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

Contributors

Hounslow (London, England). Council.

Publication/Creation

[1969?]

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The Health Services of Hounslow 1968

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LONDON BOROUGH OF HOUNSLOW

Annual Report 1968

of the Medical Officer of Health and Principal School Medical Officer

Robert L. Lindon MRCS LRCP DPH DCH

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Councillor G.A.M. Greenland JP FCII

Vice-Chairman
Councillor A.F. Brazier

Alderman Mrs. E.W.W. Basley
Alderman E.J. Kenward FACCA MIOM MREconS
Councillor J. Auton-Hall
Councillor J.H. Barnes BSc (Econ) ACA
Councillor Mrs. E.M. Boxall
Councillor W.E. Gamble
Councillor C.J. Gray
Councillor A.C. Gurrin FSVA
Councillor Mrs. L. Harvey
Councillor V.E. Hopkins
Councillor Mrs. V.D. Marks
Councillor J.W. Stokes
Councillor B.A. Williams MPS

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Vice-Chairman
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Councillor H. Nixon
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Councillor B.O. Wilson
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Members of the Education Special Services Sub-Committee 1968-1969

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Alderman A.F. Brazier

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Councillor D.M. Deanshaw AIB
Councillor E. Elliott
Councillor W.E. Gamble
Councillor Mrs. J. Horley
Councillor H. Nixon
Councillor C.A. Pocock JP MA (ex officio)
Councillor D.F. Ryan BSc (ex officio)

Co-opted Members
Miss F.M. Knowles
Mr. K.G. Berger

Staff of the Department of Health

at 31st December 1968

	Staffing establishment
Medical Officers	15

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
Anne M. Jepson MB BS MRCS LRCP DPH DCH

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

Senior Departmental Medical Officers
Mrs. A.J.V. Lawson MB BS DObst RCOG
Mrs. R. Prothero MD LRCP LRCS DCH
Miss D.P. Richards MB BS DCH

Department Medical Officers
Mrs. P.A. Cavanagh MB ChB
Mrs. J.R. Richards MB ChB
Mrs. I.R. Ross MB ChB

Consultants — In conjunction with the Regional Hospital Boards

Audiology Unit
L. Fisch MD DLO

Cerebral Palsy Unit
N.J.O'Doherty MD MRCP DCH

Child Guidance Clinic
W.P.K. Calwell MB BS DPM

Ophthalmic Clinics
Miss H.B. Casey MB BCh DOMS
J.R. Holmes MB BCL DOMS

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

Staffing establishment

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	
Dental Officers and Orthodontists	12
Chief Dental Officer D.H. Norman BDS LDS RCS	
Deputy Chief Dental Officer Mrs. B. Fox BDS LDS	
Senior Dental Officer P.A. Jones BDS LDS Mrs. M.A. Libbey LDS RCS	
Orthodontist S. Levy BDS	
Dental Officers Miss F.H. Bowie BDS LDS Mrs. P.I. Newlands BDS	
Senior Psychologist for special units and special schools	1
Miss Moya Tyson BA BSc (Econ) PhD	
Social Work Organiser and Advisor on Health Education	1
E. Heimler AAPSW	
Physiotherapists	7
Superintendent Physiotherapist Mrs. J. Biddle MCSP SRP	
Speech Therapists	6
Senior Speech Therapist Mrs. D.E. Cox LCST	
Chief Nursing Officer Miss G.E. Brocklebank SRN HV CMB DIP.SOC	
Health Visitors and School Nurses	39

Staffing establishment

Principal Nursing Officer Health Visiting Miss D.A. Harding SRN HV NNEB	
Student Health Visitors	6
Tuberculosis Visitors	5
Home Nurses	35
Domiciliary Midwives	16
Principal Nursing Officer Midwifery and Home Nursing Miss V. Murphy SRN SCM HV RMPA Deputy Principal Nursing Officer Midwifery and Home Nursing 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
Rodent Operators/General Duties Assistants	8
Mortuary Attendant	1
Psychiatric Social Workers Senior Psychiatric Social Worker Mrs. A. Lees BSc MHC	3
Mental Health Social Workers	12

Staffing establishment

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	9
General Duties Assistants	4
Coach Guides	2
Cook	1
Caretaker	1
Cleaner	1
Isleworth	
Supervisor Mrs. M.S. Moodie NAMH	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 or Instructors	14 (Combined establishment with Brentford A.T.C.)
Cooks	2
Domestic Assistant	1
Coach Guides	2
Brentford Adult Training Centre	
Supervisor Instructor B.F. Pitt	1
Senior Instructors or Instructors	(combined establishment with Acton Lodge A.T.C.)

Staffing establishment

Hostel for the Mentally Ill	
Warden	1
T.V. Jones DSC	
Assistant Warden	1
Medical Practitioner	1
Housekeeper	1
Cooks	2
Domestic Assistants	2
Weekly Boarding Unit	
Resident Matron	1
Mrs. A.M. Appleby SRN	
Resident Assistant Matron	1
Resident Cook/Attendant	1
Attendant	1
Night Attendant	1
Domestic Assistant	1
Day Centre for the Elderly Mentally Confused	
Superintendent	1
Mrs. H. Kenneally SRMN	
Assistant Superintendent	1
Attendant	1
Driver/Attendant	1
Cook	1
Kitchen Hand	1
Cleaner	1
Day Nurseries	
Matrons	3
Deputy Matrons	3
Wardens	3
Nursery Nurses	18
Nursery Students	14
Cooks	3
Domestic Assistants	7
Hounslow Chest Clinic	
Almoner	In conjunction with the North West Metropolitan
Clerk	Regional Hospital Board

Medical Auxiliaries etc.	
Psychotherapist	1
Dental Auxiliaries	2
Dental Surgery Assistants	16
Audiometricians	4
Chiropodists	3
Orthoptist	1
Occupational Therapist	1
Vision Screen Operator	1
Welfare Assistants	2
Welfare Officer	1
Clinic Attendants	5
Home Helps	170
Organiser	1
Miss D. Claxton	
Assistant Organisers	4
Caretakers and Cleaners	11
Administrative and Clerical	37
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 fourth Annual Report on the health of the people living in the London Borough of Hounslow, on the health services provided by the Borough for the year 1968, and the proposals for future improvements and developments.

Intense pressure of work on new buildings and services has prevented an earlier publication of this report.

Readers will find a comprehensive account of the Borough's activities in the fields of health and preventive medicine in the text of the report and I shall therefore confine myself to highlighting certain of the major events and the more unusual and original ideas and developments in services and research which have taken place during a very active year for the department.

The full implementation of the National Health Service (Family Planning) Act 1967 by the Borough Council to provide a family planning service for all borough residents needing it on non medical as well as medical grounds, through the agency of the Family Planning Association has resulted in an expansion and extension of this important service. There has been a further welcome decrease in illegitimate births in the borough from 306 in 1967 (340 in 1966) to 280 in 1968 and in addition only 37 unsupported mothers were admitted to mother and baby homes compared with 79 in 1967.

During March, health centres were very much in the news when both Brentford and Spring Road, Feltham, health centres were officially opened within two weeks of one another by His Worship the Mayor of Hounslow who also attended the ceremony laid on by the contractors Y.J. Lovell (Bucks.) Ltd. to mark the commencement of the building of the large twelve doctor health centre complex at 92 Bath Road, Hounslow. It is conforting to note that the Royal Commission on Medical Education (Todd Report) published in 1968 actually recommends twelve surgery centres as the size to be aimed at for the optimal combination of personal patient care with medical, technical and administrative efficiency. With adequate accommodation it should be possible for more of these much recommended family doctor teams to become a reality in the area in the foreseeable future.

The urgently needed development of integrated hospital and community psychiatric services for both the mentally ill and the mentally handicapped continued at a rapid pace and the borough can now justifiably claim to be in the van of progress in both these fields though much still requires to be done. Joint hospital and local health authority appointments of consultant psychiatric and social worker staff and the provision of comprehensive mixed units at the parent psychiatric hospital exclusively for Hounslow patients has done much to make the service more successful and humane. Currently these mixed wards provide continuous care for patients from admission to discharge irrespective of diagnosis and clinical state and approximate to the general hospital plan put forward by the Department of Health and Social Security. The fact that referrals during the year of patients to hospital have dropped significantly despite increased numbers being looked after in the community speaks for itself.

The official opening by His Worship the Mayor of Hounslow of the new Hanworth Junior Training School and Special Care Unit, the completion of the Weekly Boarding Unit for fourteen mentally handicapped children at Hanworth, the new building at Acton Lodge Adult Training Centre containing laundry, domestic science room and gymnasium, the Day Centre for forty elderly confused patients at Heston, and the commencement of the Heston long term home for fourteen mentally handicapped children, the twenty-five place hostel for mentally disordered adults at Bedfont, the fifty place day centre/hospital for those recovering from mental illness and the new child psychiatric and guidance unit mark 1968 as a memorable year for the provision of such services in the area.

In addition I am glad to report that the high quality diagnostic and therapeutic services provided by the borough's doctors, psychologists, nurses, speech therapists, physiotherapists, audiometricians and orthoptist to the special schools and special units have now been provided to an equally high standard at the two junior training schools and special care units. It would be difficult to find an equivalent service elsewhere.

As a direct result of the concern expressed in last year's report about children with delayed speech Dr. Moya Tyson, senior psycholigist for special schools and special units, Mrs. Cox,

senior speech therapist and her colleagues set up an experimental summer school for such children. The knowledge gained and the successful outcome has led to the establishment of a permanent class for these children with the approval of the Education Committee and this is fully reported on page 53.

Similarly an interesting report on their first year of attachment to the special schools and special units in the borough written by the two medical social workers concerned is to be found on page 64.

An illuminating report by Mr. D.H. Norman, chief dental officer, on the school dental service is to be found on page 78.

In January I broadcast on B.B.C. radio 4 on the programme "Children with special needs" which was designed to help parents with handicapped children and in July I was nominated to serve on a Working Party on the "Future Needs of Handicapped Children" under the auspices of the London Boroughs Association and later presented the final report to the Association. In September I was similarly nominated to serve on the London Boroughs Association Officers Working Party on the "Green Paper" and "Seebohm" reports and on several occasions acted as medical adviser to the London Boroughs Association at their subsequent meetings with the Secretary of State for Social Services at the House of Commons. It is of the utmost importance that the contemplated changes in the future should lead to better health and social services for the patients and clients in the community.

The student and occupational health services in the borough continue to occasion widespread interest and Dr. Broadbent's reports on pages 75 and 79 shew their increasing scope which has encouraged a number of outside visitors to come and look for themselves. In January I was requested by the Greater London Council to act as their medical adviser in regard to the "student health" part of their Greater London (General Powers) Bill 1967/68. The main recommendation was that the service for students under the age of 19 years should be extended to include students of all age groups. This occasioned my attendance at the committee stages at both the House of Commons in April and the House of Lords in July.

Amongst the publications and research projects carried out or commenced during the year I would like to draw attention to the following:

(a) A joint paper was written on "The absence of response of some tongue conditions in children to administration of vitamins" by Professor John Yudkin, Queen Elizabeth College, London, Mr. D.H. Norman, chief dental officer, London Borough of Hounslow, Dr. M.E. Wilkinson, deputy medical officer of health, London Borough of Hounslow and Dr. W.T.C. Berry, Department of Health and Social Security. This paper shewn on page 76 of the report describes the investigations carried out in Hounslow at the request of the Department of Health and Social Security and will be presented to the Nutrition Society.

(b) A joint research project was commenced with consultants and medical staff at West Middlesex and South Middlesex Hospitals and medical and nursing staff of the Borough's Health Department on the incidence and other features of infective Hepatitis.

(c) A major joint obstetric/child health research project including consultant and staff at West Middlesex Hospital, medical and other staff at the Wolfson Centre, Institute of Child Health, London, and medical and other staff of the Borough's Health Department. The Department of Health and Social Security is shewing considerable interest in this project.

(d) A paper was published in "Developmental Medicine and Child Neurology" on "Direction of Drawing Movements" in brain-damaged children by Mrs. M.L.J. Abercrombie, Paediatric Research Unit, Guy's Hospital, Dr. Robert L. Lindon, Medical Officer of Health, London Borough of Hounslow and Dr. M.C. Tyson, Senior Psychologist, London Borough of Hounslow and is reproduced on page 57.

(e) Professor Neville Butler of University College Hospital, London requested me to help the National Birthday Trust Fund in their next important follow up survey of 17,000 eleven year old children who were born 3rd - 9th March, 1958 by testing the records and carrying out the preliminary pilot survey in Hounslow with the help of the Department of Health's doctors and nurses.

The B.B.C. filmed aspects of the pilot survey for broadcasting on their television programme "Horizon".

(f) The development of the Hounslow Project continued throughout the year and the Hounslow

Department of Health was joined by the University of Calgary, Canada, in a joint evaluation of the 'Social Functioning Scale' which had been developed in the borough by Mr. E.J. Heimler. Professor Maier, Professor of Social Work at the University of Washington arrived to spend several months study on the social work methods used in Hounslow.

I would like to record our thanks to Dr. A.D. Barlow who in October 1968 retired from his post as paediatric consultant to out medical assessment unit for handicapped children at Martindale, a post which he had held since the unit commenced in 1956. He also retired from his post as consultant paediatrician to West Middlesex Hospital. His kindness and patience were well known to all and were much appreciated.

I would like to welcome Dr. Neil O'Doherty who succeeds Dr. Barlow as consultant to West Middlesex Hospital and our Martindale Unit. A full account of the activities of the unique assessment units at Martindale and at the Heston Audiology Unit, both of which were set up in 1956, are to be found on page 49. It is interesting to note that the Sheldon Report (1967) recommends the setting up of such units at appropriate district hospitals throughout the country.

It is with regret that I record the sudden death on 6th May, 1968 of Miss E.L. Donovan who had given nineteen years of devoted service as superintendent health visitor in this area, firstly with Middlesex County Council and latterly with the London Borough of Hounslow. She combined firmness with a depth of kindness that few could equal.

I would like to acknowledge the ready help received from the family doctors and hospital staff during the year; the joint setting up of health centres, mental health establishments, assessment units, research projects, multi-disciplinary teams and other liaison schemes has enabled all to meet on far more occasions than in the past which must in the long run lead to a more unified and better service for the patients and the community as a whole.

Also my thanks are due to the many voluntary organisations which make such a vital contribution to the success of the service.

I would like once again to take this opportunity to express my appreciation to all the staff of the Department of Health for their loyal and sustained efforts despite the intense pressure of work occasioned by the rapid development of so many buildings and services during the year. A special word of thanks is due to my deputy, Dr. M.E. Wilkinson, for her willing support and help at all times. I would also like to thank the chief and senior officers of the other departments of the Council for their continued help.

Finally on behalf of the whole department I express our gratitude to the chairmen of the health and education committees for their encouragement and ready support during an eventful year.

Robert L Lindon

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-1968	205,580
Persons per acre	14.2
Number of habitable premises (1st April 1968)	66,728
Number of new houses erected during the year	592
Rateable value (1st April 1968)	£16,670,626
Product of a penny rate (estimated 1968/69)	£69,000

Vital Statistics

Live births	
Number	3,335
Crude rate per 1,000 population	16.2
Adjusted rate per 1,000 population	15.7 (England and Wales 16.9)
Illegitimate live births	
Number	280
Per cent of total live births	8.4 (England and Wales 8.5)
Stillbirths	
Number	58
Rate per 1,000 live and stillbirths	17.0 (England and Wales 14)
Total live and stillbirths	3,393
Infant mortality (deaths under 1 year)	60
Total infant deaths per 1,000 live births	18 (England and Wales 18)
Legitimate infant deaths per 1,000 legitimate live births	17.3
Illegitimate infant deaths per 1,000 illegitimate live births	25.0
Neonatal mortality (deaths under four weeks)	
Number	45
Rate per 1,000 total live births	13.5 (England and Wales 12.3)
Early Neonatal mortality (deaths under one week)	
Number	39
Rate per 1,000 total live births	11.7 (England and Wales 10.5)
Perinatal mortality (stillbirths and deaths under one week combined)	
Number	97
Rate per 1,000 total live and stillbirths	29 (England and Wales 25)

Maternal mortality (including abortion)	
Number	1
Rate per 1,000 total live and stillbirths	0.3 (England and Wales 0.2)
Deaths (total - all ages)	
Number	2,362
Crude rate per 1,000 population	11.5
Adjusted rate per 1,000 population	12.2 (England and Wales 11.9)

All rates for England and Wales are provisional

Vital Statistics

Area and Population

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 205,580 people, which is 3,313 fewer than those found during the 1961 census.

The mid-1968 population estimate takes account of the 10 per cent sample census held in April, 1966 and therefore cannot be compared with the estimates given for 1966 and 1967.

Although the population appears to be decreasing, there were 3,335 live births compared with 2,362 deaths giving a natural increase of 973 persons.

The Research and Intelligence Unit of the Greater London Council has provided estimated populations of all London Boroughs by age groups and those for Hounslow are

Age	Number	Percentage of total
Under 1 year	3,350	1.6
1 - 4 years	13,150	6.4
5 - 14 years	26,500	12.9
15 - 64 years	137,380	66.8
65 years and over	25,200	12.3
All ages	205,580	100.0

Live births

The number of live births registered during the year was 3,335 (1,708 male and 1,627 female) giving a crude live birth rate of 16.2 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 15.7 compared with a provisional figure of 16.9 for England and Wales. Compared with the previous year the local and national live birth rates each shew small decreases of 0.5 and 0.3 respectively. The number of illegitimate births shews a further decrease from 306 during 1967 to 280 in 1968, which is 8.4 per cent of all live births and is now slightly less than the national percentage of 8.5. This decrease is reflected in the reduction in the admissions of unsupported mothers to mother and baby homes for which the council accepts financial responsibility. During 1968 these numbered 37 and is a dramatic decrease compared with the 79 who were admitted during the previous year.

Stillbirths.

Stillbirths numbered 58 compared with 51, 40 and 33 recorded for 1965, 1966 and 1967 respectively.

Deaths

As a result of the eighth revision of the International Statistical Classification of Diseases, injuries and Causes of Death, it is not possible to make comparisons with deaths ascribed to certain causes in previous years. A quarter of all deaths were of people aged between 65 and 74 years and 43 per cent were 75 years of age or over.

Infant Mortality

Sixty infants died before reaching the age of one year, 39 were male and 21 female. The infant mortality rate was 18.0 per 1,000 live births and identical to that for the country as a whole. The illegitimate infant death rate was 25 which is almost half as great again as that for legitimate infant deaths.

Maternal mortality

One death was ascribed to abortion.

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 4,949 compared with 4,171 for 1967 and 12,415 during 1966.

Health Services and Public Health Act 1968

Part III of the Act, which deals with notifiable diseases and food poisoning and the Public Health (Infectious Diseases) Regulations 1968 and the Public Health (Fees for Notification of Infectious Diseases) Order 1968, came into operation on 1st October, consolidating and bringing up-to-date in one document former statutory instruments relating to infectious diseases The 1968 Act repeals the provisions in the Public Health Act, 1936 and the Food and Drugs Act 1955, relating to notification procedures and sets out unified procedures It also includes provisions concerning the medical examination of a person suffering from or believed to be a cause of a notifiable disease.

The principal changes affecting medical practitioners attending patients who are suffering from or suspected to be suffering from notifiable infectious disease or from food poisoning are:-

a. All provisions governing the notification of infectious disease and food poisoning are now to be found in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

b. The infectious diseases to be notified to the medical officer of health as from 1st October 1968 are:-

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Cholera
- Diphtheria
- Dysentery (amoebic or bacillary)
- Infective jaundice
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Ophthalmia neonatorum
- Paratyphoid fever
- Plague
- Relapsing fever
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus
- Whooping cough
- Yellow fever

c. Notification of the diseases listed below was not required after 30th September, 1968:-

- Acute influenzal pneumonia
- Acute primary pneumonia
- Acute rheumatism
- Erysipelas
- Membranous croup
- Puerperal pyrexia

d. Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

By an order made under Section 50 of the Act the notification fee was increased to 5s. from 1st October, 1968.

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

Disease		1968	1967	1966
Dysentery		109	16	79
Encephalitis, acute		1	5	5
Erysipelas	*	9	7	4
Food poisoning		12	9	1
Infective jaundice	ø	29	-	-
Malaria		5	4	2
Measles		466	1,535	893
Meningococcal infection		1	2	3
Paratyphoid fever		3	1	1
Pneumonia, acute	*	4	9	18
Puerperal pyrexia	*	36	63	53
Scarlet fever		105	85	120
Tuberculosis				
pulmonary		66	81	64
non-pulmonary		22	21	19
Typhoid fever		1	1	-
Whooping cough		78	112	37

* up to 30th September 1968 only. ø from 15th June 1968

The table on page 106 gives the number of cases notified under age groups.

Smallpox

There were 36 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 78 cases notified compared with 112 in

1967 Eight of these cases were under the age of one year and three of these were aged 2 months and one was aged 3 months.

Vaccination records show that 36 of the fifty-four notified cases under the age of six years had been immunised in infancy.

Measles

This was the non-'epidemic' year for measles and 466 cases were notified compared with 1,535 cases in 1967 and 893 cases in 1966.

Although measles is now very rarely lethal in Britain it remains a distressing infection with potentially serious complications in about 7% of patients. The introduction of vaccination against measles in May should be of real benefit to children and it is hoped that the disease can be eradicated.

Further reference to measles vaccination is made in the section on vaccination and immunisation (see page 22).

Dysentery

There were 109 cases compared with 16 cases in 1967 and of these 100 were notified during the first quarter. There was only one outbreak of any significance and this occurred at a primary school where 53 cases occurred amongst pupils and 38 amongst their family contacts.

Food poisoning

Although 54 cases of suspected food poisoning were notified, after full investigation only twelve cases were confirmed. The causative organisms were as follows:-
salmonella typhimurium (2), salmonella bredeney (1), salmonella drypool (3), salmonella enteritidis (4) and salmonella montevideo (2).

One other salmonella infection (not food-borne) was also identified.

Of the 41 remaining cases notified (26 sporadic and 15 cases in 4 families) all laboratory investigations proved negative.

Enteric fevers
Typhoid fever

There was one case and the patient contracted the infection abroad.

Paratyphoid fever

A case of paratyphoid B phage-type Battersea occurred in a neighbouring borough. The source of infection was said to be a terrapin which had been bought some two years previously. Information was received that a family resident in this Borough were contacts and on investigation it was found that two members of this family were also excreting paratyphoid B phage-type Battersea. They were sympton-free at the time but there was a history of mild diarrhoea and vomitting for a few days some two months previously. This family also kept two terrapins which they had purchased six months previously from an unidentified trader in a street market. These two terrapins were frequently taken to the household of the relatives in the neighbouring borough and it was probable that they introduced the infection.

Unfortunately it was not possible to carry out any tests on the local terrapins as one had died and the other had been destroyed immediately suspicion was aroused.

All local pet shops were visited and samples of aquarium water containing terrapin faeces examined, but all proved negative.

Infective Jaundice

This disease became notifiable from 15th June 1968 and 29 cases were notified.

This department is undertaking a joint study of virus hepatitis with consultant physicians at the West Middlesex Hospital, the physician to the Infectious Diseases Unit at South Middlesex Hospital and with the co-operation of the family doctors.

Patients are given a clinical examination and vene-puncture during the early stage of their illness. The changes in the immuno-globulin fractions of the serum proteins are studied to assist with the early diagnosis and prognosis of the disease.

The patient and his family are warned of the dangers of this condition in connection with blood donation. If the patient or his immediate household contacts are blood donors, the National Blood Transfusion Service are notified so that the patient's name can be deleted from their panels and call-up of close contacts deferred.

Medical Arrangements for Long-Stay Immigrants

Long-stay immigrants are asked to give their

destination address 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 853 immigrants but in 247 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 130 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 10 rooms were disinfected and one lot of clothing was similarly treated before being sent abroad.

Cleansing of Verminous Persons and their Clothing

No steam disinfecting or cleansing centre is provided in this borough but arrangements have continued for the use of the Disinfecting Station and Medicinal Baths, Scotts Road, Sheperds Bush, W.12, provided by the London Borough of Hammersmith. The borough council accepts financial responsibility for residents referred to the centre.

During 1968, 24 persons were treated and in addition, bedding and clothing was disinfected in 5 cases.

Venereal Diseases

The spread of venereal disease is unfortunately increasing in this country and any person, male or female, who suspects that he or she is suffering from any of these diseases, should seek immediate advice and treatment. Clinics are available for both male and female patients at West Middlesex, Central Middlesex, Hillington and West London Hospitals and many other London hospitals, where examinations and treatment are given in complete privacy.

While there is no doubt that competent treatment can control infections, the total incidence continues to grow because of the increase in casual relationships which modern society permits. The best prospects for control probably lie with the education and instruction of young people in the serious nature and consequences of these infections. The health department is able to provide speakers, films and other information for the general public and for special groups, particularly youth clubs and adult groups. If sexual diseases continue to spread as seems likely, then it is in no one's interest to remain ignorant about them.

Young people of today are more mature physically than those of previous generations, and sexual activity begins earlier and is much more freely discussed. Much needs to be learned about what motives the young person in regard to the pattern of his sexual behaviour although there are indications that some adolescents act out their problems blindly vis-a-vis society. In trying to encourage young, people to make their own decisions, society has moderated the strictures that helped to prevent them from harming themselves, and it now behoves us to be much more watchful for those needing help during the adolescent period. It is unfortunate that teenage sexuality is often unduly stimulated by the content of commercial advertising, mass media and current entertainment. Furthermore, everyone of us must be aware of the increasingly permissive attitude being adopted in family life towards boy and girl relationships.

Unfortunately, modern methods of contraception which provide no element of mechanical protection may therefore for several reasons favour the spread of gonorrhea and non-gonococcal urethritis.

As no adequate prophylactic treatment is yet available it can only be re-emphasised that there is still no alternative at present to the avoidance of promiscuity in its true sense both pre- and extra-maritally.

Vaccination and Immunisation - Section 26

Vaccination and immunisation is provided jointly by family doctors and local health authority services.

The local health authority still has the

responsibility for ensuring that the number of children protected by vaccination or immunisation to be carried out either by the family doctor or the local health authority if the parent chooses treatment by the family doctor the consent form is sent to him otherwise a clinic appointment is made. Family doctors are also notified when a child on their list becomes due for a reinforcing dose.

Poliomyelitis

During the year 3411 children under the age of 16 years completed the course of treatment necessary for protection. A further 4722 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	3294	5132
Whooping cough	2655	1937
Tetanus	3541	5456
Poliomyelitis	3411	4722
Smallpox	2539	134

The following table shows the percentage vaccinated in this borough together with the equivalent national figures.

	Children born in 1967			
	Whooping cough	Diphtheria	Poliomyelitis	Smallpox (children under 2)
	(1) %	(2) %	(3) %	(4) %
Hounslow	73	81	79	61
England and Wales	76	78	74	33

The figures in colums (1) - (3) are calculated to show the percentage of children born in 1967 who have been vaccinated at any one time.

Column (4) includes only children who were vaccinated during 1968 and were under 2 years old at the time and is calculated as a percentage of children born during 1967.

Smallpox

The number of persons under 16 years of age who received primary vaccination was 2539 and 184 were re-vaccinated.

The revised schedule recommended by the Joint Committee on Vaccination and Immunisation (Chief Medical Officer s letter 9/63 23/3/68) includes a recommendation that vaccination against smallpox should be carried out by or with the knowledge of the family doctor. The Committee s intention in making this recommendation was to inform the family doctor who might well be called in the event of some complication of vaccination. It also introduces a check against the risk of infection of some other member of the household suffering from eczema or susceptible to it with vaccina virus which could then lead to generalised vaccina. This recommendation was implemented by simple procedures for communication between this department and the family doctors.

Measles

Ministry of Health circular 9/63 dated 19th March was issued asking local health authorities to make arrangements for vaccination against measles in their areas to be brought into operation by the beginning of May. At the same time the Minister s formal approval to the arrangements as required by Section 26(2) of the National Health Service Act 1946 was given.

At the outset the amount of vaccine available was not sufficient to meet all possible demands and the Minister found it necessary to phase the programme. During the months of May, June and July, measles vaccination was offered only to susceptible children born in the years 1961, 1962, 1963 and 1964 and to susceptible children attending day nurseries and nursery schools or living in residential establishments who were between their first and seventh birthdays.

The scheme was put into operation after consultation with the local medical committee and family doctors were invited to participate. The Borough Education Officer was also consulted about arrange-

ments to vaccinate school children in the schools.

In August, sufficient vaccine became available for vaccination to be introduced for susceptible children from the age of one year up to and including the age of 15 years.

In the absence of vaccination, measles must be regarded as a risk to all children and parents were urged to have their children protected against the expected measles epidemic next year.

During the year 3651 children under the age of 16 years received vaccination against measles. No severe reactions were reported.

Vaccination and immunisation in childhood

Ministry of Health Circular 29/68, with the above title was issued to all local authorities in England and Wales on 28th August. It stated that the Joint Committee on vaccination and immunisation and the Standing Medical Advisory Committee of the Central Health Services Council had reviewed the schedules of vaccination and immunisation procedures in childhood and had given further advice to the Minister on those procedures and their timing. The Minister recommended the adoption of the revised single schedule in place of those hitherto recommended in the booklet 'Active Immunisation against Infectious Diseases'.

The procedures recommended for general use include vaccination against measles and several important modifications were made affecting the minimum age at which immunisation against diphtheria, tetanus, pertussis and poliomyelitis should preferably begin, the intervals between doses in the basic course of immunisation against these diseases and also of subsequent reinforcing doses. The earliest age at which the primary course of diphtheria, tetanus, pertussis (triple) vaccine should be given is 3 months but a better response can be expected if the first injection is delayed to 6 months of age. The desirable interval between the first and second injection is six weeks and between the second and third injection six months or more. These intervals offer optimum protection from three injections and render unnecessary the giving of a reinforcing injection during the second year of life.

It is recommended that measles and smallpox vaccination should be given during the second year of life.

Arrangements have been made to introduce the new schedule on 1st January 1969.

The Standing Medical Advisory Committee's booklet 'Immunisation against Infectious Disease' was issued in November and replaces the booklet 'Active Immunisation against Infectious Diseases' which was first issued in March 1963 and reprinted, with minor changes, in December, 1965 and has now been extensively revised. The new edition also includes advice on passive immunisation, particularly on the use of human normal immunoglobulin in the prevention of infectious hepatitis, as well as on active immunisation. A new section on vaccination against anthrax has been added and advice on the use of influenza vaccines has been brought up to date.

Tuberculosis

Since 1957 protection against tuberculosis has been offered to secondary school pupils in their penultimate year. The B.C.G. vaccine is also used by the chest clinics for the protection of child contacts and vaccination is offered to immigrant children of school age.

The usual practice is to do a skin test first and to give B.C.G. 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 number tested and vaccinated during the year are shown below:

Contacts at chest clinics	
Number skin tested	301
Number found positive	97
Number found negative	190
Number vaccinated	98

School children and students	
Number skin tested	2322
Number found positive	378
Number found negative	1862
Number vaccinated	1520

Influenza

During the autumn considerable concern was expressed about the possibility of an influenza epidemic. The Hong Kong virus had been identified in this country

in July and the manufacture of vaccine against this strain began in August. There was much publicity about the threat of a major epidemic, particularly in view of the very limited supply of appropriate vaccine. This resulted in family doctors receiving many requests for vaccination and consequently the singling out of priority classes.

The Department of Health and Social Security's expert advisory committee expressed the view that routine use of vaccine could not be expected to make a significant contribution to the control of outbreaks of influenza. However vaccination was indicated for the protection of certain categories of people, those with certain chronic diseases such as heart disease, bronchitis, pulmonary tuberculosis, renal disease and diabetes whose conditions might be aggravated by an attack of influenza. Other categories were children in residential establishments and those such as doctors and nurses at special risk because of contact with patients.

Vaccination was offered to home nurses and midwives and at the request of the Children's Officer and the borough's Chief Welfare Officer, medical officers assisted with the vaccination of residents in children's homes and old people's homes within the borough.

There was no substantial outbreak of influenza in the borough.

General

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

Yellow fever vaccination is carried out at the following centres.

Hospital for Tropical Diseases 4 St. Pancras Way, London, N.W.1. Tel: 01-387 4411 Ext. 137.

Medical Department Unilever House Blackfriars E.C.4 Tel: 01-353 7474 Ext. 2841.

53 Great Cumberland Place W.1 Tel: 01-262 6456. Patients are seen by appointment only. No charge is made.

Cholera, enteric fever and typhus vaccination is available by appointment only at the Hospital for Tropical Diseases 4 St. Pancras Way N.W.1. Tel: 01-387 4411 Ext. 137.

Anthrax vaccine is available from the Central Public Health Laboratory Colindale Avenue N.W.9. Tel: 01-205 7041.

Services provided for the London Borough of Hounslow by other Authorities

North West Metropolitan Regional Hospital Board 40 Eastbourne Terrace W.2.

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 W.4 Tel: 01-994 1124	Maternity only	51
Brentford Hospital Boston Manor Road Brentford Tel: 01-560 6959	Acute	33

	Cases Admitted	Approximate No. of available staffed beds
South Middlesex Hospital Modgen 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 3271/6	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 S.W.17 Tel: 01-672 1212 (South West Metropolitan Regional Hospital Board)		1,711
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 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 International Life House, Olympic Way, Wembley, Middlesex. Tel 01-902 8891

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

Functions of the Ministry of Health

The following is an extract from Circular 40/68 dated 14th November, 1968, from the Department of Health and Social Security

1. Under the Secretary of State for Social Services Order, 1968, which came into operation on the 1st November, the Ministry of Health was dissolved and all its functions, along with those of the Ministry of Social Security, were transferred to the new Department of Health and Social Security.

2. The new Department is headed by the Secretary of State for Social Services (the Rt. Hon. Richard Crossman, O.B.E., M.P.) who, in addition to his responsibility for the new combined Department will continue to co-ordinate the whole range of social services.

3. Under the Secretary of State there are two Ministers of State, one of whom (Mr. David Ennals, M.P.) will have responsibility in the field previously covered by the Minister of Health. The other (Mr. Stephen Swingler, M.P.) will have responsibilities in the field previously covered by the Minister of Social Security."

Health Centres Section 21

Section 21 of the National Health Service Act, 1946 requires local health authorities to provide, equip and maintain health centres.

Heston Health Centre

This purpose built centre, which was completed in September 1966 provides accommodation for two family doctors in addition to local health authority and school health services.

Spring Road Health Centre, Feltham

The borough's second purpose-built health centre at Spring Road Feltham which was completed during 1967 was officially opened by His Worship the Mayor Alderman F J Jansen, J.P., M.Inst.M., M.B.I.M. on 2nd March, 1968.

There had been a need in the lower Feltham area for local health authority services since the 1950's. The attendances at the nearest local health authority clinic situated in Cardinal Road Feltham, had become excessive and it was not possible to provide additional sessions or services as these premises were in full use throughout the week. The need was met in part from June 1960 by a mobile clinic sited at Spring Road on one half day each week to provide a short school treatment session followed by a child health clinic. This service proved to be most inadequate and approval was given to the inclusion of a purpose built local health authority clinic at Spring Road Feltham in the 1964/65 capital building programme of the former Middlesex County Council.

Building work on the proposed clinic had not commenced when the local health authority functions were transferred to the borough on the 1st April, 1965 and it was considered that the project could, with advantage, be re-designed as a health centre to provide accommodation for use by general medical practitioners as well as for local health authority services. The plans were accordingly re-drawn by the borough architect so that three surgeries, three examination rooms and waiting space could be made available to general medical practitioners on a shared accommodation basis in accordance with Section 21 of the National Health Service Act, 1946. Two family doctors commenced practising from this health centre in December, 1967 and a third in May 1968. Local

health authority services have operated from the centre since February 1967

The centre is a single storey structure, constructed of load bearing brickwork on a corner site The building line restrictions on both roads have resulted in a compact plan with all main activities, general practitioner suites, minor ailments wing and administration grouped around a common waiting area A separate entrance has been provided for the family doctors

Brentford Health Centre

The Brentford clinic, consisting of a large waiting hall and seven clinic rooms was purpose-built for the provision of local health authority services in 1937

In May, 1965, six general medical practitioners practising in Brentford and providing a service for approximately 20,000 patients approached the newly formed local health authority to discuss the possible provision of suitable accommodation and facilities for their practices as they themselves had been unable to find a suitable site in a central position. The outcome of the discussions was to agree that the clinic could be adapted by internal alterations to meet the needs of the general practitioners leaving adequate accommodation for all the local health authority services.

In July, 1965 the health committee and the borough council gave approval in principle to the use of the clinic by the general practitioners Negotiations took place with the general practitioners concerned and with the Middlesex Executive Council Plans were prepared by the borough architect and after approval by the then Ministry of Health the premises were adapted to provide four surgeries, six examination rooms, together with an office, waiting room and treatment room on a shared accommodation basis

The health centre which was officially opened by His Worship the Mayor on 16th March, 1968 continues to provide the following local health authority services

Child health clinics, sale of welfare foods, vaccination and immunisation clinics, minor ailment treatment clinics for school children, school clinics with doctor in attendance dental ophthalmic, physiotherapy chiropody speech therapy, audiology, mental health and family planning clinics, and health education

Domiciliary midwifery cases in the Brentford and Chiswick area of the borough are attended by midwives employed by Queen Charlotte's Hospital Doctors and midwives on the staff of the hospital undertake the ante-natal and post-natal clinics at the centre thus bringing the three branches of the national health service under one roof

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

Hounslow Health Centre 92 Bath Road

An outline of services to be provided at this proposed comprehensive health, welfare and children's centre has been given in my previous reports Phases I and II are in the course of erection and are due for completion by the end of 1969 or early in 1970

The accommodation to be provided in Phase I comprises a general practitioner unit from which thirteen doctors wish to practise full-time and a child psychiatric unit. This building will be linked to the existing local health authority clinic and the dental and school clinics and to the health department's main administrative offices

Phase II will provide accommodation for mental health services including a day centre for the mentally ill who are capable of recovery and return to normal living, also flats for two midwives and a caretaker

Phase III which will accommodate the children's and welfare departments and communal accommodation including dining rooms, a conference room and a library is still under discussion

South Hounslow Health Centre

The Department of Health and Social Security has agreed the scheme in principle and detailed work is now proceeding. This centre will provide accommodation for three family doctors and local health authority and school health services Building is due to commence in the spring of 1969

There is excellent co-operation between the local health authority and the Middlesex Executive Council and frequent meetings were held between representatives of the Health Department the Clerk of the Executive Council and the family doctors concerned

Information about other proposed health centres is given on page 101 under the heading Present and Future Building Projects.

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 are interested in working from such centres. There was consultation between the three services at maternity, geriatric and psychiatric 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, including the attachment of home nurses to general medical practitioners are described in the paragraphs on particular services.

Midwifery - Section 23

Domiciliary midwives employed by the council attend cases in the former Borough of Heston and Isleworth and Urban district of Feltham, whilst in accordance with a long standing agreement, the domiciliary cases in Brentford and Chiswick are attended by midwives employed by Queen Charlotte's Hospital, who also attend the antenatal clinic conducted by the hospital at Brentford Health Centre or the antenatal clinics held in the general practitioners' own surgeries. The midwives employed by the borough are increasingly involved with antenatal clinics conducted by general practitioners and also conduct their own clinics on local authority premises in addition to their attendance at the antenatal clinics run by the council's medical officers. As in urban areas in England and Wales generally, there has been a substantial growth of institutional midwifery, though many cases are admitted to hospital for 48 hours only and discharged thereafter to the care of domiciliary midwives where there are no contra-indications to this obstetrically or socially.

Council midwives attended 413 domiciliary confinements during the year compared with 518 during 1967. The cases discharged early from hospital numbered 970, six more than last year. Midwives employed by Queen Charlotte's Hospital sttended 21 domiciliary confinements and 141 patients discharged from the hospital after 48 hours and before the tenth day of the puerperium. Domiciliary midwives assisted in the care of premature babies where necessary after discharge from hospital until the babies were sufficiently mature for the mothers to care fully for them and to take them to infant welfare clinics. Equipment is available for loan to any mother of a premature baby where nursing can safely be arranged at home. If it is necessary to transfer a premature infant to hospital the ambulance depot supply the oxygenated incubator kept for this purpose. Domiciliary midwives in the borough numbered 14. Twenty-one pupil midwives came on to the district for training. Of these 9 were from Hillingdon Hospital and 12 from West Middlesex Hospital training schools. As in previous years Dr. E.N. Christie gave the social service lectures to two new groups of second part pupil midwives in West Middlesex Hospital. Two midwives attended day release courses. The principal nursing officer for midwives and home nurses also attended a refresher course this year.

Emergency obstetric units

Units are situated at Hillingdon and West Middlesex Hospitals, the former being used mainly for patients in the Cranford and Southall areas. The units were required on two occasions during 1968. Emergency admissions to hospital were secured for 6 babies who showed some form of distress or congenital deformity soon after birth.

Analgesic apparatus

All midwives now have both Entonox and Trilene analgesic machines, which prove very useful in alleviating maternal distress. The machines are regularly serviced to ensure the greatest possible safety in their use.

Maternity medical services co-operation card

This standard co-operation card is used to ensure that each member of the obstetrics team is aware of the attention given and observations made by the other members of the team. The card is kept by the patient until the final post-natal examination, when it should be passed to her family doctor and kept with her medical record.

Maternity Services Liaison Committee

No matter came up for discussion during the year so this Committee did not sit. Meetings are held at the discretion of the Chairman, who, in a letter dated December, 1968, indicated he would be calling a meeting very shortly.

Health Visiting - Section 24

The National Health Service Act 1946 laid upon local authorities a duty to provide a complete health visiting service for the whole family. The primary function of the health visitor is to provide social advice and health education for the family and to recognise any departure from normal at an early stage when help can be most effective. Today health visiting involves the application of a wide range of health and social knowledge to a diversity of families in many differing circumstances. The most important part of the health visitor's work lies in the homes of the families which she visits but other opportunities for health visitors to discuss subjects relevant to health are afforded at ante and post natal, child health and mother-craft and relaxation clinic sessions and at various talks and demonstrations she is able to give. Her work involves close liaison with general practitioners, clinic doctors, midwives, hospital medical and social work departments and other agencies including the voluntary organisations.

The growth of health centres, a better liaison with hospitals, the care and management of patients now discharged earlier from hospitals is inevitably leading to increased work for the health visitor in her efforts to mobilise appropriate resources when required and to provide support during periods of stress. During routine home visiting the health visitor is often the first person to become aware of the needs of aged persons and is in a position to judge how far these needs can be met within the family circle. When needs cannot be met in this way the health visitor liaises with other services provided by the local authority and voluntary agencies as well as with the family doctor.

Nowadays, much of a health visitor's time is also taken up with special investigations and research projects concerning certain groups of children or families, or it may be the follow-up of a new prophylactic measure.

In the widening horizon of medicine today it is desirable that the health visitor should work in ever closer co-operation with the family doctor, so that he can readily discuss with her any family needing advice or social help. A beginning has already been made in the borough towards this goal by the attachment of some health visitors to family doctors practising in the new health centres and elsewhere.

This trend will be steadily extended to the mutual advantage of all concerned.

Staff

The establishment for health visitors if 34. At the end of the year the staff consisted of one chief nursing officer, one principal nursing officer and the whole-time equivalent of 24 health visitors and 10 clinic nurses. The sudden death on 6th May of Miss E.L. Donovan, who held the post of superintendent health visitor for 19 years, precipitated a reconstruction of the senior nursing establishment which now appears as set out on pages 8 and 9.

Training

During the year two health visitors attended a field workers' instructor course at Chiswick Polytechnic. One of the health visitors attended a refresher course. All health visitors in rotation are receiving a special in-training course held at Fulham Hospital, each health visitor being attached to a group of paediatricians and acting as a member of the team during one week of the year. Two of the health visitors have also visited a display of new health education films made by 'Camera Talks'. The principal medical officer for maternity and child health and the principal nursing officer attended a weekend seminar held at the University of Warwick and also a two day course at Lewisham Town Hall where much discussion took place on the various implications of the new Ministry circulars on the day care of children under five. Thanks is due to the London Borough's Training Committee for arranging this opportunity for a full and frank discussion on the many aspects arising out of the recent circulars and to the council for sending my representatives.

Students

The borough has sponsored 7 student health visitors this year an increase of 2 over the previous year.

Home Nursing - Section 25

The primary function of the service is that of nursing the sick and the handicapped in their own homes thereby supporting the family in time of stress and economising on the time of family doctors

The service is being used increasingly in relation to the early discharge from hospital of patients who were admitted during the acute stage of an illness and/or for diagnostic purposes. The advantages gained by the shorter occupation of hospital beds are too obvious to require detailed comment. Of necessity, however home nursing is one of the council s services that is still expanding both to meet the needs arising from hospital policy and from the number of the increasingly aged in the population, who without home nursing may require admission to geriatric wards Visits made during 1968 totalled 91,818 to 2,762 patients and of these 1,832 were aged 65 years or over Many of these patients were in the 80-90 age group and if ambulant at all were feeble and slow and therefore tended to take up much of the nurses' time Indeed the largest number of patients in our nurses' care are elderly and often incontinent Disposable items of equipment and the use of incontinence pads and protective garments for mobile incontinent patients have proved invaluable and the only means of lightening the load both on nurses and relatives of the sick and elderly

Laundry service

Incontinent patients who are infirm or who lack adequate washing facilities and cannot afford to pay laundry charges 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 31 cases were assisted in this way after certificates had been issued as required by the Act Sheets were also loaned free of charge to a few necessitous cases.

Staff

The staff was increased during the year by the equivalent of one and a half whole-time state enrolled nurses who work in and under the supervision of experienced district trained state registered nurses and are making a valuable contribution to the service A general practitioner home nurse liaison scheme was instituted in June, 1968 In essence this means that any of the doctor's patients needing home nursing are visited by the same nurse This scheme is expanding but, as the number of family doctors exceeds the number of home nurses it follows that the work of one nurse cannot be confined to the patients of one general practitioner but has to be shared by several doctors. Home nurses also undertake injections and other treatments in health centres or in the surgeries of the doctors to whom they are attached.

The Marie Curie day and night nursing service continues to provide an essential service and was much appreciated by 25 patients and their relatives

Training

Four nurses completed a course of district nurse training successfully and a further nurse is continuing such a course which commenced in September. Various day release courses and other study days were attended by other members of the staff, who expressed their appreciation of the opportunities afforded them of extending their knowledge by this means

Five students from the Middlesex Hospital, Hounslow Hospital and West Middlesex Hospital came to the borough at six week intervals and accompanied home nurses on their visits as part of their training In addition two students, undertaking the new integrated course of nursing, worked for one month alongside home nurses on their district as part of their training Both students were successful in their district nursing examination.

Home Help Service - Section 29

The home help service continues to grow steadily and although it was designed originally to deal with temporary domestic crises the emphasis is now largely placed on the infirm and chronic sick. Whereas formerly, help might have been required for two or three weeks to cover a domestic emergency continuous care of the infirm is now much more evident

Despite the continuation of a comprehensive training scheme it is not easy to find suitable staff who are prepared to work often in unhygienic homes, tackle problem families and assist elderly persons who need understanding and tact to over-

come their resistance to attempts at improvement.

Maternity and emergency cases always receive priority Tuberculous households are assisted by selecting or inviting volunteers from among home helps who have no young children of the own

Night help service

Night helps were provided for seriously ill persons who were without relatives or friends to assist them

Neighbourly help

Some old people can manage. provided they have help with lighting fires, shopping and being settled in to bed at night, if there is a neighbour willing to do this regularly and also keep a friendly eye on them 'Neighbourly helps' are appointed for this purpose and paid for this service and at the end of the year twelve were so employed.

The number of home helps employed varies from day to day and at the end of the year the whole-time equivalent employed was 139

Two thousand and sixty-six homes were served by home helps during the year, an increase of 33, totalling 302 939 hours.

The type of case to which service was given is as follows -

	1968	1967
Aged (65 years and over)	1,617	1,542
Chronic sick and tuberculous	148	130
Maternity	134	159
Mentally disordered	11	12
Others	156	190
Total	2,066	2,033

Section 13 of the Health Services and Public Health Act, 1968, imposes the duty on local health authorities to provide or arrange to provide a home help service. It replaces the existing permissive power to provide this service under Section 29 of the National Health Service Act 1946 and empowers local health authorities to make available laundry facilities as a part of the service.

Staff training

The series of in-service training courses which were introduced last year continued Each course comprises six two hour weekly classes and enables staff to acquire training to cope in particular with the speical problems arising in the care of the aged, nursing mothers and problem families Each course consists of lectures discussions films and demonstrations relating to the duties of a home help in the various domestic circumstances she is likely to encounter

Residential home helps

The establishment committee authorised the appointment of two residential home helps who would be available to take over the care of children in their own homes during brief domestic crises thus avoiding reception into care but by the end of the year it had not been possible to recruit suitable staff for this purpose.

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 1968 there were 66 formal notifications of pulmonary tuberculosis and 22 of non-pulmonary tuberculosis, compared with 81 and 21 notifications respectively in 1967.

The total number of cases on the register at the end of the year was 1,839. (pulmonary - males 870, females 694 non-pulmonary - males 114 females 161).

Table 13 shows an analysis of all cases notified during 1968

There were 7 deaths from tuberculosis in 1968.

Future of the Chest Service

In 1960 the Standing Tuberculosis Advisory Committee considered the future of the chest services and their advice was endorsed by the Central Health Services Council. A survey arranged by the Ministry of Health in 1964 showed that the committee's recommendations were being implemented in varying degrees in different regions and the Standing Medical Advisory Committee then decided to establish a sub-committee

to consider the general organisation of chest clinics in relation to the rest of the hospital services and to make recommendation.

The Ministry of Health, in a circular 27/68, forwarded a copy of the sub-committee's report which had been endorsed by the Standing Medical Advisory Committee and the Central Health Services Council. The report is commended by the Minister of Health to hospital and local health authorities and to general medical practitioners.

Among other things the report gives an account of how the organisation responsible for the treatment and prevention of tuberculosis has evolved over many years and how the facilities have been extended to cover the whole field of respiratory disease including bronchial carcinoma, leading to patients with a wide range of diseases attending at the chest clinics. It follows that the chest physician at the clinic should have a wide knowledge of medicine supported by resources of a general hospital but it is recognised that some chest clinics have certain valuable features which are less well developed in most general hospitals. These include an active interest and collaboration with the local health authority in preventive and social aspects of disease facilities through health visitors for the effective supervision of patients in their own homes and a sense of responsibility for a community service. The medical staff at the clinics also readily co-operate in a wide range of epidemiological and community problems.

The sub-committee considers however that as new hospitals are built and old ones re-developed, the work of chest clinics at present separate from hospitals should be incorporated into the activities of the general hospital. It is important that the valuable characteristics of the more or less separate chest clinics should not be lost in any re-organisation called for by the developments noted above.

The following should be the main responsibilities of the local health authority: B.C.G. vaccination of children of school age and of any other group found to be at risk, epidemiology the tracing of contacts, and the provision of health visitors or in some cases social workers to help in the arrangements for patients suffering from either tuberculosis or other chronic incapacitating chest conditions at home.

The physician to the chest department should continue to carry the responsibility for the personal aspects of preventive work such as examination of contacts and the provision of advice to them and their families. It will continue to be important for the Medical Officer of Health and the physician to the chest department to work closely together in their area and to make their own arrangements according to local needs. These responsibilities should be recognised in the physician's contract but, in the Sub Committee's view, do not constitute a valid reason for payment of part of his salary by the local health authority as is still customary in some areas.

Arrangements for the use of the health visiting service must vary according to local circumstances and special notice must be taken of the rapid development in attachments of health visitors to general practices. More closely integrated schemes are usually possible in urban than in rural areas. An integrated service requires liaison between hospital, local authority, and family doctor; in many urban areas this is facilitated by the whole or part time attachment to the chest department of a health visitor. This provides valuable continuity and the Sub-Committee would wish such attachments to continue where they are working well with their scope widened to embrace all chest diseases. In other areas the work must be done by general duty health visitors, in which case one of their number should be given special responsibility for maintaining liaison with the chest department.

The report concluded by hoping that the evolution of chest clinics into chest departments of general hospitals will provide a basis for the best standards of service to the community by improving facilities for clinical work especially in non-tuberculous broncho-pulmonary disease while retaining the advantages which have come from the especially close association which has arisen between the hospital and the local authority service in this specialty.

Most of the Standing Tuberculosis Advisory Committee's recommendations as to the role of the local health authority have already been implemented in this borough and arrangements are in hand for the amalgamation of the health and tuberculosis visitors staffing establishments.

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

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 107 persons in recuperative holiday homes. Seventy one were admitted to such homes 33 were cancelled or withdrawn, and 3 were waiting placement at the end of the year.

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 and in the parients' 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 1968 but owing to the continuing shortage of chiropodists an average of twenty weekly sessions were held throughout the year in local authority premises, compared with twenty-one-and-a-half during 1967. A total of 1,122 clinic sessions were held, at which 1907 patients made 8,072 attendances for treatment. Four chiropodists made 3,812 home visits to patients who were unable to attend the clinics because of their infirmity. The number of patients requiring domiciliary treatment increased from 402 to 761.

The Heston and Isleworth Old People's Welfare Committee continued to employ two chiropodists throughout the year, when 153 domiciliary patients received a total of 913 home visits and 242 patients made 1,108 attendances at specially arranged sessions. The council paid the organisation an agreed 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.

Attendances at local authority chiropody clinics

Category of patient	First attendances			Total
	New Cases	Old Cases	Re-attendances	attendances
Elderly persons	508	1,349	6,055	7,912
Physically handicapped	7	13	60	80
Expectant and nursing mothers	7	6	18	31
School children	9	1	20	30
Others	6	1	12	19
Totals	537	1,370	6,165	8,072

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

Category of patient	First visits		Subsequent	Total
	New cases	Old Cases	visits	visits
Elderly persons	263	449	2,854	3,566
Physically handicapped	13	36	197	246
Totals	276	485	3,051	3,812

Problem Families

There is a small proportion of families which make exceptional demands on the resources of the department because of the multiplicity of their presenting problems. A central file containing all known information about such families is maintained in order to provide easier communication and liaison with members of the Children's Department and voluntary agencies such as the N.S.P.C.C. who are often also involved with these families.

As a matter of routine health visitors now bring forward families about whom they are especially concerned and these are discussed in detail with the principal nursing officer. All staff are well aware of the desirability of prevention rather than cure but where primary prevention has been impossible the new procedure aims at

(a) Identifying needs and difficulties and then considering them in the context of the whole family.

(b) Effective use and organisation of resources.

(c) Early referral, where necessary, to other departments or agencies.

(d) Adequate support to the worker most closely involved and improved communications between all the agencies concerned.

Health Education

On the 1st April, 1968 the Health Education Council, set up at the beginning of the year by the Ministry of Health, became responsible for all health education promotional functions previously exercised by the Ministry of Health and the work of the Central Council for Health Education. In Circular 17/68 the Ministry of Health stated that in consultation with the Central Council for Health Education, a phased plan was being prepared to integrate its activities with those of the new Council, and that it was hoped that this process would be completed and the new Council would assume full responsibility some time before the end of the summer.

During the year numerous talks were given to mothers attending our child health and ante-natal clinics and also at mothercraft sessions.

In response to requests many talks and lectures were given to various groups and organisations on health subjects including smoking and health, cervical cytology, the care of the elderly, dental caries, cancer, preparation for retirement, and the borough's new health centres. The talks which were often illustrated by films, film strips and other types of visual aids, were very well received and one anticipates an increase in the number of requests.

The medical officer responsible for the student health service gave a course of lectures to students attending the two polytechnic colleges on a wide variety of health matters, including community health service, venereal diseases, alcohol, smoking and drugs. He also held discussion groups on the social problems of adolescents with the leaders of the borough's Youth Organisation.

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

Two mothers' clubs were started which as well as giving young mothers the opportunity to meet and make friends, were also used to teach parent-craft and health education.

Students from colleges within the borough, others of various disciplines, and also groups of school-girls were shown around the health centres, clinics and other establishments and were given short talks on various health subjects by members of the staff.

Reference is made to Mental Health Week in the section on mental health on page 89.

Posters concerned with health subjects were regularly displayed on public notice boards throughout the borough and also on public buildings, shops and factories. Topical health subjects were included in the borough's news sheet "Progress". In the field of publicity we have continued to enjoy 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

During the past year the Home Safety Committee have continued their efforts to reduce the number of accidents that occur in and around the home. Continued assistance has therefore been given to candidates training under the Duke of Edinburgh's Award Scheme for Girls with particular regard to

the provision of instructors and arranging for the assessment relating to the service section of the scheme, which includes knowledge of safety in and around the home. The attention of the public has also been drawn to particular aspects of home safety in the provision of posters displayed at clinics, welfare centres, and other public buildings in the borough. In view of the fact that the most frequent victims of home accident fatalities are elderly people (i.e. 67%), arrangements were made during the year to provide home safety literature relating to advice and guidance to the aged and this literature was distributed to aged people attending clubs in the borough. Talks and film shows on the question of home safety have again been a regular feature of the home safety campaign being conducted in the borough.

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:-

Over the last twelve months a number of developments have taken place in the Hounslow Project. The main concentration of work has been upon the refinement of techniques and methods of social work practice. Social workers using the scale now report that the scale of social functioning can save several hours interviewing time in the gathering of information about clients and patients. Social workers in the U.S.A. confirm this. The implications are far-reaching. Instead of increased staff the need may now be for more highly trained staff.

Developments abroad are very considerable. A centre for studies in social functioning is now established in Seattle (Washington) and Mr. Heimler has been appointed as visiting professor at the university for 1969. A similar centre is under planning in California where social workers in the department of social welfare, San Jose, have already been using the scale of social functioning in studies of unemployed people. Other projects are under way on the west coast and Professor M.J. Griswold is initiating research into inter-family problems and problems of delinquency and race relations. The Dean of the Faculty of Social Work of the University of Washington has now requested that members of his Faculty and students should learn the methods and techniques of Social Functioning developed in Hounslow. Professor Henry Maier, Ph.D., who has spent some months with us in Hounslow, exploring and discussing our practice, will be returning to that university in the autumn. In Canada, at the University of Calgary, the philosophy and techniques have been incorporated into the teaching curriculum and all members of the faculty of social welfare are under training. From this university the federal local authorities in Canada are drawing on these concepts of social functioning with a view to their application in social work departments and the Department of Immigration and Manpower. Mr. Heimler has been appointed full professor to the faculty at the University of Calgary.

Despite some resistance to new ideas and techniques in social work practice, the work of the project over the past year has continued with increasing momentum, although at present without outside financial support. It is hoped that when the national economic situation becomes easier this possibility of financial support can be opened up again. Meantime, much work into the application of theory and practice needs to be done in the field-work situation and the project workers are experimenting widely to discover the areas of maximum impact.

Cervical Cytology

This service was introduced in 1966 and was expanded during 1967. In spite of local campaigns and publicity and approaches to women's organisations the number of women attending the council's clinics dropped this year. Some industrial concerns co-opted by allowing groups of women to have time off for the test.

Apart from taking 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.

Two thousand and seventy-one women had cervical smears taken at the Family Planning Association's clinics in the borough. Smears are also taken at hospital gynaecological clinics and in family doctors' surgeries, the total number or women who have been screened in the borough is, therefore not known.

The following statistics relate to women examined at the council's clinics.

	1968	1967
Women tested	1,382	2,073
Negative results	1,375	2,065
Positive results	7	8
Gynaecological defects referred to family doctors	143	375
Referred to family doctors for other reasons	12	14

Carcinoma in situ was confirmed in six of the seven women with positive smears and Stage I carcinoma cervix in the seventh. Three of the patients had a cone biopsy and four had a hysterectomy. All were aged between 41 and 51 years.

The following table shows the number of cases referred to family doctors with gynaecological and other conditions.

Trichomonas	26
Monilia	10
Laucoplakia	2
Vaginal cyst	8
Fibroids	5
Prolapse	
Erosion of the cervix	32
Cervical polyp	25
Other gynaecological conditions	35
Breast conditions	8
Reasons other than those stated above	4
Total	155

Adaptations of homes to install artificial kidney machines

Ministry of Health circular 2/68 described the increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. The treatment involves new and difficult techniques and, whether it is undertaken in hospital or in the home, it has to be based on hospitals with full supporting facilities. This form of domiciliary treatment is being developed as rapidly as possible and the circular offered guidance to local authorities on the measures they can take to assist patients for whom hospitals are able to provide this treatment in the home.

Hospital authorities will provide and maintain the intermittent dialysis equipment and will provide the relevant medical services. They will also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. They have not however powers to make adaptations to the home.

A patient being treated in this way will need a room with space for a single bed the dialysis equipment and a sink with a good supply of water: the walls and ceiling of the room should be made crack free and washable and the floor covering should be waterproof. Special storage space for one month's supply of sterile dressings and of containers of concentrated fluids is required and possibly special electrical wiring and plumbing.

The Minister has issued general approval for the making of arrangements for these purposes by all local authorities under Section 28 of the National Health Service Act, 1946 and the making by the council of such charges, if any, for this service as the council considers reasonable having regard to the means of any such person.

No requests for home adaptations to enable patients to transfer to home dialysis were received during the year.

Care of Mothers and Young Children - Section 22

Ante-natal clinics

Ante-natal care is concerned with the health of pregnant women and the diagnosis and treatment of disorders and diseases of pregnancy. The local authority has a duty to provide ante-natal clinics but increasingly family doctors are providing these for their own patients so that attendances at local authority clinics are diminishing not only locally but nationally. Not many general practitioners however provide clinics for mothercraft and relaxation and this educational side of ante natal work in local authority clinics is greatly appreciated by expectant mothers, though it is an aspect difficult to satisfy without teamwork in clinic premises. With the advent of health centres it is envisaged that family doctors will more closely be associated with all aspects of ante natal care and that hospital doctors will also come out to clinics to see ante natal patients, as is already happening in the Brentford Health Centre. Two hundred and six medical officer sessions were held this year, the attendances at which totalled 968. One hundred and forty three sessions with a midwife only in attendance were held, the attendances at which totalled 659.

Attendances at the mothercraft and relaxation clinics numbered 2458; 217 fewer than last year. Only 46 mothers took advantage of the countil's facilities for post-natal examinations.

Many patients booked for confinement in hospital are supervised only in the middle months of pregnancy

because of the advantage to patients of being under the direct eye of the obstetricians as they approach term. Complete continuity of care is not yet being undertaken at hospital ante-natal clinics which results unfortunately in patients attending at two different places which is not an ideal arrangement.

Child Health Clinics

During the year 1,507 sessions were held at which 8,621 children made a total of 47,244 attendances representing a fall of 4,158 attendances compared with 1967. The provision of child health clinics with attendant dental and immunication clinics forms a significant part of a local authority's services but it is hoped that interested family doctors will take on some of this work as part of family medical care in health centres providing routine supervision of children under 5 years in their practices, together with health visitors working in close association with them.

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 £11,147 was received for the sale of proprietary preparations.

The quantities of national welfare foods issued were

National dried milk (tins)	8,350
Orange juice (bottles)	55,153
Vitamin tablets (packets)	2,847
Cod liver oil (bottles)	2,757

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 Department of Health and Social Security. The following is a list of defects notified during 1968.

Central Nervous System	
Anencephalus	6
Spina bifida	5
Hydrocephalus	1
Microcephalus	3
Defects of brain not otherwise specified	1
Encephalocele	1
Alimentary System	
Cleft lip	5
Cleft palate	5
Rectal and anal atresia	1
Heart and great vessels	
Specified malformations of heart and great vessels	1
Unspecified malformations of heart and great vessels	1
Respiratory System	
Unspecified malformations of respiratory system	1
Urino-genital system	
Extrophy of bladder	5
Limbs	
Syndactyly	2
Reduction deformity hand or arm	1
Reduction deformity leg or foot	3
Unspecified reduction deformity of limbs	3
Congenital dislocation of hip	6
Unspecified malformations of leg or pelvis	1
Other parts of musculo-skeletal system	
Malformations of skull or face bones	2
Malformations of spine - scoliosis curvature - lordosis, not otherwise stated	1
Malformations of sternum and ribs	1
Polydactyly	1
Other Systems	
Other unspecified malformations of muscles, skin and fascia	2
Other specified malformations of skin including ichthyosis congenita	3
Other malformations	
Down's syndrome (mongolism)	4

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, 2½ 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.

Since the inception of the scheme a total of 3,686 children's names have been placed on the register as they were considered to be in need of further observation.

Of the 1,048 names added to the register during 1968, 156 were taken off because the family moved, 10 children died and 25 cases were closed, a total in all of 191, leaving 857 of those born in 1968 still on the register at the end of the year.

In all, since the register was started, 2,319 names remained as open cases at 31st December, 1968.

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 5 mothers placed in St. Agnes' Home, Chiswick maintained by the London Diocesan Council for Moral Welfare work (Welcare) and for 32 mothers placed in homes outside the borough. These mothers are required to pay a standard charge towards their care subject to assessment on the borough council's scale of charges. The London Diocesan Council decided to close St. Agnes' in August this year and sought advice from officers of the Town Clerks, Health, Childrens and Welfare Departments as to modernisation of the premises to bring them into line with the modern concept of the needs of the single mother and her child. It was fully accepted at the meeting that good use could be made of St. Agnes' for the accommodation of unsupported mothers when the type of adaptations discussed could be completed. So far the London Diocesan Council has not been able to start the work as resources are limited and further investigations have yet to take place.

The London Diocesan Council Welcare workers also undertake the care of unsupported mothers in the borough and the work is shared informally with the medical social workers based in Ealing.

In July the chairman of Hounslow and District Welcare Associations requested the borough to nominate a member to their executive committee. My principal medical officer, Dr. E.N. Christie agreed to represent the borough and it is pleasing to report the ever-improving relationships between the council and other organisations, statutory and voluntary, who are concerned with this problem.

Day Nurseries

There are three day nurseries in the borough - Danesbury Road, Feltham (50 places); Portsdown House, Brentford (32 places) and Nantly House, Hounslow (54 places), all of which reach the high standard required by the Department of Health and Social Security for approval as training nurseries for student nursery nurses. The theoretical part of the students' training is given at Chiswick Poly-

technic. Each student attends the polytechnic on two days a week during the term-time to receive the instruction required to prepare her for the N.N.E.B. examination at the end of her two year's training. Close liaison is maintained between members of my staff concerned in the training and those of Chiswick Polytechnic and it is pleasing to record that the co-operation is of the highest order. All students passed their final examinations entitling them to the N.N.E.B. certificate. I would like to take this opportunity to thank the Principal of Chiswick Polytechnic and his staff for their particular contribution to this success.

The main purpose of the nurseries, however, is to provide day care for children aged six weeks to five years, whose mothers need to work to support them or who, by reason of ill-health or the home environment, are unable to provide their children with adequate care or stimulation. These categories continue to represent the bulk of admissions. In addition, however, children with handicaps are admitted in order to provide them with facilities to help them to reach their full potential as well as to afford some relief to mothers who are often over-burdened. In addition to the relief given from the strain of caring for a handicapped child, it has been found that the mothers benefit also from the experience of others and the informal discussion of progress or problems as they arise. The reports from our matrons to the specialists in charge of handicapped children are also extremely useful in helping them in their task of recommending for future management and schooling. The importance of day nursery provision cannot be over-emphasised, for children learn a great deal in their early years. This comes from all they see, hear, feel and do in these years. Hence it is vital to provide children with sensory stimulation, with body activities and with interpersonal contacts. If home circumstances or other reasons have meant that parents fail to provide all the care and stimulation needed by young children, it is the rewarding function of the day nurseries to enable children to return to the life at home, enriched by all the lively and enjoyable experiences, which varied play experience offers them and with firm foundations laid for the whole of the children's future development.

The attendances made by children were:

Feltham Day Nursery	10,676
Portsdown House Nursery	6,947
Nantly House Nursery	11489

During 1968, one of the deputy matrons attended a week's refresher course arranged by the London Boroughs' Training Committee. Dr. Christie and a matron attended a one day conference in London arranged by the National Society of Children's Nurseries. Observation visits were again paid to all the day nurseries by students from Chiswick Polytechnic being prepared for various disciplines of social work as also by many nurses in training for a variety of different future roles in the nursery services.

Nurseries and Child Minders Regulation Act, 1948

The following were registered at the end of the year

Private day nurseries
24 with accommodation for 573 children

Child minders
24 approved for the care of 180 children

The continued rapid development of the above services was forecast and commented on at some length in my last annual report. As long as there is a shortage of day nursery and nursery school provision, other day care facilities for children under 5 years are likely to expand. Generally speaking, child minders accept children from babyhood to school age and aim to give the children the care which they would otherwise receive from their working mothers. Registered as private day nurseries are the more recent development of pre-school playgroups. These are the result of the initiative on the part of mothers who do not go to work but who recognise the limited scope modern urban life allows for children's emotional, physical and intellectual development, through their natural birthright of free play activity. Playgroups vary in the number of trained helpers available, though they are becoming increasingly aware of the value of some form of trained help or advice. One of the major organisations that has been formed to help people in playgroups is the Pre-School Playgroups Association which operates now on a national

basis. On the 7th December 1968 at a meeting of the National Executive Committee of the Pre-school Playgroups Association the Constitution of the Hounslow branch was given official approval. At the first annual meeting of the branch Dr. E.N. Christie was elected to ad hoc membership of the Committee, thereby establishing a valuable link between the Health Department and this voluntary Association which is also concerned with the needs of the under-five's.

The scope of the 1948 Act was extended by two Ministry circulars in the autumn, following the amendments to the Nurseries and Child Minders Regulation Act, 1948 under Section 60 of the Health Services and Public Health Act, 1968.

The former Minister of Health stated in one of his circulars that the new amendments will result in additional demands on the time and services of local authority staff at a period when authorities have been asked to keep down current expenditure. Our experience has abundantly proved his point. Mothers involved in the pre-school playgroups movement must recognise a need for self-education and further training for playgroup leaders. A start has been made by this department and the Education Department in arranging for appropriate lectures and in considering ways and means of aiding individual child-minders who find it impractical or impossible to attend courses.

Unregistered Child Minders

During the greater part of the year women undertaking the day care of not more than two children under five years of age have not been subject to formal supervision, but health visitors have kept some watch on children placed with such unregistered child minders. To encourage such persons to accept some degree of supervision and to bring the children to the child health clinic once a month, and subject to the minder and the child's mother accepting and abiding by the scheme, the council pay the minder one shilling a day for each child minded. The scheme has not been popular and at the end of October only two unregistered child minders were participating. On the 1st November the Department of Health and Social Security introduced revised legislation concerning the day care of pre-school children. Section 60 of the Health Services and Public Health Act, 1968 amended the Nurseries and Child Minders Regulation Act, 1948 in that amongst other things, the Act required a person to be registered as a Child Minder who for reward receives or proposes to receive into her home one or more children under the age of five years to be looked after for a total of two hours in the aggregate or more in any day, or for any longer period not exceeding six days, to whom she is not related. As a result the category of women previously known as unregistered child minders became subject to the requirements of the new legislation. At the end of the year one of the afore-mentioned persons who previously participated in the old scheme had made application for registration as a Child Minder in compliance with the new Act and the other person ceased to continue providing day care facilities for unrelated pre-school children.

Family Planning

Family planning advice and treatment is provided by the Family Planning Association in the council's clinics. At the end of the year twelve weekly sessions were being held at five clinics. In addition a weekly marital problems clinic was held at Isleworth Health Centre. No charge is made to the Family Planning Association for the use of the premises.

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 following clinic statistics have been provided by the Family Planning Association (taken from the F.P.A.'s 3rd annual report).

Bedfont F.P.A. clinic

	1968	1967	1966
Number of individual patients	345	320	210
New patients	214	190	158
Oral contraception	55	50	55
Cap	6	14	31
Intra-uterine contraception	66	53	99
Other (including consultations)	2	38	-
Cytology only		35	
Cytological smears taken	255	157	140
Total sessions held	85	94	69

Brentford F.P.A. clinic

	1968	1967	1966*
Number of individual patients	552	520	494
New patients	230	201	243
Oral contraception	149	118	162
Cap	46	71	133
Other (including consultations)	20	8	-
Cytology only	2	4	-
Cytological smears taken	226	158	231
Total sessions held	73	73	69

* Including transfers and change of method

Feltham F.P.A. clinic

Number of individual patients	838	664	984
New patients	326	231	322
Oral contraception	225	150	184
Cap	30	52	110
Other (including consultations)	17	29	-
Cytological smears taken	100	289	411
Total sessions held	99	98	99

Heston F.P.A. clinic

Number of individual patients	404	190
New patients	332	116
Oral contraception	195	82
Cap	26	15
Cytology only	1	8
Other (including consultations)	10	11
Cytological smears taken	169	91
Total sessions held	81	35

Hounslow F.P.A. clinic

	1968	1967	1966
Number of individual patients	2,910	2,695	2,382
New patients	1,131	897	1,043
Oral contraception	672	494	453
Cap	123	231	298
Intra-uterine contraception	147	140	322
Marriage problems	22	20	18
Other (including consultations)	36	12	-
Cytological smears taken	1,319	1,010	1,051
Total sessions held	194	193	137

By 1st January, 1969 the borough will be implementing freely the National Health Service (Family Planning) Act, 1967 and the Family Planning Association has agreed to act as the council's agents.

Under agreement with the association, medical examination and advice will be given free to borough residents of whatever marital status and free contraceptive appliances and supplies will be given for all medically referred cases. The definition of medical cases is to be as wide as possible and the World Health Organisation's definition of health as being .... not merely the absence of disease but a state of complete physical, mental, and social well-being' will be used.

In non-medical (social) cases a charge will be made for the appliances and substances where the patient is able to pay.

The extension of the family planning services in the borough will be publicised and medical and nursing staff have been asked to re-double their efforts to reach the women who need the service most.

Circular 42/68 issued by the Department of Health and Social Security drew attention to the provisions of the Poisons (No. 2) Rules, 1968, concerning the prescription, labelling, storage and inspection of oral contraceptives. The local branch of the Family Planning Association confirmed that their arrangements met the requirements of these provisions.

Report of the Chief Dental Officer for the year 1968

During 1968 treatment of mothers and children continued at about the same level as the previous year. Once more all who asked for treatment received it but the demand from parents of pre-school children has continued to be less than desirable

By the time children entered school many have primary teeth which are beyond saving by ordinary routine dental procedures and it is clearly important that every effort should be made to persuade parents to seek dental care for the children by their third birthday.

Report of the Principal School Medical Officer for the year 1968

Organisation

This is the fourth 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	180
Primary schools	18,051
Secondary modern schools	862
Grammar schools	1903
Comprehensive schools	8,773
Special schools	592
Total	30,361

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. Pupils requiring follow-up from previous medical inspections can also be seen and thus the visit of the medical officer to the school is used to cover a wider field than a selected age group. If the best results are to be obtained from these visits to school there should be close collaboration and consultation between medical officer and head teacher.

At the 'leavers' examination, Form Y9 is completed for each pupil and forwarded to the Youth Employment Officer. This form indicates if there are any health reasons for avoiding certain types of occupation.

The number of pupils submitted to periodic medical inspection during the year was 8,748 and the results are shown in Table 30. The physical condition of 179 (2.05%) 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	844	-
Routine clinic sessions	2,632	2,998
Employment of school children	502	7
Children being taken into care	50	-
Freedom from infection	802	
Pupils at special schools	192	500
Attending hearing clinic	362	1,105
Possibly requiring special education	193	-
Epidemiological surveys	21	21
Total	5,598	4,631

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 17,490 examinations and found lice or their eggs in the hair of 199 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 27 formal notices requiring the parent to cleanse the child had to be issued, and in 14 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 14,428 foot inspections were carried out and 487 new cases of plantar warts and 32 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 morning. Here are treated slight injuries, skin infections and minor defects of eye or ear. The number of attendances is falling and most sessions now take less 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

The vision of entrants to school is tested during their first year in school and this testing is repeated at age 7, 11 and 15 years. When an eye disease, squint or defect of sight is found parents may use the facilities of our ophthalmic clinics where refraction is carried out by ophthalmic surgeons. A total of 2,676 children were seen at these clinics during the year and spectacles were prescribed for 747 pupils.

The examination of the vision of spastic and other children with severe physical handicaps requires

special care and an ophthalmic surgeon visits Martindale School for the physically handicapped approximately once a month during term time. Some of these pupils also need special training to make the best use of their vision and the services of an orthoptist are also available.

Second pairs of glasses are provided for those children whose vision is considered by the opthalmic surgeon likely to suffer damage if they had to be without glasses for any period.

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.

Four hundred and seventy children were seen by the orthopaedic surgeons dueing the year and 149 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 children suffering from asthma, bronchitis, cystic fibrosis and other conditions.

A physiotherapist also attends 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.

Speech therapy

During the first six months of the year 1968 the staff shortage continued, increased by the loss of one full-time therapist who left the district. It was not possible to fill the vacant posts until the late summer. This serious shortage of staff meant that treatment of many children had to be suspended for six months, whilst waiting lists grew. However the policy of increased co-operation with the speech therapy training schools was rewarded by a considerable number of applications from students qualifying in June 1968 and two full-time and one part-time therapists entered the borough's service during late August. During the latter part of the year the position was steadily reversed, many groups being formed to treat a greater number of children.

The aims laid down in the Annual Report 1967 are reviewed as follows:

Monthly staff meetings

Regular staff meetings are affording considerable communication between therapists and allowing a uniform method of assessment to be used. New case history forms have been created and are currently being tested.

Special schools and units

There are now 19 sessions per week at the Martindale Medical Advisory Unit, 4 sessions per week at the Marjory Kinnon School and 2 sessions per week at each of the two Junior Training Schools.

At Martindale the speech therapists are present each day and are therefore fully absorbed into the team of staff. They are also able to work together where it is advantageous on assessment or when taking group therapy. The relevant figures for speech therapy are included in the report on the unit on page 51.

The proportion of children at the E.S.N. school who have speech defects remains high. Many of these have retarded speech and language which directly affects their ability to benefit from school. At present the time allowed and the general working conditions at the school are not conducive to satisfactory progress, despite the excellent co-operation from the headmaster and his staff. It is hoped that suitable provision for the auxiliary medical services will be provided in the new school, and that it will then be possible to allocate further speech therapy sessions.

At the junior training schools it has been the policy to see every child in the school to assess their level of speech and language development in relation to their general level of ability. Where the speech development is lower than the general level the children are seen individually or in groups. If the speech development is on a par with other aspects, then the child is merely kept under observation. Parents frequently press for speech therapy since lack of speech is such an obvious social disadvantage, so home visits are made wherever possible to explain why speech therapy has not been recommended, then to give advice on the natural development of speech and how the parents can best help. There is excellent co-operation from the staff

at both the junior training schools, who carry out a considerable amount of language stimulation in the classes. Although no formal assessment of speech progress has yet been made, it is hoped that this can be done in the near future to facilitate examination of the value of speech therapy with the severely sub-normal.

Links between educational and other medical services

Every effort has been made to increase communication with other services in all fields, and there appears to be satisfactory linking.

Speech therapy students

There are now 10 students working under speech therapists in the borough. Last summer the vacant posts were filled by newly qualified speech therapists whose training school principals had recommended them to approach Hounslow.

School clinics

Due to the staff shortage which caused waiting lists to grow, the proposed study of the work in school clinics was not made. However during the latter part of the year there was a dramatic shortening of waiting lists, and the present policy is to see all children as they are referred for preliminary assessment and to advise parents. Schools are also contacted in order to explain why individual treatment cannot be started immediately.

Experimental summer school

In the 1967 annual report concern was expressed about children with speech defects whose almost total lack of verbal communication and poor comprehension prevents normal schooling. This was discussed with Dr. Moya C. Tyson, senior educational psychologist for special schools and special units and proved of mutual interest. A number of children seen at the Heston Hearing Clinic had hearing losses which seemed insufficient to account for their poor rate of progress in speech and language.

The note in the previous report indicated that more time was needed for intensive speech therapy while their difficulties should be regarded in depth and not solely from the speech aspect. This was discussed with Dr. Tyson together with methods of helping these children to overcome their disabilities and led to the proposal that a project for the summer school holiday should be organised by the speech therapists under Dr Tyson's guidance, aimed at formulating classroom methods of training for young children with severely delayed speech and language. The emphasis was laid on the language disability, and children with solely articulation defects were not selected, although some of the children had poorly developed language with difficulty in articulating.

A decision was therefore reached to hold an intensive summer school for language stimulation for five mornings a week for five weeks. The class lasted from 10.00 a.m. to 12 noon and was held in the new physiotherapy room at Martindale Medical Advisory Unit where all the necessary facilities were to hand. The observation room with one-way viewing glass proved most useful for parents and other visitors.

The criteria used in selecting children were:-

That their comprehension and/or use of language should show a significant deviation from their general level of development.

That their hearing loss (if any) should be deemed insufficient alone to account for their retarded development of speech.

That any emotional problems should be judged as arising out of the frustrations of the child's disabilities and environmental pressures rather than being symptomatic of a deeper instability.

That the children should preferably fall within the age range of 4-6 years.

Eight children were finally chosen with varying backgrounds, ages and apparent intelligence. One was a pre-school child whose immaturity cast doubts on the ultimate school placement; two children were attending junior training schools, one child was attending the Martindale school and two had some degree of hearing loss, while the remaining two were placed in normal schools.

In planning the programme for the summer school considerable use was made of Dr. Tyson's experience in centres for remedial and therapeutic training in the U.S.A., when travelling as a Churchill Fellow. All those concerned in the project read books pertaining to these centres, and Moor House School and the Edith Edwards School were both visited.

With limited time the methods used needed to be very positive if their usefulness was to be judged in so short a time. Most of the children already received adequate language stimulation either at home, school or nursery, therefore a programme of stimulating play was not likely to meet their needs. Since they had not learnt by experience in the normal way, we would seek to teach them to learn by a structured approach using the following areas of training.

1. Attention fixing or listening training
2. Language training
3. Motor co-ordination, through physical training
4. Perception training.

1. A marked feature with these children is their lack of attention to verbal communication, and in fact generally poor concentration. Therefore a short period began each day when they were encouraged to listen and respond. For example, they stood in a ring and caught a ball thrown to them when their name was called.

2. Although a specific time each day was de devoted to language training the whole morning gave training in verbal concepts and uses. However during this period the normal pattern of speech development - nouns followed by verbs, conjunctions, prepositions, etc. - was followed, teaching selected words by association and repetition. The nouns that were taught first were chosen with care so that they were single-syllabled and contained only single consonants, so as to be within the ability of those with severe articulation defects. The children were given every encouragement and individual effort was rewarded with raisins. During the five week period some 12 nouns and 12 verbs were learnt in this way, revised in various contexts and then linked so that CAR and DRIVE were linked in WE DRIVE THE CAR and at the end of the school the children were using these words accurately in their spontaneous speech.

3. Many of the children had poor co-ordination, faulty body image and lacked visuo-motor control. Suitable physical training was therefore a most necessary part of the programme to ensure progress on all levels.

The range of activities was suitably wide to cover different aspects, for example copying movements made by a puppet, walking on a wide form for balance, movements to facilitate awareness of left and right, skittles to increase eye-motor ability and many more activities. At first most of the children were lacking in confidence, and the staffing ratio of one to one, achieved with the help of students proved very necessary both to support a child until their confidence was gained and to ensure that these children with their poor verbal comprehension fully understood what was wanted of them. Such progress was made that after the first two weeks the helpers could gradually be withdrawn and the children began to clamour for their turns.

4. This part of the programme was controlled by Dr Tyson and further details of her work will appear in her own report. It is sufficient to say here that under her the children learnt to enjoy tasks of discrimination and awareness in many fields (spatial, visual, figure-ground, etc.) that were initially beyond them. They were taken from simple colour discrimination to tasks involving choice of size and shape. Further experience of body image was gained by use of felt pieces to make a face and manikin, and cars of different colours were driven along coloured roads. It should be noted although in all perception training the child's powers of discrimination and co-ordination were being trained they were also given the verbal instruction in the simplest terms thus continuing the language association.

At the end of each morning the children worked individually on tasks selected from the morning's activities but suited to their own level of ability. Some might thread coloured beads, others do peg board patterns or draw. The training programme using pencils and stencilled sheets designed by Marianne Frostig was also used. During this period the children needed a great deal of help, and again the individual helpers were invaluable. The class may be seen to have run on the 'Master Teacher' principle, one person taking the class as a group with the helpers standing back, only assisting a child when necessary, followed by individual work with a helper or teacher to each child. The use of qualified staff plus students worked very well.

As the summer school progressed the children's spontaneous speech increased, and was encouraged

at all times. In all other ways they were discouraged from activity which would distract the attention of the group as a whole. It is interesting to note that despite the individual differences indicated in the children that were selected it was always possible to work them as a harmonious group.

During the school a video-tape was made. This is proving useful to demonstrate the work in the borough with children needing special assistance, to use as a teaching film, and to assess the progress the children have made since the class.

The definite progress made by the children who attended led Dr Tyson to offer a class for five of these children once a week, using her room at the Heston Hearing Clinic. This met with the approval of the Education Committee and commenced in October with a qualified teacher currently on a post-graduate course working with a speech therapist, both under Dr Tyson's guidance. At the same time permission was gained to start a similar class five mornings a week using the speech therapy room at the Isleworth Health Centre, Busch Corner, Isleworth. It was not possible to find a teacher in time to start the class before Christmas, but it should be operating early in 1969 and will be commented on in next year's report. The new class will again be staffed by a teacher working with a speech therapist. Finally a great deal of interest has been aroused by the class and a steady flow of requests are now received for speech therapists, teachers and psychologists to visit the class.

Summary

After a disappointing start due to staff shortages 1968 was a year of great interest in the borough's speech therapy service. The most significant innovation was the summer school run in conjunction with Dr Tyson. The school is briefly described, and the classes that have since arisen using the methods evolved are indicated.

Reference is made to the aims stated in the annual report for 1967 to see that they continued into 1968 and finally a brief outline of work in the special schools and units is given.

Normal deployment of speech therapists

	Sessions per week
Special Schools and Special Units	
Martindale Medical Advisory Unit	19
The Marjory Kinnon School (ESN)	4
Isleworth Junior Training School	2
Hanworth Junior Training School	2
Clinics	
Chiswick	2
Brentford	1
Isleworth	6
Hounslow	2
Hanworth	1
Feltham - Spring Road	3
Cardinal Road	2
Bedfont	2
Heston	4
Schools	
Lionel Road School, Brentford	1
Strand-on-the-Green School, Chiswick	1
Visits	3
Total	55

Number of children treated by speech therapists at sessions held

At medical advisory unit (pre-school out-patients)	12
In special schools	120
In junior training schools	36
In clinics (school age)	430
In clinics (pre-school)	92
In primary schools	55
Total number of children treated	745
Number of school visits made by speech therapists (not treatment sessions)	32

Asthma and Allergy Clinic

I am grateful to Dr R Prothero MD LRCP LRCS DCH Senior Department Medical Officer for the following report.

'The allergy clinic continues its function as diagnostic, advisory and follow-up centre with treatment facilities.

During the last twelve months 97 children attended. Of the boys three were pre-school age, 35 between 5-11 years and 29 over 11 years. Of the girls only one child was pre-school, 13 children 5-11 years and 16 children above 11 years.

Hyposensitisation against pollens is now undertaken with alum precipitated vaccines reducing the number of pre-seasonal injections to approximately 8 so that children suffering from pollenasthma and severe pollenosis can now be helped more easily. In 1968 four children with asthma and one with hayfever had these injections (Alavac). No adverse reactions occurred and all children were considerably relieved, so that not only did school attendance improve but the all-round morale of the patients was raised. This is of special importance as the hayfever season coincides with 'O' and 'A' level examinations.

After Prof. Pepys' findings of dermatophagoides pteronyssinus (a microscopic mite) as major allergenic factor in house-dust allergy, much stress is laid in advising patients about house-dust control, regular hoovering of mattresses etc.

Seven children (three boys, four girls) left school and were discharged. All were in satisfactory physical health with peak expiratory flow rate (P.E.F.R.) ranging from 250 1/m to well above 300 1/m. Some of these young people resented being precluded from further attendance at the clinic.

Two of the boys took apprenticeships, one entered accountancy, one girl went to college, the others took up secretarial work. No 'handicap' is anticipated in any of these patients.

The poorly housed child with persistent vasomotoric coryza and perennial wheezing offers socio-economic problems rather than medical ones and many a housing recommendation had to be written with the occasional success, i.e. an almost complete relief of symtoms when it was possible to change the adverse physical environment.

Hearing Clinic

The work of the hearing clinic continued to increase during 1968. The number of cases seen during the year was 1,105 of which 362 were new cases and 743 were cases seen for re-examination.

Routing screen audiometry was continued in all primary schools as in previous years. In order to detect a hearing loss as soon as possible the children are now screened during their first year in school instead of, as previously being screened in their second year at school. The children who fail the audiometric screening test are referred to the school medical officer who decides whether the child should be re-tested in the school clinic or referred for further investigations. The number of tests performed during the year was

Age	1st test in school	Re-test at school clinic	Total seen	Re-test failure
Under 7 years	3,192	342	3,534	94
8 to 11 years	3,641	182	3,823	51
12 years & over	-	-	-	-
Total	6,833	524	7,357	145

This shows a large increase in the total number of children tested in school compared with the previous year (4,241) and is largely due to both first and second year infant school and third and fourth year junior school children having been tested.

The children seen in the school clinics for special audiometry were referred by medical officers, speech therapists, general practitioners, and from the school psychological service. The number of children referred for special audiometry is shown in the following table

Age	1st test	Re-test	Total	Failures
Under 5 years	101	5	106	28
5 to 7 years	396	62	458	148
8 to 11 years	308	59	367	107
12 years & over	150	16	166	51
Total	955	142	1,097	334

There is a growing awareness of the importance of early diagnosis of a hearing loss and this is borne out by a comparison of the number of young children (new cases) who were seen at the hearing clinic in the past three years.

Age	1966	1967	1968
0 to 1 year	11	14	23
2 to 4 years	115	100	147
Total	126	114	170

A total of 481 earmould impressions were taken by the audiometricians during the year, for use with hearing aids. Fifty-six Medresco aids were issued and 273 Medresco aids were exchanged or replaced. Fifty one commercial hearing aids were bought by local education authorities during the year. Of these, 34 aids were of the post aural variety. The Medresco post aural aid is now available to children above the age of 14 years. This aid is not, however, suitable for all types of hearing loss and some of the children for whom a post aural aid is recommended benefit more from one or the commercial post aural aids available at this time.

The children attending the Hanworth and Isleworth junior training schools were also screened for a hearing loss by the audiometricians. A total of 23 children were seen. It was not always possible to obtain a satisfactory audiogram from these children but an assessment of their response to sound in the free field was made. Any child who appeared to have defective hearing was referred to the medical officer. The audiometricians also screened these children for visual defects using the Stycar vision testing material. 132 children were tested. Any child having defective vision was referred to the medical officer.

This year there has only been one peripatetic teacher of the deaf on the staff of the clinic and the number of home visits has inevitably fallen.

The teaching activities at the hearing clinic have continued this year. Medical students from St Bartholomew's Hospital attended for instruction in the techniques of audiology and groups of speech therapists, health visitors and midwives have also attended for clinical demonstrations. Many other visitors from this country and abroad have also been welcomed at the clinic.

In April a one day refresher course was held which was attended by 25 medical officers. This course was intended for people who had knowledge of audiology and who were working clinically in this field. In May a three day course was held for the training of local authority medical officers in the early detection of hearing loss and screening techniques. In July the post-graduate students who were attending the course in developmental paediatrics at the Institute of Child Health spent an afternoon at the clinic when Dr. Fisch gave a lecture demonstration. Later in the year the local authority medical officers attending the course in developmental paediatrics organised by the Society of Medical Officers of Health attended a similar afternoon lecture demonstration.

In October a course was organised by the staff of the hearing clinic for health visitors. Forty-nine health visitors attended from several London boroughs. This number was too large to be accommodated in the hearing clinic and the course was therefore held in the assembly hall of the Heston School for the Deaf. This course aimed by lectures and demonstrations, to instruct health visitors in the early detection of deafness in young children. The role of the health visitor in the detection of a hearing loss was fully discussed.

A working party, of which I am a member, set up by the Social Services Committee of the London Boroughs' Association, held a meeting at the hearing clinic to review the needs of handicapped children.

Dr Fisch and two audiometricians visited Wiltshire at the invitation of the medical officer of health to organise a two day course on audiology for the health visitors of the area. This visit was much enjoyed by the team from Heston.

In December a meeting was organised by Dr Fisch at the hearing clinic to discuss the use and abuse of hearing aids. Papers were read by Dr Fisch and Mr M.C. Martin, Technical Officers R.N.I.D.

A film strip was made in conjunction with 'Camera Talks' on the testing of hearing of young children and this has already been shown at audiology and paediatric meetings.

The deaf/blind rubella children in the special unit attached to the Heston School for the Deaf continued to make progress during the year. The three children in the unit are all severely handicapped but during the year their outside activities were considerably increased. An offer of weekly lessons from a local riding school was accepted and were greatly enjoyed by the children. They were also taken swimming each week and made regular shopping expeditions.

Regular meetings for the parents of the pre-school children with a hearing loss were organised at the hearing clinic by the peripatetic teacher.

Medical Advisory Unit and Cerebral Palsy Unit

There has been a marked increase in the number of children under school age referred to the Medical Advisory Unit during the year. A total of 69 pre-

school children were seen, of which 37 had cerebral palsy, 22 had spina bifida and 10 had other physical defects. Many of these children are multiply handicapped and early diagnosis and assessment is essential in order to make satisfactory educational provision for each child. 30 children of school age were seen as outpatients in the unit. This group of children had a variety of defects. 93 children attending Martindale School were also examined during the year. The following table shows the type of handicap dealt with at the unit during the year.

Type of handicap dealt with at the Medical Advisory Unit, 1968

	Martindale School pupils	Outpatients
Cerebral palsy	49	60
Spina Bifida	6	22
Meningitis & encephalitis	2	
Brain tumours	4	
Poliomyelitis	5	1
Muscular dystrophy	7	
Haemophilia & allied conditions	4	4
Congenital heart disease	4	3
Multiple deformities	3	5
Spinal atrophy	2	
Rheumatoid arthritis	3	
Other physical handicaps	4	2

Fifty-nine children received speech therapy during the year. Ten new patients were seen. Defects fell into the following categories:

13	athetoids with dysarthria & dysphonia usually accompanied by hearing loss
3	dysphasia
2	hypernasality
5	ataxic dysarthria
4	stammer
4	dysarthria & dysphonia
17	retarded speech & language
10	dyslalia
1	dysphonia
-	dysarthria

The number of children requiring physiotherapy in 1968 increased 6,801 treatments were given, of which 415 were for pre-school age out-patient children. This number was attained in spite of considerable staffing problems during the year. The patents of all children attending the unit are encouraged to ask questions and discuss any problems during the treatment at out-patient visits they make with their children.

Evening discussion groups have also been held which were of considerable help to both the parents and the staff of the unit. The physiotherapists continued to take an active part in the school activities. Twenty one children were coached and entered for the Junior British Sports for the Disabled at Stoke Mandeville. Fifty eight children were coached and entered for the inter-school sports held at Martindale School in July. Children were also entered for the Inner London Education Authority swimming gala and a gala at the Franklin Delano Roosevelt School.

The teaching activities of the unit have continued. Medical students from St Bartholomews Hospital attended for lecture demonstrations. Physiotherapy students from the West Middlesex Hospital attended Martindale for their paediatric experience. Numerous visitors from other parts of the country and abroad have visited the unit.

In October Dr Barlow retired from his paediatric appointment at the West Middlesex Hospital and also from his appointment as paediatric consultant to the Medical Advisory Unit at Martindale School. Dr Barlow had held this appointment since the Medical Unit was opened in 1957. His kindness and patience were much appreciated in his work for the Unit and we wish him well in his retirement in Scotland.

Dr Neil O'Doherty succeeded Dr Barlow as consultant at the West Middlesex Hospital and we welcome him as paediatric consultant to the Medical Advisory Unit.

Child Guidance Clinic

I am grateful to Dr Calwell MB BS DPM for submitting the following information.

As always the chief problem in the child guidance clinic is one of priorities. There is potentially an insatiable demand on the clinic services. In fact, this year the waiting list was reduced owing to the restraint of those who refer cases, and the appointment of a new psychiatric

social worker We were glad to welcome Miss Ison to fill this new appointment as it meant that we were then in a position to offer appointments to those who had been kept waiting, in some cases for well over a year

The high proportion of the cases who come to the clinic are chiefly helped by the psychiatric social worker with only an occasional interview with the educational psychologist or psychiatrist This works very well in selected cases, but there are other cases where it is most desirable that some more help should be offered individually to a child

We suffered last year from a shortage of psychotherapists We were sorry that Dr Clements resigned her sessions, and Mrs Henry and Mrs Szur also reduced the number of sessions they come to the clinic This is reflected in the few children who received ongoing psychotherapy

The children s department continue to attend regular weekly seminars Cases of special difficulty were discussed as well as general problems These meetings were well attended and felt to be of value to both departments

The report on persistent non attenders was completed and presented to the officer s co-ordinating committee the education committee and children s committee As a result of the report, regular monthly meetings are now held between the education welfare officers, child care officers and staff of the child guidance clinic as co-ordination between the services it is hoped can be improved in this way It is felt that much still needs to be done to bring the emotional needs of children and the inadequately recognised extent of the problem of persistent non-attendance to the attention of schools

We were sorry to lose Mrs Dunne, educational psychologist who took up a teaching post as the Tavistock Clinic and glad to welcome Mrs. De Speville to take her place

Analysis of cases referred to child guidance clinic 1963

New referrals in 1963	194
New cases seen by psychiatrist	109
Cases treated by psychotherapist	16
Cases seen by psychiatric social workers who continued to work with family	156
Waiting list for psychiatric social worker at 31.12.63	51
Waiting list for psychiatrist at 31.12.63	27
Waiting list for psychotherapist at 31.12.63	32

Source of referrals

Educational psychologist education department schools, etc	85
School medical officers	50
Parents	24
General practitioners, Hospitals etc	12
Children s Department	14
Probation Officers	5
Others	4

Senior Psychologist for Special Units and Special Schools

I am again grateful to Dr Moya Tyson BA BSc (Econ) PhD for the following report

While the routine work of assessment and advice in special units and special schools continued to develop in 1963 several additional activities were begun growing partly out of experience gained during by Churchill Fellowship travels in the U S A in the previous six months One of these projects the experimental summer school, is described in detail later in this report out of the experience gained has arisen the regular Friday morning diagnostic class at my office in the hearing clinic for a group of younger children retarded in language development and the regular morning class of a similar nature at Busch Corner clinic All this diagnostic educational work has been carried out in conjunction with Mrs Cox senior speech therapist and her team of speech therapists, indeed one of the most valuable developments of 1963 has been the close working relationship which has developed with the speech therapists.

As usual, lectures were given to many professional groups at courses for or conferences of paediatricians, ophthalmologists, paedodontists medical officers educational psychologists teachers and speech therapists As President of the Association for Special Education Middlesex Branch, I gave an address at St. Mary s College of Education to the annual general meeting on the subject of my travels as a Churchill Fellow in the U S A

I continued to act as examiner of teaching practice to the two-year course for teachers of mentally handicapped children at Chiswick Polytechnic and visited several junior training schools during the students final teaching practice mostly

in the company of the course tutor. I was invited by the (then) Ministry of Health's Training Council for Teachers of Mentally Handicapped to join a small panel of four members set up to review various training courses for teachers of mentally handicapped children throughout the country, and for this purpose visited courses at Cardiff, Kingston-upon-Hull and Wolverhampton.

On my return from the United States I purchased a television camera with videocorder and monitor, and was able to put this to good use in making video-tape recordings of experimental work with children, which could be used later both as a record of progress made and for teaching purposes as a demonstration of experimental techniques.

An Experimental Summer School for Children with Language Retardation

Headstart classes in the United States of America have been going for some years now: they began in an effort to use the months of the long summer holiday (frequently from mid-June to early September) to provide what is now often termed compensatory education for young children - particularly negro children from economically and culturally poor families. Research over many years has demonstrated that these children start schooling lacking in many of the abilities required for intellectual readiness to profit from formal education. The aim of the Headstart classes has been to help this readiness to come about so that instead of starting school at a disadvantage and becoming progressively less able to keep pace with average achievement levels until eventual 'drop-out' theoretically the Headstart children are able to profit fully from the education that is offered from the beginning of schooling. The Headstart pattern in the U S A has changed a good deal over the years and some innovators such as Bereiter and Engelmann (1) have aroused much controversy with their approach. Nevertheless, in a society where the number of 'dropouts' from the educational system is large particularly of adolescents from underprivileged groups, the matter of enabling children to profit fully from formal education is one of great urgency, both politically and educationally, and innovators at least get a hearing.

The tradition of Summer School is much older: Summer School both in this country and in the U S A have been associated more with further education for adults than with pre primary education. However, in the U S A many children who are struggling at school may get extra tutoring during the summer vacations at privately run summer schools - and sometimes in the numerous Summer Camps.

The Summer School which was organised jointly by the Senior Speech Therapist, Mrs Cox, and myself during the five weeks of July and August in 1968 owned more to the Headstart idea than to that of the traditional summer school, in that all the children were young - the three oldest had either just turned seven or were about to - and some had not yet started formal schooling, but were at home or in day nurseries. By and large, these could not be called 'culturally deprived' children: although some came from comparitively poor socio-economic backgrounds, others were from families with average or better than average social and economic status. The unifying feature among this mixed group of children was a fairly severe degree of retardation in language development, even when allowances were made in some cases for below average levels of 'non-verbal' intelligence. Of the children who had started school already, one boy of six with multiple congenital abnormalities was in the nursery class at Martindale School, another boy just turned seven with a high frequency hearing loss was in an infants' class for partially hearing children, and another boy also just seven was in the infants class at a junior training school (having been transferred from a reception class in a normal infants' school which he had completely disrupted by his wild and destructive behaviour: this had more or less disappeared in his new educational environment). This last boy, like his sister aged five who also attended the Summer School, had almost no speech and no understanding of what was said to him. Two little girls of six and seven were in classes in normal infants' school, both having severe difficulties in articulation of speech as well as in understanding and using language, and another boy was also in a normal infants' class showing a big gap between his understanding and production of language and his 'non-verbal' abilities as assessed by performance tests, where he was above average for his age of six years. One pre school boy had a high frequency loss, and was due to begin schooling in the nursery class for partially

hearing children in September, while another pre-school boy with almost no speech but some understanding of language was in a day nursery. His six year old sister, who also attended the Summer Class, had speech but a generally rather retarded level of language development, and was in an infants' school. Yet another little pre-school girl had very immature speech nearer to that of a 2½ to 3 year old than to her real age of 4½. This little girl's behaviour and understanding were generally very immature for her age.

Altogether, eleven children attended the Summer School of whom six attended for the full five weeks, the others for periods of two or three weeks. Although records were kept during this time, the heterogeneity of the group and the frequently ad-hoc nature of the techniques devised as a result of what was observed of the children's reactions made it almost impossible to measure results except in highly subjective terms. Nevertheless, it is possible to state that the children with the severest language retardation had developed certain simple verbal concepts by the end of the five weeks, and that those who already had some language were using speech more freely, and applying their newly acquired concepts correctly in situations outside those in which they had learned them (for example, the six year old boy from normal infants' school, having just learned the concepts 'thin' and 'fat' while being taken home by car leaned forward and picked up two books of maps and said solemnly and correctly 'a thin book - a fat book'). It is impossible to say how much of this would have been achieved spontaneously in the same period if no specific teaching had been given.

In order to make the fullest use possible of the limited time available, two hours daily (10 a.m. to noon) for five weeks, it was accepted that the pattern of activities would have to be rather different from that found usually in nursery of infants classes. Bearing in mind that the children had the rest of the day in which to initiate their own activities at their own pace, it was considered that if possible they should be helped to participate intensively during the two hours in a variety of activities which were rather structured: for example, a period of intensive work as a small seated group with one teacher in verbal/visual/ perceptual activities would be followed by moving-about activities as a more diffuse group, but still fairly closely directed. Periods of working as a group were balanced against periods of working closely with one adult. In order to give the children as much individual attention as possible, an attempt was made to provide as many adults as children. The speech therapists and myself provided the main continuity, with Mrs Novelli, an adult student training to teach at Maria Grey College (Mrs Novelli's two children aged 4½ and 3 came to the class fairly frequently also, and joined in all activities). Miss Large, teacher-in-charge of the nursery/infants' class for partially hearing children at Norwood Green School and Sister Williamson of the Medical Advisory Unit at Martindale also gave much time to the group. Some students from the Chiswick Polytechnic course for teachers of mentally handicapped children came for periods of two weeks as part of regular work with children, and students from speech therapy training schools also came to observe and help. Mrs Bone, my secretary at the Hearing Clinic, not only kept records and made continuous notes, but helped with the children whenever possible. All hearing clinic staff were extremely helpful, both in coping with the extra work and helping with transport arrangements. Thanks to Dr Lindon, Medical Officer of Health, and Mr Lee, Director of Education, it was possible to use the Medical Advisory Unit at Martindale School, the main physiotherapy room as a classroom, with the adjoining toilet and other facilities. Visitors included parents who could spend as much time as they wished watching the children (many older brothers and sisters also acted as teacher's aides during the Summer School), observers who were hoping to set up classes in compensatory education elsewhere (including the Republic of Ireland) and colleagues, particularly teachers, in the borough. Some parents who lived nearby or had cars were able to bring their own children and others as well, but a good deal of the transportation of the children was carried out by Mrs Cox, Sister Williamson, Miss Taber (Senior Audiometrician), Mr Peter Conlin and myself.

Working on the American concept of the 'master-teacher' with aides meant that it was not considered necessary that all adults should have previous specialised training in using the particular teaching techniques employed. The person directing the overall activity of the group at any time had a clear understanding of the aim of that particular activity and the techniques to be employed; other adults would act initially both as observers and as aides, encouraging children to listen, or look, or join in,

or soothing a restive child. As that particular activity and technique became established, other adults could take over and after discussion develop it further. Adults also worked with individual children, either at the beginning of the morning (when as each child arrived he was helped to settle down with a Cellograph picture to assemble, or a simple jig-saw puzzle, or a sorting game) or during later periods when children learned to copy or make patterns using a variety of materials, or completed Frostig worksheets (2) for the development of eye-hand co-ordination. At these times, although the material for each child was chosen by the 'master-teacher' who would decide the appropriate level of complexity in the light of the child's previous performance, the adult aide was responsible for helping the child to carry out the task having observed previously how this should be done. In this way each child received extra attention and encouragement from different adults, all of whom were interested in him and praised each effort; talking about the tasks while trying to help the child to carry them out provided yet further language stimulation.

In this way a broad but flexible pattern was established for the morning's work. Half-way through the morning the children had a fifteen minute break for orange juice and biscuits; if the weather permitted they were able to run on the grass outside for a few minutes, otherwise the class continued with some moving-about activity.

Although when planning the activities of the class, different aspects of the work were considered under specific headings such as 'Language Training', 'Perception Training', 'Motor Training', in fact just as these different aspects of the child's total ability interact and overlap in normal development, so the various activities devised for the children were not exclusive but merged into each other. If the term 'perception' is very broadly defined as 'the recognition of stimuli' then in fact most of the work done throughout the five weeks was directed towards this end, in helping children to recognise and respond to auditory and visual stimulation. Children without language can respond appropriately to a variety of visual stimuli even when either through deafness or lack of understanding of the meaning of language, they are unable to respond to certain specific patterns of auditory stimuli; it has been shown nevertheless in many research studies that language can be of assistance in dealing with complex visual discrimination. One aspect of perceptual disability that has attracted much attention in special education in recent years has been figure-ground difficulty where instead of being able to focus attention on one particular aspect of a visual or verbal or tactile pattern the child's attention is distracted and diffused by the 'ground' or background setting of the pattern. Early activities for the children were planned to explore this ability at very basic levels, using concrete materials. At the same time, it was planned to develop gradually the children's abilities to discriminate, again using simple materials. Each time a child was asked to make a discrimination he was rewarded with a raisin - immediately if he made the discrimination correctly, and after showing him the correct solution if he had been unable to achieve it himself. Discriminations began at the very simplest level: a red bead in a group of green beads, identical in every way to the red bead except in colour. The child was asked to 'give me the red bead' and if he did not understand, the red bead was picked up by the teacher, replaced among the green beads, and the request for the red bead was repeated. Even children who did not understand language could copy the action, and did so, whereupon they would be rewarded with a raisin. Next they would be presented with the same task, but using beads of a different colour; if they did not know what to do they would be shown but in fact all children quickly understood the nature of the task, and would pick out the single bead of a different colour; (it was found that all the children could do this task so the Ishihara test of colour vision was not used at this stage). The colour names were always used, and although children were not expected to name the colours, in fact many did so as they picked up the bead of their choice. In a similar manner, a round bead could be discriminated from a group of square beads of the same colour, or a big bead either round or square from other beads identical in colour and shape but of a smaller size. In order to help the children to generalise from these particular examples to a wider use, the same discriminations would be carried out using other material; felt cut-outs in the primary colours of small houses, boats or aeroplanes or of circles or squares, tins and jars of different sizes to expand the idea of big and small (the children began applying this concept spontaneously to their raisin rewards, demanding 'a big one' or commenting critically on 'a small one'). Gradually, number concepts of 'one' and 'two' were introduced, and double discriminations,

so that with time a child could be asked to 'give me two big red beads' from a collection of beads mixed for size, colour and shape. Rather more complex discriminations also included those where the child had to match some object he was given with an identical one, when the choice included similar objects of different sizes.

Other activities which involved more complex discriminations were gradually introduced also. For example, it was possible to teach the children to copy simple constructions using small wooden blocks of various lengths and widths - a three cube 'chair', a 'bed', a 'table'. When this could be done with ease, the constructions were drawn on the blackboard, and the children were required to match the model to the drawing. At a later stage, they would be shown only the drawing and required to construct a model to match it, thus being provided with a bridge from the three-dimensional to the two-dimensional (or from actual objects to symbolic representations of them). Becuase language is itself a symbolic process, activities which helped children to appreciate the use of symbols in other ways received much attention, and linked also with the aim of sharpening the children's ideas of their own bodies in relation to the space around them and of the parts to each other. Apart from learning to name the body and face parts on themselves and on each other (hair, eyes, nose, eyebrows, ears, mouth, hands, feet, etc.), the children learned also to copy with their own bodies movements that were made with a jointed manikin, i.e. kneeling, arms raised, one leg raised, clapping, etc. Other more schematic manikins made of cardboard or felt could be taken to pieces and put together again, while the teacher talked about the different parts as they were assembled (trunk, thighs, calves, feet, arms, hands, etc.). A felt face of removable parts was also used. This could then be drawn by the teacher first of all, later if wished by the children. 'Spatial' type activities of other kinds were also frequent, not involving the child's whole body but strengthening his observation of the spatial relationships of things outside himself to each other. For example, by using two peg boards and a double set of coloured pegs, a teacher would be able to help a child to copy on his own peg board a simple pattern made initially on the teacher's board. At first this would be merely a line of pegs of different colours, the child being helped to reproduce the correct colour sequence. Later the line of pegs might be a simple alteration of, say, red and blue pegs. Later still, some children were able, given an example of a simple alteration of this kind, to continue it for themselves. Other exercises also were devised to give the children simple models of sequencing activities, using beads or coloured paper shapes, and sound sequences were an integral part of some counting games. Some of the children had such poor eye motor co-ordination when using a pencil or crayon that they had difficulty in doing very simple tasks such as joining two little pictures with a line, or making and keeping a line between two guiding lines, or colouring in a simple shape and remaining within the boundaries. The Frostig remedial programme on eye-motor control was particularly helpful for these children, as well as the use of the wall blackboard (at child level) for larger movements. Children with more confident pencil control could work on rather more difficult exercises from the Frostig worksheets, outlining in different colours overlapping simple pictures which had obvious elements missing (model for comparison provided).

To sum up, then, a large number of activities were devised and carried out during the five weeks of the summer school, under different headings but with a common purpose underlying the variety, and many links between the different activities. With the help of Mr Norman, chief dental officer and Mr Walker of the architects department, it was possible to make a videocording of the various aspects of one morning's activities, and this has been shown to groups of teachers especially, both in the borough and in Inner London and in Liverpool as a means of demonstrating how the techniques can be used and developed.

The results of this experimental Summer School were so encouraging that it was felt that it would be a pity to allow the project to lapse altogether, and therefore a Friday morning class for some of the children was started in my room at the hearing clinic; later a similar class was started in the speech therapy room at Busch Corner Clinic. An account of these two classes and their progress will be given in next year's annual report.

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Publication by members of the staff

'Direction of Drawing Movements'
by M L J Abercrombie B Sc., PhD R L Lindon MRCS LRCP DPH DCH and Moya C Tyson BA B.Sc(Econ) PhD

The following article was contributed to 'Developmental Medicine and Child Neurology' in their respective capacities of Bartlett School of Architecture, University College, London, formerly of the Paediatric Research Unit, Guy's Hospital Medical Officer of Health and Principal Medical Officer, London Borough of Hounslow - and Senior Psychologist for Special Units and Special Schools, London Borough of Hounslow.
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In the course of studies on the drawing difficulties of cerebral palsied children, we recorded the direction of hand movements when children were 'drawing' simple line figures with the fingertip, the hands being screened from their view. The child was shown a figure drawn in black ink on a 4-by 4 inch card and asked to pretend to draw it on the table with his fingertip, so that he could show an observer sitting opposite him, who was unable to see the card, what the figure on it was. This 'shadow' drawing was preferred to actual drawing because the movements of the fingertip were freer than those of the hand grasping a pencil. The child's hands were hidden from his own sight by an oblique board, but were visible to the observer sitting opposite him, who recorded their movements.
The drawing was done with one hand only (single movements), and with both simultaneously. The figures were a circle, square, triangle, diamond, horizontal line, vertical line, oblique line downwards sinistrad / and oblique line downwards dextrad \. These were 'copied' with the right hand and then with the left. Two of each of the figures were then presented side by side to be 'drawn' with each hand at the same time. Members of a pair were alike, except that, in addition to the two pairs of parallel oblique lines, there were two pairs of opposite obliques.

The subjects were 45 normal school children (23 of 6 years and 22 of 9 years mean age: as there were by inspection no obvious differences in direction of movement in the two groups, they were combined), and 26 brain-damaged children (for details see Abercrombie et al 1964). No hemiplegies were included because of their difficulty in drawing with the handicapped hand. Significance of differences was tested by X^2.

Six of the normal children and 11 of the brain-damaged were left-handed; there were no significant differences in their patterns of movement, except that in single movements the left hand in left-handers had a stronger tendency ($p<0.01$) than in right-handers to move sinistrad in drawing a horizontal line.

Normal Children

When 'drawing' the circle singly, the two hands moved in opposite directions in 42 per cent of cases, and there was a tendency for both to move anticlockwise (80 per cent for the left hand and 64 per cent for the right). When the hands moved simultaneously, they moved in opposite directions in a greater proportion of cases (91 per cent) and the incidence of anticlockwise movements was reduced (62 per cent for the left hand and 47 per cent for the right). The pattern was similar when drawing the angular closed figures, although some of the children used discontinuous movements of mixed direction, and some of the younger ones made imperfect shapes (Table I).

TABLE 1

Closed Figures: Percentage of Children Moving the Left (L) or Right (R) Hands Clockwise (C) or Anticlockwise (A) When Moving the Hands Singly or Simultaneously.

L	R	Normal n=45 Circle	Normal n=45 Angular	Brain damaged n=26 Circle	Brain damaged n=26 Angular
Single					
A	A	51	65	27	41
C	C	7	15	15	12
A	C	29	13	35	37
C	A	13	7	23	10
Mixed			(27)		(47)
Simultaneous					
A	A	9	10	0	7
C	C	0	2	0	2
A	C	53	61	69	70
C	A	38	27	31	21
Mixed			(14)		(45)

For the angular figures (square, triangle and diamond) the mixed movements are expressed as percentages of the total, the other movements as percentages of the continuous movements.

When drawing horizontal lines singly, 33 per cent of the movements were in opposite directions, and there was a strong tendency to move dextrad (63 per cent of left-hand movements, 96 per cent of right). When moving simultaneously, 91 per cent moved in opposite directions, the left hand making only 14 per cent of dextrad movements, the right 91 per cent (Table II).

When drawing vertical lines, the tendency to move downwards - i.e., towards the body on the horizontal plane of the table - was very strong. Only one child moved upwards (one hand in separate movements and both in simultaneous movements) there was no case of simultaneous movements in opposite vertical directions.

For oblique lines also the tendency to move downwards was marked, but not so strong as for vertical lines. In single movements, 67 per cent were both downwards, 23 per cent upwards

TABLE 2

Horizontal Lines: Percentage of Children Moving the Left (L) or Right (R) Hand Dextrad (D) or Sinistrad (S) When Moving the Hands Singly or Simultaneously.

L	R	Normal n=45	Brain damaged n=26
Single			
D	D	63	15
S	S	4	12
D	S	0	0
S	D	33	73
Simultaneous			
D	D	7	4
S	S	2	4
D	S	7	4
S	D	84	88

and 10 per cent in opposite directions. But in simultaneous movements, only one child for one pair of obliques, moved the hands in opposite vertical directions. In drawing the single obliques only 2 errors of direction (out of 130 counting both hands) were made (Table III). In the two pairs of parallel obliques, 10 errors (out of 90) were made of such a kind that the hands made converging or diverging movements. The two pairs of opposite obliques (which would seem perceptually more difficult than the parallels) produced 2 errors, the lines being drawn parallel. In the total of 12 errors made in the double obliques, 10 were spontaneously corrected, so these were not errors of perception either visual of kinaesthetic, the children knew that the unseen movement of their hand had not imitated the direction of the line they were looking at.

Brain-damaged Children

The brain-damaged children showed the same tendency as normal children to high frequency of opposite movements when drawing the pairs of horizontal lines, circles and angular figures simultaneously (Tables I and II). But when the horizontal line was drawn signly there was a significantly greater ($p = 0.01$) preponderance of

TABLE 3

Oblique Lines: Numbers of Children Making Errors of Direction

	Single		Simultaneous					
Model	/	\	//	\\	/\	\/	/\	\/
Error	\	/	/\ or	\/	//	\\	\/ or	/\
Normal	0	2	10	0	2	0	0	0
Brain-damaged	2	6	11	8	1	0	1	1

opposite movements than in normal children. There was a similar tendency to excess of opposite movements in drawing a circle and angular figures singly, though the differences between brain-damaged and normal children were not statistically significant.

In drawing vertical and oblique lines, the preponderant tendency was downwards. As would be expected, there were more errors in copying the slope of oblique lines (Table III) and in copying angular figures than in normal children. The errors in copying parallel obliques simultaneously, due to a tendency to opposite movements, was greater ($p < 0.01$) than in normal children.

Discussion.

In making single movements with either hand, there was a strong tendency for them to be dextrad in drawing a horizontal line, downwards in drawing a vertical, and anticlockwise for the circle and closed angular figures. In general, our results agree with those of Gesell and Ames (1946), who studied the direction of drawing movements made by one hand (not hidden). In seven-year-old children they found the movements were downwards in drawing a vertical, from left to right for a horizontal and predominantly anticlockwise for a circle. For the square, the predominant pattern was a continuous line anticlockwise (no clockwise single line movement is mentioned), and also for the triangle, but no one line pattern is given for the diamond. (It may be that the tendency to draw with one line was greater in our subjects, because in drawing 'blind' it is safer not to lift the finger lest one should not find the place again.) They found no consistent relationship between handedness and directionality except that the horizontal line was drawn preponderantly from right to left in left-handed children. We found this to be so with the left hand, but not with the right hand.

When hands were moving simultaneously, there was a marked difference between the direction taken in the vertical and horizontal components. This is seen most clearly in copying the vertical and horizontal lines. When a vertical line was drawn, the movement was 'downwards'—i.e., towards the body on a horizontal surface—whether the hands moved singly or simultaneously. Oblique lines also were copied preponderantly with downward movements. Horizontal lines, however, were treated differently when the hands moved simultaneously than when they moved singly. In simultaneous movements, the hands moved either towards each other or away from each other. In single movements, there was a tendency for both hands to move in the same direction (dextrad), but not so great as with the vertical line.

The same pattern is found when the vertical and horizontal components are considered separately in drawing the circle and angular closed figures. When two circles were drawn, one by each hand simultaneously, the hands tended to move in opposite directions, the right hand clockwise and the left hand anticlockwise, or vice-versa. At any one moment, the vertical component of the movements of both hands was in the same direction, either upwards or downwards. The horizontal component, however, was in opposite directions, the hands moving either towards or away from each other.

The errors made in copying parallel pairs of oblique lines can be explained by this tendency for the hands to move in opposite directions horizontally, producing two converging or diverging obliques. Most of the children who made these errors corrected them spontaneously although they could not see the lines they had made. This would indicate that the

error is not one of perception but due to an automatic tendency to make opposite movements.

It can be supposed that the simultaneous use of the hands evokes more primitive or in infantile patterns of movement than the use of a single hand, which is associated with the acquisition of dominance.

The brain-injured children resembled the normal children in simultaneous movements, but in single movements the horizontal component tended to be in opposite directions more frequently than in normal children. There was also a greater tendency to make opposite movements in copying parallel obliques simultaneously. The condition in the brain-damaged children, in whom the pattern for single movements resembles that for simultaneous movements, could be regarded as more primitive than in normal children. As is usual in brain injured children, there was a greater proportion of left-handers in our group than in normal children, and the differences between the groups may result from comparative weakness of lateralization in the brain-injured.

Acknowledgements. This work was supported by a grant from the Medical Advisory Committee of The Spastics Society and we are grateful to Prof P E Polani for his encouragement. Also to Mr G J Higgon, headmaster of Martindale School for the Physically Handicapped, Miss J Manning, headmistress of Hounslow Heath Infant School, and Mr D A Such, headmaster of Hounslow Heath Junior School, for their generous co-operation, and to Middlesex County Council for facilities.

Addendum Dr Margrete Landmark has kindly referred me to a paper by N Maki 'Naturliche Bewegungstendenzen der rechten und der liken Hand und ihr Einfluss auf das Zeichnen und den Erkennungsvorgang' in Psychol Forsch, 1928, 10, 1, in which Maki describes the hand movements of a brain damaged patient with agnosia when 'copying' simple line figures in the air. The patient was unable to make other than left to right movements with the right hand and right to left with the left, whether 'copying' with one hand or with both simultaneously.

Summary

The movements of the hands of children were studied when they were copying figures with one hand, or with both simultaneously, their hands being hidden from them.

In single movements, horizontal lines were drawn preponderantly dextrad, vertical lines downwards, and circles anticlockwise–i.e., vertical and horizontal components tended to be in the same direction in both hands.

In simultaneous movements, the vertical component tended to be in the same direction and the horizontal component in the opposite direction in the two hands. This tends to lead to error in copying two parallel oblique lines simultaneously.

Brain-injured children had a greater tendency than normal children to make the horizontal component of single movements in opposite directions–i.e., in this respect their single movements were more like simultaneous movements made by themselves and by normal children.

It is suggested that simultaneous movements follow a more primitive pattern than single movements, and that the condition in brain-injured children results from weaker ateralization.

References

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School Psychological Service

I am grateful to Mr B R Barnett B.A. for submitting the following report.

Referrals

Tables are shown which give details of the number of referrals, types of problem and action taken on the children referred in 1968. The overall total is less than in 1967 as shown in the table below.

Year	No. of referrals
1965	282
1966	311
1967	460
1968	357

The drop in referral rate may be due to the position becoming more stabilised but it is more likely to be

an artefact since the 1967 total included 'follow-up' cases whereas the 1968 total does not and a large number of follow-up cases have been re-referred.

Staff changes

(a) Clerical Mrs B. Edmonds-Smith and Mrs S Brown joined the department in September 1968 and have since given stability to what was an unsettled secretarial situation.

(b) Psychologists Mrs C Dunne left the service in August 1968 to take up a senior teaching post at the Tavistock Centre.

Mrs C de Speville, also from the Tavistock Centre, joined us in September 1968, thus ensuring continuity, particularly in the Brentford and Chiswick end of the borough, in the service to the children and schools.

We were also very pleased to welcome back Mrs. M Tagg on a part-time basis. She has spent much of her time working closely with the new comprehensive schools, seeing children and advising in the new remedial departments.

(c) Remedial These staff are strictly speaking special services staff who are attached to the school psychological service. There have been a number of changes in 1968. Mrs M Landa who worked part-time at the centre, and part-time in a secondary school, retired through illness, having given very valuable service. Mrs. Trembath, teacher at Isleworth Town, left after only one term to move to a different part of the country. We were fortunate to obtain the services for one term of Mr B Bridges, prior to his teaching appointment at Busch House School. The situation at the centre was stabilised when Mrs S Ives took over in September.

Remedial Treatment.

A. Centres in schools

The two centres have continued under Mrs Ives (Isleworth) and Miss Norman (Chiswick).

(i) Feltham Centre A third centre was opened in the Feltham part of the borough in September 1968. Mrs. M. Duncan was appointed teacher-in-charge. 24 children were admitted in the first term for remedial treatment.

(ii) Chiswick centre, Miss Norman, teacher-in-charge of the Belmont centre, saw 23 children for reading help in the spring term, 1968. These children came to the centre in small groups for 2, 3 or 4 half sessions each per week. Recently Miss Norman has been able to increase these sessions at the centre. In the summer, 1968, Miss Norman has given remedial reading help to 29 children, again for 2, 3 or 4 half sessions per week and since September, 1968, 2 of the 29 children have been seen for short individual sessions twice a week.

(iii) Isleworth Town centre During the year 1968-69 Mrs Ives has had approximately 20 children at the remedial centre. There are 2 groups, each of 10 children who attend for 4 half sessions each week. About 40% of the children at the centre are from Isleworth Town school itself and the remainder from neighbouring schools.

B. Individual Remedial Help at the Child Guidance Centre

A number of children receive individual help because of their emotional disturbance or their specific learning disabilities.

During the school year September 1968 to July 1969 14 children, 11 boys and 3 girls, have been seen, each for one hour per week. Of these, 5 are attending primary school and 9 secondary school. Three children have discontinued attending during the year; one due to change of residence and school and two because it was felt that individual help could be discontinued without detriment to the child. A further two children will not attend after the end of the present term as sufficient progress has been made to justify their return to normal school conditions.

Reasons for the provision of individual help include

(a) Counselling where emotional disturbance is affecting development and progress in school subjects.
(b) Visual-motor defects which have led to behaviour problems and failure in school subjects requiring motor control.
(c) Speech defect causing poor development of language and reading difficulty.
(d) Reading failure due to varying causes.

The above account has been written by Mrs M Kinnon who works at the remedial centre. A number of other children (18) have also been seen by the remedial centre teachers who have worked half day a week in the child guidance centre, and by the educational psychologists. The type of help offered varied with the needs of the child concerned and ranged from remedial teaching to therapeutic counselling.

Special infants unit

The special unit has continued under Mrs Richardson (formerly Miss Mace) with the excellent co operation of the head teacher, Miss Mason, at Isleworth Town school. It was found to be extremely difficult to place children who grow too old for the unit. The combination of epilepsy and maladjustment does not fit our present provision. In all cases the future placement of the children in this class will remain a major problem.

The school counselling service

Mr W Lawe was appointed as school counsellor to Heston and Lampton schools. Two school counsellors are now at work in the borough and a third is expected to be appointed in 1969. In the schools the counsellors, who are directly responsible to the head teachers, carry out useful work in educational, vocational and personal guidance. From the point of view of the school psychologists, they act as essential link men between the centre and the schools. Close liaison is maintained by regular monthly meetings between the psychologists and counsellors.

Educational social workers

Mrs G Gaastra, educational social worker, has now left the service. It was decided to delay advertising this post because of the accommodation difficulties at the child guidance centre. Mrs A Grigg has combined duties as a remedial teacher with helping parents since she is a trained probation officer. Fifty-nine families were referred to her, twenty three children from these families attend the remedial centres, special classes and the child guidance centre.

Persistent non-attendance

The working party reported to the chief education officer on the problem of non-attendance in secondary schools. Many of the recommendations made have since been implemented and others are under consideration.

A co-ordinating committee and two working groups were set up to carry out further work on the problem. These groups meet once monthly both to formulate interdisciplinary policy with regard to non-attenders and to discuss individual cases. All interested persons, including teachers, are invited to the groups.

Meetings with education welfare officers

A number of meetings have been held with education welfare officers in an effort to consider the complex problem of children who do not attend school. These have been successful in many ways, giving the psychologists considerable insight into the complexities of the role of the education welfare officer, and it is hoped, providing the education welfare officer with a realistic idea of what the child guidance service can achieve and what are its limitations.

Summary conclusions

The policy for the year has been to greatly extend communication, liaison and co-operation among all who deal with problem children, by holding regular meetings at the child guidance centre. It is hoped to further develop this co-ordination between teachers, psychologists and social workers. Grateful thanks are due to Mr P J. Lee and the education department and Dr. R L. Lindon and the medical department for all the help and encouragement the service has received.

No. of Referrals	Source		Problem		Disposal	
357	Head teachers	264	Behaviour	102	Referred to child guidance clinic	54
	Medical officer of health	52	Learning	179	Individual remedial therapy	13
	Education department	14	Assessment for school placement	81	Remedial help with reading	72
	Parents	9	School non-attendance	12	Advice to head teacher	28
	Others	18			Advice to parents	2
					Education social worker helping	6
					Referred to medical officer of health or chief education officer	7
					Extra help in school arranged	4
					Recommended for transfer to an alternative (normal) school	14
					Recommended for admission to special infants school	3
					Recommended for placement in Busch House (Special) School	3
					Recommended for placement in special school for E.S.N. pupils	19
					Recommended for home tuition	1
					Recommended for speech therapy	2
					Other	15
					Follow up	67
					No further action at present	47
		357		* 374		357

* Includes 17 cases who are learning and behaviour

Social Workers' Report

I am grateful to Mrs J Harding BSc (Soc) and Mrs G Wisdom AIMSW, who were appointed as social workers (special duties) during the latter part of 1967 for the following report.

Martindale Medical Advisory Unit

a. We had the opportunity of sitting in on clinics and observing different types of physical disabilities dealt with both at school and as outpatients.

b. Observing the physiotherapists at work.

c. Observing the work of the speech therapists.

d. Mr Higgon, Headmaster of Martindale School for Physically Handicapped children, arranged for us to sit in on various classes to talk to teachers.

e. Extended course - met Mr Oliver, teacher and occupational therapist, who explained how he was helping school leavers not yet sufficiently mature to leave school.

Hearing Clinic

a. We had the opportunity of observing clinics held by Dr Fisch and encountering and re-recognising the difficulties with which the child with differing degrees of hearing loss has to cope.

b. Observed the work of the audiology technicians.

c. Mr. Barrett, headmaster of the Heston School for the Deaf, arranged for us to sit in on some classes and to watch their method of teaching deaf children.

d. Attended visits of observation to partially hearing classes at Norwood Green School.

Junior Training Schools

Spent one day at Isleworth and one at Hanworth Junior Training Schools.

Swaylands School for E S N Boys

One day's visit to Swaylands Residential School for educationally sub-normal boys at Penshurst.

Busch House School - a day special school for 50 delicate children and 50 mildly maladjusted children

Child Guidance Clinic

Attended a meeting at the Child Guidance Clinic of the working party on persistent non attendance.

Youth Employment Officer

Had a full discussion with Mr Allen, Youth Employment Officer, about the Youth Employment Service.

Inspector Drinkwater - N S P C C.

Met and discussed work he is doing.

Marjory Kinnon School - a day special school for educationally sub-normal children

Attended sessions with school medical officer and the headmaster arranged for us to sit in on classes.

Bedfont Clinic - Child Health Clinic

Community Care Centre, London Borough of Newham

Discussed the ways in which social workers are used in that area.

Acton Lodge Adult Training Centre

We found these visits so valuable that we continued to explore as many of the social services as possible, as we believe it to be an integral part of our work to be aware of what other agencies are doing in the community. During the following months we visited and attended the following places and meetings.

Queen Elizabeth's Training Centre for the Disabled, Leatherhead.
Woodlea, Egham - Industrial Rehabilitation Centre
I R U and Government Training Centre, Perivale
Spastic Workshop, Ruislip.
Labour Exchange
Heston Health Centre
Attended Marriage Guidance Council meeting, Staines
Attended Social Workers' lunch-time meetings, held once every two months.
Attended 2 Teach-Ins on physically handicapped children organised by M S W paediatric group and held at Hammersmith Hospital
Attended Dr Calwell's weekly case conferences at Child Guidance Clinic
Attended meetings which included E W O's and Child Care Officers, C G C.
Larchmoor School for emotionally disturbed deaf children
Queen Mary's Unit for disturbed boys - Battle, Sussex
St. Bernard's Hospital, Southall - hospital and social service department
Queen Mary's, Carshalton
Attended Spastic Society Centre
Spina bifida play group, Twickenham

In addition, Mrs Harding attended fortnightly seminars run by Dr L Goldie at the Nuffield Centre on the problem of families with a handicapped child and found these most useful from the point of view of contacts made with other social workers as well as the topics discussed and the various units visited.

We intend to extend our knowledge even further, and although we will not be able to devote so much time to it as the volume of our casework increases, we would like to set aside one session a month to this end.

As a result of the initial month of observation, it was decided that Mrs Harding should be attached to the Marjory Kinnon School and the Deaf School and Hearing Clinic. Mrs Wisdom should attend Busch House School and Martindale School and Medical Advisory Unit.

A pattern of work gradually emerged after an initial period where we had to get to know the many different disciplines involved in helping the children and to explain what contribution we hoped to make ourselves. Unfortunately, social work is not an easy job to define and many people have erroneous ideas on the subject. It was very important to us that the work we hoped to do was fully understood and accepted. As newcomers, we did not wish to tread on other people's toes, but at the same time, as trained social workers, we had pretty definite ideas of where we would and would not best fit in. We have met with a very high degree of sympathy and help in what we have been trying to do, and for which we are most grateful.

In practical terms we have attended the medical clinics at the schools and received referrals from the following.

Doctors
Teachers
Physiotherapists
Health Visitors
Speech Therapists

We feel that a very important factor of our work is linking together as much information from as many different sources and bringing it together in a written social report - copies of which are given to the doctor and head teacher concerned. Before visiting a family we like to talk to the doctor, the head teacher, the class teacher, a physiotherapist and speech therapist and, where possible, any outside agency involved. It is amazing how varied the impressions that any one family can make, and with so many people involved it is really necessary for some one person to bring these opinions together into a comprehensive whole.

One of the advantages that a social worker has is that it is her job to have time to go into a social problem exhaustively. It requires a great deal of patient listening and the ability to assess the problem objectively if any realistic conclusion is to be reached. With no axe to grind the social worker is in a good position to do this.

The initial approach to a family is all important. Whenever possible, before visiting a family for the first time, we write a letter intimating that we wish to see them in order to help with any problems they may have in connection with their child's handicap - thus giving them the chance to refuse to see us. To a parent, we are sure that the well intentioned authorities can appear very threatening. It is a bad situation where too many agencies are visiting the same family, and it is well recognised that where possible one agency should visit and the other interested parties should work through that agency.

Having established that we are available to help rather than interfere, it has been our experience

that we are generally welcomed with open arms and that the families are delighted to have the opportunity of talking with someone in direct contact with the medical and teaching staff. Often it is sufficient for them to be able to voice their anxieties. On other occasions our opinion can be of value to doctors and teachers when a change from day to residential schooling seems desirable.

From our brief experience in this post we think that anxiety as to a child's future is often most critical as they reach school-leaving age and many parents, quite naturally, are very worried about what the child will be able to do. It is specially helpful for the social worker to be aware of the problems and to pass them on for discussion among the staff, and to be able to allay unnecessary anxieties. Although parents may have attended school-leavers' conferences, mis-understandings still arise which, if known, can be quite easily settled. It is useful for the social worker to be included in the school-leavers' conferences and given time, we shall have a useful contribution to make.

It would seem that most physically disabled children would do well to accept some kind of training whenever they are capable of doing so, in order to hold their own in the future. The social worker can help here by persuading and explaining to parents over a period of time so that when the child leaves school, future education is accepted as an obvious next step. The social worker would again act as a linking agency between the youth employment office, teachers and doctors.

Another critical time for the family is when they first learn of a child's handicap. We feel that many parents do not immediately display any of their anxieties but the problems of a family with a handicapped child cannot be underestimated and the social worker is in a unique position to discuss these difficulties with the parents. In time, we hope to visit every family whose child is due to enter one of the special schools, or who have just discovered through one of the clinics, i.e. hearing clinic or medical advisory unit, that their child is handicapped. In this context we can do much to allay fear for the future, and to ensure that the rest of the family do not suffer, either mentally or through neglect, as a result of this new knowledge. Co-operation with other social workers, from both statutory and voluntary agencies, is essential at this time. When parents first attend one of the assessment units they are given a letter written by the chief welfare officer, Mr Fleet, explaining the help the welfare department can give. To avoid duplication of home visits the medical social worker, after discussion with the unit's paediatric director, principal school medical officer, and physiotherapist, will visit the home of the child and report on any difficulties found. This would include an assessment of whether any adaptations to the house might help the family, in which case the advice and probably a visit from the appropriate welfare department social worker will be arranged.

In addition to our attachment to special schools and units, Mrs Harding has been undertaking general social work within the health department. These cases have been interesting and varied; on the whole fairly complex and out of the realm of the health visitor with her rather more medically orientated training. Some of these cases have been referred by Dr Broadbent in connection with his work with the occupational health service, and therefore all these have been with London Borough of Hounslow employees. Some cases have been rather specialised socio-medical problems concerned with such topics as school non-attendance, re-housing, and problems of adolescence. It seems clear that this part of the work could be expanded enormously, especially in connection with attachment to family doctors when they operate from the new health centres.

While examining our work and its difficulties over the past year, we feel it is important to assess how the pattern and scope of this work will alter over the next few years. Statistics may help here.

Cases referred during year September 1967/September 1968

Marjory Kinnon School and other E S N schools	41
Busch House School for Delicate Children and Mildly Maladjusted Children	27
Hearing Clinic & Heston School for the Deaf	25
Martindale School and Medical Advisory Unit	16
Mrs Harding's general work	17
Total cases	126

These cases can be grouped as follows

Short term and closed cases

Relatively easy problems that can be dealt with in 1 or 2 visits 47

Long term

Cases when long term detailed case work is needed and negotiation with other agencies 79

126 cases, most of them with involved, long term casework, with 1½ full time social workers is equal to a case-load of 84 mainly complex cases per full-time social worker. This is quite high, so it is obvious that over the next year referrals must be streamlined. For example, although attached to the special schools, we cannot undertake to solve minor difficulties that arise concerning the children that could well be dealt with by other agencies, such as the health visitors. If we do continue to concern ourselves with these routine problems, to a large extent our long-term casework, which is absolutely vital, will suffer. Obviously at the present time, we cannot suggest a maximum case-load, but it must be remembered that if the present trend continues, our referrals during the next year will be more than double those during this first experimental year, so it will be necessary to review our function and best use within the medical and educational team of which we are members.

There are many other ways we can extend our work over the next year. We hope to establish a closer liaison with the social workers of the welfare department so that we can consult together when the question arises of desirability of adapting a house to suit the requirements of a physically handicapped child. Also, it has proved useful to have some liaison with the children's department in cases where we feel that there is a necessity for hostel accommodation or boarding out of children, such cases where there is a temporary social problem, not requiring permanent boarding school placement.

In conclusion, we feel that this first year has been successful. It has been one of exploration and preparation for the future, when we hope to provide a useful service.

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 1968			*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		2	2	5	5	11	29	12	-	-	66
		Girls		1	2	2	3	10	8	13	-	-	39
B. Number of children newly placed in special schools (other than hospital special schools) or boarding homes													
a. Of those included at A above		Boys	-	1	2	3	3	7	17	10	-	-	43
		Girls	-	1	2	1	1	7	6	9	-	-	27
b. Of those assessed prior to January 1968		Boys	-	1	1	2	6	2	7	19			38
		Girls	-	-	2	1	1	2	5	11	-		22
c. Total newly placed B(a) and B(b)		Boys	-	2	3	5	9	9	24	29	-	-	81
		Girls	-	1	4	2	2	9	11	20	-	-	49
C. On 23rd January 1969, 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 1968	day places	Boys	-	-	-	-	1	-		-	-	-	1
		Girls	-	-	-	1	-	-	1	-	-	-	2
	boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(ii) newly assessed since 1st January 1968	day places	Boys	-	-	-	1	2	1	1	-	-	-	5
		Girls	-	-	-	1	1	-	1	-	-	-	3
	boarding places	Boys	-	-	-	-	-	-					
		Girls	-	-	-	-	-	-					
b. Aged 5 years and over (i) waiting before 1st January 1968 (a) whose parents had refused consent to their admission to a special school	day places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
	boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(b) others	day places	Boys	-	-	-	-	-	1		1			2
		Girls	-	-	-	-	1	-		1			2
	boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(ii) newly assessed since 1st January 1968 (a) whose parents had refused consent to their admission to a special school	day places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
	boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(b) others	day places	Boys	-	2	-	1	-	3	6	1	-	-	13
		Girls	-	-	-	-	1	3	-	5	-	-	9
	boarding places	Boys	-	-	-	-	-	-	4	-	-	-	4
		Girls	-	-	-	-	-	-	-	-	-	-	-
c. Total number of children awaiting admission to special schools other than hospital special schools - total a. and b. above	day places	Boys	-	2	-	2	3	5	7	2	-	-	21
		Girls	-	-	-	2	3	3	2	6	-	-	16
	boarding places	Boys	-	-	-	-	-	-	4	-	-	-	4
		Girls	-	-	-	-	-	-	-	-	-	-	-

			Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	Total
D. On 18th January 1969 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	-	2	9	8	23	18	37	93	-	-	190
		Girls	-	6	7	12	15	13	16	68	-	-	137
	boarding	Boys	1	-	-	-	1	5	6	6	-	-	19
		Girls	-	-	-	-	-	8	-	2	-	-	10
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	3	1	6	-	-	3	7	-	1	1	22
		Girls	1	-	2	1	-	3	1	2	-	-	10
c. Independent schools under arrangements made by the authority	day	Boys	-	-	-	-	-	-	3	-	-	-	3
		Girls	-	-	-	-	-	-	-	-	-	-	-
	boarding	Boys	-	-	-	-	1	1	12	2	-	-	16
		Girls	-	-	1	-	-	-	7	1	-	-	9
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	-	-	-	-	-	2	-	-	-	-	2
		Girls	-	-	-	-	-	1	-	-	-	-	1
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. for units for spastics, etc.		Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(c) at home		Boys	-	-	-	-	-	-	1	-	-	-	1
		Girls	-	-	-	-	1	-	4	-	-	-	5
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. Totals of C(c); D(a) to (d); E and F(a) to (c) above		Boys	4	5	15	10	28	34	77	103	1	1	278
		Girls	1	6	10	15	19	28	30	79	-	-	188

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 1968 there were 49 delicate children and 51 maladjusted children in the school. These came from the following boroughs.

	Boys	Girls	Total
London Borough of Ealing	10	4	14
London Borough of Harrow	1	-	1
London Borough of Hillingdon	1		1
London Borough of Hounslow	51	28	79
London Borough of Richmond	3	2	5
Total	66	34	100

Martindale School (Hounslow)

This is a day school for physically handicapped children with a closely associated medical unit.

The school has furniture and apparatus adaptable to the needs of the pupils and facilities for hydrotherapy, physiotherapy and speech therapy are available in the medical advisory unit attached to the school. The majority of the pupils in the school suffer from cerebral palsy and many are dependent on wheelchairs for locomotion. Close co-operation between the teaching and medical staff is maintained to secure a reasonable balance between the need for education and treatment in order to achieve the highest potential both intellectually and physically. Many children do have learning difficulties and here the services of the senior educational psychologist are particularly useful.

The following table shows the number of children on the school register and on the waiting list for the years 1965-1968. The number of children on the school roll has increased during these years, but so has the number on the waiting list.

Martindale School for the Physically Handicapped

	1965	1966	1967	1968
New admissions and re-admissions	19	20	23	21
Discharges	18	21	17	16
Children on register at 31st December	116	115	121	126
Children with cerebral palsy included in line above	74	67	67	67
On waiting list	19	19	22	24
On provisional waiting list	15	16	19	29

The upward trend in the number of children with spina bifida has continued this year and is shown in the following table. The number of children who survive as the result of early surgical treatment of the meningomyelocoele is likely to increase, but most of the children who survive will be multiply handicapped and will need special educational provision.

Children with spina bifida
At 31st December

	1965	1966	1967	1968
In Martindale School	5	7	9	15
On the waiting list	8	11	8	17*

* 11 of these children are on the provisional waiting list

Heston School for the Deaf

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 160 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 children aged 5-16 years now has accommodation for 200 children. In December there were 187 children and they came from the following authorities.

	Boys	Girls	Total
London Borough of Brent	1	1	2
London Borough of Ealing	-	1	1
London Borough of Hounslow	78	52	130
London Borough of Richmond	9	5	14
North Surrey	23	17	40
	111	76	187

The number of children with additional handicaps continues to increase and twice weekly visits by a physiotherapist ensures that these children have adequate treatment. This year there were 4 children with hemiplegia and 7 with other congenital orthopaedic defects, and treatment was also provided for 6 children with chronic chest complaints.

All new entrants to the school are assessed for speech and/or language problems and 27 children were receiving regular speech therapy at the end of the year. A further 18 children were under supervision.

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 1968 there were 30 girls at this school and they came from:-

London Borough of Barnet	1
London Borough of Brent	1
London Borough of Hounslow	2
I.L.E.A.	2
Buckinghamshire	2
Hampshire	16
Kent	1
Somerset	1
Warwickshire	4

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 Department of Employment and Productivity 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 ao 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).

Three children, however, were found unsuitable to attend either ordinary or special schools and these were dealt with informally. Similarly one child dealt with informally was re-admitted to a special school.

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

The medical and dental facilities are available to the severely sub-normal children attending the two junior training schools in the same way as for those attending ordinary schools. A physiotherapist attends each school 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 Thirteen such children were admitted to day nurseries during the year.

School Meals and Milk

Except that the provision of milk to secondary pupils ceased in September, 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 28,266 pupils present in school 16,658 (59%) had milk and 19,989 (70%) had dinners. There are 46 school kitchens, and children are provided with dinners by a container service at 26 dining centres.

The number of non-maintained schools taking milk was 13 and 88% 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 45 children in recuperative holiday homes. Thirty-two were admitted to such homes and 12 were cancelled or withdrawn and one was awaiting placement at the end of the year.

First Aid in Schools and Colleges

During the year efforts were made to increase the number of qualified first aiders in the schools and polytechnic colleges.

First aid courses of instruction were organised at the polytechnic colleges and attended by members of the staff all of whom passed the British Red Cross examination at proficiency standard. At the close of the year it was considered that the number of qualified personnel and the provision of equipment for first aid purposes was adequate at both polytechnic colleges.

The principles of first aid treatment follow in the wake of the general advancement of medical science. Hence qualified first aiders need to attend courses of instruction at regular intervals for this reason as well as to revise their knowledge of the subject.

The British Red Cross Society and the St. John Ambulance Association require their members to follow a recognised course under the supervision of a medical practitioner and to pass an examination every three years. This is a wise policy. A teacher or welfare worker in a school or college may have to cope with an injury or illness where wrong treat-

ment or advice may have harmful effects on the individual's health.

Any person working in a school or college who may be called upon to cope with accidents or illness would be well advised to qualify and maintain their proficiency in first aid.

Infectious Diseases

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

Chickenpox	701
Dysentery	61
Food Poisoning	1
German measles	305
Infective jaundice	10
Malaria	1
Measles	142
Mumps	56
Paratyphoid fever	1
Scarlet fever	64
Tuberculosis	11
Whooping cough	26

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.

Protection against tuberculosis by BCG vaccine is offered to school children of 14 years of age or older and to students attending universities, teacher training colleges, technical colleges and other establishments of further education. The scheme is not confined to children attending maintained schools but is available to all children of appropriate age. BCG vaccination may be extended to school children from the age of 10 if circumstances make this desirable. A total of 1520 school children and students received BCG vaccination during the year.

Health Education in Schools

There was an increased demand from head teachers and heads of departments for special talks from medical officers and health visitors. All such requests were followed by a visit to the school concerned to discuss the general syllabus, the needs of the pupils, and the school policy concerning health education. Wherever possible, the talks were given as part of the general syllabus so as to avoid giving the impression that these subjects were in any way special or unusual. Increasing emphasis was placed on growth, development and the needs of the individual and his or her place in the community rather than on parentcraft although this subject was taught as part of a domestic science course or at the request of the head teachers.

During Mental Health Week films about mental health were shown to senior pupils at Grammar and Secondary schools and speakers were provided to answer questions and stimulate discussions. Arrangements were also made for small parties of senior pupils to visit the Adult Training Centre and the two Junior Training Schools.

All the health visitor students in the Borough have been involved in the teaching of health education. Several students, under the direction of the Field Work Instructor have planned, organised and given a series of talks to pupils at a junior school in Hanworth.

Groups of schoolgirls were shown round the health centres and clinics; this gave the health visitors the opportunity to undertake informal health education.

Student Health, Polytechnics

The national trend of an increase in the number of students undergoing full and part-time courses in Colleges of Further Education, was apparent in both the borough's polytechnic colleges. I am happy to be able to say that the general health of the students was satisfactory. Further efforts were made during the year to promote the preventive health aspect of the service amongst the staff and students.

The student health and welfare team is still handicapped by absence of a college nurse. This throws an unfair responsibility on the welfare officers and restricts the time given to essential welfare and lodging work. The accommodation of students in the borough is an increasing problem. Poor lodgings with inadequate meal and studying facilities eventually affect the student's mental and physical health adversely. There is a need for good student lodgings at a price students can afford in the borough.

The number of students seeking help of their own accord from the service remained much the same as in 1967, however the number referred by staff and parents increased by about 10% in both colleges. It is thus gratifying to see that members of the academic staff are becoming increasingly aware of the

general health and welfare factor in student life. With the large staffs of these colleges one relies to some extent on the chain reaction of information about the student health service.

Again in 1968 as in the previous year about two thirds of the medical consultations were concerned with psycho-social problems. It seems that many adolescents need a person to advise them who is outside the home and occupation influence yet is aware of both these factors. In some instances where students are found to have family or academic problems giving rise to psycho-somatic symptoms help has been gained by the group therapy approach with the student taking an active part.

The question of the degree of practical usefulness of intelligence and aptitude tests for students is controversial. It is thought however, that more use could be made of the services of an educational psychologist where there is doubt about a student's academic ability to cope with a given course. The situation should not often arise where a student is found to be in acute anxiety state having attempted an academic course requiring an intelligence level well above his natural ability.

If one considers the spectrum of student work activity it is apparent that occuring at one end is the saturation syndrome and at the other a condition which has been called by Malleson (1963) the decompression syndrome. The former is most frequently encountered in overseas students who are often under family, social and economic pressures to be successful in examinations. These students present in an actue anxiety state usually a short time before an important examination. They give a history of being unable to memorise recent work and they attempt to compensate by still longer periods of study. The observant tutor will refer these students for counselling well before the time when the anxiety state causes such symptoms and signs as loss of weight nausea, headache, tremor and vague body pains to be fully established.

The decompression syndrome is seen less commonly at the polytechnic colleges, some six cases were encounted during the year. All originated from schools where there appeared to be a rigid time-table and close supervision of study. All found great difficulty in planning their student activities in the less formal atmosphere of a college. These students need the help of the tutors and welfare officers if they are not to become psycho-social casualties.

Absence of response of some tongue conditions in children to administration of vitamins

At the request of the Department of Health and Social Security co-operation was arranged in an investigation into tongue conditions and the following paper by John Yudkin, Queen Elizabeth College, London, W.8., D H Norman and Megan E Wilkinson, Dental and Health Department, Hounslow, Middx., and W T C Berry, Department of Health and Social Security will be presented to the Nutrition Society.

Dr Geoffrey Taylor (1966) reported that tongue conditions due to malnutrition were prevalent at all ages, and demonstrated to some of us these conditions in secondary schoolchildren of both sexes in Hounslow. We tested whether these appearances could be altered by the administration of vitamins of the B complex and ascorbic acid, which Taylor believes are those most likely to be implicated.

We examined 150 boys and girls aged 11-14 in secondary schools, and selected 53 as showing the signs described by Taylor. We paid particular attention to (a) numerous red large fungiform papillae, often most obvious near the tip of the tongue (b) fissuring, other than a shallow irregular longitudinal fissure, which we took as normal (c) filliform papillae, which were either uniformly shorter or more swollen than those we arbitrarily took as being normal. Only one child showed obvious abnormalitity of the filiform papillae, constituting a geographical tongue.

Before the vitamins were given, two of us (B and Y) made two examinations of the children's tongues, at an interval of two months. The tongues were examined visually, and coloured photographs taken at the same time. No significant change was observed between the first and second examinations.

The double-blind study began by the allocation of the children into two groups, by choosing alternate names alphabetically. One group was given placebo tablets, the other was given tablets containing the vitamins - thiamine 2.5 mg, riboflavin 5 mg, pyridoxine 2.5 mg, nicotinamide 15 mg and ascorbic acid 100 mg.

The tablets were given on each school day, five days a week, during two school terms, under the direct supervision of four teachers from the four schools. They were not given during the Easter holidays, so that out of a period of 166 days, tablets were given on 103 days. The tongues were again examined and photographed after 49 days, and at the end of the trial. At

each of these examinations some small changes were thought by the clinical observers to have occurred in a few of the children. These minor changes were subsequently found to be equally distributed between the experimental and control groups. Altogether 33 children went through the whole course and were available on the last day of study; 14 children had had the vitamin tablets and 19 the control tablets.

The results as recorded by each of the two observers are shown in Table 1.

TABLE 1

	Number of Children		
	No change	Better	Worse
Vitamin Tablet			
Observer B	12	2	0
Observer Y	11	2	1
Placebo Tablet			
Observer B	12	4	3
Observer Y	14	3	2

Clearly, no significant change was produced by the vitamin tablets. It is possible that the condition would have improved had we used larger amounts of the vitamins, or more prolonged treatment. However, epithelial lesions due to vitamin deficiencies tend to improve within a few days with quite moderate amounts of vitamin; the administration to subjects showing tongue or skin lesions of 3 mg riboflavin daily for 10 days, or 9 mg daily for 5 days, was sufficient to restore to normal the tongues in about half the subjects and the skin changes in about three quarters of the subjects (Yudkin, 1946). We therefore incline to the alternative view, that the tongue signs were not due to deficiency of any of the vitamins that we administered - thiamine, nicotinic acid, riboflavin, pyridoxine or ascorbic acid.

ACKNOWLEDGEMENTS

We are indebted to the teachers who so conscientiously administered the tablets; to Messrs Roche Products who supplied the vitamin and placebo tablets; to Dr Geoffrey Taylor who kindly visited the schools with some of us to demonstrate the sorts of lesion that he had in mind; and above all to the volunteers themselves.

Taylor, G (1966) Lancet, i 926
Yudkin, J (1946) J trop med Hyg 49, 83.

Report of the Principal School Dental Officer for the year 1968.

As was predicted in the last annual report there was some improvement in the staffing of the dental services during the year and this is reflected in the increased number of dental inspections and work carried out, but it is difficult to predict how long this desirable situation will be maintained.

The unstable staffing situation of the local authority school dental service in general is possibly one of the factors which has given rise in some quarters to the idea that there may be a decreasing need for such a service in the future.

Dental treatment is provided for school children by both the local authority service and the general dental service. Since 1951 the amount of dental care provided for children by practitioners in the general dental service throughout the country has greatly increased and in 1967 5,000,000 courses of treatment were provided for children under the age of fifteen years by this service. In this context a course of treatment is one which renders the patient dentally fit and may consist of one or more visits by a patient to a dental surgeon following a dental inspection. The actual amount of work carried out by the general dental service exceeded the total amount of work carried out by all the local authority dental services during the same period. For this reason the suggestion has been put forward that the general dental service is now the priority service and therefore the local authority school dental service has nothing further to contribute in its present form. This of course pre-supposes that the general dental service is at least within sight of being in a position to provide a priority service for all the 7,500,000 children at present in school.

The increasing contribution of dental services provided both by practitioners in the general dental service since 1951 and more recently by a moderate expansion of the local authority school dental service coincided with a period of decreasing child population following the 'bulge'. In fact since 1965 the ratio of school dental officers to the school population has become slightly greater and although the ratio is still more favourable than it was prior to 1962 the service is again losing ground. In fact although the number of courses of treatment provided by the general dental service practitioners continues to increase the actual number of fillings provided by this service during the last few years has decreased thus there has been a reduction in the total number of fillings provided from 4,000,000 in 1960 to 3,500,000 in 1967. The combination of these factors may indicate an improved standard of dental health in patients treated within the general dental service and the increased number of courses of treatment may be related to routine recall inspections. As a corollary it may be deduced that not more than about three million individual children receive dental care within the general dental service at the present time thus leaving some 4½ million children to be cared for by the local authority service.

The school population is now rapidly increasing and by 1980 allowing also for the raising of the school-leaving age the number of school children will probably be over ten million. Bearing in mind that the actual number of fillings completed within the general dental service is decreasing and that the expansion of the school dental service has failed to keep pace with the increased school population it would appear that it will become increasingly difficult to provide adequate dental care for the entire child population during the next ten to twenty years.

This problem is essentially one of manpower deployment and it will not be greatly affected by either the proposals of the Green Paper or the implications of the Todd Report unless these implications or proposals should result in a reduction in the number of recruits to the profession. The country and the profession have repeatedly affirmed the need to provide priority dental care for school children and if it is intended that dental care should indeed be provided it must of necessity be backed by some form of statutory obligation. It seems unlikely that the profession as a whole would find an obligation to treat a percentage of children within the general dental service either practical or even desirable particularly in rural areas.

For all the above reasons the role of the school dental service as a treatment service for children is likely therefore to become increasingly important during the next ten to twenty years.

The number of dental officers should be increased and the scope of work widened for it is only be anticipating the necessity for the considerable expansion of this service and by deliberate forward planning now that the child dental service can continue to maintain

and even to improve the child dental health in this country.

Staff Health Service

In the first (1967) report of the service the basic components of a staff health service were set out as the supervision of the health of staff, the supervision of the working environment and health counselling. The work of the service during 1968 will be described under these headings:-

Supervision of the health of staff.

The number of medical examinations of new staff increased slightly and formed a little more than one fifth of the total number of assessments obtained from the completion of a medical questionnaire. While it is desirable to have a medical base line for most employees, routine examinations is uneconomic of medical time and selection is carried out on the basis of medical history, occupation hazard and age of the worker.

A system of medically examining registered disabled persons and workers with an occupational hazard at regular intervals was established. An increasing number of follow up medical examinations were carried out. The value of these examinations became very evident in members of staff suffering from chronic illness where working conditions and methods may need to be modified, in accordance with the workers physical and mental state.

People returning to work after prolonged illness require careful rehabilitation. A system whereby such cases were notified to the service before the persons returned to work was set up in order that rehabilitation measures could be carried out under medical supervision. The most difficult cases in this respect are those due to ischaemic heart disease where a nice balance between progressive activity and avoidance of cardiac symptoms has to be maintained. Some of these patients need supportive therapy for a prolonged period if cardiac neurosis is to be avoided.

The supervision of the working environment

The annual survey of chemical substances used by employees brought to light several toxic compounds in regular use. The first of these was ortho-tolidine, a colour indicator used in the estimation of the chlorine concentration in swimming pool water. This compound is now recognised as a bladder carcinogen. The operators carrying out these chlorine estimations now use an alternative method where no known toxic substances have to be employed in carrying out the test.

A workman employed spraying a herbicide on to weeds growing between pavement stones, became ill after several weeks of this work. The herbicide contained paraquat (dimethyl-bipyridylium) and diquat (dihydro-diazoniaphenanthrene). He complained of nausea and abdominal pain but has no respiratory or neurological symptoms or signs. In view of this, toxicity from the herbicide was not suspected and his condition resolved while away from work but returned as soon as he began using the herbicide again. He was taken off this work and has not had any further symptoms.

It is not generally realised that gastric irritation can be caused from chemical substances used in spray form going into solution in the saliva and being swallowed. Persons carrying out spraying using insecticides and herbicides in the open should spray down-wind not into the wind thereby avoiding inhalation and ingestion of the toxic chemicals.

Industrial dusts can cause other conditions besides the pneumoconioses. A rodent operator complained of epistaxes when using warfarin, a blood anticoagulant, as a rodenticide. He was in the habit of mixing the rat bait each evening always taking care to wash his hands following this operation. The warfarin powder was mixed with oatmeal in a bowl and it was evident that he was inhaling warfarin dust through the nose. Inhalation of all dusts in harmful to the respiratory tract to a lesser or greater degree. Employees cannot be expected to use dust masks satisfactorily, they are uncomfortable and always liable to be misplaced. Adequate cowling and exhaust extraction should be installed in all processes giving off dust into the working environment.

Because of the continual introduction of new chemicals into industrial processes a constant look out has to be kept for substances that are physiological irritants and may, in the long term, prove carcinogenic.

Health counselling.

An occupational health service should be orientated towards preventing disease. To achieve this end it is necessary to communicate certain occupational health principles to workers. A system of issuing staff health circulars at regular intervals was started

during 1963 The subjects covered first aid, vaccinations against smallpox, typhoid and tetanus for employees at occupational risk, occupational dermatitis and respiratory hazards from irritant gases. The occupational physician can do much in the way of incidental health education by observing men at work and discussing health and safety matters with small groups of workers

The number of follow-up medical consultations of workers found to have a health problem on joining the service was increased. Also the number of requests for medical checks and consultations from employees increased slightly. Workers approaching retirement age are offered a medical consultation and advised to attend the pre-retirement course organised by the Adult Education Department.

During the year a number of requests from managers of factories in the borough for advice on industrial health problems were received. These included problems concerned with ventilation and lighting, industrial dust toxicity absorption of heavy metals from metallic food containers and the physiological problems associated with metallic alloy electrodes used for in planting into human tissue. It is anticipated that this aspect of the service will grow in view of the large number of small and medium sized industrial concerns in the borough.

During the year the following examinations and assessments were made

Medically assessed	1963	1967
With medical examination	387	360
Without medical examination	1,434	1,370
Left before completion of medical assessment	106	162
Medical examination of existing staff for purpose of admission to the superannuation scheme sickness pay scheme or continued fitness for employment	173	86
Medical examination for first teaching appointments	93	104
Medical examination of other local authority staff	4	7
Medical examinations carried out by other local authorities	1	35
Medical examination of student teachers (College Entrants)	230	217

Occupational Health

Dr. A R Broadbent, Occupational Section writes -

The aims of an occupational health service have been admirably defined in the 1961 Report of the British Medical Association entitled 'The Future of Occupational Health Services'.

These aims are -

'maintaining and improving the physical and mental well-being of workers

'protecting workers against any health hazard which may arise from their work or from the conditions in which it is carried out

'contributing towards workers physical and mental adjustment to their jobs, in particular by adapting the work to the workers and assigning men and women to jobs for which they are suited

'providing emergency treatment in case of accident or sudden illness

providing a link with other health services

To the last phrase should be added and with community and social services' (1968 Tunbridge Report: The Care of the Health of Hospital Staff)

A survey of the present patchwork of occupational health services in this country soon reveals deficiencies in established services in the light of the above aims, while over three quarters of the working population have no occupational health supervision at all

During the industrial revolution of the last century medical men of vision such as Kay, Thackrah and Legge studied and wrote about the effects of work on the health of people. The certifying surgeon service now called the Appointed Factory Doctor Service, was established in 1844 and the Medical Factory inspectorate in 1898. These two services with their limited functions are all that exists today on a country wide basis, seventy years later.

During the first half of the 20th century almost all progress in establishing occupational health services was made by private industry. No mention was made of any need for occupational health services in the 1946 National Health Service Act. In 1943 the first group industrial health service for small factories and offices was set up at Slough. Twenty years later there are only seven of these group services scattered throughout England each being financed by the industries they serve.

Local Health authorities have remained curiously passive about occupational health services. In spite of being 'one of the largest employers of labour' very few local authorities have set up occupational health services for their own staff, not one so far

has established a group service for the factories in its area.

During the past few years the concept of community health has gained ground. In order that the physical and mental health of people at work may be maintained and promoted, it is necessary for an occupational health service to be an integral part of the community health service of an area. I am happy to be able to say that the Hounslow Health Authority have accepted this principle.

'Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations'.

World Health Organisation
Committee on Occupational Health 1957.

Mental Health

This has been a year of considerable progress in which three new establishments were added to the community mental health services.

Subnormality

The number of subnormal and severely subnormal persons living in the borough at the end of the year was 370 an increase of 12 from the previous year. The number of new cases referred was 60, including 40 children under 16 years of age, 10 of whom were referred for supervision after leaving school.

During 1968, 13 patients were admitted to hospital for indefinite periods. Four of these were subnormal and nine severely subnormal but one returned home before the end of the year. There were 288 long term patients from the borough in hospitals at the end of the year and patients and relatives suffer by reason of the location of these hospitals many miles from the borough. At the end of the year there were only 3 patients on the hospital waiting list. These were all children under 16 years of age, one of whom needed admission urgently and was admitted early in the new year. This situation suggests the great benefit derived from improving community services. The provision of further establishments and the employment of an adequate number of trained personnel will however be necessary if this benefit is to continue.

Counselling clinics continued and the Physician Superintendent of the catchment hospital attended one such clinic session. In particular, support was given to the parents of very young children who were offered appointments at 7-9 monthly intervals.

Regretably, as during the previous year, the mental health social workers were not able to visit all the subnormals as frequently as was desirable and their visits were directed towards households known to have acute problems. The total number of visits to subnormals decreased slightly but those to mentally ill patients increased considerably. It appears that the more dynamic situations which arise in cases of mental illness are more compelling to mental health social workers than the long term work with subnormals and that until an adequate number of social workers is available this disparity will continue.

The two local parents' societies actively supported the two Junior Training Schools and the Acton Lodge Adult Training Centre and their interest and help is greatly appreciated.

Junior Training Schools.

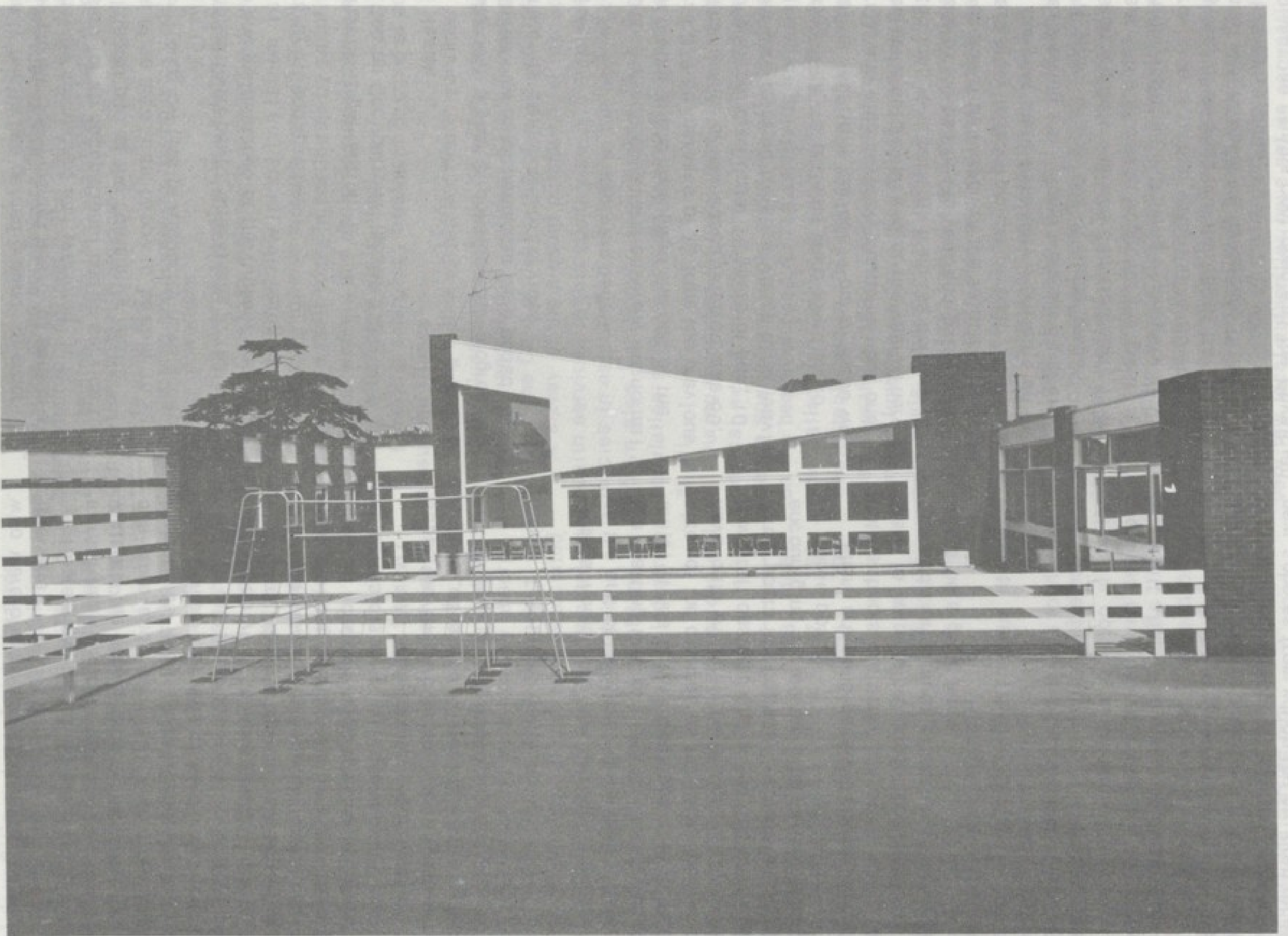
Both schools remained full throughout the year and at the end of December there were 15 children on the waiting list, of whom 9 were for special care units. It has not yet been possible to reduce the size of the classes as the other local authorities have only withdrawn a few children. There were few staff changes and at the end of the year all three posts for Trainee Teachers were filled. It was encouraging to see the high calibre of applicants for these posts.

There are good physical education facilities at both schools but these are partly wasted because there is no physical education teacher on the staff. The addition of such a teacher to serve both schools would be a great asset.

Hanworth Junior Training School

The school was transferred to the new building in Main Street, Hanworth on 5th February and was officially opened on 4th May. These excellent premises have proved a stimulus to both children and staff alike. The spacious classrooms and splendid assembly hall are a great advantage.

The additional facilities of the practical room and the gymnastic apparatus in the assembly hall provide a wide range of interest and experience in new spheres from which the children receive great



Hanworth Junior Training School.

Hanworth Junior Training School Special Care Unit

Hanworth Junior Training School Special Care Unit.

stimulation. The small room attached to the special care unit has proved most useful in helping some of the severely handicapped children to concentrate their efforts when helped by a teacher on a one to one basis, away from the distractions of the Unit, but the teacher/child ratio must be improved before it can be fully used.

The increased capacity from 84 to 114 enabled the temporary class at Colombo House, Teddington to be absorbed into the school and a number of children from the waiting list to be admitted.

Weekly excursions to the local baths for swimming classes continued throughout the year and all are hoping that it may be possible at some time in the future for this school to have its own swimming bath.

Isleworth Junior Training School

The progress in the standard of teaching in this school continued under the new supervisor Mrs. M.S. Moodie.

Speech Therapy - Report by Mrs. D.E. Cox, Senior Speech Therapist

'In the Spring of 1968 a further session per week was allocated at Isleworth, so that both centres had two sessions of speech therapy per week. At the same time one therapist became responsible for the work at both centres so as to be in a better position to examine the whole question of speech therapy with severely subnormal children.

A start was made at the commencement of the Summer term in seeing every child in both training schools for a brief assessment of speech and language development. It was decided to see all the children in order to make comparisons and with the possibility of finding some children whose developmental language disability was a causative factor on their subnormal levels of attainment. A brief set of tasks was devised to give a guide to their level of ability and this was found to give sufficient information as to the prognosis for speech therapy. Spontaneous speech is encouraged and noted during the assessment and the teacher's opinion is also sought.

Children were then selected for speech therapy where they showed specific defects of articulation, or where their language level appeared significantly below their performance level. All others were noted as 'no treatment needed', or placed on the register as 'under supervision' when their progress without specific help could be checked and discussed with teaching staff. At the same time it was hoped to introduce regular home visits to parents of children either under regular treatment or under supervision, so that they could discuss any problems relating to speech and language and be advised as to management to give maximum stimulation in this field. Due to heavy case loads, and the time taken by the experimental Summer School for Language Retarded Children, few visits were carried out in 1968, but it is hoped to visit all parents in the coming year.

The success of the methods used in group work at the Summer School led to groups being taken in the training school using the same approach. This was tried with a whole class, and three groups of children assessed as needing speech therapy, i.e. nursery, junior and senior groups. In view of the mental ages it was thought that the junior group would show the best progress, but is was surprising to note that the nursery children made the best progress, thus following the normal pattern of conceptual growth between 3-7 years. The class session proved of interest since the whole class could easily be 'held' for at least half an hour, but other class activities and the speech therapists case load made it too difficult to hold regular sessions, so their value cannot be estimated.

During 1968 some 26 children were seen regularly between the two junior training schools, while all the children in both schools were assessed. This does not allow enough time for severe cases, and the frequency of treatment is insufficient. However progress has been shown, particularly among the younger children and it is hoped that improved methods of assessment and measurement of attainment in the following year will show how a speech therapist's time should be best allocated in the junior training schools in the future.'

Physiotherapy - Report by Mrs. J. Biddle, Superintendent Physiotherapist

'Hanworth Junior Training School

A physiotherapist is in attendance at Hanworth Junior Training School for one session each week. Between 8 and 11 children are treated at each session depending on attendance. Home visits are carried out during the holidays and advice is given to parents regarding treatment at the visits or sometimes at the school. The day of attendance is the same as that of the

School Medical Officer, which has proved extremely valuable as the physiotherapist can attend the child's medical examination with the parents and does not have to make a special visit to the school to do this.

In the special care unit there is at present only one spina bifida child, the foreseeable future will include more which will necessitate greater nursing facilities than are available at present.

Isleworth Junior Training School

Regular visits have been made throughout the year to advise and help the staff with any problems arising and especially concerning the brain damaged children in their care.

16 children (5 from Hounslow Borough and 11 from Ealing Borough) have received physiotherapy and handling to learn correct patterns of movement for daily living.

Parents have been made welcome at the school for advice and help. Home and hospital visits have been made to link up with treatments.'

Adult Training Centres

Acton Lodge Adult Training Centre

The rebuilding of part of this centre was completed on 13th December and its full utilization and development in the new year is eagerly anticipated. The new facilities include recreation hall, training laundry, domestic training room, workroom, schoolroom, storerooms, showers, and toilets and a display window on the road frontage.

Due to difficulties with some of the machines, the laundry was not fully operational at the end of the year. It is intended that 8-10 trainees should be engaged in this section and that all the Health Department's laundry should be done - it is estimated that it is possible to deal with 1,000 pieces per week. A laundry instructor was appointed and at the end of the year the unit was running-in with a small number of trainees and the linen from two establishments only.

The varied work of the centre continued. Although due to the financial squeeze the amount of work made available by several firms was reduced other work was obtained to keep the centre fully employed. The installation of a vibrating table improved the range and quality of concrete castings made in the centre and paving stones are being supplied for the new Health Centre in Bath Road.

The average daily attendances have approximated the capacity of the centre but there was a waiting list of about 30 persons throughout the year, which it is hoped will be reduced as the new building becomes fully operational.

Brentford Adult Training Centre

This centre is within the factory of a firm manufacturing plastics and provides real factory conditions for trainees who may be able eventually to take outside employment. During the year 8 trainees left to take up employment.

Holiday Camps for the Mentally Handicapped

Adults

The Borough organised a party of 60 mentally handicapped men and women from Acton Lodge Brentford and Southall Adult Training Centres to go on a week's holiday to St. Mary's Bay, Kent. It was a very successful holiday and Mr. Simpson, Manager of Acton Lodge who acted as leader described it as memorable. Grateful thanks are due to all those staff and volunteers who escorted the party.

The local parents' societies generously provided funds for amenities and £54 was raised by voluntary efforts at Acton Lodge.

Children

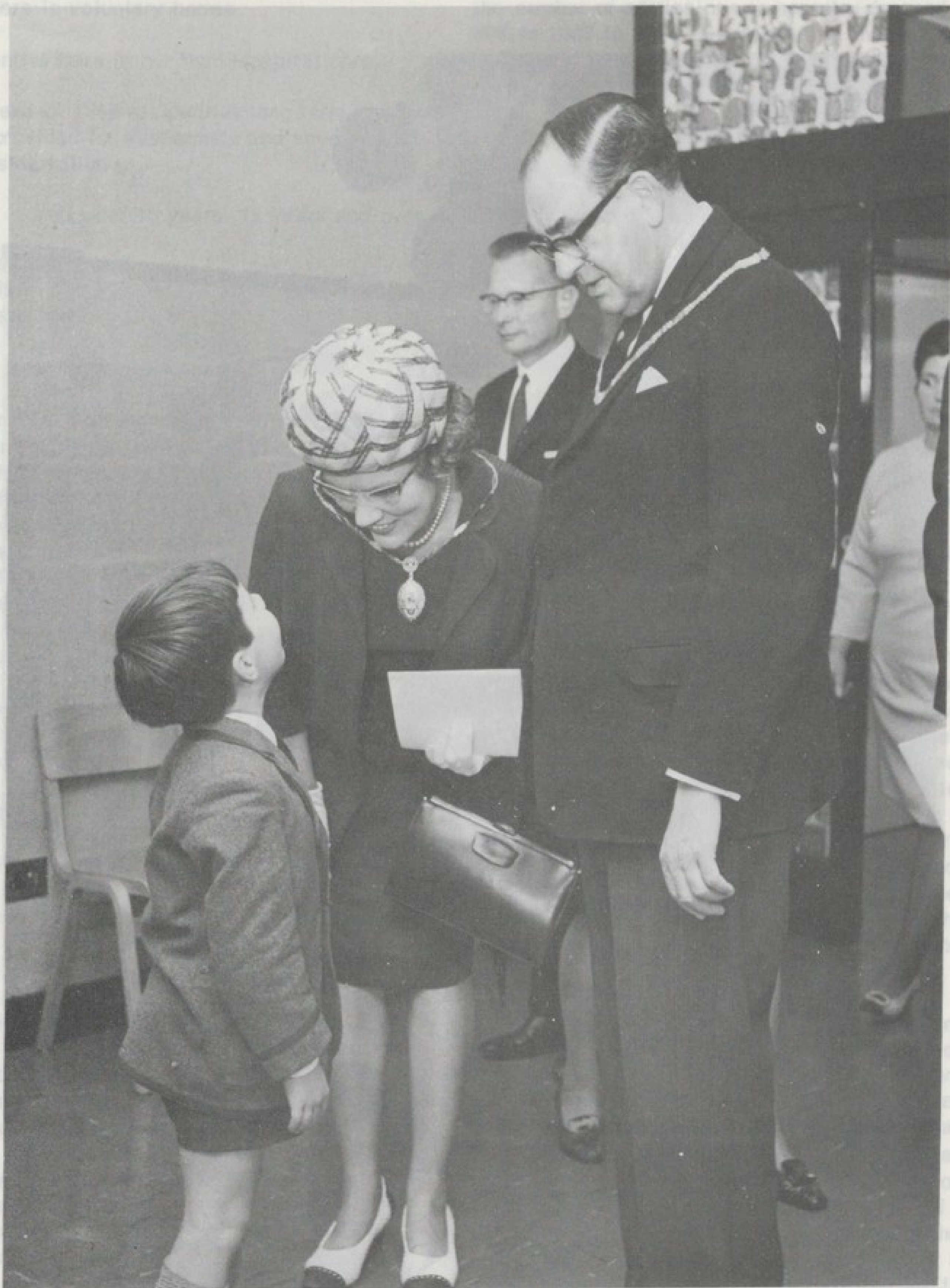
Three children from this Borough attended the holiday camp organised by the London Borough of Hillingdon, at Park Place School, Henley-on-Thames, from 22nd July to 3rd August, 1968.

Camps were also run by The National Society for Mentally Handicapped Children at Crawley and Chichester in Sussex. Four children from this Borough attended, two at the Crawley Camp from 10th to 24th August, 1968, and two at the Chichester Camp from 27th July to 10th August, 1968.

Short Term Care

During 1968 arrangements were made for 27 subnormal and severely subnormal patients, to have a total of 32 periods of short term care, varying between two and eight weeks. Nine of these were awaiting long term admission to hospital but short term care became necessary in the interim.

Of the 32 periods of short term care arranged 28



His Worship the Mayor, Alderman V.C. Denton, JP, DL, FCIS, and the Mayoress, Mrs. Denton, at Hanworth Weekly Boarding Unit

Hanworth Weekly Boarding Unit

were accommodated in Leavesden Hospital and the others in voluntary homes.

Residential Care (other than Hospital care)

At the end of 1968 residential long term care was being provided for subnormals and severely subnormals as follows:-

	Under 16 years	16 years and over
In homes and hostels	6	14
In private homes	2	4

Weekly Boarding Unit, Hanworth

This unit for 12 subnormal children started admitting children on 30th September, 1968. There was difficulty in obtaining suitable staff and by the end of the year 8 children were in residence Mondays to Fridays and attending the Junior Training School daily. All the children admitted seemed to settle down very quickly although some of the younger ones were a little home sick for the first week or two. A happy homely atmosphere prevails in the unit which provides a much needed service for the parents.

A period of 16 days short term care is planned for next year during the summer holidays to enable parents to take a holiday.

Project

Long Term Home for Subnormal Children

It is hoped that building will start in July 1968.

Mental Health Week

The third, and for the time being last, Mental Health Week was held in June and was actively supported by the Council. Posters were displayed throughout the borough and the training schools and adult training centres were opened to the public, also the hostel for mentally ill patients. Films were shown and talks given in several schools and parties of senior school children subsequently visited the training schools and centres.

Mental Illness

Despite the fact that the number of cases referred increased slightly from 964 in 1967 to 973 in 1968 the number of admissions to hospital dropped from 387 in 1967 to 309. It is hoped that this encouraging trend will continue. It is thought that the following factors may have played a part in this decrease:-

(1) New drugs which are being prescribed by general practitioners on their own or after consultation with the psychiatrists in attendance at local hospital out-patient departments.
(2) Increased domiciliary visiting by consultant psychiatrists to patients unable or unwilling to attend out-patient clinics.
(3) The more efficient use of the Hounslow Hospital psychiatric out-patient clinic. Mental health social workers now visit the patients' homes to obtain social histories and to decide priorities. Prompt treatment in some cases avoids the necessity to admit the patient to hospital.
(4) Radio and television documentary programmes appear to have made the public more aware of the services available and probably influenced them to seek advice at an early stage in their illness.
(5) Improved liaison with other social agencies results in the mental health social workers being made aware of problems before they get out of hand.
(6) General Practitioners and others are becoming increasingly aware of the facilities available at the Heston Day Centre for elderly confused patients.
(7) Since the end of 1967 the mental health social workers have restricted their case loads to concentrate their efforts on those patients whom it was felt would benefit by intensive help and where such help would be most likely to avoid admission to hospital. Whilst this has proved extremely successful it has only been achieved at the expense of other clients, in particular families in which there is a subnormal child.

Liaison with general practitioners, the catchment hospitals and statutory and voluntary agencies continued to improve during the year, and there were signs that the public were becoming more aware that in many cases mental illness responds to treatment.

The number of visits to the office by patients and other members of the public for advice or information during the year again increased. This form of interview is economical of officers' time and is therefore encouraged, but it is not always possible for a mental health social worker to be available in the office to see callers who come without appointments.

Experience indicates that there is a need for more re-training and re-socialising of patients discharged

Heston Day Centre

from psychiatric hospitals, particularly those who have been in-patients for several years. The Industrial Therapy Organisation (Thames) Ltd. does valuable work with patients for whom industrial employment is suitable and the Wood Lane hostel provides accommodation and re-habilitation for patients who have no suitable home. The great diversity of interests, circumstances, and appropriate employments, however, demand additional facilities. It is hoped that the day centre at 92 Bath Road, Hounslow planned to open in 1970 will meet at least some of this need.

It cannot be stressed strongly enough that as in the field of subnormality, if community care is to be a real alternative to hospital care for mentally ill patients, there must be adequate facilities and an adequate number of medical and social workers to support their families. If patients are to be deflected from hospital it is clear that the staff to treat and support them and their relatives in the community must also be increased.

Mental Health Social Workers

One post of senior mental health social worker remained vacant throughout the year for the lack of a suitably qualified and experienced applicant. Mr P Jenkinson joined the staff as a mental health social worker but left to go to a neighbouring borough after five months.

Congratulations are extended to two senior mental health social workers, Messrs Kenyon and Williams who returned in August after gaining the Certificate in Social Work. In September, Messrs Mason and Vallarelli commenced two-year courses of study leading to the same certificate and it is hoped they will have the same success.

Heston Day Centre

This 30 place centre for elderly confused persons opened on 14th August 1968 with 8 patients. The demand for places grew steadily and at the end of December 26 were attending. Remarkable improvement was noted in many of the patients, and they and their families were most appreciative and attendance at the centre made it possible to avoid or delay admission to hospital. The demand continues to increase and consideration is being given to enlarging the capacity of the centre and perhaps opening similar centres in other parts of the borough.

The success of this day centre is due largely to the enthusiasm and hard work of the Superintendent, Mrs Kenneally and her staff and also to the mental health social workers who contributed much beyond their normal duties, paticularly in the first few months when the recruitment of a driver and other staff proved difficult.

Projects

Hostel for Recovering Mentally Ill Patients.

The building of a 25 place hostel at the Orchard, Staines Road, Bedfont, is proceeding and it is anticipated that it will be ready for occupation in July 1969. This will be in substitution for the hostel at 24 Wood Lane, Isleworth, which because of its proximity to the Acton Lodge Adult Training Centre will then be used to accommodate mentally subnormal adults. The new hostel will include a patients flat designed to accommodate a married couple or family who need a supportive atmosphere to enable them to cope with everyday problems of re-adjustment or single patients requiring a trial period before deciding their fitness to care for themselves.

Sheltered Workshop

The department is involved with the Welfare Department in a project to provide a sheltered workshop for both mentally handicapped persons and physically handicapped persons but no site was available by the end of 1968.

24 Wood Lane, Isleworth

The following report has been submitted by Mr H Marshall, resident warden of the hostel.

In the third year of functioning the hostel admitted 30 residents, discharged 22, seven to hospital, who subsequently were re-admitted. Of the total 20 were residents of Hounslow.

Applications from all sources are sympathetically received, I myself taking the view that each case can present a worthwhile challenge and only certain applicants needing specialised after-care would be refused.

The needs of the residents were similar to those of the first two years, with perhaps fewer chronic cases. In many instances the hostel continued to give support after discharge by the way of providing

the occasional meal and encouragement to join in current social events.

In the light of experience gained in the past two years, life in the hostel has become less structured and more liberal. Regular group meetings are held to allow full participation in the way the hostel should be run, to the benefit of all.

Dr. C Herridge, Consultant Psychiatrist visits the hostel weekly, and is available at all times, to give advice as necessary. This, coupled with the weekly visit of Dr W A Weller, the hostel's general practitioner, amply covers medical needs, both psychiatric and physical.

Mr W N Carey, Chief Mental Welfare Officer and his staff supported us with enthusiasm and interest, both professionally and socially, as indeed did the whole Mental Health division and was appreciated by residents and staff alike.

During the course of the year there were disappointments but these were more than out-weighed by the successes leaving one in no doubt of the value of such an establishment.'

Environmental Health

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

'Despite an unusually high staff sickness rate, and the untimely death of one inspector during the year, the major activities of the section were pursued and a substantial increase of work under the Offices, Shops and Railway Premises Act, 1963 and Food Hygiene Regulations was achieved.

This report is in a concise form providing the information requested by the Minister in Circular 1/69 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 stand-pipes. The water is not plumbo-solvent.

Fluoride is not added and the natural content varies between 0.30 and 0.39 milligrames per litre.

Thirteen check samples of drinking water taken locally were all reported as satisfactory.

Three samples of water taken from tanks used for keeping terrapins and suspected of para-typhoid infection were all proved negative. The Medical Officer of Health comments in greater detail on this incident under the heading 'Infectious diseases'.

One sample drom a domestic kettle alleged to have been contaminated for the purpose of harrass-ment or worse was found to consist of washing-up water!

As the result of informal action 62 supplies were reinstated or tanks and fittings cleansed or repaired.

Swimming baths and pools

The General Baths Manager informs me that attend-ances at the local baths were as follows -

Swimming bath	Annual attendance	Maximum on any one day
Brentford	115,557	353
Chiswick (Open Air) (Summer only)	44,588	2,047
Feltham	327,475	1,690
Heston	159,683	825
Hounslow	200,262	487
Isleworth	185,614	906
Slipper baths		
Chiswick	29,634	-
Brentford	8,277	-
Hounslow	17,696	-
Isleworth	13,575	-

Control measures taken by the general baths manager are checked by random samples taken by this department from baths and paddling pools. Of nine such samples taken during the year, one, from a males foot bath, was below standard and was referred to the baths manager.

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 con-trolled by the Greater London Council. Only a small number of isolated premises on the outskirts have

pail closets or cesspools.

556 complaints were received concerning choked or defective public sewers and private drains.

40 statutory notices were served under Section 24 Public Health Act, 1936, and the faults corrected.

94 water or smoke tests were applied, 139 water-closets and urinals cleansed, repaired or replaced, 23 new sinks provided and 5 repaired, 1,242 lengths of private drain and 402 of public sewers cleansed or repaired, 106 feet relaid, and 10 cesspools cleansed or repaired.

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.

Arrangements for storage of refuse were however improved at 29 premises as the result of informal action.

Common Lodging Houses

There are no common lodging houses in the borough.

Section 235 of the Public Health Act, 1936 defines these as houses accommodating by night poor persons who resort thereto and are allowed to occupy one common room for the purpose of sleeping or eating.

An amendment of this definition would enable local authorities to exercise better control over premises used for very similar purposes but which are neither common lodging houses nor houses in multiple occupation as defined.

Food and Drugs

General

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

Bakehouses	19
Butchers	123
Cafes, canteens, clubs	503
Chemists	65
Fish shops	36
Greengrocers	153
Groceries and provisions	255
Hotels, public houses, off-licences	217
Food manufacturers and packers	34
Flour confectionery	53
Sugar confectionery	258

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

Premises registered or licensed under the Food and Drugs Act and Middlesex County Council Acts, are as follows.

Registered dairy		1
Registered distributors of milk		152
Pasteurisers licences in force		1
Dealer's (pre-packed) licences in force		
	Pasteurised	136
	Sterilised	72
	Ultra heat treated	42
	Untreated	27
Premises registered for manufacture, sale and storage of ice cream		391
Premises registered for preparation of food		160
Registered hawkers of foodstuffs		57

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

Sampling for analysis

The following samples were procured and sent to the public analyst, Mr W B Chapman FRIC, by arrangement with the Greater London Council

Various foods for assessment of pesticide residues	16
Various foods for analysis	538
Drugs for analysis	120
Milk for analysis	13

Of these, 644 were routine samples and 27 were specimens sent for examination in connection with complaints or investigation of suspected irregularities. The 16 examinations for pesticide residues were taken in pursuit of a special investigation in which this borough is co-operating.

Mould and foreign bodies continue to be the major hazards. Other infringements relating to misleading labels were dealt with informally and resulted in the modification of formulations and correction of labels. Space forbids a detailed exposition of a mass of interesting information arising from this branch of the work.

Six prosecutions under Section 2 of the Act and four under Section 8 resulted in fines and costs

totalling £347 2s. 0d.

Sampling for bacteriological examination

72 samples of raw milk were procured from individual churns at the one pasteurising establishment in the borough and examined for brucella abortus and tuberculosis by Dr E Nassau, consultant pathologist at Harefield Hospital.

One sample was adversely reported upon and the information forthwith transmitted to the authorities in the producing area.

The following samples were procured and examined in laboratories of the Public Health Laboratory Service.

Milk	45
Ice-cream	81

All the milk samples proved satisfactory.

The results of examination of ice-cream samples were as follows:-

Grade I 50, Grade II 17, Grade III - 5, Grade IV - 9. Many of the unsatisfactory gradings relate to series sampling of ingredients taken for the purpose of tracing a production fault.

The overall picture for the year shows no cause for anxiety, but illustrates the need for constant care in the handling of ice-cream from the point of production through the distribution network to the consumer.

Sixteen samples of ice-lollies were examined for pH value in the department. All were satisfactory.

Unsound foodstuffs of various types surrendered to public health inspectors comprised 11,943 lbs., 17,133 tins, 191 jars and 2,652 packets, together with 15,323 packages of defrosted frozen foods.

Investigation of unsound food complaints and sampling activities accounted for 898 inspections in addition to routine inspections under the Food Hygiene Regulations recorded elsewhere.

Food Hygiene

6,443 inspections were made during the year and 976 faults at 357 premises recorded.

1,946 minor contraventions at 206 premises were remedied as a result of informal action.

Legal proceedings in respect of 16 offences under the Food Hygiene (General) Regulations resulted in convictions and the imposition of fines and costs totalling £65 6s. 0d.

Another prosecution authorised awaited hearing at the end of the year.

Legal proceedings in respect of 7 offences under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations also resulted in convictions and fines and costs totalling £28 12s. 0d.

Clean Air

Thirty Smoke Control Orders were in operation at the end of the year affecting 41,171 dwellings and covering 9,917 acres.

Five further Orders affecting 5,587 dwellings and covering 1,231 acres were made and were awaiting confirmation by the Minister.

6,088 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 3,652 other inspections were made and smoke emission observations numbered 366 and 114 at industrial and domestic premises respectively. Seven contraventions were recorded and intimations under Section 30 of the Act served.

Under Section 3 of the Act 32 notifications of intention to instal appliances were received and approved.

Under Section 10, 35 plans of proposed new chimneys were received and examined. Modifications were recommended in 20 cases.

One prosecution for the offence of emitting dark smoke resulted in a fine of £5 0s. 0d. with 5 gns. costs, and 30 smoke nuisances were abated informally.

Factories

The annual return submitted to the Minister of Employment and Productivity appears as Table 27.

73 inspections of outworkers' premises were made in addition to inspections of factories.

Offices and shops

The annual return submitted to the Minister of Employment and Productivity appears as Table 26.

913 contraventions of the Act were found at 369 premises, and 1,119 contraventions at 183 premises remedied by informal action during the year, involving 3,203 inspections and reinspections.

By the end of the year, 77% of the premises liable to inspection under the Act had received at least one general inspection.

74 visits were also paid in connection with the investigation of accidents, of which 76, all non-fatal, were notified during the year. Legal proceedings were

not found necessary, but advice with a view to preventing a repetition was offered where appropriate.

Falls and collisions of persons and the handling of goods accounted for more than half (47) of the accidents. None was associated with the use of electricity or with fires and explosions.

Noise

45 complaints were received of which 41 had been investigated by the end of the year, 26 nuisances were confirmed and 16 remedied informally. 474 visits and observations were necessary to attain the results achieved.

Housing

The Borough Architect and the Borough Engineer and Surveyor inform me that 222 permanent dwellings were completed and 29 units provided by conversion of buildings by the borough council. 155 houses and 189 flats were erected by private enterprise and 26 flats 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	624
(b) inspected and recorded under Housing Regulations (included in (a))	27
(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	26
(e) Dwellinghouses not included in (c) and (d) in which defects found	473
2. Dwellinghouses in which defects were remedied in consequence of informal action	166
3. Action under statutory powers	
(a) Section 9 Housing Act, 1957	
Dwellings in respect of which notices served	
Dwellings rendered fit by owners	2
Dwellings rendered fit by local authorities	-
(b) Public Health Acts	
Dwellings in respect of which notices served	33
Dwellings in which defects remedied by owners	44
Dwellings in which defects remedied by local authority	-
(c) Sections 16 17 24 27 and 28 Housing Act, 1957	
Undertakings to render fit accepted	-
Undertakings not to use accepted	-
Dwellings rendered fit in consequence of undertakings	3
Dwellings demolished which were subject to undertakings not to use or to Closing Orders	4
Closing Orders made in breach of undertakings to repair	-
Demolition Orders made in breach of undertakings to repair	-
Other Demolition Orders made	5
Dwellings demolished in pursuance of Demolition Orders	4
Dwellings demolished which were subject to Closing Orders	1
Closing Orders made in lieu of Demolition Orders	11
Closing Orders revoked and Demolition Orders substituted	-
Clearance Orders revoked, premises having been rendered fit	-
Closing Orders determined, dwellings having been rendered fit	-
(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	1
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	52
Dwellings subject to confirmed Compulsory Purchase Orders	13
Dwellings purchased by agreement	32
Dwellings demolished	5
4. Overcrowding	
1. (a) Dwellings overcrowded at end of year	85
(b) Number of families therein	169
(c) Number of persons therein	649
2. New cases reported during the year	46
3. (a) Cases relieved during the year	18
(b) Number of persons in 3(a)	156
4. Dwellings re-overcrowded after steps taken by local authority for abatement	-
5. Other matters	
(a) Dwellings programmed for inspection and demolished voluntarily	94

	Statutory Notices	Remedied
(b) Dwellings demolished after issue of certificate of unfitness		
(c) Section 90 Housing Act, 1957	4	4
Section 15 Housing Act, 1961	5	2
Section 16 Housing Act, 1961	3	1
Section 19 Housing Act, 1961	4	1

3,433 inspections and re-inspections were made, many of them at dwellings in multiple occupation and/or occupied by immigrant persons and 1,300 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 improvement grants. 185 mortgage applications and 155 grant applications were dealt with during the year.

Searches into records were made under the Land Charges Act, 1925 in respect of 4,814 applications.

Four representations were received from tenants requesting the exercise by the borough council of their powers under Section 19 of the Housing Act, 1964. One preliminary notice was served and one house was improved to the full standard as a result of action commenced in the previous year.

Under the Rent Act, 1968 eight applications for certificates of disrepair were approved and five undertakings given by the landlords to remedy the defects. One certificate of disrepair was issued.

Moveable dwellings.

Seven site licences under the Caravan Sites and Control of Development Act, 1960 were operative relating to 10 caravans. Sites occupied by showmen are exempt from licensing requirements.

317 inspections of these and other moveable dwellings were made during the year. The provisions of Part II of the Caravan Sites Act, 1968 are under active consideration by the borough council.

Prevention of Damage by Pests Act, 1949.

The annual return submitted to the Minister appears in Table 25.

This section has also suffered from a high staff sickness rate and from a serious accident sustained by the Rodent Officer outside working hours. Fortunately he was able and willing during convalescence to maintain contact with the department and to ensure that field work continued. Routine inspections again exceeded those arising from complaints. Income received for the treatment of business premises amounted to £3,561 11s. 9d.

149 inspections were also made by public health inspectors in connection with preventive works mainly of a structural nature.

Feral pigeons

260 pigeons were destroyed in exercise of the powers conferred upon the council by Section 74 of the Public Health Act, 1961 and it is known that commercial pest destruction specialists have destroyed at least a further 400.

These combined efforts do not show a spectacular reduction in the pigeon population of parts of the borough, and it is clear that effective control would be easier if the feeding and encouragement of wild pigeons (and seagulls) by misguided bird lovers whose property is presumably not fouled or damaged by the birds, were made an offence.

Pet Animals Act, 1951

Eleven premises are licensed and 57 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. 26 such visits were made during the year to these and other stables.

Animal Boarding Establishments Act, 1963

One annual licence is in force and the premises were inspected on three occasions during the year.

Diseases of Animals Act, 1950

Forty-two 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.

General complaints registered and investigated	1,408
Premises whereat nuisances recorded	1,247
Miscellaneous nuisances abated informally	738
Miscellaneous nuisances abated after statutory notice	102
Infectious diseases investigations	981
Food poisoning investigation	38
Advice to immigrants	458
Unspecified visits - service of notices, etc.	3,422
Interviews	634
Informal notices and letters issued	2,137
	Inspections
Schools	36
Premises licensed for public entertainment	36
Hairdressing premises	189
Agricultural premises	17
Rag flock premises	2
Offensive trades	3
Workplaces	54
Public urinals	36
Swimming baths and pools	18
Accumulations of refuse	475
Verminous premises	194
Nuisances	1,254

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)	2,006	
Vermin and pests	443	
Drain tests	392	
Old people's laundry	1,707	
Transport of goods and documents	10,970	
Rooms disinfected		
a. Infectious diseases		10
b. Others		-
c. Bedding destroyed		-
Premises treated for bugs and fleas		134 rooms
Premises treated for cockroaches		17
Premises treated for ants		31
Premises treated for other insects		15
Wasps' nests destroyed		129

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

By the time this report is published I shall have attained 60 years of age and completed 41 years local government service, 35 of them in this borough and its predecessor Heston and Isleworth. This is not the place for a nostalgic essay but I would like to thank members of the council, and past and present officers in this and other departments, for their help and support during that period, and to express the hope that my successor will derive satisfaction and happiness from his future efforts.

Rehousing on medical grounds

During the year 373 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 limita-

tions 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.

No private premises in the borough have been approved by the Secretary of State for Health and Social Security as places for treatment for the termination of pregnancy under the Abortion Act, 1967, which came into operation on 27th April, 1968.

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.

Dr. A.J. Lawson, senior departmental medical officer who was seconded to the 1967/68 course, not only gained the diploma but also was awarded the highest marks of all candidates and on the recommendation of the examining body Dr. Lawson was awarded the Newsholme Prize and also the Chadwick Trust Prize.

A third medical officer was nominated to attend a course during 1968/69.

Establishments for Massage or Special Treatment

During the year ten establishments were licensed by the council for the following purposes:-

Massage and electrical treatment	2
Epilation by electrolysis	1
Chiropody	4
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 1968.

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, Esher, Walton & Weybridge and Woking, the rural district of Bagshot, and the London Boroughs of Richmond-on-Thames and Kingston-on-Thames. 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 1968 eight burials were arranged in accordance with this section.

The Welfare Services in Hounslow

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

The Elderly

The policy developed during previous years of enabling old people to remain in the community by increasing the provision of domiciliary and allied services was continued during 1968. One result of this policy was the fact that the average age of persons admitted to permanent residential care was 82 years whereas 75 years was the appropriate age before 1965.

At the beginning of 1968 the borough council had two day centres, one in Feltham and one in Brentford. This service was extended during the year by the opening of a further day centre adjoining 'Sandbanks' a residential home at Bedfont. Recreational and other facilities were developed and the total number of meals served at the three centres during the year amounted to 27,012 an increase of 23% over 1967. The Luncheon Club in Isleworth which was opened in November, 1967 gained considerable support and a total of 7,006 meals was served there in 1968. At the end of the year it was very clear that similar luncheon club facilities were necessary in other parts of the borough and plans were being made to extend this

service.

The holiday home at Lancing which had been available for only part of 1967 was used extensively during 1968 with the result that more elderly citizens of the borough who applied for holidays enjoyed this benefit although at peak periods it was impossible to satisfy all demands.

The borough councils housing committee continued to develop its programme for the provision of sheltered housing for the elderly and there is no doubt that this service has enabled many old people to remain in the community without the need for full residential care.

No additional beds became available in the residential homes and the total number remained at 437. Plans to purchase premises to provide a small 'family' unit of residential accommodation did not materialise as no entirely suitable properties became available.

Continuing the policy advocated in previous years it was decided to extend the provision of short stay care and 129 persons were assisted in this way compared with 78 in the previous year. There is no doubt that relatives and friends derive considerable benefit from the opportunity afforded to have a rest and a holiday. With additions to the transport fleet it was possible to increase the day care service and some 25 old persons were looked after, representing an improvement of 60% over 1967.

In spite of all these activities there remained a constant demand for admission to permanent residential care. At the end of 1968 the waiting list showed a net increase of six making a total of 114. During the year 101 admissions were effected whilst 38 names were removed from the waiting list following death, deterioration or leaving the district.

The Blind and Partially Sighted.

The main burden of meeting the needs of blind and partially sighted persons continued to be shouldered by the social work staff and the fact that the registers showed little change can be no inducation of the volume of the work done. At the end of the year 379 persons were registered as blind and 105 were registered as partially sighted.

The Middlesex Association for the Blind continued to be very co-operative and afforded financial assistance to needy blind persons in Hounslow. The Association ran its annual handcraft exhibition on 2nd May, 1968 and nine residents of Hounslow made, thirteen entries, one of which gained a first prize whilst another was awarded a third prize.

The provision of social activities and holidays continued to be a regular feature.

The Physically Handicapped

The fact that the register of handicapped people showed a net increase of 313 (i.e. from 1,225 to 1,538) by the end of 1968 indicates that extensive publicity was achieving the desired results in finding people in need of services.

Expenditure on the provision of special aids and the carrying out of adaptations to premises rose beyond expectation and it was found to be necessary to increase forward provision by nearly 25%.

Many holidays were provided at the Council's own home including two parties from Martindale Road School, but as handicapped people have special problems it was necessary to arrange for a party of 50 persons to go to Gibson's Camp, Bracklesham Bay, Sussex for their holiday.

Since 1966 the Manager and Staff of Messrs. Woolworths, High Street, Hounslow have devoted one evening of their time to enable handicapped people to carry out their Christmas shopping in circumstances of comparative ease. The shop is closed at the normal hour on the day selected and is re-opened a short time later exclusively for handicapped people and their escorts who are conveyed to and from the store by Borough Council transport and many private citizens using their own cars. The annual event which took place on 12th December, 1968 was an even greater success than 1967.

The Deaf and Hard of Hearing

The Senior Social Worker for the Deaf continued to be fully occupied in meeting the needs of the 119 people in the borough known to have special problems because of deafness. His services were required by neighbouring authorities at frequent intervals.

Families with Problems

The council's policy introduced in 1967 whereby miscellaneous properties were made available to the department so that families in need of accommodation could be assisted as separate units was developed in 1968 and at the end of the

year 71 such properties were being used in this way. Additionally 20 families were being accommodated in three properties used as hostels.

Families with problems have always made a considerable demand upon welfare services and in recent years has shown no signs of diminishing particularly in the London area. During 1968 some 150 families were referred to the department as being potentially homeless and in need of support. Whilst it was possible to avoid actual evictions in many instances, the effort expended in trying to improve standards and encourage and develop responsibility towards the community was considerable and cumulative.

Meals-on-Wheels

As the result of the opening of a kitchen adjacent to the day centre at Brentford it was possible for the borough council to discontinue its reliance for the provision of meals mainly from industrial sources and begin limited expansion of the service. Consequently the number of delivered meals was increased from 105,408 in 1967 to 113,009 in 1968.

At the end of the year plans were in hand for the opening of another kitchen towards the end of 1969 because upon this depended the extension of the service and the opening of further luncheon clubs.

Transport

Additional vehicles were purchased during the year although supply has by no means matched the demand for transport services.

There is no doubt that the ability of the department to provide many of its services depends to a large extent on there being an adequate transport service to cope with demands as and when they arise. Whilst the need to hire transport has been reduced over the years, this factor has yet to be eliminated from administrative processes.

Conclusion

A tribute must be paid to the many people and organisations within the borough and elsewhere who render voluntary service either in conjunction with the department or independently. They sometimes think that their efforts are not only unrewarded but also unnoticed. Nothing could be further from the truth, for without them the welfare services could not have been developed to reach even their present level.

1968 saw the publication of the Seebohm report advocating the creation of a single social services department in each local authority whilst the green paper on re-organisation of the administrative structure of the national health service (published at the same time) advocated the creation of area health boards outside the structure of local government. During all the debate and discussions on the relative merits of the two proposals, the spirit of goodwill and co-operation, so energetically fostered in earlier years was successfully maintained.

Thanks are due to the members of the council and chief officers and staffs in all departments for their willing assistance and co-operation at all times.

Co-ordination of Social Services.

Co-ordination between the Education, 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 recommendations of the Seebohm Committee on the Local Authority and Allied Personal Social Services and the Government's Green Paper on the Administrative Structure of the Medical and Related Services in England and Wales were published during the year. The Secretary of State for Social Services has indicated that no decisions will be taken on re organisation of services until account has been taken of the Royal Commission on Local Government in England which is due to be published next year. In the meantime, the Council proposes to set up a pilot project for an Area Social Work Team in the Feltham part of the borough.

Present and Future Building Projects

Project	Probable Year of Completion
Home Help Washing Centre	1968/69
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	1972/73
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
Chiswick Day Nursery	1971/72
Extensions to Bedfont Clinic Imperial Road Bedfont to provide a health centre	1972/73
Old Isleworth Health Centre	1972/73
Hounslow Heath 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
Extensions to Hanworth Clinic Grove Crescent Hanworth to provide a health centre	1973/74
Osterley Health Centre	1973/74
Heston Day Nursery	1973/74
South Chiswick Health Centre	1974/75
Isleworth Day Nursery	1974/75
Day Centre for Elderly Mentally Confused (permanent building)	1974/75

Statistical Tables

STATISTICAL TABLES

Table 1 Causes of death at different periods of life for 1968.

Cause of death	*Total all ages*		*Age group Under 4 weeks*		*4 weeks and under 1 year*		*1-4*		*Age group 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*
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary dysentry and amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other diarrhoeal diseases	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Tuberculosis of respiratory system	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	1	-	2	-
Other tuberculosis, including late effects	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal sore throat and scarlet fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
All other infective and parasitic diseases	3	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	3	-
Malignant neoplasms, including neoplasms of lymphatic and haemotopoietic tissue	301	241	-	-	-	-	1	-	-	-	5	1	1	1	5	8	29	26	81	60	109	59	70	86
Benign neoplasms and neoplasms of unspecified nature	3	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	3	-	-	-
Diabetes mellitus	10	16	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	3	1	2	6	6	3	4
Avitaminoses and other nutritional deficiency	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
Anaemias	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Active rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chronic rheumatic heart disease	9	18	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	4	3	5	1	4	1	5
Hypertensive disease	22	20	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	1	5	2	8	9	6	8
Ischaemic heart disease	356	237	-	-	-	-	-	-	-	-	-	-	-	-	7	2	36	6	94	26	104	59	115	144
Other forms of heart disease	52	127	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	1	5	12	10	19	35	95
Cerebrovascûlar disease	109	146	-	-	-	-	-	-	-	-	-	-	-	2	1	1	4	4	22	11	25	29	57	99
Influenza	4	6	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	1	1	1	2	3
Pneumonia	47	86	2	-	4	4	-	-	-	-	-	-	-	-	-	-	-	-	6	6	12	10	23	66
Bronchitis, emphysema and asthma	102	37	-	-	-	1	1	2	-	-	1	-	-	-	-	-	2	1	16	6	47	11	35	16
Peptic ulcer	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3	-	1	1	2	2
Appendicitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Intestinal obstruction and hernia	7	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	2	4	1
Cirrhosis of liver	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	-	-	-	1
Nephritis and nephrosis	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	2	-	1
Hyperplasia of prostate	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	-
Abortion	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Other complications of pregnancy, childbirth and the puerperium. Delivery without mention of complication.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Table 1 Continued.

Cause of death	Total all ages		Age group Under 4 weeks		4 weeks and under 1 year		1-4		Age group 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
Congenital anomalies	10	8	4	7	4	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Birth injury, difficult labour and other anoxic and hypoxic conditions	13	3	13	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	11	5	11	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
All other diseases	101	115	-	-	1	-	-	-	-	-	2	-	-	1	1	5	10	8	16	12	28	21	43	68
Motor vehicle accidents	22	8	-	-	-	-	-	-	1	1	8	3	-	-	2	1	2	1	3	1	4	-	2	1
All other accidents	16	8	-	-	-	-	2	-	2	-	2	-	2	2	2	-	3	2	1	1	1	-	1	3
Suicide and self-inflicted injuries	12	13	-	-	-	-			-	-	1	-	2	1	1	1	2	3	5	4	-	4	1	-
All other external causes	2	3	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-	1	-	-	-	1
Total all causes	1238	1124	30	15	9	6	5	2	3	2	21	6	8	9	23	22	95	63	271	154	364	240	409	605

Table 2 Infant deaths according to age and cause 1968

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
Pneumonia	1	-	-	-	-	-	-	-	-	1	3	2	-	-	1	-	-	-	-	-	2	10
Bronchitis, emphysema and asthma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Congenital anomalies	2	2	2	2	-	1	-	2	-	-	1	1	-	2	-	1	-	-	-	-	-	16
Birth injury, difficult labour and other anoxic and hypoxic conditions	9	2	-	2	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	16
Other causes of perinatal mortality	10	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16
All other diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Total	22	7	5	4	-	1	-	2	1	3	4	3	-	2	1	1	-	-	-	1	3	60

Table 3 Corrected notifications of infectious disease 1968

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	109	-	3	6	6	3	51	10	4	16	8	2	-	-	14
Encephalitis, acute	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Erysipelas	9	-	-	-	-	-	-	-	-	1	2	5	1	-	2
Food poisoning	12	-	-	-	1	-	1	-	2	3	-	4	1	-	6
Infective Jaundice	29	1	1	-	-	-	6	4	2	12	1	2	-	-	14
Malaria	5	-	-	-	-	-	1	-	1	2	1	-	-	-	5
Measles	466	24	70	86	69	56	139	3	13	5	-	1	-	-	12
Meningococcal infection	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Paratyphoid fever	3	-	-	-	-	-	2	-	-	-	1	-	-	-	1
Pneumonia, acute	4	-	-	-	-	-	-	-	-	1	1	2	-	-	1
Puerperal pyrexia	36	-	-	-	-	-	-	-	7	24	5	-	-	-	36
Scarlet Fever	105	1	-	5	5	23	55	9	1	4	1	1	-	-	2
Tuberculosis															
pulmonary	66	-	-	-	-	-	6	3	4	18	10	19	6	-	20
non-pulmonary	22	1	-	-	-	-	1	1	3	11	3	-	2	-	5
Typhoid Fever	1	-	-	-	-	-	-	1	-	-	-	r	-	-	1
Whooping cough	78	8	5	7	13	14	23	3	1	3	-	-	-	1	9

Table 4 Venereal disease patients treated at West Middlesex Hospital

Persons dealt with for the first time and found to be suffering from:	
Syphilis	34
Gonorrhoea	200
Other conditions	1240
Total	1474

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

Type of vaccine	*Year of birth* 1968	1967	1966	1965	1961-64	*Others under age 16*	*Total*
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	1096	1391	92	30	37	6	2652
Diphtheria/Whooping Cough	-	-	-	-	-	-	-
Diphtheria/Tetanus	104	144	38	23	151	176	636
Diphtheria	-	4	-	2	-	-	6
Whooping Cough	1	2	-	-	-	-	3
Tetanus	-	2	-	1	2	248	253
Salk	5	9	2	2	2	1	21
Sabin	1165	1567	176	83	220	179	3390
Measles	14	636	732	719	1518	32	3651
Lines 1+2+3+4+5 (Diphtheria)	1200	1539	130	55	188	182	3294
Lines 1+2+3+6 (Whooping Cough)	1097	1393	92	30	37	6	2655
Lines 1+2+4+7 (Tetanus)	1200	1537	130	54	190	430	3541
Lines 1+8+9 (Poliomyelitis)	1170	1576	178	85	222	180	3411

Reinforcing doses - number of persons under age 16

Type of vaccine	*Year of birth* 1968	1967	1966	1965	1961-64	*Others under age 16*	*Total*
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	-	632	980	63	276	35	1986
Diphtheria/Whooping Cough	-	-	-	-	-	-	-
Diphtheria/Tetanus	-	110	145	54	2274	482	3065
Diphtheria	-	2	6	-	6	67	81
Whooping Cough	-	-	1	-	-	-	1
Tetanus	-	3	2	2	19	379	405
Salk	-	-	-	-	1	1	2
Sabin	-	676	1029	108	2492	415	4720
Measles	-	-	-	-	-	-	-
Lines 1+2+3+4+5 (Diphtheria)	-	744	1131	117	2556	584	5132
Lines 1+2+3+6 (Whooping Cough)	-	632	981	63	276	35	1987
Lines 1+2+4+7 (Tetanus)	-	745	1127	119	2569	896	5456
Lines 1+8+9 (Poliomyelitis)	-	676	1029	108	2493	416	4722

Table 7 Smallpox vaccination of persons aged under 16

Age at date of vaccination	*Number of persons vaccinated or revaccinated during 1968*	
	Number vaccinated	*Number revaccinated*
0-2 months	27	-
3-5 months	34	-
6-8 months	25	-
9-11 months	40	-
12-23 months	1964	-
2-4 years	345	29
5-15 years	104	155
Total	2539	184

Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1968

Domiciliary	
Employed by Borough Council	17
Employed by Queen Charlotte's Hospital	5
In private practice	1
Institutional	
Hospitals	90
Nursing Homes	-
Total	113

Table 9 Deliveries attended by domiciliary midwives during 1968

By Midwives employed by Borough Council	413
By Midwives employed by Queen Charlotte's Hospital	21
Total	434

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day:

Borough Council Midwives	970
Queen Charlotte's Hospital Midwives	141
Midwife employed by London Borough of Ealing specifically for 48 hour planned discharges (Brentford and Chiswick area)	27
Total	1138

Table 10 Health Visiting

Number of visits paid by Health Visitors during 1968	*First visits*	*Total visits*
Expectant mothers	1157	1774
Children born in 1968	3313	9984
Children born in 1967	3458	10294
Children born in 1963-66	9028	24083
Other classes	1437	3279
All classes	18393	49414

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 1968	
a. number of cases	2762
b. number of visits	91818
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	1832
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	35
Number of visits included in (b) above of over one hour duration	2848

Table 12 Home Help

Number of cases in which home help was provided during 1968

Aged 65 or over at time of first visit during year	1617
Aged under 65 at time of first visit during year:	
Chronic sick and tuberculous	148
Mentally disordered	11
Maternity	134
Others	156
Total	2066

Table 13 New cases of Tuberculosis notified formally or otherwise to the Medical Officer of Health and Deaths ascribed to Tuberculosis during 1968

Age in years	*New cases*				*Deaths*			
	Pulmonary		*Non-pulmonary*		*Pulmonary*		*Non-pulmonary*	
	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*
Under 1	-	-	1	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	4	3	-	1	-	-	-	-
10	1	3	-	1	-	-	-	-
15	5	1	1	2	-	-	-	-
20	5	5	-	2	-	-	-	-
25	10	6	2	7	-	-	-	-
35	11	4	2	2	-	-	1	-
45	6	3	-	-	1	-	-	-
55	8	3	-	-	2	-	-	-
65 and over	5	2	-	2	3	-	-	-
Age unknown	1	-	-	-	-	-	-	-
All ages	56	30	6	17	6	-	1	-

Table 14 Tuberculosis
Summary of the work of chest clinics

Persons examined for the first time	3484
Persons found to be tuberculous	108
New contacts seen for the first time during the year	569
New contacts found to be tuberculous	7
Cases on register at 31st December 1968	942
Home visits made by Tuberculosis Visitors during 1968	1179

Table 15 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1968	7
Number of sessions held by Medical Officers	256
Number of sessions held by Midwives	143
Total	399
Number of women who attended in 1968	
Ante-natal	496
Post-natal	46
Total number of attendances by women shown above	
Ante-natal	1557
Post-natal	70

Table 16 Ante-natal mothercraft and relaxation classes

Number of women who attended during 1968	
Institutionally booked	638
Domiciliary booked	147
Total	785
Total number of attendances during 1968	2458

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
9	9	-	9

Table 18 Child Welfare centres

Number of centres in use at end of 1968*	12
Number of Child Welfare Sessions held by	
Medical Officers	1371
Health Visitors	84
Hospital Medical Staff	52
Total	1507
Number of children who attended during the year and who were born in	
1968	3059
1967	2849
1963-66	2713
Total	8621
Number of attendances made by children shown above	47244

*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 1968

Number	3
Number of approved places	136
Number of children on register at end of year	
Age under 2 years	34
Age 2 - 5 years	102
Average daily attendance during the year*	
Age under 2 years	31
Age 2 - 5 years	85

*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*	
	Total	*Cots*
St Agnes 53 Barrowgate Road Chiswick W.4* (London Diocesan Council for Moral Welfare (Welcare))	16	4

In addition the Council accepted financial responsibility for 32 cases which were sent to homes outside the Borough

*Home closed temporarily 31/8/68. Not re-opened by 31/12/68

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

Number of cases	*Number of persons examined during the year*
Expectant and nursing mothers	67
Children aged under 5 and not eligible for school dental service	875

Dental treatment provided	*Scalings and/or stain removal*	*Fillings*	*Teeth filled*	*Teeth root filled*	*Crowns and inlays*
Expectant and nursing mothers	38	157	90	2	1
Children aged under 5 and not eligible for school dental service	246	1554	1138	-	-

Admissions		*Average length of stay in weeks*		
Total number of women admitted	*Number of admissions for which the Council accepted financial responsibility*	*Ante-natal*	*Post-natal*	*Shelter*
52	5	5	5	1

Number of persons who commenced treatment during the year	*Number of courses of treatment completed during the year*
60	30
625	471

Teeth extracted	*General anaesthetics*	*Dentures provided*		*Radiographs*
		Full upper or lower	*Partial upper or lower*	
54	8	4	5	23
657	380	-	-	15

Table 22 Mentally disordered patients under the care of the Borough at 31st December 1968

		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 1968	-	1	89	164	254	66	48	117	139	370
2	Attending training centre	-	1	17	17	35	54	32	37	48	171
3	Awaiting entry to training centre	-	-	-	-	-	-	3	-	3	6
4	Receiving home training	-	-	-	-	-	-	-	-	-	-
5	Awaiting home training	-	-	-	-	-	-	-	-	-	-
6	Resident in LA home/hostel	-	-	9	8	17	6	2	-	-	8
7	Awaiting residence in LA home/hostel		-	-	-	-	-	-	2	-	2
8	Resident at LA expense in other homes/hostels	-	-	5	9	14	2	4	7	7	20
9	Resident at LA expense by boarding out in private households	-	-	-	-	-	1	1	1	3	6
10	Attending day hospitals	-	-	-	-	-	-	-	-	-	-
11	Receiving home visits and not included in lines 2-10										
	(a) suitable to attend a training centre			-	-	-	2	4	11	16	33
	(b) others	-	-	58	130	188	7	6	61	68	142
12	Number of children not included 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 31.12.68										
	(a) In urgent need of hospital care		-	-	-	-	1	-	-	-	1
	(b) Not in urgent need of hospital care		-	-	-	-	2	-	-	-	2
15	Number of admissions for temporary resident care (e.g. to relieve the family) during 1968										
	To N.H.S. Hospitals	-	-	2	1	3	6	8	8	6	28
	Elsewhere	-	-	-	-	-	-	2	-	2	4
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 1968

Referred by	Mentally ill: Under age 16 M	F	Aged 16 and over M	F	Total	Sub-normal and severely sub-normal: Under age 16 M	F	Aged 16 and over M	F	Total
General Practitioners	-	1	119	220	340	-	-	1	-	1
Hospitals, on discharge from inpatient treatment	-	-	91	147	238	-	1	2	-	3
Hospitals, after or during outpatient or day treatment	-	-	41	62	103	1	3	-	-	4
Local education authorities	-	-	2	3	5	13	14	8	3	38
Police and courts	-	-	11	18	29	-	-	-	-	-
Other sources	-	-	77	181	258	6	2	2	4	14
Total	-	1	341	631	973	20	20	13	7	60

Table 24 Work of mental health social workers during 1968

	Mental illness	Mental subnormality
Visits made	4805	929
Office interviews	554	73
Compulsory admissions to psychiatric hospitals	173	2
Informal admissions to psychiatric hospitals	136	15

Table 25 Ministry of Agriculture, Fisheries and Food - Prevention of Damage by Pests Act 1949 - Report for 12 months ended 31st December 1968

Properties other than sewers	*Type of property* Non-Agricultural	Agricultural
Number of properties in district	77364	9
Total number of properties (including nearby premises) inspected following notification	6185	3
Number infested by Rats	1992	3
Mice	1234	1
Total number of properties inspected for rats and/or mice for reasons other than notification	10276	7
Number infested by Rats	762	3
Mice	76	1

Sewers

Were any sewers infested by rats during the year? Yes

Table 26 Offices, Shops and Railway Premises Act, 1963 - Annual Report for 1968

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 Employment and Productivity 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 Employment and Productivity on the 25th February, 1969.

Table A. Registration and General Inspections

Class of Premises	*Number of premises newly registered during the year*	*Total number of registered premises at end of year*	*Number of registered premises receiving one or more general inspections during the year*
Offices	126	649	311
Retail Shops	186	1309	658
Wholesale shops, warehouses	15	130	31
Catering establishments open to the public, canteens	54	178	122
Fuel storage depots	-	-	-
Total	381	2266	1122

Table B. Number of visits of all kinds (including general inspections) to registered premises 3277

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

Class of workplace	*Number of persons employed*
Offices	18983
Retail shops	5916
Wholesale departments, warehouses	2020
Catering establishments open to the public	1453
Canteens	919
Fuel storage depots	4
Total	29295
Total males	14828
Total females	14467

Table D. Exemptions - One exemption granted under Part IV - washing facilities (see note (a))

Table E. Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of regulations or order	*Number of informations laid*	*Number of informations leading to a conviction*
	NIL see note (b)	

Number of persons or companies prosecuted	Nil
Number of complaints (or summary applications) made under section 22	Nil
Number of interim orders granted	Nil

Table F. Staff.

Number of inspectors appointed under section 52(1) or (5) of the Act	20
Number of other staff employed for most of their time on work in connection with the Act	1

Table 26 Offices, Shops and Railway Premises Act, 1963 - Annual Report for 1968 Continued

Notes:-

(a) Table D

The exemption mentioned in Part IV relates only to the provision of hot water to an existing wash basin and is limited for a further period of one year.

(b) Table E

Two prosecutions for contraventions of Section 10 of the Act were authorised late in the year. One summons was withdrawn, works to comply with the Act having been completed; the other, at the end of the year, was awaiting hearing in the Magistrate's Court.

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	88	43	-	-
b. Factories not included in (a) in which Section 7 is enforced by the Local Authority	868	1244	101	-
c. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	35	19	-	-
Total	991	1306	101	-

Cases in which defects were found

	Number of cases in which defects were found				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*Referred*		
			To HM Inspector	*By HM Inspector*	
Want of cleanliness (S1)	-	-	-	-	-
Overcrowding (S2)	-	-	-	-	-
Unreasonable temperature (S3)	-	-	-	-	-
Inadequate ventilation (S4)	-	-	-	-	-
Ineffective drainage of floors (S6)	-	-	-	-	-
Sanitary conveniences (S7)					
a. insufficient	2	1	-	-	-
b. unsuitable or defective	96	100	-	9	-
c. not separated for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	3	3	-	-	-
Total	101	104	-	9	-

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	61	-	-	-	-	-
Lace, lace curtains and nets	3	-	-	-	-	-
Curtains and furniture hangings	1	-	-	-	-	-
Brass and brass articles	26	-	-	-	-	-
Artificial flowers	3	-	-	-	-	-
Total	94	-	-	-	-	-

Table 28 Meteorology

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

Week ending 1968		*Barometer Highest*	*Lowest*	*Temperature (C°) Max*	*Min*	*Days with rainfall*	*Total rainfull (inches)*
Jan	6th	29.95	29.38	11.0	-1.0	7	1.22
	13th	30.24	29.24	11.0	-7.0	4	0.97
	20th	30.40	29.47	13.0	4.0	6	0.16
	27th	30.39	39.75	11.0	0.0	4	0.06
Feb	3rd	30.16	29.84	10.5	-4.0	5	0.05
	10th	30.54	29.00	8.0	-1.5	6	0.51
	17th	29.99	29.50	8.5	-1.0	4	0.35
	24th	30.17	29.44	8.0	-1.5	4	0.05
Mar	2nd	30.39	29.85	7.0	-1.5	-	-
	9th	30.36	29.11	12.5	0.0	3	0.06
	16th	30.17	29.30	12.0	-0.5	7	0.29
	23rd	29.73	29.13	14.0	1.5	5	0.41
	30th	30.44	29.54	22.0	2.5	2	0.23
Apr	6th	30.17	29.30	14.5	-0.5	4	0.27
	13th	30.44	29.91	13.0	-2.0	-	-
	20th.	29.98	29.54	22.5	3.5	4	0.88
	27th	30.20	29.40	24.5	5.5	3	0.31
May	4th	29.74	29.22	19.5	5.0	6	1.39
	11th	30.00	29.45	15.5	8.5	6	0.67
	18th	30.21	30.12	19.0	3.0	6	1.24
	25th	30.04	29.77	19.5	3.5	3	0.12
June	1st	30.30	29.72	24.5	8.5	1	0.02
	8th	30.14	29.72	23.8	8.5	4	0.61
	15th	30.26	29.81	23.5	9.1	1	0.02
	22nd	29.93	29.37	23.5	10.0	6	0.48
	29th	30.12	29.38	23.0	10.5	6	0.90

Table 28 continued

Week ending 1968		*Barometer Highest*	*Lowest*	*Temperature (C°) Max*	*Min*	*Days with rainfall*	*Total rainfall (inches)*
July	6th	30.12	29.60	32.5	9.0	1	0.05
	13th	30.11	29.47	17.5	11.5	6	1.83
	20th	30.29	29.48	23.0	9.5	4	0.45
	27th	30.31	29.89	24.0	10.0	2	0.58
Aug	3rd	30.31	29.95	22.0	10.5	3	0.22
	10th	30.02	29.70	22.0	13.0	6	1.52
	17th	29.90	29.28	23.0	8.5	6	0.99
	24th	30.23	29.42	28.0	8.0	1	0.01
	31st	30.23	29.52	23.5	10.5	4	0.36
Sept	7th	30.21	29.40	22.0	8.5	6	0.31
	14th	30.13	29.50	25.5	12.0	5	1.36
	21st	29.94	29.34	19.0	8.0	6	2.14
	28th	29.96	29.33	20.5	9.5	6	0.95
Oct	5th	30.15	29.56	19.5	9.0	3	0.27
	12th	30.08	29.29	19.0	9.5	5	1.17
	19th	30.16	29.85	17.0	6.0	2	0.08
	26th	30.13	29.62	13.0	7.5	1	0.06
Nov	2nd	29.79	28.43	18.0	5.6	6	1.11
	9th	30.04	29.54	14.5	-0.5	3	0.20
	16th	30.00	29.76	10.5	2.0	3	0.11
	23rd	30.22	29.59	12.5	4.5	5	0.08
	30th	30.02	29.67	13.5	4.5	7	0.77
Dec	7th	30.04	29.95	10.0	0.0	4	trace
	14th	30.14	29.26	5.6	-5.0	-	-
	21st	29.87	28.75	11.5	0.5	7	2.26
	28th	30.16	29.51	11.5	-2.5	3	0.66

Table 29 Wind direction

Summary of daily records for 52 weeks

N	35 days	SSW	12 days
NNE	17 days	SW	61 days
NE	24 days	WSW	20 days
ENE	8 days	W	27 days
E	31 days	WNW	5 days
ESE	7 days	NW	21 days
SE	13 days	NNW	2 days
SSE	1 day	Calm	61 days
S	19 days	No Record	-

Table 30 Medical inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

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*
1964 and later	364	352	12
1963	1535	1503	32
1962	1160	1140	20
1961	1152	1126	26
1960	1082	1051	31
1959	379	371	8
1958	56	56	-
1957	747	747	-
1956	724	699	25
1955	219	206	13
1954	345	344	1
1953 and earlier	985	974	11
Total	8748	8569	179

Special inspections

Number of special inspections	5598
Number of re-inspections	4631
Total	10,229

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	248	260	641	92
Eyes a. Vision	707	477	275	295
b. Squint	104	82	17	20
c. Other	21	63	28	22
Ears a. Hearing	96	234	85	240
b. Otitis Media	59	113	15	28
c. Other	35	57	47	21
Nose and Throat	157	440	50	112
Speech	71	136	38	89
Lymphatic Glands	15	52	-	9
Heart	36	136	6	65
Lungs	56	227	19	53
Developmental a. Hernia	12	49	6	12
b. Other	48	272	19	140
Orthopaedic a. Posture	12	104	4	28
b. Feet	93	198	57	69
c. Other	84	174	21	75
Nervous System a. Epilepsy	10	34	5	16
b. Other	13	166	17	41
Psychological a. Development	27	88	17	41
b. Stability	51	528	48	204
Abdomen	13	55	9	15
Other	104	239	107	167

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

For defective vision (excluding squint)	*For any other condition*	*Total individual pupils*	*Age groups inspected (by year of birth)*
16	46	59	1964 and later
60	234	272	1963
49	203	239	1962
80	144	208	1961
87	159	229	1960
32	70	88	1959
3	4	6	1958
71	116	170	1957
102	100	189	1956
33	45	76	1955
44	24	59	1954
130	131	237	1953 and earlier
707	1276	1832	Total

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	162
Errors of refraction (including squint)	1984
Total	2146
Number of pupils for whom spectacles were prescribed	747
Diseases and Defects of Ear, Nose and Throat	
Received operative treatment	
a. for disease of the ear	-
b. for adenoids and chronic tonsilitis	-
c. for other nose and throat conditions	-
Received other forms of treatment	192
Total	192
Number of pupils known to have been provided with hearing aids	
a. in 1968	10
b. in previous years	64
Orthopaedic and Postural Defects	
a. pupils treated at clinics and out-patient departments	470
b. pupils treated at schools for postural defects	247
Total	717
Diseases of the Skin (excluding uncleanliness)	
Ringworm	6
Scabies	-
Impetigo	-
Other skin diseases	985
Total	991
Child Guidance Clinic	
Pupils treated	281
Speech Therapy	
Pupils Treated	736
Other treatment given	
a. pupils with minor ailments	356
b. pupils who received convalescent treatment under School Health Service arrangements	32
c. pupils who received BCG vaccination	1513
d. allergy clinic	93
Total	1994

Table 33 Infestation with Vermin

Total number of pupils examined in schools by nurses or other authorised persons	17490
Total number of individual pupils found to be infested	199
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	27
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	14

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				13,067
First inspection at clinic				4,549
No. of first inspections requiring treatment				8,840
No. of first inspections offered treatment				8,838
Pupils re-inspected at clinic				1,217
No. of re-inspections requiring treatment				913
Attendances and treatment				
First visit	2858	2654	609	6,121
Subsequent visits	5633	6311	1489	13,433
Total visits	8491	8965	2098	19,554
Additional courses of treatment commenced	258	270	78	606
Fillings in permanent teeth	2773	6365	2084	11,222
Fillings in deciduous teeth	7204	554	-	7,758
Permanent teeth filled	2100	4561	1491	8,152
Deciduous teeth filled	4548	340	-	4,888
Permanent teeth extracted	113	664	101	878
Deciduous teeth extracted	2371	656	-	3,027
General anaesthetics	930	401	35	1,366
Emergencies	616	316	61	993
Number of pupils x-rayed				1,294
Prophylaxis				3,237
Teeth otherwise conserved				284
Number of teeth root filled				108
Inlays				3
Crowns				44
Courses of treatment completed				4,811
Anaesthetics				
General anaesthetics administered by dental officer				NIL
Orthodontics				
Cases remaining from previous year				275
New cases commenced during year				207
Cases completed during the year				94
Cases discontinued during the year				70
No. of removable appliances fitted				269
No. of fixed appliances fitted				3
Pupils referred to hospital consultant				23
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	-	10	2	12
No. of dentures supplied	-	10	2	12
Sessions				
Sessions devoted to treatment				3053
Sessions devoted to inspection				122
Sessions devoted to Dental Health Education				223

List of Clinics held in the Borough at 31st December, 1968

Except for child health and minor ailments attendance at all clinics is by appointment

Premises	Child Health	Ante-natal	Cervical Cytology	Immunisation	Chiropody	Dental	School	Minor Ailments	Ophthalmic & orthoptic	Orthopaedic	Physiotherapy	Speech Therapy	Allergy	Mental Health Counselling	Child Psychiatry	Otology	Cerebral Palsy
Imperial Road, Bedfont	Mon pm Wed pm Thur pm	Fri am (relaxation) Fri pm (alt)	Fri pm (alt)	Wed 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)	Mon pm Wed pm	Mon to Fri am/pm	Thur am	Mon to Fri am	Tue pm (2nd, 4th & 5th)	Mon pm (1st & 3rd)		Thur am		Tue pm (2nd & 4th			
Town Hall, Chiswick	Tue pm Wed pm Thur pm Fri pm	Tue am (relaxation) Thur pm (alt)	Thur pm (alt)	Mon pm Thur am (1st & 4th)	Mon am Wed am/pm Thur am/pm 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	Mon. Wed. Thur. Fri am/pm	Wed am Fri am	Mon to Fri am	Mon am			Tue am/pm		Thur pm (1st)			
Grove Crescent, Hanworth.	Tue pm Thur pm (1st & 3rd) (2nd & 4th HV only) Fri pm	Wed pm (alt)	Wed pm (alt)	Fri am (alt)	Tue pm	Tue am/pm	Mon am	Mon to Fri am				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 (1st, 2nd & 3rd)	Thur am/pm Sat pm	Tue am/pm	Tue am	Mon to Fri am				Wed am/pm Fri am/pm					
92 Bath Road, Hounslow.	Tue pm Wed pm Thur pm Fri pm	Tue am Tue am (relaxation) Wed pm (Midwives)	Mon pm (alt) 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	Tue am Tue pm (1st 3rd) Thurs am (orthoptist)	Tue pm (4th)	Tue pm (4th) Wed pm Thur am Fri pm except 4th	Mon am/pm Tue am/pm	Fri pm	Tue pm (1st) (held at 6 Lampton Road)			
Park Road, Busch Corner, Isleworth.	Mon pm Wed pm	Tue pm (Midwives) Thur pm (alt)	Thur pm (alt)	Tue pm (1st only) Thur am (2nd & 3rd)	Mon am 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	Tue am/pm Wed am/pm Fri am/pm					
Spring Road, Feltham	Mon pm Thur pm (2nd & 4th)	Wed am (relaxation)		Fri am (alt)	Mon pm		Thur am	Mon to Fri am				Fri am/pm					
Child Guidance, Old Town School, School Road, Hounslow.															Tue am/pm Wed am/pm Fri pm		

List of Clinics held in the Borough at 31st December, 1968 - *continued*

Premises	*Child Health*	*Ante-natal*	*Cervical Cytology*	*Immunisation*	*Chiropody*	*Dental*	*School*	*Minor Ailments*	*Ophthalmic & orth-optic*	*Ortho-paedic*	*Physio-therapy*	*Speech Therapy*	*Allergy*	*Mental Health Couns-elling*	*Child Psych-iatry*	*Otology*	*Cerebral Palsy*
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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