
Miss P J A Bell MB BS MRCS LRCP DCH
Mrs R Prothero MD LRCP LRCS DCH

Departmental Medical Officers
Mrs P A Cavanagh MB ChB
Mrs A J V Lawson MB BS DObst RCOG
Mrs J R Richards MB ChB
Miss D Richards MB BS DCH

Consultants

Audiology Unit
L Fisch MD DLO

Cerebral Palsy Unit
A D Barlow MA MB BChir MRCP DCH

Child Guidance Clinic
W P K Calwell MB BS DPM

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

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

Staffing establishment

15

In conjunction with the Regional Hospital Boards

Mental Health Service C F Herridge MA MB BCh DPM *Chest Clinic* R Heller MD	In conjunction with Regional Hospital Boards
Pathologist E Nassau MD	
	Staffing establishment
Dental Officers and Orthodontists *Chief Dental Officer* D H Norman BDS LDS RCS *Deputy Chief Dental Officer* Mrs B Fox BDS LDS *Senior Dental Officer* Mrs M A Libbey LDS RCS *Orthodontist* S Levy BDS *Dental Officers* Miss F H Bowie BDS LDS Mrs P I Newlands BDS	12
Senior Psychologist for special units and special schools Miss Moya C Tyson BA BSc(Econ) PhD	1
Social Work Organiser and Advisor on Health Education E Heimler AAPSW	1
Physiotherapists *Superintendent Physiotherapist* Mrs J Biddle MCSP SRP	7
Speech Therapists *Senior Speech Therapist* Mrs D E Cox LCST	5

	Staffing establishment
Health Visitors and School Nurses	34
Superintendent Health Visitor Miss E L Donovan SRN SCM HV	
Deputy Superintendent Health Visitor Miss D A Harding SRN HV NNEB	
Student Health Visitors	5
Tuberculosis 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	21
Technical Assistants	4
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	6
Rodent Officer	1

	Staffing establishment
Rodent Operators/ General Duties Assistants	8
Mortuary Attendant	1
Psychiatric Social Workers	3
Mental Health Social Workers	11
Chief Mental Welfare Officer W N Carey SRN RMN	
Deputy Chief Mental Welfare Officer P D Charles NCSW	
Junior Training Schools and Special Care Units	
Hanworth	
Supervisor Mrs F R Williams NAMH	1
Assistant Supervisors	6
General Duties Assistants	4
Coach Guides	2
Cook	1
Cleaner	1
Stoker	1
Isleworth	
Supervisor Vacant	1
Assistant Supervisors	7
General Duties Assistants	3
Coach Guide	1
Cook	1
Cleaner	1
Trainee Teachers for Junior Training Schools	3
Adult Training Centres	
Acton Lodge	
Manager J R Simpson	1
Deputy Manager	1
Senior Instructors	2
Instructors	9
Cooks	2

	Staffing establishment
Domestic Assistant	1
Coach Guides	2
Brentford Adult Training Centre	
Supervisor Instructor	1
B F Pitt	
Instructors	3
Hostel for the Mentally Ill	
Warden	1
T V Jones DSC	
Assistant Warden	1
Medical Practitioner	1
Housekeeper	1
Cooks	2
Domestic Assistants	2
Day Nurseries	
Matrons	3
Deputy Matrons	3
Wardens	3
Nursery Nurses	17
Nursery Students	14
Cooks	3
Domestic Assistants	7
Hounslow Chest Clinic	
Almoner	In conjunction with the North West Metropolitan Regional Hospital Board
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

	Staffing establishment
Home Helps	168
Organiser Miss D Claxton	1
Assistant Organisers	4
Caretakers and Cleaners	11
Administrative and Clerical	82
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 third Annual Report on the health of the people living in the London Borough of Hounslow. This report describes the health services provided by the borough in 1967 together with the improvements that are proposed in the ten year programme. A table shewing the present and future building projects may be found on pages 91-92 with an accompanying map inserted at the end of the report.

I have written long prefaces to my 1965 and 1966 Annual Reports in order to set the scene and to emphasize the forward health policies which were adopted and which received the unanimous support of both the Health Committee and the full Council.

This year I intend to be brief as a pattern of provision has emerged and the body of the report is now as a consequence fully comprehensive and indexed.

Considerable progress continues to be made in regard to health centre provision. Following the completion of Heston Health Centre last year, the health centres in Feltham and Brentford were completed during 1967 as forecast in my preface to the 1966 Annual Report. By arrangement Queen Charlotte's Maternity Hospital now carry out their outpatient ante-natal work for Brentford residents at Brentford Health Centre. As orthopaedic and ophthalmic consultants already work at this centre the National Health Service can be said to be truly unified in many of its facets in this building.

At the time of writing I am able to say that the building of the large comprehensive health and social services centre at 92 Bath Road, Hounslow, commenced on schedule in March 1968, and plans for a model health centre in South Hounslow are at an advanced stage so that building should commence early in 1969.

This borough remains largely unique amongst the London Boroughs and in fact amongst local health authorities in the country as a whole in its provision of a fully comprehensive student health service and an occupational health service for its staff. These services are developing from strength to strength and appear to be much appreciated by those who use them.

The services for family planning and cervical cytology are functioning well and co-operation with the family doctors has been successfully achieved. The observations in regard to family planning in my preface to the health report for 1965 that 'From so many points of view this is one of the most vital services for the present and future health of mankind' still stands, but should be made with even greater emphasis.

The institution of teaching at the Adult Training Centre at Acton Lodge, and the interesting new accommodation being built are matched by the success of the hostel at Wood Lane and the progress in the adaptation of the old clinic at Heston into a day centre for the elderly.

Dr C F Herridge, who has a joint appointment as consultant psychiatrist to the Borough Department of Health and to the parent psychiatric hospital, has written an interesting report on the success of the joint venture between the local health authority and hospital in the provision of continuity of care in community psychiatry.

Dr Moya C Tyson, educational psychologist to the special units and special schools, visited America on a Churchill Fellowship during the summer, and writes an interesting account of her experiences which can be found on page 45.

The wide range of services and the large programme for future expansion and new provision of these services has naturally thrown a considerable burden on the staff of all grades and disciplines in the department. I would like to take this opportunity to thank all members of the department of health for their loyal support, without which no such progress would have been possible. However, just as we would appear to be reaching calmer waters following the upheavals occasioned by the London Government Act of 1963 there looms in front in 1968 the prospect of major reorganisations of the medical and social services of the country as a whole.

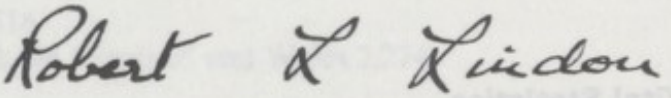
The most memorable occasion of an eventful year was the visit of Her Royal Highness, The Princess Margaret, Countess of Snowdon, to open the new assessment unit for handicapped children

at Martindale School. Her Royal Highness immediately established the closest *rapport* with even the most handicapped of the children during her tour of all the classrooms. Those of us who had perforce to spend many hours or days to establish a similar *rapport* with such children, some of whom were suffering from severe language or hearing difficulties, looked on with delight and with some envy. The general uplift which this happy event occasioned for both the children and the staff has remained with us ever since, and we will always be grateful to Her Royal Highness for sparing a little of her precious time to meet the children of Martindale.

Once again I would like to place on record my thanks to the family doctors, the hospital consultants and staff and the members of the many voluntary organisations who have helped this department in so many ways during the year.

I also wish to thank the chief and senior officers of the other departments of the Borough for their continued co-operation and prompt attention to our many requests.

Finally, I would like to express the appreciation of members of my department and myself to the chairmen and members of the health and education committees for their understanding and unfailing support during the year.



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

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-1967	206,870
Persons per acre	14.3
Number of habitable premises (1st April 1967)	65,816
Number of new houses erected during the year	1,161
Rateable value (1st April 1967)	£16,221,537
Product of a penny rate (estimated 1967/68)	£67,200

Vital Statistics

Live births	
Number	3,457
Crude rate per 1,000 population	16.7
Adjusted rate per 1,000 population	16.2 (England and Wales 17.2)
Illegitimate live births	
Number	306
Per cent of total live births	8.9 (England and Wales 8.4)
Stillbirths	
Number	33
Rate per 1,000 live and still births	9.0 (England and Wales 14.8)
Total live and still births	3,490
Infant mortality (deaths under 1 year)	48
Total infant deaths per 1,000 total live births	13.9 (England and Wales 18.3)
Legitimate infant deaths per 1,000 legitimate live births	12.7
Illegitimate infant deaths per 1,000 illegitimate live births	26.1
Neonatal mortality (deaths under four weeks)	
Number	40
Rate per 1,000 total live births	11.6 (England and Wales 12.5)
Early Neonatal mortality (deaths under one week)	
Number	36
Rate per 1,000 total live births	10.4 (England and Wales 10.8)
Perinatal mortality (still births and deaths under one week combined)	
Number	69
Rate per 1,000 total live and still births	19.8 (England and Wales 25.4)

Maternal mortality (including abortion)	
Number	1
Rate per 1,000 total live and still births	0.3 (England and Wales 0.2)
Deaths (total—all ages)	
Number	2,215
Crude rate per 1,000 population	10.7
Adjusted rate per 1,000 population	11.5 (England and Wales 11.2)
Deaths caused by	
Cancer (all forms)	516
Rate per million population	2,494 (England and Wales 2,274)
Heart disease	
Number	799
Rate per million population	3,862 (England and Wales 3,653)

All rates for England and Wales are provisional.

Annual Report of the Medical Officer of Health for the year 1967

Vital Statistics

Area and Population
The London Borough of Hounslow has an area of 14,469 acres and an estimated population of 206,870, which is 450 less than that for 1966 and 2,023 fewer than those counted during the 1961 census.

Live Births
The number of live births registered during the year was 3,457 (1,786 male and 1,671 female) which gives a crude live birth rate of 16.7 per 1,000 population.

Apart from other causes both birth and death rates will vary according to the age and sex distribution of the population, and to enable a valid comparison with other areas the Registrar General provides area comparability factors. When the birth comparability factor of 0.97 is applied, the Borough's live birth rate becomes 16.2 compared with a provisional figure of 17.2 for England and Wales. Compared with the previous year the local and national live birth rates each show small decreases of 0.3 and 0.5 respectively.

The number of illegitimate births shows a significant decrease from 340 in 1966 to 306 during 1967 which is 8.9 per cent of all live births and is now only slightly greater than the national percentage of 8.4. Unfortunately the decrease is not reflected in the number of admissions to mother and baby homes which in fact increased by six to a total of 79 at a cost to the Council of some £7,000. It is hoped that one of the effects of the family planning act will be to reduce this and the other costs of illegitimacy, but more important the accompanying social consequences, particularly those leading to unsuitable marriages which so often result in early divorce or separation with the loss of security to the mother and her child and all the attendant misery and hardship.

Stillbirths
Stillbirths numbered 33 and showed a marked decline compared with 51 and 40 recorded for 1965 and 1966 respectively.

Deaths
There were 2,215 deaths (1,152 male and 1,063 female). Almost one quarter of all deaths were ascribed to some form of cancer and, as to be expected, the lung and bronchus was most commonly affected and resulted in the deaths of 135 men and 32 women.

The largest single cause of death however was due to heart disease which claimed 799 victims—the male again predominating—436 compared with 363 females. Bronchitis caused 106 deaths compared with 136 in 1966. Nine women and 4 men committed suicide. Sixty died as a result of accidents, more than a third of these were involved in motor vehicle accidents.

Infant Mortality
There was a large decrease in the number of deaths of infants under one year of age. The number of such deaths in 1965 was 55 rising to 69 last year and falling to 48 during 1967, giving an infant mortality rate of 13.9 per 1,000 total live births which is well below the rate of 18.3 for England and Wales as a whole. It is noteworthy that the death rate for illegitimate infants (26.1) is more than double that for legitimate infants (12.7) and there can be little doubt that last year the increase in the number of illegitimate births contributed to the large number of infant deaths.

Maternal Mortality
One death was ascribed to causes associated with pregnancy giving a maternal mortality rate of 0.3 per 1,000 total live and still births compared with 0.2 for England and Wales.

Infectious Diseases

International certificates of vaccination and inoculation against smallpox, yellow fever and cholera

Applications for authentication dealt with by the Medical Officer of Health numbered 4,171 compared with 12,415 for 1966 and 3,387 during 1965.

The number of corrected notifications of infectious diseases received during the year compared with previous years are summarised overleaf.

Disease	*1967*	*1966*	*1965*
Dysentery	16	79	9
Encephalitis, acute	5	5	1
Enteric fever			
typhoid	1	—	—
para typhoid	1	1	1
Erysipelas	7	4	16
Food poisoning	9	1	24
Malaria	4	2	1
Measles	1,535	893	1,653
Meningococcal infection	2	3	2
Ophthalmia neonatorum	—	—	1
Pneumonia, acute	9	18	17
Puerperal pyrexia	63	53	101
Scarlet fever	85	120	106
Tuberculosis			
pulmonary	81	64	70
non-pulmonary	21	19	11
Whooping cough	112	37	32

The table on page 96 gives the number of cases notified under age groups.

Smallpox

There were 30 referrals for supervision of possible smallpox contacts who had arrived in this country from locally infected or declared endemic smallpox areas and who were reported to be proceeding to addresses in Hounslow. All these were visited and kept under surveillance for the required period.

Whooping cough

There were 112 cases notified compared with 37 in 1966. Fifteen of these cases were under the age of one year, and two of these were aged 2 months and two were aged 3 months.

Vaccination records show that 32 of the ninety-two notified cases under the age of six years had been immunised in infancy.

Measles

This was the 'epidemic' year for measles and 1,535 cases were notified compared with 893 cases in 1966.

Dysentery

There were 16 cases compared with 79 cases in 1966.

Food poisoning

Although 75 cases of suspected food poisoning were notified, after full investigation only nine cases were confirmed. The causative organisms were as follows: —
Salmonella typhimurium (6), salmonella bredeney (1), salmonella javiana (1) and salmonella stanley (1).

Nine other salmonella infections (not food-borne) were also identified.

Of the 57 remaining cases notified (17 sporadic and 40 cases in 12 families) all laboratory investigations proved negative.

Medical Arrangements for Long-Stay Immigrants

Long-stay immigrants are asked to give their destination addresses at ports of arrival and these are forwarded to the Medical Officer of Health. All the addresses situated in the borough are visited by public health inspectors who advise the immigrants on how to use the National Health Service. If the immigrant is accompanied by a child the address is visited by a health visitor.

Destination addresses in this borough were given by 341 immigrants, but in 100 cases it was found that the immigrant had not arrived at the address given.

Fever Hospital

The borough is served by the South Middlesex Hospital, but on occasions accommodation in other fever hospitals may be used. During the year 186 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 25 rooms were disinfected and one set of bedding was destroyed. Six 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

Vaccination and immunisation is provided jointly by general medical practitioners and local health authority services.

Ministry of Health Circular No 3/67 dealt with new arrangements for general practitioners' records. As from 1st April vaccination and immunisation were included as items of service for which fees are directly payable to practitioners by Executive Councils. This method of payment superseded the arrangement whereby a fee was paid by local health authorities to general medical practitioners for records of completed courses and reinforcing doses of immunisation and vaccination of persons under 16 years of age. Copies of immunisation and vaccination records completed by general medical practitioners are now sent to local health authorities by Executive Councils. In order to complete the exchange of information, general medical practitioners are now sent particulars of patients on their lists who have been vaccinated or immunised in local health authority clinics.

The local health authority still has the responsibility for ensuring that the number of children protected by vaccination or immunisation is maintained and, if possible, increased. In order to achieve this, a new type of consent card was introduced which included an option for immunisation to be carried out either by the general practitioner or the local health authority. If the parent chooses treatment by the general practitioner the consent form is sent to him, otherwise a clinic appointment is made. General practitioners are also notified when a child on their list becomes due for a reinforcing dose.

Much additional work devolved upon members of the department's clerical staff in carrying out these new procedures.

Poliomyelitis

During the year 3,526 children under the age of 16 years completed the course of treatment necessary for protection. A further 3,226 children were given 'boost' doses.

Diphtheria, Whooping Cough and Tetanus

The general practice is to use 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 reinforcing injections during the year was as under—

	Primary course	*Reinforcing injections*
Diphtheria	3,468	4,516
Whooping Cough	2,754	1,768
Tetanus	3,849	4,567
Poliomyelitis	3,526	3,226
Smallpox	2,284	98

Smallpox

The number of persons under 16 years of age who received primary vaccination was 2,284 and 98 were re-vaccinated.

Measles

Ministry of Health Circular CMO 20/67 advised that the previous procedure for measles vaccination was superseded by a single dose of live attenuated measles vaccine, preferably given in the second year of life. It was still not recommended that authorities generally should make arrangements to offer vaccination against measles.

Tuberculosis

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—

Contacts at chest clinic

Number skin tested	169
Number found positive	58
Number found negative	104
Number vaccinated	116

School children and students

Number skin tested	2,095
Number found positive	681
Number found negative	1,346
Number vaccinated	1,178

General

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: 01-387 4411 Ext 137

Medical Department Unilever House Blackfriars EC4 Tel: 01-353 7474 Ext 2841

53 Great Cumberland Place W1 Tel: 01-262 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: 01-387 4411 Ext 137 by appointment only.

Anthrax vaccine is available from the Central Public Health Laboratory Colindale Avenue NW9 Tel: 01-205 7041.

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*	*Approximate No of available staffed beds*
West Middlesex Hospital Twickenham Road Isleworth Tel: 01-560 2121	Mainly acute	850
Chiswick Maternity Hospital Netheravon Road W4 Tel: 01-994 1124	Maternity only	51
Brentford Hospital Boston Manor Road Brentford Tel: 01-560 6959	Acute	33
South Middlesex Hospital Mogden Lane Isleworth Tel: 01-892 2841	Mainly acute including isolation	155

Staines Group Hospital Management Committee
Ashford Hospital Ashford Middlesex

Ashford Hospital Ashford Middlesex Tel: 01-695 3271	Mainly acute	421
Hounslow Hospital Staines Road Hounslow Tel: 01-570 4448	Acute	75
Hounslow Chest Clinic 28 Bell Road Hounslow Tel: 01-570 6217	–	–
Ashford Chest Clinic Ashford Hospital Tel: 01-695 3271	–	–

Hospitals for the Mentally Sub-Normal

Leavesden Hospital Abbots Langley Watford Tel: 01-477 2222 (North West Metropolitan Regional Hospital Board)	2,227

Psychiatric Hospitals

Springfield Hospital Beechcroft Road Upper Tooting SW17 Tel: 01-672 1212 (South West Metropolitan Regional Hospital Board)	1,760
St. Bernard's Hospital Southall Middlesex Tel: 01-574 5381 (North West Metropolitan Regional Hospital Board)	2,481

Smallpox Hospital

Joyce Green Hospital
Dartford Kent
(Long Reach Hospital)
Tel: 01-32 23231
(Admission to this hospital should be arranged through the Medical Officer of Health)
Tel: 01-570 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 are at North West House 119 Marylebone Road NW1. Tel: 01-723 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: 01-204 0251.

Health Centres · Section 21

Two purpose-built health centres have been provided in the borough in accordance with section 21 of the National Health Service Act, 1946.

The Heston health centre, which was completed in September 1966, was officially opened by His Worship the Mayor, Alderman A G King JP on 28th January 1967. This centre provides accommodation for two family doctors in addition to local health authority and school health services.

The borough's second purpose-built health centre at Spring Road, Feltham, was completed during the year. Three consulting rooms, three examination rooms and waiting space is available to family doctors on a shared accommodation basis.

There is a close working relationship between the family doctors and local health authority staff at both these centres.

Building work on the adaptation of the Brentford clinic to provide a health centre to accommodate six family doctors in addition to the existing local health authority and school health services was completed during the year.

Hounslow Health Centre 92 Bath Road

An outline of the services to be provided at this proposed comprehensive health, welfare and children's centre was given in my last report. Building work on phases I and II will commence early next year. Phase I comprises a general practitioner unit for 13 doctors, health visitors' rooms and two nurses' treatment rooms, and a child psychiatric unit. Phase II will provide accommodation for mental health services, including a day centre for the mentally ill and flats for two midwives and a caretaker. Phase III, which will accommodate the children's and welfare departments and provide communal accommodation, has been included in the 1970/71 building programme.

South Hounslow Health Centre

Plans are nearing completion for this centre which will provide accommodation for three family doctors and local health authority and school health services. Subject to the Ministry of Health's approval it is hoped to include this project in the 1968/69 financial year.

During the year the department continued to have discussions with the Middlesex Executive Council, the Local Medical Committee, the Ministry of Health, Regional Hospital Boards and general medical practitioners. The Executive Council provided a list of doctors who were interested in practising from health centres. This information, together with the proposed plans for housing and other developments in the borough, was taken into consideration when the Ten Year Development Plan was revised during the year and provision was made for a total of 13 health centres to be built by 1977.

Information about the other proposed health centres is given on page 91 under the heading 'Present and Future Building Projects'.

Ministry of Health Circular 7/67 gave advice on the planning, preparation and submission of schemes for health centres with a view to standardising procedures and so reducing the time needed for processing each one.

New arrangements for direct payments to general medical practitioners practising at health centres in respect of expenditure on rents and rates and on ancillary staff are promulgated in E C L 30/67. The new arrangements were taken into account in negotiations with the Middlesex Executive Council on financial agreements.

Co-ordination and co-operation of health department services with the hospital and family doctor services

Co-ordination and co-operation of the local health authority's services with the hospital and family doctor services continued to improve. Frequent discussions took place with groups of family doctors who are practising from health centres and with those who were interested in working from such centres. There was consultation between the three services at maternity liaison committees. Social workers and health visitors provide home reports when they are asked to do so by family doctors and hospital staff.

The ways in which domiciliary staff co-operate with the other two branches of the health service are described in the paragraphs on particular services.

Midwifery · Section 23

The general arrangements for the domiciliary care of maternity cases remain the same as for previous years, Heston, Isleworth and Feltham districts being covered by the Council's midwives, Brentford and Chiswick cases undertaken by Queen Charlotte's Hospital midwives and planned forty-eight-hour discharges in Brentford and Chiswick being attended by a midwife operating on our behalf from the London Borough of Ealing. Five hundred and eighteen domiciliary confinements were attended by the Council's midwives during the year compared with 619 during 1966, but the reduction was more than compensated by the 964 early hospital discharge cases compared with 694 in the previous year. Midwives employed by Queen Charlotte's Hospital attended 60 domiciliary confinements and also the 72 patients discharged from that hospital after forty-eight hours and before the tenth day of the puerperium. Domiciliary midwives took over the care of premature babies when necessary after discharge from hospital until the babies were sufficiently mature for the mother to care for them and to attend infant welfare clinics with them. Equipment is available on loan to any mother of a premature baby born at home and considered safe to be nursed at home. If it is necessary to transfer a premature infant to hospital the ambulance depot supply the oxygenated incubator kept for this purpose.

A full establishment of midwives was maintained until October, and for the remainder of the year it was not found necessary to replace the one midwife who had resigned. Fifteen pupil midwives came on to the district for training. Of these 8 were from Hillingdon Hospital and 7 from West Middlesex Hospital training schools.

Four midwives attended compulsory refresher courses conducted by the Central Midwives Board. Three midwives attended day courses of study.

Co-operation with Family Doctors

The majority of the midwives attended ante-natal clinics provided by family doctors at their own surgeries, and liaison in this field continues to be very good and will facilitate the implementation of attachment schemes when these are eventually put into operation.

Emergency Obstetric Units

Units are situated at Hillingdon and West Middlesex Hospitals. Their services were required on one occasion during 1967.

Analgesic Apparatus

Another Entonox analgesic machine was purchased during 1967. This is considered to be the safest type of analgesia for midwifery purposes as the mixture of gas is 50% nitrous oxide and 50% oxygen. These machines proved very useful to patients with maternal or foetal distress.

Maternity Medical Services Co-operation Card

The main purpose of this card is to ensure that each member of the obstetric team is aware of the attention given to patients by other members. It is now becoming more widely used between hospital and local authority clinics, also between the general practitioners and midwives on domiciliary work.

Maternity Services Liaison Committee

The Committee, which 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, Perivale Hospital, Ashford 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 met only once this year. The catchment areas of the various hospitals in the locality were again reviewed and it was decided that the new maternity unit at Ashford Hospital would initially, and subject to review again later, serve patients only from the urban districts of Staines and Sunbury. It was also agreed to adopt the same practice throughout the region with regard to the blood-testing procedures of the Rhesus negative patients. A further report on maternity records and the child observation project was also considered.

Health Visiting · Section 24

Health visitors are concerned in teaching the principles of healthy living and in counselling all members of the family. Much of the work of the health visitor is undertaken in the homes, where she can talk with individuals in their own environment. She has contact with family and clinic doctors, midwives, district nurses, home helps and other staff concerned with the provision of welfare services and members of the many voluntary organisations. Nevertheless she is, by virtue of her training and pre-requisite qualifications, a practitioner in her own right. As she combines the skills of nursing with that of training in the public health field she acts largely on her own initiative and draws on her skill and experience to give a service to the community which is unique within the health service. A health visitor brings to her work in the community a knowledge that enables her to recognise and identify need at the earliest opportunity, be it in the field of mental, physical or emotional ill-health, and to mobilise appropriate resources where necessary. This includes support during periods of stress and advice and guidance in case of illness as well as in the care and management of children. Hounslow has a proportion of Commonwealth immigrants, mostly from India, Pakistan and Kenya and health visitors have adapted their advice and teaching skills to the cultural and dietetic requirements of the different ethnic groups and helped to initiate their integration into the local community in a most competent and satisfying manner. Nevertheless, the lack of adequate housing for these immigrants, their relatively high fertility, their inability, in many instances, to speak or to understand English, has greatly added to the complexity of the work and to the actual time required for each case, despite the assistance given by the interpreter employed by the borough. As in previous years, trained nurses relieve our health visitors of most of the work in schools and clinics, enabling the health visitors to engage in the maximum amount of home visiting.

Staff

The establishment for health visitors is 34. At the end of the year the staff consisted of one superintendent, one deputy superintendent, and the whole-time equivalent of 21 health visitors and 10 clinic nurses.

Training

During the year two health visitors attended a field worker's instruction course at Chiswick Polytechnic, and one health visitor attended a course on health education in schools. One of the health visitors went on a fortnight's refresher course and the superintendent and several health visitors attended day conferences. Four health visitors went to lecture-demonstrations at Springfield Hospital on twelve consecutive Monday afternoons, and one attended a borough in-training course on Care for the Aged on six consecutive Wednesday afternoons.

Students

The borough sponsored five student health visitors whose training commenced in September. The shortage of health visitors continues to impose severe restrictions on any expansion of the work but plans for liaison between health visitors and family doctors has begun and more will be put in practice as soon as possible.

Home Nursing · Section 25

The home nursing service continues to be largely concerned with the nursing of the chronic sick, the physically handicapped and the elderly. Wherever a further need exists to aid an individual, nurses contact the appropriate general practitioner, hospital and other social workers to ensure that all necessary assistance for the health and well-being of the patients is secured. Amongst old people, in particular, there is still considerable diffidence about making full use of the social benefits or services. Visits made during 1967 totalled 91,113 to 2,605 patients. Of these 1,677 were aged 65 years or over, many of whom are in the 80–90 years age group and are feeble and slow if at all mobile and tend to take up much of the nurse's time. Disposable items of equipment are becoming more and more widely used, the use of incontinence pads having proved a great boon to the relatives of incontinent patients, increasing the demand for such in 1967. Plastic protective garments for mobile incontinent patients have also proved highly useful and popular, and the demand for these has also increased now that public awareness of these facilities is more general.

Laundry Service
Incontinent patients 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. One local laundry has continued the service for these patients and during the year 36 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
A full establishment of home nurses was maintained and many enquiries received for employment. Towards the close of the year the attachment of home nurses to family doctors working in the Heston and Spring Road health centres was initiated and the services of a home nurse will shortly become available to all general practitioners within their daily surgeries as well as in the homes of patients.

The Marie Curie day and night nursing service proved very useful and was much appreciated by 18 patients and their relatives. Recruitment to this service improved during the latter months of the year.

Training
Two home nurses completed district training courses and two others commenced a course later in the year. Two male nurses attended a day course of study and one nurse attended an In Service Induction Refresher Course for Social Workers. The students from the Middlesex Hospital, Hounslow Hospital, West Middlesex Hospital and Chiswick Polytechnic pre-nursing courses all accompanied home nurses on nursing rounds as part of their practical training. In addition two students doing the new integrated course of nursing worked for one month alongside home nurses on their district as part of their practical training.

Home Help Service · Section 29

It is evident that the home help service is becoming an integral part of the domiciliary team and much attention has been given to methods of expansion and improvement. On 31st December the equivalent of 159 whole-time staff were employed compared with 145 at the same time last year.

Two thousand and thirty-three homes were served by home helps during the year, an increase of 27, totalling 322,296 hours. The type of case to which service was given is as follows: —

	1967	*1966*
Aged (65 years and over)	1,542	1,515
Chronic sick and tuberculous	130	148
Maternity	159	171
Mentally disordered	12	17
Others	190	155
Total	2,033	2,006

Morning and Evening Service
This service is provided for the elderly and chronic sick who live alone. It is also provided for families where the mother is ill or in hospital and there

are young children who require meals and to be put to bed. This service enables a family to remain united and avoids the children being taken into care. Such help was provided in sixteen households.

Where necessary, help is also provided on Saturdays, Sundays and bank holidays. Weekend help was provided in twenty households.

Night Help Service
Ten night helps were provided for seriously ill persons without relatives or friends to assist them.

Neighbourly Help
At the end of the year ten neighbourly helps were employed.

Staff Training
For some time past the need has been felt for the provision of some form of training for home helps. There is a relatively high turnover of staff, most of whom are employed on a part-time basis. A continuing series of in-service courses each comprising two-hour classes once a week for six consecutive weeks was organised to enable all staff to acquire training to cope in particular with the special problems arising in the care of the aged, nursing mothers and children and problem families. Each course consisted of lectures, discussions, films and demonstrations regarding the duties of a home help in the various domestic circumstances she is likely to encounter.

Survey on the home help service conducted by the Central Office of Information on behalf of the Ministry of Health
The department was asked by the Central Office of Information, on behalf of the Ministry of Health, to provide statistical information on the home help service as administered by the borough. On the basis of the information provided, sample areas throughout the country were chosen at random for inclusion in a survey. The Chiswick area of the borough was amongst those chosen and the survey was carried out in May. Random samples of home helps and people receiving the service were interviewed and the assistant home help organiser, who is based in the Chiswick area. The questions asked covered such aspects as the characteristics of the recipients, the reasons for needing a home help and who recommended it, what other work, if any, the organiser and the home helps felt needed to be done and what other sources of help the recipients had, the charge for the service and how the recipients regarded it.

As a result of a decision taken by the Council towards the end of last year, each home help with a minimum of six months' continuous service and a minimum of 20 hours' work each week, was issued with a lightweight green gabardine raincoat and a metal badge.

Prevention of Illness · Care and After-Care · Section 28

Tuberculosis
Tuberculosis prevention, care and after-care services for patients living at home are provided at the Hounslow and Ashford Chest Clinics.

During 1967 there were 81 formal notifications of pulmonary tuberculosis and 21 formal notifications of non-pulmonary tuberculosis compared with 64 and 19 notifications respectively in 1966.

The total number of cases on the register at the end of the year was 2,258 (pulmonary—males 1,083, females 878; non-pulmonary—males 130, females 167).

Table 13 shows an analysis of all cases notified in 1967.

There were 11 deaths from tuberculosis in 1967.

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 75 persons in recuperative holiday homes. Sixty were admitted to such homes, 9 were cancelled or withdrawn, and 6 were waiting placement at the end of the year.

Loan of Nursing Equipment
The British Red Cross Society continues to operate a scheme for the loan of nursing equipment on behalf of the Council. Charges for this service are nominal but in certain circumstances are abated or waived. Monies received from loan charges enabled the British

Red Cross Society to provide replacements for smaller items of worn equipment.

Chiropody Service

The chiropody service is available for the elderly, physically handicapped, expectant and nursing mothers and children. This is provided at fully equipped Council clinics and health centres, at private chiropodists' surgeries and in the patients' own homes. The service is augmented by the Heston and Isleworth Old People's Welfare Committee who, acting as agents on behalf of the borough council, conduct their own clinics and domiciliary treatments.

The demands on the Council's directly-provided service have continued to increase during 1967 and despite the continuing shortage of chiropodists an average of twenty-one-and-a-half weekly sessions were held throughout the year in local authority premises, compared with nineteen-and-a-half during 1966. A total of 1,116 clinic sessions were held, at which 1,549 patients made 8,037 attendances for treatment. Four chiropodists made 3,624 home visits to patients who were unable to attend the clinics because of their infirmity. The number of patients requiring domiciliary treatment fell from 612 to 402 and as a result it was possible to provide a better service. At Brentford and Chiswick 18 patients made 96 attendances at a private chiropodist's surgery, for which payment was made by the Council. These arrangements ceased in the summer when the chiropodist moved from the area and the patients concerned were referred to the nearest local authority clinic for treatment.

The Heston and Isleworth Old People's Welfare Committee continued to employ two chiropodists throughout the year, when 220 domiciliary patients received a total of 1,023 home visits and 270 patients made 1,247 attendances at specially arranged sessions. The Council paid the organisation an agreed increased quarterly grant of £475 which was based on the existing case load.

The Heston and Isleworth Old People's Welfare Committee works in close co-operation with the Department of Health and provides an invaluable service as an adjunct to the local authority's directly-provided service.

Problem Families

Special efforts continue to be made to assist families, often for long periods, where mothering and fathering is inadequate and home life is generally far below the accepted minimum, often due to poor management or irresponsible behaviour on the part of weak or unstable parents. Sharing in this work are members of the Children's Department and voluntary agencies such as the NSPCC.

Attendances at local authority chiropody clinics

Category of patient	*First attendances*		*Re-attendances*	*Total attendances*
	New cases	*Old cases*		
Elderly persons	514	1,006	6,422	7,942
Physically handicapped	3	2	42	47
Expectant and nursing mothers	13	–	12	25
Schoolchildren	8	1	8	17
Others	2	–	4	6
Totals	540	1,009	6,488	8,037

Domiciliary visits made under the Council's directly-provided chiropody service

Category of patient	*First visits*		*Subsequent Visits*	*Total Visits*
	New cases	*Old cases*		
Elderly persons	231	154	3,064	3,449
Physically handicapped	13	4	158	175
Totals	244	158	3,222	3,624

Health Education

Talks accompanied by films and discussion groups were held at all our infant welfare and ante-natal clinics and at mothercraft sessions.

Talks and lectures on health subjects including smoking and health, cervical cytology and the care of the elderly, were given by the professional staff to various groups and organisations. The talks were illustrated by films, filmstrips and other visual aids.

The medical officer responsible for the student health service gave a course of lectures to students at the two polytechnic colleges on a wide variety of health matters including community health services, venereal diseases, alcohol, smoking and drugs.

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

During the year posters depicting health subjects were displayed on public notice boards throughout the borough. Posters were also displayed on public buildings, shops and factories. Topical health subjects were included in the borough's monthly news sheet 'Progress'. In the field of publicity we have enjoyed the co-operation of Mr R C Skinner, the Council's press and information officer.

Home Safety

Mr Jones, home safety officer, reports as follows:–

'The Home Safety Committee has continued its efforts to reduce the appalling number of accidents that occur in and around the home. With this fact in mind arrangements were made early in the year to hold a home safety conference at Chiswick Town Hall, in co-operation with the Greater London Home Safety Council, to which all 32 London boroughs were invited to appoint delegates. The conference was chaired by the Mayor of the London Borough of Hounslow (Alderman F J Jansen JP MInstMMBIM) and was considered by all delegates attending to be an outstanding success. This activity was also coupled with a Buy For Safety Exhibition staged at Chiswick Town Hall, which opened for a week, and included stands and exhibits provided by leading national manufacturers, drawing the attention of the public to the need when buying equipment for the home to buy with safety in mind. Some thousands of the public visited the exhibition during the period. Continued assistance has been given to girls training under the Duke of Edinburgh Award Scheme in the provision of instruction and assessment in regard to the service section of the scheme. The attention of the public has been drawn to home safety posters, displayed at public offices in the borough, by staging home safety poster competitions in which competitors were asked to select posters which in their opinion had the greatest impact, and by this method ensuring the posters were studied in detail, which might not otherwise be the case.

'Talks and film shows on the question of home safety have been given regularly to children attending schools in the borough, and all requests for speakers to attend other organisations in the borough have been accepted.'

The Hounslow Project. An operational research and experiment into human social functioning

Mr E Heimler AAPSW, social work organiser and advisor on health education, and Miss L J Dighton, psychiatric case worker, report as follows: —

'From 1st April 1965 research has been taking place into the nature of human social functioning to assess, evaluate and interpret areas of human life in which people function or fail. It was found that social functioning is associated with a sense of satisfaction in life in five main interacting areas (work/interest, financial, social relationships, family relationships and the more personal areas of life), and failure with a sense of frustration.

'From April 1965 until February 1966 a local survey was made of the needs and problems of the community at large to enable the research workers to identify those groups in the community who had specific problems, ie the elderly, one-parent families and other groups exposed to stress.

'From the beginning of 1966 until February 1967, the research also concentrated on developing and refining a Scale of Social Functioning that had come into existence during work with the long-

term unemployed in Middlesex (the Hendon Experiment). This scale allowed the researchers to examine various areas of human satisfaction in their relationship to each other and lent itself to useful interpretation of the level of social functioning. It also enabled the workers to make a social diagnosis. Finally it helped to develop methods of assisting with their problems people who had not yet broken down. In short, it has significant preventive possibilities.

'From 1966 onwards a number of universities and other professional groups have been involved in the use of the scale, both in this country and abroad. The University of Edinburgh undertook the first scientific validation of the scale. This long and elaborate report by psychology students at Edinburgh University claims that the Scale of Social Functioning is a scientific and valid instrument. Locally the West Middlesex Hospital medical social workers have been using the scale with cases of coronary thrombosis to help social workers identify those patients who need their help most urgently. The University of Birmingham is working with the scale in connection with student counselling. All the information arising from this and other statutory bodies and universities is being fed into the research of the Hounslow Project, which will be of considerable help in formulating methods and techniques of social casework.

'In the light of these developments it has seemed important to associate the Hounslow Project with large groups, both in this country and abroad.

'The Hounslow Project has helped to stimulate the establishment of two research centres of social functioning in America, one at the Rehabilitation Research Institute, University of Washington, Seattle and the other at the Canadian Research Centre of Social Functioning, University of Calgary. Mr Heimler visits both these centres periodically in a consultant capacity.

'Whilst ways and means of setting up a research centre were being explored in this country, further study continued into the field of human functioning. It became clear that whilst the Scale of Social Functioning had given researchers some understanding of the areas of human satisfaction, the data gained would also now enable them to assess those areas where satisfactions were lacking. From this the researchers could now arrive at a further hypothesis as to the nature and pattern of human frustration. In this work they are enabled to identify the unused energy locked up in frustration into five pathological areas—under-activity, depression, somatic symptoms, persecutory ideas and various escape routes such as drugs or alcohol. They are now in a position to interpret the relationship between satisfaction and frustration and diagnose the individual's problems and potentials. When such patterns of satisfactions and frustrations are understood it is possible to re-distribute the human energy. In the field of prevention, care and after-care this could be of considerable significance.

'A number of visitors are expected during the coming year, the first being Professor Henry W Maier, Professor of Social Work, University of Washington, Seattle, Washington, who will spend a whole year with the Hounslow Project studying the methods and techniques that have been evolved. It is anticipated also that Professor Gustave deCoq will visit for a three month period during the coming year, and that other members of the faculties of the American and Canadian Universities may join in the work.'

Cervical Cytology

This service, which commenced on a limited scale in 1966, was expanded during 1967 as the Ashford and West Middlesex Hospitals were able to increase the number of smears which could be examined. Additional sessions were arranged and publicity was carried out to ensure a steady and sufficient flow of women coming forward for testing. Apart from taking the cervical smears our medical officers examined the vagina and all pelvic organs and also the breasts. The blood pressure is taken and the urine is tested. The patient and her family doctor are informed of the result, and any treatment which is necessary is arranged or carried out by the family doctor.

Cervical smears are also taken at family planning clinics and by family doctors.

The following statistics relate to women

examined at the Council's clinics: —

Women tested	2,073
Negative results	2,065
Positive results	8
Gynaecological defects referred to general practitioners	375
Referred to general practitioners for other reasons	14

Carcinoma in situ was confirmed in six of the eight patients with positive smears. They were all married women between 32 and 59 years of age.

Care of Mothers and Young Children · Section 22

Ante-natal Clinics

The trend of decreasing attendance in both ante-natal and post-natal care has continued at medical officer clinics as the pattern of ante-natal care and post-natal care by the mother's general practitioner becomes more firmly established. This year there were 211 medical officer sessions, the attendances at which totalled 1,159. One hundred and thirty-eight sessions with a midwife only in attendance were held, the attendances at which totalled 917. Many mothers, however, attend the clinics for mothercraft and relaxation and the attendances numbered 2,675, compared with 2,186 attendances made last year. Only 52 mothers took advantage of our facilities for post-natal examinations. The practice of undertaking ante-natal care in the middle months of pregnancy has continued for patients booked at hospitals but referred back to us after their initial visit to hospital.

Child Welfare Clinics

During the year 1,429 sessions were held at which 8,690 children made a total of 51,402 attendances, representing a fall of 5,178 attendances. General practitioners are increasingly undertaking child care and management and there seems to be a steady increase in mothers of young children going out to work. Both these factors no doubt have contributed to the decrease in clinic attendances.

Welfare Foods

National welfare foods and approved proprietary preparations are stocked at child welfare centres for sale, or if the need is proved, for free issue. During the year £11,587 was received for the sale of proprietary preparations.

The quantities of national welfare foods issued were: —

National dried milk (tins)	10,518
Orange juice (bottles)	56,194
Vitamin tablets (packets)	3,173
Cod liver oil (bottles)	2,779

Notification of Congenital Defects Apparent at Birth

Since 1st January 1964 it has been a statutory requirement that all congenital malformations apparent at birth be notified to the Medical Officer of Health at the same time as the notification of birth. The names of children so notified are included in the department's observation register as children at risk, and particulars are also sent each month to the Ministry of Health.

The following is a list of defects notified during 1967: —

Central Nervous System

Anencephalus	1
Encephalocele	1
Hydrocephalus	1
Spina bifida	3

Eye, ear

Cataract	1
Corneal opacity	1
Defects of eye NOS	1
Accessory auricle	2
Defects of ear NOS	1

Alimentary system

Cleft lip	1
Cleft palate	1
Hiatus hernia	1
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	1
Defects of alimentary system NOS	1

Heart and great vessels

Transposition of great vessels	1
Other defects of heart and great vessels	1
Congenital heart disease NOS	1

Respiratory system

Defects of bronchus	1
Defects of lung	1

Uro-genital system

Hypospadias, epispadias	6
Other defects of male genitalia	1
Defects of female genitalia (includes female psuedo-hermaphroditism)	1
Indeterminate sex (includes true hermaphroditism)	1

Limbs

Reduction deformities	1
Polydactyly	1
Syndactyly	1
Dislocation of hip	1
Talipes	12
Other defects of hand	3
Defects of upper limb NOS	1
Defects of lower limb NOS	2

Other skeletal

Defects of skull and face	1

Other systems

Branchial cleft, cyst or fistula, pre-auricular sinus	1
Other defects of skin (including ichthyosis congenita)	2

Other malformations

Mongolism	3

NOS = Not otherwise specified

For our own purposes, the only children we follow up are those whose defect is likely to be a handicap to them in their future progress.

As the notifications are made within the first 48 hours of birth, often before a doctor has examined the baby, it is possible that a considerable number of congenital defects are not notified by this method, notably such conditions as pyloric stenosis, fibrocystic disease, various congenital heart defects and various renal defects. We therefore still rely upon the hospital paediatricians for their co-operation with regard to notifying these defects.

Observation Register

In the summer of 1965 a scheme was developed in co-operation with consultant obstetricians and paediatricians at local maternity hospitals whereby this department was notified at birth of children whom it is considered should be kept under observation because of pre-, peri- or post-natal hazards. The names of such children and those born at home considered by domiciliary midwives to be in need of observation for the same reasons have been recorded in the observation register. The children are called for developmental screening tests at the ages of 1 month, 3 months, 7–9 months, 12 months, 18 months, 2 years, $2\frac{1}{2}$ years, 3 years and 4 years. The tests include hearing, vision, social and emotional development, sitting up, walking, use of hands and language development.

The screening tests are conducted for the most part in child health clinics during normal sessions although mothers attend by appointment for these examinations.

At the end of December 1967 a total of 2,638 children's names had been placed on the register as in need of further observation. At this date 1,692 names remained on the register, and during the $2\frac{1}{2}$ years of operation, of the 38 children who failed a significant number of tests, only 6 were already known to have a definite handicap. The work has not yet proceeded far enough to enable a full appraisal to be made of the various findings and it is anticipated that this will not be embarked upon for another year or two. Meantime it can be said with confidence that the establishment of the

observation register has focused attention on the importance of developmental examinations.

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.

Care of the Unsupported Mother and her Child

The work of caring for unsupported mothers by making arrangements for their welfare during pregnancy, their place of confinement and eventually their return to life in the community and also satisfactory care for their babies, has continued under the medical social workers whose office is in Ealing but who undertake this work for Ealing, Hillingdon and Hounslow. During the year the borough accepted financial responsibility for 17 mothers placed in St. Agnes' Home, Chiswick, maintained by the Hammersmith Deanery Association for Moral Welfare Work and for 60 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.

The local branch of the Moral Diocesan Society, Welcare, also plays an important part in caring for some of our unsupported mothers.

Day Nurseries

The care of 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 where home conditions are such as to present a danger to their health, is provided for in the three day nurseries in the borough—Danesbury Road, Feltham, which undertook the care of 40 children until 31st March 1967 but thereafter became a 50-place nursery; Portsdown House Day Nursery, Brentford (32 places) and Nantly House Day Nursery, Hounslow (54 places). Each nursery also admitted a number of handicapped children of pre-school age in order not only to assist the mother by periodic relief from the strains of caring for a handicapped child, but also to provide the children with suitable facilities, care and expert guidance in order to enable them to reach their full developmental potential. As in previous years the nurseries have suffered from periods of quarantine due to the occurrence of infectious disease in these susceptible young children, when no new children could be admitted, but despite these occurrences the total annual attendances in the three day nurseries have been higher than those of last year, and no nursery is at any one time able to satisfy the needs of children falling within top priority categories. Of necessity, therefore, there is a waiting list for each nursery and a time lag before a child in dire need can be admitted. Planning has already begun for the replacement of the Nantly House Day Nursery by a larger nursery with a specially designed unit for the more severely handicapped child. The Council has also in mind the needs arising in other parts of the borough.

The attendances made by children were as under: —

Feltham Day Nursery	9,910
Portsdown House Day Nursery	6,510
Nantly House Day Nursery	11,989

During 1967 one of the deputy matrons attended a two weeks' refresher course at Chiswick Polytechnic. All students in training passed their final examinations entitling them to the NNEB certificate.

The nurseries themselves provide a means for students of Chiswick Polytechnic who are being prepared for one or other type of social work to observe the kind of care and organised activity that children receive in day nurseries and to develop their own powers of observation. The demand for this kind of experience is increasing. It is gratifying to report that both course tutors and individual students have written in to thank us for the facilities afforded and for the insight they have gained into the needs of young children.

Nurseries and Child Minders Regulation Act 1948

The following were registered at the end of the year: —

Private Day Nurseries
16 with accommodation for 387 children

Child Minders
19 approved for the care of 120 children

The tendency has been to an increase in the total number of children who are cared for in larger groups in church halls etc., reflecting the public's awareness of the need for the young child, especially after his second birthday, to have play facilities which permit as much mobility as possible and to extend his environment beyond the home. Regular visits are made by health visitors and occasional visits by medical officers to inspect premises and equipment, to verify the number of children attending and to assess the general standard of care. Almost all applicants for registration under the above Act assume that they are competent and suited to undertake the care of young children. Unfortunately this is not always so and medical officers need to spend much time, tact and patience in dealing with each application on its merits. The best of our child-minders welcome advice and general support from members of the department who are experts in this field and, in turn, derive much satisfaction from seeing the needs of the children being more and more successfully met as the child-minder increases her knowledge and gains in experience. Child-minders are also encouraged to attend appropriate lectures, to read suitable books, watch certain television programmes and visit one of the local authority day nurseries. Many organisations and agencies are trying to meet the increasing demand of the community for the provision of day care for pre-school children, but there is an acute shortage of such provision for short periods of the day to broaden their horizons and stimulate their development or for longer periods because the mother finds it necessary to go to work. It is almost certain that an increasing amount of time will be spent by both medical officers and health visitors on this section of their work in the years that lie immediately ahead.

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 one shilling a day for each child minded. So far this scheme has not been popular, and at the end of the year only 4 unregistered child minders were participating.

Family Planning

Family planning advice and treatment is provided by the Family Planning Association in the Council's clinics. At the beginning of the year twelve weekly sessions were being held at five clinics and no charge was made for their use. A weekly session was commenced at the new Heston health centre so that by the end of the year the total number of sessions was thirteen.

The Council accepts financial responsibility 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.

The National Health Service (Family Planning) Act 1967 received the Royal Assent on 28th June 1967. The Act removes the previous condition that local authorities could give family planning advice only on medical grounds and empowers the local health authority to give family planning advice and supply contraceptive substances or appliances to all who seek this service. No action has been taken by the Council because the subject is before the Social Services Committee of the London Boroughs Association who are concerned to find an arrangement for implementing the Act in conjunction with the Family Planning Association which would be consistent throughout the London Area.

Report of the Chief Dental Officer for the year 1967

Further thought has been given to the dental needs of special classes of patients such as the physically and mentally handicapped. Some elderly persons may also be in need of specialized dental care. The primary function of the local authority dental service must be the care of school children, and until the serious lack of staff is overcome there is little prospect of expansion into other fields, however desirable this undoubtedly may be.

An increasing number of immigrant children received treatment at the dental clinics. Concern has been expressed that certain of these children may suffer from sickle cell anaemia. This may constitute a hazard during general anaesthesia and is being further investigated.

The tooth paste trial previously described continued during 1967. It is pleasing to record that the very high degree of co-operation from the children and their families participating in the trial continued as before.

Comparatively few expectant and nursing mothers sought dental treatment at the clinics. Efforts continued to stimulate a demand for dental care from more pre-school children.

Report of the Principal School Medical Officer for the year 1967

Organisation

This is the third annual report on the School Health Service provided since 1st April 1965 by the London Borough of Hounslow. The arrangement whereby the school health service was closely integrated with the other health services administered by the Department of Health has continued. Joint use is made of medical, dental, nursing and other staff as well as of clinic premises.

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	242
Primary schools	17,445
Secondary modern schools	7,216
Grammar schools	4,017
Special schools	589
Total	29,509

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.

Periodic medical inspections are carried out on school entry, at the ages of 8 and 11 years, and at school leaving age. Efforts are made to examine children in nursery classes each term. The medical examination at 11 years includes a colour vision test.

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 7,855 and the results are shown in Table 30a. The physical condition of 120 (1.5%) 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	678	–
Routine clinic sessions	2,565	2,782
Employment of school children	633	16
Children being taken into care	38	–
Freedom from infection	941	–
Pupils at special schools	195	479
Attending hearing clinic	245	902
Possibly requiring special education	194	–
Epidemiological surveys	27	24
Total	5,516	4,203

The defects found at periodic and special medical inspections are shown in Table 31.

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 10,353 examinations and found lice or their eggs in the hair of 173 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 persuasion nor threats seem to have any effect. In most cases the parents deal with the matter as soon as their attention is drawn to it, but 73 formal notices requiring the parent to cleanse the child had to be issued, and in 8 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.

Foot Inspections

School nurses make regular foot inspections to discover the presence of plantar warts and other contagious skin conditions of the foot. During the year 14,405 foot inspections were carried out and 565 new cases of plantar warts and 29 cases of re-infection were found. A pamphlet was prepared for and was issued to school children.

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.

Minor Ailment Clinics

These are staffed by nurses and are held at clinic premises each mornnig. 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.

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.

Ophthalmic Clinics

Dr H B Casey MB BCh DOMS, ophthalmologist, reports on the work of the ophthalmic clinics: —

'The number of pre-school and school children who have attended the eye clinics at Feltham, Hounslow, Brentford and Isleworth during the

past year bear witness to their value to the borough. Parents are realising not only the importance of the elucidation of refractive errors, but also the early investigation of strabismus. The attendance of pre-school children at the clinics has certainly increased.

'To provide the full diagnosis and treatment of squints an orthoptic service is essential and it has been an excellent idea to make the services of Mrs Cynthia Butterworth, the orthoptist, available at the ophthalmic clinics at Feltham and Hounslow whilst the eye clinics are in session.

'There is an excellent rapport between Ashford Hospital and the West Middlesex Hospital for those requiring surgery, but the availability of the orthoptic services in the borough makes it economical both in time and financial cost to the parents of these children.

'There are still small numbers in the Chiswick and Brentford areas where frequent attendances for orthoptic treatment present difficulties, due to the cost of travel and domestic problems of smaller children.

'An eleven-year-old girl presented herself at the Brentford Clinic with a long-standing uniocular cyclitis. There were also four cases of virus keratitis which were presented for routine examination and which I referred to hospital. A ten-year-old girl was registered as partially sighted and as a result was admitted to a special school for the partially sighted.

'Finally, I should like to stress the importance of screening children between the ages of ten and sixteen years to detect simple myopia, as this often retards school work and affects personality if it remains undiagnosed. A very high percentage of those over the ten year age group are myopes.'

Orthopaedic Clinics

These clinics are staffed jointly by the Regional Hospital Board who provide the orthopaedic surgeons and the local authority who employ the physiotherapists. Two clinics are held in the borough, one at Brentford Health Centre where Mr J A Cholmeley attends fortnightly and the other at Hounslow Health Centre where Mr F Godsalve Ward attends monthly. Mr Cholmeley is associated with the Royal National Orthopaedic Hospital and Mr Ward with Ashford and Hounslow Hospitals.

Although 388 children are on the orthopaedic clinic registers, only 357 needed to see a surgeon during the year and 114 children required treatment by physiotherapists at Council clinics. In addition to attendances made at the Brentford and Hounslow clinics, a physiotherapist attends Busch House School daily to provide treatment for 43 children suffering from asthma, bronchitis, cystic fibrosis and other conditions. Cystic fibrosis is becoming an increasing problem because of the larger number of children who now survive and require special school placement.

The attendance of a physiotherapist was also arranged twice weekly at the Marjory Kinnon school for educationally subnormal pupils because of the increasing number of children with additional physical disabilities who are admitted to this school.

I am indebted to Mr Ward for the following report on his work at the Hounslow clinic during the year: —

'Attendances have been satisfactory with very few defectors—about 30 cases are seen in each monthly clinic, a third being new cases referred, with very few exceptions, from the school medical officers and infant welfare clinics.

'Many cases are trivial but these are accepted for fear of missing the occasional important case.

'The co-operation of the records officer at Hounslow Hospital in arranging for appliances and clinical photography has been much appreciated. The direct pedestrian access to Hospital Road will be a great convenience to parents and children when the new health centre is completed.

'It is always a pleasure to attend this monthly session with Mrs Morgan, the physiotherapist.'

Orthopaedic Clinics

In 1967 a staff of four full-time and one sessional speech therapists was deployed among the clinics and centres listed in the tables which follow. It will be seen that there is a shortage of staff, but it is hoped that the position will be relieved in 1968 with the appointment of an additional full-time

therapist. No students were in attendance during 1967.

The autumn saw the retirement from the post of Senior Speech Therapist of Miss E Richnell. She gave full support to the brief given to her successor, Mrs D E Cox LCST, that of co-ordinating the work of the speech therapists with other services to increase the general efficiency. The educational and medical services work closely together to give comprehensive care to the children of the borough. The work of the speech therapist in school clinics tends to be solitary, and under pressure from heavy case loads it is difficult to maintain contact with schools, other services and with colleagues. Therefore the service came under re-appraisal during the latter part of 1967, when the following aims were formulated: —

1. To hold monthly meetings of speech therapists to ensure an interchange of ideas, a reduction of individual problems, uniform methods of assessment, and maximum contact with other services.

2. To endeavour to explore more fully the role of the speech therapist in the special schools, particularly Marjory Kinnon School and the junior training schools. In the latter establishments there is a diversity of opinion as to the time warranted for speech therapy, and it stands out as a field needing further investigation.

3. To work at all times towards a closer link with other services. With this in mind, simplified terminology was agreed upon to be circulated early in 1968 to all concerned with children having speech defects. Forms were designed to increase two-way information between schools and the speech clinics, and all opportunities were taken for joint consultations.

4. To interest the London speech therapy training schools in sending students to the borough's clinics. This had been discontinued largely due to staff shortages. Student participation can help in several ways: —

   i. A therapist, when teaching a student, tends to become more analytical, which can be advantageous.

   ii. Despite the supervision required, a case load can be eased by the suitable use of students.

   iii. Training schools interested in the work in the borough are more likely to be a source of supply of candidates for our speech therapy service when vacancies arise.

   iv. Since the inter-disciplinary approach favoured in the borough fosters experimental work, the use of students can enable such work to be carried out that would otherwise be precluded by lack of time.

5. To look into the use of a speech therapist's time in school clinics with the possibility of a revision of methods used. Particular areas for review are: —

   i. Children with minor deviations of speech, where the teacher in daily contact with the child could exert more influence if suitably guided. It has been found that teachers welcome advice on how to handle children with speech defects.

   ii. Children with really severe speech defects, whose lack of verbal communication is retarding their progress at school. These children need far more time than the weekly session at the clinic allows, while their schooling, in the initial stages, requires alignment to their individual problems.

6. To increase the emphasis on early detection of deviations in the acquisition of speech and language so that advice can be given to parents, and such children kept under careful supervision. There is a need to strengthen links with health visitors and the medical officers at welfare clinics.

By December 1967 these aims were being put into practice, and their practical application should be apparent during 1968.

Deployment of Speech Therapists in post at 31st December

	Sessions per week
Special Schools and Special Units	
Martindale Medical Advisory Unit	19
The Marjory Kinnon School (ESN)	3
Isleworth Junior Training School	1
Hanworth Junior Training School	2
Clinics	
Chiswick	2
Brentford	2
Isleworth	3
Hounslow	4
Hanworth	1
Feltham—Spring Road	1
Cardinal Road	2
Bedfont	2
Heston	3
Crane School, Hanworth	1
Total	46

Number of children treated by speech therapists at sessions held:—	
In primary schools	49
In clinics (school age)	414
In clinics (pre-school)	70
Total number of children treated	533
Number of children treated by speech therapists at sessions held:—	
In junior training schools	36
In special schools	100
At medical advisory unit (pre-school out-patients)	5
Total number of children treated	141
Number of school visits made by speech therapists (not treatment sessions)	16

Asthma and Allergy Clinic

The asthma and allergy clinic continued during the year under the direction of Dr R Prothero, departmental medical officer. Forty sessions were held during which 83 children made 288 attendances.

Hearing Clinic

The extension to the hearing clinic was completed in the autumn of 1967 and was opened by Lady Templer, President of the Commonwealth Society for the Deaf, on 4th December. The extension consists of a psychologist's room, additional office and waiting accommodation and a technician's room for the supply and repair of hearing aids.

During the building operations the number of visitors to the unit was restricted but the clinic sessions continued as usual for a month in the summer, when the decoration took place.

The number of new cases seen during the year was 245, and 657 re-examinations were undertaken. The total number of cases seen was comparable with those in 1966.

A considerable amount of teaching was carried out at the hearing clinic. Medical students from St Bartholomew's Hospital attended in groups of ten for clinical instruction in audiology. Speech therapists from two schools of speech therapy attended for instruction; Dr Fisch also lectures at these schools. Groups of health visitors and midwives attended for clinical demonstrations. Many visitors from all over the country and abroad attended individually.

A three-day course was held in January for the training of local authority medical officers in the 'early detection of hearing loss and screening techniques', and a two-day course was held in October for training local authority audiometricians in 'screening techniques'. Both these courses were attended by staff from other London boroughs. A number of lecture demonstrations was arranged for health visitors, welfare officers and local authority officers who attended as part of in-service training schemes.

A film strip was made in conjunction with 'Camera Talks' on the screening and testing of babies for hearing loss. This film strip has already been shown widely all over the country at teaching, audiology and paediatric meetings. It has also been shown in America.

A small research project was undertaken to investigate the possibility of pre-school screen audiometry. A group of pre-school children were screened for hearing loss prior to their admission to school instead of at the end of their second year in primary school. Mrs D Barber has written a paper on this project which was read at the British Society of Audiology meeting at Southampton and is published in this report.

The Medical Research Council gave a grant to Dr Fisch to carry out research on the relation of parental age to the occurrence of congenital deafness in children. This project is proceeding well.

A conference on Deaf Children in Normal Day Nurseries was organised by the staff of the Heston Hearing Clinic. Some 100 persons, including day nursery staff, medical officers and teachers of the deaf from a wide area attended. The conference proved to be a great success and an account of the proceedings will be published in book form with the help of the National Deaf Children's Society.

The two peripatetic teachers of the deaf on the staff of the clinic found it difficult to visit children at their homes and at schools as frequently as they would have wished because of the large numbers involved. An additional teacher of the deaf would enable this work to be covered adequately.

Regular meetings of parents of all the pre-school children trained by our teachers were held. This is one of the important parts of parent guidance. Parents whose children have been admitted to school continue to attend these meetings because they find them useful and interesting.

Routine screening for a hearing loss was continued in the junior training schools during the year.

Routine screen audiometry was undertaken in all primary schools as in previous years. Children who failed routine sweep tests in school were tested at the local clinics and then referred to the school medical officer if this was thought necessary.

The number of tests made during the year was: —

Age	*1st test in school*	*Re-test at clinic*	*Total seen*	*Re-test failure*
Under 7 years	2,410	144	2,554	50
8 to 11 years	1,828	79	1,907	38
12 years and over	3	1	4	1
Total	4,241	224	4,465	89

Children seen in the clinics for special audiometry were referred from medical officers, speech therapists, general practitioners and from the school psychological service as folows: —

Age	*1st test*	*Re-test*	*Total*	*Failures*
Under 5 years	80	1	81	24
5 to 7 years	418	21	439	181
8 to 11 years	269	5	274	86
12 years and over	193	2	195	86
Total	960	29	989	377

The audiometrician took a total of 428 ear mould impressions during the year for use with hearing aids. 39 Medresco (NHS) aids were issued during the year and 274 Medresco aids were replaced or exchanged. A number of commercial aids are loaned to the hearing clinic by the importers or manufacturers for trial purposes when making decisions about a suitable aid for a child. This facility is greatly appreciated. As a result of these arrangements, 31 commercial body-worn aids and 29 commercial post-aural aids were recommended for children and were purchased by education authorities during the year.

Miss P Taber, audiology assistant, was seconded to the Audiology Technicians Course at the Institute of Laryngology and Otology at Gray's Inn Road and she obtained her qualifying diploma.

Dr Fisch was invited to lecture at the International Audiology Congress in Mexico City in June, at the Jubilee Conference celebrating 100 years of aural education of the deaf in the USA at Northampton, Mass. and at the annual meeting of the Otolaryngology Society of Norway. He also gave a talk at the University of Oslo.

Dr Gooding had a week's study leave to visit the Department of Developmental Paediatrics and the Audiology Centre at the University of Groningen in Holland.

Pre-School Screen Audiometry by Dorothy Barber, Hearing Clinic Heston, Hounslow. Paper read at meeting of the British Society of Audiology at Southampton University.

'The value of school screening audiometry has been proved. Numerous surveys from many countries have confirmed the importance of this method of detection of hearing loss in children, although the proportion of detected cases varies considerably, from 3% to 10% or more, according to the criteria for the sample selected, methods of testing and other variables. But there is no doubt at all that a school health service without a satisfactory system of school audiometry cannot be considered as complete and that an important group of children with a hearing impairment will escape attention when there is no such service available.

Many local authorities now run some kind of screening programme in infant, junior and in some areas, senior schools. However, this screening programme may not come into operation soon enough after the child's entry into school and often not before the child reaches the age of six or seven. Thus many children not only start their schooling with a possibly handicapping condition, but it may affect them for a considerable time during the initial and critical stages of their education. Also many difficulties a child with a hearing loss may experience when starting school could be prevented if his hearing loss was detected beforehand.

With this problem in mind we decided to carry out a small pilot scheme of screening children by means of pure tone audiometry, before they entered school. The aim was to find out what the response would be, what difficulties would arise, if any, and to gain information with a view to the possible carrying out of a large-scale survey in the future. This pilot scheme was carried out at the Hearing Clinic, Heston, in August 1967. We obtained the names of all the children due to be admitted to three local primary schools in September with the aim of calling them to the clinic for testing during the month preceding their entry to school.

The number of children called for this test was 164—only 2 failed to attend after 2 appointments were offered (in many cases the second appointment was only necessary because families were away on holiday). Nearly all the mothers were, in fact, very eager to attend—saying how pleased they were and how necessary it was, they thought, for this type of testing to be carried out. Out of the 162 children who attended, 14 were found to have a hearing defect, all previously unsuspected and undiagnosed, i.e. 8.6%. All these children who failed the screening test were then called for a further test and were seen by a medical officer. Of these 14 cases, 8 were unilateral and 6 bilateral. Of the unilateral cases, 3 were perceptive and 5 conductive. Of the bilateral cases 1 was perceptive and 5 conductive. Of the 14 cases, 3 now have normal hearing after treatment, the remainder are still under treatment.

In two cases only it was not possible to carry out the screening test because we were unable to obtain the child's co-operation. One of these was successfully screened on the second occasion, the other was not, and because we learned from the mother that this child had severely retarded speech development, we decided to refer him directly to the otologist. He was then found to have a moderate conductive hearing loss, but was also suspected of being of low mental ability and so was referred for a full psychological assessment. It is interesting to note that in the case of this particular child, had it not been for the pre-school screening test all this would probably have remained undiagnosed for some time, as shortly after the screening he was transferred to a small private school which is not visited by the local authority medical officers, or audiometricians.

We realise that a screening programme of this nature is not easily carried out as it requires extra staff and space, additional clerical work, i.e. obtaining lists of new entrants to schools, arranging appointments, etc. and is more time consuming than the routine screening tests at present carried out in schools. We also realise that in some areas the attendance figures may not be

quite as high as those we obtained. On the other hand, in such areas, although the attendance rate would be lower, the failure rate concerning the number of defects would probably be higher. One should also consider that although pre-school audiometry may initially involve additional effort and resources, it would eventually produce a considerable saving as it may well reduce the number of re-tests needed in school audiometry with all the advantages of earlier diagnosis. The high rate of attendance can be attributed to the fact that parents are especially receptive at this critical stage of their child's development and are eager to ensure that the child's entrance to school should not be hampered by anything which may adversely affect him. Therefore this is probably the best time to ask parents to bring their children for a test.

We would suggest therefore that these figures of 14 out of 162 children, that is 8.6%, being found to have a significant hearing loss should encourage us to take a closer look at the possibilities of discovering hearing defects in children about to enter school. Perhaps the testing of hearing by means of pure tone audiometry may in future be incorporated in some wider programme of screening the pre-school child for other defects, or if this is not possible, that local authorities should give serious consideration to introducing an individual programme of this kind.

This investigation has proved that pre-school audiometry can be carried out effectively and is a feasible proposition. It has shown that it is possible to discover a significant number of young children with a hearing loss which may cause serious difficulties for them in the classroom situation if it had remained undiagnosed and untreated. It seems the time has come to introduce a screening audiometric programme for all children before they enter school.

Summary

In the summer of 1967 a small pilot scheme of screening pre-school children for hearing defects by means of pure tone audiometry was undertaken at the Hearing Clinic, Heston. Out of the 162 children tested 14 were found to have a defect, i.e. 8.6%, all previously unsuspected. We suggest that these figures should encourage us to look into the possibility of screening for hearing defects as part of a wider programme of screening the pre-school child for other defects, or if this is not practical, to encourage local authorities to undertake an individual programme of this kind.'

Medical Advisory Unit

The extensions to the Medical Advisory Unit were opened by Her Royal Highness Princess Margaret Countess of Snowdon on 9th March 1967. Her Royal Highness showed considerable interest in the work of the unit and watched some of the children at work in the physiotherapy room and receiving treatment in the hydrotherapy pool. After opening the unit, Her Royal Highness toured the school to the great delight of the children and staff.

There was a steady referral of cases to the unit during the year for diagnosis, assessment and recommendation about future educational placement. Thirty-six pre-school children attended for out-patient physiotherapy during the year. Of these, 11 had cerebral palsy, 15 had spina bifida and 10 had other physical defects. Effective liaison exists with the hospitals in the region and by arrangement with the consultants concerned children attending these hospitals usually have physiotherapy at the Medical Advisory Unit. Calipers and walking aids are also provided in this way.

One additional physiotherapist was appointed during the year. Her sessions, which were shared between one of the orthopaedic clinics in the borough, a junior training school and the Medical Advisory Unit helped, incidentally, to maintain useful links between these establishments.

The physiotherapists continued to take a very active part in organising sports and swimming at the school. Children took part in the British Sports for the Disabled at Stoke Mandeville Hospital for the second year in succession. An inter-school sports day was organised by the head teacher and his staff at Martindale School with the help of the physiotherapists between the four London schools for physically handicapped children. The school also took part in the London schools swimming gala for handicapped children. All children at the

school are taught to swim in the hydrotherapy pool and progress to Hounslow public swimming baths.

51 children received speech therapy during the year, 46 were school children in Martindale, and 5 were out-patients. Defects treated fell into the following categories: —

10 athetoids with dysarthria and dysphonia (4 with severe and 6 with moderate hearing loss)
4 dysphasics
2 excessive nasality
3 ataxic dysarthria
4 stammerers
3 dysarthria and dysphonia
3 severely retarded speech and language
9 retarded speech and language development
7 dyslalics
3 dysphonics
3 dysarthrics

The following table shows the types of handicap dealt with at the unit during the year: —

	Martindale School pupils	*Out-patients*
Cerebral palsy	56	11
Spina bifida	9	15
Meningitis and encephalitis	2	–
Brain tumours	3	–
Poliomyelitis	7	–
Muscular dystrophy	9	–
Haemophilia and allied conditions	8	–
Congenital heart disease	7	–
Other physical handicaps	15	10

The Cerebral Palsy Unit

I am grateful to Dr A D Barlow MA MB BChir MRCP DCH, consultant paediatrician, for the following report: —

'The proportion of meningomyelocoele cases is rising. During 1967 8 children were admitted with cerebral palsy and 5 with spina bifida, and at the end of the year there were 67 children in the school with cerebral palsy and 9 with spina bifida. The waiting list at 31st December included 7 cerebral palsy and 8 spina bifida.

'This suggests that in a few years' time the number of meningomyelocoele cases will equal or outnumber those with cerebral palsy. Many more children with spina bifida are surviving, thanks to early closure of the meningocoele and early treatment of hydrocephalus, but the number of children with sufficiently good function to be able to attend normal school remains disappointingly small.

'It therefore seems necessary to make provision both in the school and the unit for an increasing number of these cases in the coming years.

'With both cerebral palsy and spina bifida infants, attendance as out-patients is of great benefit. Many of them come for physiotherapy and so become familiarised with the school and staff, which is of great help when they start school. Much of the value in treating these children lies not only in the physiotherapy that they receive, but in the opportunities provided for the physiotherapist to discuss the various problems of management of these children with their parents.

'The ultimate happiness of these children will depend to a large extent on how well they and their families can adapt themselves to their handicaps, and how they can make the most of their abilities within their limitations. I think our physiotherapists and other staff are well aware of this and do excellent work in helping not only the child but the family too. There are, however, inevitably some families who have greater difficulty in facing these problems, and it is to be hoped that our new social worker (Mrs C L Wisdom) will be able to give them the help they need.'

Martindale School for the Physically Handicapped

	1967	*1966*	*1965*
Children on register at 31st December	116	113	117
Children with Cerebral Palsy	67	67	74
New admissions—all handicaps	21	13	13
Discharges—all handicaps	19	10	8
On waiting list—all handicaps	22	19	19
On provisional waiting list—all handicaps	19	16	15

The Medical Advisory Unit, Martindale School
The Official Opening by H.R.H. The Princess Margaret on 9th March, 1967
A visit to a classroom

The Medical Advisory Unit, Martindale School
The Official Opening by H.R.H. The Princess Margaret on 9th March, 1967
The hydrotherapy pool

Medical Advisory Unit

	1967	*1966*	*1965*
Total number of out-patient clinics	36	35	29
Total attendances	147	136	118
New cases seen	48	31	28

Child Guidance Clinic

I am grateful to Dr P Calwell MB BS DPM for submitting the following information:—

'The pressure on the clinic of increasing referrals mounted steadily, as can be seen not only by the number of cases waiting for a first appointment, which more than doubled since the previous year, but also by the fact that 124 children were awaiting psychiatric diagnostic appointments on 31st December 1967. This meant that the psychiatrist was no longer able to see all the cases referred. There were also considerable delays for the initial appointment with the psychiatric social workers, even when they recognised the need for urgency.

'In an attempt to improve this situation the London Borough of Hounslow has employed me for two extra weekly sessions since April 1967. These sessions have been used not only as an opportunity to see new cases, but as an opportunity to work more closely with the children's department, who play a considerable part with other social agencies in dealing with disturbed maladjusted children throughout the borough. One diagnostic interview each week has been set aside for consultation with the children whose parents are being seen by a member of another social agency, such as the children's department. Mrs Lees, psychiatric social worker, and I hold a weekly seminar at the clinic for the staff of the children's department. There have also been increasing requests for Court reports and for co-operation with the Probation Service.

'Throughout the year the vacancy for a third psychiatric social worker was not filled, but we have been greatly helped by the increased liaison between the clinic and social workers outside.

'Mrs Lees continued to attend meetings of the working party on persistent non-attendance as well as regular meetings with the children's department. She also undertook to discuss individual cases with social workers outside the clinic, and supervised a student from Reading University.

'We were glad to welcome Mrs Dunne and Mrs Pears to the clinic as educational psychologists, and Mrs Clements as part-time psycho-therapist.

'The presence of a new psychologist strengthened the clinic team. As the team becomes larger and the improved facilities which the clinic can offer became known the demands made on the clinic's services also grow.

'The clinic continued to work in close co-operation with Busch House School. At the same time as there was a rise in placements of maladjusted children at Busch House there was a fall in the number referred to residential schools. In this way the children have been kept in contact with home backgrounds. The result of this was to put a further burden on the clinic resources in order to provide an improved service.'

Analysis of cases referred to the child guidance clinic 1967

New cases waiting for an appointment at 31.12.66	33
New cases waiting for an appointment at 31.12.67	78
New referrals in 1967	243
New cases seen by psychiatric social workers	101
New cases seen by psychiatrist	124

Source of referrals

Educational psychologist or school	77
School medical officers	67
Parents	41
General practitioners	11
Transfers from other clinics, etc.	8
Children's department	19
Probation officers	6
Others	14

Senior Psychologist for Special Units and Special Schools

I am grateful to Dr Moya C Tyson BA BSc (Econ) PhD for submitting the following report and the account of her visit to USA as a Churchill Fellow: —

'Early in 1967 it was anounced by the Winston Churchill Memorial Trust that I had been awarded a Churchill Fellowship to visit the USA in order to observe various types of special provision for handicapped children. This travelling Fellowship necessitated my absence from Hounslow for about 5½ months, beginning in the last week in July at the end of the school summer term. Therefore this report for the year 1967 is in two sections: the first section, below, covers work in Hounslow until the end of the summer term; the second section which follows is a report on my travels in the USA as a Churchill Fellow.

'My work in Hounslow between January and July 1967 continued to follow the pattern which had gradually developed from 1965 onwards: on the one hand, as a member of both multi-disciplinary teams serving children in the Hearing Clinic and the Medical Advisory Unit, and on the other hand, as educational psychologist to the majority of the special schools, including the two Junior Training Schools. The association with special courses for teachers or student-teachers at Maria Grey College of Education and at Chiswick Polytechnic was continued, and further developed with the innovation of demonstrations of specialised assessment techniques for children with perceptual or other specific difficulties, using the excellent facilities offered by the two medical units (of observation rooms with one-way viewing panels). This added depth and clarity to lectures to these courses on special difficulties in learning and their diagnosis. Many other lecturing commitments were also undertaken, including some to Hounslow teachers as a participant in a series of lectures for teachers organised by Mr Barnett at Hounslow Town Hall. Other lectures included two to London Borough of Merton teachers on the diagnosis and treatment of difficulties in learning to read; to conferences or courses for teachers at colleges in Wallingford and Culham; to Wessex educational psychologists at Worthing; to participants at a day conference organised by the London branch of the Association for Special Education; and to supervisors of Junior Training Schools or Centres for the London Boroughs Training Committee. A particularly interesting engagement was to act as Chairman at a lecture given by Dr Marianne Frostig of the Frostig Center for Educational Therapy in Los Angeles, at an International Study Group at University College, Oxford, organised by the Spastics Society.

'Once again a few days in the summer term were devoted to acting as Examiner of Final Teaching Practice of the students training as Teachers of Mentally Handicapped Children at Chiswick Polytechnic.

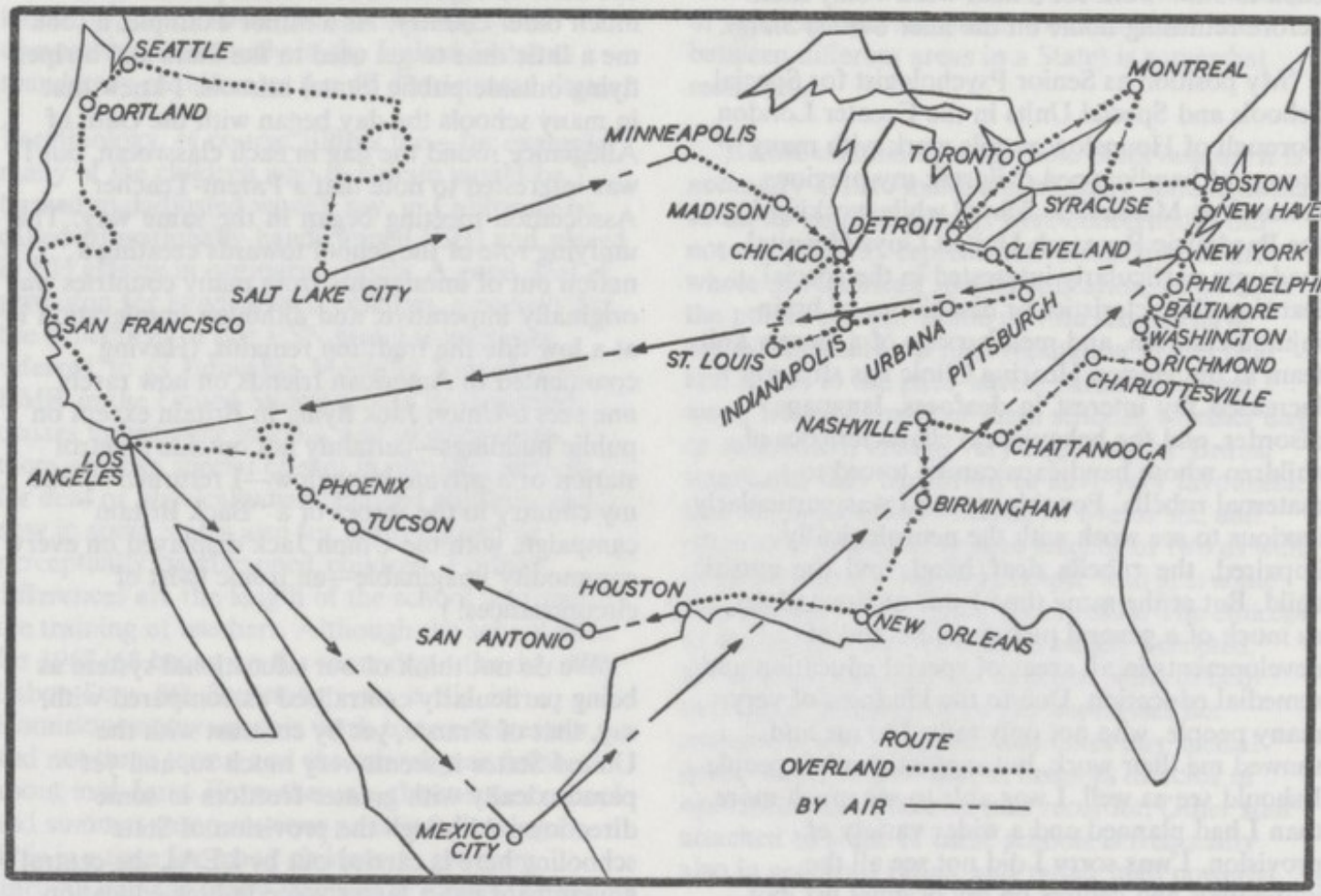
'Lastly, several visitors were welcomed throughout the first half of 1967, including some leading figures in the field of special education in the USA and students from different disciplines working with children. It was a particular pleasure to be able to show them the comprehensive provision for handicapped children in Hounslow.'

Travels as a Churchill Fellow in the USA

'The most suitable way to begin this report is by quoting the Council of the Winston Churchill Memorial Trust on their declared purpose in setting up Churchill Fellowships. They state that 'the inspiration of the Trust is the example of Sir Winston himself, his adventurous life and journeys which did much to make him the man he was. Churchill Fellows, men and women from all walks of life, are given the opportunity to follow his example by learning through travelling abroad. This will enable them on their return to contribute more to their country and their community from experience which they have gained.' I would like to thank the Winston Churchill Memorial Trust for making my own wonderful learning experience possible, the London Borough of Hounslow for enabling me to take up the travelling Fellowship by giving me paid leave for the necessary period of time, and the many people I met in the USA who by their hospitality, kindness and willingness to discuss with me or show me their work, created the learning experience. If I can communicate to my colleagues here in Britain even a part of what I learned, I will feel I am in some measure justifying my Fellowship and the warm welcome I received.

'I have decided not to report on my travels in chronological order, apart from a brief outline initially of the route I followed, as I think it will make for a clearer report if I attempt to group

together similar kinds ot work in different areas, giving a truer picture of my own composite impressions rather than the necessarily fragmented one derived from a sequential description of the places I visited. I left Britain towards the end of July on the *Queen Elizabeth*, and arrived in New York five days later. From there I flew at once to Los Angeles, crossing the United States from coast to coast in about six hours. I stayed in Los Angeles for about three weeks and then travelled



north, much of the time up the Pacific Coast, stopping in San Francisco, Portland and Seattle. From there I went east to Montana, in order to spend the long Labor Day weekend—the end of the summer holiday before the beginning of new school year—in Yellowstone Park and the Grand Teton National Park. Then down to Salt Lake City. All this was by Greyhound bus, but from Salt Lake City I went by plane to the twin cities of St. Paul/Minneapolis. From there I continued by Greyhound bus to Madison (Wisconsin) and then on to Chicago. I had quite a long stay in Chicago, with a short side trip to Purdue University in Indiana and St. Louis (Missouri). When I left Chicago finally I went first to Champaign-Urbana to the University of Illinois and then to Pittsburgh. From Pittsburgh I went roughly north again, to Detroit, and then into Canada for a week, via Niagara Falls and Toronto to visit McGill University and Expo '67 in Montreal. I returned to the USA to Syracuse in New York State, and then went to Boston. From here I gradually worked my way south, roughly down the Atlantic seaboard, to New York, Philadelphia, Baltimore and Washington. I left Washington on the eve of the Thanksgiving holiday, and visited various places in Virginia—Richmond, Williamsburg, and Charlottesville. From here I took a train to Chattanooga, and then went again by road to Nashville (Tennessee).

From Nashville I went south through Mississippi to Louisiana and the Gulf of Mexico, to New Orleans. Then west again by road to Houston (Texas). Here I left the Greyhound and Continental Trailways buses (for whose services and drivers I am full of admiration) and flew west again to Tucson (Arizona), and then by road via Phoenix and the Grand Canyon back across the Mohave Desert to Los Angeles. At Christmas time I flew to Mexico City for a week and then flew back to New York for a final week's stay there before returning home on the liner *United States*.

'My position as Senior Psychologist for Special Schools and Special Units in the Greater London Borough of Hounslow entails work with many groups of handicapped children; my previous research at Martindale School while working for the Paediatric Research Unit at Guys Hospital made me particularly interested in the special learning characteristics or disabilities of brain-injured children, and membership of a closely knit team at the Heston Hearing Clinic has strongly increased my interest in deafness, language disorder, and the behavioural characteristics of children whose handicaps can be traced to maternal rubella. For this reason I was particularly anxious to see work with the neurologically impaired, the rubella deaf/blind, and the autistic child. But at the same time I was anxious to get as much of a general picture as I could of developments in all areas of special education and remedial education. Due to the kindness of very many people, who not only talked to me and showed me their work, but suggested other people I should see as well, I was able to see much more than I had planned and a wider variety of provision. I was sorry I did not see all the individuals and centres on my original list, but with such a long journey and fairly tight schedule it was not always possible to time my stay in an area to the convenience of all the people I wished to see. I regretted this very much and appreciated the real efforts made by some very busy research workers and teachers to fit me in among all their commitments. I only hope I can do the same for American workers in this field when they visit Britain. From many who had already visited I was relieved and proud to get glowing accounts of British hospitality, including some from my own area of Hounslow.

'Although I had read and heard a fair amount about the American educational system, I really only understood certain aspects of it while there. As students of comparative education know, the history of the United States as a nation and its evolving philosophy have been responsible for some underlying differences in purpose which have not been as important in Britain, politically a much older country. As a minor example, it took me a little time to get used to the Stars and Stripes flying outside public (State) schools. I knew that in many schools the day began with the Oath of Allegiance round the flag in each classroom, but I was interested to note that a Parent-Teacher Association meeting began in the same way. The unifying role of the school towards creating a nation out of immigrants from many countries was originally imperative, and although immigration is at a low tide the tradition remains. (Having commented to American friends on how rarely one sees a Union Jack flying in Britain except on public buildings—certainly not outside a petrol station or a private bungalow—I returned to find my country in the throes of a "Back Britain" campaign, with the Union Jack displayed on every commodity imaginable—an ironic twist of circumstances!)

'We do not think of our educational system as being particularly centralised as compared with, say, that of France, yet by contrast with the United States it seems very much so, and yet paradoxically with greater freedom in some directions. Although the provision of State schooling here is carried out by LEAs, the central government has a larger voice in how education is organised, and HMIs try to ensure that there are standards below which schools may not fall. Education is still very much a district or State responsibility in the USA and therefore one can find a much greater variety and quality of provision, depending on the wealth of the community, the interests and social conscience of the local electorate, and the general progressiveness of the district or State. The Federal authorities appear to be taking a larger

part than previously in many ways, particularly in the giving of grants for research into new projects in education and in attempts to help minority groups, be they culturally, racially, intellectually or physically handicapped. But whereas we in Britain have a firm reference point in the 1944 Education Act, with the three As of Age, Ability and Aptitude governing suitable educational provision as applying to all children in our country, and similarly to the statutory requirements of provision for ten main categories of handicapped children, there is nothing quite comparable universally in the United States as a mandatory requirement for all districts and States.

Terminology, of course, differs too—for example, many of the children who in Britain would be termed maladjusted would, say, in California be called educationally handicapped (EH) and placed in EH classes in ordinary schools. A good deal of provision for handicapped children, especially for the equivalent of our ESN group (sometimes referred to as Educable Mentally Retarded or EMR in the United States) would be in special classes in ordinary schools, and in some areas there are also special classes in ordinary schools for deaf or physically handicapped children, and now in some States also for brain injured or perceptually handicapped children. Further differences are the length of the school year and the training of teachers. Although the school year for 1967/68 began on the same day—the day after Labor Day, 5th September—as it did in Hounslow, many schools work to two semesters and not three terms, and the school year finishes about mid-June. From then on, the summer school and summer camp sessions go into full swing. This is a time for many children to get extra tutoring and for many teachers to amass further credits by taking special summer school courses, including those organised by some centres which have produced rather specialised methods for teaching the educationally disabled child. Teachers get their practical experience in these centres by working with the children who have come in for the summer school session. The summer vacation, also, is the time when many Headstart programmes go into action, attempting to remedy in a few short weeks the so-called cultural deprivation of the child's earlier upbringing. With regard to the training of teachers, although some Colleges of Education and University Departments in England may have more prestige in the educational world than others, the teaching qualification achieved by all teachers carries national recognition regardless of this fact. In the United States, on the other hand, States and districts do not recognise the teaching qualifications awarded by every teacher training establishment and University, so that the mobility of teachers between States (or even sometimes between different areas in a State) is somewhat restricted.

'Before continuing with these observations, it is necessary first to make a cautionary statement that so far as visits to schools were concerned, I did not see a strictly representative selection of the whole of American special education, especially the public system. Some private schools have earned themselves a high reputation in this field, and it was to the pace-setters particularly that I went. Because many of these schools, whether day or residential, charge very high fees by British standards, they can afford to have very favourable teacher-pupil ratios—classes of five or six, and often an assistant or trainee teacher or two as well, or some form of auxiliary helper who gets some training but works under supervision. The concept of the master-teacher is quite widely accepted, the teacher who uses her superior skills to help individual children while she supervises her assistants, who organises and takes any special group work, or just acts at times as director of operations and observer and recorder. Other staff attached to some of these schools is frequently also in generous ratios, and rather high powered . . . social workers, psychologists, psychiatrists, speech therapists, etc., depending on the special interests of the school and what it conceives the need of the children to be.

'On my return to Britain, for clarity's sake I made some groupings of the variety of institutions I had visited, and this is set out below: —

Schools for Children with Learning Disabilities, whether specifying brain injury or not.—Both day and residential.

Schools for Emotionally Disturbed Children, from the severest disturbance which would include autistic children to what we might call mildly maladjusted. Obviously, this would include also children who had difficulties in learning.—Both day and residential, including hospital provision.

Schools for the Deaf. These were sited with substantial research centres, and in the case of Kendall School, on the same campus as the only university college for deaf people* in the world.

Under this heading also come pre-school and assessment centres, some world famous such as the John Tracy Clinic in Los Angeles.

Ordinary Schools in two Public School Systems—one a Consolidated District, the other a County system, where I was told about the general organisation and provision for children with reading disability, etc.

The equivalent of two Junior Training Schools, both run by voluntary bodies, each with emphasis on nursery provision. Also an adult sheltered workshop run by the same parents' organisation that ran one of the schools.

One School for the Deaf/Blind—located in Perkins School for the Blind.

Pre-school provision and a Baby-Fold (a crèche) These were research projects particularly geared in most cases to compensate for adverse environmental conditions not conducive to later academic success.

Special Assessment and Treatment Centres. Most of these were in University departments or attached to teaching hospitals. In the case of the Institutes for the Achievement of Human Potential, which was the exception, this is a private institution directed by Carl Delacato and Glenn and Robert Doman.

Research Establishments. Many of these doubled also as assessment and treatment centres; others were located in schools, yet others were pure research centres.

Teacher Training Departments. Again some of these overlapped with other institutions, in that personnel were also researchers and clinicians, particularly if teachers were being trained to use methods especially related to the approach and interests of a clinic or institute.

Optometrists Offices and a University Department training Optometrists. (An ophthalmic optician is the equivalent of an optometrist in this country.)

'From each of the above groups, and sometimes from several groups, I learned about developments and techniques that are relevant to our educational system here in Britain, or might be relevant with a bit of adaptation and imagination. With regard to the children with learning disabilities, it seemed to me that the original controversy about whether these children are brain damaged or not is being dropped, and the stress instead is on what one can do educationally to help. Instead of looking at, say, figure-ground difficulties in visual or auditory perception, and deciding that this is a possible sign of brain damage, the emphasis is on the difficulty itself, which is seen more and more in educational terms, and on the implications of this difficulty for the way that the learning situation will need to be structured for the child. Apart from the fact that so much research into signs of minimal brain damage in children has been equivocal, there is the feeling that what matters ultimately is not the label, because even a label such as 'brain-damage' can cover many different types of learning behaviour and difficulty. What is important is to make a careful analysis of each child's abilities and to provide a programme of learning experiences which is carefully tailored to strengthen the weaknesses and capitalise on the strengths. This involves a moving away from the use of psychometric testing merely to establish an overall global IQ and instead an attention not only to sub-test patterns within the intelligence test battery, but also to the use of tests of many other kinds—tests of visuo-motor integration, of auditory and visual perception, of psycho-linguistic abilities, of gross and fine motor functions, of directional abilities, of tactile perception and many others. Having teased out all these different abilities, and established a profile, the emphasis then turns on what to do about it, and many individual schools have their own approaches to this, influenced to some extent by the prevailing interest in research and educational

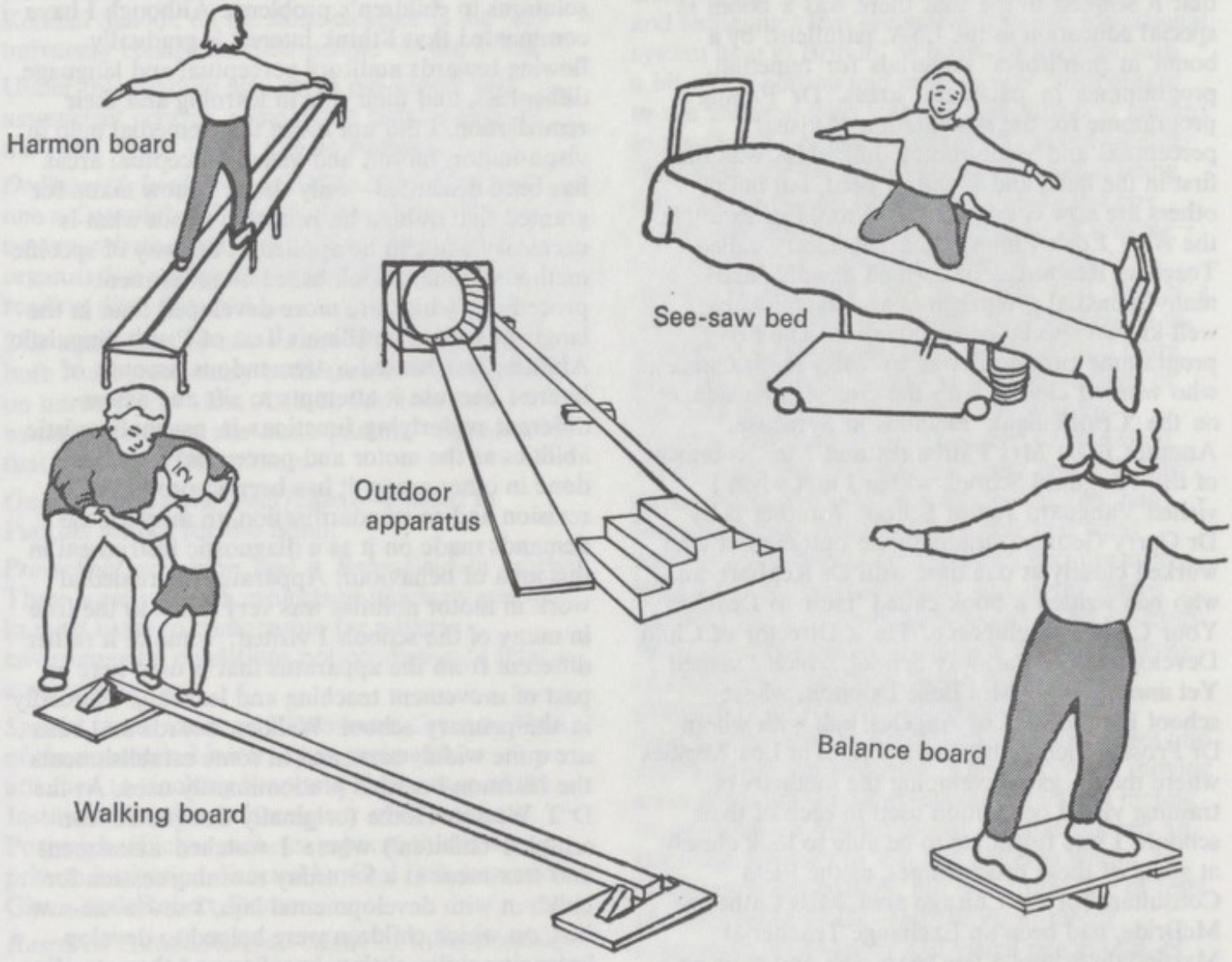
* Gallaudet College, Washington D.C.

circles (especially as communicated through research papers and at conferences). It seemed to me that after a wide interest in visual perceptual functions, and in motor functions generally, and in their remediation, the tide of current interest was moving ever more strongly towards auditory functions, and language development, and means for remediation. Perhaps I should add here also that it seemed to me that there was a boom in special education in the USA, paralleled by a boom in publishers' materials for remedial programmes in particular areas. Dr Frostig's programme for the remediation of visual perceptual and visuo-motor difficulties was the first in the field, and is widely used, but many others are now coming forward too. For example, the *New York Times* has a subsidiary called Teachers Resources Inc. which has produced many remedial programmes and exercises by well-known special educationalists. The first programme produced was by Miss Ruth Cheves, who worked closely with the course for teachers on the 'Cruickshank' methods at Syracuse. Another is by Mrs Fairbanks and Mrs Robinson of the Vanguard School, whom I met when I visited Vanguard Junior School. Another is by Dr Gerry Getman, originally an optometrist who worked closely at one time with Dr Kephart, and who has written a book called 'How to Develop Your Child's Intelligence.' He is Director of Child Development at Pathway School, which I visited. Yet another is by Mrs Belle Dubnoff, whose school I visited in Los Angeles, and with whom Dr Frostig once jointly ran a school in Los Angeles where they began developing the methods of training visual perception used in each of their schools. I was fortunate to be able to look closely at some of these programmes, as the Field Consultant for the Chicago area, Miss Catherine McBride, had been an Exchange Teacher at Martindale School a few years ago, and gave up a good deal of her valuable time to discussing them with me. Dr Frostig's programme for the training of visual perceptual abilities was one with which I was well acquainted already, as I had used the original experimental edition in some pilot remedial work at Martindale School as part of a research project some years ago and think highly of it. While it is perhaps a good thing to have so many of these programmes available, I am at the same time a little concerned that if the same development takes place here, it will do so side by side with proper training in the approaches used, so that the underlying rationale is clearly seen; otherwise I fear that these programmes will be looked on as yet another gimmick, to be tried and discarded because they do not provide magic solutions to children's problems. Although I have commented that I think interest is gradually flowing towards auditory perceptual and language difficulties, and their role in learning and their remediation, I did not mean that remedial help in visuo-motor, motor, and visual perceptual areas has been discarded—only that it is now taken for granted that quite a lot is known about what is necessary and can be applied in the way of specific methods in the school, based on assessment procedures which are more developed than in the language field. The Illinois Test of Psycholinguistic Abilities has roused a tremendous amount of interest because it attempts to sift and assess different underlying functions in psycholinguistic abilities as the motor and perceptual tests have done in other areas; it has been in process of revision and re-standardisation, to meet all the demands made on it as a diagnostic instrument in this area of behaviour. Apparatus for remedial work in motor abilities was very much to the fore in many of the schools I visited: some of it rather different from the apparatus that is used here as part of movement teaching and learning, especially in the primary school. Walking boards and rails are quite widely seen, and in some establishments the Harmon board is predominantly used. At the D T Watson Home (originally designated 'for crippled children') where I watched assessment and treatment at a Saturday morning session for children with developmental lags, I saw a see-saw bed, on which children were helped to develop balancing skills, sitting, kneeling and then standing.

Miss Anne Gray, who trained originally as a speech therapist, and who worked for some time with the late Dr Temple Fay, a neurologist, not only directs this clinic, and this side of the remedial work at the school, but acts also as consultant to a pre-school centre for severely sub-normal children run in a church building by a voluntary

group. There again, gross motor training is given a good deal of attention, and some patterning on the Doman-Delacato model is also carried out (see illustrations). Miss Gray was using a variety of aids to help the children at her 'out-patient' clinic at the D T Watson Home: the Peabody Language kit was found to be very useful, and also some Montessorri apparatus.

learning theories of pioneers such as Professor B F Skinner, an architect of programmed instruction, innovator of such things as a programmed first course for his psychology students. Behaviour modification in its general sense is what parents and teachers have been trying to do since parents and teachers originally took up their roles; looked at in the light of



'Some of the schools are becoming interested in behaviour modification, which is another area of growing interest in education generally, spreading out from work originally tried, particularly with the mildly or severely disturbed child—such as the autistic child—and now being tried in many therapeutic and teaching situations. Behaviour modification techniques have developed out of the scientific studies of how behaviour is shaped it may seem as if sometimes they have been reinforcing—in other words, making the occurrence likelier—of the very behaviour they wanted to eliminate. It is necessary first to study the behaviour that is being emitted by the child, in order to see what it is exactly that it is necessary to eliminate or bring into being, and

then to proceed to try to get this in a very gradual manner, always encouraging the behaviour that is nearest to the kind one is hoping to stabilise, and then as this response is achieved always inching the behaviour a little nearer to what is ultimately wanted. Many psychologists—and some teachers—think that a knowledge of behaviour modification techniques will ultimately be essential to all teachers, as an extension of what they learn already about influencing the behaviour of children. Even at nursery school level one finds the use of immediate reinforcers in the shape of M & Ms—our Smarties in Britain—or raisins if the teacher is diet-conscious on the children's behalf. Gradually the young children are helped to accept tokens of some kind which they can later exchange for rewards until eventually the reinforcement of their own success in a task is sufficient, along with the teacher's approbation for a task well done. While behaviour modification is being consciously used not only in some schools for children with emotional and behaviour difficulties, but also in some schools for children with learning difficulties, and with mentally retarded children—who may also have emotional and behaviour difficulties—personnel in other but similar types of school use varying amounts of psycho-therapy. In some residential schools, both for children with emotional difficulties or with learning disabilities, it is considered necessary for all children to receive therapy, and also to have counselling for parents. Others may just use psycho-therapy for selected children. It seemed to me that psycho-therapy is more readily available in the United States (and more expensive perhaps) and therefore possibly the conscious demand grows to meet the supply. There is a growing emphasis, on the other hand, on the necessity of meeting the educational needs of the disturbed child, and in fact using education as therapy, in the sense that so many emotionally disturbed children have learning problems and are school failures and that unless the school failure can be remedied the emotional problems will remain . . . that psycho-therapy by itself, without an attempt to overcome learning problems, and to involve the child actively in learning, may not get very far.

'More emphasis is being given, too, to the need for helping the young disturbed child, and also its parents, not only by counselling, but by actively showing parents—particularly mothers—how to handle the very young disturbed child. At the League School in New York, I saw not only classes for older children where the emphasis was very much on helping them to get educational success and achieve all-round development, but also the pre-school department, where teachers work with the very young disturbed child—some of whom one would certainly tend to call autistic children—the emphasis being on showing parents how to handle the child's behaviour deviation and develop active learning, including language learning. In the Dubnoff School in Los Angeles, one section again was devoted to children with severe emotional and language and perceptual problems, again using small group teaching for part of the time rather on the lines one might use with children who appear to be dysphasic, having severe problems in the understanding of language and the use of speech.

'This leads me on to work with young children in general. A leading psychologist in the field of developmental psychology particularly at the baby and very young stage, told me that a few years ago attempts to work with infants or very young children—educational attempts especially—were looked on as not at all desirable, and the whole structure of infant testing and the assessment of infant development etc. was rather scorned. Now there has been a complete volte face, and not only is infant work respectable, it is 'in'. I think several factors have contributed to this: one has been the complete acceptance of the necessity to teach deaf children from a very early age, particularly if oral language is to be acquired. Because much of this has been outside the regular school system, perhaps it has been possible to be a little unorthodox, and teach parents too. The John Tracy Clinic in Los Angeles has pioneered very much in this work, and still runs a correspondence course which goes to parents of deaf children all over the world. With the growing interest in the effect of the prevailing sub-culture on language development—which has been a subject of research and interest in Britain for some time too—again it has been speculated that one ought to start early, if children from 'deprived' environments are not going to start at a

disadvantage when the time comes for them to go to school. This has acquired particular urgency with regard to the Negro community, in the light of political developments. Operation Headstart was one result of this, but results have not always been as successful as it was hoped they would be. It is possible that the time devoted to Headstart programmes was too short for the immensity of the task. It may be, as Carl Bereiter and Siegfried Engelmann have suggested (in a book entitled 'Teaching Disadvantage in the Preschool') that by modelling Headstart programmes on traditional nursery school programmes, the originators were ignoring the very areas of difficulty that essentially ought to be remedied if the children for whom these programmes were designed were to start school without too much of a handicap. In short, it is perhaps necessary to concentrate on the teaching of special skills, such as logical thinking and classification, through language and concrete example, rather than to go all-out for the traditional emphasis on the development of the whole child through typical nursery and kindergarten activities. Bereiter and Engelmann state that it is not that they disapprove of these activities, but that there just is not enough time for them if the child is to catch up in the verbal and cognitive areas with the middle class child and therefore to derive the same benefits from schooling. They suggest that it is possible that the 'culturally deprived' child is already getting plenty of freedom in those areas where the middle class child needs to be freer, and that therefore the culturally deprived child needs more structure, not less. (If one takes this argument to its logical conclusion it would appear that there should be two types of early education, one for culturally privileged and one for culturally deprived children, until everybody has caught up!) I was delighted to have the opportunity of meeting Mr Engelmann and of spending a morning watching him and the teachers with the children of his experimental classes at the University of Illinois.

'Cross-fertilization of ideas from one area of education to another is again at work, in that some of the special approaches being devised for the culturally deprived child are going to be tried out with other handicapped groups—for example, with mentally handicapped children. This happens in most countries: for example, in Britain the success of the peripatetic teachers of the deaf in helping the young child and his parents has raised the question as to whether a similar service should not be initiated for young severely subnormal children and their parents . . . not merely counselling, but active teaching. One of the most influential books of the past few years has been a monograph by Professor Benjamin Bloom of the University of Chicago, called 'stability and Change in Human Characteristics'. This puts forward a great deal of evidence to show the tremendous importance of the first few years of life for all that follows. As the brief description on the book jacket has it 'change in many characteristics becomes more and more difficult with increasing age and only the most powerful environmental conditions are likely to produce signficant changes at the later stages of life. By the age of six, when the American child enters school, he has developed as much as two-thirds of the intelligence he will have at maturity'. Professor Basil Bernstein's work in this country has suggested that there are psycholinguistic handicaps also among children from working class homes, in that they learn and use only a 'restricted code' as opposed to the ability of the middle-class child to use both a restricted and an 'elaborate code'. It is possible, although there is as yet no large body of research evidence to support the hypothesis, that specific teaching at earlier ages would make a difference; it is to be hoped that more research findings from on-going work will be available in the near future to confirm or negate the hypothesis.

'I would like to discuss briefly assessment centres and related treatment centres. Knowing something about the research and associated theories emanating from various of these institutions, I was grateful to be given an opportunity to see many of them in action, to observe assessment techniques, to listen to and even take part in diagnosis, and to watch treatment and teaching. I was impressed with the amount of time given to individual children, and with the variety of assessment techniques. There were many differences as well as some underlying similarities between the centres, and some of the differences

were due to the basic underlying interests and research position of the directors and staff. Where the main interests of the Centre were on vision, as for instance when the Centre or Clinic was closely involved with optometry, then visual difficulties were most closely looked at, and the remedial programme put forward was one that involved a good deal of visuo-motor and gross motor training, with some language, but not as intensive a language programme as it would be if the basic emphasis of the Clinic or Centre was on language disorder. I am quite sure that because of the selection of children for referral to particular Centres, many of the children going to any one of them would have primarily a visual or an auditory difficulty, but in some cases I observed children who, it seemed to me, were being considered primarily from a visual, or a gross motor standpoint, who appeared to have really quite strong though subtle language difficulties and vice-versa. I am not suggesting that there was any exclusion of other disciplines—far from it—but because of a declared interest in one particular aspect of development the emphasis went that way. I was therefore impressed when I discovered at the University of Houston, where I had the opportunity to visit the Department of Optometry, that optometrists are working with the speech therapists and language pathologists from the Language Department and with the lecturers in Special Education and Learning Disabilities, co-operating in helping children in the Reading Clinic, each contributing equally their special skills in diagnosis and remediation.

'Most Assessment Centres and Institutions had a great deal in common, however, except for the Institutes for the Achievement of Human Potential in Philadelphia. Treatment here, of specially selected children, is based on theories derived from the work of neurologists such as the late Dr Temple Fay, elaborated by the directors. The remedial treatment suggested by the Institutes is challenged by very many special educationists, paediatricians and other medical personnel in the United States. Recently the Journal of the American Medical Association has published two articles, one describing experimental work using the treatment with groups of children, and how they compared later with a control group, and the other criticising the basic neurological postulates. Until the Institutes produce some really carefully controlled experimental data to support their claims, or allow an outside body to do so, very few special educationists will accept the remedial techniques in their entirety. Nevertheless, I was grateful to Dr Delacato for allowing me to visit the Institutes and to observe assessment and discussion sessions in order to inform myself better about the Institutes' approach; occasionally parents of handicapped children in Hounslow who have read about the Institutes' methods ask me for information on this subject.

'To turn now to the ordinary schools in the public school systems I visited, both of these systems were probably untypical, in that both were in comparatively new and fast-growing areas—Hoffman Estates, a new suburb of Chicago, and Prince George's County in Maryland, the county surrounding Washington DC on its eastern and south-eastern side, to which an enormous migration of white people from Washington is taking place. Both are fairly middle class, and there is plenty of interest in education. Dr Jeanne McCarthy, the Director of Special Education at Hoffman Estates, has a Federal grant for an exploration of the best use of special provision for children with learning difficulties in the ordinary school, especially reading difficulties. She has a staff of two psychologists, two educational diagnosticians, some resource room teachers and others to carry out this work. Dr McCarthy believes that the size of the population of school children with learning difficulties is potentially so great that specialist teaching and psychological staff alone will not be able to tackle it, and that the class room teacher could manage a larger amount of remedial help for individual children if the learning problems were clearly diagnosed for her (it is usually a 'her' in the elementary school) and she was shown by the specialist teachers how the remediation could be carried out and helped to take over some of this, with constant support and advice, suitable teaching materials, etc.

'In Prince George's County, Dr Gilbert Schiffman, a former optometrist with good

qualifications in education also, is now Director of Instruction, and is in the process of reorganising the remedial services to bring them closer to the schools and undertaking a good deal of work within the schools themselves. His particular interest is in critical reading—in other words, helping children to read with comprehension, and by looking critically at the written material, to deduct a good deal of information that is not explicitly given but is implicit in the statements made. I watched a videocording of Dr Schiffman teaching a small group of children how to do this, reading a short passage about American Indians, and was impressed by the children's interest and their keenness to participate. I also observed the same children being helped to discover ideas of classification, from simpler to more abstract classes, looking at a large group of miscellaneous objects that Dr Schiffman had set out.

'As far as work with the deaf is concerned, one of the big problems the United States is having to deal with is the number of children handicapped as a result of the rubella epidemic of 1963/64. The number of children affected is thought to be probably quite large, but because of the lack of something similar to our own Risk Register, there is some difficulty in finding the children, and therefore planning special provision for them. Nevertheless, new training courses for teachers of the deaf and of the deaf/blind are being set up, the two latter in San Francisco State College and in George Peabody College, Nashville. There is a growing realisation in the United States as there is here in Britain that more and more deaf children may have other handicaps besides deafness—and that in fact there is a general upswing in the numbers of multiply handicapped—and that it is going to be necessary for teachers, psychologists, and other workers in the field of education, to revise many ideas, learn many new things, and in general actively to come forward to initiate change rather than fight it. New research findings from the field of psycholinguistics are raising questions as to the best ways of teaching language to deaf children, and in research departments such as that in Lexington School for the Deaf in New York I was told about pilot studies embodying new concepts of language learning based on recent psycholinguistic theory.

'A general report of this nature is not the place to give detailed descriptions of the diagnostic or teaching techniques I observed. These have certainly influenced my own approach to the diagnosis of educational difficulties and to remedial teaching. The most effective way to communicate what I learned of new or different techniques is by demonstration rather than verbal description, and this I have to some extent been able to do already, and hope to continue to do in the future to groups of professional people who are involved, as I am, in helping to diagnose and remedy the learning problems of many groups of handicapped children.'

School Psychological Service

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

Introduction

'Tables are shown below giving details of the number of children referred to the school psychological service in 1967, the types of problems presented and the action taken. The figures show a sharp increase in incidence of referrals over previous years.

Date	*Number of referrals*
1965	282
1966	311
1967	460

'The steep rise appears to be due in the main to the development of the service, thus leading to more contact with schools and head teachers. The number of referrals has trebled from this source compared with 1965, when 88 children were referred.

'The staff of the service consists of the following members: the senior psychologist, two educational psychologists, seven remedial teachers, one social worker and one clerical assistant.

'The year has been eventful from the point of view of the department, and there have been a number of changes and developments which are outlined below.

Appointment of educational psychologists

'Mrs M Dunne (formerly Brent Child Guidance Service) who was appointed as full-time educational psychologist in November 1966 was allocated the Brentford, Chiswick and Isleworth

parts of the Borough and holds special responsibility for the remedial centre and special infants' unit at Isleworth Town. We were also fortunate to obtain the services of Mrs M Tagge (formerly Staines Child Guidance Service) and Dr I Christianson as temporary part-time educational psychologists. They greatly helped the service in the interim period before the appointment of a full-time educational psychologist. Mrs M Pears was appointed to her present post as full-time educational psychologist in September 1967. She was allocated the Feltham part of the Borough (as well as part of Hounslow) in which area it is hoped to develop further remedial facilities.

Remedial therapy for individual children

'A number of children diagnosed as having specific learning problems require an individual approach to treatment. This has been provided at the child guidance centre by Mrs M Kinnon (formerly head teacher of the Marjory Kinnon School, Bedfont), Mrs M Landa, Mrs A Martin, and Mrs A Grigg, who have part-time appointments as remedial teachers. Waiting lists, however, are still in excess of the help available and further development of this service is desirable.

Remedial centres (small groups)

'The service runs two remedial centres at Isleworth Town and Belmont School, Chiswick. The centres cater mainly for children with a reading disability who meet for half the week for this special treatment and return to their normal schools for the rest of the time. Miss C Duggan, teacher in charge of the Isleworth Centre, left to take up an appointment as a deputy head teacher in July and the centre was unfortunately closed for the autumn term. Mrs Trembath was appointed and is due to begin work at the centre in January 1968.

'Miss Norman was appointed teacher in charge of the remedial centre at Belmont School in September. Children attend the centre in four groups from a number of surrounding schools.

Special infants' unit

'A special class for disturbed infants was set up at the Isleworth Town School at the beginning of the autumn term. Miss V Mace was appointed teacher in charge of the class, which is attended by 8 children. The children are of mixed ability, but their problems are so severe that they are unable to be contained in a normal school. Three of the children also suffer from epilepsy.

Appointment of school counsellor

'A pilot scheme for developing the guidance services within schools was started at Heston Secondary School with the appointment of Mr P Smart as a school counsellor. Mr Smart is an experienced teacher with a special training in counselling techniques. He is able to provide an educational guidance service for pupils and acts as liaison officer between the school, the school psychologist, and other special services. It is hoped that school counsellors will be appointed in the new comprehensive schools.

Appointment of social worker

'Mrs M A Gaastra was appointed to the part-time post of social worker first envisaged in 1966. The post was a joint health-educational appointment to accommodate the growing need for a social worker in the school psychological service. The social worker is able to work closely with the educational psychologists in order to help parents whose children are receiving special educational treatment of the remedial kind. Much work is done in the homes of parents who may be unwilling to attend the child guidance centre. It is hoped that this appointment will become full-time in due course.

Working party on persistent non-attendance

'The Chief Education Officer requested the senior psychologist to chair a working party in order to investigate the problem of persistent non-attendance in secondary schools in the borough. The working party met on 34 occasions, and work is still in progress. Since the working party consists of the senior representatives of the major health, social and educational services connected with the problem, it has proved of great value in stimulating active liaison and co-ordination. It is hoped that the work of the working party will be the first step towards a comprehensive programme for greater inter-

communication between the social services and the schools. The report on persistent non-attendance is expected to be ready in the summer of 1968.

'Finally, 1967 has seen the continuation of a number of projects started in previous years. A short course of six lectures was arranged for teachers on 'educational diagnosis'. The lecturers included Dr P Calwell, consultant psychiatrist, and Dr M Tyson, senior psychologist to special schools and units. The work on reading study groups continued on a joint basis with Miss P Bartlett (English adviser). The meetings offer teachers an opportunity to discuss problems of teaching reading, as well as the chance to examine new methods and books. A number of meetings were held between the senior psychologist and Mr E Heimler, social work organiser and adviser on health education, on matters connected with the Hounslow Project. This liaison has proved of considerable value to the service in planning preventive approaches to backwardness and maladjustment.'

Referral sources		*Type of problem*		*Action*	
Head Teacher	275	Behaviour	152	Referred to Child Guidance Clinic	79
Medical Officer of Health	86	Learning	242	Individual remedial therapy	21
Education Department	63	Assessment for		Remedial reading at reading centre	57
Parents	14	School Placement	66	ESN school recommended	18
Family Doctors	7			Alternative school placement	38
Probation Officers	2			Follow up	124
Others	13			*No further action	123
Total referrals	460		460		460

* In every case the head teacher has been advised of the educational findings.
NB—The waiting list for the school psychological service is 30.

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
Partially sighted
Deaf
Partially hearing
Educationally sub-normal
Epileptic
Maladjusted
Physically handicapped
Suffering from speech defects
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 handicapped pupils and the arrangements made for their special educational treatment are shown in the table overleaf: —

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 31st December 1967				*Blind*	*Partially sighted*	*Deaf*	*Partially hearing*	*Physically handicapped*	*Delicate*	*Maladjusted*	*Educationally sub-normal*	*Epileptic*	*Speech defects*	*Total*
A. Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes			Boys	1	–	2	3	11	9	19	16	–	–	61
			Girls	1	–	2	1	2	7	16	16	–	–	45
B. Number of children newly placed in special schools (other than hospital special schools) or boarding homes			Boys	1	–	1	–	5	5	11	6	–	–	29
a. Of those included at A above			Girls	1	–	1	–	1	5	8	5	–	–	21
b. Of those assessed prior to January 1967			Boys	–	–	–	1	1	2	5	10	–	–	19
			Girls	–	–	–	–	2	1	1	12	–	–	16
c. Total newly placed B(a) and (b)			Boys	1	–	1	1	6	7	16	16	–	–	48
			Girls	1	–	1	–	3	6	9	17	–	–	37
C. On 18th January 1968, children were awaiting places in special schools other than hospital special schools as follows:														
a. Under 5 years of age	(i) waiting before 1st January 1967	day places		–	–	–	–	1	–	–	–	–	–	1
		boarding places		–	–	–	–	–	–	–	–	–	–	–
	(ii) newly assessed since 1st January 1967	day places		–	–	1	1	5	–	–	–	–	–	7
		boarding places		–	–	–	–	–	–	–	–	–	–	–
b. Aged 5 years and over	(i) waiting before 1st January 1967 (a) whose parents had refused consent to their admission to a special school	day places		–	–	–	–	–	–	–	–	–	–	–
		boarding places		–	–	–	–	–	–	–	–	–	–	–
	(b) others	day places	Boys	–	–	–	1	–	1	–	2	–	–	4
			Girls	–	–	–	–	–	–	–	–	–	–	–
		boarding places	Boys	–	–	–	–	–	–	–	–	–	–	–
			Girls	–	–	–	–	–	–	–	–	–	–	–
	(ii) newly assessed since 1st January 1967 (a) whose parents had refused consent to their admission to a special school	day places		–	–	–	–	–	–	–	–	–	–	–
		boarding places		–	–	–	–	–	–	–	–	–	–	–
	(b) others	day places	Boys	–	–	–	3	1	4	1	4	–	–	13
			Girls	–	–	–	–	–	2	6	3	–	–	11
		boarding places	Boys	–	–	–	–	–	–	7	1	–	–	8
			Girls	–	–	–	–	–	–	2	–	–	–	2
c. Total number of children awaiting admission to special schools other than hospital special schools—total of a. and b. above		day places	Boys	–	–	–	4	6	5	1	6	–	–	22
			Girls	–	–	1	1	1	2	6	3	–	–	14
		boarding places	Boys	–	–	–	–	–	–	7	1	–	–	8
			Girls	–	–	–	–	–	–	2	–	–	–	2

			Blind	*Partially sighted*	*Deaf*	*Partially hearing*	*Physically handicapped*	*Delicate*	*Maladjusted*	*Educationally sub-normal*	*Epileptic*	*Speech defects*	*Total*
D. On 18th January 1968 the following number of pupils from the Authority's area were on the registers of—													
a. 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	Boys	–	1	11	4	19	16	30	97	–	–	178
		Girls	–	7	7	10	15	11	12	65	–	–	127
	boarding	Boys	1	–	–	–	1	2	9	8	–	–	21
		Girls	–	–	–	–	–	10	–	3	–	–	13
b. Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day	Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
	boarding	Boys	4	–	3	–	–	4	6	2	1	1	21
		Girls	1	–	1	1	2	–	–	2	–	–	7
c. Independent schools under arrangements made by the authority	day	Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
	boarding	Boys	–	–	–	–	1	2	15	2	–	–	20
		Girls	–	–	–	–	1	1	8	1	–	–	11
d. Special classes and units not forming part of a special school		Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
E. Children from the Authority's area were boarded in homes and not already included in D above as follows—		Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
F. Number of handicapped pupils (irrespective of the area to which they belong) who were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944													
(a) in hospitals		Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
(b) in other groups, e.g. units for spastics, etc.		Boys	–	–	–	–	–	–	–	–	–	–	–
		Girls	–	–	–	–	–	–	–	–	–	–	–
(c) at home		Boys	–	–	–	–	1	–	1	–	–	–	2
		Girls	–	–	–	–	2	–	1	–	–	–	3
G. Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act 1944; and boarded in homes		Boys	5	1	14	8	28	29	69	116	1	1	272
		Girls	1	7	9	12	21	24	29	74	–	–	177
Totals of C(c); D(a) to (d); E and F(a) to (c) above													

During the calendar year ended 31st December 1967—

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.

Busch House School (Isleworth)

This school provides 100 places for children between the ages of 5 and 16 years and is divided almost equally between delicate children and those who are mildly maladjusted.

A senior medical officer visits the school weekly to supervise the delicate children and deal with any minor ailments. With the help of a part-time social worker, close liaison is maintained between the children's homes and school and with hospital departments who may be treating the child. Daily physiotherapy is also available for those children needing it and indeed is a very necessary part of the school curriculum for many.

The psychiatrist from the Child Guidance Clinic, together with a psychologist and psychiatric social worker help to supervise the maladjusted children and give help and support to their families.

In December 1967 there were 48 delicate children and 51 maladjusted children in the school. These came from the following boroughs:—

	Boys	*Girls*	*Total*
London Borough of Ealing	15	6	21
London Borough of Harrow	2	—	2
London Borough of Hillingdon	2	—	2
London Borough of Hounslow	45	23	68
London Borough of Richmond	3	3	6
Total	67	32	99

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.

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.

The Marjory Kinnon School (Bedfont)

This day school for educationally sub-normal pupils has accommodation for 160 children but in view of the very large waiting list two new classrooms are being built. In December there were 174 children in the school and they came from the following authorities:—

	Boys	*Girls*	*Total*
London Borough of Brent	1	1	2
London Borough of Ealing	–	2	2
London Borough of Hounslow	63	37	100
London Borough of Richmond	12	9	21
North Surrey	30	19	49
Total	106	68	174

The number of children with additional handicaps is increasing, so arrangements were made this year for a physiotherapist to visit the school for 2 sessions each week in order to ensure that these children had adequate treatment. Physiotherapy was provided for 3 children with hemiplegia and 4 with other congenital orthopaedic defects in addition to the breathing and relaxation exercises given to children with chest complaints.

Some 40 children have speech defects and from the Autumn term it was possible, following recruitment, to restart the visits by a speech therapist which had been discontinued because of resignations.

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. 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.

Townhill Park (Southampton)

This residential school for educationally sub-normal girls between the ages of 6 and 12 years has accommodation for 55 pupils. The majority of the girls are not from the Borough of Hounslow but from areas where the population is more scattered and where day-school facilities are inappropriate in view of the travelling involved. The school itself is on the outskirts of Southampton and children enjoy the countryside around the school as well as the ponies kept in their own field.

In December 1967 there were 38 girls at this school and came from:—

London Borough of Brent	1
London Borough of Ealing	1
London Borough of Haringey	2
London Borough of Hillingdon	1
London Borough of Hounslow	2
ILEA	1
Buckinghamshire	3
Hampshire	23
Warwickshire	3
Wiltshire	1

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 provides largely for its own pupils who, on reaching the age of 16, require further instruction before they can satisfactorily be placed in employment. It has now become possible for pupils from the Marjory Kinnon and Busch House schools to share the facilities which this unit offers.

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. Five 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 and Ashford 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).

Five 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 physio-therapist attends each school twice a week to give treatment to those children in the special care units who additionally have severe physical handicaps, principally cerebral palsy. It has been possible to arrange for speech therapy at both junior training schools for the treatment of selected cases and to enable the staff to be instructed in the constant use of speech therapy techniques.

Day Nursery

In some cases physically and mentally handicapped children of pre-school age can benefit from the training, 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. Eight such children were admitted to day nurseries during the year.

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 26,965 pupils present in school 21,806 (81%) had milk and 19,258 (71%) had dinners. There are 46 school kitchens, and children are provided with dinners by a container service at 25 dining centres.

The number of non-maintained schools taking milk was 13 and 82% of the pupils participated. Further Education establishments were not included in the check on this occasion.

Recuperative Holidays

During the year the Borough Council accepted responsibility under Section 48 of the Education Act 1944 for the maintenance of 23 children in recuperative holiday homes. Nineteen were admitted to such homes and 4 were cancelled or withdrawn.

First Aid in Schools and Colleges

During the year several requests for advice on the organisation and running of first aid courses were received from schools and colleges in the borough. A model for the practising of mouth-to-mouth artificial respiration by intending first aiders was obtained and loaned to teachers of first aid. It is to be hoped that schools and colleges will provide one qualified first aider for every 150 pupils, students and staff. This is the same ratio laid down in the Offices, Shops and Railway Premises Act of 1963 for office staff.

Infectious Diseases

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

Scarlet fever	56
Measles	607
Whooping cough	28
Pneumonia	4
Food poisoning	1
Dysentery	4
Tuberculosis	13
Chickenpox	589
Mumps	1,179
German measles	201
Post-infectious encephalitis	3

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 1,086 children received BCG vaccination.

Health Education in Schools

A planned programme of health education entitled 'Growing Up' was successfully completed with groups of teenage girls attending schools in the Feltham area. The pupils obviously enjoyed the course and entered into the practical work demonstrations with considerable enthusiasm.

Mothercraft classes and demonstrations were given in a number of schools at the request of head teachers. Groups of schoolgirls were also shown round the health centres and clinics; this gave the health visitors the opportunity to undertake informal health education.

A health education sub-committee consisting of members of the Health Department staff and an assistant education officer was set up under the chairmanship of the Deputy Medical Officer of Health. The desirability of producing a co-ordinated plan for health education in schools was discussed and in order to obtain the views of head teachers a questionnaire was sent to primary, secondary modern, grammar and special schools in the borough. The committee was particularly anxious to identify the difficulties which head teachers were encountering and to obtain information about the form in which assistance might usefully be given.

The questionnaire is reproduced below together with the answers to the questions, which have been tabulated and summarised.

LONDON BOROUGH OF HOUNSLOW
DEPARTMENTS OF HEALTH AND EDUCATION
HEALTH EDUCATION QUESTIONNAIRE FOR HEAD TEACHERS OF PRIMARY AND SECONDARY SCHOOLS

School..... Primary/Sec. Modern/Grammar

Head Teacher Mr/Mrs/Miss .....

1. Do you consider that health education should be taught at school?

YES ☐ NO ☐

2. Which of the following subjects do you consider worthy of inclusion in the school curriculum? Please tick where appropriate and indicate the age at which the subject should be introduced.

		Age
1.	Alcoholism	
2.	Artificial Respiration	
3.	Cancer	
4.	Dental Health	
5.	Diet and Nutrition	
6.	Domestic Hygiene	
7.	Drug Abuse	
8.	First Aid	
9.	Food Hygiene	
10.	Foot Health	
11.	Growth and Development	

		Age
12.	Heart Disease	
13.	Mental Health	
14.	Personal Hygiene	
15.	Personal Relations	
16.	Prevention of Accidents	
17.	Sexual Relations	
18.	Smoking	
19.	Teenage Problems	
20.	Venereal Diseases	
21.	Other (please specify)	

3. It is assumed that some of these subjects are already covered in your school. If so, would you please indicate which by number.

															OTHERS

4. Who, in your opinion, should teach which of the above subjects? Please indicate number of subjects.

Head Teacher .....

Volunteer Teacher .....

Specialist Teacher .....

Class Teacher with guidance from School Doctor .....

School Doctor .....

Health Visitor .....

Others (please specify) .....

.....

5. Would the school like help from the Education and Health Department in the choice of health education material and sources of supply?

e.g. (1) Books and literature
(2) Films, film strip, slides, tapes, flannel-graphs, etc.

YES ☐ NO ☐

6. Are you of the opinion that sufficient emphasis is given to health education as a subject in the training of teachers?

YES ☐ NO ☐

7. Would teachers be interested in the establishment of in-service training courses in health education if such courses were organised by the Health and Education Departments?

YES ☐ NO ☐

8. Any additional comments? .....

.....

.....

.....

.....

Date..... Signed.....

Head Teacher

Summary of answers to questionnaire on health education

Q.1. Should Health Education be taught in Schools?

	Primary	Secondary Modern	Grammar	Special
YES	45	13	5	3
NO	4	1	1	–

Q.2.

Subjects	*Ages*													
	5	6	7	8	9	10	11	12	13	14	15	16	17	*Total*
1. Alcoholism									1	5	3	1		10
2. Artificial Respiration				1	6	9	9	4	1	2	1			33
3. Cancer						1			1	5	2	1		10
4. Dental Health	20	3	11	2	1	2	7	1		2				49
5. Diet and Nutrition	1	1	4	1	2	6	7	2	4	3				31
6. Domestic Hygiene	1		3	3	3		8	3	3					24
7. Drug Abuse									2	6	2	2	1	13
8. First Aid			1		10	6	7	2	3		2			31
9. Food Hygiene	6		5		1	5	6	3	1	1	1			29
10. Foot Health	4		8	5	8	4	9	1						39
11. Growth and Development			2	2	2	5	6	3	2	2	1			25
12. Heart Disease										4	1	1		6
13. Mental Health								1		3	4	2	1	11
14. Personal Hygiene	18	1	6	5	5	1	10	1						47
15. Personal Relations	3		2		2			1	2	2	3	1	1	17
16. Prevention of Accidents	10	2	9	2	2	3	5		1		1			35
17. Sexual Relations						1	1	2	1	5	2	1	1	14
18. Smoking				1		3	1	3	4	2	1	1		16
19. Teenage Problems							1	1	3	5	2			12
20. Venereal Diseases									2	3	4	3		12
Others														
21. Leisure											1			1
22. Moral/Ethics								1						1

Q.3. *Subjects Already Covered*	Schools
1. Alcoholism	6
2. Artificial Respiration	16
3. Cancer	5
4. Dental Health	50
5. Diet and Nutrition	32
6. Domestic Hygiene	25
7. Drug Abuse	10
8. First Aid	19
9. Food Hygiene	31
10. Foot Health	41
11. Growth and Development	21
12. Heart Diseases	3
13. Mental Health	4
14. Personal Hygiene	53
15. Personal Relations	14
16. Prevention of Accidents	44

		Schools
17.	Sexual Relations	10
18.	Smoking	10
19.	Teenage Problems	6
20.	Venereal Diseases	–
21.	Leisure	1
22.	Moral/Ethics	

Q.4. *Who should teach the subjects as listed at 2?*

		Head Teacher	Volunteer Teacher	Specialist Teacher	Class Teacher	School Medical Officer	Health Visitor	Others
1.	Alcoholism	4		3	1	3		
2.	Artificial Respiration			13	8	2		23
3.	Cancer					7		7
4.	Dental Health	1	1	4	28	4	5	
5.	Diet and Nutrition		1	10	15	1	1	
6.	Domestic Hygiene		1	7	10		2	
7.	Drug Abuse	4		3	2	8	1	1
8.	First Aid			10	10	2	1	
9.	Food Hygiene		1	7	17		2	
10.	Foot Health		1	6	20	3	4	
11.	Growth and Development		2	10	6	2	2	
12.	Heart Diseases			1	1	2		
13.	Mental Health	1		3		4	2	
14.	Personal Hygiene	1	2	7	29	1	3	
15.	Personal Relations	7	2	1	3	3		1
16.	Prevention of Accidents	4	2	4	27			
17.	Sexual Relations	2		2		6		
18.	Smoking	4	1	1	3	5		
19.	Teenage Problems	3		4	1		4	1
20.	Venereal Diseases	2		3		8		
21.	Leisure		1	1				
22.	Moral/Ethics	1	1					
23.	Child Care						1	
24.	Parent/Child Relations			1				

Q.5. *Would Schools like help from Education and Health Departments?*

YES	NO
56	10

Q.6. *Is sufficient emphasis given to Health Education in the Training of teachers?*

YES	NO
19	22

Q.7. *Would Head Teachers be interested in the establishment of In-Service Training Courses for Health Education for teachers?*

YES	NO
32	25

Comments

Nearly all the titles listed in Section 2 are covered as topics in the syllabuses of various subjects and are taught incidentally.

It is suggested that the teaching of health topics should be undertaken by parents, but as it is very often neglected, it is felt that the schools should give guidance thereon.

The curricula is overcrowded at present to allow Health Education as a specialist subject.

Student Health · Polytechnics

Dr A R Broadbent, Senior Medical Officer Occupational Health reports:—

'The polytechnic student population showed an increase of approximately 10% over the 1966 numbers and the range of educational and vocational courses was extended. The general health of the students during the year was good. Efforts were made to develop the health and welfare team approach to the problems of student care.

'The health and welfare team in a college consists of the student tutors, the welfare officer, the nurse and the doctor. There must be close liaison between these members of the team in order that early symptoms and signs of disease can be detected and treated. Students are not a very health conscious group generally, but interest in personal health can be developed by discussion with members of the health team.

'Over two hundred medical consultations were carried out during the year. About two thirds of these consultations were concerned with student problems of a psychological or emotional character. In a few cases specialist psychiatric treatment was necessary. However, the majority of the conditions resolved following counselling and supportive therapy. About one third of the medical consultations were concerned with physical disease, usually of an acute or minor nature. The college welfare officers and tutors also undertook a large number of consultations with students and the fact that there was no overt student unrest in either polytechnic was, in no small measure, due to the provision of readily available student consultation facilities.

'During the year, lectures and talks on student health matters were given to academic staff, parents and students. Subjects covered included the physical and psychological development in adolescence, student health problems and the adolescent in the family and the community. Students joining the colleges attended an induction course; one lecture in this course was devoted to personal health and the use of the health service.

'Several minor environmental problems were dealt with during the year in the colleges. It is necessary for a college medical officer to make periodic visits to laboratories and workshops in order to detect possible toxic or hazardous working conditions. Several cases of contact dermatitis of the hands in students and staff at one college were found to be due to the use of a harsh abrasive soap powder. When a suitable liquid soap was provided no further cases occurred.

'The canteens and kitchens of the colleges were visited during each term and dietary and hygiene matters were discussed with the managers and staff.

'Student health services in local authority colleges are developing services. They have to care for students of a wide age range, of a wide range of ability, and of varied background. The educational and vocational courses followed cover a broad field of learning. While the physical health of students is generally good and is well cared for, their emotional development is at considerable risk in contemporary society.

'The student health and welfare team must be alert to abnormal and prolonged symptoms of mental stress occurring in students, and be able to treat these disturbances when they occur, by the case conference approach, so that major psychological illness will be avoided in most cases.'

Report of the Principal School Dental Officer for the year 1967

The staffing difficulties referred to in the report for the year 1966 continued and indeed became worse in 1967, so that by the middle of the year not a single dental clinic in the Borough remained fully staffed. This was inevitably reflected in a further decline in the number of children seen at routine school dental inspections.

Towards the end of the year a new national salary award was agreed and it was hoped that the implementation of this, together with the generally attractive terms of employment offered by the London Borough of Hounslow would help to improve a serious situation. Writing this report in the early part of 1968 it may be said that such has proved to be the case and it could well be that next year's report will describe a happier situation.

Close contact was maintained with the dental schools, and groups of senior dental students were encouraged to visit the borough dental clinics as part of a long term project to attract sufficient staff of high calibre in the future. Modernisation of equipment continued and arrangements were made to install dental X-ray apparatus in clinics not so equipped.

Appointment of Mrs P Newlands

During the year Mrs P Newlands (nee Burden) was appointed as a dental officer, having qualified from the Royal Dental Hospital, Leicester Square. She received her secondary education at Chiswick Grammar School.

Co-operation with Kentucky University

During July and August a young American dental student, Phil Eastep spent six weeks in England studying the school dental service. He was based on the dental clinic at 92, Bath Road and his studies were supervised and planned by the Chief Dental Officer. On his return to America he was required to submit a thesis in order to qualify for an honours degree in dental surgery.

The interesting experiment followed a meeting between the Chief Dental Officer and Professor Wesley Young, Professor of Community Dentistry, University of Kentucky, Lexington, USA. Professor Young has since written to say 'I am certain that this will be one of the most valuable parts of his (Phil Eastep) professional education'. The thesis submitted by Phil Eastep was judged to merit special publication as a university monograph.

The University of Kentucky has expressed the hope that similar facilities might be arranged for other students at some time in the future. Apart from the desirable aspect of international co-operation, it is most satisfying that the University of Kentucky selected the London Borough of Hounslow dental service to receive the first student visiting England. Such a visit does much to enhance the prestige of the Borough dental service in the eyes of the dental schools, upon whom we ultimately depend for our staff.

Occupational Health · Staff Health Service

Dr A R Broadbent, senior medical officer occupational health, reports:—

'The comprehensive staff (occupational) health service for the borough's employees was established on 1st July 1967. By the close of the year the basic components of an occupational health service, ie those of supervision of the health of staff, supervision of the working environment and health counselling, were in operation.

'The number of medical assessments of new employees has shown a steady increase since the borough was formed in 1965. The selective medical examination system is used. By this system efficient use of highly trained health personnel is ensured, leaving more time available for the other essential functions of the service. This system also avoids the carrying out of unnecessary medical examinations.

'An important adjunct to the selective medical examination system is an adequate follow-up service for new and old employees. In this matter the co-operation and liaison of the various departments of the borough and especially the Establishment department has been of great assistance in helping to supervise the health of employees. Over fifty (50) of these medical consultations were carried out during the year.

'A survey of toxic substances used by the borough's employees was carried out during 1967.

Advice was given to departmental heads and staff on health precautions necessary when using these substances. It was possible to recommend the substitution of less toxic substances in certain cases, such as trichlorethane for carbon tetrachloride in the cleaning of office machinery. It is intended to carry out a survey of toxic compounds used by employees every year.

'Several investigations of conditions of the working environment were carried out at the request of heads of departments. These included problems of illumination for special work, fumes from office machinery and skin sensitisation to polythene, epoxide resins and solvents.

'During November the Staff Health Advisory committee was established. This committee has members who in turn also sit on the joint Council-Staff consultative committees. The establishment officer and staff medical officer act as specialist members. This committee advises the council on staff health matters and should be of much help in the early detection of those factors which have an adverse effect on the health of employees.'

During the year the following examinations and assessments were made:—

Medically assessed:	*1967*	*1966*
with medical examination	360	136
without medical examination	1,370	1,503
left before completion of medical assessment	162	100
medical examination of existing staff for purpose of admission to the superannuation scheme, sickness pay scheme or continued fitness for employment	86	64
medical examination for first teaching appointments	104	106
medical examination of other local authority staff	7	9
medical examinations carried out by other local authorities	35	14
medical examination of student teachers	217	172

Mental Health

Subnormality

The number of subnormal and severely subnormal persons in the borough at the end of the year was 358, a decrease of 12 from the previous year. The decrease was due largely to the removal from active supervision of a number of adults who were living in good homes without serious problems. The number of new cases referred was 35 including 16 children under 16 years of age of whom 5 were referred for supervision after leaving school.

During 1967, 13 severely subnormal persons were admitted to hospitals for long term care and at the end of the year there were 13 persons on the waiting list for admission including 5 urgent cases. The catchment hospital is about 22 miles from the centre of the borough and I would like to re-iterate the need for a small hospital unit nearer to or within the borough.

Counselling clinics were held at five premises in the borough and a number of home visits was paid for the same purpose. It is found in practice that if these sessions are offered at too short an interval that the failure rate of attendance rises markedly. The Medical Superintendent of the catchment hospital attended three clinic sessions and arrangements were made for him to see some of the children awaiting admission to hospital.

The amount of support that mental health social workers were able to give to families where the presence of a subnormal member causes no great problem was reduced somewhat because two such officers were away on full time social work courses and it proved impossible to fill one vacancy in the establishment. The greatly increased number of visits needed to mentally ill patients also contributed to this situation.

The two local parents' associations were very active during the year and both junior training schools have benefited from their interest and generosity.

Junior Training Schools

Both schools ran to full capacity throughout the year and at the end of December there were 21

children on the waiting lists, the heaviest pressure being on the special care units. The borough is shortly to enlarge its training scheme for teachers of mentally handicapped children. A total of three trainees will be appointed and will work for a year at the schools before being seconded to the 2 year training course at the Chiswick Polytechnic. The appointment of trainees is done in conjunction with the tutor of the course at Chiswick Polytechnic so that the trainees' acceptance on the course is virtually assured.

Isleworth Junior Training School.

This school continued to run smoothly and efficiently, the major change being the retirement of Miss G M Chapman who had been supervisor since the opening of the school. Mrs M S Moodie was appointed as the new supervisor and I have no doubt she will be a worthy successor to Miss Chapman.

Hanworth Junior Training School

The building of the new school is progressing according to schedule and it is hoped to move in very early in the new year. It is anticipated that these very pleasant premises will prove a stimulus to both children and staff alike. It is known that the London Borough of Richmond intend to withdraw 12 children from this school in the new year to attend a small junior training school they are preparing. It is hoped that this pattern will continue and as other local authorities open their own schools it will be possible to implement the staff to pupil ratio of 1 to 10 recommended by the Scott Committee.

Speech Therapy—Report by Mrs D E Cox, Senior Speech Therapist

Changes of speech therapists during the year have made it difficult to properly assess their work. An outline of the work carried out is given in the figures below, but the significant fact of the year under review has been the great increase of interest among many disciplines, in language development and its malfunction. This has led to discussions about the speech therapist's work, with teachers and educational psychologists, and during the latter part of the year planning was commenced for a wider use of speech therapists in the junior training schools, following a definite programme so that an evaluation of their contribution to the children's progress can be made at a later date.

The planning will include assessment of individual children's speech and language ability in comparison with their general level of development, followed by individual treatment programmes by the speech therapist for the child found to have a speech defect in addition to other problems. At the same time more general work is to be planned in collaboration with the class teachers to provide a daily class session of language stimulation, since all these children show degrees of language retardation, and need far more stimulation than their age peers.

Since the speech therapy training schools express great interest in all special schools, and those in the London Borough of Hounslow are known for their excellent work, it will be possible to utilise the help of students in their final year of training to extend the work of the speech therapist. The maximum use of students is therefore planned for 1968.

The following table gives details of speech therapy in the junior training schools during 1967:—

	Hanworth	*Isleworth*
Sessions per week	2	1
Sessions worked during year	72	37
On register January 1967	13	16
December 1967	17	18
Discharged during year	–	1
Suspended during year	–	10
New cases during year	4	3
Analysis of speech defects		
Dyslalia	7	3
Dysarthria	2	2
Cleft palate	–	2
Dysphonia	–	1
Defective nasal resonance	–	–
Stammer	–	–
Cluttering	–	–
Retarded speech & language	8	4
Non-communicating	–	1
Mongol clutter	–	6

At Isleworth 19 children made 285 attendances during the 37 sessions held, an average of 8 per session, or 16 minutes per child per week. Since 18 children are on the register this is clearly inadequate, and extra sessions have been allocated for 1968.

At Hanworth 17 children made 400 attendances during 72 sessions, approximately 6 children per session, still showing inadequate time allowed, and again to be improved in the coming year.

Physiotherapy—Report by Mrs J Biddle, Superintendent Physiotherapist

Physiotherapy was available at junior training schools in the borough to the extent of two sessions per week at each of the two schools. At Hanworth ten children received treatment during the year and at the Isleworth school approximately twelve children were treated. The majority of children who received treatment were from the special care units with a few from the ordinary school representing together a number of varying disabilities. In spite of there being no actual treatment room available at either school, fairly adequate programmes were carried out by using treatment mats on the floor of the assembly halls and the available furniture and educational toys. In addition a number of home visits were made during the year.

Adult Training Centres

Acton Lodge Adult Training Centre

The demolition of the old part of this centre started in June and the erection of the new building was well advanced at the end of the year. It was necessary to make alternative arrangements for some of the trainees attending Acton Lodge. With the helpful co-operation of the Industrial Therapy Organisation (Thames) Ltd it was possible to arrange for 15 trainees to attend there daily with their own instructor. It has entailed a small reduction in income to the borough as some of the best trainees were selected to attend and the organisation retains the profit from their labours as being their only remuneration for this most useful temporary facility. I am most grateful to all concerned that this scheme has run very smoothly from the start.

The completion of the new building next year is eagerly awaited. The laundry and domestic science units will widen the scope of training possible at the centre and the new activities room will enable physical education and a wider range of social activities and training than is at present possible.

By arrangement with the Chief Education Officer the services of a part time teacher in sewing and soft furnishing became available from July onwards. This is a most useful addition to the activities for women trainees and supplements the work of Mrs Kathleen Beer, part time teacher of further education who was seconded to the centre last year and who now reports as follows:—

'Owing to the building of the new block it became necessary to relinquish the spacious classroom and, in common with the rest of the staff, be prepared to fit in with changed conditions.

'On starting to teach trainees at Acton Lodge, six was suggested as an ideal number for each session of the class, but in order to benefit as many trainees as possible this was increased to nine. It is now considered that perhaps seven or eight would be a better figure in order to give more individual tuition.

'One was always up against the problem of varying standards, however carefully one endeavoured to place the trainees in the right stream. There was always the difficulty of trainees reading up to a standard of seven, and being unable to add very simple sums.

'Each session has always included reading, writing and arithmetic, and this has been varied by the use of the telephone, the study of bus and train time tables together with other subjects. The trainees have been encouraged to develop an interest in words. The approach to their studies has been practical, but lately we have attempted art.

'A great deal of attention was devoted to personal appearance and it was felt that parents could play a part in seeing that the trainees were suitably dressed for their age—this particularly applied to the girls. Stance and clarity of speech were considered very important where possible.

'Outdoor trips were undertaken, and these played a big part in increasing self-confidence. It was noted that even high-grade trainees were nervous when paying for fares collectively. At the same time care had to be taken that too much was not asked of them. It was felt that the more complicated trips should be confined to the higher grades, and the physical handicaps as well as the mental should be borne in mind with a careful assessment of their temperaments.

'One felt that the relaxed discipline at Acton Lodge was of great value to the trainees when seeking a job. It was felt that more thought should be devoted to this aspect.

'At all times they were treated as adults and the response to this was gratifying. One compared the lethargy when first starting the classes to the alertness, initiative and self-confidence now prevailing. One noted the discipline and good manners in the class, and a real desire to learn.

'One goes on demanding just a little more than they are able to give, and hopes to set them on their way to face up to an adult world where, in many cases, little allowance will be made for their handicap. On looking back over the year it is the increase in self-confidence and discipline which is the most marked feature, apart from academic improvement.'

Brentford Adult Training Centre

Following a review of the factory space related to productivity, Messrs Ranton & Co asked the council to consider making contributions towards the overhead costs of the training centre, all of which had hitherto been met by the company. The council agreed to the request and the amount is to be reviewed annually. At the same time it was agreed that the council would be rather more selective in the trainees sent there and because of this the number of trainees has been reduced to about 40.

During the year one trainee left to take up outside employment.

Visitors to Junior Training Schools and Adult Training Centres

The number of both home and overseas visitors from various disciplines appears to be increasing and a system is now in use to record these visits.

Holiday Camp for the Mentally Handicapped Adults

The department organised a nine-day holiday camp at the St Mary's Bay Holiday Centre, Kent, in the late summer for trainees at the Acton Lodge, Brentford and Southall Adult Training Centres. The Southall Centre was included in co-operation with the London Borough of Ealing as it would not have been economical for that borough to arrange a camp for this small centre.

A mixed party of 36 men and 26 women went to the camp and of the total of 62, 16 were residents of Hounslow.

The Manager of the Acton Lodge Adult Centre arranged fund raising efforts and the local Societies for Mentally Handicapped Children made donations resulting in a total of nearly £80 being available for entertainment and 'extras' at the camp.

Children

The council sponsored 7 children at a holiday organised by the London Borough of Hillingdon at Park Place School, Henley. Three other children attended holiday camps arranged by the National Society for Mentally Handicapped Children.

All of the holidays were very successful and I am indebted to the staff, both local authority and volunteers for their assistance in running the camps and to Mr Simpson and the various branches of the Society for Mentally Handicapped Children who raised money for camp amenities and entertainment.

Short Term Care

During 1967 arrangements were made for 26 severely subnormal patients, mostly children, to have a total of 34 periods of short term care varying between two and eight weeks. Thirteen of these were awaiting permanent admission to hospital but short term care became necessary either because of crises at home or to give the families some respite from the constant care of difficult patients.

Of the 34 periods of short term care arranged, 32 were accommodated in National Health Service hospitals, mainly Leavesden Hospital, one in

Pirates Spring Holiday Home run by the National Society for Mentally Handicapped Children and 1 was placed in a voluntary home.

Residential Care

At the end of 1967 residential long term care was being provided for subnormals and severely subnormals as follows:—

	Under 16 years	*16 years & over*
In homes and hostels	12	14
In private homes	2	4

One child was in a home pending admission to hospital but the other persons did not require the facilities or supervision provided by a hospital.

I am grateful to Dr E W Shepherd, Physician Superintendent, Leavesden Hospital, for the following report:—

'The report for 1966 emphasised the transfer from hospital to community life of psychiatric orientation and in the subnormality field in general one would like to see a closer integration of hospital and community services. This is manifestly difficult with the distance Leavesden is from its catchment area, Hounslow being the furthest borough from which we admit patients. This results considerably in the diminution of the amount of time that can be spent in the community by hospital medical staff, difficulty in visiting in-patients by relatives and a complete inability to provide day hospital services.

'The waiting list for admission to hospital is far too long and I trust that we will slowly make inroads into this, particularly as a new ward is planned to be opened in 1970. Unfortunately, the vacancies that do occur, particularly for children, seem to be used up rapidly and almost entirely by new urgent referrals. Although Leavesden is the largest subnormality hospital in the country with over 2,000 beds, our catchment area includes the London Boroughs of Harrow, Hillingdon, Brent, Ealing, Hammersmith and Kensington & Chelsea. In 1967 our total admissions were 240 short stay, 160 long stay informal and 54 on a compulsory basis of which I hope Hounslow had its fair share. It is still not always possible to provide enough beds for short stay periods during the long summer holidays but this service is now offered and being used throughout the whole year in order to alleviate stress and to enable parents to keep their children at home for the major part of their lives.

'I think the bi-monthly clinics in Hounslow that I attend with Dr Bennett are valuable in strengthening the working relationship between the borough and the hospital. I hope that we may be able to hold these clinics monthly with a Medical Assistant alternating with me.'

Projects

Weekly Boarding Unit, Hanworth

The building of the weekly boarding unit at Main Street, Hanworth is now well advanced and it should be possible to admit the first children in September, 1968.

It is a 12 place unit and the children will be resident during term time but return home during the weekends and for school holidays.

Long Term Home for Subnormal Children

A site has been acquired in Heston for a 12 place home and the Borough Architect is preparing the necessary plans. It is hoped to obtain loan sanction and start building in 1968/69.

Mental Health Week

Active support was again given to Mental Health Week. The junior training schools and the Acton Lodge Adult Training Centre were opened to the public, also the hostel for recovering mentally ill patients. Posters announcing the event were displayed at many points in the borough and in all secondary and grammar schools. Films were shown in schools and to youth groups, and speakers were provided to answer questions and stimulate discussion.

Mental Illness

As the result of reorganisation at Springfield Hospital which took place last year the service to patients is proving to be far more comprehensive than previously, the overall effect being that of teamwork between the general practitioners, the hospital and the mental health social workers, rather than each unit working as an independent body. This team spirit has been enhanced

considerably with the knowledge by the majority of general practitioners that Springfield now has its own hospital unit for the borough's residents, with Dr Herridge as the consultant who is also available for domiciliary visits and who also has follow-up facilities at West Middlesex and Hounslow Hospitals.

There has been an increasing demand for Dr Herridge's opinion from general practitioners and for domiciliary visits particularly to the elderly. This has obviously decreased the number of visits of assessment made by the mental health social workers but, because of the growing shortage of geriatric beds and, consequently, a longer waiting period before admission, the number of supportive visits to patients and their families has considerably increased. Close liaison between mental health social workers and other social services has been necessary in providing this support.

The Psychiatric Clinic which opened in Hounslow Hospital during the latter part of last year is now well known and extensively used and usually there is a waiting list which is currently six weeks for new patients and four weeks for follow-up patients. A mental health social worker is in attendance at these clinics and a considerable part of his time is spent making home visits and preparing social histories prior to the clinics and following up patients seen at the clinic.

Dr Herridge's sessions at the office are of great supportive value and have undoubtedly saved the mental health social workers considerable anxieties and are helping to increase their knowledge and skill. The sessions have been used for tuition, case discussions, general discussions on all aspects of the mental health services and occasionally for emergency clinic cases. Staff have expressed the wish to have more sessions for tuition if possible with particular emphasis at present on the problems of drug addiction and alcoholism.

The number of informal admissions to hospital arranged by mental health social workers increased considerably as compared with 1966 and the number of statutory admissions increased to a lesser extent. The increase in the total number of admissions contributed to the larger number of visits paid by mental health social workers to mentally ill patients than in the previous year. Generally the liaison between the mental health social workers and the staff at St Bernard's Hospital is becoming closer and requests for community care after discharge from hospital increased steadily during the latter half of the year.

Liaison with general practitioners is steadily improving and those who have a particular interest in psychiatry make good use of the services and many have visited the office to discuss particular problems relating to their patients.

Fewer long term and more short term residents were accommodated at the hostel, 24, Wood Lane, Isleworth, than in the previous year, and the mental health social workers were involved in a considerable amount of social work, helping to settle and contain the little intrigues and disrupting situations which occurred. In the second half of the year a social club was formed within the hostel with the residents forming the committee. Several of the mental health social workers took an active part in the formation, attended meetings and social events both at our hostel and at the neighbouring Hayes Park Hostel. In the initial stages this club was greeted with considerable enthusiasm but ultimately the organising of social events and the running of the club was left entirely to the interested mental health social workers, who tried hard to stimulate interest, with little success. Several mental health social workers gave up their evenings and conveyed residents to and from social evenings at Hayes Park Hostel, which meant officers eventually getting home at anything between 12 and 2 am and most regrettably, towards the end, most residents tended to expect this service rather than expressing appreciation.

The Industrial Therapy Organisation (Thames) Ltd received several mentally ill patients during 1967 for full time training. There appears to be a need also for an establishment which will provide interesting, rewarding and not too repetitive work on a more flexible basis as regards hours. It is felt that this would stimulate and encourage those whose mental illness has impaired their powers of concentration and help them

gradually to regain confidence in their abilities and eventually become useful members of the community again.

We are pleased to welcome Mr P D Charles as Deputy Chief Mental Welfare Officer as replacement for Mr A Duff.

There has been an increasing number of visits by students from various agencies including Chiswick Polytechnic, Bedford College, Probation Service, Springfield Hospital, local colleges and schools. They have undertaken periods of training or observation varying from one day to two months and it is anticipated that in the coming year the number of students, particularly from Chiswick Polytechnic and Bedford College, will increase.

24 Wood Lane, Isleworth

The following report has been submitted by Mr T V Jones, DSC, resident warden of the hostel:—

'The hostel has now been admitting residents for two years, and is well accepted in the neighbourhood. We continue to give supportive help to men and women recovering from mental illness and to others suffering emotional disturbances due to environmental pressures.

'Twenty-seven residents were admitted during the year as against forty-two last year. Of this number fifteen were admitted from hospitals, eleven from their own homes and one from another hostel.

'Twenty-five residents were discharged from the hostel during the year. Of this number twelve were returned to their homes or to the community as being fit to fend for themselves once more, seven suffered relapses in their illness and returned to hospital, and six were discharged as being unsuitable.

'Other London Boroughs have not made as much use of the hostel this year as they did last. Our own borough is responsible for twenty-five residents admitted during the year. Southwark is responsible for one resident and Richmond is responsible for the other.

'One resident was specifically mentioned in the last report as having returned to the hostel following intensive treatment at the Henderson Hospital. I am glad to report that this resident is making splendid progress and plans to marry next year. An 'internal' romance resulted in a wedding during the year and the couple are now living happily in the borough. Another resident who 'married from the hostel' has recently become the proud mother of a daughter. One resident who left us during the year has recently become engaged to a resident who left us during the previous year.

'I feel that the strength of the hostel lies in its atmosphere and the supportive concern that the residents have for each other. I am always particularly impressed by the way that a new resident is welcomed, and made to feel at ease. Dr Herridge has continued to give valuable weekly psychiatric support during the year. This support has been augmented by Dr W A Weller who has been appointed Hostel General Practitioner and who holds a weekly surgery at the hostel. Mr Carey, Chief Mental Welfare Officer and also his staff continue to give valuable support. A recent feature of hostel life has been group therapy sessions.

'The nature of the hostel has changed somewhat since last year in view of the fact that the average age has dropped considerably. A pleasing feature has been the way that the young and the old have blended, and have helped one another.

'In assessing the year's work, disappointments have to be admitted but on the other hand there have been pleasing and encouraging features, and certain progress has been made.'

I am grateful to Dr Colin Herridge, MA, MB, BChir, DPM, consultant psychiatrist for the following report:—

Report on Hospital Psychiatric Services

'The Psychiatric Services provided by Springfield Hospital and its associated out-patient clinics at the West Middlesex & Hounslow Hospitals are coming increasingly under pressure. Admissions to Springfield rose to 375 in 1967. New patient attendances at the weekly out-patients at Hounslow rose to 117 and 673 follow-up consultations were given. A formidable waiting list of 8–10 weeks has built up for this clinic, which in many ways makes a nonsense of 'acute'

psychiatric treatment. Space is available at the hospital for an extra clinic, but at this stage no psychiatrist is available to staff it. Comparable figures are not available from the West Middlesex Hospital, where the Springfield Consultants join in providing a service for areas in addition to the Borough of Hounslow, but clinics there are also full to capacity and a long waiting list results.

'The inevitable result of this pressure is that a number of acute cases who should be treated in the community are having to be admitted as inpatients. Follow-up of discharged patients is not as rapid or intensive as it should be so that despite valiant efforts by the local authority psychiatric social services, the re-admission rate is higher than it need be.

'Care of the increasing load of aged patients with mental confusion is also a grave problem. The geriatric wards at Springfield are full to capacity, and even for the most severe emergencies a long waiting period is inevitable. The aim is always to keep an aged person at home as long as possible, and the new Day Centre for the Elderly at Heston will help to ease the burden on relatives. The hospital provides 'holiday beds' during the summer months where geriatric patients receive short-term care while their relatives can have a much needed rest.

'One has regretfully to admit, therefore, that despite every effort by the existing staff, the standard of hospital service is not keeping up with the advances being made by the local authority in psychiatric care. This is due to lack of funds to obtain extra psychiatrists and psychiatric nurses, who are so urgently needed.

'There are some bright notes, however. A new mixed-sex unit, known as Dahlia Ward, now accepts all admissions at Springfield. This unit is pleasant and spacious, and the presence of both staff and patients of either sex makes the whole atmosphere far more relaxed and therapeutic. Rehabilitation of the longer stay patients at the hospital continues to improve, and every physically fit person now has a full and active day, with the rewarding result of general upgrading in all aspects of behaviour, and an increasing number of long stay patients either going to outside employment from the hospital or being discharged home or to hostels. Perhaps above all, liaison, co-operation and interchange of information between hospital and local authority psychiatric services is excellent, and, within the limits mentioned, lead to an above-average community service.'

Future Projects

Plans have been completed for the adaptation of an existing single storey building for use as a 30 place day centre for elderly confused patients. It is hoped that this will relieve pressure on hospital beds for this type of patient and provide support for elderly patients after treatment in hospital.

A day centre for recovering mentally ill patients is included in the plans for mental health service premises which are to be added to the main Department of Health in Bath Road, Hounslow. To try to meet the present need for this kind of care it is proposed to start this centre in a limited way at the hostel in Wood Lane, Isleworth pending the erection of the new building.

It is anticipated that work will commence in 1968 on the building of a 25 place hostel in Bedfont for recovering mentally disturbed persons. It is intended to accommodate mentally ill patients in this hostel and to use that at 24, Wood Lane, Isleworth for subnormal residents.

There is a need for a sheltered workshop and the borough is planning for this to be provided under the Disabled Person (Employment) Act, 1958 as a workshop to employ both mentally handicapped and physically handicapped persons. No site is available yet for this project which the Health and Welfare Departments will run jointly.

Environmental Health

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

'It is pleasing to report that on the whole the year 1967 was one of more solid productive work, seriously hampered during the first five months by participation in a large scale housing survey sponsored by the Greater London Council involving 1,099 inspections but undisturbed by the

changes described at some length in the annual reports for 1965 and 1966.

'This report is therefore in a more concise form providing the information requested by the Minister in Circular 1/68 and incorporating statistics required by the Prevention of Damage by Pests Act 1949 and the Offices Shops and Railway Premises Act 1963 together with such explanatory or descriptive material as is necessary adequately to show the extent of the work of the department.

Water supply

'The supply is adequate in quantity and is derived from the River Thames and is treated and distributed by the Metropolitan Water Board and South West Suburban Water Company who maintain strict control of purity. All dwellings in the borough are supplied with drinking water drawn direct from public water mains and none permanently by standpipes. The water is not plumbo-solvent.

'Fluoride is not added and the natural content varies between 0.10 and 0.35 milligrammes per litre.

'In a sampling exercise conducted by the South West Suburban Water Company between January and November lead was detected in only 10 out of 103 samples of treated water. In the 10 samples the maximum lead concentration was 0.015 parts per million and the average 0.007 parts per million. In 7 out of 58 samples taken at consumers' premises the respective concentrations were 0.025 and 0.012 parts per million. The highest concentration detected was one-half of that internationally regarded as providing an adequate margin of safety.

'As a result of informal action 60 supplies were reinstated or tanks and fittings cleansed or repaired during the year. Four check samples were taken from the public supply, and six from commercial premises. All were satisfactory.

Swimming baths and pools

'The General Baths Manager informs me that attendances at the local baths were as follows:—

Swimming bath	*Annual attendance*	*Maximum on any one day*
Brentford	131,043	409
Chiswick (Open Air) (Summer only)	69,056	2,158
Feltham	384,056	2,272
Heston	222,162	1,209
Hounslow	262,693	616
Isleworth	191,595	727
Slipper baths		
Chiswick	27,869	–
Brentford	9,341	–
Hounslow	19,536	–
Isleworth	14,259	–

'Of 13 samples taken from swimming baths, one was below standard. This was referred to the general baths manager and dealt with forthwith. Water in paddling pools and ponds is more susceptible to external influences and liaison is maintained with the borough engineer and surveyor and the director of parks in ensuring the highest possible standard of cleanliness. Twenty-three samples were taken during the year for this purpose.

Sewerage and sewage disposal

'The sewerage of the borough forms part of the West Middlesex Sewerage Scheme and sewage effluent is discharged to the river Thames through the Mogden purification works situated in the borough and controlled by the Greater London Council. Only a small number of isolated premises on the outskirts have pail closets or cesspools.

'786 inspections were made of choked or defective public sewers and 801 of private drains. As a result 244 water closets were cleansed, repaired or renewed, 12 new sinks provided and 18 repaired, 1,521 lengths of drain cleansed or repaired and 179 ft relaid involving 129 water or smoke tests, and 7 cesspools were cleansed during the year.

Public Cleansing

'Cleansing of streets and collection of refuse are controlled by the Borough Engineer and Surveyor.

Collection is carried out weekly, or more often by special arrangement from individual premises. Disposal is by controlled tipping.

'The introduction by the borough council of a dustbin replacement scheme has removed the necessity for time consuming processes for the provision of new dustbins and the costly litigation which sometimes ensued. Arrangements for storage of refuse were however improved at 38 premises as the result of informal action.

Common Lodging Houses

'There are no common lodging houses in the borough.

Food and Drugs Act 1955
Milk—Brucella Abortus

'There are no milk producers in the borough, but 60 samples of raw milk were taken from individual churns received at the one pasteurising dairy and examined by the consultant pathologist at Harefield hospital. Two samples were adversely reported upon and the information forthwith transmitted to the authorities in the producing areas.

Eggs, poultry and meat

'There are no egg pasteurising plants, poultry processing establishments, slaughterhouses or knackers yards in the borough.

Other foods and drugs

'The borough council is participating in the national investigation into pesticides residues in foods and 22 samples of various foods specified by the public analyst were procured and sent to him for this purpose

'503 routine samples of a variety of foods, 153 of drugs and 15 of milk were procured and sent to the public analyst in addition to 28 specimens received or procured in connection with complaints or suspected irregularities under investigation. Adverse reports were received as follows:—

	Analysis	*Labelling*
Foods	14	23
Drugs	7	8

'Eight prosecutions under Section 2 of the Act and three under Section 8 resulted in fines and costs totalling £303 5 0d. Mould and foreign bodies continue to be the greatest hazards. The remaining infringements were dealt with informally and resulted in the modification or withdrawal of formulations and the correction of labels.

'19,450 lbs 16,213 tins 250 jars and 277 packets of unsound foodstuffs were surrendered to the public health inspectors, together with 20,879 packages of defrosted frozen foods.

Bacteriological examinations

'Samples are examined in laboratories of the Public Health Laboratory Service and ice-lollies are checked for pH value in the department. 30 ice-lollies were procured and so examined and found to be satisfactory, and 174 samples of ice-cream, 1 of milk and 2 of sliced meat were sent to the laboratory.

'Results were as follows:—

Ice-cream	*From vehicles*				*From premises*			
Grade	*I*	*II*	*III*	*IV*	*I*	*II*	*III*	*IV*
Soft ice-cream	2	—	1	3	17	3	8	11
Other	1	2	1	4	81	24	5	11

Milk and sliced meat—No pathogenic organisms.

'The percentage of inferior samples of soft ice-cream especially when sold from vehicles does not indicate a maintenance of the high standards achieved by the trade in recent years in getting to the consumer a product in the best bacteriological condition. Constant vigilance is necessary to ensure that a pure product loaded on to a sales vehicle is served to consumers in that condition towards the end of a long day on the road.

General

'Investigation of complaints of unsound food and disposal of condemned foods as distinct from food hygiene inspections recorded elsewhere, involved 638 visits by public health inspectors and 347 by the van drivers. Sampling visits number 582.

Food Hygiene

'There are in the borough the following premises to which the Food Hygiene (General) Regulations apply:—

Bakehouses	18
Butchers	123
Cafés, canteens, clubs	567
Chemists	66
Fish shops	37
Greengrocers	155
Groceries and provisions	275
Hotels, public houses, off-licences	217
Food manufacturers and packers	37
Flour confectionery	54
Sugar confectionery	267

'No certificates of exemption from the requirements of Regulations 16 or 19 have been granted.

'4,062 inspections were made during the year and at 212 premises 421 faults were recorded. 1,625 minor contraventions were remedied during the year.

'Legal proceedings in respect of 22 offences resulted in convictions and the imposition of fines and costs totalling £226 9 0d.

'Prosecutions in respect of 2 offences under the Food Hygiene (Markets Stalls & Delivery Vehicles) Regulations 1966 also resulted in fines and costs totalling £15 5 0d.

Clear Air

'The council continues to co-operate with Warren Spring laboratory in maintaining smoke and sulphur dioxide recording apparatus and in forwarding monthly returns showing the highest, lowest and average daily readings. This is the last year of the five year period of the investigation and early in 1968 the number of sets of apparatus will be reduced from 8 to 3.

'26 Smoke Control Orders were in operation at the end of the year affecting 36,651 dwellings and covering 8,428 acres.

'Four further Orders affecting 4,520 dwellings and covering 1,489 acres were made and were awaiting confirmation by the Minister.

'8,730 visits to premises were made by public health inspectors and technical assistants in connection with surveys and in implementation of Smoke Control Orders. Under the Clean Air Act generally 2,231 other inspections were made and smoke emission observations numbered 410 and 120 at industrial and domestic premises respectively. Seven contraventions were recorded and intimations under Section 30 of the Act served, all of which were successfully dealt with without recourse to legal proceedings.

'Under Section 3 of the Act 36 notifications of intention to instal appliances were received and approved.

'Under Section 10, 30 plans of proposed new chimneys were received and examined. Modifications were recommended in 18 cases.

Factories

'The annual return submitted to the Minister of Labour appears as Table 27.

'79 inspections of outworkers' premises were made in addition to inspections of factories. 186 unsatisfactory conditions were abated informally.

Offices and shops

'The annual return submitted to the Minister of Labour appears as Table 26.

'Progress with general inspections (as defined) of registered premises was slowed somewhat at the beginning of the year due to commitments referred to in my introductory remarks, but was resumed at an accelerating rate from May onwards.

'One summons under Section 10 of the Act was dismissed, the court accepting the plea that the persons working on the premises were shareholders and not employees.

'Four summonses under Section 4(1), Section 16(1), 16(2) and 16(3) resulted in fines of £10 on each summons and 5 guineas costs.

'384 contraventions at 190 premises were recorded during the year and dealt with informally and during the same period 761 contraventions, some carried forward from the previous year, were remedied at 243 premises.

'One fatal and 52 non-fatal accidents were

notified during the year. Informal advice with a view to preventing a repetition was offered in 43 cases as a result of investigation but legal proceedings were not found necessary. Only 10 of the accidents were associated with the use of machinery or means of transport. Falls or collisions of persons and the handling of goods account for the majority (39) of the accidents reported. In the case of the fatal accident where an employee fell from a window no evidence was found of any structural fault or malpractice on the part of the occupier of the premises.

Moveable dwellings

'Seven site licences under the Caravan Sites and Control of Development Act 1960 were operative relating to 8 caravans. Sites occupied by showmen are exempt from licensing requirements.

'1,253 inspections were made of approved caravans and of intinerant caravans placed on unauthorised sites though there were no major invasions of the latter type during the year. Nine summonses were issued under Section 345 of the Middlesex County Council Act 1944 in order to protect the resident population from the nuisances and intimidation associated with some of the van dwellers.

Feral pigeons

'In general, public opinion still tends to ignore the nuisances caused and damage done by wild pigeons and to over-emphasise their value as a desirable feature in the urban environment. Nevertheless complaints are received in respect of the larger congregations of birds in some parts of the borough and 175 birds were destroyed together with eggs and nests in exercise of the powers conferred by Section 74 of the Public Health Act 1961. It is known that commercial pest destruction specialists have also been active.

Prevention of damage by pests Act 1949

'The annual return submitted to the Minister appears in Table 25. It is pleasing to record that routine inspections exceed in numbers those made in response to notifications of infestations and that in the former only 960 out of 7,781 premises showed evidence of rats or mice whereas in the latter, infestations were confirmed at 3,749 out of 5,015 premises. Routine treatment of sewers has progressed especially in the eastern parts of the borough and judging by the baits taken this must have had a significant influence on surface infestations in the area. 101 visits were also paid by public health inspectors to deal with circumstances calling for action additional to the extermination of rats or mice. Special attention is given to Brentford Market in view of its vulnerability to pests brought in with produce, and to local authority properties and lands where illicit dumping of rubbish occurs. The deliberations of the Ministry's London No. 3 (Western) Pest Control Committee provide a valuable avenue for the exchange of information and for liaison with the Ministry and other local authorities.

Noise

'Arrangements were made during the year for all the public health inspectors to attend courses at technical colleges and these were a valuable aid to mastery of the complex technicalities of the subject.

'59 complaints were received of which 45 had been investigated by the end of the year. 22 nuisances were confirmed and 13 remedied informally. The difficulty of establishing a nuisance and suggesting a remedy is illustrated by the fact that no fewer than 475 visits and observations were necessary to attain the results achieved.

Housing

'During the year 768 new dwelling were erected by the borough council and 393 by private enterprise. None was completed by housing associations.

'The action taken by this department in respect of insanitary or unfit dwellings is summarised below:—

1. Inspections

a. Total inspected for housing defects under Housing and Public Health Acts	330
b. Inspected and recorded under Housing Regulations (included in (a))	51

c. Number unfit and capable of being rendered fit at reasonable expense —
d. Number unfit and not capable of being rendered fit at reasonable expense 48
e. Dwellinghouses not included in (c) and (d) in which defects found 279
2. Dwelling houses in which defects were remedied in consequence of informal action 285
3. Action under statutory powers
a. Section 9 Housing Act 1957
Dwellings in respect of which notices served 1
Dwellings rendered fit by owners 1
Dwellings rendered fit by local authority —
b. Public Health Acts
Dwellings in respect of which notices served 74
Dwellings in which defects remedied by owners 53
Dwellings in which defects remedied by local authority —
c. Sections 16 17 24 27 and 28 Housing Act 1957
Undertakings to render fit accepted 2
Undertakings not to use accepted —
Dwellings rendered fit in consequence of undertakings 1
Dwellings demolished which were subject to undertakings not to use or to Closing Orders 16
Closing Orders made in breach of undertakings to repair 2
Demolition Orders made in breach of undertakings to repair —
Other Demolition Orders made 10
Dwellings demolished in pursuance of Demolition Orders —
Closing Orders made in lieu of Demolition Orders 7
Closing Orders revoked and Demolition Orders substituted —
Clearance Orders revoked, premises having been rendered fit 2
Closing Orders determined, dwellings having been rendered fit 2
d. Section 18 and 27 Housing Act 1957
Closing Orders made in respect of parts of buildings
Closing Orders made in respect of underground rooms 4
Closing Orders determined in respect of parts of buildings rendered fit —
e. Section 43 Housing Act 1957
Clearance Areas
Dwellings subject to confirmed Clearance Orders —
Dwellings subject to confirmed Compulsory Purchase Orders —
Dwellings purchased by agreement —
Dwellings demolished 21
4. Overcrowding
1. a. Dwellings overcrowded at end of year 64
(b) Number of families therein 134
(c) Number of persons therein 546
2. New cases reported during the year 29
3. a. Cases relieved during the year 23
(b) Number of persons in 3 a 209
4. Dwellings re-overcrowded after steps taken by local authority for abatement —
5. Other matters
a. Dwellings programmed for inspection and demolished voluntarily 4
b. Dwellings demolished after issue of certificate of unfitness —

	Statutory Notices	*Remedied*
c. Section 90 Housing Act 1957	6	7
Section 15 Housing Act 1961	1	—
Section 16 Housing Act 1961	—	1

'The foregoing is on a prescribed form and refers only to statutory procedures. It does not reveal that 3,597 inspections and re-inspections were made, many of them at dwellings in multiple occupation and/or occupied by immigrant persons and 3,872 items of disrepair were made good as a result of informal action.

'The Director of Housing is kept informed of adverse housing conditions and assistance is given in assessing applications for rehousing where priority on medical grounds is claimed.

'The Solicitor to the Council and the Valuation and Estates Officer are advised on conditions found upon inspection of dwellings subject to applications for mortgage or repairs loans or

to improvement grants. 137 mortgage applications and 106 grant applications were dealt with during the year.

'Searches into records were made under the Land Charges Act 1925 in respect of 5,233 applications.

'One representation was received from a tenant requesting the exercise by the borough council of their powers under Section 19 of the Housing Act 1964. Two preliminary notices were served and four houses improved to the full standard as a result of action commenced in the previous year.

'Under the Rent Act 1957 one application for a certificate of disrepair was received and approved and an undertaking given by the landlord to remedy the defects. No certificates of disrepair were issued.

Pet Animals Act 1951

'Eleven premises are licensed and 36 inspections were made during the year.

Riding Establishments Act 1964

'Two annual licences are in force and the establishments are inspected periodically by the public health inspectors and by the veterinary inspector. 11 such visits were made during the year.

Animal Boarding Establishments Act 1963

One annual licence is in force and the premises were twice inspected during the year.

Diseases of Animals Act 1950

'Seventeen inspections of piggeries were made by the public health inspectors and animals were examined by the veterinary inspector as required in connection with movement licences.

Miscellaneous

'The following table sets out shortly the activities of the staff of the section not described under other headings.

	Inspections
Infectious diseases investigations	565
Food poisoning investigation	74
Advice to immigrants	412
Unspecified visits (service of notices, etc.)	3,492
Interviews	814
Schools	24
Premises licensed for public entertainment	3
Hairdressers	53
Canal boats	5
Agricultural premises	7
Rag Flock premises	4
Offensive trades	3
Workplaces	30
Public urinals	15
Swimming baths and pools	40
Accumulations of refuse	645
Verminous premises	274
Nuisances	1,782

'The inspectors are supported by the staff of disinfectors/drain testers/van drivers in connection with duties not requiring technical qualification and the following summarises the latters' work.

	Visits	*Treatments*
Infectious diseases (collection of specimens)	1,360	
Vermin and pests	868	
Drain tests	583	
Old people's laundry	1,840	
Transport of goods and documents	12,615	
Rooms disinfected		
a. Infectious diseases		11
b. Others		14
c. Bedding destroyed		1 set
Premises treated for bugs and fleas		220 rooms
Premises treated for cockroaches		19
Premises treated for ants		19
Premises treated for other insects		35
Wasps' nests destroyed		189

'Thanks are due to the administrative staff for their handling of the voluminous paper work involved in the activities of the department.

Rehousing on medical grounds

'During the year 352 applications for rehousing on medical grounds were received from the Director of Housing. All these applications were supported by medical certificates and were assessed after visits had been paid by either the health visitor or public health inspector.'

Public Health Act 1936

Nursing Homes

The 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

This was the final year of this unique survey which commenced in 1953 under the direction of Dr Alice Stewart, Reader in Social Medicine, Oxford University. Many important factors have already emerged. Among these are the effect on the child when the mother undergoes pelvic x-ray during the first three months of pregnancy and the strong genetic association between one particular type of mongolism and leukaemia. All those who have been associated with the survey will await with interest Dr Stewart's final conclusions.

During the year the parents of two Hounslow children who had died of cancer or leukaemia in 1966 were interviewed by a senior medical officer. The parents of two selected control children with birthdays similar to those of the children who died were also interviewed. The co-operation given by the parents is always voluntary and is very much appreciated by those conducting the survey, for without such help all their efforts would be frustrated.

The Diploma of Public Health Assisted Training Scheme

The scheme whereby medical officers are seconded to a Diploma of Public Health Course and granted leave of absence on full pay and payment of course and examination fees has been in operation since 1966. The medical officer who was seconded in 1966/67 was successful in obtaining the diploma and a second medical officer was nominated to attend a course during 1967/68.

Establishments for Massage or Special Treatment

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

Massage and electrical treatment	2
Epilation by electrolysis	1
Chiropody	5
Chiropody and massage	1
Chiropody and electrical treatment	1
Chiropody, massage and electrical treatment	1

Each establishment was inspected by a medical officer on one occasion during 1967.

Mortuary Services

The borough council maintains a public mortuary in Feltham to which bodies are admitted from the urban districts of Staines, Sunbury-on-Thames, Chertsey, Egham, Walton & Weybridge and Woking and the rural district of Bagshot. Since the closing of Richmond mortuary some bodies are also admitted from the London Boroughs of Richmond-on-Thames, Kingston-on-Thames and the urban district of Esher. A nominal charge is made for the use of the mortuary to the councils of the above-mentioned districts.

The coroner has directed that deceased persons who were resident within the London Borough of Hounslow 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 1967 four burials were arranged in accordance with this section.

The Welfare Services in Hounslow

The welfare and health departments in this borough work in very close co-operation and I am again grateful to Mr D M Fleet DPA DMA AISW, the Borough's Chief Welfare Officer, for the following report:—

'Conscious that the wealth of detail reported in the preceding pages will prove to the reader how expansive and far sighted has been the Council's policy for the extension of its health services, it is with pleasure that I can add a tailpiece in miniature to show how the welfare services in the borough have also developed during 1967.

The Elderly

'The first old people's home planned and built by the borough council was officially opened by His Worship the Mayor on 28th October 1967. This contains accommodation for 53 residents of both sexes in 12 double rooms and 29 single rooms. In spite of this additional bed capacity the waiting list for permanent residential care remained at a figure of 108 at the end of 1967 as compared with 134 at the start of the year. During the 12 months there were 161 admissions to homes whilst 78 persons were provided with short stay care to enable relatives to have a much needed rest or holiday. The extension of day care facilities resulted in 15 people being accommodated on that basis for 886 days compared with 480 in 1966, thus continuing the policy of endeavouring to lessen the need for permanent care by encouraging relatives to accept the short term help available.

'A valuable addition to the welfare services was the first holiday home, Drumconner, Brighton Road, South Lancing, near Worthing, officially opened by the chairman of the welfare committee on the 18th November 1967. The property was formerly an old people's home owned by a voluntary organisation and required extensive adaptations, including a passenger lift to make it suitable for all groups of the elderly and handicapped. It provides accommodation for 18 guests on two floors, mainly in single bedrooms, faces the sea and has its own beach hut and private strip of beach.

'A second day centre called the Brentford Senior Citizens Club at Ealing Road, Brentford, was officially opened by His Worship the Mayor in November 1967. Membership reached a total of 150 by the end of the year though it was rather surprising that the number participating in the daily luncheon service has seldom been higher than 40.

'In all, approximately 22,000 meals were served at day centres during the year.

'The first luncheon club for the elderly opened at the Public Hall, South Street, Isleworth, in November 1967. By the end of the year 30 senior citizens were attending regularly five days each week. This form of welfare provision is expected to expand as suitable premises are found in the various districts of the borough. It became increasingly obvious that the elderly, generally found difficulty in sparing the money for bus fares to go any distance to a meals centre, and thus it is anticipated that eventually there will be a large number of small luncheon clubs.

Sheltered Accommodation for the Elderly

'As mentioned in last year's report the Housing Committee had embarked on an expansionist programme of this type of development. One new scheme was completed in 1967 located at Convent Way, Southall, bringing an additional 41 units into the total pool. It is of some significance that four residents in old people's homes were considered to be sufficiently mobile and capable and were transferred to flatlets

where they could enjoy a greater degree of independence and privacy.

The Blind and Partially Sighted

'At the end of 1967 there were 132 males and 238 females registered as blind, four less than in December 1966, 65 per cent being over the age of 65 years. During the year there was only one registration of any person under the age of 40 years, and of the total new registrations of 43 persons 91 per cent were over the age of 60 years.

'Social activities were extended and greater holiday provision made.

The Physically Handicapped

'Work centre activity flourished during the year under review, 64 handicapped persons participating in industrial outwork supplied by arrangements with local firms. The register was reviewed during the year and although there had been deletions because of deaths and removals from the district, the total had increased by over 100 persons, which still indicates that the possible potential total of persons suffering from physical handicaps who might be helped by the welfare services of the borough is not yet known. It is perhaps significant that the total number of aids in issue had increased by approximately 600 from the 1966 figures, and that there had been 64 minor adaptations of properties as compared with 36 in the previous year. Aids themselves in 102 varieties, range from armchair commodes to Zimmer walking aids. The holiday service also expanded, with more than 150 persons participating.

The Deaf and Hard of Hearing

'By the end of 1967 the whereabouts of 112 deaf and hard of hearing persons had been ascertained and visits made by the senior social welfare officer for the deaf, whose services were used on occasions by five neighbouring boroughs. Close liaison was established with Heston School for the Deaf, as 27 of the names on the register are those of children up to the age of 16 years.

Homeless Families

'As foreshadowed in last year's brief report, the council agreed to implement a new policy for assisting families in distress from 1st April 1967. Miscellaneous properties purchased for redevelopment schemes were made available to the department to house individual families, and as a result the hostels were used basically for initial assessment of homeless families, and the period spent there reduced to a minimum. By the end of the year 25 properties were in use, and units in hostels had been set aside for the use of unsupported mothers with one or two children. The Children's Officer was not called upon to take any children into care as a result of homelessness of the parents.

Meals-on-Wheels

'This branch of the service retained its popularity and for most of the year it was possible to avoid waiting lists. 11 vehicles were used, covering over 50,000 miles and carrying over 100,000 meals to provide a five day service where necessary. Plans were agreed for the first purpose built kitchen expected to be completed in mid-1968.

Transport

'It was always envisaged that this aspect of the welfare service would expand as quickly as it was possible to provide suitable vehicles. Regular meetings of voluntary organisations and outings arranged by such groups and Leagues of Friends, together with the weekly clubs and classes, filled the transport diary, sometimes months in advance, and thus it was often necessary to say 'Sorry, all transport is booked for that day'. Total mileage of the special vehicles exceeded 60,000, a figure likely to increase each year.

Voluntary Effort

Great efforts were made during the early part of the year by a host of volunteers to ascertain the whereabouts of all the elderly in the borough. Though the survey did not eventually cover every part of the borough, thousands of houses

were visited and as a direct result many more volunteers came forward to participate in meeting an infinite variety of requests for voluntary services for the elderly and the handicapped. The Christmas shopping expedition was but one example of a highly successful co-ordinated exercise. To all organisations and individuals associated in any way with this extremely valuable voluntary effort I can only say 'Thank you'.

Conclusion

'At the close of the year it was possible to reflect on positive achievements in the provision of welfare services, but it was evident that large areas of need remained and the constant problem of 'priorities' was ever present.

'However, the staff engaged in all the social services once again proved that the teamwork which had been developed between departments was the council's greatest asset in meeting the needs of the community. At all levels great efforts were continued to achieve the co-ordination so necessary to provide effective services, helped without doubt by the harmonious relationships within the Officers' Co-ordinating Committee (Social Services) and the Chairmen's Liaison Committee'.

Co-ordination of Social Services

Co-odination between the Children's, Health, Housing and Welfare departments continued successfully throughout the year and there was a good relationship with the many voluntary organisations working in the borough.

General policy matters affecting the social services were discussed at the Chairmen and Officers' Co-ordinating Committees and there has been a co-ordinated approach to matters which affect the various departments.

The findings and recommendations of the Seebohm Committee are awaited with interest.

Present and Future Building Projects

Project	*Probable Year of Completion*
Feltham Health Centre Spring Road Feltham	1967/68
Adaptation of Brentford Clinic Albany Road Brentford to provide a health centre	1967/68
Extension to Feltham Clinic Cardinal Road Feltham	1967/68
Extension to Hanworth Clinic Grove Crescent Hanworth	1967/68
Extension to Audiology Unit Heston School for the Deaf	1967/68
Alteration to Chiswick Town Hall for use as clinic and offices	1967/68
Hanworth Junior Training School Main Street Hanworth	1967/68
Weekly Boarding Unit Main Street Hanworth	1968/69
Day Centre for Elderly Mentally Confused New Heston Road Heston (adaptation of clinic premises)	1968/69
Extension to Acton Lodge Adult Training Centre London Road Brentford	1968/69
Home Help Washing Centre	1968/69
Extension to Isleworth Junior Training School Bridge Road Isleworth	1969/70
Hounslow Health Centre—Extension to existing Local Health Authority Clinic and Administrative Offices 92 Bath Road Hounslow	
Phase 1—Family doctor and child psychiatric units	1969/70
Phase 2—Mental health services including a day centre for the mentally ill also stores and flats for midwives and caretaker	1969/70
Phase 3—Health, Children's and Welfare Departments offices, communal dining and conference rooms and library	1971/72
Hostel for Mentally Disordered Staines Road Bedfont	1969/70
South Hounslow Health Centre Hounslow Avenue Hounslow	1969/70
Hounslow Health Centre—Children's play room	1969/70
Extension to Brentford Health Centre	1969/70
Long stay home for mentally sub-normal children New Heston Road Heston	1969/70
Cardinal Road Clinic Feltham Dental recovery room	1969/70
Hounslow Day Nursery Lampton Road Hounslow—rebuilding	1970/71
Chiswick Health Centre	1971/72
Cranford Health Centre Meadow Bank Cranford	1971/72
Extensions to Bedfont Clinic Imperial Road Bedfont to provide a health centre	1971/72
Old Isleworth Health Centre	1971/72
Hounslow Heath Health Centre	1971/72
Chiswick Day Nursery	1971/72
Extensions to Hanworth Clinic Grove Crescent Hanworth to provide a health centre	1972/73
Extension to Feltham Clinic Cardinal Road Feltham to provide a health centre	1972/73
Brentford Day Nursery	1972/73
Bedfont Day Nursery	1972/73

Project	*Probable Year of Completion*
Osterley Health Centre	1973/78
Heston Day Nursery	1973/78
Heston Health Centre—extension	1973/78
South Chiswick Health Centre	1973/78
Isleworth Day Nursery	1973/78
Day Centre for Elderly Mentally Confused (permanent building)	1973/78
South Hounslow Health Centre—extensions	1973/78
Mogden Lane—mini clinic/Health Centre	1973/78
Isleworth Day Centre	1973/78

Statistical Tables

Table 1 Causes of death at different periods of life for 1967

Cause of death	Total all ages		Age group Under 4 weeks		4 weeks & 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	7	3	–	–	–	–	–	–	–	–	–	–	1	–	–	–	3	1	–	–	2	1	1	1
Tuberculosis, other	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–
Syphilitic disease	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	1
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal infections	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other infective and parasitic diseases	–	2	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–
Malignant neoplasm, stomach	40	26	–	–	–	–	–	–	–	–	–	–	–	–	1	–	3	–	9	2	13	9	14	15
Malignant neoplasm, lung bronchus,	135	32	–	–	–	–	–	–	–	–	–	–	–	–	2	1	14	4	42	6	52	14	25	7
Malignant neoplasm, breast	–	42	–	–	–	–	–	–	–	–	–	–	–	–	–	9	–	6	–	9	–	9	–	9
Malignant neoplasm, uterus	–	17	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	4	–	2	–	4	–	5
Other malignant and lymphatic neoplasms	116	98	–	–	–	–	–	1	–	–	2	2	2	1	4	4	12	15	35	23	31	29	30	23
Leukaemia, aleukaemia	5	5	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	1	2	1	–	–	2	2
Diabetes	3	12	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	1	1	5	2	4
Vascular lesions of nervous system	89	131	–	–	–	–	–	–	–	–	–	1	–	1	1	3	6	5	15	16	25	39	42	66
Coronary disease, angina	329	161	–	–	–	–	–	–	–	–	–	–	–	–	9	–	35	3	92	9	108	54	85	95
Hypertension with heart disease	10	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	4	6	12
Other heart disease	97	186	–	–	–	–	1	–	–	–	–	–	–	1	1	–	6	6	10	10	20	25	59	144
Other circulatory disease	38	62	–	–	–	–	–	–	–	–	–	–	–	1	1	–	4	1	8	6	11	12	14	42
Influenza	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1
Pneumonia	58	73	1	1	3	3	1	1	1	–	–	–	1	1	–	–	–	2	5	3	12	12	34	50
Bronchitis	76	30	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	8	1	38	10	27	18
Other diseases of respiratory system	9	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	1	4	3	7
Ulcer of stomach and duodenum	6	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	4	3	6
Gastritis, enteritis and diarrhoea	1	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	2
Nephritis and nephrosis	5	5	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–	1	1	–	–	2	3
Hyperplasia of prostate	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	7	–
Pregnancy, childbirth, abortion	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–
Congenital malformations	7	4	5	1	–	–	–	2	–	–	2	–	–	–	–	–	–	–	–	1	–	–	–	–
Other defined and ill-defined diseases	66	96	11	21	–	1	–	1	–	2	1	–	1	3	4	4	3	5	18	14	11	16	17	29
Motor vehicle accidents	16	5	–	–	–	–	–	–	3	–	5	2	–	–	3	1	–	–	2	–	2	1	1	1
All other accidents	20	19	–	–	–	–	2	–	2	1	3	3	3	1	2	–	1	3	2	2	4	3	1	6
Suicide	4	9	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	3	1	3	1	1	2	1
Homicide and operations of war	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–
Total all causes	1152	1063	17	23	4	4	5	5	6	4	13	10	9	12	28	26	95	60	257	112	339	257	379	550

Table 2 Infant deaths according to age and cause 1967

Cause of death	*Age in Days Under 1*	*1*	*2*	*3*	*4*	*5*	*6*	*7–13*	*14–20*	*21–28*	*Age in Months 1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*Total*
Meningococcal infections	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1
Pneumonia	–	–	–	–	–	–	–	1	1	–	2	–	2	–	–	–	–	–	1	1	–	8
Complications of pregnancy, chidbirth and puerperium	5	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Congenital malformations	4	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	6
Birth injuries, post-natal asphyxia and atelectasis	3	2	–	2	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8
Infections of the newborn	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	1
Other diseases peculiar to early infancy and immaturity unqualified	15	1	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	18
All other diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total	27	4	1	3	–	1	–	3	1	–	3	–	3	–	–	–	–	–	1	1	–	48

Table 3 Corrected notifications of infectious diseases 1967

Disease	*Total*	*Age in years 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*
Dysentery	16	1	2	1	2	–	4	–	2	2	–	–	–	2	6
Encephalitis, acute	5	–	–	–	–	–	1	2	–	1	–	1	–	–	5
Enteric fever															
typhoid	1	–	–	–	–	–	–	–	–	1	–	–	–	–	1
para typhoid	1	–	–	–	–	–	–	–	–	1	–	–	–	–	1
Erysipelas	7	–	–	–	–	–	–	–	–	–	1	6	–	–	1
Food poisoning	9	–	2	–	1	–	–	1	1	2	–	1	1	–	8
Malaria	4	–	–	–	–	–	–	–	1	3	–	–	–	–	4
Measles	1535	72	191	229	208	210	590	17	5	6	–	1	–	6	31
Meningococcal infection	2	–	–	1	1	–	–	–	–	–	–	–	–	–	2
Pneumonia, acute	9	–	1	–	1	–	2	2	–	–	–	2	1	–	5
Puerperal pyrexia	63	–	–	–	–	–	–	–	13	44	5	–	–	1	62
Scarlet Fever	85	–	3	5	8	10	45	11	1	2	–	–	–	–	8
Tuberculosis															
pulmonary	81	–	–	–	–	2	5	7	8	18	14	19	8	–	30
non-pulmonary	21	–	–	–	1	–	1	–	1	11	4	3	–	–	6
Whooping cough	112	15	16	21	14	15	24	4	–	1	–	–	–	2	16

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	153
Other conditions	880
Total	1051

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

Table 5 Ophthalmia Neonatorum

Total number of cases notified during the year	–
Number of cases in which—	
Vision lost	–
Vision impaired	–
Treatment continuing at end of year	–

Table 6 Vaccination and immunisation

Completed primary courses—number of persons under age 16

	Year of birth						
Type of vaccine	*1967*	*1966*	*1965*	*1964*	*1960–63*	*Others under age 16*	*Total*
Quadruple DTPP	–	1	6	–	–	–	7
Triple DTP	1136	1405	101	45	42	14	2743
Diphtheria/Whooping Cough	–	–	–	–	–	–	–
Diphtheria/Tetanus	126	114	24	30	195	220	709
Diphtheria	–	1	–	1	3	4	9
Whooping Cough	–	1	2	–	1	–	4
Tetanus	–	–	1	–	3	386	390
Salk	5	20	1	1	3	–	30
Sabin	1159	1571	186	75	270	228	3489
Lines 1+2+3+4+5 (Diphtheria)	1262	1521	131	76	240	238	3468
Lines 1+2+3+6 (Whooping Cough)	1136	1407	109	45	43	14	2754
Lines 1+2+4+7 (Tetanus)	1262	1520	132	75	240	620	3849
Lines 1+8+9 (Poliomyelitis)	1164	1592	193	76	273	228	3526

Table 6 Vaccination and immunisation continued

Reinforcing doses—number of persons under age 16

Type of vaccine	*1967*	*1966*	*1965*	*1964*	*1960–63*	*Others under age 16*	*Total*
Quadruple DTPP	–	–	–	–	–	–	–
Triple DTP	–	590	922	75	169	9	1765
Diphtheria/Whooping Cough	–	–	1	–	–	1	2
Diphtheria/Tetanus	–	89	139	26	2012	320	2586
Diphtheria	–	–	1	–	17	145	163
Whooping Cough	–	–	–	–	1	–	1
Tetanus	–	–	1	–	18	197	216
Salk	–	8	8	–	16	4	36
Sabin	–	507	248	37	2126	272	3190
Lines 1+2+3+4+5 (Diphtheria)	–	679	1063	101	2198	475	4516
Lines 1+2+3+6 (Whooping Cough)	–	590	923	75	170	10	1768
Lines 1+2+4+7 (Tetanus)	–	679	1062	101	2199	526	4567
Lines 1+8+9 (Poliomyelitis)	–	515	256	37	2142	276	3226

Table 7 Smallpox vaccination persons aged under 16

Age at date of vaccination	*Number of persons vaccinated or revaccinated during 1967*	
	Number vaccinated	*Number revaccinated*
0–2 months	46	–
3–5 months	30	–
6–8 months	32	–
9–11 months	41	–
12–23 months	1745	–
2–4 years	301	19
5–15 years	89	79
Total	2284	98

Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1967

Domiciliary	
Employed by Borough Council	17
Employed by Queen Charlotte's Hospital	10
In private practice	2
Institutional	
Hospitals	130
Nursing Homes	–
Total	159

Table 9 Deliveries attended by domiciliary midwives during 1967

By Midwives employed by Borough Council	518
By Midwives employed by Queen Charlotte's Hospital	60
Total	578
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day—	
Borough Council Midwives	964
Queen Charlotte's Hospital Midwives	72
Midwife employed by London Borough of Ealing specifically for 48 hour planned discharges (Brentford and Chiswick area)	27
Total	1063

Table 10 Health Visiting

Number of visits paid by Health Visitors during 1967	*First visits*	*Total visits*
Expectant mothers	1103	1610
Children born in 1967	3526	10063
Chidren born in 1966	3816	10367
Children born in 1962-65	9037	22429
Other classes	4599	6873
All classes	22081	51342

This table does not include

a. Visits made by Tuberculosis 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 1967	
a. number of cases	2605
b. number of visits	91113
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	1677
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	24
Number of visits included in (b) above of over one hour duration	3224

Table 12 Home Help

Number of cases in which home help was provided during 1967	
Aged 65 or over at time of first visit during year	1542
Aged under 65 at time of first visit during year—	
Chronic sick and tuberculous	130
Mentally disordered	12
Maternity	159
Others	190
Total	2033

Table 13 New cases of Tuberculosis notified formally or otherwise to the Medical Officer of Health and Deaths ascribed to Tuberculosis during 1967

Age in years	*New cases*				*Deaths*			
	Pulmonary		*Non-pulmonary*		*Pulmonary*		*Non-pulmonary*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*
Under 1	–	–	–	–	–	–	–	–
1	2	–	1	–	–	–	–	–
5	2	3	–	1	–	–	–	–
10	4	3	–	–	–	–	–	–
15	5	5	–	1	–	–	–	–
20	3	3	2	3	–	–	–	–
25	12	9	6	5	1	–	–	–
35	7	8	1	3	–	–	–	1
45	6	3	–	1	3	1	–	–
55	11	3	1	2	–	–	–	–
65 and over	6	3	–	–	3	2	–	–
Age unknown	1	–	–	–	–	–	–	–
All ages	59	40	11	16	7	3	–	1

Table 14 Tuberculosis
Summary of the work of chest clinics

Persons examined for the first time	4145
Persons found to be tuberculous	108
New contacts seen for the first time during the year	903
New contacts found to be tuberculous	8
Cases on register at 31st December 1967	862
Home visits made by Tuberculosis Visitors during 1967	1552

Table 15 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1967	7
Number of sessions held by Medical Officers	245
Number of sessions held by Midwives	138
Total	383
Number of women who attended in 1967	
Ante-natal	615
Post-natal	52
Total number of attendances by women shown above	
Ante-natal	2076
Post-natal	72

Table 16 Ante-natal mothercraft and relaxation classes

Number of women who attended during 1967	
Institutionally booked	608
Domiciliary booked	205
Total	813
Total number of attendances during 1967	2675

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
14	14	–	14

Table 18 Child welfare centres

Number of centres in use at end of 1967*	12
Number of Child Welfare Sessions held by	
Medical officers	1310
Health visitors	68
Hospital medical staff	51
Total	1429
Number of children who attended during the year and who were born in	
1967	3086
1966	2940
1962-1965	2664
Total	8690
Number of attendances made by children shown above	51402

* 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 1967

Number	3
Number of approved places	136
Number of children on register at end of year	
Age under 2 years	36
Age 2-5 years	106
Average daily attendance during the year*	
Age under 2 years	31
Age 2-5 years	80

* These are arithmetical 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 of the National Health Service Act 1946

Name and address of Home	*Number of beds*		*Admissions*		*Average length of stay in weeks*		
	Total	*Cots*	*Total number of women admitted*	*Number of admissions for which the Council accepted financial responsibility*	*Ante-natal*	*Post-natal*	*Shelter*
St Agnes 53 Barrowgate Road Chiswick W4 (Hammersmith Deanery Association for Moral Welfare)	16	4	83	17	5	5	2

In addition the Council accepted financial responsibility for 60 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*	*Number of persons who commenced treatment during the year*	*Number of courses of treatment completed during the year*
Expectant and nursing mothers	82	69	52
Children aged under 5 and not eligible for school dental service	850	489	473

Dental treatment provided	*Scalings and/or stain removal*	*Fillings*	*Teeth filled*	*Teeth root filled*	*Crowns and inlays*	*Teeth extracted*	*General anaesthetics*	*Dentures provided*		*Radiographs*
								Full upper or lower	*Partial upper or lower*	
Expectant and nursing mothers	43	188	124	9	1	47	9	6	3	21
Children aged under 5 and not eligible for school dental service	283	1508	1175	–	–	625	270	–	–	7

Table 22 Mentally disordered patients under the care of the Borough at 31st December 1967

		Mentally ill					*Sub-normal and severely sub-normal*				
		Under age 16		*Aged 16 and over*			*Under age 16*		*Aged 16 and over*		
		M	*F*	*M*	*F*	*Total*	*M*	*F*	*M*	*F*	*Total*
1	Number of patients under care at 31st December, 1967	–	–	134	237	371	63	45	120	130	358
2	Attending training centre	–	–	9	3	12	50	38	44	45	177
3	Awaiting entry to training centre	–	–	–	–	–	4	–	–	2	6
4	Receiving home training	–	–	–	–	–	–	–	–	–	–
5	Awaiting home training	–	–	–	–	–	–	–	–	–	–
6	Resident in LA home/hostel	–	–	11	6	17	–	1	1	–	2
7	Awaiting residence in LA home/hostel	–	–	–	–	–	–	–	2	–	2
8	Resident at LA expense in other homes/hostels	–	–	3	11	14	5	6	5	8	24
9	Resident at LA expense by boarding out in private households	–	–	–	–	–	1	1	1	3	6
10	Attending day hospitals	–	–	1	10	11	–	–	–	–	–
11	Receiving home visits and not included in lines 2–10										
	(a) suitable to attend a training centre	–	–	3	8	11	2	4	9	15	30
	(b) others	–	–	107	199	306	5	1	61	63	130
12	Number of children not incuded in item 2 above because they do not come within the categories covered	–	–	–	–	–	–	–	–	–	–
13	Number of persons included in item 6 above who reside in accommodation provided under the National Assistance Act, 1948	–	–	–	–	–	–	–	–	–	–
14	Number of patients on waiting list for admission to hospital at 31.12.67										
	(a) In urgent need of hospital care	–	–	–	–	–	2	3	–	–	5
	(b) Not in urgent need of hospital care	–	–	1	–	1	1	4	1	2	8
15	Number of admissions for temporary resident care (e.g. to relieve the family) during 1967										
	To NHS Hospitals	–	–	4	6	10	10	13	7	2	32
	Elsewhere	–	–	–	–	–	1	1	–	–	2
16	Admissions to guardianship during the year	–	–	–	–	–	–	–	–	–	–
17	Total number under guardianship at end of year	–	–	–	–	–	–	–	–	–	–

Table 23 Number of patients referred during year ended 31st December 1967

Referred by	*Mentally ill*					*Sub-normal and severely sub-normal*				
	Under age 16		*Aged 16 and over*			*Under age 16*		*Aged 16 and over*		
	M	*F*	*M*	*F*	*Total*	*M*	*F*	*M*	*F*	*Total*
General Practioners	–	–	126	267	393	–	–	–	–	–
Hospitals, on discharge from inpatient treatment	–	–	88	159	247	1	–	1	1	3
Hospitals, after or during outpatient or day treatment	–	–	23	52	75	1	–	2	–	3
Local education authorities	–	1	2	1	4	9	2	7	1	19
Police and courts	–	–	26	16	42	–	–	–	–	–
Other sources	–	–	84	119	203	2	1	4	3	10
Total	–	1	349	614	964	13	3	14	5	35

Table 24 Work of mental health social workers during 1967

	Mental illness	*Mental subnormality*
Visits made	4278	980
Office interviews	319	53
Compulsory admissions to psychiatric hospitals	192	2
Informal admissions to psychiatric hospitals	195	28

Table 25 Ministry of Agriculture, Fisheries and Food—Prevention of Damage by Pests Act 1949—Report for 12 months ended 31st December 1967

Properties other than sewers	*Type of property* *Non-Agricultural*	*Agricultural*
Number of properties in district	75969	9
Total number of properties (including nearby premises) inspected following notification	5015	4
Number infested by Rats	2878	4
Mice	871	1
Total number of properties inspected for rats and/or mice for reasons other than notification	7781	7
Number infested by Rats	741	2
Mice	219	–
Sewers		
Were any sewers infested by rats during the year?	Yes	

Table 26 Offices, Shops and Railway Premises Act, 1963—Annual Report for 1967

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 21st February, 1968.

Table A. Registration 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	58	641	89
Retail Shops	52	1136	284
Wholesale shops, warehouses	11	126	9
Catering establishments open to the public, canteens	14	179	44
Fuel storage depots	–	–	–
Total	135	2082	426

Table B. Number of visits of all kinds by Inspectors to registered premises 1849

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

Class of Workplace	*Number of persons employed*
Offices	18197
Retail shops	6370
Wholesale departments, warehouses	2003
Catering establishments open to the public	1462
Canteens	881
Fuel storage depots	3
Total	28916
Total males	14723
Total females	14193

Table D. Exemptions—One exemption granted under Part IV—washing facilities

Table E. Prosecutions

Section of Act or title of regulations or order	*Number of informations laid*	*Number of informations leading to a conviction*
Section 10	1	–
Section 4 (1)	1	1
Section 16 (1)	1	1
Section 16 (2)	1	1
Section 16 (3)	1	1
	Number of persons or companies prosecuted	2

The exemption mentioned in Table D, Part IV, relates only to the provision of hot water to an existing wash basin and is limited to one year.

Table 27 Factories Act 1961 Part 1 of the Act

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	124	36	2	–
b. Factories not included in (a) in which Section 7 is enforced by the Local Authority	874	1081	48	–
c. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	44	30	2	–
Total	1042	1147	52	–

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*	*Referred By HM Inspector*	
Want of cleanliness (S1)	–	–	–	–	–
Overcrowding (S2)	–	–	–	–	–
Unreasonable temperature (S3)	1	1	–	–	–
Inadequate ventilation (S4)	–	–	–	–	–
Ineffective drainage of floors (S6)	–	–	–	–	–
Sanitary conveniences (S7)					
a. insufficient	1	1	–	–	–
b. unsuitable or defective	52	28	–	3	–
c. not separated for sexes	–	–	–	–	–
Other offences against the Act (not including offences relating to outwork)	–	–	–	–	–
Total	54	30	–	3	–

Table 27 continued

Outwork—Part VIII of the Act

Nature of Work	*Section 133*				*Section 134*	
	No. of Outworkers in August list required by Section 133 (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	58	–	–	–	–	–
Lace, lace curtains and nets	3	–	–	–	–	–
Brass and brass articles	28	–	–	–	–	–
Artificial flowers	5	–	–	–	–	–
Total	94	–	–	–	–	–

Table 28 Meteorology

Extract from records supplied by the Chief Engineer, Mogden Sewage Works

Week Ending 1967		*Barometer Highest*	*Lowest*	*Temperature (C°) Max*	*Min*	*Days with rainfall*	*Total rainfall (inches)*
Jan	7th	30·24	29·86	12·5	—3·0	1	0·10
	14th	30·57	29·78	9·0	—4·5	2	0·02
	21st	30·50	29·48	11·5	1·0	4	0·19
	28th	30·00	29·38	13·0	3·5	7	1·00
Feb	4th	30·50	29·70	14·0	0·0	4	0·08
	11th	30·50	30·08	10·5	—0·5	1	trace
	18th	30·28	29·00	10·0	—1·5	4	0·47
	25th	30·03	29·00	12·5	1·5	5	1·00
Mar	4th	30·13	29·17	12·0	2·5	5	0·66
	11th	30·09	28·85	13·5	2·5	5	1·19
	18th	30·46	29·63	15·0	2·0	3	0·11
	25th	30·38	29·20	17·0	2·5	1	0·14
Apr	1st	30·23	29·19	11·5	—2·0	6	0·30
	8th	30·16	29·59	15·0	2·0	4	0·29
	15th	30·26	29·51	16·0	4·5	5	1·12
	22nd	30·21	29·35	21·0	0·5	2	0·04
	29th	30·37	29·80	17·0	0·5	2	0·34
May	6th	29·97	29·34	18·0	—1·0	6	1·18
	13th	30·11	29·62	25·0	7·0	3	0·12
	20th	29·99	29·22	16·0	5·5	6	0·96
	27th	29·95	29·19	20·5	6·5	7	1·19
June	3rd	30·26	29·58	20·5	6·5	5	0·68
	10th	30·30	29·70	22·5	7·0	1	0·12
	17th	30·30	30·10	23·5	7·0	–	–
	24th	30·17	29·73	23·0	8·5	3	0·10
July	1st	30·13	29·62	24·0	10·0	3	1·30
	8th	30·24	29·60	25·0	9·5	1	0·06
	15th	30·27	29·74	27·5	12·0	1	0·06
	22nd	30·10	29·77	29·0	11·5	3	2·19
	29th	30·13	29·72	25·5	12·0	4	0·53
Aug	5th	30·10	29·74	26·0	7·0	4	0·30
	12th	30·10	29·55	24·0	10·0	6	0·14
	19th	30·20	29·29	21·0	9·5	7	1·27
	26th	30·20	29·89	25·5	10·2	1	trace

Table 28 continued

Week ending 1967		Barometer Highest	Lowest	Temperature (C°) Max	Min	Days with rainfall	Total rainfall (inches)
Sep	2nd	30·10	29·35	25·5	10·5	2	0·11
	9th	30·27	29·20	19·5	7·0	4	0·37
	16th	30·20	29·77	19·5	11·5	4	0·41
	23rd	29·78	29·37	20·0	8·0	7	0·79
	30th	30·00	29·58	22·0	11·0	6	0·71
Oct	7th	30·06	29·02	20·0	8·0	5	0·51
	14th	30·21	29·39	21·0	9·0	5	0·52
	21st	30·22	29·01	17·0	4·0	5	1·51
	28th	29·93	29·07	15·0	3·5	6	0·67
Nov	4th	29·76	28·69	12·5	2·0	7	1·55
	11th	30·25	29·01	14·0	—1·0	2	0·08
	18th	30·47	29·63	13·0	—2·0	5	0·17
	25th	30·60	29·78	11·0	—1·0	1	0·03
Dec	2nd	30·50	29·56	12·0	—1·0	4	0·09
	9th	30·50	29·61	12·0	—7·0	5	0·45
	16th	30·39	30·00	9·5	—3·3	4	0·24
	23rd	30·39	29·23	13·0	—3·0	6	1·09
	30th	29·98	29·04	10·5	—1·0	6	0·34

Table 29 Wind direction

Summary of daily records for 52 weeks

N	18 days	SSW	18 days
NNE	14 days	SW	70 days
NE	13 days	WSW	39 days
ENE	5 days	W	34 days
E	9 days	WNW	17 days
ESE	1 day	NW	10 days
SE	5 days	NNW	1 day
SSE	8 days	Calm	81 days
S	21 days		

Table 30 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*
1963 and later	297	287	10
1962	1498	1460	38
1961	1063	1050	13
1960	310	307	3
1959	596	590	6
1958	183	183	–
1957	33	33	–
1956	913	911	2
1955	666	647	19
1954	129	121	8
1953	631	624	7
1952 and earlier	1536	1522	14
Total	7855	7735	120

b. Special Inspections

Number of Special Inspections	5516
Number of Re-inspections	4203
Total	9719

Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
For defective vision (excluding squint)	*For any other condition*	*Total individual pupils*
5	34	36
58	152	179
49	101	136
16	34	46
41	74	102
10	20	28
3	8	11
90	138	213
82	86	148
24	20	38
76	81	146
134	126	237
588	874	1320

Table 31 Defects found by Periodic and Special Medical Inspections

Defects 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	225	243	577	56
Eyes a. Vision	588	487	142	154
b. Squint	72	68	12	10
c. Other	16	63	20	6
Ears a. Hearing	40	205	57	203
b. Otitis Media	32	91	18	17
c. Other	23	64	40	15
Nose and Throat	81	389	43	82
Speech	39	117	33	44
Lymphatic Glands	1	56	–	9
Heart	13	160	8	29
Lungs	35	213	13	51
Developmental a. Hernia	9	48	2	5
b. Other	32	166	24	88
Orthopaedic a. Posture	32	145	2	18
b. Feet	87	225	37	70
c. Other	68	186	20	32
Nervous System a. Epilepsy	8	28	5	8
b. Other	8	56	8	23
Psychological a. Development	7	82	19	45
b. Stability	18	383	61	129
Abdomen	6	59	8	10
Other	40	253	106	141

Table 32 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	155
Errors of refraction (including squint)	1751
Total	1870
Number of pupils for whom spectacles were prescribed	672
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	170
Total	170
Number of pupils known to have been provided with hearing aids	
a. in 1967	10
b. in previous years	60
Orthopaedic and Postural Defects	
a. pupils treated at clinics and out-patient departments	388
b. pupils treated at school for postural defects	221
Total	609
Diseases of the Skin (excluding uncleanliness)	
Ringworm	4
Scabies	–
Impetigo	6
Other skin diseases	877
Total	887
Child Guidance Clinic	
Pupils treated	588
Speech Therapy	
Pupils treated	673
Other treatment given	
a. pupils with minor ailments	342
b. pupils who received convalescent treatment under School Health Service arrangements	19
c. pupils who received BCG vaccination	1178
d. allergy clinic	83
Total	1622

Table 33 Infestation with Vermin

Total number of pupils examined in schools by nurses or other authorised persons	10353
Total number of individual pupils found to be infested	173
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944)	73
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944)	8

Table 34 Dental Inspection and Treatment

	Number of pupils			
	Age 5–9	*Age 10–14*	*Age 15 and over*	*Total*
Inspections				
First inspection at school				5408
First inspection at clinic				4141
No. of first inspections requiring treatment				6531
No. of first inspections offered treatment				6531
Pupils re-inspected at clinic				1468
No. of re-inspections requiring treatment				1043
Attendances and treatment				
First visit	2019	2237	431	4687
Subsequent visits	4759	5522	1365	11646
Total visits	6778	7759	1796	16333
Additional courses of treatment commenced	244	553	48	845
Fillings in permanent teeth	2403	6082	1665	10150
Fillings in deciduous teeth	5273	329	–	5602
Permanent teeth filled	1617	3956	1081	6654
Deciduous teeth filled	3345	212	–	3557
Permanent teeth extracted	107	445	96	648
Deciduous teeth extracted	2441	670	–	3111
General anaesthetics	1006	336	25	1367
Emergencies	421	215	38	674
Number of pupils X-rayed				1003
Prophylaxis				2567
Teeth otherwise conserved				44
Number of teeth root filled				73
Inlays				5
Crowns				80
Courses of treatment completed				4262

Table 34 Dental Inspection and Treatment - *continued*

	Number of pupils			
	Age 5–9	*Age 10–14*	*Age 15 and over*	*Total*
Anaesthetics				
General anaesthetics administered by dental officers				6
Orthodonics				
Cases remaining from previous year				529
New cases commenced during year				132
Cases completed during year				94
Cases discontinued during year				58
No. of removable appliances fitted				219
No. of fixed appliances fitted				4
Pupils referred to hospital consultant				–
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	–	–	–	–
Pupils supplied with other dentures (first time)	–	6	3	9
No of dentures supplied	–	6	3	9
Sessions				
Sessions devoted to treatment				2657
Sessions devoted to inspection				98
Sessions devoted to Dental Health Education				168

List of clinics held in the Borough at 31st December 1967

Except for infant welfare and minor ailments attendance at all clinics is by appointment

Clinic	*Infant Welfare*	*Ante-natal*	*Cervical Cytology*	*Immunisation*	*Chiropody*	*Dental*	*School*	*Minor ailments*	*Ophthalmic & orthoptic*	*Ortho-paedic*	*Physio-therapy*	*Speech Therapy*	*Allergy*	*Mental Health Counselling*	*Child Psychiatry*	*Otology*	*Cerebal Palsy*
Imperial Road, Bedfont	Mon pm Wed pm Thur pm	Fri am (relaxation) Fri pm (alt)	Fri pm (alt)	Wed pm (alt)	Tue am/pm	Mon to Fri am/pm	Wed am	Mon to Fri am				Mon am/pm					
Albany Road, Brentford	Wed pm Thur pm	Tue am		Mon pm (2nd & 4th)	Tue am Wed am/pm Fri am	Wed am/pm Thur am/pm Fri am/pm	Thur am	Mon to Fri am	Mon am (alt)	Mon pm (1st & 3rd)		Thur am/pm		Tue pm (2nd & 4th)			
Town Hall, Chiswick	Tue pm Wed pm Thur pm Fri pm	Tue am (relaxation) Thur pm	Thur pm	Mon pm Thur am (1st & 4th)	Mon am Tue pm Wed pm Thur am/pm Fri am (alt) Fri pm	Mon to Fri am/pm	Mon am	Mon to Fri am				Wed am/pm					
Holy Angels Church Hall, Bath Road, Cranford	Fri pm																
Cardinal Road, Feltham	Mon pm Tue pm (HV only) Wed pm	Thur pm (relaxation & mother-craft)		Tue pm (2nd 3rd & 4th)	Mon am Tue am	Mon to Fri am/pm	Wed am Fri am	Mon to Fri am	Mon am (alt)			Tue am/pm		Thur pm (1st)			
Grove Crescent, Hanworth	Tue pm Wed pm Thur pm (1st & 3rd)	Mon pm (relaxation) Wed pm (alt)	Wed pm (alt)	Fri am (alt)	Tue pm	Tue am/pm Thur am/pm	Mon am	Mon to Fri am	Thur am (Orthoptist)			Wed pm					
Cranford Lane, Heston	Tue pm Wed pm Thur pm	Mon pm (alt) Wed am (relaxation) Wed pm (Midwives)	Mon pm (alt)	Fri pm			Tue am	Mon to Fri am				Wed am/pm Thur am					
92 Bath Road, Hounslow	Tue pm Wed pm Thur pm Fri pm	Tue am Tue am (relaxation) Wed pm (Midwives)	Thur pm	Mon pm (1st, 2nd & 3rd) Wed am	Mon pm Wed am Thur am Fri am	Mon to Fri am/pm	Wed am Fri am	Mon to Fri am	Mon am (Orthoptist) Tue am Wed pm	Tue pm (4th)	Tue pm Thur pm Fri pm	Mon pm Tue am/pm Fri am/pm	Fri pm	Tue pm (1st) (held at 6 Lampton Road)			

List of clinics held in the Borough at 31st December 1967 - *continued*

Clinic	*Infant Welfare*	*Ante-natal*	*Cervical Cytology*	*Immunisation*	*Chiropody*	*Dental*	*School*	*Minor ailments*	*Ophthalmic & orthoptic*	*Ortho-paedic*	*Physio-therapy*	*Speech Therapy*	*Allergy*	*Mental Health Counselling*	*Child psychiatry*	*Otology*	*Cerebal palsy*
Park Road, Busch Corner, Isleworth	Mon pm Wed pm	Tue pm (alt) Thur pm (Midwives)	Tue pm (alt)	Tue pm (1st only) Thur am (2nd & 3rd)	Wed pm Thur pm Fri pm	Mon am/pm Tue am/pm Thur am/pm	Mon am	Mon to Fri am	Mon pm (alt)		Mon am Tue am Thur am Fri am	Wed pm Fri am/pm					
Spring Road, Feltham	Mon pm Thur pm (2nd & 4th)	Wed am (relaxation)		Fri am (alt)	Mon pm		Tamhur	Mon to Fri am				Thur pm					
Child Guidance, Old Town School School Road, Hounslow															Wed am/pm Thur am/pm Fri pm		
Hearing Clinic, Vicarage Farm Road, Heston																Mon am Tue am/pm	
Medical Advisory Unit Martindale Road, Hounslow									Mon am (occasional)		Mon to Fri am/pm	Mon to Fri am/pm					Mon pm

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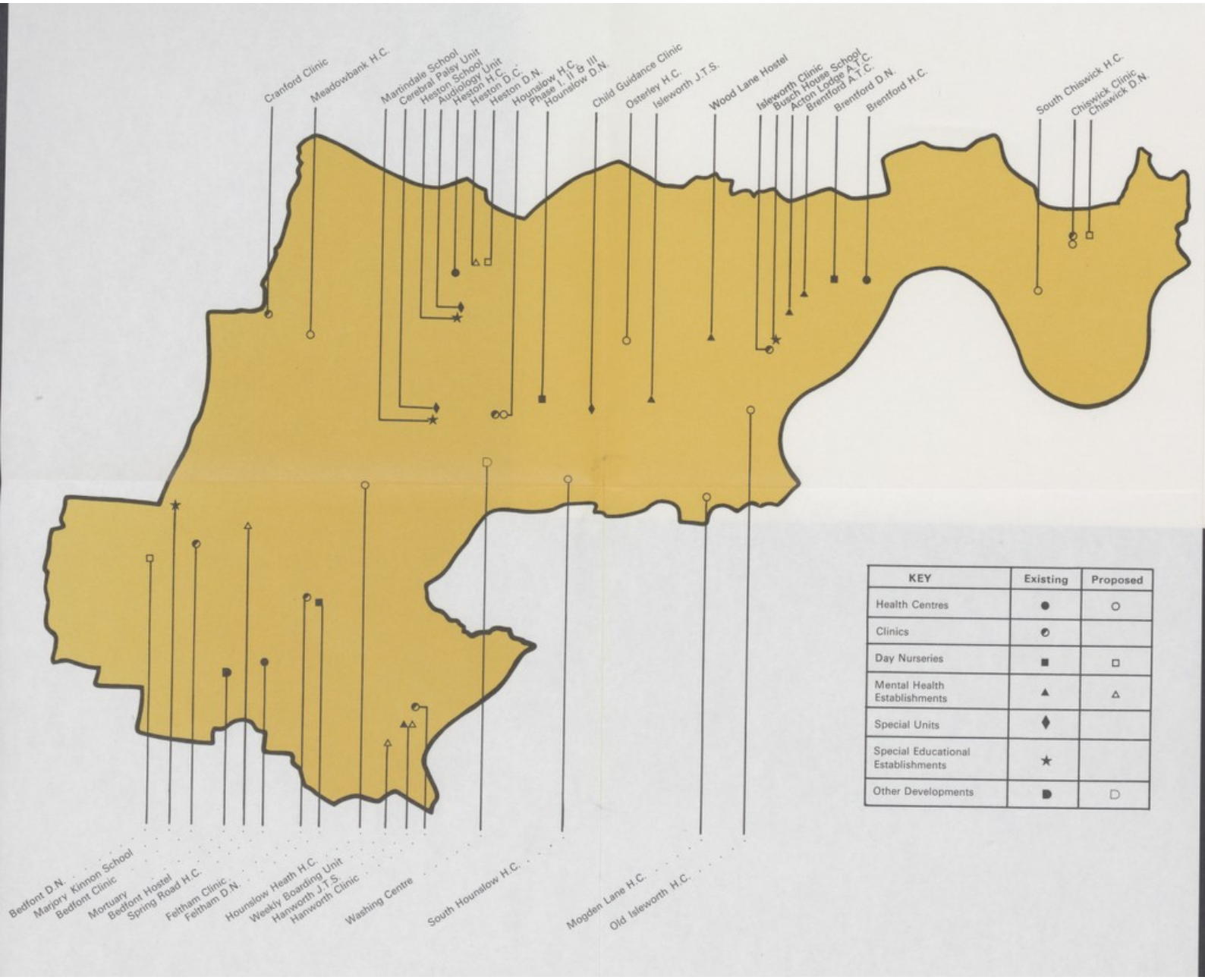
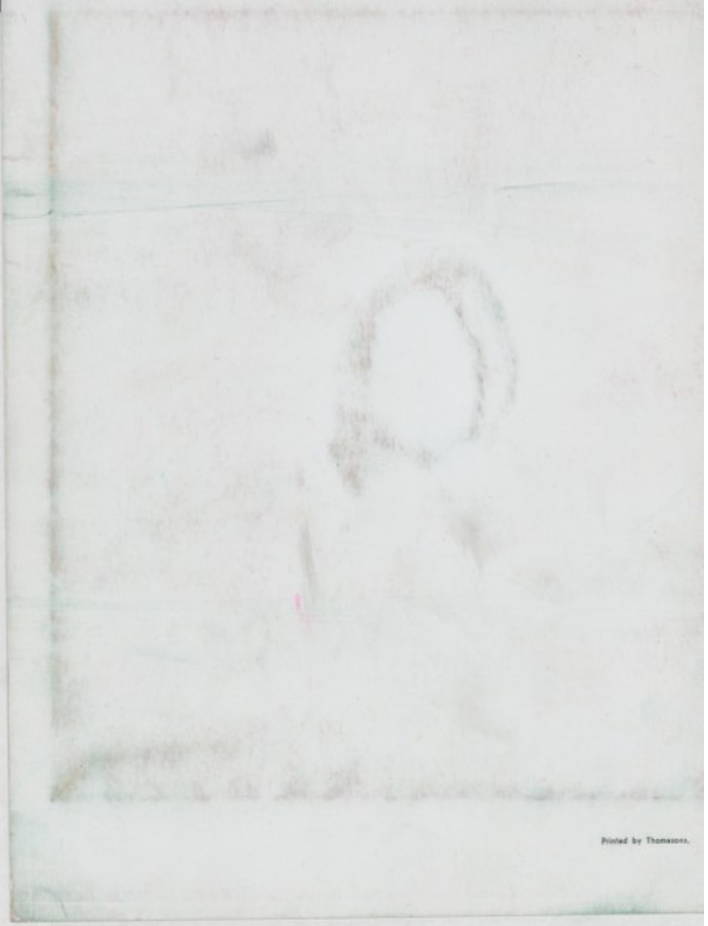


KEY	Existing	Proposed
Health Centres	●	○
Clinics	◐	
Day Nurseries	■	□
Mental Health Establishments	▲	△
Special Units	⧫	
Special Educational Establishments	★	
Other Developments	◗	◻



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