

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

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# The Health Services of Hounslow 1969

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# LONDON BOROUGH OF HOUNSLOW

Annual Report 1969

of the Medical Officer of Health and Principal School Medical Officer

Robert L. Linton MRCS LRCP DPH DCH

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Department of Health  
92 Bath Road,  
Hounslow, Middlesex.

Telephone: 01-570-7715



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Department of Health  
92 Bath Road,  
Hounslow, Middlesex.  
Telephone: 01-870-7712

## Members of the Health Committee 1969-1970

His Worship the Mayor Alderman D C L Usher CBE JP GLC (ex-Officio)

### *Chairman*

Councillor G A M Greenland JP FCII

### *Vice-Chairman*

Councillor A C Gurrin FSVA

Alderman Mrs E W W Basley

Alderman P Betlem

Alderman E J Kenward FACCA MIOM MREconS

Councillor Mrs E M Boxall

Councillor A F Brazier

Councillor W E Gamble

Councillor C J Gray

Councillor Mrs L Harvey

Councillor V E Hopkins

Councillor Mrs J Horley

Councillor Mrs V D Marks

Councillor T Perkins

Councillor B A Williams MPS

Dr R H Smith

(in an advisory capacity for Middlesex Local Medical Committee)

## Members of the Public Health (Special Purposes)

### Sub-Committee 1969-1970

His Worship the Mayor Alderman D C L Usher CBE JP GLC (ex officio)

#### *Chairman*

Councillor G A M Greenland JP FCII

#### *Vice-Chairman*

Councillor A C Gurrin FSVA

Alderman Mrs E W W Basley

Alderman E J Kenward FACCA MIOM MREconS

Councillor Mrs E M Boxall

Councillor V E Hopkins

Councillor Mrs V D Marks

Councillor B A Williams MPS



## Members of the Education Committee 1969-1970

His Worship the Mayor Alderman DCL Usher CBE JP GLC (ex-officio)

### *Chairman*

Councillor D F Ryan BSc

### *Vice-Chairman*

Councillor C A Pocock JP MA

Alderman Mrs E W W Basley

Alderman P Betlem

Alderman F J Jansen JP MInstM MBIM

Alderman A G King JP

Alderman E J Pauling MBE JP

Councillor R L Avery

Councillor A J A Beal

Councillor Mrs E M Boxall

Councillor Mrs M Canfield SRN SCM

Councillor Mrs M C Downes

Councillor E Elliot

Councillor R W Foote

Councillor L Gainsborough

Councillor W E Gamble

Councillor C J Gray

Councillor Mrs L Harvey

Councillor G E Henniker

Councillor F H P Hobbs

Councillor D G Magill JP

Councillor H Nixon

Councillor Mrs M T Roebuck

Councillor E G Shearer

Councillor W J M Spencer

Councillor Mrs G F Stinton

Councillor M G Venn

Councillor B A Williams MPS

Councillor B O Wilson

Councillor N V Wright ARSH

# Non-council members

Mr K G Berger MA FIFST  
 Mr G R Hawkes BA  
 Professor A V Judges BA DSc FRHistS  
 Miss F M Knowles (until July 1969)  
 Mrs K M Saunders MA  
 Miss A N Sharrock BA AIMSW  
 Mr C T B Uren BA FRGS  
 Miss D L Orr (from October 1969)

# Members of the Primary and Special Education Sub-Committee 1969-1970

His Worship the Mayor Alderman D C L Usher CBE JP GLC (ex-officio)

## Chairman

Councillor C A Pocock JP MA

## Vice-Chairman

Councillor Mrs M Canfield SRN SCM

Alderman Mrs E W W Basley

Alderman E J Pauling MBE JP

Councillor Mrs E M Boxall

Councillor E Elliot

Councillor W E Gamble

Councillor Mrs L Harvey

Councillor G E Henniker

Councillor F H P Hobbs

Councillor D G Magill JP

Councillor H Nixon

Councillor Mrs M T Roebuck

Councillor D F Ryan BSc (ex-officio)

Councillor Mrs G F Stinton

Councillor B O Wilson

## Non-Council Members

Mr K G Berger MA FIFST

Miss F M Knowles (until July 1969)

Mrs K N Saunders MA

Miss A N Sharrock BA AIMS

Miss D L Orr (from October 1969)



# Staff of the Department of Health at 31st December 1969

## 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 Officer  
Mrs G E Woods MD MB BS DPH DCH  
Occupational Health Physician  
A R Broadbent MRCS LRCP DPH DIH

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

Departmental Medical Officers  
Mrs H S Allinson BSc MB BCh  
R H G Charles MA MB BCh DCH  
M Osman IMBBS DCH LMSSA

### 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

In conjunction with Regional  
Hospital Board

Ophthalmic Clinics

Miss H B Casey MB BCh DOMS

J R Holmes MB BCL DOMS

Orthopaedic Clinics

IJD Archibald LRCP LRCS LRFPS

J A Cholmeley MB BS FRCS

E A Devenish MS FRCS

F G Ward BM BCh FRCS MRCS LRCP

Mental Health Service

C F Herridge MA MB BCh DPM

Chest Clinic

R Heller MD

Pathologist

E Nassau MD

Staffing establishment

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 A C R Crawford BDS LDS RCS

M C Easton BDS

Mrs L M Pinson BDS

Mrs G M Yates BDS

Senior Psychologist for special units  
and special schools

1

Miss Moya C Tyson BA BSc(Econ) PhD

## Staffing Establishment

Social Work Organiser and Adviser on Health Education	1
E Heimler AAPSW	
Health Educator W Duffy BSc FRSH DN RNT	1
Physiotherapists	6
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	50
Principal Nursing Officer Health Visiting Miss D A Harding SRN HV NNEB Deputy Principal Nursing Officer Health Visiting Mrs P J Treleaven SRN SCM BTA HV	
Student Health Visitors	4
Home Nurses	36
Domiciliary Midwives	14
Principal Nursing Officer Midwifery and Home Nursing Miss V Murphy SRN SCM HV RMPA Deputy Principal Nursing Officer Midwifery and Home Nursing Miss S M Douet SRN SCM HV	
Public Health Inspectors	21
Technical Assistants	4



## Staffing establishment

Chief Public Health Inspector  
G E Hayne MAPHI MRSH  
Deputy Chief Public Health Inspector  
F V Bell MAPHI MRSH

Public Analysts

W B Chapman BSc FRIC  
E H W J Burden BSc FRIC

Veterinary Inspector

J A Morris MRCVS

Pupil Public Health Inspectors

Rodent Officer

Rodent Operators/General Duties Assistants

Mortuary Attendant

Psychiatric Social Workers  
Senior Psychiatric Social Worker  
Mrs A Lees BSc MHC

Mental Health Social Workers

Chief Mental Health Social Worker  
W N Carey SRN RMN

Deputy Chief Mental Health Social Worker  
P D Charles NCSW

Junior Training Schools and  
Special Care Units

Hanworth  
Supervisor  
Mrs F R Williams NAMH

Assistant Supervisors  
General Duties Assistants  
Coach Guides  
Cook  
Caretaker  
Cleaner

In conjunction with the Greater  
London Council

## Staffing establishment

6

1

8

1

3

12

1

9

4

2

1

1

1

# Staffing establishment

Isleworth		
Supervisor	1	
Mrs M S Moodie NAMH		
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	1	
F Seaford		
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	1	
Senior Instructors or Instructors		(combined establishment with Acton Lodge A T C )
Hostel for the Mentally Handicapped (24 Wood Lane Isle worth)		
Warden	1	
R Vincent RMNS		
Assistant Warden	1	
Attendant	1	
Medical Practitioner	1	
Housekeeper	1	
Cooks	2	
Domestic Assistants	2	

## Staffing establishment

### Weekly Boarding Unit

Resident Matron  
Mrs A M Appleby SRN  
Resident Assistant Matron  
Resident Cook/Attendant  
Attendant  
Night Attendant  
Domestic Assistant

### Hostel for the Mentally III (The Orchard, Staines Rd., Bedfont)

Warden  
H Marshall SEN  
Assistant Warden  
Attendant  
Medical Practitioner  
Cooks  
Domestic Assistants

### Day Centre for the Elderly Mentally Confused

Superintendent  
Mrs H Kenneally SRMN  
Assistant Superintendent  
Attendants  
Driver/Attendant  
Cook  
Kitchen Hand  
Cleaner

### Day Nurseries

Matrons  
Deputy Matrons  
Wardens  
Nursery Nurses  
Nursery Students  
Cooks  
Domestic Assistants

1

1

1

1

1

1

1

1

1

1

2

2

1

1

2

1

1

1

1

3

3

3

18

14

3

7



# Hounslow Chest Clinic

Almoner

Clerk

Medical Auxiliaries etc.

Psychotherapist

Dental Auxiliaries

Dental Surgery Assistants

Audiometricians

Chiropodists

Orthoptist

Occupational Therapist

Vision Screen Operator

Welfare Assistants

Welfare Officer

Clinic Attendants

Home Helps

Organiser

Miss D Claxton

Assistant Organisers

Caretakers and Cleaners

Administrative and Clerical

Chief Administrative Officer

J M Murphy

Deputy Chief Administrative Officer

J W Dean FSS

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

In conjunction with the North West Metropolitan Regional Hospital Board

## Staffing establishment

1

2

16

4

3

1

1

1

2

1

5

170

1

4

11

87

## To the Mayor, Aldermen and Councillors of the London Borough of Hounslow

I have the honour to present the fifth Annual Report on the health of the people living in the London Borough of Hounslow. A table showing the completed and future building projects may be found immediately after this preface. It shows that a forward looking local authority can provide the health service projects needed by its citizens and complete them on time according to a predetermined plan formulated in 1965 with the unanimous approval of the Health Committee and full Council.

Though not as important as the people within them, such pleasant purpose-designed buildings do enable services both existing and new to be given in a wider, more efficient, friendlier and more humane framework.

There are, however, no grounds for complacency as there is still much to be done for the vulnerable groups of all ages in the community for which this Council is responsible. Both the new and the refurbished existing services will need to be subjected to the rigours of evaluation and technological and operational research processes if they are to remain responsive to the needs of the community.

The most memorable event of the year was the opening on 28th February, 1969, of the new building at Acton Lodge Adult Training Centre for the mentally handicapped by Her Royal Highness Princess Alexandra. The trainees made it quite clear to their Royal visitor how much they appreciated her visit and it has been apparent to all, not only at the time, but since that her presence on that occasion has encouraged the trainees and staff to respond with even greater enthusiasm in their day to day activities. The new building contains a training laundry, multi-purpose gymnasium and facilities for teaching domestic science and housecraft. The original centre had previously been honoured by a visit from Her Royal Highness Princess Marina in December, 1962.

The main tasks of the local health authorities over many decades have been the prevention of disease and after care, the brunt of the middle ground of the treatment of disease having been carried by the other two parts of the tripartite health service, the hospitals and the general practitioners.

It is increasingly being realised that this artificial distinction between prevention and cure is both illogical and harmful and now some twenty years after the inauguration of the National Health Service Act moves are afoot which may culminate in the unification of the closely allied processes of prevention, treatment and after care.

The force of the above argument becomes even clearer if prevention is thought of as having three phases, primary, secondary and tertiary. The last two in this context would actually include treatment and after care in varying proportions and thus provide a continuity of concern for the patient.

'Primary prevention' is the total prevention of disease in an individual, a community, or nationally. When successful it can improve the lives of the largest number of people in the shortest space of time and is therefore the method of choice. Perhaps the best known example by which primary prevention may be accomplished in an individual is by immunisation against a disease, but he may also be totally protected by controlling or eliminating the agent of the disease. When a sufficient proportion of individuals are effectively immunised or otherwise protected, the community then also becomes protected. Continuous vigilance is necessary, however, as we have so far only succeeded in suppressing most infectious diseases rather than eliminating them. Complacency in a community can therefore be dangerous by allowing the percentage of its immunised citizens to fall below a critical level; it once again brings itself face to face with serious disease long since apparently dismissed from conscious memory.

Space precludes the use of many examples but the following may illustrate a few of the many benefits of primary prevention both in the past and now. For instance the dramatic increase in population, urbanisation and overcrowding resulting from the industrial revolution demanded an equally dramatic attack on the accompanying diseases of dirt and overcrowding which threatened to engulf society of the time.

Cure of these diseases was seen to be a forlorn hope and thus attention was directed with intelligence, energy and enthusiasm to what we



now describe as primary prevention.

The early 19th century thus witnessed perhaps the most successful solution ever devised by man to one of the most challenging problems yet to be faced during his existence. The eventual solution which included the proper provision of sanitation, refuse disposal and wholesome water supplies was at that time a vital and essential form of progress which in these days is apt to be taken for granted.

Our present problems are occasioned by an even more phenomenal technological revolution and a rapidly increasing world population of between two and three per cent a year. The scale of pollution caused by both these factors with the additional problems of stress and future under-employment must be tackled by us in a similar manner to that of our forebears by primary prevention certainly before the end of the twentieth century as otherwise the position will become irreversible.

Our duty to future generations is now recognised at both national and local levels and we must do everything within our powers to ensure that there is an effective control of pollution and of population increase so that the quality of living is not only maintained but improved.

The importance cannot be over-emphasised in this context of family planning and contraceptive advice to married and unmarried women of 16 years and over and on occasion under 16, with the consent of the parents. These measures of primary prevention can reduce unwanted babies, inadequate marriages, abortions and illegitimate babies particularly in teenagers. In this country in 1969 some 22,000 babies were born to teenagers and over 10,000 abortions were carried out in the same age group - marriages below twenty years of age have also proved very unstable. In Hounslow there were 289 illegitimate live births of which the 15 - 19 age group contributed 195. The illegitimate infant mortality was 31 which is more than double that for legitimate live births and considerably higher than that for England and Wales as a whole which was 25.

Primary prevention has a vital part to play in the reduction of venereal disease which is now reaching epidemic proportions particularly in those under 20 years of age. Adequate knowledge

and sheer common sense can ensure protection and can be imparted by appropriate health education. The search for an immunising agent is continuing.

The power of alcohol and drug addiction to destroy is also amenable to the dictates of primary prevention and many potential victims could be prevented from succumbing to temptation if steps were taken in time.

The primary prevention of food poisoning by the proper application of the principles of food hygiene by the people under the vigilant eye of the public health inspectorate is a topical example.

As has been mentioned the primary prevention of such infectious diseases as poliomyelitis, diphtheria, tetanus, whooping cough, measles and German measles by immunisation is still of vital importance today in this country as is immunisation against other diseases if one should proceed abroad.

Fluoridation of the water supplies would prevent a significant amount of dental disease with its accompanying ill health and distress.

Bronchitis which is a widespread and distressing disease could in a very significant proportion of cases be amenable to primary prevention. Reduction in numbers would follow if particularly cigarette smoking and atmospheric pollution were controlled. The following table does show that the latter is responding to the efforts of local health authorities by comparing the average figures for pollution in winter in central London in 1959 and 1969 and the latter figure with Hounslow in 1969.

Central London	Smoke/ g/m3	SO / m3
1958/59	309	340
Central London		
1968/69	67	221
Hounslow		
1968/69	55	116

This and the following examples show how the current extension of the principle of primary prevention from infectious disease to many other diseases is now becoming more practical and may reduce the need for curative and after care services.

For instance the reduction in the number of



cases and the primary prevention of cancer of the lung now running at 30,000 deaths a year in persons under 65 years of age in this country can be accomplished on a drastic scale if people, particularly the young, could be persuaded not to smoke or to cease from smoking.

Ischaemic heart disease including coronary thrombosis is reaching proportions particularly in early middle aged men when it could be described as a modern epidemic. I shall quote from the preface of my 1965 annual report as medical research in the intervening period supports what was written more firmly. "In the present stage of medical knowledge it may be said that heart attacks may well be reduced in number if each person balances his work, exercise, rest and play, takes animal fats and sugar in moderation, keeps his weight correct for his height, and does not smoke. Those who have a family history of coronary disease, or are significantly overweight could, with advantage, have occasional medical checks in middle age, even in the absence of symptoms."

'Secondary prevention' is the very early recognition of disease at a stage when no permanent or irreversible damage has been done and when by prompt treatment the person can be restored to health.

Into this category comes the screening of populations for early undetected disease such as for the precursor of cervical cancer by means of cervical cytology. Here a person may be prevented from progressing from a minor to a far more serious disease and in fact be restored to health.

Mass radiography has in the past detected much disease at a stage when treatment is effective.

Child health clinics and the developmental assessment of all young children with special attention to those on an observation register are all procedures to effect early recognition of disease and so prevent chronic disease.

The conservation of teeth by the treatment of caries where primary prevention has failed is another example of secondary prevention where function is returned to normal.

The treatment of obesity is again a good example of secondary prevention in that the patient concerned may be saved an enormous amount of chronic ill health and can, if treated early enough, be returned to a state of

normal health. It must be remembered that obesity figures in most of the major causes of death in this country.

Any surgical procedure which returns a person to normal health is an example of secondary prevention.

'Tertiary prevention' is the description given to the effective treatment of established disease in order to prevent further degeneration or additional complications. For example the effective control of diabetes mellitus helps to prevent cardiovascular complications. When diseases such as bronchitis, hypertension and heart disease have slipped through the net of primary and secondary prevention they are often so advanced that only tertiary prevention is left. Here medical science attempts by every means in its power to hold back the progress of the disease as long as possible, but the condition is by this time incurable and the patient cannot be restored to full functional health.

Thus all parts of the health service, the general practitioner teams, the hospital and health authority staffs have varying parts to play in primary, secondary and tertiary prevention and cannot logically remain administratively or functionally separated.

In Hounslow we have appointed a health educator and an ambitious programme of health education in our schools is under way. From the above examples it can be seen that education of the public has a tremendous part to play particularly in primary and secondary prevention. In the short term it will lead to an increase in demand for health supervision and care by increasing the awareness of the public. In addition demand for health facilities for chronic disease will continue to increase as the ranks of the elderly are swelled by those saved from accident and disease in preceding years but not safeguarded from the diseases of old age. In the long term, however, health education particularly in primary prevention could reduce demand in certain areas if the young could be motivated to move willingly and freely along the paths of healthy living and be taught to avoid pointless flirtation with disease. A healthier generation could then conceivably pass more smoothly through a healthier middle age into a healthier and more productive old age. More must be learnt about the mysteries of



individual and group motivation before this quest can be more successful.

From what has been said it can be seen that unification of the health services is a completely logical step. This move towards unification is largely the reason why I have deliberately emphasised 'prevention' as the main theme of my preface this year. It has been fostered successfully for many years by local health authorities and its importance must be safeguarded in the future when it is enjoined by the other possibly more immediately dramatic parts of the medical services.

In this context some have considered the term 'National Health Service' to be a euphemism for what in their opinion could to date have been more aptly described as a 'National Disease Service'. If all who take part in the future service could think in terms of, if possible, preventing disease altogether, detecting disease early enough to prevent it becoming irreversible and preventing established disease from deteriorating in that order of priority, but with equal importance attached to each individual person, then a true health service would have been established.

The impending unification of the health services under one administration and financial system, and the social services under a different administration and financial system brings to a head the danger of the polarisation of the various caring professions just at a time when multi-disciplinary teams under the same roof are what the public require. The possibility of unhealthy competition for a larger slice of the national financial cake taking place between such large monolithic structures providing similar services and the likelihood of the perpetuation of the tendency for one administration to expect the other to take over unpopular and expensive tasks are two further problems that will need to be faced. Unification of both services is undoubtedly needed if progress is to be made, but great efforts will be required from all concerned if adequate bridges are to be formed during the interim period before the complete integration of the separately unified health services and social services can be achieved in the future. Gaps may otherwise occur which will harm the elderly, the handicapped, the mentally ill, and the many other vulnerable groups in our communities and neighbourhoods.

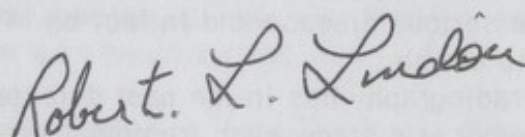
I would like to take this opportunity to

thank the family doctors and hospital staff for their help on many occasions during the year: the success of the service and joint projects is dependent on the excellent co-operation that has been achieved amongst the various parts of the health service in the Borough.

I wish to thank once again the many voluntary organisations whose contributions are also vital to the success of the health and allied services.

My appreciation and thanks are also due to every member of the staff of the Department of Health for their loyal and sustained application to duty during another very busy year. A considerable burden of work has fallen on my deputy Dr M E Wilkinson and I welcome the opportunity to thank her for her continued support. Chief and senior officers of the other departments of the Borough play a vital part in the development of health services and I record a vote of thanks to them from the health department.

Finally I wish to express the gratitude of the whole department, particularly to the Chairmen and Members of the Health and Education Committees for their understanding, encouragement and support throughout another eventful year.



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



Projects	Planned year of completion	Year Completed
Building Projects from 1st April 1965 to 31st December 1968		
Hostel for mentally disordered 24 Wood Lane Isleworth	1965/66	1965
Extension to Medical Advisory and Cerebral Palsy Unit Martindale School Hounslow	1966/67	1966
Heston Health Centre Cranford Lane Heston	1966/67	1966
Spring Road Health Centre Feltham	1967/68	1967
Adaptation of Brentford Clinic Albany Road Brentford to provide a Health Centre	1967/68	1967
Hanworth Junior Training School Main Street Hanworth	1967/68	1968
Extension to Feltham Clinic Cardinal Road Feltham	1967/68	1968
Extension to Hanworth Clinic Grove Crescent Hanworth	1967/68	1968
Extension to Audiology Unit Heston School for the Deaf	1967/68	1967
Chiswick Town Hall - alteration for use as clinic and offices	1967/68	1967
Weekly Boarding Unit for mentally handicapped children Main Street Hanworth	1968/69	1968
Day Centre for Elderly Mentally Confused New Heston Road Heston (adaptation of clinic premises)	1968/69	1968
Extension to Acton Lodge Adult Training Centre London Road Brentford	1968/69	1968
- - - - -	- - - - -	- - - - -
Building Projects from 1st January 1969 onwards		
Home Help Wash Centre	1968/69	1969
Hounslow Health Centre - Extension to existing Local Health Authority Clinic and Administrative Offices 92 Bath Road Hounslow -		
Phase I - Family doctor and child psychiatric units	1969/70	1969
Phase II - Mental health services including a day centre for the mentally ill also stores and flats for midwives and caretaker	1970/71	*
Hostel for Mentally Disordered Staines Road Bedfont	1969/70	1969
Extension to Brentford Health Centre	1969/70	*
Cardinal Road Clinic Feltham - Dental Recovery and Waiting Rooms	1969/70	1969
Maswell Park Health Centre Hounslow Avenue Hounslow	1970/71	*
Long Stay Home for mentally handicapped children New Heston Road Heston	1970/71	*
Hounslow Day Nursery Lampton Road Hounslow	1971/72	
- - - - -	- - - - -	- - - - -
Building Projects - Committed Programme		
Cardinal Road Clinic Feltham - extension to provide a Health Centre	1971/72	-
Chiswick Health Centre	1972/73	-
- - - - -	- - - - -	- - - - -

\* Building work commenced during 1969



Projects	Planned year of completion	Year Completed
<b>Building Projects - Uncommitted Programme</b>		
Hounslow Health Centre Phase III - Offices, communal dining and conference rooms and library		
Brentford Day Nursery - re-building		
Bedfont Clinic Imperial Road Bedfont - extension to provide a Health Centre		
Old Isleworth Health Centre		
Hanworth Clinic Grove Crescent Hanworth - extension to provide a Health Centre		
Chiswick Day Nursery		
Hounslow Heath Health Centre		
Bedfont Day Nursery		
Osterley Health Centre		
Heston Day Nursery		
South Chiswick Health Centre		
Isleworth Day Nursery		
Day Centre for the elderly mentally confused Heston - re-building		
Day Centre for the elderly mentally confused Isleworth/Chiswick area		

# 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-1969	205,060
Persons per acre	14.2
Number of habitable premises (1st April 1969)	67,590
Number of new dwellings erected during the year	1,115
Rateable value (1st April 1969)	£16,948,628
Product of a penny rate (estimated 1969/70)	£69,800

## Vital Statistics

Live births	
Number	3,375
Crude rate per 1,000 population	16.5
Adjusted rate per 1,000 population	16.0 (England and Wales 16.3)

Illegitimate live births	
Number	289
Per cent of total live births	9.0 (England and Wales 8.0)

Stillbirths	
Number	45
Rate per 1,000 live and stillbirths	13.0 (England and Wales 13.0)

Total live and stillbirths	3,420
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Infant mortality (deaths under 1 year)	53
Total infant deaths per 1,000 live births	16.0 (England and Wales 18.0)
Legitimate infant deaths per 1,000 legitimate live births	14.0 (England and Wales 17.0)
Illegitimate infant deaths per 1,000 illegitimate live births	31.0 (England and Wales 25.0)

Neonatal mortality (deaths under four weeks)	
Number	37
Rate per 1,000 total live births	11.0 (England and Wales 12.0)

Early neonatal mortality (deaths under one week)	
Number	31
Rate per 1,000 total live births	9.0 (England and Wales 10.0)
Perinatal mortality (stillbirths and deaths under one week combined)	
Number	76
Rate per 1,000 total live and stillbirths	22.0 (England and Wales 23.0)
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	2,267
Crude rate per 1,000 population	11.1
Adjusted rate per 1,000 population	11.8 (England and Wales 11.9)
Live births	
Number	3,475
Crude rate per 1,000 population	13.2
Adjusted rate per 1,000 population	16.0 (England and Wales 16.3)
Stillbirths	
Number	45
Rate per 1,000 live and stillbirths	13.0 (England and Wales 13.0)
Total live and stillbirths	
Number	3,520
Infant mortality (deaths under 1 year)	
Total infant deaths per 1,000 live births	23.0 (England and Wales 18.0)
Legitimate infant deaths per 1,000 legitimate live births	14.0 (England and Wales 17.0)
Illegitimate infant deaths per 1,000 illegitimate live births	37.0 (England and Wales 28.0)
Neonatal mortality (deaths under four weeks)	
Number	37
Rate per 1,000 total live births	11.0 (England and Wales 12.0)



## Vital Statistics

### Area and Population

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 205,060 people, which is 3,833 fewer than those found during the 1961 census.

Although the population appears to be decreasing, there were 3,375 live births compared with 2,267 deaths giving a natural increase of 1,108 persons.

The research and intelligence unit of the Greater London Council provides estimated populations of all London Boroughs by age groups and those for Hounslow are

Mid year	Age in years		1 - 4		5 - 14		15 - 64		65 and over		All ages
	No	%	No	%	No	%	No	%	No	%	No
1968	3,350	1.6	13,150	6.4	26,500	12.9	137,580	66.8	25,200	12.3	205,580
1969	3,390	1.7	13,010	6.3	27,200	13.3	136,060	66.3	25,400	12.4	205,060

### Live births

The number of live births registered during the year was 3,375 (1,751 male and 1,624 female) giving a crude live birth rate of 16.5 per 1,000 population.

Apart from other causes, both birth and death rates will vary according to the age and sex distribution of the population and to enable a valid comparison with other areas, the Registrar General provides area comparability factors. When the birth comparability factor of 0.97 is applied, the borough's live birth rate becomes 16 which is almost identical to that for England and Wales. Compared with 1968 the rate for Hounslow increased slightly whilst that for the whole country showed a slight fall. There were 289 illegitimate births, nine more than last year which gives an illegitimate live birth rate of 9 per cent of total live births compared with a national rate of 8 per cent.

### Stillbirths

Stillbirths numbered 45 which is equivalent to the mean for those during the previous four years.

## Deaths

During the year 2,267 deaths were registered, 95 fewer than for 1968. The adjusted death rate was 11.8 which is almost the same as for the whole country.

Of the total deaths, 1,161 were males and 1,106 females - almost of equal proportions - but of the 1,309 who died before reaching the age of 75 years, 61 per cent were males, whilst of the total of 958 who died after 75 years, 62 per cent were females. The main causes of death continued to be heart disease (751) and cancer (510).

### Infant Mortality

Fifty three infants died before reaching the age of one year; 30 were male and 23 female. The infant mortality rate was 16 per 1,000 live births compared with a rate of 18 for the country as a whole. The illegitimate infant mortality rate was 31 which is more than double 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 5,853 compared with 4,949 for 1968 and 4,171 during 1967.

The number of corrected notifications of infectious diseases received during the year



compared with previous years are summarised below

Disease	1969	1968	1967
Dysentery	40	109	16
Encephalitis, acute	3	1	5
Erysipelas	-	9	7
Food poisoning	29	12	9
Infective jaundice	51	29	-
Malaria	2	5	4
Measles	576	466	1,535
Meningitis acute	5	1	2
Paratyphoid fever	2	3	1
Pneumonia, acute	-	4	9
Puerperal pyrexia	-	36	63
Scarlet fever	51	105	85
Tuberculosis			
pulmonary	59	66	81
non-pulmonary	24	22	21
Typhoid fever	2	1	1
Whooping cough	11	78	112

The table on page 36 gives the number of cases notified under age groups.

### Smallpox

There were 22 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 was a substantial decrease in notifications only 11 cases notified compared with 78 in 1968 and 112 in 1967. Two of these cases were under the age of one year and one of these was aged 3 months and the other was aged 9 months.

Vaccination records show that 2 of the nine notified cases under the age of six years had been immunised in infancy.

### Measles

There were 576 cases notified compared with 466 in 1968 and 1,535 in 1967. In the past

the disease has assumed epidemic proportions biennially and the measles vaccination campaign which was introduced in May 1968 had an impact on the incidence of the disease during what otherwise would have been an epidemic period.

### Dysentery

There were 40 cases compared with 109 cases in 1968.

### Typhoid fever

Two cases were notified a lady aged 65 years was admitted to hospital on the 6th August and a clinical diagnosis of typhoid fever was made. This was confirmed by isolating salmonella typhi phage A from both her blood and her stool. Her landlady, aged 83 years was admitted to hospital on the 13th August when typhoid fever was confirmed. There were no other known cases and intensive investigations failed to reveal the source of the infection.

### Food poisoning

Although 83 cases of suspected food poisoning were notified, after full investigation only twenty-nine cases were confirmed. The causative organisms were as follows:-

salmonella typhimurium (8), salmonella bredeney (1), salmonella thompson (1), salmonella enteritidis (6), salmonella panama (1), salmonella virchow (3), salmonella stanley (6), salmonella manhattan (1), salmonella chester (1), salmonella monophasic (1).

Of the 54 remaining cases notified (36 sporadic and 18 cases in 6 families) all laboratory investigations proved negative.

### Medical arrangements for long-stay immigrants

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



Destination addresses in this borough were given by 668 immigrants but in 140 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 98 patients from the borough were admitted as suffering from or suspected to be suffering from infectious disease. Close contact is maintained between the hospitals and the department of health so that any necessary action can be taken without delay.

In accordance with the Public Health (Infectious Diseases) Regulations, 458 admissions to the South Middlesex Hospital of persons residing outside the borough were referred to the department in addition to those living in the borough.

### **Disinfection**

Where necessary, disinfection of rooms is carried out by the department. During the year 9 rooms were disinfected and six lots of clothing were similarly treated before being sent abroad to countries where a certificate of disinfection is required, e.g. Yugoslavia, Russia and other Eastern European countries.

### **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, Shepherds Bush, W.12., provided by the London Borough of Hammersmith. The borough council accepts responsibility for payment of each treatment etc for residents referred to the centre.

During 1969, 49 persons were treated and in addition, bedding and clothing was disinfected in 1 case.

### **Venereal Disease**

The nearest hospitals with venereal disease clinics are West Middlesex, Central Middlesex, Hillingdon and West London Hospitals.

Spread of the disease is in the main due to promiscuity and while there can be no doubt that competent treatment, by shortening the duration of infectivity in the individual case, acts in restraint of the spread of venereal disease, there is a lack of evidence that the work of the clinics is succeeding in significantly reducing the total incidence. The best prospect for control is in the instruction of the public as to the serious character of such infections, aided by education and social progress, together with the promotion of athletics and other wholesome recreations for the young people of to-day, especially those living in densely populated urban communities. Mr. Duffy, the Borough's Health Education Officer, has already made a considerable contribution to the instruction of vulnerable young people in our schools and colleges on all aspects of health and hygiene, inclusive of appropriate education on the nature of sex and venereal diseases. It is considered that such knowledge should be given as part of general health education before the sexual aspects of life have much emotional association. Efforts too are being redoubled to encourage people who have taken risks of infection to come for examination and early treatment so that potential cases can be dealt with, without long delay, in a sympathetic manner and the identification of contacts and others, who may be involved in the spread of the disease, can be initiated. Both the prevention of disease and the maintenance of full health depend in a large measure on the way people live and conduct their lives in a society in which extramarital intercourse is regarded by an increasing number as a normal and permissible activity, though in the words for Sir George Godber, Chief Medical Officer of the Department of Health and Social Security, to avoid moral obloquy concealment is still a common problem.



## Vaccination and Immunisation -

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

The revised schedule of procedures shown below was adopted as from 1st January. This new schedule reduces the number of injections and commences later in the child's life, at the age of six months. As a result, fewer completed courses of immunisation have been recorded during the year than would have been under the old schedule.

Vaccination Procedure	Age of Child (in months)
-----------------------	-----------------------------

Diphtheria/Tetanus/Pertussis  
and Oral Poliomyelitis

First dose	6
Second dose	8
Third dose	14
Measles vaccination	15
Smallpox vaccination	16

Due to a national shortage of vaccine, measles vaccination, which was first introduced in May 1968, was continued on a limited basis for susceptible children in certain priority groups. No severe reactions were reported.

**Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles and Smallpox.**

The number of children under the age of 16 years who completed primary courses or were given reinforcing injections during the year are shown below

	Primary course	Reinforcing injections
Diphtheria	1960	5232
Whooping cough	1421	1733
Tetanus	2156	5435
Poliomyelitis	1822	5239
Measles	1733	-
Smallpox	1941	192

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

Children born in 1963				
	Whooping cough	Diphtheria	Polio-myelitis	Small-pox (children under 2)
	(1) %	(2) %	(3) %	(4) %
Hounslow	40	76	76	47
England and Wales	66	67	65	31

## B C G Vaccination

Details of B C G vaccination given are shown below.

### Contacts at chest clinic

Number skin tested	261
Number found positive	79
Number found negative	176
Number vaccinated	106

### School children and students

Number skin tested	2279
Number found positive	407
Number found negative	1721
Number vaccinated	1471

## General

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

Yellow fever vaccination is carried out at the following centres:-

Hospital for Tropical Diseases 4 St Pancras Way London N W 1 Tel: 01-387 4411 Ext 137  
Medical Department Unilever House Blackfriars E C 4 Tel: 01-353 7474 Ext 2841  
55 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

#### 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 -

West Middlesex Hospital  
Twickenham Road Isleworth  
Tel: 01-560 2121

Chiswick Maternity Hospital  
Netheravon Road W4  
Tel: 01-994 1124

Brentford Hospital  
Boston Manor Road Brentford  
Tel: 01-560 6959

South Middlesex Hospital  
Mogden Lane Isleworth  
Tel: 01-892 2841

Staines Group Hospital Management Committee  
Ashford Hospital Ashford Middlesex

Ashford Hospital  
Ashford Middlesex  
Tel: 01-695 3271

Hounslow Hospital  
Staines Road Hounslow  
Tel: 01-570 4448

Hounslow Chest Clinic  
28 Bell Road Hounslow  
Tel: 01-570 6217

Ashford Chest Clinic  
Ashford Hospital  
Tel: 01-695 3271

Ext 137.

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

Cases Admitted	Approximate No. of available staffed beds
Mainly acute	850
Maternity only	51
Acute	33
Mainly acute including isolation	155
Mainly acute	421
Acute	75
-	-
-	-



## Hospitals for the Mentally Sub-Normal

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

## Psychiatric Hospitals

Springfield Hospital  
Beechcroft Road  
Upper Tooting S W 17  
Tel: 01-672 1212  
(South West Metropolitan Regional Hospital Board)

St Bernard's Hospital  
Southall Middlesex  
Tel: 01-574 5381  
(North West Metropolitan Regional Hospital Board)

## Smallpox Hospital

Joyce Green Hospital  
Dartford Kent  
(Long Reach Hospital)  
Tel: 01-32 23231  
(Admission to this hospital should be arranged  
through the Medical Officer of Health)  
Tel: 01-570 7715

## Middlesex Executive Council

This body is responsible for the provision under the National Health Service Act of 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. 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.

## Approximate No of available staffed beds

2 227

1 601

2 481

## Health Centres

Since the formation of the borough in 1965 two health centres have been built one at Heston for two family doctors and one at Feltham for three family doctors. The Brentford clinic has also been adapted to provide a health centre to accommodate six family doctors in addition to the existing local health authority and school health services.

The first phase of the health centre for twelve family doctors at Bath Road was completed in December and will come into operation in January 1970. The centre, which has two wings provides consulting and examination rooms for each of the doctors health visitors' rooms two nurses treatment rooms reception and waiting areas and a common room. Health visitors and home nurses will be attached to all the practices.

On the first floor are the units for the



child psychiatric and school psychological services, a conference room, headquarters administrative offices for the nursing services and also fully equipped audiometry and speech therapy rooms.

The centre is ideally situated to provide a comprehensive service. It is attached to the existing administrative headquarters of the department of health and to clinics from which the local authority provides a whole range of services including maternal and child health, school health, ophthalmology, audiology, physiotherapy, chiropody, dental, immunisation and vaccination. It is also adjacent to the Hounslow Hospital which has 75 beds.

Phase II of the health centre, which is due for completion in June, 1970, includes provision for mental health adult psychiatric services, a day centre for those recovering from mental illness, a health education unit, a library and three flats for nursing personnel and a caretaker.

The centre is situated in a highly populated area a few hundred yards from the main shopping centre of Hounslow and is on main bus routes and near two underground stations.

The Maswell Park health centre which will provide accommodation for three family doctors is also under construction and is due to come into operation in June, 1970. Other centres are also planned.

Frequent discussions have taken place with groups of family doctors practising from the health centres and with those who are interested in working from such centres.

### **Midwifery**

Domiciliary midwifery service is provided directly by the Council throughout the borough except in the Brentford and Chiswick area where midwives from Queen Charlotte's hospital attend home confinements and the post natal care of mothers discharged from hospital 48 hours after confinement or earlier than ten days after the birth of a baby is provided by midwives employed by the London Borough of Ealing. In this area during the year midwives from Queen Charlotte's hospital attended 18 mothers for domiciliary confinements and there were 47 mothers who received post

natal care at home on being discharged from hospital after 48 hours and 49 others who were attended by midwives following early discharge from hospital.

In the borough as a whole there were 395 domiciliary confinements, 366 48-hour discharges and 669 early discharges giving a total number of cases amounting to 1430 and (on the basis of two 48-hour discharges and three early discharges being equivalent to one domiciliary confinement) an individual case-load of 62 was carried by each midwife. Combined delivery and nursing work carried out by the staff was equivalent to 801 domiciliary confinements. For purposes of comparison the individual case-load of midwives employed in the borough in 1965 was 57.

Home deliveries continued to decline while early discharges increased from 964 in 1968 to 1065 in 1969. In the main, premature babies were cared for within the hospital and an oxygenated incubator was supplied by the ambulance service whenever required.

Midwives were increasingly involved in general practice and with forming good relationships with colleagues in the field and assisting in patterns of continuity of client care.

### **Staff**

A full staff of thirteen midwives continued in post throughout the year.

### **Training**

One midwife attended a compulsory refresher course, three attended a 2 day genetic counselling course and six participated in 2 day in-service training on 'preparation for childbirth'. All midwives enjoyed lectures on in-service training with particular reference to general practitioner attachments and mental health lectures. Seven midwives are approved as midwife teachers. (For further details see health visiting 'training' page 24 )

### **Pupils**

Sixteen pupil midwives enjoyed district training, six from West Middlesex Hospital and ten from Hillingdon Hospital.



### **Co-operation with family doctors**

Midwives are increasingly assisting at antenatal clinics within family doctor surgeries.

### **Emergency obstetric units**

Units are situated at Hillingdon and West Middlesex Hospitals but the services were not required during 1969.

### **Analgesic apparatus**

Twelve Entonox analgesic machines were in use throughout the borough.

### **Maternity medical services co-operation card**

This record is to ensure that members of the obstetric team are aware of the continued care given to the client. Full use of this means of communication is developing.

### **Health Visiting**

The health visitor is a practitioner in her own right, detecting cases of need on her own initiative as well as acting upon referrals. She has skills and knowledge particular to her work and these are drawn from her nursing background and the additional preparation in her health visitors course. Much of her work is undertaken in the home situation. Her immediate colleagues are midwives, district nurses, family and clinic doctors, home helps and colleagues in the social work field and voluntary organisations. A health visitor is a key member within the community where her aim is to promote and maintain health. She is primarily concerned with advising those in need, health teaching and counselling all members of the family, supporting in situations of stress and giving advice and guidance in health and management training. The health visitor is ably assisted by state registered nurses in schools and clinics.

The immigrant population in Hounslow continues to increase mainly with people from India, Pakistan, Kenya and the West Indies. The health visitor, along with other community nursing personnel adapt their ability to communicate and teach, using the

able assistance when necessary of the interpreter.

During the year 12.5% of the staff have been attached to general practices.

### **Staff**

The establishment was strengthened during the summer by the appointment of the deputy principal nursing officer for health visiting and by one additional group adviser. They have proved invaluable members of staff and added support to the administrative structure. The establishment of 50 health visitors includes three group advisers, 7 field work instructors, 9 school/clinic nurses, 2 tuberculosis nurses and 4 students.

### **Training**

Seven student health visitors successfully gained their certificate, four health visitors completed the field work instructors course at Chiswick Polytechnic and Birkbeck College and three health visitors obtained their field work instructor certificates. Twelve health visitors attended the in-service 2-day training in "preparation for child birth". Two group advisers enjoyed a week's training in the registration of child minders. Two health visitors attended a 2-day genetic counselling course and two attended a study day. The principal nursing officer attended a management appreciation course and enjoyed the Health Visitors' Association Annual Conference. Visits of observation were made by health visitors and midwives to the paediatric department, Fulham Hospital for a period of one week and visits of observation were commenced at Queen Charlotte's Hospital by health visitors and midwives.

Dr Peter Draper of the Department of Social Medicine, Guys Hospital, Miss Lisbeth Hockey of the Queens Institute of District Nursing and Miss G. Padfield of the Royal College of Nursing gave lectures on different aspects relating to general practitioner attachment schemes. A series of lectures were given on mental health in relation to community care by Dr C. F. Herridge. Films were shown by kind permission of various firms throughout the year and the chief nursing officer had the privilege of attending the Royal Society of Health annual conference in Eastbourne and attended a 2-day course in Cheltenham for



chief nursing officers. In December the chief nursing officer was invited to a one-day conference for chief nursing officers from the hospital and local authority fields at both the Queen's Institute of District Nursing and the Hospital Centre and in the autumn she was invited to participate in a working party in relation to the mentally handicapped at the Department of Health and Social Security.

### **Students**

Three student health visitors commenced training in the autumn, two at Chiswick Polytechnic and one at the North Western Polytechnic and there were three integrated students from West Middlesex Hospital and Chiswick Polytechnic. On average throughout the year there were eighty students per month requiring community care experience. In addition to those already mentioned, visits to the department were made by pupils from Cranford school, student teachers of the mentally handicapped, students from Maria Grey College, obstetric nurses, child care students, social work students, students from the Middlesex Hospital and administrative students from Edinburgh University and the Royal College of Nursing.

### **Mothers Clubs**

There are three clubs flourishing in the borough, providing mothercraft and social contact.

### **Group Advisers**

Since three members were appointed, work within the health visiting frame-work has developed in depth, the group advisers giving support at field level and assisting with administration.

### **Work Analysis**

This exercise is being prepared for self-evaluation and to evaluate the content of work in depth.

### **Senior Nursing Officers Weekly Meetings**

These meetings continued to be a vital and co-ordinating feature. Integration both vertically and horizontally is being gradually achieved.

### **Home Nursing**

Since the introduction of home nurses to general practice in 1968 76% of the personnel are now working in attachment schemes. This increasingly involves surgery work but domiciliary visits to the over 65's still occupy a large proportion of the nurses' time.

In the autumn the equivalent of two nursing auxiliaries employed on a part-time basis greatly assisted in bed bathing and basic nursing. Plans to increase ancillary personnel are in progress, thus relieving the home nurses for more clinical care.

Development in the use of disposable clinical and medical materials continued through the year and the laundry service continued to expand and wider use of protective clothing continued.

The number of patients visited by home nurses in their homes was 3 537 and of those 2 059 were 65 years and over. The total number of visits paid to these patients rose to 98 709, an overall increase of approximately 7 000 visits in relation to the 1968 figures.

### **Laundry Service**

This is an existing service but is now dealt with by the home help section (Section 84 of the Public Health Act 1936).

### **Staff**

A full establishment of 36 equivalent whole time home nurses continued throughout the year including 4 SEN's with an additional establishment of 2 nursing auxiliaries, and with a waiting list of applicants. The increasing development of attachment schemes to general practitioners throughout the borough has proved invaluable both in developing relationships within the community nursing structure and in patterns of continuity of patient care. The Marie Curie and night nurse service gave excellent help to 13 patients and a satisfactory recruitment



to this service has continued

## Training

Three home nurses completed district training courses and two attended the practical work instructors course. Four home nurses participated in a study day, the principal nursing officer attended a management appreciation course and the deputy principal nursing officer attended a middle management course. The nursing auxiliaries were given community care training at the commencement of their appointment. All staff enjoyed in-service training with special reference to general practitioners attachment schemes and mental health (see health visiting training).

## Home Help Service

The constant aim of the home help service is to help as many old people as possible to live in their own homes with the maximum degree of independence.

The heaviest demand continued to be from the ever-increasing aged population who comprised 79% of all households assisted compared with 78% in 1968.

Assistance was also given to maternity cases, women suffering from toxæmia of pregnancy and problem families. Evening and night help was given when necessary.

Recruitment is still proving difficult and despite an increase in wages this year, it is still difficult to find the right type of person for this work.

The two residential home helps have assisted in several households to care for young children, taking the place of the mother where there is no responsible adult in the home during the night. The availability of the residential home helps has been a great success as it has been possible to prevent the break-up of a united family by preventing the children being received into 'care'.

In January a home help washing service was implemented. Incontinent laundry is now collected from households twice and three times weekly as against a once weekly service previously. This service has saved many hours of the home helps' working time

in the homes thus enabling them to undertake a larger case load.

The service as a whole was augmented by the employment of 12 neighbourly helps who were employed part time on home help duties close to their own homes.

On 31st December the equivalent of 147 whole-time staff were employed compared with 139 at the same time last year.

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

	1969	1968
Aged (65 years and over)	1 597	1 617
Chronic sick and tuberculous	153	148
Maternity	93	134
Mentally disordered	13	11
Others	158	156
Total	2 014	2 066

## Prevention of illness - care and after-care

### Tuberculosis

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

During 1969 there were 59 formal notifications of pulmonary tuberculosis and 24 of non-pulmonary tuberculosis, compared with 66 and 22 notifications respectively in 1969.

The total number of cases on the register at the end of the year was 1 839. (pulmonary males 882, females 684, non-pulmonary - males 120, females 177).

Table 13 shows an analysis of all cases notified during 1969.

There were 3 deaths from tuberculosis in 1969.

### 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 the National Health Service Acts, 1946-68 for the maintenance of 58 persons in recuperative holiday homes.

## Chiropody Service.

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

The demands on the council's directly-provided service continued to increase during 1969. An average of 24 weekly sessions were held throughout the year in local authority premises, compared with 20 during 1968. This increase was largely attributable to an amendment in the establishment during the year whereby it was possible to employ

a full-time senior chiropodist to undertake ten clinic sessions each week. A total of 1,262 clinic sessions were held at which 2,153 patients made 9,039 attendances for treatment. Two additional part-time chiropodists were appointed to undertake domiciliary chiropody treatment. Thus, 6 chiropodists made 4,820 home visits to aged and infirm patients who were unable to attend the clinics. The number of patients requiring domiciliary treatment increased from 761 to 978.

The Heston and Isleworth Old People's Welfare Committee continued to work in close co-operation with the department of health and provided an invaluable service as an adjunct to the local authority's directly-provided service. The committee employed two chiropodists throughout most of the year and 173 domiciliary patients received a total of 762 visits and 304 patients made 1,167 attendances at specially arranged sessions. The council paid the organisation an agreed quarterly grant of £475 which was based on the existing case load.

### Attendances at local authority chiropody clinics

Category of patient	First attendances		Re-attendances	Total attendances
	New Cases	Old Cases		
Elderly persons	541	1,578	6,771	8,890
Physically handicapped	1	19	73	93
School children	3	1	14	18
Others	2	8	28	38
Totals	547	1,606	6,886	9,039

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

Category of patient	First visits		Subsequent visits	Total visits
	New cases	Old Cases		
Elderly persons	215	698	3,596	4,509
Physically handicapped	19	46	246	311
Totals	234	744	3,842	4,820



## Problem Families

This group of families continue to make demands on the health visitors both within the health visiting field itself and in the liaison work with other departments and the N S P C C.

With more and more community nurses becoming attached to general practitioners it may be that some problems will be highlighted earlier and primary prevention will become a reality more often.

New assessment forms have been instigated by the principal nursing officer (health visiting) and these form a register not only of problem families but also of potential problem families.

In working with these families our aims are to:-

- (a) identify needs and difficulties and then consider them in the context of the whole family;
- (b) make effective use and organisation of the resources available;
- (c) occasion early referral where necessary to other departments or agencies;
- (d) give adequate support to the worker most closely involved and improved communications between all the agencies concerned.

## Health Education

Mr W Duffy, Health Educator, reports as follows:-

Health education seeks the development in people of a growing sense of responsibility for their own health and that of the community. It is a continuous process performed daily by the professional staff of the department in their various capacities and is conducted in the home, at clinics, at places of work and at specially arranged meetings which are usually held in the evenings.

The acceptance of positive health as a basic human need, the necessity to plan programmes and conduct evaluation studies along with our desire to improve health

knowledge and practices in schools has resulted in the establishment of a health education section and a full-time health educator was appointed in May 1969.

Health education programme planning may be described as a process of locating and defining a problem (or sub-problem), exploring its nature and scope, considering the various solutions and taking action with respect to the chosen solution. To realise the maximum benefits of an educational programme, there can be no doubt that evaluation - the systematic accumulation and assessment of facts and opinions for the purpose of planning and decision making - is an integral part of the programme development process.

The arrangements for the ordering and distribution of posters and pamphlets has been improved and posters are changed once each month on public notice boards throughout the borough. There has also been an increase in the number of talks given to public organisations and many of these talks are now supported by the use of films and display material.

If health education can bring to every member of the community an enrichment of his personality, of his physical and mental health and a true appreciation of his rights, it also pledges the individual to a sense of responsibility for the general welfare. In preparing him for such duties, health education becomes a source of civic education and social solidarity. Those who fail to respect their own lives cannot respect the lives of others. Health education can give a man an understanding of this respect and it should eventually develop into a form of education for living.

## Home Safety

Mr. V Jones, Home Safety Officer reports as follows:-

The Home Safety Committee, under the Chairmanship of Alderman Mrs E W W Basley, have continued their efforts over the past year to reduce the number of accidents which occur in and around the home. The following matters have been given particular attention during the year under review.



Arising from the misuse of fireworks, the Home Office have been asked to introduce a system of licensing to enable the sale of fireworks to be sold for organised displays only.

The Royal Society for the Prevention of Accidents have been asked to investigate the question of the distribution of door to door samples, particularly when such samples are placed in letter boxes and are not delivered on a personal basis.

Attention has been given to the means to publicise the new colour coding of flexible cords used in connection with electrical appliances.

Consideration has been given to the measures to be taken informing members of the public of the hazards arising from the misuse of portable oil heaters.

### The Hounslow Project

Miss Louise Dighton, Social Worker reports on the Hounslow Project:-

The work of the Hounslow Project is based on the theory that too little satisfaction and/or too much frustration brings people to a point where they cannot continue to function in society except by making heavy demands on helping agencies (social workers, doctors, clergy, family members, etc). Without such a degree of support functioning capacity declines to a point of increasing withdrawal from society, finally leading to hospitalisation or, in the case of the delinquent, to institutionalisation.

The Heimler Scale of Social Functioning (HSSF) has been developed as a preventive and predictive tool, to make possible the quick and easy identification of those at risk in the field of mental and emotional illness.

Over the past two years measures of satisfaction and frustration have been taken on over 1,000 people from within and around the borough, some from normally functioning people and some from those who were aware they had problems although they may or may not have sought help over them. From the samples taken three levels of functioning

have emerged; (1) the normally functioning group with adequate resources to meet normal life crises; (2) the 'at risk' group whose resources are not adequate to meet crises without support; (3) the group that can barely 'swim' in the outside world and need constant help from various caretaking agencies and the periodic availability of institutional care.

From our sampling the following picture emerges -

	No in sample	At risk
Mothers of under-achieving school children	84	18
Mothers of normal achievers		
Marital problems	26	17
A parish population	94	24
Synagogue attenders	33	9
Weekend conference group	45	20
Retired people (70 plus)	18	7
University students	19	11
Scottish university students	50	16
Teacher training students	19	2
Post grad teacher training B ham University (Heads and Dep Heads)	72	3
Thames side Youth Club	246	87
Hounslow Youth Club	73	23
Probationers (Midlands)	82	67
Approved school boys (senior)	53	28
Hounslow Mental Health Dept cases	68	42
Neighbouring - ditto	25	25
Other Mental Health Dept cases	11	11



	No of sample	At risk
West Middx Hospital		
coronary cases	25	8
Whitchurch Hospital,		
Cardiff -ditto-	5	4
W Middx Hospital		
(other serious illnesses)	27	9

The borough social survey of 1967 revealed a pattern of considerable mobility, change and crisis amongst our population. Such changes and crises puts those with poor social functioning resources at considerable risk. Critical times of outer change (i.e. changes in status such as starting school, starting work, a new job, marriage, parenthood, promotion in work, retirement, moving house, and accidents of all kinds), also of inner developmental change (i.e. adolescence, mating, pregnancy, change of life, old age, the effects of illness) put such people at serious risk, when they will need to make heavy demands on various sectors of the helping services. Prevention needs to be planned to meet just such crises.

Increasingly in the last two years, experiments have been tried to see how far social functioning concepts could be shared with clients on a self-help basis. It is found that people of average and below average intelligence can grasp the basic concepts and the new and more helpful way these offer in looking at human problems. People who have felt overwhelmed by their difficulties now see that they can do something to increase their own satisfactions. The experiment has been tried in the last year with approved school boys and, quite recently, in the borough's youth service, with the 'Hell's Angels' group who all completed scales and found the questions meaningful. Ways of channelling destructive impulses caused by more frustration than the individual could handle are being discussed and now suggest to workers new ways of dealing with such problems.

In marital cases, which are notoriously difficult to handle, workers report that the scale, in addition to getting faster to the

heart of the problem, clarifies the problem(s) in such a way that both partners and the social worker can examine the difficult situation in a cool and objective way, thus opening up communication where it has broken down. A further use of the scale is now being tried by one local vicar in preparing engaged couples for marriage and he has little doubt that a number of serious difficulties have been identified and dealt with before they could disrupt relationships.

All social workers who have learned to use the scale report that it gives them a quick and clear picture of their clients' problems, that where 9-11 hours' interviewing time would have been needed to get an accurate profile, the scale now gives this in under one hour. (This finding is confirmed from U.S.A.) The scale has also been found to provide a common language between social workers trained in its use and one sheet of paper can now convey a complete client profile. (Such profiles have been exchanged experimentally between Canada, U.S.A. and Hounslow in teaching interpretation and Prof Griswold of Washington University has set up a validation project in the Family Court Sector of Seattle). Further it has been pointed out that in departmental situations of considerable staff turnover - common in social work departments - working with the scale facilitates smoother transfer of clients from worker to worker since therapy is geared to the scale findings and is therefore less dependent on the individual worker.

Perhaps one of the most significant uses of the scale has been found to lie in the field of teaching and development of social work skills. Here the clarity of the diagnostic system leaves no room for vagueness and offers a magnificent tool in training the worker where to focus his help.

During the past year weekly experimental seminars in the use of the scale have been available to social workers from the various borough departments and all those who took part found their understanding of social work principles and practice broadened and clarified. On the practical level of learning and applying new methods, one of the difficulties that became immediately apparent was that most



social workers are so over-loaded with day to day work that they find it difficult to make time for the assimilation of new methods, however timesaving these may prove to be in the long run. A policy of teaching these methods 'on the job' has, however, considerable advantages, not least when the cost of taking two hours off a week for such study is contrasted with the cost of seconding and sending away workers on full pay to much longer courses. It is hoped that with the setting up of the new unified department of social services this question will be given close examination.

A list of various organisations who have sent their workers for one-day orientation courses in social functioning at London University is appended.

In addition to work with the scale, much time has been spent by Professor Heimler in the last two years on the development of new and short term methods of interviewing and of helping the client to call up his own (often unrealised) resources. These methods are now being taught by experienced social workers and teachers in the social work schools of the Universities of Washington and of Calgary, and by the social work training staffs of government departments in California. A close eye is kept on any new ideas originating from Hounslow and Louise Dighton has been invited to take part in the August vacation training seminars of the American Centre for Studies in Social Functioning in Seattle, to share something of her recent experiments in the creative use of the scale with young people and groups of delinquents.

From the centre in Seattle trained workers are now setting up new centres in Oregon, Arizona and California, from which social functioning methods will be disseminated.

In Canada a Government grant of \$100,000 to the University of Calgary (where Professor Heimler holds his chair) will now make possible large scale research, and additional funds will cover a planned provincial demonstration project under the aegis of the Department of Manpower and Immigration.

In conclusion, it can be said that, as a result of the work carried out in Hounslow, it is now possible to anticipate danger levels in human social functioning to which social

work resources can be directed, and then to measure the effectiveness of such social work intervention. Social work thus moves out of the realm of subjective assessment and begins to find a scientific basis for its operations. At a time when Great Britain also moves into a new era of unified social services it can justly be claimed that Hounslow, and the support it has given to a complex piece of social research, has contributed significantly to the provision of new and imaginative tools and methods of helping people in crisis, methods which will become historically important as their full significance comes to be realised in later years.

### **Training in Social Functioning**

#### **Organisations sending staff to central London Orientation and Training Courses**

Greater London Council - Social Work Adviser and other officers  
 Surrey County Council  
 Richmond, London Borough of  
 Newham, London Borough of, Community Care Psychologist and Psychiatric Social Workers  
 Inner London Education Authority  
 B B C T V Research Department  
 Maudsley Addiction Research Unit  
 Church of England Council for Social Responsibility  
 The Probation Service  
 North West Polytechnic Tutor in Child Care  
 Assistant Principal Probation Officer, Cheshire  
 University of Surrey, Lecturer  
 Home Office, Approved School Headmaster  
 North West Regional Hospital Board - Tutor  
 West Middlesex Hospital, Mental Health Social Workers  
 B B C Central Welfare Department  
 Spastic Society, Psychiatric Social Worker  
 Youth Workers with Unattached Youth, Richmond  
 Child Guidance Clinic, Richmond, Psychiatric Social Worker  
 General Practitioner, Yeovil  
 Liverpool Family Caseworkers  
 Greater London Council Care Organisers  
 University of London, Senior Lecturer in Education  
 ILEA Headmistress  
 Lancashire, Research Officer  
 Manchester Assistant Principal Probation Officer



Great Ormond Street Hospital  
 Stamford House Remand Home Psychologist  
 Guildford County Technical College  
 Lecturer  
 Welsh National School of Medicine, Psychiatric  
 Social Workers  
 St Thomas' Hospital, Medical Social Worker  
 Somerset Mental Health Service  
 Newcastle Probation and After-care Service  
 Child Guidance Service, Nelson, Lancs  
 London School of Economics, Lecturer in  
 Applied Social Studies  
 Department of Psychiatric Medicine, Cardiff  
 Sussex Health Department, Chief Mental  
 Health Officer  
 Whitchurch Hospital, Cardiff, Research Social  
 Worker  
 Stafford Probation Service, Assistant Principal  
 Notts Children's Department, Child Care  
 Officers  
 Brighton Social Foundation  
 Keele University Counselling Service.

### Cervical Cytology

There has been a slight decrease in the number of women attending the council's clinics, but some 1,622 women had the test when they attended the Family Planning Association's clinics in the borough. Tests are also carried out by family doctors and at hospital gynaecological clinics.

In addition to taking the cervical smears our medical officers continued to examine the breasts, vagina and all pelvic organs. The blood pressure is also taken and the urine is tested.

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

	1969	1968
Women tested	1,326	1,382
Negative results	1,319	1,375
Positive results	7	7
Gynaecological defects referred to family doctors	91	143
Referred to family doctors for other reasons	9	12

Carcinoma in situ was confirmed in five of the seven women with positive smears. All

were aged between 29 and 48 years. Two of the patients had a hysterectomy, one had a cone biopsy and one had radium treatment. The fifth refused cone biopsy and any other form of treatment, although the nature of the condition was fully explained to her. She will be followed up closely as an out-patient and will have routine smears and examinations.

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

Trichomonas	29
Monilia	18
Vaginal cyst	1
Fibroids	1
Prolapse	3
Erosion of the cervix	8
Cervical polyp	9
Other gynaecological conditions	22
Breast conditions	1
Reasons other than those stated above	8
Total	100

### Renal dialysis in the home

#### Circular 2/68

A request for adaptation of premises was received on behalf of one patient during the year. The total cost of the adaptations amounted to £445. Half this cost was met by the Borough Council, the balance is to be paid by the patient by means of an interest free loan over three years.

### Care of Mothers and Young Children

#### Ante-natal clinics

The traditional care of the ante-natal and post-natal mother is still undertaken in local authority clinics, where informal health education is also given in the associated mothercraft and relaxation classes. The attendances, however, continue to diminish due to the increasing participation of general practitioners in ante-natal and post-natal care and the changing pattern of ante-natal, intra-natal and post-natal care that is fast developing in the country as a whole.

This year there were one hundred and seventy five medical officers' sessions, the attendances



at which totalled 715 (In addition there were one hundred and twenty eight attendances at Brentford Health Centre at 43 sessions staffed by obstetricians and midwives employed by Queen Charlotte's Hospital).

One hundred and forty five sessions with a midwife only in attendance were held, the attendances at which totalled 633. At the mothercraft and relaxation classes attendances numbered 2,234, compared with 2,458 attendances made last year. Only 57 mothers took advantage of our facilities for post-natal examinations. The practice of undertaking ante-natal care in the middle months of pregnancy has continued for patients booked at hospitals but referred back to us after their initial visit to hospital.

### Child health clinics

The object of such clinic provision is the promotion and preservation of health, the early detection of disease or defect and the amelioration of handicaps in children.

During the year 1,454 sessions were held at which 8,170 children made a total of 45,531 attendances but many other mothers are now able to attend at similar sessions run by an increasing number of general practitioners in the borough to whose practices health visitors are being attached.

### 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 £11,913 was received for the sale of proprietary preparations.

The quantities of national welfare foods issued were

National dried milk (tins)	6,873
Orange juice (bottles)	62,583
Vitamin tablets (packets)	2,958
Cod liver oil (bottles)	2,358

### Notification of congenital malformation apparent at birth

52 infants were notified as having congenital malformations. The largest group were the

15 infants with malformation of the central nervous system of which 5 were anencephalics, 5 spinabifidas, 3 hydrocephalics and 2 had unspecified central nervous system malformation. The incidence of spinabifida in the borough for 1969 was 1.5/1,000 live births and the incidence of anencephalus was also 1.5/1,000 live births but the latter are incapable of separate existence. The medical officer of health is notified about babies born with congenital malformations from the hospital in which the mother is confined and also by the midwives when the babies are delivered at home. Other sources of information are the health visitors when they visit the new babies at home and the clinic medical officers after the first clinic attendance.

### Observation Register

Under arrangements inaugurated by the former Middlesex County Council in 1961 a pilot scheme was begun in this area and based upon experience gained by 1965, the Borough devised a comprehensive scheme whereby all children, liable to present a handicap, born to residents, were kept under observation in local child health clinics.

Since the inception of the new register in 1965 a total of 4,761 children have been kept under observation for varying periods. In 1969 of the 3,375 children born to borough residents 1,075 (32%) names were placed on the observation register.

At 31st December 1969 2,667 children were still being kept under observation.

### Phenylketonuria

For the first 4 months of this year health visitors carried out phenistix tests for phenylketonuria on babies at the age of 3 - 6 weeks. From the 1st May, the screening procedure for phenylketonuria was altered to that of the Guthrie blood test, a much more reliable method for the detection of phenylketonuria than that of the phenistix test. The Guthrie test, however, should be carried out during the first 14 days of a baby's life and it is therefore now done by midwives whether in hospital or domiciliary practice and by health visitors. Two babies were found



to be positive to the test.

### Care of the unsupported mother and her child.

The work of caring for unsupported mothers in the borough is divided between the medical social workers based in the health department of the London Borough of Ealing and the medical social workers of Hounslow and District Welcare Association. It is becoming increasingly evident that the major contribution is now being made by Welcare. In 1968, for instance, the medical social workers of Ealing dealt with 35 cases resident in Hounslow, whereas Welcare dealt with 115 cases. In 1969 the corresponding figures are 23, dealt with by Ealing and 144 cases by Welcare. Not all the children were born to single girls; there were also married and divorced women who sought help. Over 19% of these mothers who had babies in 1969 were under 17 years of age. The figures submitted by Welcare of maternity cases delivered in 1969 also reveal that the number of mothers keeping their babies was greater than those where children were offered for adoption. This, in turn, involves the workers in a greater amount of work in the field of continuing support and with a formidable problem of accommodation. Despite the practical help, support and encouragement given to these mothers to enable them to stand on their own feet, many sooner or later became homeless. The 1969 report of Welcare states: 'We are most concerned to notice that many of these 'one parent families' are compelled to move from place to place, and with what effect upon the child. We are only too aware of the fact that, as we often have to suggest a very unsatisfactory housing solution, we are not tackling long-term need, which is certainly to get the mother and child settled in one place'. Thus much remains to be done and it seems to me that social planners, architects and housing authorities must ensure the provision of the means for meeting the needs of 'single parent families' particularly in urban areas, for the keynote to success in helping the more vulnerable in our society must be early and constructive intervention, for at times of crisis young children are particularly vulnerable. Dr. Christie has

continued to represent the borough on Welcare's committee and this year, Welcare has recorded in their annual report their appreciation not only of all the work of the committee but especially that of Dr. Christie, 'who has with her department been a tower of strength to us'. Much, however, yet remains to be done including a re-assessment of the financial grant provided by the borough to Welcare, for not only is the case-load rising but the amount of work in the field of continuing support.

Since the closure in 1968 of the mother and baby home run by the London Diocesan Council for Wel-Care no such home has been available within the borough. Thirty-six cases were maintained during the year in homes outside the borough.

### Day nurseries

Each of the council's day nurseries provides day care for children, aged six weeks to five years, where the sole parent must work to support the child, or parental ill-health occurs, or where home conditions present health dangers, or where suitable facilities for handicapped children, including the periodic relief for their parents are necessary. Quarantine periods, when no new admissions could be made, particularly affected the Hounslow day nursery this year, resulting in a drop of approximately 1,500 in the total number of attendances compared with the previous year. Waiting lists remain at all our nurseries which at no time could be fully staffed.

The attendances made by children were as under:-

Feltham Day Nursery	11,103
Portsmouth House Day Nursery	6,901
Nantly House Day Nursery	10,410

During 1969 two nursery nurses attended a two week refresher course at Chiswick Polytechnic. All nursery students passed their final examinations and were awarded the N N E B certificate.

In 1967 I reported that planning had begun on the replacement of Nantly House day nursery by a larger and more modern nursery, incorporating a specially designed unit for the more severely handicapped children. This year I



have pleasure in reporting that the London Borough of Hounslow was awarded one of the 1969 project awards given by the Architectural Design Centre to encourage good quality of design in service buildings in a built up environment plus appropriate and pleasing siting. Through the joint co-operation of the architects' department and my own, the acceptance by the Department of Health and Social Security of our initial plan, the London Borough of Hounslow can take pride in its achievement and look forward to the actual erection of the new nursery beginning next year.

#### **Nurseries and Child Minders Regulation Act, 1948 as amended by the Health Service and Public Health Act, 1968.**

The amendments to the Nurseries and Child Minders Regulation Act 1948 by section 60 of the Health Services and Public Health Act, 1968 came into operation on the 1st November, 1968 resulting in a tremendous increase of work in connection therewith during the year 1969. Applications for registration were substantially increased and the work involved in dealing with each application, in the greater depth and detail required, resulted in new arrangements having to be implemented at both supervisory staff and administrative levels. Other facets of the work involved liaison and co-ordination with other departments such as the town clerk's, solicitors, education officer's, fire prevention officer's and the planning officer's. Through the education department an appropriate training course lasting 3 terms was arranged to provide a comprehensive course for leaders of play-groups and it is already obvious that further courses will be needed in the coming year of the type already being given as well as shorter courses for women undertaking the care of fewer children in their own homes. There has also been a nation-wide need for in-training of supervisory staff and two highly successful courses were provided at Chiswick Polytechnic this year for supervisors of child minders and pre-school play groups and of private nurseries. Twenty-seven health visitors attended the first course drawn from 10 London boroughs, including Hounslow, and the provinces e.g. Leicester, Southampton. Twenty-four health visitors attended the second

course, also from a wide catchment area but inclusive of health visitors from Hounslow. The content of the course and the lecturers chosen were fully discussed with Dr. Christie, acting on my behalf and both she and the solicitor to the council participated in lecturing and in discussions arising therefrom.

Day care for a large number of children in special need is now provided by the borough by arrangement for some to receive day care in facilities provided privately. Where necessary the cost of such day care is subsidised by the borough along parallel lines to the assessment scheme operating for admissions to the council day nurseries.

The following were registered at the end of the year

#### **Private day nurseries**

33 with accommodation for 766 children

#### **Child minders**

132 approved for the care of 303 children

#### **Family Planning**

Since the 1st January the Council has implemented fully the National Health Service (Family Planning) Act 1967.

The Family Planning Association, acting as agents of the borough council, operate six clinics within the borough and the number of sessions has increased considerably during the year.

The clinics are open to all borough residents irrespective of marital status and the staff are able to give free advice and treatment to all who seek it and free advice and supplies to those in medical or social need.

Discussions have taken place with the Family Planning Association about the introduction of a domiciliary service in 1970.

#### **Clinic statistics 1969**

Clinic	New patients	F P A transfers	Total visits	Free advice	Free supplies
Bedfont	192	88	1 277	365	9
Brentford	134	26	1 222	275	22
Feltham	287	56	2 620	712	24
Heston	260	93	2 050	513	2



Clinic	New patients	F P A transfers	Total visits	Free advice	Free supplies
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Hounslow West Middlesex Hospital	923 58	132 10	7,474 113	1,674 55	41 -
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# Report of the Principal School Medical Officer for the year 1969

## School Health Service

### School Population

At the end of the year the maintained school population was

Nursery schools and classes	256
Primary schools	17,879
Secondary schools	11,538
Special schools	592
Total	30,265

### Periodic Medical Inspection

School children continued to have periodic medical examinations at school entry, at the ages of 8 and 11 years and at school leaving age. The number of pupils submitted to those inspections during the year was 8,327 and the results are shown in Table 30. The physical condition of 128 (1.5%) was considered to be unsatisfactory.

Special examinations of children referred by parents, head teachers, school nurses, speech therapists, physiotherapists, audiometricians etc. were also carried out by medical officers at clinics.

The examinations carried out during the year were as follows

	Special examinations	Re-examinations
School medical inspection sessions	595	-
Routine clinic sessions	2,064	1,294
Employment of school children	562	-
Children being taken into care	69	-
Freedom from infection	553	-
Pupils at special schools	380	114

	Special examinations	Re-examinations
Attending hearing clinic	369	1,082
Possibly requiring special education	229	-
Epidemiological surveys	-	-
Total	4,821	2,490

The defects found at periodic and special medical inspection are shown in Table 30.

### Medical treatment

The school consultation, ophthalmic, orthoptic, orthopaedic, speech therapy, asthma and allergy, and physiotherapy clinics continued to provide an excellent service

### Speech Therapy Clinics

1969 proved to be another progressive year in the development of the speech therapy service. The establishment was maintained at full level allowing continuity of treatment in all areas, although the commencement of the special class each morning at the Busch Corner Clinic, Isleworth, stretched the time available to the limit, curtailing regular school visits which are considered to be an important part of the service. Consideration was given to requesting the extension of the present establishment, but looking forward to the rebuilding of the Marjory Kinnon school, it was felt that at a time of reduced expenditure the increase should be deferred until additional sessions are required to provide for the larger number of educationally subnormal children which the new school will accommodate.

The work is summarised under the following headings:



## School Clinics

The school clinics are operating efficiently. A proportion of pre-school children are seen, and treated through play and counselling to the parents. Despite curtailment of regular school visits the speech therapists report closer working relationships with the schools in their areas, due to continuity in post and the regular visits made last year. These visits will be increased as soon as staffing permits.

Miss Cook and Miss Montgomery, who have charge of the clinics in the Feltham, Heston and Bath Road areas, have worked together during the year to provide intensive group therapy for stammerers. This was initiated during the Easter holiday, followed by a modified group in the summer holiday when six children whose ages ranged from twelve to fifteen years were seen as a group for four days from 10.00 a.m. to 3.30 p.m. daily. The treatment was through syllabic speech, followed by group discussion of their problems, views on their own and other's speech with and without syllabic timed speech, and their opinions as to how others viewed them. They were also given assignments outside the clinic where speech was used and difficulties and successes encountered were discussed by the group on their return.

The children attending these groups have shown improvement, and the intensive therapy will be continued.

## Special Schools

**Martindale** - A change of staff took place during the latter part of the year, but work has gone forward smoothly with increasing accent on joint assessment of children.

**Marjory Kinnon** - The numbers are maintained at a very high level, the majority being seen within the junior school. Therapy has been concentrated at this age because of the high proportion of speech defective children and because progress in speech and language development can be more easily accelerated at a younger age. Later emotional problems, which can result from failure of

communication are also avoided. The time allowed is still far too little and treatment is insufficient for the severity of the speech retardation encountered, but it is hoped the problem will be overcome when additional accommodation is provided in the new school.

**Special Classes** - In the latter part of 1968 a once a week morning class was started following the encouraging results of the experimental summer school. Early in 1969 a special class started, held every morning at the Busch Corner, Isleworth. The children attending were chosen on the original criteria i.e. speech and language development below other developmental levels. Two children had reached school age but were considered psychologically likely to fail in normal school, and therefore attended the class prior to school entry. Two other children were already in school but seriously lagging in achievement and developing behaviour problems. The numbers are restricted by the very small room. A teacher is employed by the education department to work with the speech therapist and an intensively planned morning takes place covering language development, training of perceptions, movement and pre-reading and number work. Significant progress is being seen particularly in the younger children. Transport to the class is a major problem. Children can only be admitted when parents can bring the children so entry is limited. The one morning a week class in Dr. Tyson's room at Heston Hearing Clinic has also continued during the year. Eight children are seen, varying in age and in the speech disability. This class is run by Mrs. Cox and Dr. Tyson with assistance from teachers on the diploma course at the Maria Grey Training College. Methods used are discussed and developed as necessary. The need for extending these classes is being considered and will be reported on at a later date.



## Severely Subnormal.

Work has continued as before, covering assessment, liaison with staff, individual and group work. The time allowed - one day per week at each centre - is very little but measurable progress is seen with a good proportion of children.

## Research Project

Once again the school summer holiday was used to join with Dr Tyson in a project. A survey into the developmental levels of children about to enter school was carried out in the Chiswick area. A team of doctors, audiometricians and speech therapists together with Dr Tyson tested hearing, motor co-ordination and language. We were fortunate that we were able to use the new Reynell Developmental Language scale, Dr Reynell having invited all the speech therapists to the Wolfson Centre to be instructed in its use. Two hundred and fourteen children were seen: some 65% of the total number entering school in the area. Material is still being garnered from the survey and children who were found to be below the average or suffering from specific defects are being treated accordingly.

## Students

It is felt that the subject of the speech therapy students now doing part of their clinical training in the borough is worth mentioning since the time taken to supervise their work is being repaid in the interest shown in the borough by newly qualified therapists. While most authorities have vacancies unfilled for considerable periods, we are fortunate in receiving enquiries as to possible vacancies. At the same time we are indebted to the help that students give on projects such as the Chiswick survey.

I am grateful to Dr A M Jepson and Dr M C Tyson for the following report on screening of pre-school children in Chiswick - July/August/September 1969

Following on the gratifying response to the

offer of audiometric screening during the 1967 summer holidays of children due to start school in September 1967 in the Heston area it was decided to attempt a similar project in Chiswick, but on an expanded scale, to include also an assessment of speech and motor development. With the co-operation of the Director of Education, Chiswick School was used during two separate weeks at the beginning and end of the summer holiday period for this purpose. Five medical officers, six speech therapists, three audiometricians and one psychologist took part in the assessment procedures, and other medical staff and speech therapy students assisted with administration. The assessment procedure comprised:-

- 1) Audiometric screening test as carried out routinely in schools.
- 2) The assessment of understanding of language and speech development including articulation.
- 3) The assessment of motor development. This part of the survey was designed to demonstrate locomotor and manipulative abilities of the children and to provide information on laterality. The children were watched as they walked into the room and then asked to perform several tasks. They walked along a straight line and hopped on each foot separately. They drew a picture and their pencil control and handedness were noted.

Information about birth history, number in family and birth order, language spoken at home, etc. was obtained.

## Results:

Names of children due to begin school either in nursery classes or in infant classes were obtained from Head Teachers in the area, and names of other children of appropriate age from health visitors' lists. Of a possible total of 356 children in the age range 3 years 2 months to 5 years 4 months, 212 attended (approximately 60%),

11 aged between 3 ys 2 mns and 3 ys 9 mns  
43 aged between 3 ys 10 mns and 4 ys 3 mns



99 aged between 4 ys 4 mns and 4 ys 9 mns  
59 aged between 4 ys 10mns and 5 ys 4 mns  
There were 107 boys and 105 girls.

#### Hearing:

20 children were found to have some hearing difficulty of which 6 were bilateral and 14 unilateral. It was not possible to condition 3 of the children for testing.

#### Language:

Those children with poor articulation, non-English speaking or unco-operative and shy were excluded from results. Of the remaining 159 children, 71 had good overall language ability (understanding and speech a year above chronological age), 44 were average and 29 were poor (more than a year behind chronological age). 12 other children showed a marked disparity between understanding of speech and production of speech with one area very poor. Pre-school experience of a nursery or play group was an important factor in language development in that more children with good language ability had this experience and more children with poor language ability had not. The number of children with some articulation difficulty or immaturity of speech was 15. There were 23 non-English speaking children, whose native languages included Spanish, Portuguese, Polish and Serbo-Croat. There were 3 Hindustani-only speaking children.

#### Motor:

No children with neuro-muscular disorders were detected. In the tests of walking and hopping a developmental progression was observed over the age range, with more older children able to do these tasks satisfactorily. Of the main sample of children, 132 showed a preference for using the right hand in drawing, 21 the left hand, and the others alternated hands. Of the non-English speaking children, 21 used the right hand and 1 the left. Of the children with immature speech, 11 used the right hand and 4 the left hand; proportionately more children favoured their left hand in this group. Examination of drawings showed a clear developmental progression over the age range

also. While nearly half of the 3½ year old group produced disorganised scribble this proportion lessened with age and had completely disappeared at the 5 year old level, while the proportion of representational drawings (of men, houses or objects) and attempts at writing increased dramatically.

Those children whose hearing was found to be unsatisfactory were referred for further investigation, and the senior speech therapist noted those children whose articulation difficulties might need treatment. It is hoped to follow up children with poor language development in a year's time, to ascertain how far schooling has had the effect of advancing the language level. It is surely a tribute to the thorough manner in which children with possible handicaps are detected early in this borough that no severe handicaps had gone unobserved. It is considered that this survey performed some useful functions, enabling specialist personnel to give more time to school beginners at this early stage than would normally be possible in the light of other duties during term time. We would hope to repeat the survey in another part of Hounslow in 1970.

#### Asthma and Allergy Clinic

Dr. Prothero reports on the work of the allergy clinic as follows

'During the last twelve months 121 patients (87 boys, 34 girls) attended the allergy clinic. Thirty-four of these patients were new referrals.

The largest group comprises children suffering from asthma (77 cases), followed by cases of pollenosis and vasomotoric coryza (30 cases). Five children attended for eczema, four for angioneurotic oedema, three with migraine suspected of allergic origin and two with urticaria.

The majority of the patients are mild or moderately severe cases not requiring A C T H.

If aerosols are required, Subutamol is now usually used and recommended. It is less likely than the other available adrenergic bronchodilators (Alupent, Isoprenalin) to stimulate the Breceptors in the myocardium.

Pollen asthma after the age of 9 years is



still treated by depot-injections (Alavac) and allergists (e.g. Dr Pepys) encourage this. Five cases had these injections last year, six during this year.

There is, however, the still unresolved question if Intal, used as a preventive, could replace hyposensitisation in children. It has been found successful in patients who 'missed' their injections as co-seasonal treatment. So far side-effects have not occurred with the cromoglycates, though patients at times complain of throat-irritation by the powdered spray. The more severe cases seem to be refractory to Intal'.

### Hearing Clinic

The number of cases seen at the Hearing Clinic during the year were 1,085 of which 371 were new cases and 714 were cases seen for re-examination.

The practice of screening all children entering primary school by screen audiometry was continued. The children who failed the audiometric test are referred to the school medical officer who decides whether the child should be retested in the school clinic or referred for further investigation. The number of tests performed during the year is shown in Table 1.

Table 1.

Age	1st test in school	Retest at school clinic	Total seen	Retest failure
Under 7 years	3,300	402	3,702	130
8 - 11 yrs	3,292	251	3,543	72
12 years and over	-	-	-	-
Total	3,592	653	7,245	202

The children seen in the school clinics for special audiometry were referred by school medical officers, speech therapists and general practitioners and from the school psychological service as follows:-

Table II

Age	1st test	Retest	Total	Failures
Under 5 years	101	10	111	37
5 - 7 years	419	30	449	154
8 - 11 years	285	11	296	115
12 years and over	195	9	204	64
Total	1,000	60	1,060	370

A total of 521 earmould impressions were taken by the audiometrecians during the year for use with hearing aids, 69 Medresco aids were issued and 263 Medresco aids were exchanged or replaced. 11 commercial aids were bought by local education authorities during the year, of which 8 were of the post aural variety. The Medresco post aural aid became more freely available during the year.

The children attending Hanworth and Isleworth Training Centres were also screened for a hearing loss by the audiometricians, a total of 54 children were seen. It was not always possible to obtain an audiogram from these children, but an assessment of their response to sound in 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, 32 children were tested. Any child having defective vision was referred to the medical officer.

This year a peripatetic teacher of the deaf was appointed to the staff of the clinic. This was a most welcome appointment and has resulted in an increase in the number of home visits of young children.

The teaching activities at the Hearing Clinic have continued throughout the 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.

In April a meeting was held which was attended by the medical and teaching staff of the Hearing Clinic and also the Neasden and Tottenham centres. This was of great benefit to all who attended.

In June 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.

A group of twelve American medical students attended the centre for one session, in October thirty students from Cologne came with Professor Jussen to spend a day at the centre. In November Dr Fisch, Dr Tyson and Dr Jepson visited Condover Hall School for Blind Children with other handicaps at Shrewsbury where there is a unit accommodating 15 deaf/blind children. An evening meeting was held which was attended by the teaching staff and medical staff of Condover Hall. In February a four day course in developmental paediatrics was held at the centre which was attended by the borough medical officers and medical officers from several nearby boroughs.

Dr Fisch wrote a leaflet on the nature of high frequency loss. This gives a very clear explanation of the nature of this type of hearing loss. It is given to teachers, parents and other people concerned in the management of children with a high frequency hearing loss.

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

During the year several very valuable items of equipment have been acquired:-  
Impedence Meter: This machine is a useful addition to the diagnostic facilities of the clinic. It measures air pressure in the middle ear and is very useful in diagnosing the presence of fluid in the middle ear.  
Sound Filter: This is a machine whereby sounds of various frequencies can be filtered from a tape. It is extremely useful as a teaching aid and particularly in helping parents and teachers to understand the nature of a child's hearing loss.

The work of the unit for the deaf blind rubella children attached to Heston School for the Deaf continued during the year. Mrs Cornwell who had taught at this unit since it opened left to take up a new appointment. Under her care and teaching, the children had

made considerable progress. Mrs. Plumb has now taken charge of the unit and so the continuity of care and teaching has been maintained.

### Medical Advisory Unit and Cerebral Palsy Unit

The assessment of the multiply handicapped child continues in this unit. During the year a total of 108 children were seen as out-patients, 71 being pre-school age and 37 of school age. 33 of the children of pre-school age had cerebral palsy, 26 had spina bifida and 12 had other physical defects. 33 of the children of school age had cerebral palsy, 2 had spina bifida and 2 had other defects. 95 pupils attending Martindale School were examined during the year.

The following table shows the type of handicap dealt with at the Medical Advisory Unit in 1969.

Table 1.

	Martindale	
	School Pupils	Outpatients
Cerebral Palsy	51	63
Spina bifida	13	27
Meningitis and encephalitis	2	1
Brain tumours	2	-
Poliomyelitis	3	-
Muscular dystrophy	3	4
Haemophilia	4	1
Congenital heart disease	4	-
Multiple deformities	2	7
Spinal atrophy	2	1
Rheumatoid arthritis	3	-
Other physical handicaps	4	6

Table II shows the number of children on the school register and on the waiting list for 1965 - 1969.



Table II

	1965	1966	1967	1968	1969
Children on register 31st Dec.	117	116	115	121	126
Children with cerebral palsy	74	67	67	67	65
New admissions - all handicaps	17	20	23	21	18
Discharges - all handicaps	18	21	17	16	17
On waiting list - all handicaps	19	19	22	24	37
On provisional waiting list all handicaps	15	16	19	29	21

There are two more children on the school roll this year and the number of children on the waiting list has again increased. Table III shows that the upward trend in the number of children surviving with spina bifida continues.

Table III

	1965	1966	1967	1968	1969
Meningomyelocele in school	5	7	9	15	16
Meningomyelocele on waiting list.	8	11	8	17	22

52 children received speech therapy during the year and 7 new patients were seen. Defects fell into the following categories

#### Defects in Register in December 1969

Retarded speech and language development	17
Dysarthria	3
Dysarthria/hearing loss	5
Ataxic dysarthria	2
Dysarthria/dysphonia	13
Multiple congenital deformities including cleft palate	2
Dysarthria/dysphasia	3
Dysarthria/dysphasia/hearing loss	2
Stammer	2
Dysphasia	3

The staffing of the unit with physiotherapists has proved extremely difficult throughout the year and the future prospects of obtaining staff is very bleak. Unfortunately this is a national

problem.

It has not therefore been possible to carry out all the activities, visits etc. that we would wish as the treatment programme alone has increased by some 200 treatments over the last year. In 1969, 7,643 treatments were given in the unit, 46 pre-school children received treatment mostly weekly.

The physiotherapists also carried out a sports programme for the children in the school, this included horse riding, swimming, archery and the organisation of the school sports day in which every child in the school took part. Teams were trained and entered for the sports for the disabled at Stoke Mandeville and the inter-schools sports meeting in July. A team of children gave a display of horse riding at the school fete in June. Teams were trained and entered for two swimming galas.

Many people have visited the unit from this country and abroad and the teaching activities have continued. Medical students from St. Bartholomews Hospital attended a lecture demonstration and the physiotherapy students from the West Middlesex Hospital attended Martindale for their paediatric experience.

#### Child Guidance Clinic

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

The clinic remained at School Road throughout the year although since September there was preparation for the move to the new clinic and health centre at Bath Road. It was possible to appreciate the value of the old building in spite of the limitations of space, especially as regards the close contact we were able to maintain there with the school psychological service. The clinic was greatly helped by continuity of staff, the clinic team remaining unchanged throughout the year apart from the welcome addition of Dr Brafman for three local authority sessions a week, which he started in October, 1969. It was stimulating to the work of the clinic as a whole to have another psychiatrist on the staff.

There were discussions with the Regional



Hospital Board to increase the psychiatric establishment next year.

The following are statistics for the child guidance clinic:-

Referrals 1969	177
Diagnosed by psychiatrist	112
New cases seen by psychiatric social workers	94
Number of families helped by psychiatric social workers	250
Total attendances to see psychiatric social workers (parents)	1,703
Total attendances to see psychiatrist (parents and/or children)	408
Number of cases treated by psychotherapist	18
Total attendances to see psychotherapist	476
Waiting list for P S W at 31st December, 1969 (amended - i.e. pre-1968 referrals not carried forward)	38
Waiting list for psychiatrist at 31st December, 1969 (i.e. cases prepared by P S W C C O, etc)	20

#### Treatment Waiting list

Figures are not available as vacancies are so rare that it is impracticable to list those needing treatment.

It is interesting that general practitioner referrals are so few but it is remembered that we did ask that school medical officers and general practitioners should be asked to refer cases to the West Middlesex Hospital as their waiting list was lower than ours.

Analysis of referrals Education department	54
Health department	43
Parents	43
Children's department	12
General practitioners	10
Probation officers	6
Transfers	6
Others	3
Recommendations for special education day special schools	21
Residential schools	16

As usual the waiting lists tend to underestimate considerably the number of children who might usefully be referred to the clinic or for treatment. Many of the referring agencies, especially the School Psychological Service tend to refer only the more urgent cases as they know that the clinic simply has not been able to cope in an intensive way if there is a spate of referrals.

Meetings continued with the children's department and the clinic received many visits from students, some of whom attended for relatively short training periods.

Dr MoyaTyson BA BSc (Econ). Senior Educational Psychologist for special schools and special units reports as follows:-

The distinctive character of my specialised appointment as Senior Educational Psychologist for Special Schools and Special Units continued to develop in 1969; while my role as a member of the two medical unit teams, and as an educational psychologist carrying out assessment and educational psychological guidance in the special schools continued, I saw more children at the request of psychologist colleagues in Hounslow and adjoining boroughs in order to give a second opinion based on the more specialised tests and techniques at my disposal. Lectures to many professional groups were given also, and I continued to act as an examiner of teaching practice to one of the courses for teachers of mentally handicapped children at Chiswick Polytechnic and also as a member of the review panel of the Training Council for Teachers of the Mentally Handicapped.

Two new developments are of particular interest: one was the establishment of a special developmental/diagnostic class at Busch Corner Clinic, run jointly under the direction of Mrs. Cox and myself by a teacher and a speech therapist. This development came about because of the hopeful results demonstrated by the experimental summer school in 1968 and the Friday morning class run by Mrs Cox and myself at the Hearing Clinic. Because of limitations of space and the intensive nature of the programme there is a maximum of eight young children at the Hearing Clinic, and four at Busch Corner Clinic. Results from these two classes



continue to be promising. Video-cordings have been made during teaching sessions, and have been shown to groups of teachers, doctors and psychologists, to illustrate the specialised techniques used. There has been a continuous stream of visitors from all over the country, who have been professionally concerned with initiating or carrying out similar work.

The other development was the pre-school survey carried out in collaboration with medical officers, audiometricians and speech therapists. This is fully reported by Dr. Jepson and myself.

### School Psychological Service

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

The tables below show the number of referrals, source or referral, type of problem and action taken.

The total number of referrals was 240 and may be compared with the 1968 figure of 357. This drop in referral rate may be explained by the absence because of study leave and sick leave of two of the educational psychologists for several months in the latter half of the year. The pattern of referrals appears to be similar to previous years.

No of referrals: 240

Source	Problem
H T	161 Learning
Education	15 Behaviour
E W O	7 Assessment
Health	25 School phobic
Parents	11
Children's Dept.	3
S M O	5
Hearing Clinic	6
C G C	2
Prob. Off.	3
School Councillor	1
West Middx	1
Total	240

### Staff

At all levels the department has benefited from the fact that staffing has been extremely stable. Jrs B Edmonds-Smith and Mrs S Brown, clerical officers, have been instrumental in providing a regular office routine previously missing due to staff changes and which enabled the professional work to be carried out more efficiently, Miss K Fleetwood (educational social worker, part time) was appointed in December 1969 to work in close liaison with the educational psychologists.

Child guidance centre - individual remedial treatment.

Mrs Marjory Kinnon who is responsible for this work has made the following summary.

Remedial work including counselling has been carried out throughout the year. Definite improvement in attitude to learning and in

Disposal	
127 Remedial help	53
58 E S W Visiting	31
40 Follow-up	35
15 School placement	15
C G C	23
No further action	32
E S N recommended	8
Hearing Clinic	5
Speech therapy	3
H T advised	10
Parents advised	4
West Middx	3
Children's Dept.	3
Individual help	1
Moved away	3
Other	11
240	240



personal confidence has been shown by most of the children and academic improvements have been noted. Children with specific learning disabilities respond markedly to individual instruction.

#### Special unit for disturbed infants

Mrs B Richardson has continued to run a highly successful unit.

#### Remedial centres

The centres continued to be run by Mrs A Duncan, Mrs S Ives and Miss M Norman during 1969. They are more and more used for the treatment of 'disturbed' children with reading disability since these children require a special facilitating environment in a small group.

#### School counselling service

Mr P Smart and Mr W Lawe are employed as school counsellors at Longford and Lampton (+ Heston) comprehensive schools respectively. They are in close liaison with the educational psychologists and social workers on all matters affecting the guidance of children in the schools. Mr J Smith was appointed as school counsellor at Feltham comprehensive school in September 1969. Mr A Morgan and Miss S Williams have been seconded to train as school counsellors and are likely to be appointed in 1970.

#### Meetings with heads of remedial departments, comprehensive schools

Several meetings have been held during the year. The main aim has been to effect a close liaison between the teachers and the psychologists and to provide opportunities for discussion of mutual problems among the teachers. It is hoped later to make surveys of the incidence of backwardness and types of problems referred from teachers in the comprehensive schools.

#### Social work with parents of children showing severe learning problems

The appointment of educational social workers for this role is a most important advance in approach to the treatment of learning problems. Mrs A Grigg who is employed as part-time Remedial Teacher is also a trained social worker and has carried out a great deal of work with parents. She has produced a statistical summary of this work which is shown below.

New referrals	60
Continuing cases	<u>13</u>
	73
Closed cases	- <u>10</u>
	63

11 are child guidance clinic cases

The 63 children are helped as follows:

Remedial centres	3
Individual work with rem teachers at S P S	5
Therapy with E P's	2
E S N school	3
Boarding school	1
Home tuition	1
In school	<u>48</u>
	63

#### Persistent non-attendance at school

The group meetings between child care officers and education welfare officers and other workers have continued under the chairmanship of Mrs M Pears and Mrs C de Speville, educational psychologists. Many of the problems connected with non-attendance have been found to be highly complex and not susceptible to quick solution.

#### 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 are as follows:-

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

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

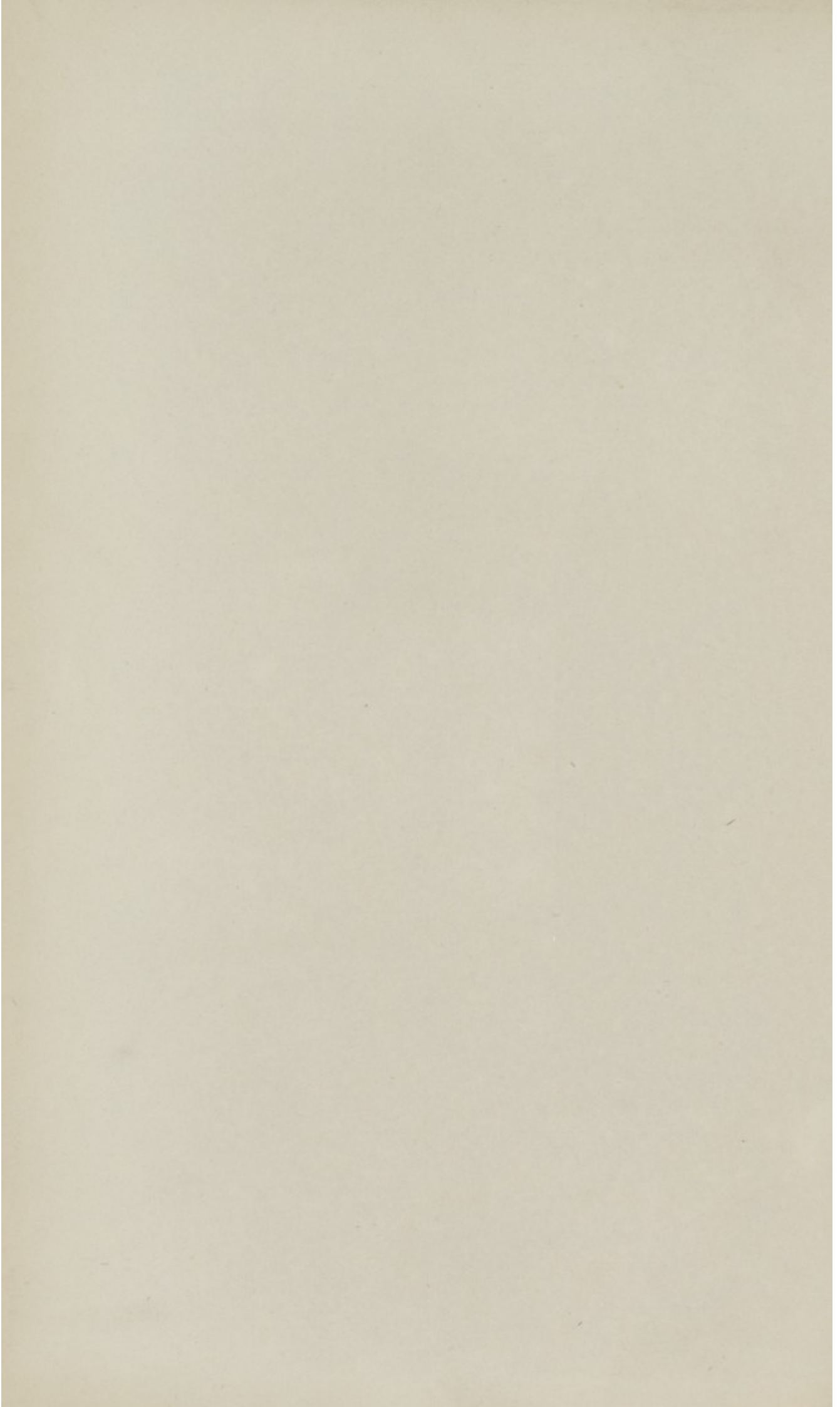
Special educational treatment for other handicaps may be provided in an ordinary school with the stipulation that the special educational treatment must be appropriate to the disability.

The number of handicapped pupils and the arrangements made for their special educational treatment are shown in the table overleaf:-

Under 5 years of age			
(i) Waiting before 1st January 1989			
2	day places	Boys	2
1	boarding places	Girls	1
-		Boys	-
-		Girls	-
(ii) Newly assessed since 1st January 1989			
5	day places	Boys	5
-	boarding places	Girls	-
-		Boys	-
-		Girls	-
Aged 5 years and over			
(i) Waiting before 1st January 1989			
(a) whose parents had refused consent to their admission to a special school			
1	day places	Boys	1
-	boarding places	Girls	-
-		Boys	-
-		Girls	-

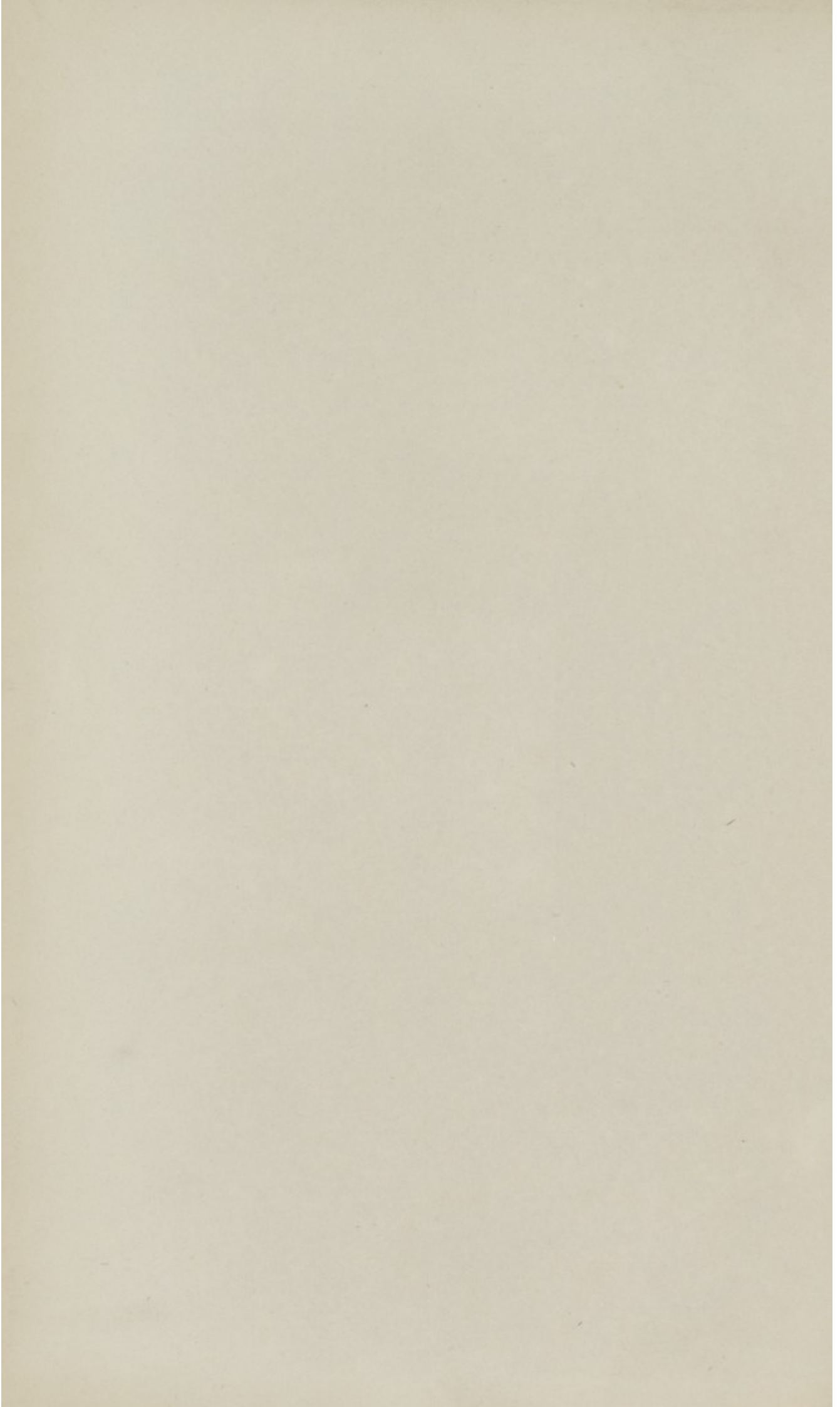


Handicapped Pupils requiring education at Special Schools approved under Section 9 (5) of the Education Act 1944 or boarded in Boarding Homes												Total
		Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub normal	Epileptic	Speech defects	Total
During the calendar year ended 31st December, 1969:-												
A Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	Boys	-	2	-	1	6	9	26	11	1	-	56
	Girls	-	-	2	1	-	7	14	15	-	-	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	-	2	-	1	1	3	17	8	-	-	32
	Girls	-	-	2	1	-	3	8	8	-	-	22
b of those assessed prior to January, 1969	Boys	-	-	1	-	3	1	6	2	-	-	13
	Girls	-	-	-	1	1	1	1	11	-	-	15
c Total newly placed B(a) and B(b)	Boys	-	2	1	1	4	4	23	10	-	-	45
	Girls	-	-	2	2	1	4	9	19	-	-	37
C On 22nd January, 1970 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, 1969												
day places	Boys	-	-	-	-	2	-	-	-	-	-	2
	Girls	-	-	-	-	1	-	-	-	-	-	1
boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
	Girls	-	-	-	-	-	-	-	-	-	-	-
(ii) Newly assessed since 1st January 1969												
day places	Boys	-	-	-	-	5	1	-	-	-	-	6
	Girls	-	-	-	-	-	-	-	-	-	-	-
boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
	Girls	-	-	-	-	-	1	-	-	-	-	1
b Aged 5 years and over												
(i) Waiting before 1st January, 1969												
(a) whose parents had refused consent to their admission to a special school												
day places	Boys	-	-	-	-	-	-	-	1	-	-	1
	Girls	-	-	-	-	-	-	-	-	-	-	-
boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
	Girls	-	-	-	-	-	-	-	-	-	-	-



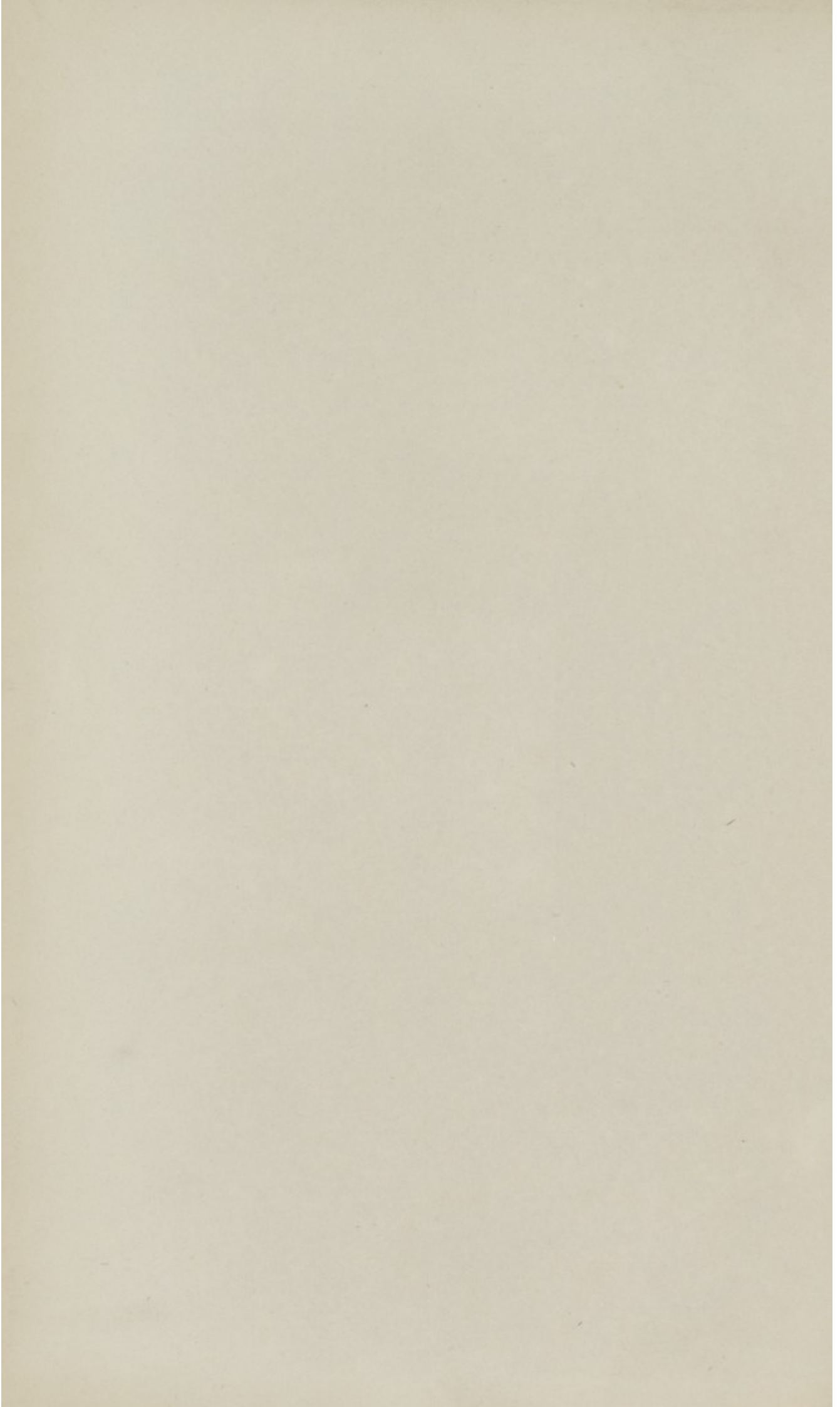


			Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	Total
(b) others													
A. Number of handicapped children	day places	Boys	-	-	-	-	1	1	2	-	-	-	4
		Girls	-	-	-	-	2	-	2	-	-	-	4
	boarding places	Boys	1	-	-	-	-	-	1	-	-	-	2
		Girls	-	-	-	-	-	-	-	-	-	-	-
(ii) Newly assessed since 1st January 1969													
(a) whose parents had refused consent to their admission to a special school													
B. Number of children	day places	Boys	-	-	-	-	-	-	-	1	-	-	1
		Girls	-	-	-	-	-	-	-	3	-	-	3
	boarding places	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
(b) others													
C. Total number of children awaiting admission to special schools other than hospital special schools total of (a) and (b) above	day places	Boys	-	-	-	-	-	3	5	1	-	-	9
		Girls	-	-	-	-	-	-	1	5	-	-	6
	boarding places	Boys	-	-	-	-	-	-	2	-	1	-	3
		Girls	-	-	-	-	-	1	4	-	-	-	5
D. On 22nd January, 1970 the following number of pupils were on the registers of:-													
(a) Maintained special schools (other than hospital special schools and special classes and units not forming part of a special school) regardless by what authority they are maintained													
E. Aged 5 years and over	day	Boys	-	4	8	8	25	19	37	92	-	-	193
		Girls	-	5	7	12	15	13	19	71	-	-	142
	boarding	Boys	-	-	-	-	-	6	6	6	-	-	18
		Girls	-	-	-	-	-	8	1	1	-	-	10





			Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	Total
(b) Non maintained special schools (other than hospital special schools and special classes and units not forming part of a special school) wherever situated													
	day	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
	boarding	Boys	2	1	6			3	4				16
		Girls	1	-	1	1		-	6	2			11
(c) Independent schools under arrangements made by the authority.													
	day	Boys	-	-	-	-	-	-	3				3
		Girls	-	-	-	-	-	-	-				-
	boarding	Boys	-	-	-	-	-	1	17	1			19
		Girls	-	-	1	-	-	1	5				7
(d) Special classes and units not forming part of a special school													
		Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
E Children boarded in homes and not already included in D above													
		Boys	1	-	-	-	-	2	3				6
		Girls	-	-	-	-	-	1	-				1
F Number of handicapped pupils (irrespective of the area to which they belong) who were being educated under arrangements made in accordance with Section 56 of the Education Act 1944													
	(a) in hospitals	Boys	-	-	-	-	-	-	-	-	-	-	-
		Girls	-	-	-	-	-	-	-	-	-	-	-
	(b) in other groups e.g. units for spastics	Boys	-	-	-	-	1	-	-	-	-	-	1
		Girls	-	-	-	-	-	-	-	-	-	-	-
	(c) at home	Boys	-	-	-	-	-	-	4	-	1	-	5
		Girls	-	-	-	-	1	-	3	-	-	-	4
G Total number of handicapped children requiring places 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	14	8	34	36	84	102	2	-	289
		Girls	1	5	9	13	19	25	41	82	-	-	195





## Special schools

Four special day schools for handicapped pupils are maintained by the education committee.

High quality diagnostic and therapeutic services continued to be provided at the special schools by the borough's doctors, psychologists, nurses, speech therapists, physiotherapists, audiometricians, orthoptist and social workers. Provision is also made in recommended cases for some handicapped pupils under five years of age to be admitted to day nurseries.

### Busch House School (Isleworth).

This school caters for delicate and maladjusted children. Because of the nature of handicaps, seriously aggressive children are not admitted. The delicate children include many with chronic physical conditions. The school has places for 100 children divided equally between delicate and maladjusted pupils.

The maladjusted children are under the psychiatric care of the psychiatrist from the child guidance clinic, except for a few who are treated by a psychiatrist in hospital or one from another borough. A senior school medical officer visits the school weekly to advise on the care of the delicate children and to supervise the health of the maladjusted group. Many of the maladjusted children suffer from a temporary or chronic physical illness, or from overt physical symptoms.

It is valuable to be able to obtain psychiatric advice for many of the delicate children, who are as much handicapped by emotional disorders consequent on their illness and associated hospitalisation as by the physical illness itself. In such a mixed school these children are able to receive the special care they need without making them conspicuous by treating them differently from their peers.

The figures in the following table relate to the position in December, 1969 and show the number of children who attend from Hounslow and neighbouring authorities

	Boys	Girls	Total
London Borough of Ealing	10	4	14
London Borough of Harrow	1	-	1
London Borough of Hounslow	47	25	72

	Boys	Girls	Total
London Borough of Richmond	5	2	7
Total	63	31	94

### Martindale School (Hounslow)

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

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

The figures in the following table relate to the position in December 1969 and show the number of children who attend from Hounslow and neighbouring authorities:-

	Boys	Girls	Total
London Borough of Brent	1	-	1
London Borough of Ealing	14	12	26
London Borough of Harrow	2	3	5
London Borough of Hillingdon	8	11	19
London Borough of Hounslow	27	15	42
London Borough of Richmond	10	4	14
Bucks County Council	3	2	5
Surrey County Council	10	4	14
Total	75	51	126

### Martindale School Leavers

This year a survey was made of the 89 children who have left Martindale School since it opened in 1957 in an attempt to find out how successfully



these youngsters were placed from the point of view of employment. A questionnaire was devised, 80 of which were sent out, 53 of these were returned which showed 25 of the younger people to be in open employment and a further 12 in sheltered employment. 16 of the people who filled in the questionnaire were not working at all at the time of the survey and it was found that 8 of these had never worked since leaving school.

These young people were all severely handicapped. In view of the increasing number of children with multiple handicaps who now attend Martindale School it is likely that in the future there will also be an increase in the number of school leavers who do not find employment in the existing circumstances.

### Heston School for the Deaf (Heston)

This day school, with its associated classes for the partially hearing in Townfield and Harlington Secondary Schools, Springwell Infant, Springwell Junior, Norwood Green Infant and Norwood Green Junior Schools provides accommodation for 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 figures in the following table relate to the position in December 1969 and show the number of children who attend from Hounslow and neighbouring authorities:-

	Deaf		Partially Hearing		Total
	Boys	Girls	Boys	Girls	
London	2	6	3	4	15
Borough of Brent					
London	8	10	11	15	44
Borough of Ealing					
London	2	3	4	2	11
Borough of Harrow					

	Deaf		Partially Hearing		Total
	Boys	Girls	Boys	Girls	
London	6	4	9	7	26
Borough of Hillingdon					
London	7	8	9	14	38
Borough of Hounslow					
London	1	-	3	3	7
Borough of Richmond					
Bucks County	2	1	-	-	3
Council					
Herts County	1	1	-	-	2
Council					
Surrey County	7	1	3	1	12
Council					
Total	36	34	42	46	158

### The Marjory Kinnon School (Bedfont)

One hundred and ninety children whose intelligence is within the educationally sub-normal range attend this school. Since November 1969 there have been twice weekly medical sessions. The reasons for the low intelligence are numerous. In some cases brain damage in the perinatal period appears to be the cause. In others the cause may be a recessive genetic condition in an otherwise normal family. There are several children with conditions such as Down's disease, phenylketonuria, tuberose sclerosis, Pradi-Willi syndrome and other neurological syndromes. It appears that in the majority of children in this school the low intelligence is due to some form of brain pathology and only in the minority of cases are the children underprivileged from socially inadequate homes.

This means that there is a large amount of medical supervision necessary. There are sixteen epileptics and interviews with parents have revealed some unreported cases. The physiotherapist visits twice a week and at present treats or oversees nineteen children. There are several with spastic hemiplegia. Two speech therapists visit the school and examine every child for speech defect or language delay. Several children attend a language stimulation class, run jointly by



the psychologist and speech therapist. Others have individual therapy. The psychologist visits twice a week and sees cases referred to her by the headmaster and school doctor.

This type of child manifests various behaviour disorders and there are particular problems among the children from under-privileged homes. Several parents have mentioned severe behaviour problems at home which are not so pronounced at school. Home visits by a social worker attached to the school have been of great benefit to the parents, many of whom have little understanding or knowledge of their child's handicap. The social worker visits the school each week to discuss her visit with the headmaster and school doctor.

The large amount of clinical work needs co-ordination and this is done by welfare assistants one of whom is a state enrolled nurse. They look after children who are ill or have accidents, make themselves responsible for appliances such as hearing aids and give medication such as the midday tablet to epileptics. The premises used for this range of clinical work are very inadequate. In the new school shortly to be built there will be a separate medical block to include rooms for medical assessment and treatment, for psychological assessments, for physiotherapy and speech therapy.

The figures in the following table relate to the position in December 1969 and show the number of children who attend from Hounslow and neighbouring authorities:-

	Boys	Girls	Total
London Borough of Brent	1	-	1
London Borough of Ealing	-	2	2
London Borough of Hounslow	79	61	140
London Borough of Richmond	6	4	10
North Surrey	20	14	34
Total	106	81	187

#### **Townhill Park School (Southampton)**

This residential school for the education of sub-normal girls between the ages of 6 and 12 years accommodated 55 pupils. The school

was established by the former Middlesex County Council and was transferred to the London Borough of Hounslow on 1st April 1965. The majority of pupils there did not come from Hounslow and the school was closed in July.

#### **After-care of Handicapped Pupils**

The majority of educationally subnormal school leavers have attended the Marjory Kinnon School. All pupils due to leave school at the age of 16 years are discussed at a leavers conference held at the school a few months before they are due to leave. The headmaster, school medical officer, school psychologist, youth employment officer and principal medical officer (mental health) attend and it is hoped that one or both parents will also be there. All aspects of the child's problem are discussed. As a result, during the year 18 out of 22 school leavers were placed in employment and one attends Rantons - the factory extension of Acton Lodge. In three cases the parents are keeping the pupil at home, one is an epileptic.

As a result of the conference all these boys and girls are known to the mental health department and home visits by the principal medical officer or one of the mental welfare officers are made wherever appropriate. The staff of the school maintain a contact with old pupils and there is a club for past pupils. The staff find it very gratifying to see how many old pupils are settled well in jobs and quite a number are happily married. School leavers from residential schools for the educationally subnormal are notified to the youth employment officer and she passes on details to the mental health department for any necessary supervision.

#### **Education otherwise than at school**

Consideration is given to the provision of 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. Statistics relating to the provision of home teaching are included on the handicapped pupils



table on page 58.

No hospital special schools are provided at hospitals within the borough but arrangements are made for children to have tuition in the wards of West Middlesex and Ashford hospitals.

### Children found unsuitable for education at school

No formal decisions were recorded under section 57 of the Education Act, 1944 neither were any reviews conducted nor any decisions cancelled.

Nine children, however, were dealt with informally after being found unsuitable for education in 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 twice a week to give treatment to those children in the special care units who additionally have severe physical handicaps, principally cerebral palsy. It has been possible to arrange for speech therapy at both junior training schools for the treatment of selected cases and to enable the staff to be instructed in the constant use of speech therapy techniques.

### Social Workers' Report

Mrs C L Wisdom AIMS W and Mrs J Harding B Sc (Soc), report as follows:-

'We explained in our report for our first year 1967/68 how we were assessing the problems in the special schools and units on which our skills as social workers could be most usefully directed, and how our activities could be related to those of other agencies in the borough. We also formed contacts with these agencies wherever possible.

This policy has been pursued during the past year, and, as a result, the part that we are able to play is being recognised. There

has been good liaison between the welfare and children's departments, careers officers, health visitors, child guidance and others and also many voluntary societies. The lunch-time meetings of social workers in the borough to discuss specific fields of work have been valuable and have increased awareness of each others' roles.

We have given talks on our work in special schools; Mrs Wisdom to the parents of pre-school children at Martindale; Mrs Harding to the British Society of Audiology on her work at the hearing clinic. We have also attended several conferences on the problems of the handicapped child and his family.

The contacts we have made enabled us to exercise some control over the number of agencies who may be concerned over a particular family. It would be wrong to assume that only one social worker should deal with one family, but it is undesirable that several should be involved perhaps unbeknown to one another. Several different agencies can be helpfully involved so long as they are liaising and in agreement with each other.

### Referrals

	1967/8	1968/9
Martindale School and Medical Advisory Unit	16	57
Busch House School for delicate children and mildly maladjusted children	27	11
Hearing Clinic and Heston School for the Deaf	25	21
Marjory Kinnon School and other ESN schools	41	27
General	17	5
Total	126	122

Of the 122 referrals approximately half were simple cases dealt with in one or two visits, and half were difficult cases. The latter require a number of visits to provide continuous support during the child's school career. In addition some 60 cases referred during 1967/8 continued to be dealt with during the following year, giving a total case load of 180 cases between 1½ social workers.



Referrals may be divided into broad categories

1. new pupils: a visit to parents of a friendly routine nature.
2. parents where there has been very little contact between them and the school and where problems are suspected.
3. mothers who are depressed and requiring support and advice.
4. to support housing applications requiring detailed social reports.
5. to pass on to welfare department for aids in the home.
6. to arrange holidays for children to relieve tension in the home.
7. to put children in contact with outside activities e.g. guides, cubs, swimming or to put families with like children and interests in touch with each other.
8. matrimonial problems.
9. to encourage immigrant mothers to attend speech classes and to give information about them.
10. to find and refer on to the appropriate agency where help can be best given.
11. to parents of spina bifida children.

The last category is important because of their increasing numbers and because with this unfortunate section of the community, long-term help is almost invariably necessary and an early friendly relationship is vital if one is to give support of any value. To this end Mrs Wisdom attended the Ashford ASBAH meeting and keeps good contact with them and the Ealing branch; writing and giving the names of newly referred parents so that they can be contacted and given information about the society. To further her knowledge she also visited and had discussions with the social workers at Queen Mary's Hospital, Carshalton, Colney Hill School and Chailey

Heritage where many spina bifida children attend.

We also attended a course of John Heimler's seminars which we found very interesting, but owing to pressure of work it has not been possible to pursue it further.

A large number of visits were made during the year covering the full catchment area. Careful planning was necessary to avoid wasting time and a certain amount of evening visiting was carried out to see parents who would otherwise be at work. Many of these visits were in support of parents of difficult cases, and these visits will continue during the children's school careers.

We have found our new office of great benefit as private interviews with clients are now possible. With increasing work-load these will be necessary if we are to minimise time in travelling.

At the time of writing this report Mrs Wisdom has just been appointed full-time and has now undertaken work at Marjory Kinnon School in addition to Martindale. Mrs Harding is on maternity leave and will be returning on a part-time basis, dealing only with Heston School for the Deaf and the hearing clinic. A further part-time social worker is to be appointed to cover Busch House School. Eventually there will be the equivalent of half a social worker attached to each special school. This is necessary if we are to meet the expected continuous increase in our case-load and because many of the cases will be difficult and long-term and will extend during the whole of the child's school career.'

### **School Meals and Milk**

The provision of meals and milk at school is firmly established. The milk supply is pasteurised and is given free. A charge is made for school meals.

The school meals organiser has provided the following figures based on a check made one day in September. Figures relating to milk are for primary and special school children only as milk is no longer supplied to secondary school children.



Maintained schools:  
 Meals  
 Pupils present in school 28,850  
 Pupils taking meals 20,160 - 70%

Milk  
 Pupils (primary and special)  
     in school 17,814  
 Pupils taking milk 16,870 - 95%

Non-maintained schools  
 Number of schools (primary  
 only) taking milk 3  
 Number of children present 262  
 Number of children taking milk 214 - 82%

### Recuperative holidays

During the year, recuperative holidays were arranged for 42 children.

### First Aid in schools and colleges

Recommendations were set out in the 1968 report with regard to the ratio of qualified first aid personnel to staff and pupils in the schools and colleges of the borough.

In order to attain the desired ratio, two first aid courses were organised during the year. Twenty two members of staff attended the courses and all obtained the British Red Cross certificate which is valid for three years.

### Infectious Diseases

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

Chickenpox	790
German measles	180
Infective jaundice	2
Measles	263
Meningitis	1
Mumps	623
Scarlet fever	42
Tuberculosis	-
Whooping cough	16

There were no cases of diphtheria or poliomyelitis. When pulmonary tuberculosis

is found in a pupil or teacher the chest physician is consulted and where considered advisable investigations of school contacts are undertaken. School children, between their thirteenth and fourteenth birthdays, are offered a test for susceptibility to tuberculosis and BCG vaccination. During the year 1,471 school children and students received BCG vaccination.

### Health Education in Schools

Mr W Duffy who was appointed Health Educator in May 1969 has submitted the following report-

'At a meeting held in October 1969, the director of education and his deputy, the medical officer of health and his deputy, the health educator and the headteachers of all the secondary schools in the borough, decided to commence a pilot project in health education at five secondary schools.

The project which will commence in January 1970, has been planned from the standpoint of concepts to be developed and problems to be solved and it has been formulated according to known needs, resources and social conditions.

The health educator will teach at each of the five schools for half a day of each week, for a period of six months, and a detailed evaluation will take place in July 1970.

Apart from the health educator, other members of the professional staff of the department gave lectures in schools and on many occasions films were shown.'

### Student Health - Polytechnics.

The borough's student health service was founded in May 1966. It serves Chiswick and Isleworth polytechnics. These two colleges have about 1,600 full-time and several thousand part-time students who are being educated for occupations as widely ranging as engineering, hairdressing, photography, secretarial work and the health services.

Young people and students have many health and welfare problems specific to adolescence. It has been estimated that some 20% of the student drop-out rate at polytechnic colleges in this country is due to health and welfare causes. This represents a loss in skilled



persons available to the community as well as a considerable economic loss.

A weekly student health clinic is held at both colleges when the doctor attends for medical consultations. Both colleges have full-time welfare officers who are always available to advise students on welfare matters and accommodation problems.

During the three years that the service has been in existence there has been a steady fall in the number of students who have given up their studies on health and social grounds. However the incidence of social and mental diseases in the community continues to rise and young people in general are a vulnerable group.

Student health services can play an important part in preventing and treating social and psychological illness.

## Report of the Principal School Dental Officer

The efficiency of the dental service continued to be influenced by staffing difficulties. Dental chairside attendants salaries fell far behind salaries of others in local authorities. In the London area, where there is relatively easy alternative employment for women this has had a serious effect upon recruitment. During the latter part of 1969 it became impossible to replace dental surgery assistants who resigned and there was a consequent lowering of standards of surgery efficiency. Some local authorities around London have met this situation by appointing dental surgery assistants on salary scales other than the normally applied Whitley scale. The London Borough of Hounslow agreed to some discretion in commencing salary in 1965 and at the time this measure was generally successful. This is no longer the case and unless salaries are substantially raised in the immediate future a serious situation will develop.

A similar difficulty arose in the middle of the year in respect of dental officers. During the summer months no single clinic in the borough was fully staffed.

These difficulties resulted in only a small number of children being seen at routine dental inspections during the year.

### Rising cost of dental equipment

During the last few years local authorities have lost a number of discount concessions traditionally available to them from dental supply houses.

Expendable materials previously subject to 12% discount are now supplied without this concession. This loss has been counteracted to some extent by bulk buying when this can be done on favourable terms. This leads to some obvious loss of freedom for individual dental officers, who must use a particular product because it is bought centrally and in bulk.

Major equipment has also risen in price and two examples may illustrate this. A dental chair budgeted at £365 cost £405 on

delivery six months after budgeting. Similarly a dental cabinet budgeted at £43 actually cost £65.

### Future trends

In my last report reference was made to the need for expansion of the local authority dental services to meet the demands of an increasing child population. Evidence continues to grow that dental resources devoted to child dental health are becoming relatively less in relation to the child population.

### Fluoridation of drinking water

The position remains unchanged from previous years. At present fluoridation of drinking water will only be undertaken when all the authorities supplied by the Metropolitan Water Board are unanimous in their desire for fluoridation.

### Research

The dental department co-operated in a number of research projects during the year. Two papers on the relation of nutritional deficiencies to certain tongue signs were presented at meetings of the Nutrition Society. A research grant was made by Kodak Ltd., to enable the chief dental officer to continue some aspects of this work. An extensive survey on the effects of several types of toothpaste undertaken by the London Hospital Dental Institute, under the direction of Professor G L Slack was completed and the findings are expected in the near future.

### Health Education

Talks were given to groups of parents by members of staff, as requested. Special attention was given to the needs of handicapped children and a dental auxiliary attended the Martindale School for Physically Handicapped Children each week to give individual instruction in oral hygiene.



## Routine work of the dental department

The routine work of providing dental treatment for children continued to become more sophisticated. Extraction of teeth plays only a very small part in the daily duty of a local authority dental officer at the present time.

Apart from the routine restoration of both primary and permanent teeth by means of the usual filling materials, a comprehensive orthodontic service is provided and in the past few years, an increasing number of fractured incisor teeth have been restored to their normal function and appearance by either porcelain jacket crowns or gold backed post crowns.

The continuing unmet demand for dental treatment is sufficient evidence to justify the expansion of this important service; to meet this demand it will be necessary for local authorities, particularly in large urban areas, to undertake a complete review of their staffing structures and ensure the provision of stable and adequate professional staffing backed by sufficient clerical assistance to enable professional officers to function with maximum efficiency.

## Mother and child welfare

Requests for dental treatment for pre-school children continued to be less than desirable and it will clearly be a great many years before dental treatment for pre-school children becomes a normal pattern of social behaviour. Talks have been given to groups of expectant mothers during the year in an endeavour to improve this situation.

## Occupational Health Service

The borough set up a comprehensive occupational health service for staff in July 1967 and is one of the very few county or municipal boroughs to run such a service. The service has an occupational physician Dr A R Broadbent and nursing staff and is administered from the occupational section of the Health Department at the Bath Road Health Centre.

The occupational health service has its aim; 'to maintain and promote the health of

the employees of the council'. There are about 8,000 full and part-time staff employed by the council in more than 50 different occupations.

Staff health clinics are held each week in Hounslow and Isleworth where members of staff can attend for a consultation with the doctor or nurse. Particular attention is given to the disabled, the young and the older employees who may have special health problems related to their employment. More people in the community who are past the age of normal retirement are wishing to continue in full or part-time work. Providing there is adequate medical supervision of these workers and the work is congenial, the activity will often help the older person to keep well in body and mind. One school caretaker aged 70 working a full week said 'doing this job keeps me fit and healthy, doctor'.

During the year the following examinations and assessments were made

Medically assessed	1969	1968	1967
With medical examination	385	387	360
Without medical examination	1,304	1,434	1,370
Left before completion of medical assessment	107	106	162
Medical examination of existing staff for purpose of admission to the superannuation scheme, sickness pay scheme or continued fitness for employment	343	173	86
Medical examination of other local authority staff	10	4	7
Medical examinations carried out by other local authorities	15	1	35
Medical examination for first teaching appointments	99	93	104
Medical examination of student teachers (College Entrants)	213	230	217

In July 1969 the occupational health service was extended to the industries of the borough. Employers and managers can obtain medical advice on industrial health problems arising in their factories and offices.

The maintenance and promotion of the health of employees is coming to be accepted as a



duty by all responsible employers. It is also good economics, for the physically and mentally healthy worker will usually be a more effective and happier person.

### Mental Health

There has been continued progress in the development of a comprehensive community care service for both psychiatrically ill and subnormal patients. New establishments have been opened and those in operation have been improved. The limited number of mental health social workers has entailed a selectivity of effort and it is not always easy to choose the correct priorities when inevitably some of the work considered desirable must be left undone.

### Subnormality

The number of subnormals and severely subnormals living in the borough at the end of the year was 400 an increase of 30. The number of new cases referred was 67 including 41 children under 16 years of age.

During 1969 only 5 were admitted to hospital for an indefinite period as compared with 13 in 1968. This reduction is believed to be due at least in part to the opening of the Weekly Boarding Unit and also to the good facilities existing in the community that enable the families to keep their handicapped children at home. This policy does place considerable strain on the families concerned and unless it can be combined with full medical and social work support the stresses may become too great.

Regular counselling clinics were continued and a consultant psychiatrist from the catchment hospital held three such clinics. Children are examined regularly at the junior training schools and parents are invited to attend so that they may present any problems which provide a further opportunity for parent counselling.

### Hanworth Junior Training School

The standard of teaching and care throughout this school continues to be high but can be improved when the teacher/pupil ratio is

eventually brought in line with the Scott Committee report. The excellent and enthusiastic leadership given by Mrs Williams is undoubtedly largely responsible for this and when she retires next year she will be greatly missed. Efforts have continued to educate the 'newer' parents of subnormal children in the best methods of caring for and training their children by organising parent 'sit in' sessions at the nursery classes.

An outbreak of sonne dysentery during the summer term disrupted the school but was controlled by the efficient and close co-operation of the public health inspector.

### Hanworth Weekly Boarding Unit

This establishment which boards children from Monday to Friday is best considered as a residential extension of the school. Children are admitted to the unit because of various factors amongst which are, inability to reach their full potential at school, to relieve family stress whilst retaining the essential ties with the community and family. Owing to the demand for places the number has been increased from twelve to fourteen, but as there are few similar units requests from other authorities for places are not fully met. Difficulties exist in obtaining suitably experienced staff at existing salary levels.

As this is a fairly new venture for this borough I summarise each case for the interest of the reader

Sex	Age	Remarks	Would hospital otherwise have been required
M	7	Invalid father. Neurotic mother. Large family relieved.	Yes
F	13	Split family. No other accommodation apart from Hospital	Yes
M	8	Large inadequate family relieved. Child much improved.	Yes



Sex	Age	Remarks	Would hospital otherwise have been required
F	16	Illegitimate. Aged grandmother who cares for her relieved.	No
F	7	Large family under stress - much relieved. Child improved.	No
M	13	Very poor family. No Child much improved.	
M	7	Invalid father. Large family helped.	No
F	8	Neurotic mother relieved	?
M	9	Child has progressed to E S N school. Family with 2 other S/N children relieved.	No
M	8	Much benefit to young irresponsible parents.	Yes
F	9	In care of Ealing Children's Dept. Marked improvement.	?
F	13	Striking improvement in child's progress.	?
M	7	Has benefitted child's progress Markedly.	No
M	11	Has given relief to neurotic mother.	?

#### Isleworth Junior Training School

Mrs Moodie was appointed as senior teacher in January 1969, and under her leadership

the standard set at this school is proving very high. A small open air swimming pool was presented to the school in May 1969 and this is a welcome additional facility.

Possibly here, one should reiterate the opinion that swimming is a great stimulus to handicapped children and providing a start is made at an early age most of them can be taught to swim. This increases their confidence, self sufficiency and sense of achievement. To be fully effective, an indoor heated pool that can be used all the year round is needed.

Physiotherapy in junior training schools - Report by Mrs J Biddle, Superintendent. Physiotherapist.

#### Hanworth Junior Training School

'There are 20 children on treatment at the school, fifteen of these are in the special care unit.

The physiotherapist attends for two sessions per week. This is adequate treatment time but there is much that should be done daily by the staff in the unit - this is not always possible because of lack of time. These children need stimulation, calipers put on and taken off - walking practice and general handling daily. Now that there are children attending who suffer from spina bifida these tasks are very important to their future development and the lack of a trained nurse in the unit who could attend to these children's special problems is causing us such concern.

The physiotherapist attends Dr Woods' clinics whose advice and support have been very helpful and stimulating.

#### Isleworth Junior Training School

There are 15 children receiving help from the physiotherapist who attends the school for 10 sessions each month. Treatments are given in the special care unit and advice on handling the children is given to the staff.

Discussions are held with staff and parents on the progress and or problems of the children, these have proved very beneficial and have led to better understanding. Parents have been visited at home and have also been seen at the school.

The physiotherapist has given a lecture demonstration to students attending the course



run by the National Association for Mental Health for staff of junior training schools and special care units. Doctors' clinics are also attended by the physiotherapist.'

### Speech therapy in junior training schools

Report by Mrs D E Cox, Senior Speech Therapist.

'There has been little change during the year in the provision of speech therapy at the junior training schools.

At both schools the time allocated is two sessions per week and as the staff room is used in both places, there are periods during the day when the room is not available. Students attend at both schools, one at Isleworth, a second year student from the Oldrey-Fleming School of Speech Therapy, Hampstead, and two second year students from the Oldrey Fleming School at Hanworth. These students work under supervision but are able to take children alone at this stage of their training so that a few more can receive speech therapy, once the assessment and planning have been carried out by the speech therapist.

The general allocation of time has been the same:-

Assessment of speech and language levels.

If possible all new entrants should be seen. At present most are seen, but cases are undoubtedly seen first where there has been previous recommendation, parental pressure or by special request of the teachers.

### Treatment

When assessment has been carried out children may be judged as suitable for treatment, or to be kept under supervision. The latter category concerning children too immature to have reached a stage where speech therapy would be of benefit, or children whose retarded speech appears to be on a level with their general development.

Those receiving treatment may be seen in a small group or individually according to their needs. The small amount of time available once a week is insufficient for this work and as a result children are treated too infrequently and for too short a time. Under

ideal conditions twelve children a day can be seen individually by a speech therapist. During periods when the room is not available numbers are reduced although there are some thirty five children requiring treatment at Hanworth and more than twenty at Isleworth.

Since so much language stimulation is needed and done in the class it was thought that a regular weekly session with each class would benefit the teacher, speech therapist and children. This was started during the year but only in a limited and irregular way, due to lack of time.

### Liaison with Parents

As children are seen in school there is less contact with parents than one would wish but it is hoped that this can be improved next year.

### Summary

1. Assessment of all children's speech and language is carried out where possible.
2. Treatment is individual and/or group, students assisting in dealing with the numbers. Progress is seen, this being more marked where regular practice can be carried on by teachers.
3. Class language stimulation is carried out if time.
4. There is too little contact with parents at present - a common complaint when working in a school.

It is felt that the speech therapist can play a valuable role in the junior training school, assessing language levels and individual speech problems as well as treating these. However more time is needed to give greater frequency of treatment and flexibility of working. She should also be regarded as a member of the school team and not just a peripatetic visitor to individual children.'

### Acton Lodge Adult Training Centre

The trainees at this centre are now reaping the full benefit of the variety of training made available in the new building. After many early technical problems the training laundry is now operating smoothly and efficiently and approximately 700 pieces are being laundered each week for various health department establishments. I am greatly indebted to the technical help given voluntarily by the manager of a well





A trainee and instructor explaining the job in hand.



A trainee preparing paving blocks for the new health centre at 92 Bath Road.



Official opening of the extension to Acton Lodge Adult Training Centre  
by H R H Princess Alexandra on 28th February, 1969.



A visit to the training centre laundry.

known local laundry.

Mr Simpson resigned his appointment as manager in September and I would like to express my gratitude for his valuable service. Mr Seaford was appointed to manager-ship in October and has made a very encouraging start in this onerous and demanding post. He has already introduced many new ideas and is full of enthusiasm.

#### Brentford Adult Training Centre

This centre continued to function both as an additional adult training centre and as a stepping stone for some into industry.

It is with deep regret that I have to report that Mr B Pitt who had proved himself as an outstanding manager in this difficult post died after a short illness in December; his services will be greatly missed.

#### Holiday camps

##### Adults

The Council organised a party of 68 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. As last year, Mr Simpson, manager of Acton Lodge acted as leader and it was a highly successful holiday. The improved food and facilities at the camp together with the fine weather made it the best camp so far and grateful thanks are due to all those staff and volunteers who escorted the party.

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

##### Children

Assistance was given to enable two children to go on holidays arranged by the National Society for Mentally Handicapped Children.

#### Short-term care at weekly boarding unit

The first period of holiday care for subnormal children was organised at the Hanworth Weekly Boarding Unit in August. Twelve children spent a successful, albeit rather wet sixteen

days holiday at the unit. Additional staff were employed augmented by volunteers and student teachers of mentally handicapped children by arrangement with Chiswick Polytechnic. Outings were organised to the zoo and to the seaside. Unfortunately owing to a concurrent cloud burst and blockage of the drains, part of the premises were flooded to a depth of several inches on the second night and made excessive demands upon the staff.

#### Westbrook Long Term Home - Heston

This home for 12 children is being built and a waiting list is being compiled.

#### 24 Wood Lane, Isleworth

Until October this hostel continued as a hostel for mentally ill patients. On the opening of the Orchard Hostel these were transferred, and mentally handicapped adults were admitted. Mr R Vincent a qualified mental nurse was appointed as warden and has made a very good start. However great difficulty is being experienced in appointing a deputy warden.

#### Report by Mr R Vincent, Warden, 24 Wood Lane, Isleworth

This hostel opened for mentally handicapped people on 4th October 1969 staffed by a warden, assistant warden, a part time cook and domestic assistants. The posts of attendant, housekeeper and full time cook proved very difficult to fill and this slowed down the rate of admissions particularly of women.

At the end of the year 11 men and 1 woman were in residence.

The Hounslow East Society and the Hounslow, Twickenham and District Society for Mentally Handicapped Children have taken active interest in the social life of the hostel. The former provided gifts at Christmas time and a tropical aquarium and arranged a film show and a coach outing.

It is proposed to introduce a scheme under which suitable local handicapped persons living at home can visit the hostel one evening a week for a few hours to enable their parents to have a free evening.



## The Orchard - Bedfont

Report by the Warden, Mr H Marshall.

'Formerly at 24 Wood Lane, the hostel for mentally ill patients has now been admitting residents for four years. There were 18 residents admitted and 18 discharged during the year. These numbers being considerably lower than the first three years.

The main reason for this drop in 'turn over', was the transferring of the residents to a new hostel - The Orchard, Bedfont.

The transfer took place on the 4th October 1969 and 13 residents moved from Wood Lane to the new building. Two residents stayed behind in the existing hostel. Two transferred to other hostels and two took the opportunity of finding their own lodgings.

Admissions		Discharges	
From hospital	11	To own home	2
From home	4	To other hostels	4
From other sources	3	To lodgings	7
		To hospital	5
Total	18		18

Of the 5 admitted to hospital from the hostel 3 subsequently returned to the hostel.

Our own Council was responsible for 16 residents, Kent County Council 1 and Ealing 1.

The Orchard Hostel is slightly smaller than Wood Lane having 25 beds. An interesting feature is a self contained rehabilitation flat which can be used as a 1 bedroom or a 3 bedroom unit. The first occupants were a mother and six month old baby. This was an interesting innovation in the life of the hostel. The baby proved to be of therapeutic value, especially to the other female residents. The provision of the flatlet allows us to consider problem families who otherwise would not have been able to get residential treatment within the mental health department.

Group pressures, applied directly and indirectly by the residents, continue to influence the running and structure of the hostel and the improved work record may be attributed to this situation. The residents still show supportive concern for each other.

The Orchard is sited in what might be

termed a village community with much interest and supportive help being given by the churches, voluntary workers, and local inhabitants. Indeed our housewarming party was attended by 130 guests, many of whom were local people. We intend to cultivate and strengthen this interest.

Dr Herridge has continued to attend weekly, giving valuable psychiatric support. Dr Clarke of Whitton Road, Hounslow was appointed hostel general practitioner and holds a weekly surgery at the hostel. Both doctors are available at all times to give advice as necessary.

Residents and staff received help, support and advice from Dr Bennett, the mental health social workers, and indeed from the administration as a whole.

With the continuance of this professional support, coupled with the recruitment of good local staff, I view the future with well founded optimism.'

## Residential Care

At the end of 1969 residential care was being provided as follows:-

Subnormals and severely subnormals:-

	Under 16 years	16 and over
24 Wood Lane	-	8
Weekly boarding unit	7	-
Other homes and hostels	7	10
Private homes	1	3

Mentally ill:-

The Orchard	-	14
Other hostels	-	12

## Short term care

In addition to the period of short term care provided at the weekly boarding unit, arrangements were made for 22 subnormal and severely subnormal patients to have a total of 27 periods of short term care varying between two and eight weeks. Of the 27 periods of such care arranged 21 were accommodated in National



Health Service hospitals and 6 in voluntary homes.

#### Heston Day Centre

This centre for confused elderly people ran very successfully throughout the year. Because of the growing demand, the number of places was increased in April from 30 to 40 and by the end of the year 58 old people needed the service but more than half of them could be admitted only on a part time basis.

An amenities fund was set up and some profit from the occupational therapy activities is paid to the fund, which is used for outings and entertainment.

A remarkable improvement is evident in most of the patients after attending the centre for a few weeks. Relatives are very grateful for this service which enables many old people to stay at home when otherwise a geriatric hospital bed would have been required. Altogether 90 patients attended the centre for some time during the year.

A number of well-wishers have assisted in various ways and their interest is greatly appreciated, for instance a retired barber comes in regularly to trim hair.

#### Report by Chief Mental Welfare Officer

'The continued development of Hounslow's facilities for the mentally ill and the mentally handicapped has shown that community care can work and work very well. The degree of success depends naturally on quantity and quality of resources, the degree of co-operation and co-ordination obtainable, and maintaining a reasonable balance between establishments and manpower.

It is very gratifying to note that during the year the number of admissions to hospital fell dramatically from over 300 in 1968 to 190. It is hoped that this trend will continue.

Geriatric admissions to hospital have fallen mainly due to the sterling work of Mrs Kenneally and her staff at the Heston Day Centre and the close co-operation given by Dr Herridge and the social workers.

Dr Herridge's involvement with the community services continues to increase

both in volume and value. Social workers are closely engaged with Dr Herridge in helping to assess the needs of outpatients, possible domiciliary visits, admission to hospitals, hostels and their requirement of other forms of care. The outpatient clinic at Hounslow Hospital was at times in danger of being overwhelmed and losing a great deal of its value as a place for the rapid assessment of psychiatric problems. The social workers' involvement has helped a great deal in assessing priorities, keeping the waiting list down to a reasonable level and making full use of consultant's time by ensuring as far as possible that prospective patients will attend. Dr Herridge is invariably supplied with a social history by the social worker which saves interviewing time and facilitates assessment.

Dr Herridge's contact with local authority services has proved invaluable. General practitioners, mental health social workers and various other bodies regularly seek and obtain his advice, guidance and assistance. His sessions at the office are very profitable in discussing mutual problems on the widest range of mental health topics.

In the autumn a local branch of the National Association for Mental Health was inaugurated thus officially becoming the responsible parent body for 'The Friendship Club' which had been started by a steering committee. This club which meets every Thursday evening at St Stephens Hall, Hanworth Road, Hounslow, is a place for people who have had mental illness but are not yet able to join other clubs, for those who have difficulties in forming personal relationships and are lonely and isolated and considered to be 'at risk' to mental illness. Table tennis, billiards and other games are available - a record player was donated through efforts of the voluntary workers who also run a refreshment bar. Members of the mental health staff attend and assist whenever possible.

We were very pleased to welcome two new members of staff - Mrs Yates has a Certificate in Social Work and was appointed as a senior mental health social worker. Miss Graham came without experience of statutory duties, but was soon able to take on the full range of duties and was 'authorised' in August 1969.



During the year some changes have taken place which it is hoped will allow the section to use its resources more profitably. It is quite clear that as time goes on and the service becomes more widely used new areas of need will be uncovered. Manpower, and money are in short supply, so we must reluctantly admit that whilst every effort will be made to meet the demands, the trend towards selection of work on a priority basis seems inevitable until additional personnel are made available'.

## Environmental Health

The following is submitted by Mr G E Hayne MAPHI, MRSH Chief Public Health Inspector.

During the year Mr K J Smith, FAPHI, MRSH, retired from local government service. He had completed 41 years with various local authorities and had been chief public health inspector of the London Borough of Hounslow since the borough was formed on 1st April 1965. I was appointed to the position of chief public health inspector and commenced my duties on 10th November, 1969.

In view of the short time that I have been in office my report will be of a statistical nature based upon the records maintained in the office rather than on a detailed knowledge of the year's work. In preparing this report I have had regard to the Department of Health and Social Security's Circular 1/70 dated 1st January 1970.

## Water supply

The borough is supplied with water derived from the River Thames which is distributed to all dwellings within the borough either by the Metropolitan Water Board or by the South West Suburban Water Company.

The Director of Water Examination for the Metropolitan Water Board has given the information concerning the water supplied by that authority. I am grateful to him for the relevant extract -

'The supply was satisfactory both as to quality, and quantity throughout 1969. All new and repaired mains are disinfected with chlorine; after a predetermined period

of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after results are found to be satisfactory.

The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar-General's estimates at 30th June, 1969, was 168,795.

No houses were permanently supplied by standpipe.

No artificial fluoride was added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

The supply was derived from the Hampton works and pumping stations.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

On account of their hardness content and alkaline reaction the board's river and well water supplies are not considered to be plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead. Surveys carried out between 1966 and 1968 on analyses of water from consumers' premises confirmed this statement'.

In addition 30 samples of drinking water were taken from flasks supplied to aircraft from a firm within the borough. 10 of these samples proved to be bacteriologically unsatisfactory. Investigations revealed that the methods of handling and sterilizing the flasks were not satisfactory. These methods were improved in accordance with our recommendation and subsequent samples proved satisfactory.

## Swimming baths

I am advised by the general baths manager that



attendances at the various baths under his management were:-

Swimming Baths	Annual attendance	Maximum on any 1 day
Brentford	109393	426
Chiswick open air	73862	3247
Feltham	235257	1793
Heston	175921	1089
Hounslow	199258	525
Isleworth	176951	921

#### Slipper Baths

Chiswick private baths	20261
Brentford	7272
Hounslow	14476
Isleworth	11146

The general baths manager carries out tests to determine the condition of the water but in addition the public health inspectors took twelve bacteriological samples. Two samples were unsatisfactory and referred to the baths department.

In addition two samples were taken from the foot baths. Although there are no standards laid down the bacteriologist commented that in his view they proved unsatisfactory.

#### Sewerage and sewage disposal

The sewerage from this borough is treated at the Mogden purification works and finally discharged to the River Thames. I am satisfied that the arrangements for sewerage and sewage disposal are adequate.

There are a small number of premises served by pail closets or cesspools. These have given no cause for concern during the year.

#### Common lodging houses

There are no common lodging houses situated within this borough.

#### Services under food and drugs legislation

This is the council's control for the standard of fitness of food which is sold throughout the borough and the manner in which it is handled or stored prior to sale.

#### Milk

The number of distributors of milk within the borough which are registered in accordance with the Milk and Dairies (General) Regulations 1959 is 164.

Premises licenced under the requirements of the Milk (Special designations) Regulations 1963 as amended are:-

Dealer's (pasteuriser's) licence	1
Dealer's (pre-packed) licences in force	
Pasteurised milk licences in force	147
Sterilised milk licences in force	68
Ultra-heat treated milk licences in force	41
Untreated milk licences in force	23

During the year, 251 samples of designated milk were submitted to the King Edward Memorial Hospital pathological laboratory for statutory tests. The results were:-

Designation	No of samples	Satisfactory	Unsatisfactory
Pasteurised	217	165	52
Sterilised	20	13	2
Untreated	nil	nil	nil
Ultra heat treated	14	10	4

During the year an investigation was carried out into the bacterial quality of milk supplied from vending machines. During the hot weather a large proportion of samples were found to fail the methylene blue test. Subsequent investigations revealed that there were several contributing factors causing these failures, including an



excessive length of time between production and delivery to the consumer from the vending machine the hot weather and the high bacterial content of some raw milk. Arrangements were made for delivery to the machines to be speeded up the bacterial quality of the raw milk improved and subsequent samples proved to be satisfactory.

#### Bruceella abortus

During the year 72 samples of raw milk were taken in order that an examination for brucella abortus could be made. 8 of these samples were found to be positive.

In each case the information was referred to the county public health officer for the area in which the producing farm was situated.

#### Tuberculin test of raw milk

72 samples of raw milk were submitted to the pathological laboratory for an examination to determine any tubercle bacilli. All samples were found to be satisfactory.

All raw milk samples were taken from milk arriving at the one processing dairy within the borough.

#### Ice-cream

159 samples of ice-cream were submitted to the laboratory for bacteriological examination. The results were as follows:

Grade I	103
Grade II	25
Grade III	10
Grade IV	21

In addition 12 ice lollies were also examined and found satisfactory.

Investigations were carried out on the 31 grade III and IV samples which invariably proved to be due to incomplete sterility of the utensils or carelessness in handling. Advice was given and further samples taken until a satisfactory result was obtained.

These samples were taken mainly from shops and only a few from mobile vans. This is due to the time when the vans are available, which is usually in the late afternoons or

evening, access to the public health laboratory is not possible.

#### Meat and poultry inspections

There are no slaughter houses or poultry processing premises within the borough.

#### Food premises

All premises where food is stored, handled, prepared or from where it is sold for human consumption are regularly inspected under the Food Hygiene (General) Regulations, 1960. In addition stalls and delivery vehicles dealing with food are inspected under the Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations 1966.

The premises inspected under the Food Hygiene (General) Regulations 1960 include:-

Butchers	117
Bakehouses	15
Cafes, canteens, clubs	586
Fish shops	38
Greengrocers	148
Grocery and provisions	246
Hotels and public houses	220
Food manufacturers	36
Confectioners (sweet)	250
Confectioners (flour)	51
Chemists	65
School canteens	49
Places of public entertainment	53

In addition there are a number of stalls at fairs and other places, where food is sold which are subject to inspection.

The number of premises registered in accordance with Section 16 of the Food and Drugs Act, 1955 is:-

Registered for the manufacture, storage or sale of ice cream	383
Registered for the preparation or manufacture of sausages only	19
Registered for the preparation or manufacture of potted, pressed, pickled or preserved food and preparation or manufacture of sausages	147

The total number of visits paid throughout



the year to premises and stalls under the Food Hygiene legislation was 9,287.

In all 984 contraventions were found on 306 premises. Most of these were dealt with by informal action but legal proceedings were taken in respect of 15 offences, all of which proved successful and convictions were recorded. Fines totalling £99 19s 0d were imposed.

Five cases of legal proceedings were initiated against stall holders and although convictions were recorded, conditional discharges were given. Subsequently a meeting was held with all the stall holders in the Chiswick area the result of which appears to be promising.

### Food inspection

Unsound food which is surrendered to the health department is taken to the refuse destructor at Charlton and burnt. A certificate is given by the public health inspector who accepts the surrender. The following foods were dealt with during the year:

Fresh foods	6,975 lbs
Canned foods	12,700 tins
Potted foods	982 jars
Packeted foods	453 pkts
Defrosted frozen foods	15,330 pkts

### Unsound food

75 complaints were made to the office concerning food. These included foreign articles in the food or an allegedly unsound condition of the food. In each case the matter was fully investigated with the vendors and manufacturers. The majority of cases were dealt with informally but legal proceedings were taken in 9 cases which resulted in fines totalling £302 5s 0d.

### Sampling of food and drugs

During the year 649 samples were submitted to Mr W B Chapman FRIC (Public Analyst) by arrangement with the Greater London Council.

	Totals	Irregular samples
Milks	11	9
Other foods	526	44
Drugs	112	7

25 of these samples were submitted by the department following complaints by members of the public.

In detail below the particulars concerning the non-genuine samples and the action taken by the department:

#### Strawberry jam

Misleading description 'Fresh Fruit Crushed Strawberry Jam Made From An Old West Country recipe' when artificially coloured. Labels to be amended.

#### Sterilised milk

Contained fruiting head of lesser burdock. No action. Source of foreign matter not established.

#### Disprin tablets

Failed B P limit test for free salicylic acid. Consultations between manufacturer and P A in progress.

#### Schmelzkasezubereitung

Processed cheese not labelled in accordance with Cheese Regulations. All stocks withdrawn from sale. Amended labels being supplied by the importers.

#### Camembert cheese

Consisted of full fat soft cheese. Incorrectly labelled 'medium-fat soft cheese'. All stocks withdrawn from sale. Amended labels being supplied by the importers.

#### Milk bread

Milk fat - less than 0.1 per cent non-fatty milk solids - less than 1 per cent milk solids. Proprietor prosecuted - fined £10 plus £5 costs awarded to the council.



Instant coffee

Contained fragments of Mandrex tablets. No action. Source of tablets not established.

Camembert cheese

Consisted of medium fat soft cheese. Incorrectly labelled 'full fat soft cheese'. Further samples found to comply with the Cheese Regulations.

Paracetamol tablets

Contained the equivalent of 12 broken and powdered tablets; container was insufficiently rigid to protect contents. Matter has been taken up with the suppliers to overcome problem.

Natural apple juice

Artificially carbonated. Description 'Pure Natural Apple Juice' is misleading. Manufacturers have agreed to modify the label.

Extra strong Seidlitz powder B P C 1959.

Weight of one of the No 2 powders was outside the range required by the B P C. Packers to take more care to obviate incorrect fillings in the future.

Paracetamol tablets

Plastic containers were insufficiently rigid to protect contents. Matter has been taken up with the suppliers to overcome problem.

White bread

Foreign object was a piece of blue plastic which had been baked in the bread. Warning letter sent to manufacturer.

Extra strong Seidlitz powder B P C.

Weights of one of the No 1 powders and one of the No 2 powders were outside the respective ranges required by the B P C. Preparation should be labelled 'B P C 1959'. Packets to take more care to obviate incorrect fillings in the future. Labels in use since 1964 do in fact have the date 1959 printed thereon.

Pork sausages

Contained undeclared sulphur dioxide preservative. Notice now displayed.

White tin loaf

The brown streak in the loaf consisted of brown or discoloured bread. Efforts being made to prevent a recurrence.

Liver salt

Sample was contaminated with white spirit. Unable to trace source of contamination.

Six milk bottles

The foreign matter consisted of cementitious matter which would have remained in the bottles during the bottle washing process. Milk bottling company prosecuted and court imposed a fine of £30 plus £5 costs.

Yoghurt with fruit

Contained sorbic acid, as preservative, the addition of which to yoghurt is not permitted. The designation "real fruit" as used in the list of ingredients is generic and not specific. Arrangements made for alternative supplies of sorbic acid free fruit.

Polli

No common or usual name. No list of ingredients. Label missing. Repeat sample satisfactory.

Pork sausages

Total Meat : 57 per cent. Deficient of legal minimum of 65 per cent. Further samples proved satisfactory.

Steak pie

Total Meat : 21 per cent. Deficient of legal minimum of 25 per cent. Further samples being taken.



### Cheese spread

Milk Fat : 19.5 per cent. Deficient of legal minimum of 20 per cent. Public analyst in communication with manufacturers.

### Coffee and rum flavour chocolate

Misleading label. Action under Trade Description Act.

### Vodka and lime flavour chocolate

Misleading label. Action under Trade Description Act.

### Pacific salmon pate

Total fish : 51 per cent. Deficient of legal minimum of 70 per cent. Sales discontinued.

### Butter cake

Misleading label. Label replaced.

### Butter cake

Misleading label. Label replaced.

### Full fat soft cheese

Wrapper covered with mould growth. Stocks checked, no further action.

### Lactic cheese spread

Generic designations 'mature cheese' and 'soft cheese' in list of ingredients. New label being prepared.

### Sweet melon

Contaminated with paraffin-like substance. Source not traced.

### Cheese spread

Milk Fat : 19.6 per cent. Deficient of legal minimum of 20 per cent. Public analyst in communication with manufacturer.

### Creamed coconut

Contained sulphur dioxide 40 ppm. Contrary to Preservatives in Food Regulations. Investigations continuing.

### Cheese spread

Milk Fat : 19.4 per cent. Deficient of legal minimum of 20 per cent. Public analyst in communication with manufacturer.

### Vienna Steaks

Total Meat : 60 per cent. Deficient of legal minimum of 80 per cent. Sales discontinued.

### Pork sausages

Total Meat : 56 per cent. Deficient of legal minimum of 65 per cent. Further samples proved satisfactory.

### Lem-Sip

Misleading description 'Instant Hot Lemon Drink'. Investigations still proceeding.

### Raspberry yoghurt

Contains benzoic acid. Contrary to Preservatives in Food Regulations. Discussions with manufacturer have resulted in new fruit supply containing no preservatives.

### Six various flavoured yoghurts

Contains benzoic acid, contrary to Preservatives in Food Regulations. No common or usual name. Generic designation 'real fruit' in list of ingredients. Discussions with manufacturer have resulted in new fruit supply containing no preservative. (New label prepared)

### Processed Gruyere cheese

Milk fat in dry matter 45.9 per cent. Deficient of legal minimum of 48 per cent. Investigations still proceeding.

### Vienna steaks

Total meat : 68 per cent. Deficient of legal minimum of 80 per cent. Sale of commodity ceased after correspondence.



## Strawberry pulp

Contains benzoic acid, contrary to Preservatives in Food Regulations. Discussions with manufacturer have resulted in new fruit supply containing no preservatives.

## Bilberry yoghurt

No common or usual name. Generic designation 'real fruit' in list of ingredients. New label prepared.

## Milk bottle

Contained dirt with traces of algae, mould and sand. Legal proceedings pending.

## Cheese spread

Deficient of legal minimum of 20 per cent. No action following discussion.

## Branston pickle

Contained glass fragments. Investigations still proceeding.

## Milk bottle

Contained phorid pupae (*Paraspiniphora bergenstammi*). Warning letter sent on instructions of health committee.

## Evaporated milk

Can contained partially softened water. Isolated case. No action.

## Gin

Alcohol 69.3 per cent proof spirit. Deficient of stated minimum of 70 per cent. Warning letter sent.

## Vodka

Alcohol 65.0 per cent proof spirit. Deficient of stated minimum of 65.5 proof. No action.

## Imported foods

An increasing amount of food is being imported directly to the firms handling the commodity. This is not being inspected at the ports but travelling in sealed containers often to places inland. In addition some food stuffs are imported at the wharfs within the borough. During the year the following items were examined:

2 chests of tea	- damaged by sea water and destroyed
3,334 cartons of tomato paste	- satisfactory
1,008 bags of Ceylon dessicated coconut	- satisfactory
1,000 sacks of rice	- a number were contaminated with rodent droppings, the remainder satisfactory

## Clean Air Acts 1956 and 1968

By the end of the year 35 smoke control orders were in operation. Four orders were made by the council and awaiting confirmation by the Minister of Housing and Local Government. Three further areas were also under survey by the end of the year. At the end of the year the position was as follows:

## Brentford and Chiswick smoke control orders

Area No	Operative date
1	1st May 1960
2	1st October 1961
3	1st June 1963
4	1st July 1964
5	1st July 1965
6	1st November 1965

## London Borough of Hounslow (Brentford & Chiswick) smoke control orders

Area No	Operative date
7	1st December 1966
8	1st December 1967
9	1st December 1968
10	1st December 1969



### Feltham smoke control orders

Area No	Operative date
1	1st November 1961
2	1st October 1962
3	1st October 1963
4	1st October 1964
5	1st November 1965

### London Borough of Hounslow (Feltham) Smoke control orders

Area No	Operative date
6	1st December 1966
7	1st December 1967
8	1st December 1968
9	1st December 1969

### Heston & Isleworth smoke control orders

Area No	Operative date
1	1st October 1960
2	1st September 1961
3	1st October 1962
4	1st October 1962
5	1st October 1963
6	1st October 1963
7	1st October 1964
8	1st October 1964
9	1st October 1965

### London Borough of Hounslow (Heston & Isleworth) smoke control orders

Area No	Operative date
10	1st December 1966
11	1st December 1967
12	1st December 1968
13	1st December 1969

This means that 11,148 acres (77%) of the borough are now covered by smoke control orders which control 48,586 premises (71%).

The progress of the council's clean air policy is running smoothly but it involves a lot of visits by the public health inspectors and technical assistants surveying and investigating applications for grant. 8,686 visits were made in connection with this work.

During the year 30 notifications were received of proposals to instal a furnace or boiler and 28 applications for approval of

chimney heights. 12 complaints were received from the public concerning smoke nuisances. These were all visited, observations made and any necessary action taken. They were resolved without the necessity of statutory action.

### Measurement of atmospheric pollution

The council maintains three instruments which measure the amount of atmospheric pollution. These instruments record smoke density and the sulphur dioxide content of the air and are kept running for 24 hours a day. Readings are sent to the Ministry of Technology.

The effects of smoke control work generally was recently assessed by the Research and Intelligence Unit of the Greater London Council. Their finding confirmed the reduction of smoke and sulphur dioxide concentrations throughout the London area, a fact which is apparent to all.

### Factories Act, 1961

Table 27 refers to the work carried out under the Factories Act, 1961. 1,539 visits were paid by the public health inspectors to factory premises and an additional 85 inspections were made to outworker premises.

### Offices Shops and Railway Premises Act 1963

This legislation was designed to make provisions for the health safety and welfare of persons employed to work in offices or shop premises and work concerned with these matters has continued throughout the year by the public health inspectors. Table 26 indicates the number and type of premises registered and inspected.

An analysis of contraventions found and rectified is as follows:

Cleanliness	72	Sitting facilities	1
Overcrowding	2	Seats (sedentary workers)	-
Temperature	112	Eating facilities	1
Ventilation	27	Floors, passage & stairs	127
Lighting	31	Fencing exposed parts machinery	5
Sanitary conveniences	112		



Washing facilities	73	Protection of young persons from dangerous machinery	-
Supply of drinking water	5	Training of young persons working at dangerous machinery	-
Clothing accommodation	7	Prohibition of heavy work	-
		First aid	115
		Other matters	152

A total of 81 accidents were reported all of which concerned the department were investigated. Subsequently one prosecution was taken for insufficient guarding of a gantry which caused a serious accident. This resulted in a fine of £150.

Generally the management of such premises are most co-operative but 2 prosecutions were taken for unsatisfactory lighting and ventilation of toilets and wash rooms which resulted in fines totalling £50.

#### Noise Abatement Act, 1960

Noise is becoming one of the major environmental problems of our time and members of the public are becoming less tolerant of excessive and unwanted sounds. This applies to all noises except those from aircraft as there were no complaints received in the department during 1969 concerning aircraft noises.

54 complaints were received of which 30 were confirmed as nuisances. No legal action was taken but 22 cases were remedied by informal action.

Mainly the complaints referred to factory machinery, loudspeakers and noisy animals. In all 293 visits were made in connection with this work.

#### Housing Acts 1957-1969.

I am advised by the borough architect that the number of permanent new council dwellings erected during the year was 861. The borough engineer and surveyor has also advised on the number of all other new permanent dwellings as follows:

	Houses	Flats	Total
Private enterprise	133	65	198
Housing association	45	11	56
Total	178	76	254

During the year 2,720 visits were made in connection with housing work. Summarised below are the conditions found and the action taken by the department.

Houses inspected for housing defects	250
Dwelling houses in which defects were remedied by informal action	121
Houses found to be unfit for human habitation	27
Unfit houses made fit by informal action	nil
Unfit houses made fit by formal action	3
Houses reported to the council:	
1) requiring the service of notices	1
2) requesting the making of demolition or closing orders	14
Demolition orders made	6
Closing orders made	8
Individual houses demolished because of unfitness	33
Underground rooms and other rooms closed	26
Underground rooms made fit	nil

#### Clearance areas

There were no clearance areas confirmed during 1969 but a total of 32 houses were demolished which were in previously confirmed clearance areas.

#### Houses in multiple occupation

Consideration is being given to the establishment of a specialist team to tackle systematically the considerable problems arising from houses let in multiple occupation in the borough.

The year's work on this subject may be summarised as follows:

Notices served to reduce the over-crowding	6
Management orders made	1
Notices served requiring improvements in conditions and number of facilities	3



Notices requiring the provision of means of escape in case of fire	3
Notices served limiting the occupants	4
Total visits made in connection with this work	168

### Improvement of dwellings

This work is controlled by the solicitor to the council and by the estates and valuation department. However the public health inspectors inspect each house where an application is made to advise on its condition and estimated life. In all 147 houses were inspected.

### Mortgage applications

Again the public health inspectors visit all houses which are the subject of a mortgage application in order that other departments may be advised of the condition of the property. 46 houses were visited in connection with this work.

### Certificate of disrepair

During the year 7 applications for certificates of disrepair were approved, 5 undertakings given by landlords to remedy the defects. 1 certificate of disrepair was issued.

### Applications for rehousing on medical grounds

The medical officer of health is frequently requested to consider applications made to the director of housing for rehousing to council houses these applications being supported by medical certificates. In cases where the conditions of the existing property is claimed not be satisfactory the public health inspector makes an inspection to determine the condition. In all 40 visits were made in connection with this work.

### General improvement areas

The Housing Act 1969 gave the local authority powers to set up general improvement areas. This operation is directed towards improving the older houses and areas where they are situated. One area is under active survey

and others are being considered. Although the public health inspectors are not actively involved in the survey their knowledge of the area is proving useful to the discussions.

### Qualification certificates

The Housing Act 1969 also gave powers to landlords to increase the rents of controlled tenanted properties provided they complied with specific standards of repair and have the basic amenities of:

- a fixed bath or shower
- a wash hand basin
- a sink
- an internal water closet
- a hot and cold water supply at the bath or shower, wash hand basin and sink

As all applications must be investigated and the premises inspected this can provide the department with considerable additional work. The procedure is very much in its infancy at present and by the end of the year 212 applications had been received where the landlord claims the house complies with the necessary standards and 7 applications for provisional qualification certificates where the landlord intends to provide the necessary amenities.

In all it is estimated that there are over 10,000 controlled tenancies concerning which applications could be made.

### Moveable dwellings

There are seven site licences under the Caravan Sites and Control of Development Act 1960 which relate to 9 caravans.

In addition to these sites the department was involved in investigating 12 cases of unlawful stationing of caravans within the borough. In all 158 visits were paid to caravans throughout the year.

### Prevention of Damage by Pests Act 1949

Table 25 details the work carried out by the department to destroy the rats and mice within the borough.

The figure showing the number of infestations is still unfortunately rather high but arrangements



are under way to carry out a systematic treatment of the sewers throughout the borough. This should have the effect of reducing considerably the reservoir of rodents.

#### Other pest control work

During the year 171 complaints were received concerning various insect pests and detailed below is a list of infestations dealt with by the department.

	No of infestations
Ants	21
Cockroaches	26
Bedbugs and fleas	60
Other insects	22
Wasps nests	127

Pigeons often give rise to a nuisance or cause damage or disfiguration of properties. I am sure that it is no-one's wish to totally remove these birds from our cities but a great deal of effort is made to maintain a reasonable level.

During the year 1,100 pigeons were shot or trapped and humanely destroyed.

#### Pet Animals Act 1951

There were 15 licences to keep pet shops issued during 1969. 46 visits were made to these premises to see that they complied with the legislation.

#### Riding Establishment Act 1964

Two licences were issued to riding establishments within the borough. These premises are visited regularly by the public health inspector and the veterinary inspector and 6 visits were made during 1969.

#### Animal Boarding Establishments Act 1963

Two licences are in force and 7 visits were made during the year.

#### Diseases of Animals Act 1950

During the year the veterinary inspector made

89 visits in connection with movement orders under the Act.

#### Agricultural premises

There are 15 farms within the borough two of which are of an intensive rearing type. Nuisances arose mainly due to the disposal of wastes from these premises but these were resolved by informal action by the public health inspectors. In all 89 visits were made to such premises.

#### General district inspections

The following is a summary of the complaints and requests for help received from the public during 1969 together with details of the visits made by the staff of the section.

#### Complaints received

General disrepair of premises	231
Dampness	231
Overcrowding	23
Defective drainage systems	690
Defective drainage fittings	25
Defective water supply and/or fittings	29
Accumulation of refuse or insufficient or defective refuse storage facilities	231
Rats and mice	1,496
Pigeons	23
Insect pests	171
Smoke	137
Noise	54
Unsound food	95
Caravans	7
Miscellaneous	359

#### Visits made

Smoke control areas	8,686
Other clean air	822
Drainage	1,360
Factories	1,624
Food premises	9,287
Unsound food	890
Food and drugs sampling	501
Housing	2,720
Infectious diseases - enquiries	590
- collection of specimens	1,907
Food poisoning - collection of specimens	116



Rodent control	21,022
Offices shops and railway premises:	
General	1,253
Others	3,155
Accidents	109
Rag flock and other filling materials	6
Pet animals establishments	46
Animal boarding establishments	7
Riding establishments	6
Agricultural premises	45
Schools	42
Noise nuisances	293
Tents vans and sheds	158
Premises licensed for public entertainment	64
Hairdressers and barbers	359
Diseases of animals	89
Nurseries and child minders	6
Nuisances (general)	1,477
Piggeries	33
Stables	11
Public urinals	15
Swimming baths and pools	29
Accumulations of refuse	552
Offensive trades	6
Workplaces	40
Vermin and pests	916
Collection of old people's laundry	382
Transport of goods and documents	10,931
Treatment of premises for bugs or fleas (rooms)	88
Treatment of premises for cockroaches	26
Treatment of premises for ants	21
Treatment of premises for other insects	32
Destruction of wasps nests	127
Miscellaneous	4,581

## Conclusion

I hope I may be permitted to express a few general remarks having been in the department for so short a while.

My thanks are due to Mr Bell the deputy chief public health inspector for his assistance in initiating me into the details of a new office and also my thanks are extended to all the technical staff for the pleasant reception and encouragement I have received in taking up this new appointment. I am also grateful to the administrative and clerical

staff for their assistance.

The department encourages the training of students and I am pleased to be able to report that Mr E K Coates and Mr R K Gogna both qualified as public health inspectors during the year and are now employed as district public health inspectors in the department. The three other students all passed their respective annual examinations.

There are two points which cause me some concern but which it is hoped will be rectified shortly. Firstly the problems associated with having three district offices. Any of the items of work reported here may be the subject of legal proceedings and it is imperative that all the staff work together to the same standards. This would be greatly assisted by being in the same building and able to discuss the common problems

Secondly the work of the department is diverse even though it is all environmental health. It is obvious that certain aspects need the full time concentration of a group of specialists not necessarily to carry out detailed work but to be able to advise on their own specialist field. It is hoped that we shall have senior specialist public health inspectors in the near future.

## Rehousing on medical grounds

During the year 320 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

Section 1 of the Nursing Homes Act 1963 made provision governing the conduct of nursing homes with respect to the standard of accommodation, staff and the care provided for patients, and limitations on the number of patients maintained in each home.

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



## The diploma of Public Health Assisted Training Scheme

The scheme whereby a medical officer is seconded each year to a diploma of public health course and granted leave of absence on full pay and payment of course and examination fees continued.

## 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 1969.

## 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 1969 six burials were arranged in accordance with this section.

## Co-ordination of Social Services

Co-ordination between the children's, education, 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.

## Statistical Tables



Table 1 Cause of death at different periods of life for 1969

Cause of death	Total all ages		Age group						Age group															
			Under 4 weeks		4 weeks & under 1 year		1 - 4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
Enteritis and other diarrhoeal diseases	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	
Tuberculosis of respiratory system	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	1	-		
Other tuberculosis, including late effects	-	3	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	-	-		
Syphilis and its sequelae	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1		
Other infective and parasitic diseases	1	2	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-		
Malignant neoplasm, buccal cavity etc.	6	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	1	3	-	-	1		
Malignant neoplasm, oesophagus	5	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	3	2	-	2		
Malignant neoplasm, stomach	22	12	-	-	-	-	-	-	-	-	-	-	1	-	2	1	10	-	4	6	5	5		
Malignant neoplasm, intestine	32	33	-	-	-	-	-	-	-	-	1	1	-	2	2	7	7	12	7	10	16	-		
Malignant neoplasm, larynx	4	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	1	-		
Malignant neoplasm, lung bronchus	137	30	-	-	-	-	-	-	-	-	-	-	1	-	14	3	39	11	55	10	29	5		
Malignant neoplasm, breast	-	52	-	-	-	-	-	-	-	-	-	-	6	-	10	-	16	-	16	-	-	4		
Malignant neoplasm, uterus	-	11	-	-	-	-	-	-	-	-	-	-	-	-	2	-	5	-	2	-	-	2		
Malignant neoplasm, prostate	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	7	-	9	-		
Leukaemia	4	6	-	-	-	-	-	-	-	-	-	-	2	1	-	1	1	1	2	1	-	1		
Other malignant neoplasms	70	59	-	-	-	-	-	-	-	2	1	-	-	-	1	3	9	8	22	16	20	12	17	18
Benign and unspecified neoplasms	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Diabetes mellitus	10	13	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	4	-	2	6	2	7	
Avitaminoses and other nutritional deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Anaemias	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	3		
Meningitis	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Active rheumatic fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	5	21	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	4	5	-	9		
Hypertensive disease	13	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4	4	6	14		
Ischaemic heart disease	331	253	-	-	-	-	-	-	-	-	-	1	-	7	-	27	8	101	29	104	55	91	161	
Other forms of heart disease	68	99	-	-	-	-	-	-	-	-	-	-	-	-	1	-	8	7	19	8	40	84		
Cerebrovascular disease	78	157	-	-	-	-	-	-	-	-	-	2	-	3	3	5	6	10	11	25	35	33	102	
Influenza	6	12	-	-	-	-	-	-	-	-	-	-	2	-	-	1	1	3	2	4	1	4		
Pneumonia	58	92	2	-	3	3	1	1	-	1	-	1	-	2	1	2	3	5	15	16	31	63		
Bronchitis and emphysema	111	27	-	-	1	-	-	-	-	-	-	-	-	-	-	3	-	24	6	48	8	35	13	
Asthma	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	1	-	-	
Peptic ulcer	7	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	3	3		
Appendicitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-		
Intestinal obstruction and hernia	4	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	3		
Cirrhosis of liver	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	1	-		
Nephritis and nephrosis	1	4	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	1	1		
Hyperplasia of prostate	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-		
Abortion	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	

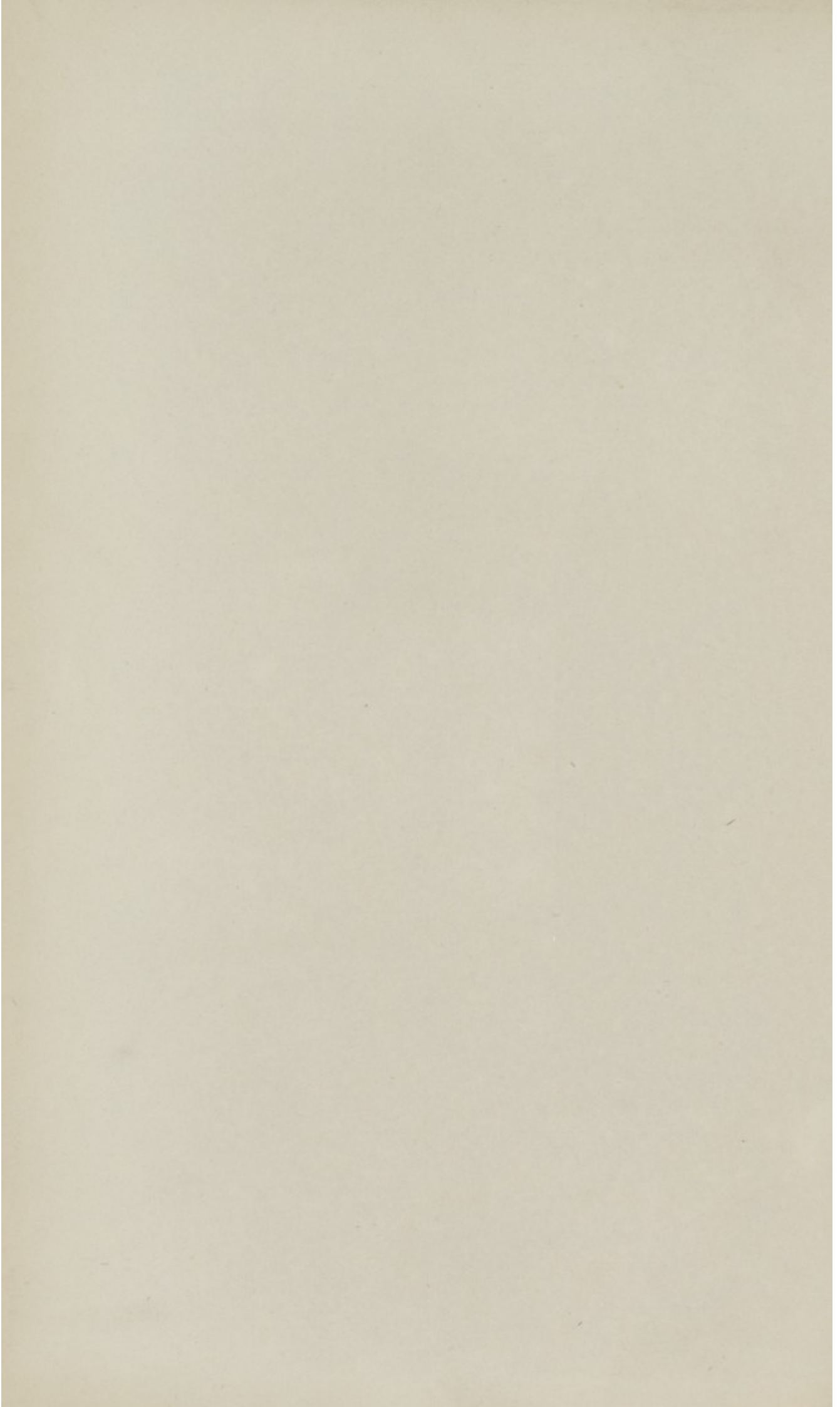




Table 1 (Continued).

Cause of death	Total all ages		Age group				4 weeks & under 1 year				1 - 4				Age group														75 and over			
			Under 4 weeks												Age group 5-14		15-24		25-34		35-44		45-54		55-64		65-74					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Other complications of pregnancy, childbirth and the puerperium. Delivery with mention of complication	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital anomalies	7	9	3	5	1	1	-	-	-	-	-	-	1	2	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-
Birth injury, difficult labour etc.	8	3	8	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	9	7	9	6	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and ill defined conditions	1	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	7
Other endocrine etc., diseases	2	10	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	1	4	-	-	-
Other diseases of blood etc.	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	1	-
Mental disorders	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-
Other diseases of nervous system etc.	10	9	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	1	-	2	2	2	5	2	1	-	-	-
Other diseases of circulatory system	45	50	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1	1	1	8	7	10	13	25	28	-	-	-
Other diseases of respiratory system	6	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	2	2	2	3	-	-	-
Other diseases of digestive system	6	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	-	-	3	-	2	10	-	-	-
Other diseases, genito-urinary system	6	6	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	2	2	2	3	-	-	-	-
Diseases of skin, subcutaneous tissue	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Diseases of musculo-skeletal system	5	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	2	3	2	1	4	-	-	-	-
Motor vehicle accidents	18	10	-	-	-	-	-	1	-	-	2	1	4	-	3	-	2	-	1	-	1	-	3	1	3	-	-	7	-	-	-	-
All other accidents	15	15	-	-	-	2	-	-	-	-	1	1	2	2	2	1	3	1	2	1	1	1	1	1	3	3	1	3	-	-	-	-
Suicide and self-inflicted injuries	8	9	-	-	-	-	-	-	-	-	-	-	2	1	1	-	-	1	-	1	3	4	2	-	2	-	-	-	-	-	-	-
All other external causes	7	2	-	-	-	-	-	-	-	-	-	-	1	-	2	1	1	-	1	-	1	-	1	1	-	-	-	1	-	-	-	-
Total all causes	1161	1106	23	14	7	9	1	2	-	-	5	6	13	4	12	8	25	23	77	59	273	147	363	238	362	596	-	-	-	-	-	-

Table 2 Infant deaths according to age and cause 1969

Cause of death	Age in days								Age in months														
	Under																						
	1	1	2	3	4	5	6	7-13	14-20	21-28	1	2	3	4	5	6	7	8	9	10	11	Total	
Enteritis and other diarrhoeal diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	
Meningitis	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
Pneumonia	-	-	1	-	-	-	-	-	1	-	2	2	1	1	-	-	-	-	-	-	-	8	
Bronchitis and emphysema	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	
Congenital anomalies	5	-	-	-	-	-	-	3	-	-	1	1	-	-	-	-	-	-	-	-	-	10	
Birth injury, difficult labour etc.	2	2	3	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	
Other causes of perinatal mortality	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	
Other endocrine etc. diseases	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	-	-	-	-	1	1	
Other diseases of nervous system etc.	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	
All other accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	22	2	4	2	1	1	-	4	1	-	4	5	2	2	-	1	-	1	-	-	1	53	

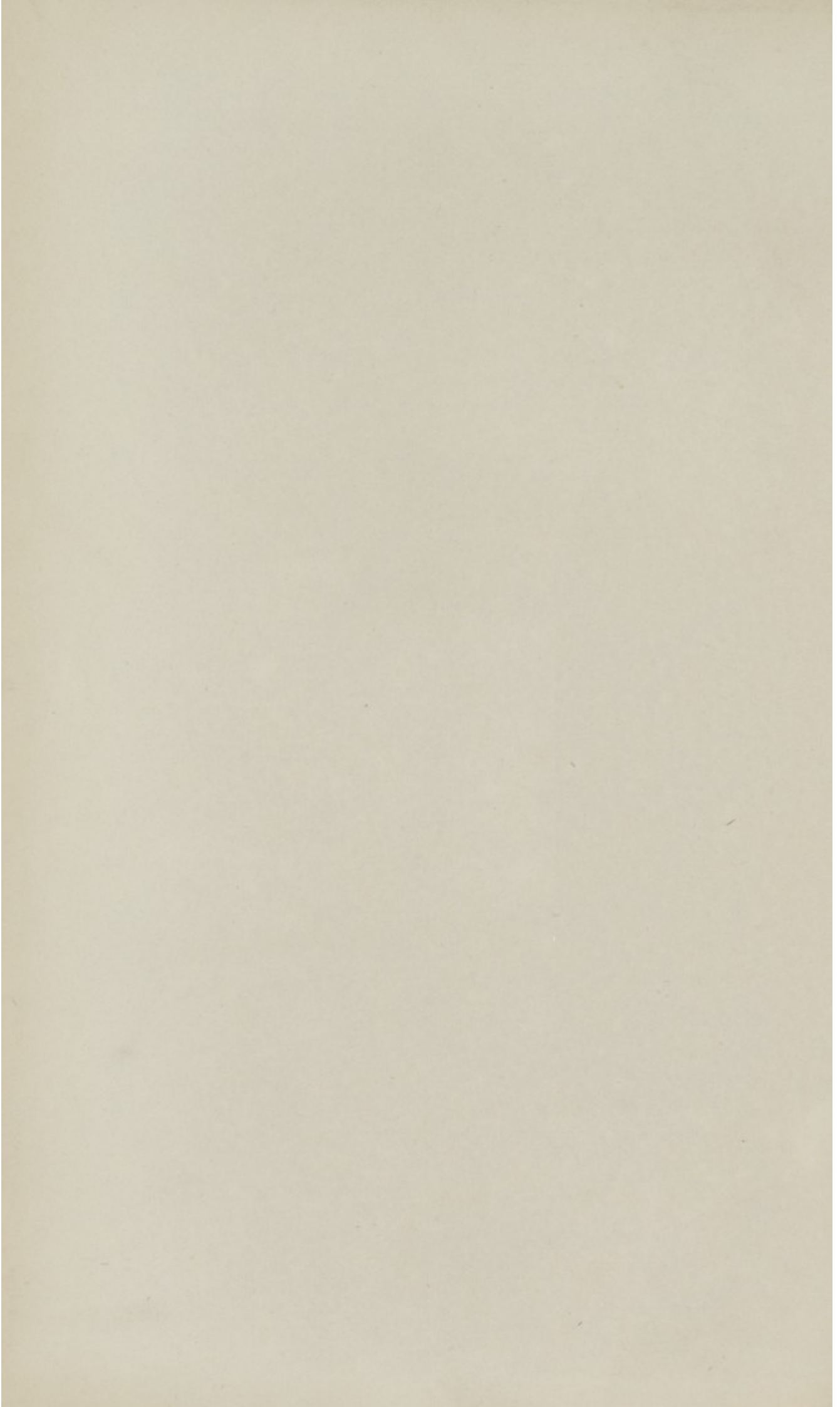
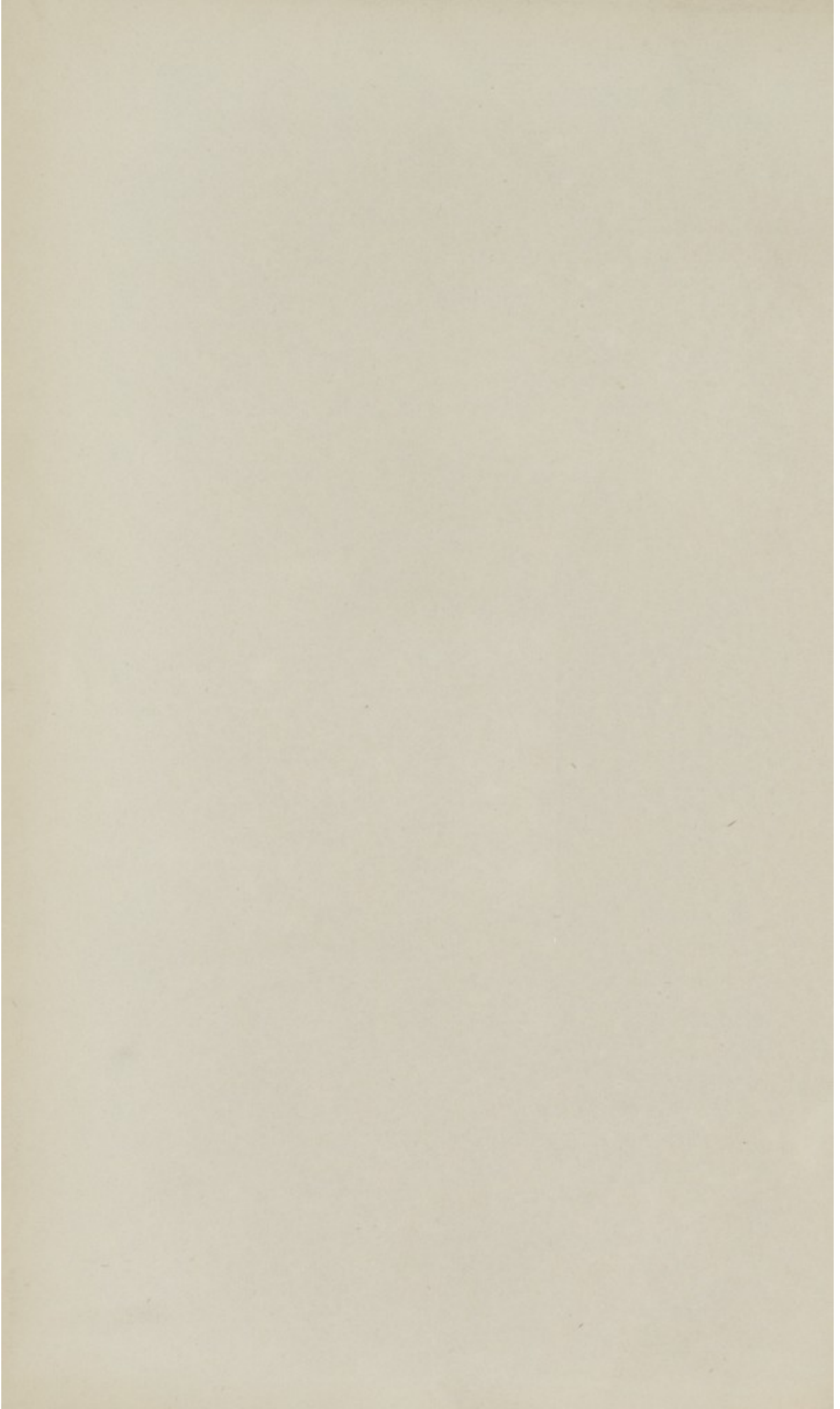




Table 3 Corrected notifications of infectious disease 1969

Disease	Total	Age in years						10-14	15-19	20-34	35-44	45-64	65 and over	Age unknown	Cases admitted to hospital
		under 1	1	2	3	4	5-9								
Dysentery	40	1	1	2	2	3	13	2	2	10	-	3	1	-	10
Encephalitis, acute	3	-	-	-	-	-	-	1	-	1	1	-	-	-	3
Food poisoning	29	-	3	1	-	-	3	3	3	12	4	-	-	-	13
Infective jaundice	51	-	-	-	2	-	7	6	11	14	4	5	2	-	20
Malaria	2	-	-	-	-	-	-	1	-	-	1	-	-	-	2
Measles	576	28	61	80	79	88	218	9	6	6	-	1	-	-	16
Meningitis, acute	5	-	1	-	-	-	-	1	2	1	-	-	-	-	5
Paratyphoid fever	2	-	-	-	-	-	-	-	1	1	-	-	-	-	2
Scarlet fever	51	1	2	2	8	7	26	3	-	-	1	1	-	-	1
Tuberculosis															
pulmonary	59	-	-	-	-	-	3	-	4	17	7	13	15	-	15
non-pulmonary	24	-	-	-	-	-	-	-	-	10	8	5	1	-	5
Typhoid fever	2	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Whooping cough	11	2	2	2	2	1	1	-	1	-	-	-	-	-	4





**Table 4 Venereal disease patients treated at West Middlesex Hospital**

Persons dealt with for the first time and found to be suffering from:	
Syphilis	21
Gonorrhoea	221
Other conditions	1632
Total	1874

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					Others under age 16	Total
	1969	1968	1967	1966	1962-65		
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	112	1228	44	14	16	4	1418
Diphtheria/whooping cough	-	-	-	-	-	-	-
Diphtheria/tetanus	90	115	28	36	120	148	537
Diphtheria	-	1	1	-	-	3	5
Whooping cough	-	3	-	-	-	-	3
Tetanus	-	-	2	-	2	197	201
Salk	-	16	-	-	2	1	19
Sabin	99	1346	90	46	125	97	1803
Measles	-	441	524	300	400	68	1733
Lines 1+2+3+4+5 (diphtheria)	202	1344	73	50	136	155	1960
Lines 1+2+3+6 (whooping cough)	112	1231	44	14	16	4	1421
Lines 1+2+4+7 (tetanus)	202	1343	74	50	138	349	2156
Lines 1+8+9 (poliomyelitis)	99	1362	90	46	127	98	1822

Reinforcing doses - number of persons under age 16

Type of vaccine	1969	1968	1967	1966	1962-65	Others under age 16	Total
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	-	602	928	32	154	16	1732
Diphtheria/whooping cough	-	-	-	-	-	1	1
Diphtheria/tetanus	-	95	232	46	2482	513	3368
Diphtheria	-	-	3	-	23	105	131
Whooping cough	-	-	-	-	-	-	-
Tetanus	-	-	1	3	19	312	335
Salk	-	-	2	-	1	1	4
Sabin	-	666	1112	70	2680	707	5235
Measles	-	-	-	-	-	-	-
Lines 1+2+3+4+5 (diphtheria)	-	697	1163	78	2659	635	5232
Lines 1+2+3+6 (whooping cough)	-	602	928	32	154	17	1733
Lines 1+2+4+7 (tetanus)	-	697	1161	81	2655	841	5435
Lines 1+8+9 (poliomyelitis)	-	666	1114	70	2681	708	5239

**Table 7 Smallpox vaccination persons aged under 16**

Age at date of vaccination	Number of persons vaccinated or revaccinated during 1969	
	Number vaccinated	Number revaccinated
0 - 2 months	24	-
3 - 5 months	29	-
6 - 8 months	23	-
9 - 11 months	55	-
12 - 23 months	1422	5
2 - 4 years	284	28
5 - 15 years	112	159
Total	1949	192

**Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1969**

Domiciliary	
Employed by borough council	16
Employed by Queen Charlotte's Hospital	5
In private practice	20
Institutional	
Hospitals	107
Nursing homes	-
Total	148

**Table 9 Deliveries attended by domiciliary midwives during 1969**

By midwives employed by borough council	395
By midwives employed by Queen Charlotte's Hospital	18
Total	413
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day -	
Borough council midwives	1290
Queen Charlotte's Hospital midwives	96
Midwives employed by London Borough of Ealing specifically for 48 hour planned discharges (Brentford and Chiswick area)	32
Total	1418

**Table 10 Health Visiting**

Number of visits paid by health visitors during 1969	First visits	Total visits
Expectant mothers	964	1434
Children born in 1969	3335	9255
Children born in 1968	2786	7739
Children born in 1964-67	7529	20341
Other classes	7133	12955
All classes	21747	51724

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 1969	
a. number of cases	3537
b. number of visits	98709
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	2059
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	24
Number of visits included in (b) above of over one hour duration	2742

**Table 12 Home Help**

Number of cases in which home help was provided during 1969	
Aged 65 or over at time of first visit during year	1597
Aged under 65 at time of first visit during year -	
Chronic sick and tuberculous	153
Mentally disordered	13
Maternity	93
Others	158
Total	2014

**Table 13 New cases of tuberculosis notified formally or otherwise to the medical officer of health and deaths ascribed to tuberculosis during 1969**

Age in years	New Cases Pulmonary		Non-pulmonary		Deaths Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
Under 1	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	2	1	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	2	2	-	-	-	-	-	-
20	3	2	1	3	-	-	-	-
25	9	3	3	3	-	-	-	-
35	5	2	4	4	-	-	-	-
45	5	3	1	2	-	-	-	-
55	3	1	1	1	1	-	-	-
65 and over	10	3	1	-	1	1	-	-
Age unknown	-	-	-	-	-	-	-	-
All ages	39	17	11	13	2	1	-	-

**Table 14 Tuberculosis****Summary of the work of chest clinics**

Persons examined for the first time	4964
Persons found to be tuberculous	97
New contacts seen for the first time during the year	591
New contacts found to be tuberculous	4
Cases on register at 31st December 1969	935
Home visits made by tuberculosis visitors during 1969	1046

**Table 15 Ante-natal and post-natal clinics**

Number of clinics provided at end of 1969	7
Number of sessions held by Medical Officers (a)	218
Number of sessions held by midwives	145
Total	363
Number of women who attended in 1969 (b)	
Ante-natal	395
Post-natal	57
Total number of attendances by women shown above	1415
Ante-natal	61
Post-natal	

(a) Includes sessions staffed by obstetricians employed by Queen Charlotte's Hospital

(b) Excludes women referred by Queen Charlotte's Hospital

**Table 16 Ante-natal mothercraft and relaxation classes**

Number of women who attended during 1969	
Institutionally booked	502
Domiciliary booked	68
Total	570
Total number of attendances during 1969	2234

**Table 17 Care of premature infants**

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

Born at home or in a private nursing home	Born at home or in a private nursing home and nursed entirely at home, or in a private nursing home	number born	died during first 24 hours	survived to end of 28 days
14	14	-		14

**Table 18 Child Health Clinics**

Number of centres in use at end of 1969*	12
Number of child health sessions held by medical officers	1225
Health visitors	177
Hospital medical staff	52
Total	1454
Number of children who attended during the year and who were born in 1969	2972
1968	2495
1964-67	2703
Total	8170
Number of attendances made by children shown above	45531

\* 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.

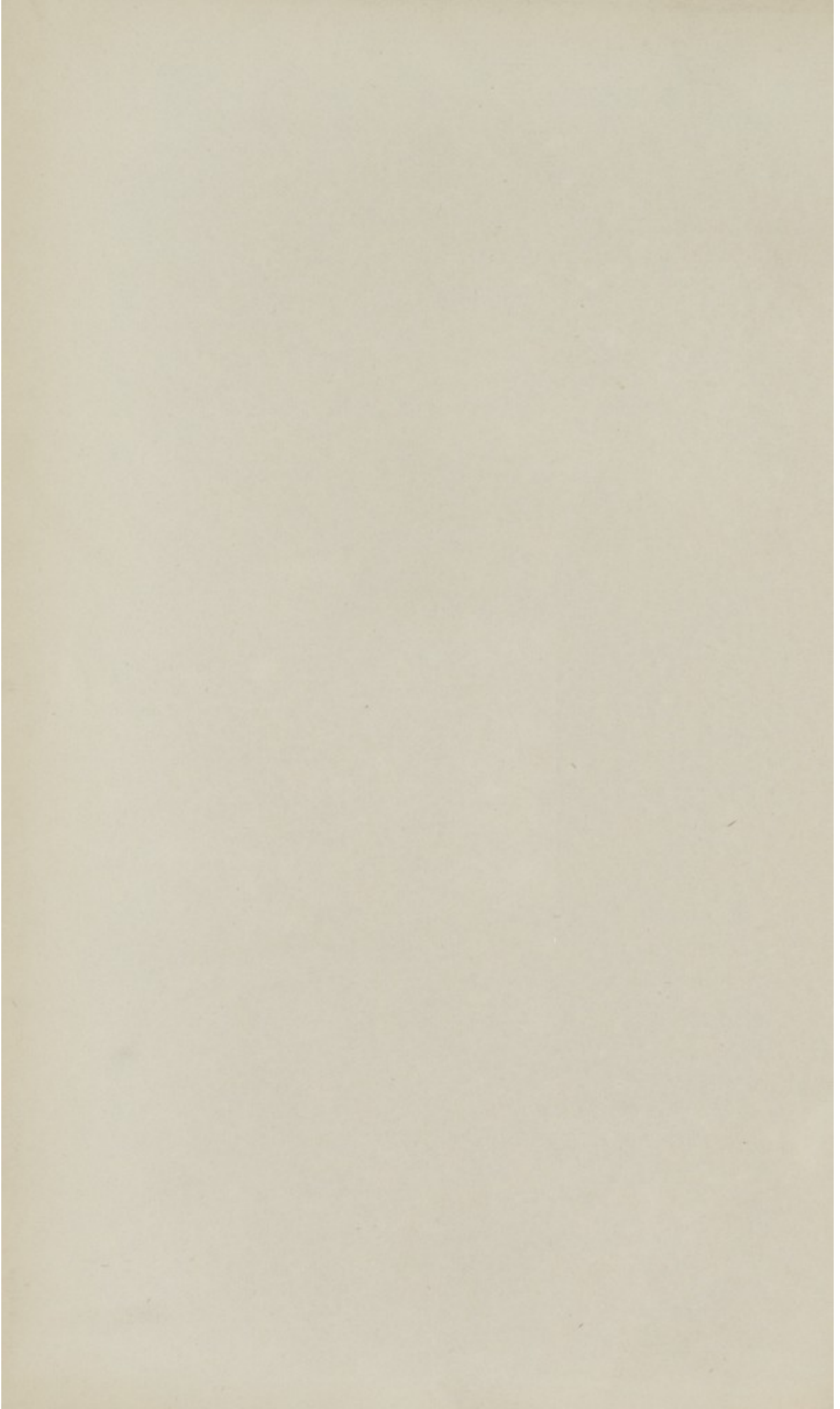
**Table 19 Day nurseries provided by the borough council as at 31st December 1969**

Number	3
Number of approved places	136
Number of children on register at end of year	
Age under 2 years	38
Age 2-5 years	97
Average daily attendance during the year*	
Age under 2 years	30
Age 2-5 years	83

\* 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 Priority dental service Expectant and nursing mothers and pre-school children										
Number of cases		Number of persons examined during the year				Number of persons who commenced treatment during the year			Number of courses of treatment completed during the year	
Expectant and nursing mothers		52				58			26	
Children aged under 5 and not eligible for school dental service		890				590			397	
Dental treatment	Scaling and/or stain removal	Fillings	Teeth filled	Teeth root filled	Crowns and inlays	Teeth extracted	General anaesthetics	Dentures provided Full upper or lower	Partial upper or lower	Radiographs
Expectant and nursing mothers	35	137	102	3	2	28	3	6	6	10
Children aged under 5 and not eligible for school dental service	172	1777	1272	-	-	535	232	-	-	14





**Table 21 Mentally disordered patients under the care of the borough at 31st December 1969**

		Mentally III					Sub-normal and severely sub-normal				
		Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
		M	F	M	F		M	F	M	F	
1	Number of patients under care at 31st December 1969	1	1	108	209	319	76	54	125	145	400
2	Attending training centre	-	1	27	38	66	56	39	43	51	189
3	Awaiting entry to training centre	-	-	-	-	-	1	-	-	2	3
4	Receiving home training	-	-	-	-	-	-	-	-	-	-
5	Awaiting home training	-	-	-	-	-	-	-	-	-	-
6	Resident in LA home/hostel	-	-	8	6	14	5	2	9	1	17
7	Awaiting residence in LA home/hostel	-	-	-	-	-	5	-	-	3	8
8	Resident at LA expense in other homes/hostels	-	-	3	9	12	3	4	2	6	15
9	Resident at LA expense by boarding out in private households	-	-	-	-	-	-	1	-	3	4
10	Attending day hospitals	-	-	-	-	-	-	-	-	-	-
11	Receiving home visits and not included in lines 2-10										
	(a) suitable to attend a training centre	-	-	-	-	-	3	4	14	19	40
	(b) others	1	-	70	156	227	12	10	62	69	153
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 31.12.69										
	(a) In urgent need of hospital care	-	-	-	-	-	1	1	-	-	2
	(b) Not in urgent need of hospital care	-	-	-	-	-	1	1	-	-	2
15	Number of admissions for temporary resident care (e.g. to relieve the family) during 1969										
	To NHS Hospitals	-	-	-	-	-	8	3	5	5	21
	Elsewhere	-	-	-	-	-	1	2	-	3	6
16	Admissions to guardianship during the year	-	-	-	-	-	-	-	-	-	-
17	Total number under guardianship at end of year	-	-	-	-	-	-	-	-	-	-

**Table 22 Number of patients referred during year ended 31st December 1969**

Referred by	Mentally ill					Sub-normal and severely sub-normal				
	Under age 16		Aged 16 and over		Total	Under age 16		Aged 16 and over		Total
	M	F	M	F		M	F	M	F	
General practitioners	-	-	109	182	291	-	-	1	1	2
Hospitals, on discharge from inpatient treatment	-	-	45	94	139	2	-	1	1	4
Hospitals, after or during outpatient or day treatment	-	-	62	73	135	2	-	1	1	4
Local education authorities	1	-	2	-	3	20	11	4	5	40
Police and courts	-	-	15	9	24	-	-	-	-	-
Other sources	-	1	77	140	218	1	5	5	6	17
<b>Total</b>	<b>1</b>	<b>1</b>	<b>310</b>	<b>498</b>	<b>810</b>	<b>25</b>	<b>16</b>	<b>12</b>	<b>14</b>	<b>67</b>

**Table 23 Work of mental health social workers during 1969**

	Mental illness	Mental subnormality
Visits made	4739	824
Office interviews	476	48
Compulsory admission to psychiatric hospitals	117	2
Informal admissions to psychiatric hospitals	86	8

**Table 24 Ministry of Agriculture, Fisheries and Food - Prevention of Damage by Pests Act 1949 - Report for 12 months ended 31st December 1969.**

Properties other than sewers	Type of property Non-Agricultural	Agricultural
Number of properties in district	78633	2
Total number of properties (including nearby premises) inspected following notification	7780	2
Number infested by rats	3898	2
mice	1431	1
Total number of properties inspected for rats and/or mice for reasons other than notification	10849	
Number infested by rats	478	2
mice	102	1
<b>Sewers</b>		
Were any sewers infested by rats during the year?	Yes	



# Table 25 Offices, Shops and Railway Premises Act, 1963 - Annual Report for 1969

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 18th March, 1970.

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	102	650	366
Retail shops	175	1111	715
Wholesale shops, warehouses	7	132	47
Catering establishments open to the public, canteens	38	201	125
Fuel storage depots	1	-	-
Total	323	2094	1253

Table B Number of visits of all kinds (including general inspections) to registered premises 4408

Table C Analysis by workplace of persons employed in registered premises

Class of workplace	Number of persons employed
Offices	20884
Retail shops	5953
Wholesale departments, warehouses	1979
Catering establishments open to the public	877
Canteens	1575
Fuel storage depots	11
Total	31279
Total males	16055
Total females	15224

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
Sec. 10 (2)	1	1
Sec. 6 (1) and (4)	2	2
Number of persons or companies prosecuted	2	
Number of complaints (or summary applications) made under section 22	Nil	
Number of interim orders granted	Nil	

# Table 25 Offices, Shops and Railway Premises Act, 1963 - Annual Report for 1969 Continued

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

## 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.

Table 26 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	40	71	-	-
b. Factories not included in (a) in which section 7 is enforced by the local authority	869	1451	63	-
c. Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	29	17	-	-
Total	938	1539	63	-

## 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	-	-	-	-	-
b. unsuitable or defective	62	39	-	9	-
c. not separated for sexes	1	1	-	-	-
Other offences against the act (not including offences relating to outwork)	-	-	-	-	-
Total	63	40	-	9	-



Table 26 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	18	-	-	-	-	-
Lace, lace curtains and nets	1	-	-	-	-	-
Curtains and furniture hangings	1	-	-	-	-	-
Brass and brass articles	19	-	-	-	-	-
Artificial flowers	2	-	-	-	-	-
Lampshades	1	-	-	-	-	-
Total	42	-	-	-	-	-

Table 27 Meteorology

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

Week ending 1969		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (inches)
		Highest	Lowest	Highest	Lowest		
Jan	4th	30.42	29.62	8.5	-1.0	3	0.07
	11th	29.85	29.29	9.5	0.0	6	0.49
	18th	29.72	28.60	10.0	-1.0	6	1.23
	25th	30.17	29.72	13.0	2.0	5	0.31
Feb	1st	30.07	29.40	12.0	-2.0	4	0.64
	8th	30.38	29.52	9.5	-6.0	2	0.16
	15th	30.30	29.14	7.0	-4.5	4	0.37
	22nd	29.82	29.02	11.5	-3.5	4	0.75
March	1st	30.02	29.29	11.5	0.0	4	0.06
	8th	30.10	29.89	13.0	-4.0	1	Trace
	15th	30.00	28.93	13.0	-1.0	5	1.51
	22nd	30.11	29.21	10.0	1.5	3	0.46
	29th	30.23	29.75	11.0	-2.0	3	0.06
April	5th	30.38	29.36	14.0	0.0	3	0.13
	12th	30.18	29.59	22.5	2.5	4	0.03
	19th	30.19	29.71	15.0	-0.5	4	0.13
	26th	29.90	28.90	16.0	5.0	6	0.47
May	3rd	29.95	29.44	21.5	1.5	4	0.01
	10th	29.90	29.41	21.5	6.0	6	0.62
	17th	29.97	29.62	27.0	5.0	6	0.47
	24th	30.12	29.46	21.5	4.0	5	0.37
	31st	29.94	29.40	20.5	7.5	6	0.59

Table 27 continued

Week ending 1969		Barometer		Temperature (C <sup>0</sup> )		Days with rainfall	Total rainfall (inches)
		Highest	Lowest	Highest	Lowest		
June	7th	30.17	29.85	19.0	5.0	3	0.26
	14th	30.09	29.64	26.0	10.0	0	0
	21st	29.73	29.41	26.0	7.0	6	0.29
	28th	30.20	29.52	22.0	9.5	3	0.47
July	5th	30.18	29.89	25.5	11.0	1	Trace
	12th	30.35	29.68	26.0	9.5	4	1.32
	19th	30.34	29.84	31.0	11.5	0	0
	26th	30.14	29.87	28.0	14.0	0	0
Aug	2nd	30.10	29.60	26.5	9.5	6	3.27
	9th	30.18	29.47	28.0	11.5	4	0.04
	16th	30.04	29.60	30.0	13.0	3	0.47
	23rd	30.11	29.67	25.0	8.0	6	0.58
	30th	30.20	29.73	19.5	10.5	3	0.26
Sept	6th	30.24	30.00	22.0	11.0	0	0
	13th	30.13	29.57	23.0	11.0	1	0.01
	20th	29.98	29.56	22.0	7.4	3	0.03
	27th	30.23	29.91	22.0	4.5	2	0.04
Oct	4th	30.16	29.85	19.0	2.5	1	0.02
	11th	30.18	29.90	25.5	6.5	0	0
	18th	30.07	29.54	21.0	9.5	2	0.06
	25th	30.45	29.66	22.0	5.0	6	0.08
Nov	1st	30.53	29.01	20.5	2.5	0	0
	8th	30.23	28.60	18.0	1.0	4	0.63
	15th	29.56	28.57	15.0	2.5	6	1.68
	22nd	29.93	29.25	13.5	-3.0	6	0.60
	29th	30.27	29.40	11.0	-3.0	4	0.11
Dec	6th	30.33	29.49	11.5	-3.0	5	0.22
	13th	30.30	29.60	9.0	1.0	5	0.36
	20th	30.07	29.16	9.0	-2.0	5	0.55
	27th	30.13	29.41	11.0	1.0	5	0.42

Table 28 Wind direction

Summary of daily records for 52 weeks

N	32 days	SSW	15 days
NNE	8 days	SW	52 days
NE	26 days	WSW	19 days
ENE	10 days	W	26 days
E	22 days	WNW	12 days
ESE	12 days	NW	35 days
SE	21 days	NNW	11 days
SSE	8 days	Calm	42 days
S	14 days	No record	1 day



**Table 29 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
1965 and later	213	201	12
1964	1299	1266	33
1963	1333	1319	14
1962	381	365	16
1961	370	365	5
1960	86	86	-
1959	1	1	-
1958	719	719	-
1957	813	793	20
1956	247	241	6
1955	744	737	7
1954 and earlier	2121	2106	15
Total	8327	8199	128

Special inspections

Number of special inspections	4821
Number of re-inspections	2490
Total	7311

**Table 30 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		182	224	361	65
Eyes	a. Vision	527	362	212	156
	b. Squint	72	55	17	30
	c. Other	22	50	19	20
Ears	a. Hearing	79	145	129	160
	b. Otitis Media	46	88	17	21
	c. Other	38	62	55	31
Nose and throat		111	348	41	110
Speech		38	85	34	61
Lymphatic glands		9	35	-	13
Heart		19	112	1	46
Lungs		47	164	21	31
Developmental	a. Hernia	10	30	6	10
	b. Other	33	210	34	106
Orthopaedic	a. Posture	11	46	2	9
	b. Feet	56	127	34	62
	c. Other	42	124	10	53
Nervous System	a. Epilepsy	15	40	1	16
	b. Other	17	251	15	41
Psychological	a. Development	14	60	17	41
	b. Stability	33	444	48	147
Abdomen		19	49	3	13
Other		57	198	93	244

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)
11	35	41	1965 and later
46	173	212	1964
45	193	227	1963
27	45	67	1962
30	52	75	1961
3	10	13	1960
-	-	-	1959
60	70	123	1958
69	110	169	1957
23	44	60	1956
45	48	84	1955
168	120	280	1954 and earlier
527	900	1351	Total



**Table 31 Treatment known to have been provided by the council at hospitals etc.**

Condition	No of cases known to have been dealt with
Eye disease, defective vision and squint	
External and other excluding errors of refraction and squint	118
Errors of refraction (including squint)	1854
Total	1972
Number of pupils for whom spectacles were prescribed	650
Diseases and defects of ear, nose and throat	
Received operative treatment	
a. for diseases of the ear	-
b. for adenoids and chronic tonsillitis	-
c. for other nose and throat conditions	-
Received other forms of treatment	180
Total	180
Number of pupils known to have been provided with hearing aids	
a. in 1969	16
b. in previous years	61
Orthopaedic and postural defects	
a. pupils treated at clinics and out-patient departments	417
b. pupils treated at schools for postural defects	253
Total	670
Diseases of the skin (excluding uncleanliness)	
Ringworm	-
Scabies	1
Impetigo	6
Other skin diseases	796
Total	803
Child guidance clinic	
Pupils treated	315
Speech Therapy	
Pupils treated	582
Other treatment given	
a. pupils with minor ailments	271
b. pupils who received convalescent treatment under school health service arrangements	41
c. pupils who received BCG vaccination	1241
d. allergy clinic	97
Total	1650

**Table 32 Head and foot inspections**

(a) Investation with vermin	
Total number of pupils examined in schools by nurses or other authorised persons	22,772
Total number of individual pupils found to be infested	113
Number of individual pupils in respect of whom cleansing notices were issued (section 54 (2) Education Act 1944)	12
Number of individual pupils in respect of whom cleansing orders were issued (section 54 (3) Education Act 1944)	1
(b) Foot inspections	
Total number of pupils examined	9,770
Number of new cases of plantar warts	279
Number of cases where re-infection found	94

Table 33 Dental inspection and treatment

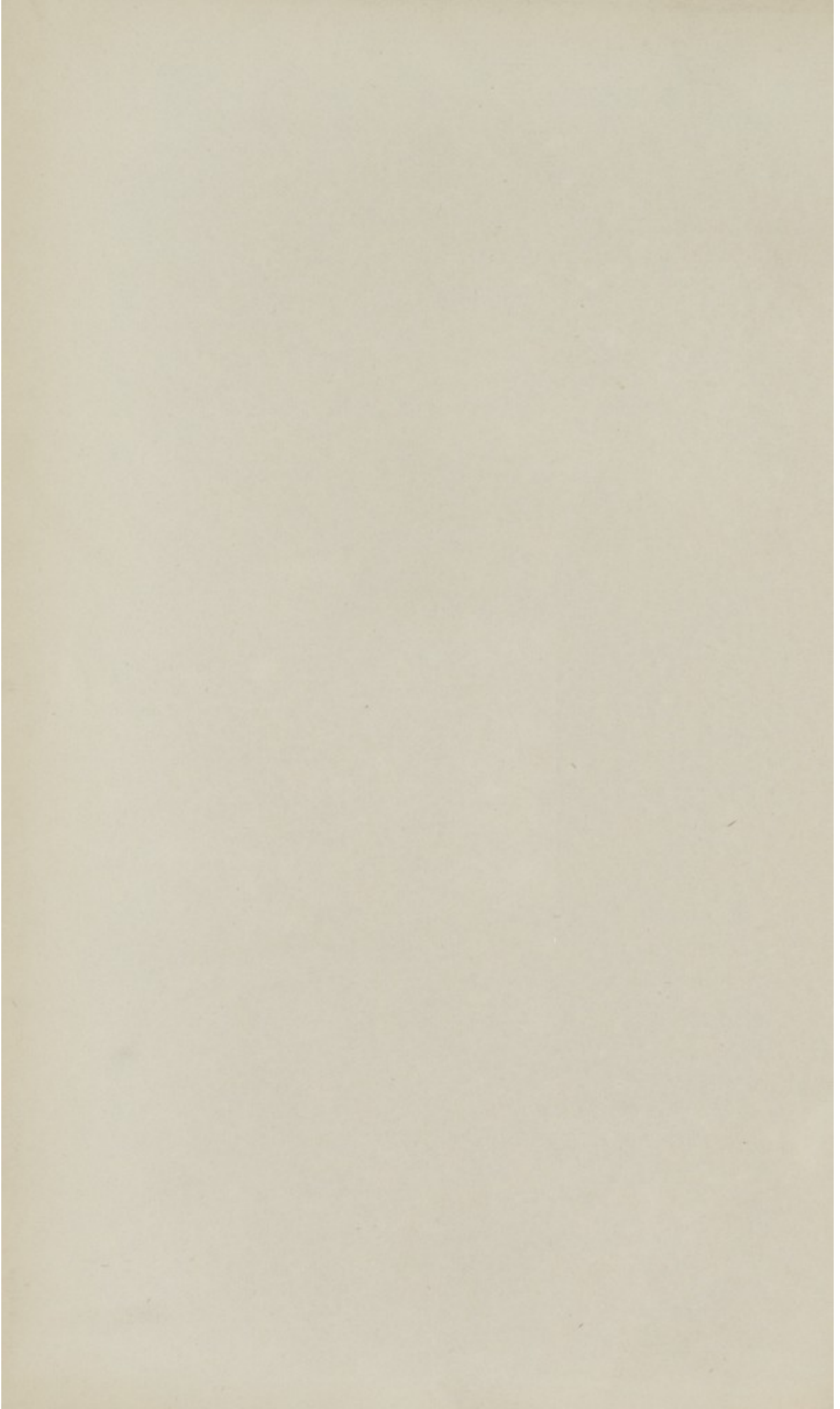
	Number of pupils			Total
	Age 5-9	Age 10-14	Age 15 & over	
Inspections				
First inspection at school				8094
First inspection at clinic				4741
No of first inspections requiring treatment				8131
No of first inspections offered treatment				8131
Pupils re-inspected at clinic				1082
No of re-inspections requiring treatment				858
Attendances and treatment				
First visit	2878	2462	516	5856
Subsequent visits	6398	6155	1425	13978
Total visits	9276	8617	1941	19834
Additional courses of treatment commenced	213	109	20	342
Fillings in permanent teeth	3379	6411	1746	11536
Fillings in deciduous teeth	7664	695	-	8359
Permanent teeth filled	2463	4496	1376	8335
Deciduous teeth filled	5129	455	-	5584
Permanent teeth extracted	146	657	139	942
Deciduous teeth extracted	2598	710	-	3308
General anaesthetics	1034	386	34	1454
Emergencies	701	384	71	1156
Number of pupils X-rayed				1021
Prophylaxis				2244
Teeth otherwise conserved				233
Number of teeth root filled				76
Inlays				1
Crowns				88
Courses of treatment completed				4543
Anaesthetics				
General anaesthetics administered by dental officers				-
Orthodontics				
Cases remaining from previous year				424
New cases commenced during year				200
Cases completed during year				91
Cases discontinued during year				45
No of removable appliances fitted				262
No of fixed appliances fitted				5
Pupils referred to hospital consultant				4
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	1	6	2	9
No of dentures supplied	1	7	2	10
Sessions				
Sessions devoted to treatment				3032
Sessions devoted to inspection				77
Sessions devoted to dental health education				161



List of Clinics held in the borough at 31st December 1969

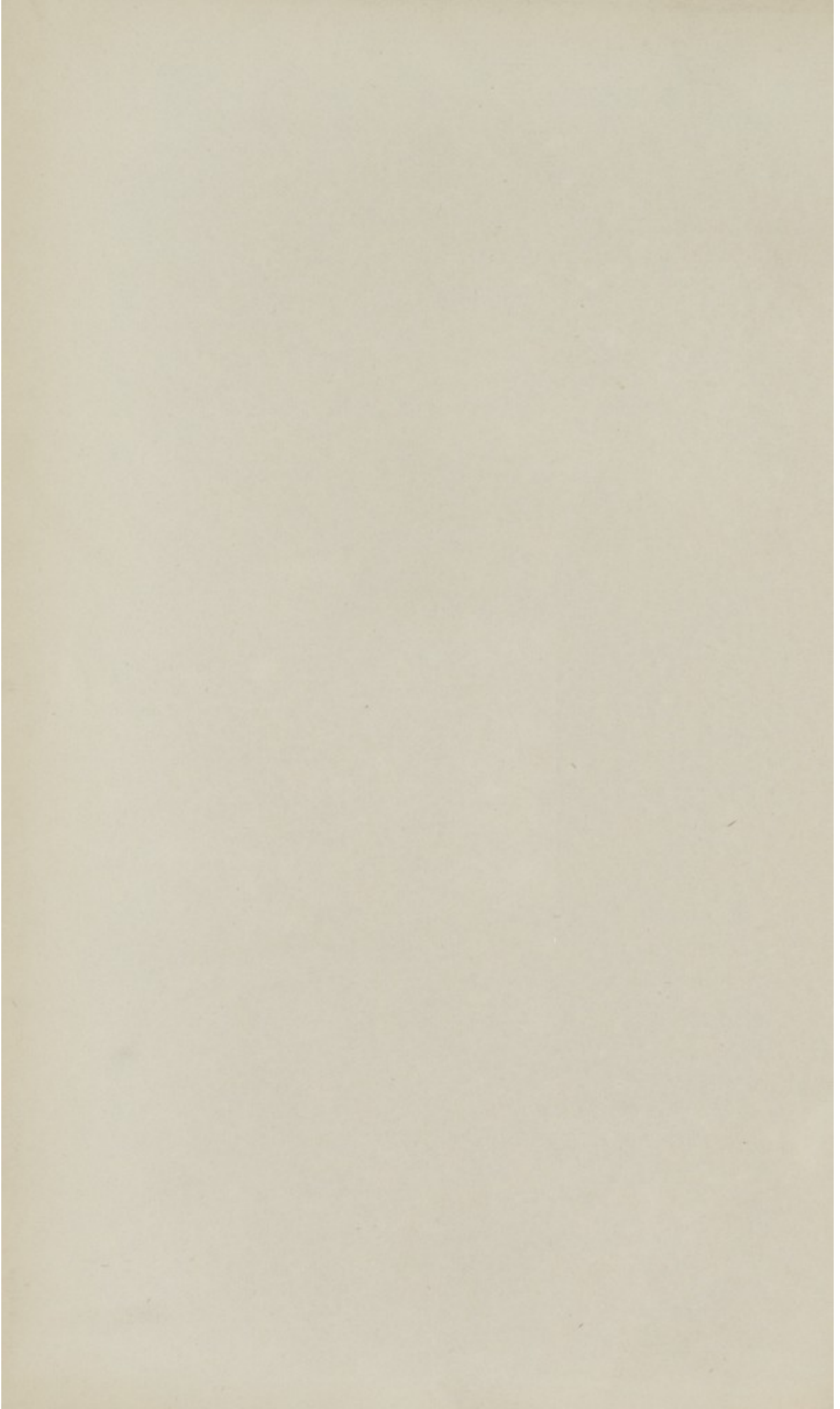
Except for child health and minor ailments attendance at all clinics is by appointment

Clinic	Child health	Ante-natal	Cervical cytology	Immunisation	Chiropody	Dental	School	Minor ailments	Ophthalmic & orth-optic	Ortho-paedic	Physio-therapy	Speech therapy	Allergy	Mental health counselling	Child psych-iatry	Otology	Cerebral palsy
Imperial Road Bedfont	Mon pm Wed pm Thurs pm	Fri am (relaxa- tion) Fri pm (alt)	Fri pm (alt)	Wed pm	Tue am/pm	Mon to Fri am/ pm	Wed am (alt)	Mon to Fri am				Mon pm Thurs am					
Albany Road Brentford	Wed pm Thurs pm	Tue am		Mon pm (2nd & 4th)	Wed am/pm Thurs pm	Wed am/ pm Thurs am/pm Fri am/pm	Thurs am	Mon to Fri am	Tue pm (2nd, 4th and 5th)	Mon pm (1st)		Wed am		Tue pm (2nd & 4th)			
Town Hall Chiswick	Tue pm Wed pm Thur pm Fri pm	Tue am (relaxa- tion) Thur pm	Thur pm	Mon pm Thur am (1st & 4th)	Tue am/pm Wed am/pm Thur am/pm Fri am (2 sessions)	Mon to Fri am/pm	Mon am	Mon to Fri am				Wed pm Thurs am					
Holy Angels Church Hall Bath Road Cranford	Fri pm																
Cardinal Road Feltham	Mon pm Tue pm (HV only) Wed pm	Tue am (relaxa- tion & mother-craft)		Tue pm (2nd 3rd & 4th)	Mon am Tues am	Mon to 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 Fri pm	Mon pm (relaxa- tion) Wed pm (alt)	Wed pm (alt)	Tue am (alt)	Thur am/pm	Tue am/pm Thur am/pm	Mon am	Mon to Fri am				Wed pm					
Cranford Lane Heston	Tue pm Wed pm Thur pm	Mon pm (alt) Wed am (relaxa- tion) Wed pm (Midwives)	Mon pm (alt)	Fri pm	Wed pm Thur am/pm Fri pm	Mon to Fri am/pm	Mon am	Mon to Fri am				Tue am/ pm Fri am/pm					
92 Bath Road Hounslow	Tue pm Wed pm Thur pm Fri pm	Tue am Tue am (relaxa- tion) Wed pm (Midwives)	Mon pm (alt)	Mon pm (1st, 2nd & 3rd) Wed am	Mon pm Wed am Thur am Fri am	Mon to Fri am/pm	Mon am Fri am	Mon to Fri am	Tue am Tue pm (1st & 3rd)	Tue pm (4th)	Tue pm (4th) Wed pm Thur pm Fri pm (except 4th)	Mon am/ pm Fri pm	Fri pm	Tue pm (1st) (held at 6 Lampton Road)			
Park Road Busch Corner Isleworth	Mon pm Wed pm	Tue pm (Midwives) (alt) Thur pm (alt)	Thur pm (alt)	Tue pm (1st only) Thur am (2nd & 3rd)	Thur am Fri am/pm	Mon am/ pm Tue am/pm Thur am/pm	Mon am	Mon to Fri am	Mon pm (alt)		Mon am to Fri am	Tue am/pm Wed am/pm Thur am Fri am/pm					





Clinic	Child health	Ante-natal	Cervical cytology	Immunisation	Chiropody	Dental	School	Minor ailments	Ophthalmic & orth-optic	Ortho-paedic	Physio-therapy	Speech therapy	Allergy	Mental health counselling	Child psych-iatry	Otology	Cerebral palsy
Spring Road Feltham	Mon pm Wed pm	Wed am (relaxa-tion)		Tue am (alt)	Tue pm		Fri am	Mon to Fri am				Mon am Thur pm					
Child Guidance Old Town School School Road Hounslow															Tue am/pm Wed am/pm Fri pm		
Hearing Clinic Vicarage Farm Road Heston																Mon am Tue am/pm	
Medical Advisory Unit Martindale Road Hounslow									Tue am (occasional)		Mon to Fri am/ pm	Mon to Fri am/pm					Thurs am





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