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The Health Services of Hounslow 1970



LONDON BOROUGH OF HOUNSLOW

Annual Report 1970

of the Medical Officer of Health and Principal School Medical Officer

Robert L. Lindon MRCS LRCP DPH DCH

Department of Health
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Hounslow Middlesex.

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Vice-Chairman

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Alderman Mrs EWW Basley

Alderman P Betlem

Alderman EJ Kenward FACCA MIOM MREconS

Councillor Mrs EM Boxall

Councillor AF Brazier

Councillor WE Gamble

Councillor CJ Gray

Councillor Mrs L Harvey

Councillor VE Hopkins

Councillor Mrs J Horley

Councillor Mrs VD Marks

Councillor T Perkins

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Mrs KM Saunders BA

Miss AN Sharrock BA AArch

Mr JE White

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Councillor GAM Greenland JP FCII

Vice-Chairman

Alderman AC Gurrin FSVA

Alderman Mrs EWW Basley

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Councillor Mrs EM Boxall

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Councillor Mrs L Harvey

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Councillor FHP Hobbs

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Councillor Mrs VD Marks

Councillor H Nixon

Councillor RJ Padley

Councillor Mrs MT Roebuck

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Non Council Members

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Professor AV Judges BA DSc FRHistS

Miss FM Knowles

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Mr JE White

Members of the Primary and Special Education Sub-Committee 1970-71

His Worship the Mayor of the London Borough of Hounslow
Councillor NV Wright ARSH (ex-officio)

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Councillor CA Pocock JP MA

Vice-Chairman

Councillor Mrs M Canfield SRN SCM

Alderman Mrs EWW Basley

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Councillor Mrs L Harvey

Councillor GE Henniker

Councillor FHP Hobbs

Councillor DG Magill JP

Councillor H Nixon

Councillor Mrs MT Roebuck

Councillor DF Ryan BSc

Councillor Mrs GF Stinton

Councillor BO Wilson

Non Council Members

Mr KG Berger MA FIFST

Miss FM Knowles

Mrs KM Saunders MA

Miss AN Sharrock BA AIMS

Staff of the Department of Health

as at 31st December 1970

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

PA Bennett MB ChB

Elizabeth N Christie MB ChB DPH

Anne M Jepson MB BS MRCS LRCP DPH DCH

Senior Medical Officer

Mrs GE Woods MD MB BS DPH DCH

Occupational Health Physician

AR Broadbent MRCS LRCP DPH DIH

Senior Department Medical Officers

RHG Charles MA MB BCh DCH

Mrs R Prothero MD LRCP LRCS DCH

Miss DP Richards MB BS DCH DPH

Departmental Medical Officers

Mrs HS Allinson BSc MB BCh

Mrs LA Gellatly MB BChir MA

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

WPK Calwell MB BS DPM

Ophthalmic Clinics

Miss HB Casey MB BCh DOMS

J R Holmes MB BCL DOMS

D Mishra MB BS

In conjunction with the Regional
Hospital Boards

Orthopaedic Clinics
IJD Archibald LRCP LRCS LRFPS
JA Cholmeley MB BS FRCS
EA Devenish MS FRCS
JM Kingsmill Moore FRCS

Mental Health Service
CF Herridge MA MB BCh DPM
Chest Clinic
R Heller MD

Pathologist
E Nassau MD

Dental Officers and Orthodontists

Chief Dental Officer
DH Norman BDS LDS RCS

Deputy Chief Dental Officer
Mrs GM Yates BDS

Senior Dental Officers
PA Jones BDS LDS
Mrs MA Libbey LDS RCS

Orthodontist
S Levy BDS

Dental Officers
Miss FH Bowie BDS LDS
Mrs ACR Crawford BDS LDS RCS
SG Farrar LDS
DA Friedman BDS
PBV Hunter BDS
AG Sharp LDS RFPS
Miss EJ Terry LDS RCS
Mrs REA Walters BDS

Senior Psychologist for special
units and special schools

Miss Moya C Tyson BA BSc(Econ) PhD

Social Work Organiser
Adviser on Health Education

E Heimler AAPSW

Staffing Establishment

12

1

1

Staffing establishment		Staffing establishment
Health Educator	1	Chief Public Health Inspector
W Duffy BSc FRSH DN RNT	1	GE Hayes MAPH MRSH
Physiotherapists	6	Deputy Chief Public Health Inspector
Superintendent Physiotherapist	2	FV Bell MAPH MRSH
Mrs J Biddle MCSP SRP	1	Public Analysts
Speech Therapists	6	WB Chapman BSc FRIC
Senior Speech Therapist	5	EHWJ Burden BSc FRIC MCHRA
Mrs DE Cox LCST	1	Veterinary Inspector
Social Workers (Special Duties)	3	JA Morris MRCVS
Chief Nursing Officer	1	Public Health Inspectors
Miss GE Brocklebank SRN HV CMB DIP SOC	1	Robert Officer
Health Visitors and School Nurses	50	Robert Officer/General Duties Assistant
Principal Nursing Officer Health Visiting	2	Mrs A. Lees BSc MHC
Mrs PJ Treleaven SRN SCM BTA HV	1	Senior Psychiatric Social Worker
Deputy Principal Nursing Officer Health Visiting	2	Psychiatric Social Workers
Mrs M Hills SRN SCM HV	2	(OTA) Probation
Student Health Visitors	5	Mental Health Social Workers
Home Nurses	38	Chief Mental Health Social Worker
Nursing Auxiliaries	4	PD Charles GSW (OTA) Social Worker
Staff/Student Health Nurse	1	Deputy Chief Mental Health Social Worker
Miss AM Griffin SRN OHNC	1	D. Williams RMA GSW
Domiciliary Midwives	14	Junior Training Schools and
Principal Nursing Officer Midwifery and Home	1	Special Care Units
Nursing	2	Senior Teacher
Miss SM Douet SRN SCM HV	2	Mrs FR Williams NAMH
Deputy Principal Nursing Officer Midwifery	2	Supervisor/Teachers
and Home Nursing	2	Welfare Assistants
Mrs MA Booth SRN SCM HV BTA	2	General Duties Assistants
Public Health Inspectors	21	Catch Guides
Technical Assistants	4	Cook
		Coroner
		Cleaner

Staffing establishment

Chief Public Health Inspector
GE Hayne MAPHI MRSH
Deputy Chief Public Health Inspector
FV Bell MAPHI MRSH

Public Analysts

WB Chapman BSc FRIC
EHWJ Burden BSc FRIC MChemA

Veterinary Inspector
JA 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
PD Charles CSW

Deputy Chief Mental Health Social Worker
D Williams RMN CSW

Junior Training Schools and
Special Care Units

Hanworth

Senior Teacher
Mrs FR Williams NAMH
Supervisor/Teachers

Welfare Assistants
General Duties Assistants
Coach Guides

Cook
Caretaker
Cleaner

In conjunction with the Greater
London Council

6

1

8

1

3

13

1

9

2

2

2

1

1

1

Staffing establishment		Staffing establishment
Isleworth		
Senior Teacher	1	
Mrs MS Moodie NAMH	1	
Supervisor/Teachers	7	
Welfare Assistants	2	
General Duties Assistants	2	
Coach Guide	1	
Cook	1	
Cleaner	1	
Trainee Teachers for Junior Training Schools	3	
Adult Training Centres		
Acton Lodge		
Manager	1	
F Seaford	1	
Deputy Manager	1	
Senior Instructors or Instructors	14	(Combined establishment with Brentford ATC)
Cooks	2	
Domestic Assistant	1	
Coach Guides	2	
Brentford Adult Training Centre		
Supervisor/Instructor	1	
Senior Instructors or Instructors	1	(Combined establishment with Acton Lodge ATC)
Hostel for the Mentally Handicapped		
Warden	1	
R Vincent RMNS	1	
Deputy Warden	1	
Assistant Warden	1	
Attendant	1	
Medical Practitioner	1	
Cooks	2	
Domestic Assistants	2	
Weekly Boarding Unit		
Resident Matron	1	
Miss PE Hassall	1	
Resident Assistant Matron	1	
Resident Cook/Attendant	1	
Attendant	1	
Night Attendant	1	
Domestic Assistant	1	

Hostel for the Mentally Ill

Warden	1
H Marshall SEN	7
Deputy Warden	2
Assistant Warden	2
Attendant	1
Medical Practitioner	1
Cooks	1
Domestic Assistants	2

Day Centre for the Elderly Mentally Confused

Superintendent	1
Mrs H Kenneally SRMN	
Assistant Superintendent	1
Attendants	2
Driver/Attendant	1
Cook	1
Kitchen Hand	1
Cleaner	1
Coach Guide	1

Heston Long Term Home for Mentally Handicapped Children

Resident Senior Housemother	1
Mrs PA Ramdhony SRN RNMS	
Housefather - part time	1
Resident Housemothers	2
Night Attendants	2
Attendant	1
Domestic Assistants	2

Hounslow Day Centre

Sister in Charge	1
Mrs OI McClennon SRN RMN	
Deputy Sister	1
Staff Nurse	1
Nurse SEN	1
Psychiatric Social Worker	1
Occupational Therapist	1
General Assistant	1

Staffing establishment

Senior Teacher	
Mrs MS Moolis NAMI	
Supervisor/Teacher	
Welfare Assistants	
General Duties Assistants	
Coach Guide	
Cook	
Cleaner	
Trained Teachers for Junior Training Schools	
Adult Training Centres	
Acton Lodge	
Manager	
F. Sealord	
Deputy Manager	
Senior Instructors or Instructors	
Cooks	
Domestic Assistant	
Coach Guides	
Frankland Adult Training Centre	
Supervisor/Instructor	
Senior Instructors or Instructors	
Hostel for the Mentally Handicapped	
Warden	
A Vincent FRMS	
Deputy Warden	
Assistant Warden	
Attendant	
Medical Practitioner	
Cooks	
Domestic Assistants	
Weekly Boarding Unit	
Resident Matron	
Miss FC Marshall	
Resident Assistant Matron	
Resident Cooks/Attendant	
Attendant	
Night Attendant	
Domestic Assistant	

Staffing establishment

Day Nurseries

Matrons

Deputy Matrons

Wardens

Nursery Nurses

Nursery Students

Cooks

Domestic Assistants

Hounslow Chest Clinic

Almoner

Clerk

Medical Auxiliaries etc.

Psychotherapist

Dental Auxiliaries

Dental Surgery Assistants

Audiometricians

Chiropodists

Orthoptist

Occupational Therapist

Welfare Assistants

Welfare Officer

Clinic Attendants

Interpreter/Clinic Worker

Home Helps

Organiser

Miss D Claxton

Assistant Organisers

Caretakers and Cleaners

Administrative and Clerical

Chief Administrative Officer

JM Murphy

Deputy Chief Administrative Officer

JW Dean FSS

Figures are equivalent full-time to the nearest whole number

3

3

3

18

14

3

7

In conjunction with the North West Metropolitan Regional Hospital Board

1

2

16

3

3

1

1

2

1

5

1

169

1

5

12

86

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

I have the honour to present the sixth Annual Report on the health of the people living in the London Borough of Hounslow and on the health services provided by the Borough Council as local health authority.

Immediately following this preface is a table showing building projects in various stages of completion and those planned for the future. During 1970 four projects have been completed and these include the attractive Maswell Park health centre and the equally pleasing long term home for mentally handicapped children at Heston. It is particularly gratifying to see a start being made on the new Nantly House day nursery in Lampton Road.

Baroness Serota as Minister of State for Health Services paid an informal visit on 4th May, 1970, to see a variety of the health services provided by the Borough Council. Such visits by those responsible for policy in relation to the probable reorganisation of our health services are of interest to all concerned and encourage those of us who work locally to feel that our local interests and services are the more clearly understood.

Last year the theme of my preface was the prevention of ill health in both the individual and the community as I felt this aspect should not be lost sight of at a time when all energies and a plethora of reports seemed to be concentrating on bringing about drastic changes in our health and social services. For the years immediately ahead it would seem that the greater part of the social services as currently understood will remain firmly within the local government remit whereas the health services are now clearly to be managed outside local government but in a form which still remains to be decided. Local government can however be proud of its fine record of achievement in the preventive field reaching back for many decades and indeed in some areas for well over a century.

There is much of interest written in this report by members of the many different disciplines that make up the staff of a health department. One of the tasks of a preface is to highlight certain of these reports but it

remains a dilemma to decide on which to comment as all aspects of health promotion and disease prevention, if proven worthwhile, are of importance.

The general and vital statistics relating to the Borough are summarised and commented on later but I would like to state here that illegitimate births were 32 fewer than last year and express the hope that this trend will continue. This year the birth rate has dropped further below the national average but is still greater than the overall death rate. It is salutary to realise that there would have been a natural 3½ per cent increase in the population of the Borough in the last five years but for outward migration. It is in all our interests to endeavour voluntarily to equate birth and death rates in the areas for which we are particularly responsible if by the summation of our efforts we are to avoid the unpleasantness of statutory population control in the not too distant future. To this end we are redoubling our efforts to expand the family planning service in conjunction with our colleagues in hospital and general practice and have set in motion a domiciliary family planning scheme to help those who for various reasons find it difficult to attend a clinic.

In the preface of my 1969 report I mentioned the increasing incidence of venereal disease particularly in the younger age groups in the country as a whole. The local incidence for a variety of reasons is not accurately available but if it mirrors the incidence in London as a whole it must be taken extremely seriously. Since the inception of the Borough in 1965 there have been several joint consultations with the Consultant Venereologists concerned. They have available the telephone numbers and the names of particular health visitors on the staff of this department with whom they can make contact for help at any time.

The provision of health centres continues to be a prime task of local health authorities and in this field the Borough has been a pioneer. The main purpose of health centres is to provide attractive and friendly surroundings for patients and a milieu where doctors, health visitors, home

nurses, social workers and many others can get to know and trust one another and to provide an efficient and humane service to their patients and at the same time obtain for themselves the satisfaction of a job well done. From a morale view point this satisfaction is so essential for those required daily to perform tasks for others. Doctors and nurses practising outside hospitals are only now realising the mutual advantages both to their patients and to themselves resulting from attachment schemes and working together in health centres, and in this context the report of the Chief Nursing Officer is of interest. As she states the work of the nurses particularly in the treatment rooms is expanding at a considerable rate. Health visitor and home nurse attachment schemes are increasing the quality and quantity of their work. Further, the additional need to cope with earlier discharge of patients from hospital will in due course require an increased establishment as indeed will the greatly needed provision for a night nursing service.

The 'domino scheme' whereby the Borough's district midwives conduct deliveries in hospital accommodation which in the past they would have conducted in the patient's own home was successfully commenced during the year in conjunction with the West Middlesex Hospital. This scheme is in line with modern thinking in that skilled help backed by modern medical facilities is well at hand not only from the family doctor but also from the specialist hospital staff.

The home help service maintained the high standards it has set itself over many years in this area and gave during the year a total of 275,821 hours of help and kindness to their clients many of whom might otherwise have not been able to remain in their own homes and familiar surroundings.

The report on the mental health service and the additional report by Mr P D Charles, Chief Mental Health Social Worker, shows a lively and enthusiastic service with very close links being forged with the hospital psychiatric service for the area. The vast provision of day centres and hostels so generously provided by the Borough Council

during the last six years is supported by the equally zealous joint efforts of the hospital and local authority medical, nursing and social work staff.

The Chief Public Health Inspector, Mr G E Hayne, after his first full year with this department comments comprehensively on the many varied and complex tasks accomplished by the public health inspectorate with an organisation and staff complement which has often been extended to its limits in order to keep up with the vast increase of work caused by the spate of new legislation in this field.

The Joint Obstetric Child Health Project commenced in earnest early in the year with the generous support of a £42,000 grant from the Department of Health and Social Security. This project is a combined effort on the part of the Institute of Child Health, the West Middlesex Hospital and ourselves and together we have built up a research team. Dr Anne Jepson, Principal Medical Officer describes the research more fully in the body of this report.

A successful pilot research study into the incidence and other characteristics of infective hepatitis in the Borough has encouraged the research team composed of consultants from the West Middlesex and South Middlesex Hospitals and staff of this department to prepare a protocol to obtain a further research grant from the Department of Health and Social Security in order to mount a more comprehensive three year study over a larger geographical area backed by greater technological and computer facilities than were available in the pilot survey.

Considerable research into facilities for the care of the mentally subnormal have also been carried out in the Borough during the year in combination with a team financed by the King Edward Memorial Fund.

Research in this department named the 'Hounslow Project' in 1965 was brought to a conclusion after being generously supported by the Borough Council for five years. This unique research by the Borough's health department enabled the development of a social function scale which attempts to provide a measurable predictive and therapeutic tool to complement the empirical subjective assessment of a client by a social worker. This scale and the

research behind its development is commented on more fully later in the report and we are gratified that a number of university departments including the University of Calgary in Canada and the University of Washington, Seattle, are to continue its development and evaluation.

Interesting preliminary observations by Dr Moya Tyson, Senior Psychologist to the special units and special schools, on the research into language and other developmental processes of young children in the Borough which she carried out in conjunction with medical and speech therapy staff show that new useful knowledge in this field may soon be available.

The report on health education in the Borough's secondary schools is worth perusal because of the widespread interest created by the methods used and its enthusiastic acceptance to date by the pupils, teachers and parents.

Work in the Assessment and Medical Advisory Unit for handicapped children at Martindale and at the Heston Hearing Clinic continues at a high standard and as can be seen from their reports the members of staff continue to evaluate their work and carry out original research in their constant endeavour to broaden knowledge into ways of helping the handicapped to a fuller life.

The success of the health services in Hounslow is largely dependent on the combined efforts of family doctors, hospital staff, voluntary organisations and members of this department and I would like to place on record my thanks for the help we have received during the year in this department from all these sources and also many others too numerous to mention.

I would like to thank my Deputy, Dr M E Wilkinson, and Mr J M Murphy my Chief Administrative Officer for their very considerable support and also the chief and senior officers of the other departments in the Borough for the essential part they play in the provision of health services in Hounslow.

On behalf of the department I also wish to express my gratitude to the Chairmen and Members of committees for their support and

encouragement. Finally to the staff of the department I give my thanks for another year of sustained and loyal service.

Robert. S. Lindon

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 1969		
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
Chiswick Town Hall - alteration for use as clinic and offices	1967/68	1967
Extension to Audiology Unit, Heston School for the Deaf	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
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
Home Help Wash Centre	1968/69	1969
Hostel for mentally disordered, Staines Road, Bedfont	1969/70	1969
Cardinal Road Clinic, Feltham - Dental Recovery and Waiting Rooms	1969/70	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
- - - - -		
Building Projects from 1st January 1970 onwards		
Extension to Brentford Health Centre	1969/70	1970
Hounslow Health Centre - Extension		
Phase II - Mental health services including a day centre for the mentally ill, also stores and flats for midwives and caretaker	1970/71	1970
Maswell Park Health Centre, Hounslow Avenue, Hounslow	1970/71	1970
Long Stay Home for mentally handicapped children, New Heston Road, Heston	1970/71	1970
Hounslow Day Nursery, Lampton Road, Hounslow	1971/72	-
- - - - -		

Projects	Planned year of completion	Year Completed
Building Projects - Committed Programme		
Cardinal Road Clinic Feltham - extension to provide a Health Centre	1971/72	-
Chiswick Health Centre	1972/73	-
- - - - -		
Building Projects - Uncommitted Programme		
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-1970	204,380
Persons per acre	14.1
Number of habitable premises (1st April 1970)	68,259
Number of new dwellings erected during the year	630
Rateable value (31st March 1970)	£17,187,223
Product of a penny rate (estimated 1970/71)	£70,457

Vital Statistics

Live births	
Number	3,287
Crude rate per 1,000 population	16.1
Adjusted rate per 1,000 population	15.6 (England and Wales 16.0)

Illegitimate live births	
Number	257
Per cent of total live births	8.0 (England and Wales 8.0)

Stillbirths	
Number	45
Rate per 1,000 live and stillbirths	14.0 (England and Wales 13.0)

Total live and stillbirths	3,332
----------------------------	-------

Infant mortality (deaths under 1 year)	65
Total infant deaths per 1,000 live births	20.0 (England and Wales 18.0)
Legitimate infant deaths per 1,000 legitimate live births	19.0 (England and Wales 17.0)
Illegitimate infant deaths per 1,000 illegitimate live births	27.0 (England and Wales 26.0)

Neonatal mortality (deaths under four weeks)	
Number	45
Rate per 1,000 total live births	14.0 (England and Wales 12.0)

Early neonatal mortality (deaths under one week)	
Number	38
Rate per 1,000 total live births	12.0 (England and Wales 11.0)

Perinatal mortality (stillbirths and deaths under one week combined)

Number	83
Rate per 1,000 total live and stillbirths	25.0 (England and Wales 23.0)

Maternal mortality (including abortion)

Number	-
Rate per 1,000 total live and stillbirths	- (England and Wales 0.2)

Deaths (total - all ages)

Number	2,161
Crude rate per 1,000 population	10.6
Adjusted rate per 1,000 population	11.2 (England and Wales 11.7)

Annual Report of the Medical Officer of Health for the year 1970

Vital Statistics

Area and Population

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 204,380 people, which is 4,513 fewer than those found during the 1961 census.

Although the population appears to be decreasing, there were 3,287 live births compared with 2,161 deaths giving a natural increase of 1,127 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
1970	3,230	1.6	12,870	6.3	27,900	13.7	134,980	66.0	25,400	12.4	204,380

Since the borough was formed in 1965 the number of live births has exceeded the number of deaths by 7,149 but despite this the Registrar General estimates that during the same period the local population has decreased by 3,170 which suggests a net outward migration of some 10,319 people to other areas.

The natural increase of 3½ per cent occurring within five years is a local example, although not necessarily typical, of the slow but inexorable upward trend in the number of people in the country as a whole.

Live births

The number of live births registered during the year was 3,287 (1,669 male and 1,618 female) giving a crude live birth rate of 16.1 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 0.98 is applied, the borough's live birth rate becomes 15.6 which is almost identical to that for England and Wales. Compared with 1969 the rate for Hounslow decreased slightly and is similar to the experience for the whole country. There were 257 illegitimate live births, 32 fewer than last year which gives an illegitimate live birth rate of 8 per cent of total live births which is the same as that for England and Wales.

Stillbirths

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

Deaths

During the year 2,161 deaths were registered, 106 fewer than for 1969. The adjusted death rate was 11.2 which is a little less than that for the whole country.

Included in the 1,097 total male deaths are 300 occurring between the ages of 45 and 64 - early to late middle age. Two thirds succumbed either to heart disease (112) or cancer (87). One hundred and eighty two women of this age group similarly died - again two thirds ascribed to cancer (82) or heart disease (39).

These 482 men and women formed almost a

quarter of all deaths in Hounslow most of whom would otherwise still be 'gainfully employed', at home rearing a family and others looking forward to some years of retirement.

It is a sad reflection in this day and age of high levels of national and local taxation with so much being spent on the diagnostic and curative family doctor and hospital services together with the local authority preventive health services, that so many people should continue to be subject to what can only be regarded as premature death.

Infant Mortality

Sixty five infants died before reaching the age of one year; 42 were male and 23 female. The infant mortality rate was 20 per 1,000 live births compared with a rate of 18 for the country as a whole. The illegitimate infant mortality rate was 27 which is 1 per 1,000 more than for England and Wales.

Maternal Mortality

No deaths were ascribed to maternal causes.

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 7,365 compared with 5,853 for 1969 and 4,949 during 1968.

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

Disease	1970	1969	1968
Dysentery	7	40	109
Encephalitis, acute	2	3	1
Erysipelas	-	-	9
Food poisoning	15	29	12
Infective jaundice	61	51	29(a)
Malaria	2	2	5
Measles	675	576	466
Meningitis acute	14	5	1
Paratyphoid fever	5	2	3
Pneumonia, acute	-	-	4
Puerperal pyrexia	-	-	36
Scarlet fever	50	51	105
Tuberculosis			
pulmonary	71	59	66
non-pulmonary	21	24	22
Typhoid fever	5	2	1
Whooping cough	30	11	78

(a) from 15th June, 1968

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

Smallpox

There were 34 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.

Cholera

With effect from 18th September, 1970 anyone entering the country without a valid cholera vaccination certificate must be kept under surveillance for 5 days from the date of leaving an infected area. Information regarding these people is telephoned or telegraphed to the department from the Port Health Authorities. By the end of the year 14 such notifications were received. All these were visited and kept under surveillance for the required period.

Whooping cough

There were 30 cases notified compared with 11 in 1969 and 78 in 1968. Of these 6 were under the age of one year. Vaccination records show that 5 of the twenty notified cases under the age of six years had been immunised in infancy.

Measles

There were 675 cases notified compared with 576 in 1969 and 466 in 1968. Children under 5 years of age were most heavily involved (53% of notifications) followed by children in the 5 - 9 years age group (44%). If the disease is to be eradicated vaccination rates must be kept at the highest possible level.

Dysentery

There were 7 cases compared with 40 cases in 1969.

Typhoid fever

There were 5 cases notified, 2 of which occurred in the same family, both just returned from Pakistan. One case was a 55 year old symptomless lady whose grandson domiciled outside the borough had typhoid. The other two cases were a 2 year old girl who had recently returned from Pakistan and a 27 year old lady who had recently returned from India.

Food poisoning

Although 48 cases of suspected food poisoning were notified, after full investigation only fifteen cases were confirmed. The causative organisms were as follows
salmonella typhimurium (3), salmonella seftenberg (1), salmonella heidelberg (3), salmonella enteritidis (2), salmonella reading (2), salmonella stanley (4).

In one other case salmonella stanley was isolated from a perianal abscess.

Of the 32 remaining cases notified (24 sporadic and 8 cases in 3 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 691 immigrants but in 200 cases it was found that the immigrant had not arrived at the address given.

Fever hospital

The borough is served by the South Middlesex Hospital but on occasions accommodation in other fever hospitals may be used. During the year 130 patients from the borough were admitted as suffering from or suspected to be suffering from infectious disease. Close contact is maintained between the 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, 195 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 5 rooms were disinfected and 3 lots of clothing were similarly treated before being sent abroad.

Cleaning 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 1970, 98 persons were treated and in addition, bedding and clothing was disinfected in 9 cases.

Venereal Diseases

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

While there is no doubt that competent treatment can control infections, the total incidence continues to grow because of the increase in casual relationships which modern society permits. Every endeavour is made to identify and treat contacts of patients, and welfare workers are also used for tracing those patients, relatively few in number, who default before treatment is completed.

Mr. Duffy, the borough's health education officer, is engaged on a comprehensive educational programme in the senior schools of the borough concentrating his efforts on all vulnerable young people of fourteen years and upwards. He also lectures and shows films to many parent-teacher associations and other groups of people in the borough, who request his services.

Vaccination and Immunisation

The revised immunisation schedule which was introduced in January 1969 was used during 1970. Immunisation against German measles became available for girls in the 11 - 14 year age group, but due to the shortage of vaccine it was possible to offer vaccination only to girls in their 13th year. The purpose of this is to protect girls against the infection at a

later date so as to reduce the likelihood of any abnormality occurring to a baby during pregnancy.

Measles vaccination is now available to all susceptible children under the age of 16 years. Although first introduced in May 1968 it had previously been provided on a limited basis only due to shortage of vaccine. Every effort is being made to achieve a higher acceptance rate of vaccination of all susceptible children under the age of 16 years.

The schedule used is

Diphtheria, tetanus, whooping cough and oral poliomyelitis	1st dose at 6 months 2nd dose at 8 months 3rd dose at 14 months
Measles	15 months
Smallpox	16 months
Diphtheria, tetanus, oral poliomyelitis booster	3½ - 5 years
German measles (girls only)	11 - 13 years
B C G	13 years

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

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 courses	Reinforcing injections
Diphtheria	2,355	4,133
Whooping cough	1,857	1,264
Tetanus	2,540	4,319
Poliomyelitis	2,267	4,050
Measles	2,917	-
Smallpox	1,383	332
German Measles	434	-

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

Children born in 1968 and vaccinated by 31st December 1970

	Whooping cough	Diphtheria	Polio-myelitis	Small-pox (children under 2)
	%	%	%	%
Hounslow	75	83	83	32
England	79	81	79	35

B C G Vaccination

Details of B C G vaccination given are shown below.

Contacts at chest clinic:

Number skin tested	163
Number found positive	26
Number found negative	131
Number vaccinated	156

School children and students:

Number skin tested	1,534
Number found positive	258
Number found negative	1,203
Number vaccinated	1,025

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

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.
Health Centre Grange Road Kingston Surrey Tel: 01 546 7261.

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

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

Cases Admitted

Mainly acute

Approximate no of available staffed beds

865

	Cases Admitted	Approximate no. of available staffed beds
Chiswick Maternity Hospital Netheravon Road W 4 Tel: 01-994 1124	Maternity only	51
Brentford Hospital Boston Manor Road Brentford Tel: 01-560 6959	Acute	33
South Middlesex Hospital Mogden Lane Isleworth Tel: 01-892 2841	Mainly acute including isolation	145
Staines Group Hospital Management Committee Ashford Hospital Ashford Middlesex		
Ashford Hospital Ashford Middlesex Tel: 01-695 1188	Mainly acute	453
Hounslow Hospital Staines Road Hounslow Tel: 01-570 4448	Acute	75
Hounslow Chest Clinic 28 Bell Road Hounslow Tel: 01-570 6217	-	-
Ashford Chest Clinic Ashford Hospital Tel: 01-695 1188	-	-
Hospitals for the mentally sub-normal		
Leavesden Hospital Abbots Langley Watford Tel: 01-477 2222 (North West Metropolitan Regional Hospital Board)	-	2,227
Psychiatric Hospitals		
Springfield Hospital Beechcroft Road Upper Tooting S W 17 Tel: 01-672 1212 (South West Metropolitan Regional Hospital Board)	-	1,601

Psychiatric Hospitals (contd.)

Cases Admitted

Approximate no. of available staffed beds

St. Bernard's Hospital
Southall Middlesex
Tel: 01-574 8141
(North West Metropolitan Regional Hospital Board)

-

2,267

Smallpox Hospital

Joyce Green Hospital
Dartford Kent
Tel: 01-32 23231

(Admission to this hospital should be arranged
through the Medical Officer of Health)
Tel: 01-570 7715.

Middlesex Executive Council

This body is responsible for the provision under the National Health Service Act of the general practitioner, dental (other than local health authority provision for expectant and nursing mothers, young children and school children) pharmaceutical and supplementary ophthalmic services. The headquarters of the council are at International Life House, Olympic Way Wembley Middlesex: Tel: 01-902 8891.

the local authority health department are immediately adjacent.

Phase II of the health centre was completed in June, 1970. This includes a day centre for those recovering from mental illness, a health education unit, a library, administrative offices and three flats for nursing personnel and a caretaker.

The Maswell Park health centre was also completed during the year and the three family doctors started practising there in August. The centre, which was designed so as to allow for extensions at a later date provides consulting and examination rooms for three family doctors and a local authority medical officer, health education, weighing and treatment rooms, speech therapy and chiropody rooms and accommodation for health visitors. The reception, records and waiting areas are shared by the local authority and the family doctors. A special feature of the centre is the provision of a children's playroom with access to an attractive internal courtyard.

This is the fifth health centre to be provided by the borough, the other centres being situated at Heston, Feltham and Brentford. Other centres are also planned.

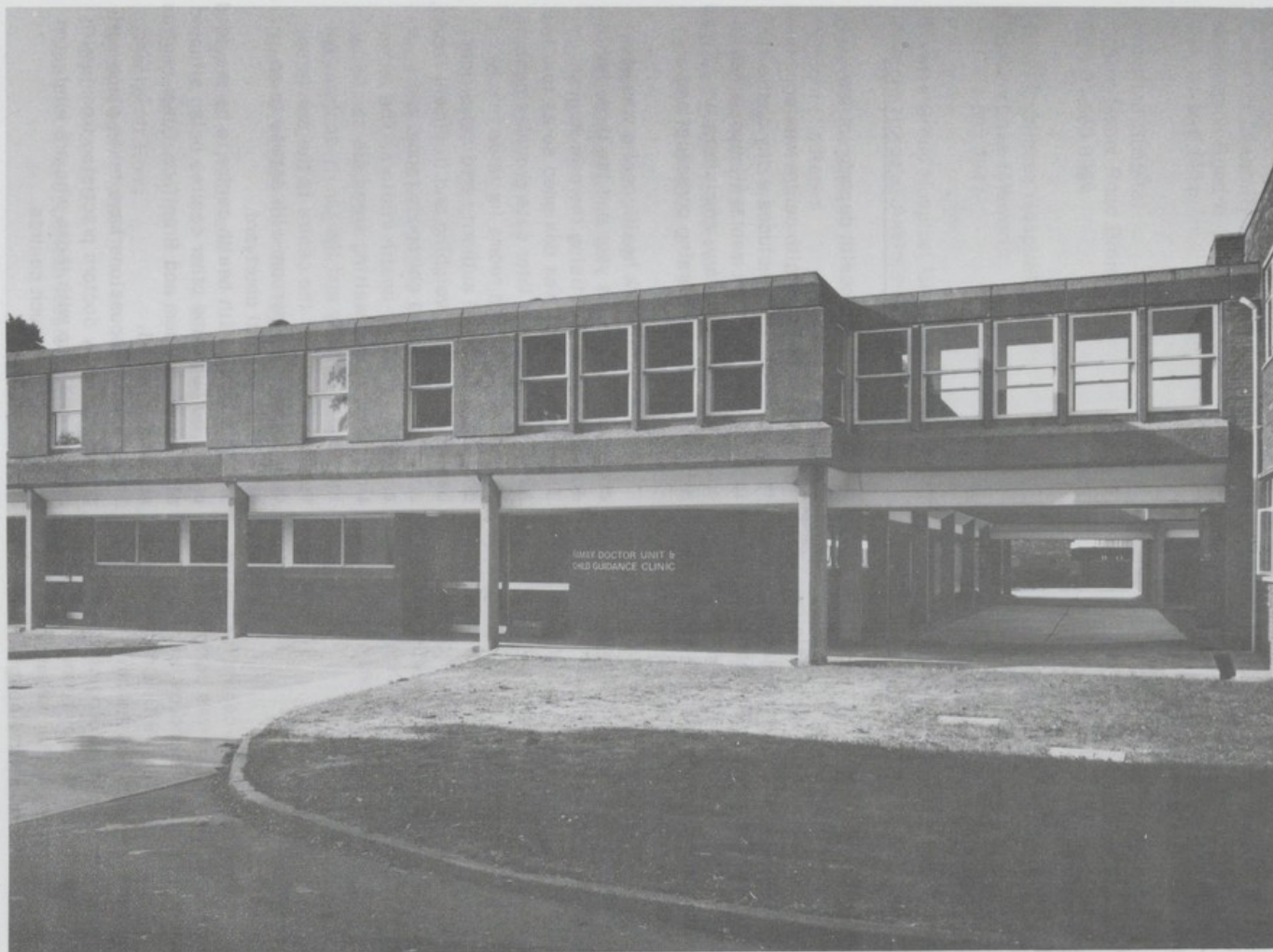
Frequent discussions have taken place with groups of family doctors practising from health centres and also with those who are interested in working from such centres.

Ambulance Service

The borough is included in the area of the Greater London Council Ambulance Service. Provision is made for the conveyance of sick, accident and emergency cases. Tel: 01-204 0251.

Health Centres

The first phase of the health centre for twelve family doctors at Bath Road was completed in December, 1969 and the doctors started practising there in January 1970. On the first floor there are units for the child psychiatric and school psychological services, audiometry and speech therapy rooms and administrative offices for the nursing and other services. The Hounslow hospital and



The extension to the Hounslow Health Centre for 12 family doctors and for child Psychiatric and Psychological services

Midwifery

During the year an arrangement was made with West Middlesex Hospital for domiciliary midwives to conduct the confinements of selected patients in the hospital and to continue to attend the patients after transfer home for a minimum period of ten days after the end of labour. This scheme known as 'Domino' was implemented in November and it is hoped will provide a system of continuous patient care and allow the midwife to maintain her skills.

During the year there were 338 domiciliary confinements, 589 48-hour discharges, and 976 early discharges. In addition midwives from Queen Charlotte's Hospital attended 10 domiciliary confinements, 75 48-hour discharges and 49 early discharges within the borough. The totals for the year are therefore 348 domiciliary confinements, 664 48-hour discharges and 1,025 early discharges.

Staff

Thirteen midwives remained in post throughout the year.

Training

Two midwives attended statutory refresher courses and all midwives enjoyed lectures arranged by the chief nursing officer. Some of the midwives participated in a two-day in-service training on 'Preparation for Childbirth'.

Pupils

Eighteen pupil midwives completed their twelve weeks domiciliary training during the year, eight of whom were undertaking training at Hillingdon Hospital. In September, three students from West Middlesex Hospital commenced their domiciliary training (under the single period midwifery training scheme). The five statutory public health lectures were given by Dr E N Christie to twenty-eight students from West Middlesex Hospital, Queen Charlotte's Hospital and Hillingdon Hospital. A programme of weekly lectures on community

care' was made possible by the co-operation of the health (including environmental and mental welfare) and children's departments. Arrangements were made for these important series of lectures to be organised by the London Boroughs of Hounslow and Richmond upon Thames alternately.

Co-operation with Family Doctors

Greater development in the attachment scheme of midwives has ensued throughout the year.

Emergency Obstetric Units

Units are still at Hillingdon and West Middlesex Hospitals but the services were not required during 1970.

Analgesic Apparatus

Entonox and trilene machines are used by the borough's midwives.

Maternity Service Liaison Committee

The committee met twice during 1970 when developments and problems of mutual interest were discussed.

Health Visiting

The year 1970 has been an active and stimulating one within the health visiting section of the department.

Winds of change have given rise to much thought on the needs within the community and the best way of meeting them. However, the changes brought about by the implementation of the Social Services Act before the unification of the health services has increased the need for flexibility and communication.

The opening of the Family Doctor Unit at 92 Bath Road in January 1970, the Health Centre in Maswell Park in August and the attachment of health visiting staff to general medical practices, have paved the way for closer communication between family doctors and community nursing personnel.

General practitioner/health visitor attach-

ment schemes continued to be implemented and during the year nine health visitor attachment schemes were arranged with seventeen doctors working either in group or single practice. At the end of 1970 there was a total of thirty-one doctors working in thirteen groups or single practices with an attachment of fifteen health visitors. In January 1971 there will be a further attachment of eight health visitors to seventeen doctors working in ten groups.

The work of the health visitor remains primarily preventive and is concerned with the health of the family as a whole, providing a continuing service to families and individuals in the community. The effect of Section 11 of the Health Service and Public Health Act 1968 is to widen the areas within which she may work. Health visitors may be expected in future to carry out their duties not only in people's homes but also in doctors' surgeries and health centres, usually within general practitioner attachment schemes. Her statutory duty to visit the mother with a young baby in the home remains and continuing support to the normal family is her responsibility. Early detection of deviation from normal in the mental, psychological or social fields, is of paramount importance.

The health visitors supportive role to problem families and families with problems is still retained and is very much the continuing link with the family before, after and often during the period of referral, to another agency for specialised help.

Participation in research such as the Obstetric/Child Health Project, the Co-ordination of Services for the Mentally Sub-normal and the Infective Hepatitis survey have opened up interesting aspects of work for the health visitor.

Health education in schools has been requested by several head teachers and health visitors have welcomed the opportunities presented.

Registration of child minders and pre-school play groups continued with a depleted senior staff. During the year 106 child minders and 7 play groups were registered, bringing the total registered in each group to 238 and 40 respectively.

It is abundantly clear that the health visitor is able to give a service to the public which is of great benefit to individuals and families. The theoretical training now given in the colleges and the practical work supervision by the field work instructor has given rise to a highly qualified health visitor possessing advanced ideas regarding the work and standard of service she is to provide in the community.

The clinic/school nurses have given valuable service both in clinics and schools and offer great support to the health visiting service.

Staff

The establishment of health visiting staff including tuberculosis visitors, clinic nurses and student health visitors was limited to 50 and comprised 42 health visitors, 2 tuberculosis visitors, 5 student health visitors and 1 clinic nurse specially appointed to South Hounslow Health Centre.

There was a separate establishment of 3 group adviser health visitors and 1 staff/student health nurse.

There were many staff changes during the year. Miss Harding, Principal Nursing Officer, Health Visiting, resigned in March to take up an appointment as Chief Nursing Officer in the London Borough of Wandsworth.

Training

Three student visitors successfully qualified and five health visitors completed the field-work instructors' course. Eighteen health visitors took the two-day course in Psychoprophylaxis in Preparation for Childbirth and three attended refresher courses. A General Practitioner Attachment course was attended by the Deputy Principal Nursing Officer. Visits were paid by the staff to Ashford Hospital, Cassels Hospital and Harefield Hospital, the latter in order to see the cardiac 'pace-makers'.

The Further Education Teacher's Certificate became an approved course and one health visitor is undertaking this on a day release basis. Another member of staff is undertaking the course on her own initiative in the evening as only one place was approved.

The Chief Nursing Officer organised several lectures and discussions. Lecturers included Miss Lamb, Deputy Chief Nursing Officer from the Department of Health and Social Security, and Mr J Burrows, lecturer in Sociology at London University. Both hospital and community nursing staff participated, an interchange of ideas took place and contact with colleagues established. Plans were also made for a series of lectures on the theme 'Continuity of Patient Care'.

Sponsorships

Five sponsored students commenced training in the autumn 1970, including one taking the integrated course of SRN/DN/HV. Three others, not sponsored by Hounslow, also commenced in the autumn.

Approximately one hundred and fifty other students and post-graduate visitors had experience in the department or paid visits of observation, including some overseas post-graduate public health nurses.

Group Advisers

These members of staff have contributed greatly in assisting with administration and in giving support to fieldworkers.

Mothers' Clubs

The three Mothers' groups are active and a wide range of subjects have been covered.

Family Planning

The establishment of an afternoon family planning clinic at Bath Road and the inauguration of a domiciliary family planning service were welcomed by the health visitors. These increased facilities enable more cases to be referred.

Senior Nursing Officers Weekly Meetings

These have continued to be a vital function within the department and the senior staff have as a result developed a wider concept

of community care.

Home Nursing

Home nursing has as its aim the patient's physical, psychological and social well being, so that he may be restored to health or happily adjusted to his limitations, or in the case of terminal illness, given the greatest comfort.

During 1970 the attachment of home nurses to family doctors continued to develop. A pattern of work has emerged which has much to commend it. Ten home nurses undertake treatments in the family doctors' surgeries daily, in addition to treatments in the home. Three nurses also return to assist at evening surgeries. These surgery treatments relieve the doctor, often avoid the necessity for patients to attend hospital out-patient departments and allow the family doctor and nurse in liaison to give a wider range of continuous patient care. Two nurses were appointed in March 1970 to the Treatment Centre of the Family Doctor Unit, Bath Road to assist the twelve family doctors working from the Health Centre. These nurses cover the hours of 8.45 a.m. - 7.00 p.m. and carry out simple diagnostic tests, prophylaxis (immunisation and cervical cytology) and active treatments. The average number of patients treated each month (during the last quarter of the year) was 1,040. Although the total number of patients treated in their own homes was approximately the same as in 1969, the number of elderly people cared for rose by 24 and visits increased by 1,355 to a total of 100,064. The increase in establishment of 1½ (full-time equivalent) nursing auxiliaries furthered the policy of maintaining and supporting people within the community.

Laundry Service

The incontinent and infirm benefit from this service which is conducted by the home help organiser under section 13 of the Health Services and Public Health Act 1968 for households to which home help service is being or can be provided under this Act.

Staff

The establishment of home nurses was increased from a total full time equivalent of 34½ to 36½ and was augmented by a total full time equivalent of 3½ nursing auxiliaries.

Training

Staff enjoyed lectures arranged by the Chief Nursing Officer. The lecturers included Miss A N Lamb, Deputy Chief Nursing Officer, from the Department of Health and Social Security, Mr John Burrows, lecturer in Sociology at London University, who presented the Mayston structure and outlined social policy anticipated within the Health Service. Dr Colin Herridge also gave a series of lectures on the role of the community nurse in the psychiatric field. Dr Herridge's lectures were one of the high-lights of the year and were followed by a visit of observation by the staff to Springfield Hospital.

Marie Curie Nursing Service

Sixteen patients were nursed at home under this scheme during the year. Difficulty has been experienced in retaining staff since the work is of a spasmodic nature.

Home Help Service

The Home Help Service continues to meet the needs of people who because of sickness or infirmity are unable to carry out their household duties.

The need for help in maternity cases has diminished because more babies are being born in hospital but the need for the service for old people has increased.

The washing centre set up in January, 1968 has flourished and proved a useful adjunct to the service both for old people and the incontinent sick.

It is apparent that the Home Help Service is increasingly appreciated by the public and the medical, nursing and social services.

The good neighbour service still continues to supplement the home help service and often

enables home care to be continued whereas hospitalisation would be the only other alternative.

The residential help service has been used in five homes where children were being cared for temporarily in their own home whilst their mother was in hospital thereby keeping the family united and avoiding them being taken into care.

The high standard of integrity and understanding coupled with domestic skill has been maintained and at 31st December, 1970 there were 132 full-time equivalent home helps on the staff.

Two thousand and seventeen homes were given a total of 275,821 hours of help during the year.

The type of case to which service was given is

	1970	1969
Aged (65 years and over)	1,633	1,597
Chronic sick and tuberculous	166	153
Maternity	80	93
Mentally disordered	9	13
Others	129	158
Total	2,017	2,014

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 1970 there were 71 formal notifications of pulmonary tuberculosis and 21 of non-pulmonary tuberculosis, compared with 59 and 24 notifications respectively in 1969.

The total number of cases on the register at the end of the year was 1,810 (pulmonary - males 833, females 686, non-pulmonary - males 116, females 175).

Table 13 shows an analysis of all cases notified during 1970.

There was 1 death from tuberculosis in 1970.

Loan of nursing equipment

The British Red Cross Society continues to operate a scheme for the loan of nursing equipment on behalf of the council. Charges for this service are nominal but in certain circumstances are abated or waived. Monies received from loan charges enabled the British Red Cross Society to provide replacements for smaller items of worn equipment.

Recuperative holiday homes

During the year the borough council accepted responsibility under section 12 of the Health Services and Public Health Act, 1968 for the maintenance of 116 persons in recuperative holiday homes. Seventy-one were admitted to such homes, 22 were cancelled or withdrawn.

Chiropody Service

The chiropody service is available for the elderly, physically handicapped and children. This is provided at fully equipped council 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 treatment.

The demands on the council's directly-provided service continued to increase during 1970. An average of twenty-six weekly sessions were held throughout the year in local authority premises, compared with twenty-four during 1969. A total of 1,351 clinic sessions were held at which 2,189 patients made 9,679 attendances for treatment. Six chiropodists made 6,468 home visits to aged and infirm patients who were unable to attend the clinics. The number of patients requiring domiciliary treatment increased from 978 to 1,236.

The Heston and Isleworth Old People's Welfare Committee works in close co-operation with the department of health and provides an invaluable service as an adjunct to the local authority's directly-provided service. During the year 136 domiciliary patients received a total of 693 visits and 209 patients made 930 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	485	1,634	7,318	9,437
Physically handicapped	7	21	84	112
School children	24	5	61	90
Others	4	9	27	40
Totals	520	1,669	7,490	9,679

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	397	766	4,944	6,107
Physically handicapped	12	61	288	361
Totals	409	827	5,232	6,468

Problem families

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

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

- (a) Identifying needs and difficulties and then considering them in the context of the whole family.
- (b) Effective use and organisation of resources.
- (c) Early referral, where necessary, to other departments or agencies.
- (d) Adequate support to the worker most closely involved and improved communications between all the agencies concerned.

Health Education

As anticipated many requests were received for talks on matters of health education to be given to various groups and organisations. These were met by the professional staff who gave lectures on smoking and health, cervical cytology, the care of the elderly, dental caries, cancer, preparation for retirement and the function of the council's new health centres in the community. The talks were often illustrated by films, film strips and visual aids. They were well received and an increased demand for this personal dissemination of information on health matters is being

maintained.

A further two mothers' clubs were started during the year and with those already established gave mothers the opportunity of meeting and making friends. The clubs also afforded an opportunity for the professional staff to teach the mothers parentcraft and instruct them in other aspects of health education.

The medical officer responsible for the student health service met several enquiries from lecturers at the two polytechnics in the borough for information and advice on the occupational health aspect of the subjects they taught. These included dermatitis caused by chemicals, skin cancer caused by continuous contact with cutting oil and hazards of inhalation of hair lacquer by hairdressers.

The addition to the departmental establishment of a staff/student health nurse in July made it possible to increase the health counselling facilities already available to students.

Talks on the social, mental and physical problems of adolescence were given to parents of students and several parents asked for individual consultations regarding the health of their teenage sons and daughters who were attending college.

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

The employment of a full time technical officer to service equipment and project films and the purchase of the more popular 16 mm film projector has been of enormous support to the professional staff. Selected members of the health visiting staff have been trained in the use of an increasing variety of projectors being used in the department for health education purposes.

Posters concerned with health subjects were regularly displayed in schools, health centres, clinics and factories as well as on public notice boards. About 19,000 pamphlets covering a wide variety of health topics were also distributed throughout the borough. Topical

health subjects were featured in the borough's news sheet 'Progress' and in the field of publicity we continued to enjoy the co-operation of Mr R C Skinner, the Council's Press and Information Officer.

Home Safety

Mr Jones, Home Safety Officer reports as follows

The Home Safety Committee continued their efforts over the past year to reduce the number of accidents which occurred in and around the home and particular subjects covered included the misuse of fireworks, the door to door distribution of samples, the misuse of oil heaters and the new colour coding of flexing electrical cords.

Continued support has also been given to provide the assessment for the examinations relating to the Guide Movement and to talks to women's organisations on the question of safety in the home.

The Hounslow Project

Work on the Hounslow Project, begun in summer 1965 by Eugene Heimler, then Social Work Organiser in the health department of this borough was brought to a conclusion in September, 1970. This research project had set out to develop and experiment with predictive and preventive social work methods for the speedier identification of those at risk in the field of mental and emotional illness. An important part of the work was the refining of a scale of social functioning (HSSF), developed by Professor Heimler in the Health Department of Middlesex County Council when working with the long-term unemployed. The HSSF asked questions regarding satisfactions and frustrations in five basic areas of life - work, finance, family relationships, friendships and personal/sexual areas - the basic hypothesis being that too little satisfaction and/or too much frustration endangers people to a point where they begin to drop out of society or can only function with massive support from helping

agencies such as social workers, family members, doctors, clergy.

During the five years of the project's existence, many people from helping agencies of all kinds, in this country and abroad, came to investigate social functioning ideas. Large-scale validation plans were drawn up with the encouragement of the Ministry of Health but the research grant offered did not materialise. Support, therefore, for this aspect of the research was to be sought overseas and is now forthcoming through the University of Calgary and the Canadian Department of Immigration & Manpower. The methods pioneered in Hounslow by Professor Heimler are being integrated into the social work curriculum of the dynamic new Social Work Training School of the University of Calgary. In the same university, in the Department of Education, Professor Philip Vernon, world-renowned validation expert, is taking an active interest in the scale and will be at hand to guide the further validation plans. At government level, the Canadian Department of Immigration & Manpower will finance a nationwide survey of the satisfaction/frustration levels of the populations of all the provinces of Canada.

In USA, both government and social service agencies are training their workers in Social Functioning methods and feeding research material back to the University of Washington, Seattle.

Meantime, in Hounslow, basic experiments with social functioning methods and ideas have been continued by Louise Dighton and the results shared in open seminars with interested social workers from a number of borough departments and service agencies.

In the mental health division, where a great deal of the work has been centred, much material has been gathered and patterns of functioning of the well and the sick can now be compared. Further, the scale has made it possible to demonstrate diagrammatically changes resulting from therapeutic intervention.

In June 1970 a presentation of the work of the project was made to Professor Caplan's community care course at the Tavistock Clinic. Those attending were drawn from community care services over the whole of Great Britain

and many requests for further information and involvement have followed. A similar presentation was made in September to a national group of Welsh social workers.

For the third year in succession, the project was visited by a group of scholars from Asia, Africa and the Far East who, under the auspices of the World Council of Churches, came to Britain to study British social work experiments. The Hounslow Project is voted the most interesting of many fieldwork visits.

With Dr Bennett's encouragement, experimental group work, using social functioning methods, was tried over twelve months with delinquent boys at a nearby senior boys' approved school. Results were compared with the satisfaction/frustration patterns obtained from a study of three of Hounslow's well-known youth clubs and, latterly, with a large sample of students of the University of Surrey. Further plans to add to this study a sample group of handicapped young people could not be completed in the time. A paper on this work was presented to the National Youth Service Association and aroused much interest.

In August, Louise Dighton was invited to visit the West Coast of America, to share with social workers there her experiences in the development and use of social functioning ideas. Lively interest was shown by various helping agencies, hospitals, welfare departments, delinquency services and others, and engendered a steady demand for training.

In Hounslow, clergy from the parish of Heston are now adapting social functioning methods and philosophy to the needs of parish work and a study of personal patterns of satisfaction and frustration forms an integral part of the 'Preparation for Marriage' groups that meet regularly.

In conclusion, the Hounslow Project has surveyed the satisfaction/frustration patterns of many groups, both within and outside the Borough - those who function and those who fail to function under the great pressures of modern life. It has proved the value of the new scale of social functioning as a quick and effective diagnostic instrument. At a significant moment in the history of social

work it offers social workers a new tool, plus a philosophy, whose significance has yet to be fully realised. Many plans have not materialised but continuing work supports the researchers' belief in the value of this new approach as a way of helping people to live more satisfying lives.

Finally, the two principal workers in this research, Professor Heimler and Miss Louise Dighton, wish to express their great indebtedness to the health committee, and in particular to Dr Lindon, for unfailing support and encouragement throughout the difficult and often frustrating life of this complex research.

Cervical Cytology

There has been a slight decrease in the number of women attending the council's clinics for primary smear and other screening tests. Some industrial concerns co-operated by allowing groups of women to have time off to attend the clinics and at the invitation of the management a weekly cytology and screening session was held at a large factory in the borough over a period of several months. Of the 212 women examined at this factory there were no positive smears but 36 women were referred to their family doctors for gynaecological and other reasons.

The Council's service was expanded by the introduction of three-yearly re-tests for women who had attended previously for their primary test and during the year 414 women attended for this purpose all of which produced negative results. Apart from taking a cervical smear, the examination consisted of routine urine tests, recording of blood pressure, examination of breasts and bi-manual vaginal examination.

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

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

	1970 Primary tests	3- yearly re-tests	1969 Primary tests
Women tested	1,117	414	1,326
Negative results	1,116	414	1,319
Positive results	1	-	7
Gynaecological defects referred to family doctors	183	42	91
Referred to family doctors for other reasons	12	3	9

Carcinoma in situ was confirmed in the one patient with a positive smear and she had a cone biopsy followed by a hysterectomy. The patient was a married woman aged 42 years.

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

	Primary tests	3-yearly re-tests
Trichomonas	21	6
Monilia	22	4
Vaginal cyst	4	-
Fibroids	5	1
Erosion of the cervix	25	1
Cervical polyp	16	2
Other gynaecological conditions	90	28
Breast conditions	5	-
Reasons other than those stated above	7	3
Totals	195	45

Renal dialysis in the home

A request for adaptation of premises was received on behalf of one patient during the year. Half the 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

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

One hundred and eighty one medical officer sessions were held this year, the attendances at which totalled 549. One hundred and fifty nine sessions with a midwife only in attendance were held the attendances at which totalled 664.

Attendances at the mothercraft and relaxation clinics numbered 2318, 84 more than last year. Only 49 mothers took advantage of the council's facilities for post-natal examinations.

Many patients booked for confinement in hospital are supervised at the clinics during the middle months of pregnancy and return to the direct care of the hospital obstetricians as they approach term.

Child Health Clinics

During the year, 1,475 sessions were held at which 7,930 children made a total of 42,404 attendances representing a fall of 3,127 attendances compared with 1969. The provision of child health clinics with attendant dental and immunisation clinics forms a significant part of a local authority's services but it is hoped

that interested family doctors in association with the health visitor will take on more of this work in health centres as part of family medical care providing routine supervision of children under 5 years in their practices.

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 £12,895 was received for the sale of proprietary preparations.

The quantities of national welfare foods issued were

National dried milk (tins)	6,418
Orange juice (bottles)	66,996
Vitamin tablets (packets)	3,017
Cod liver oil (bottles)	2,155

Notification of congenital defects apparent at birth

Since 1st January 1964 it has been a statutory requirement that all congenital malformations apparent at birth be notified to the medical officer of health at the same time as the notification of birth. The names of children so notified are included in the department's observation register as children at risk, and particulars are also sent each month to the Department of Health and Social Security. The following is a list of defects notified during 1970

Central nervous system

Anencephalus	5
Spina bifida	3
Hydrocephalus	1
Microcephalus	1
Other specified malformations of brain or spinal cord	2

Eye and ear

Other specified malformations of eye	1
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Alimentary system

Cleft lip	6
Cleft palate	8
Other specified malformations of alimentary system	1

Heart and circulatory system

Specified malformations of heart and circulatory system	2
Unspecified malformations of heart and circulatory system	1

Respiratory system

Other specified malformations of respiratory system	1
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Urino-genital system

Indeterminate sex and true hermaphroditism	1
Hypospadias, epispadias	3
Undescended testicle	1

Limbs

Polydactyly	1
Syndactyly	4
Reduction deformity hand or arm	1
Reduction deformity leg or foot	1
Talipes	5
Congenital dislocation of hip	1
Other specified malformations of leg or pelvis	1
Unspecified limb malformations	1

Other parts of musculo-skeletal system

Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	5
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Other systems

Other malformations of face and neck	1
Exomphalos, omphalocele (excluding umbilical hernia)	1

Other systems (contd.)

Other unspecified malformations of muscles, skin and fascia	1
Pigmented naevus	1

Other malformations

Other and unspecified congenital malformations	2
Multiple congenital malformations not specified	2
Down's syndrome (mongolism)	3

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

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

Joint Obstetric Child Health Project and Observation Register

I am grateful to Dr Anne Jepson for the following report

Aim: to determine whether the selective population screening method is a practical method of screening children for handicapping conditions.

Twelve years ago there was increasing concern about the number of children found to have handicapping conditions. It was felt that the adverse effects of a handicap on the normal development of many of these school children would have been lessened by earlier diagnosis and treatment. Dr Fisch suggested that a register should be compiled of children thought to be particularly at 'risk' of developing a hearing loss and Dr Robert Lindon suggested that all local authorities should maintain a

register of children known to have a handicapping condition or who were likely to develop such a condition. Dr Mary Sheridan amplified the principles set out by Dr Fisch and Dr Lindon, and at the same time drew up a list of factors occurring during pregnancy and the perinatal period which appeared to be connected with the subsequent development of a handicapping condition. Many local authorities, including Hounslow, began to keep 'At Risk' or 'Observation' registers. The latter is a more satisfactory name for these registers, since the children are, in fact, under observation, but the factors which determine their inclusion on these registers are referred to as 'risk factors'.

The early detection of any handicap is vitally important. The severity of the condition can then be lessened by early diagnosis and treatment. For example, the limb deformities which develop in a child with cerebral palsy can be greatly ameliorated by early treatment and the prognosis for speech and language development in the deaf child is greatly improved when a hearing loss is diagnosed within the first eighteen months of life. Early detection also enables the child's family to make the adjustment to his problems at an early age and helps them to come to accept him as an individual in his own right. The authorities concerned in child care are also alerted to future needs and are able to plan suitable services. Lastly, early detection enables research to be carried out into the effects of early treatment and makes possible the comparison of different methods of treatment.

At present there are three methods of detecting children with defects or developmental delay. Firstly the symptomatic method which relies on the children being brought for treatment after the onset of symptoms which have become apparent to the parents. Often this may be too late for the most effective treatment to be given. For example, the treatment of a dislocated hip is effective and relatively simple within the first few weeks of life, but much less so later on. The second method is total population screening. By this method the whole population is examined or screened for defects. In theory this is the most satisfactory method



A mother and her baby taking part in the Joint Obstetric Child Health Project being conducted in the Borough.

but in practice it is not possible due to the cost in manpower, time and money. The third method is that of selective population screening. By this method, a section of a given population is identified in which the likelihood of defects occurring is much higher than average. Once such a group is identified, the concentration of available medical resources on this group would seem to be justified. The method of selective population screening is the one used by local authorities who keep observation registers but recently these registers have been criticised. The criticism has been directed towards the size of the registers, in some areas 50% of the children born in a year have been included, but also, and more seriously, towards the fact that a sizeable proportion of children who are found to have handicapping defects have not, in fact, been placed on the observation register. Consequently the method of selective population screening is in danger of falling into disrepute.

The workers on the project believe that the concept of selective population screening is basically sound, but that in the past insufficient attention has been given to the criteria used for identifying the 'at risk' groups, resulting in large registers, and the identification of a low proportion of children with handicapping conditions. The Joint Obstetric-Child Health Project set up in Hounslow aims to determine whether it is possible for a method of selective population screening to be effective or whether the deficiencies inherent in the method and its application are so great that total population screening is the only method of value.

During the study 2000 Hounslow children born consecutively at Chiswick maternity hospital or as the result of domiciliary confinements within the borough are being screened for developmental defects at regular intervals until they are four years old. During the period of the project the observation register will be maintained as at present, all the criteria or relevant 'risk factors' having been carefully defined.

The group of children from the total 2000 thought to be 'at risk' of developing a defect will be placed on this register. At the end of

the five year period it will be possible to see whether the majority of children with handicaps are to be detected as the result of inclusion on an observation register, or whether they are detected only as the result of total population screening.

Hounslow was chosen as the area best suited for the purpose of the project, as it has an observation register already in operation, there is excellent liaison between the health department, general practitioners, and hospital obstetric services, and the population is relatively stable. There is an outward removal of some 7% annually of children under five considerably less than that shown by other London boroughs.

The cost of the project over the five years is to be met by a grant from the Department of Health and Social Security. The paediatrician to the project is Dr Zinkin, senior lecturer at the Institute of Child Health, overall direction being given by Dr Holt from the Institute of Child Health and by Dr Lindon. There is a full-time research medical officer to the project, a full-time health visitor and a secretary. The obstetric direction of the project is under Mr Matthews and Mr Dunster of the West Middlesex Hospital. A great deal of information about each child will be available, information will be computerised, and a statistician to the project has been appointed.

The planning of such a project was extensive. A great deal of administrative work and the clinical application of the screening tests used in this project is being undertaken by the borough medical officers under my guidance.

Before the project was started, an in-service course in developmental paediatrics was run for the medical officers of the borough, attended by representatives from the nearby boroughs who it was hoped would be able to help trace families who move into their areas.

Meetings were held with the general practitioners of the area and a course in developmental paediatrics was held at the Post Graduate Centre of the West Middlesex Hospital. Several meetings were held with the health visitors, during the first few months of the project the co-operation between everybody concerned has been excellent and, most important of all, there has been great

interest in the project by the mothers of the babies concerned.

Phenylketonuria

Screening for phenylketonuria is undertaken by the Guthrie blood test and is normally conducted by midwives in hospital or domiciliary practice during the first 14 days of a baby's life, or it may be done by health visitors. Two children were found to be positive to the test during the year.

Care of the unsupported mother and her child.

The work of caring for unsupported mothers in the borough is shared between the medical social workers based on the health department of the London Borough of Ealing and those of Hounslow and District Welcare Association. 153 new cases were dealt with by Welcare in 1970 and 10 by Ealing.

As in 1969 considerably more mothers kept their babies than those who offered them for adoption. The corollary of which is that more after care work needs to be undertaken, as the majority then face considerable problems as well as being subject to great mental and physical strain. Accommodation and relative isolation present constant problems particularly during the first two years and to help combat this Welcare have now instituted group meetings for these mothers once a month. These meetings have not only provided opportunities for companionship and discussion and for the children to play together, but also an informal atmosphere which enables social workers to obtain a deeper understanding of the individual needs and problems of the mothers and the children. The size and complexity of the problems require constant attention.

A high illegitimacy rate is symptomatic of a troubled society, and one in which education in its fullest meaning needs to be more positive which among other things, will help to reduce illegitimacy. No matter how effective the after-care services, they still fall far short of the love and security to be found in a stable, happy home with the influence of a father.

During the year the borough, subject to the usual assessment procedure accepted financial responsibility for 20 mothers placed in mother and baby homes.

Day Nurseries

The three day nurseries in the borough provide 136 places - 50 children at Danesbury Road, Feltham, 32 at Portsdown House, Brentford and 54 at Nantly House, Hounslow.

During the first five months of the year the three nurseries cared for their usual complement of children but in June part of Nantly House was demolished to enable a start to be made on building a new nursery, which reduced the places to 44 and restricted the children's outdoor play area. Fortunately, the magnificent garden, which the children have enjoyed greatly over the years has enabled enough ground to be allocated for the new building without closing the nursery. The land remaining will be attractively landscaped and provide a setting for outdoor play.

Good progress has been made but it will be the autumn of next year before the nursery is finished and ready for the admission of 56 children qualifying for admission under the current priority arrangements. In addition there will be accommodation for nine severely handicapped young children, for whom a special unit has been designed, including facilities for physiotherapy. To a certain extent the smaller number of places for priority children in Nantly House since June has been offset by the placement of some children with registered child-minders or nurseries with a high standard of care. Charges for these services are determined by individual child-minders or supervisors of day nurseries and parents are assessed according to their means by the borough treasurer who applies the same scales as those made for placement to the local authority's day nurseries. Other children requiring less than a full day's care and stimulation, have, with the co-operation of the borough education officer been placed in nursery schools or classes in the borough.

Despite these measures, some needs of the under fives are still unmet or, at best,

delayed beyond the optimum time for intervention and support, as is evidenced by the fact that each day nursery still has a waiting list as also by information reaching me from other sources. Suggestions and proposals continue to be put forward for additional day nursery provision in the borough so as to provide an effective and comprehensive service for young children in need but the lack of suitable sites has been a factor in delaying implementation.

The attendances made by children during the year were:

Feltham day nursery	11,107
Portsdown House day nursery	6,926
Nantly House day nursery	8,866
Total	26,899

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

The following were registered at the end of the year

Private day nurseries (including playgroups)	
40 with accommodation for 881 children	
Child Minders	
238 with accommodation for 457 children	

It is a widely acknowledged fact today that many pre school children benefit emotionally, intellectually and socially from attending nurseries and playgroups. The increased number of private nurseries and playgroups within the borough is therefore seen as part of a national trend towards the development of such facilities. Indeed the Hounslow branch of the Pre-School Playgroups Association has been extremely active in both developing and co-ordinating private efforts within the borough and there has been much useful liaison with both the health and education departments in the formulation of their plans and subsequent registration, and afterwards in the departments fulfilling supportive roles etc.

The in-training of supervisory staff has also continued and been much appreciated

and the contributions to the courses made by my staff greatly appreciated. The increase in the number of child-minders has been even greater than in nurseries, many mothers registering in order to care for only 2 or 3 children but often supplying a local and neighbourhood need, which at least, obviates children being involved in lengthy journeys and generally shortening the time in which they are away from their own homes. Unfortunately very few single-handed child-minders find it possible to attend an appropriate course though some do take advantage of an evening class now provided at Chiswick Polytechnic. The educational work undertaken by health visitors on the occasions of home visits can here be invaluable in supporting and advising mothers who not only care for their own children but also those of other parents.

The importance of the pre-school years cannot be over-emphasised, since it is in these years that intellectual curiosity, development and confidence can be most fruitfully encouraged. The Nurseries and Child Minders Regulation Act 1948 refers to children who are "minded" during the day but many enlightened parents nowadays have recognised the desirability of a service that is much more positive than that implied in the term "minding" and have been able to demonstrate their readiness to take an active part in the provision of their young children's needs. Future social historians, I have little doubt, will recognise the development of the Pre-School Playgroups Association in the 1960's as of crucial importance in the effort to develop human potentialities to the maximum. The greater awareness of children's needs is of the highest significance and the intelligent young mothers of today who have involved themselves in meeting these needs have performed an inestimable service to thousands of children whose capacities might never have been stimulated but for their courage, vision and drive often against many odds. Volunteer effort still has much to contribute to the well-being of the nation and it is pleasing to report that in this borough the local authority has been able to afford considerable support, and advice, when needed, to those playgroup workers, who have

the best interests of our young children at heart.

Family Planning

Since the 1st January 1969, the council has provided free advice on family planning to borough residents, married or unmarried. Free supplies are available for those in medical or social need.

The Family Planning Association, acting as agents for the borough council, operate sessions at six clinics within the borough of which one, with the permission of the hospital authority, is held at the West Middlesex Hospital. There has been a steady expansion of clinic services and the number of sessions has been increased to 19 a week. The greatest demand from patients has been for evening sessions.

Family planning arrangements for the whole area were discussed at meetings of the local maternity services liaison committee so that close co-operation has been established with the staff of the local hospitals in publicising our respective clinics. Visits to maternity wards by a team of voluntary workers recruited

by the Family Planning Association, offering leaflets and clinic lists to individual patients was found to be particularly helpful. The services available are publicised at clinics, health centres, libraries and other public buildings, also at doctors surgeries and factories. Leaflets in several languages are also available.

In co-operation with the Family Planning Association a free domiciliary family planning service was introduced towards the end of the year for women, who for a variety of reasons are unable or unwilling to attend the clinics and for whom family planning seems particularly important. Twenty-three cases were attended. Hospital staff, family doctors, social workers and our own medical and nursing staff have been made aware of the domiciliary service so that they can refer appropriate cases.

Clinic statistics 1970

Clinic	New cases	Old cases	F P A transfers	Total attendances	Cervical cytology	N H S (Family Planning) Act 1967	
						Free advice	Free supplies
Bedfont	201	228	98	1,680	303	429	4
Brentford	140	119	31	1,192	248	259	20
Feltham	235	395	52	2,597	80	680	8
Heston	305	362	90	2,374	345	667	8
Hounslow	895	820	164	7,361	1,299	1,715	32
West Middlesex Hospital	202	9	49	786	126	211	6

Of the total of 2,028 new cases it was possible to classify 1,894 according to age, marital status and social class as shown in the table below -

Age at first attendance		Social class					
		1	2	3	4	5	Total
Married	15 - 20	3	11	55	6	3	78
	21 - 24	14	64	293	45	3	419
	25 - 29	22	71	221	32	8	354
	30 - 34	14	43	105	25	3	190
	34 +	9	30	134	25	2	200
	Total	62	219	808	133	19	1,241
Pre-marriage	15 - 20	3	15	80	5	2	105
	21 - 24	12	57	147	13	-	229
	25 - 29	6	9	15	1	-	31
	30 - 34	2	2	2	-	-	6
	34 +	1	-	1	1	-	3
	Total	24	83	245	20	2	374
Single	15 - 20	-	33	93	8	1	135
	21 - 24	3	27	71	8	-	109
	25 - 29	-	3	12	3	-	18
	30 - 34	2	1	9	2	-	14
	34 +	-	1	2	-	-	3
	Total	5	65	187	21	1	279

School Health Service

School Population

At the end of the year the total school population was

Nursery schools and classes	780
Primary schools	13,336
Secondary modern schools	254
Grammar schools	1,267
Comprehensive schools	2,212
Special schools	600
Total	21,259

Periodic Medical Inspection

Under the provisions of the Education Act 1944

The number of pupils submitted to periodic medical inspection during the year was 2,169 and the results are shown in Table 29. The physical condition of 60 (2.76%) was considered to be unsatisfactory. The concept of unsatisfactory physical condition varies with the examining doctor but the important point is that efforts are made to bring the pupil to a satisfactory physical state.

Special Examinations and Re-examinations

Any parent, head teacher, school nurse, speech therapist, physiotherapist or audiometrist and others may request the medical examination

Report of the Chief Dental Officer for the year 1970

Family Planning

Continuing efforts to persuade more parents to seek early dental treatment for their children was reflected in a slight increase in the number of pre-school children, examined, and treated during the year.

More treatment was also provided for expectant and nursing mothers, which was a

reversal of the trend exhibited in past years.

Both these increases probably substantiate the prediction made in my report as Principal School Dental Officer for the year 1968 concerning the increasing importance of local authority dental service in future years.

Family planning arrangements for the whole area are discussed at meetings of the local authority services liaison committee. A liaison officer has been established with the staff of the local authority hospitals and our respective clinics. Visits to maternity wards are made by a team of voluntary workers

	20	25	30	Total
Single	18	20	22	60
1-2	15	18	20	53
3-4	12	15	18	45
5-6	10	12	15	37
7-8	8	10	12	30
9-10	6	8	10	24
Total	70	84	100	254

Clinic statistics 1970

Clinic	New cases	Old cases	P.P.A. cases	Total attendances	Consultants	Nurse / Family Planning	
						Time	Supplies
Bedford	201	229	38	1,068	10	100	4
Brentford	140	170	31	1,192	10	100	10
Fellham	285	395	52	2,797	10	100	1
Hendon	305	365	50	2,374	10	100	1
Hornsey	285	320	164	7,361	10	100	10
West Middlesex Hospital	202	8	49	788	10	100	1

Report of the Principal School Medical Officer for the year 1970.

Organisation

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

Co-operation

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

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

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

School Health Service

School Population

At the end of the year the maintained school population was

Nursery schools and classes	290
Primary schools	19,389
Secondary modern schools	854
Grammar schools	1,967
Comprehensive schools	9,219
Special schools	580
Total	32,299

Periodic Medical Inspection

Under the provisions of the Education Act it

is the duty of a local authority to provide at appropriate intervals, for the medical inspection of pupils in attendance at any school provided by them. The authority may require the parent of any pupil, in attendance at such school, to submit the pupil for medical inspection in accordance with the arrangements made for such inspection.

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

When a periodic medical inspection is arranged, the head teacher is asked to submit the names of any other pupils in whose case special medical inspection is thought to be advisable. Pupils requiring follow-up from previous medical inspections can also be seen so that the visit of the medical officer to the school is used to cover a wider field than a selected age group. If the best results are to be obtained from these visits to school there should be close collaboration and consultation between medical officer and head teacher.

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

The number of pupils submitted to periodic medical inspection during the year was 8,168 and the results are shown in Table 29. The physical condition of 80 (0.98%) was considered to be unsatisfactory. The concept of unsatisfactory physical conditions varies with the examining doctors but the important point is that efforts are made to bring the pupil to a satisfactory physical state.

Special Examinations and Re-examinations

Any parent, head teacher, school nurse, speech therapist, physiotherapist or audiometrician and others may request the medical examination

of a pupil and these special examinations are usually carried out at clinics. Regular school clinic sessions are held at which a medical officer is in attendance. Where necessary special sessions are arranged.

The examinations carried out during the year were as follows

	Special examinations	Re-examinations
School medical inspection sessions	508	-
Routine clinic sessions	1,900	1,425
Employment of school children	632	1
Children being taken into care	36	-
Freedom from infection	148	-
Pupils at special schools	481	209
Attending hearing clinic	378	1,246
Possibly requiring special education	219	-
Epidemiological surveys	92	89
Total	4,394	2,970

The defects found at periodic and special medical inspections are shown in table 30.

Uncleanliness and Verminous Conditions

School nurses make examinations of children in regard to cleanliness of person and clothing and the presence of lice or their eggs (nits).

At one time all pupils were examined at least once each term but as uncleanliness of person or clothing is now rare, flea or body lice infestation almost unknown, and the incidence of head lice greatly reduced, such regular examinations are not now held. The nurse now visits schools to carry out these examinations at the request of the head teacher or where there are grounds for suspecting the presence of infestation. During the year the school nurses carried out 15,928

examinations and found lice or their eggs in the hair of 185 individual pupils. Today there is no excuse for such infestation and the infested pupils are now usually members of a hard core of families on whom neither persuasion nor threats seem to have any effect. In most cases the parents deal with the matter as soon as their attention is drawn to it, but 12 formal notices requiring the parent to cleanse the child had to be issued, and in 9 cases where the parent had failed to respond to the formal notice a cleansing order was issued for the pupil to be dealt with by the school nurses.

Foot Inspections

School nurses make regular foot inspections to discover the presence of plantar warts and other contagious skin conditions of the foot. During the year 6,768 foot inspections were carried out and 177 new cases of plantar warts and 7 cases of re-infection were found. A pamphlet was prepared for and was issued to school children.

Medical Treatment

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

Minor Ailment Clinics

These are staffed by nurses and are held at clinic premises each morning to treat slight injuries, skin infections and minor defects of eye or ear.

School Consultation Clinics

These are staffed by a medical officer and regular sessions are held at the various clinic premises. Parents are free to take their children for advice on any condition and

pupils may be referred by head teachers, school nurses and others. These sessions also provide facilities for the follow-up of conditions found at periodic and special inspections. Where active treatment is required, the pupils are referred to their own doctors or specialist clinics as most of the work done by the medical officer is advisory, educational or supportive.

Ophthalmic Clinics

The vision of entrants is tested during their first year in school and is repeated at age seven, eleven and fifteen years. When an eye disease, squint or defect of sight is found parents may use the facilities of our ophthalmic clinics where refraction is carried out by ophthalmic surgeons. A total of 2,084 children were seen at these clinics during the year and spectacles were prescribed for 487 pupils.

The examination of the vision of spastic and other children with severe physical handicaps requires special care and an ophthalmic surgeon visits Martindale School for the physically handicapped approximately once a month during term time. Some of these pupils also need special training to make the best use of their vision and the services of an orthoptist are also available.

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

Orthopaedic Clinics

These clinics are staffed jointly by the Regional Hospital Board who provide the orthopaedic surgeons and the local authority who employ the physiotherapists. Two clinics are held in the borough, one at Brentford Health Centre where Mr I D Archibald attends monthly from West Middlesex Hospital and the other at Hounslow Health Centre where Mr F Godsalue Ward has attended monthly until his retirement in March. Mr Ward was associated with Mr Ashford at Hounslow Hospital and his work at the Hounslow orthopaedic clinic was very much

appreciated. He has been succeeded by Mr Kingsmill Moore.

438 children were seen by the orthopaedic surgeons during the year and 105 children required treatment by physiotherapists at council clinics. In addition to attendances made at the Brentford and Hounslow clinics, a physiotherapist attends Busch House School daily to provide treatment for children suffering from asthma, bronchitis, cystic fibrosis and other conditions.

A physiotherapist also attends twice weekly at the Marjory Kinnon School for educationally subnormal pupils because of the increasing number of children with additional physical disabilities who are admitted to this school.

Speech Therapy

The establishment of speech therapists in the borough was increased during 1970 by 4 sessions a week.

The deployment has remained the same with 18 sessions per week at the Martindale School for the physically handicapped, and 6 sessions per week at the special language classes - these are termed diagnostic and developmental and take children currently functioning below their potential level. The children are given specific work according to their needs planned jointly by Dr Tyson, the teacher and the speech therapists. There are 4 sessions at the 2 junior training schools and 4 sessions at the Marjory Kinnon School for educationally subnormal children. At one session two speech therapists see children newly referred for speech therapy in order to assess their difficulties. The remaining sessions are spread between the various school clinics.

Once again the speech therapists took part in the survey of children entering school in the year 1970-71. The 1969 survey was held in Chiswick, and this year a survey commenced in Heston. The speech therapists were responsible for giving the Reynell Language Development Test. Considerable information collected in these two surveys is being processed by Dr Tyson and the figures are awaited with interest. The percentage with speech defects and severely delayed language are of particular value in

projecting future needs for speech therapy.

A further project has been undertaken by the speech therapists using the same language test, assisting the education department in evaluating the role of the nursery school in the development of language. All entrants to Cranford Infants School are to be tested over a long-term period. We are grateful to Mrs Barfield and her staff who have given every assistance with this work.

The new building at Bath Road has brought great benefits to the speech therapy service. One of the two adjoining sound proofed rooms is provided with equipment and toys and used as a play-room, while the other, designated as a shared room for audiometry and the senior speech therapist, is used for interviewing parents at assessment sessions. A happy and relaxed atmosphere is created for the investigation of children's speech difficulties.

At the height of the summer two speech therapists left the borough - the early marriage rate in the profession once more taking its toll! This is always an unfortunate time for recruitment and there were delays in bringing the establishment up to strength which resulted in the closure of some school clinics and to the central assessment clinic being held at Bath Road. Although this occupies two speech therapists they are able to see children under ideal conditions. The child's abilities in speech and language are assessed, its speech is recorded and parents are advised of the type of help needed. An outline plan of treatment can also be suggested to the therapist who will treat the child.

The speech therapists at Martindale continue to work as part of a harmonious team in developing their work in the school. During the year, afternoon meetings for the mothers of out-patients and nursery age children were started, one being held each holiday. These were informal and gave parents opportunities to air their difficulties with their children's speech and language, when questions could be asked and answered not only by the speech therapists but also by shared experience.

At the Marjory Kinnon School the excellent work being done in the junior school was halted by the speech therapist leaving at the

end of the summer term, and it was found impossible to staff the sessions adequately during the second six months of the year.

There is little doubt of the need for a full time speech therapist at the school and it is hoped that this can be arranged when the new building is completed.

Screening of pre-school children in Heston July/ August/September 1970 Dr Moya C Tyson BA BSc (Econ) PhD.

The Chiswick pre-school survey of 1969 (see Annual Report 1969) attempted to provide not only a useful service to parents of children about to start in infant schools or in nursery or reception classes, but also some valuable information about general levels of hearing, language and motor development in a fairly large population of predominantly four to five year olds. However, there were reasons why the results, although interesting, required checking by comparison with another large sample of four to five year olds. First of all the response by parents to the offer of a developmental check had been approximately 60%; therefore without other information it could be argued that this 60% was not typical of the whole population of the area, and that if everyone had taken up the offered appointments, a greater or lesser proportion of children with difficulties might have been discovered in the remaining 40% - although it was conjectured that because many names on the lists were from Health Visitors records dating back to the infancy of these children, and there is thought to be a fair amount of mobility in this part of London, it was possible that some of the children offered appointments were no longer in fact in the area thus reducing the 40% non-attendance figure (Head Teachers' lists covered a large number of the young children who would definitely be in Chiswick infant schools in September).

Secondly, pre-school or nursery experience had been shown to be quite an important factor in good language development, and it was important to see whether this finding held for another area of the Borough. Lastly, it would be useful to discover in another area whether

parents saw this pre-school check as helpful, and this could be judged only by assessing their responses in availing themselves of the appointments offered.

Because the Heston Hearing Clinic with its soundproofed rooms for testing hearing adjoins Heston School for the Deaf, where extra rooms could be found for the large team of workers needed to assess motor and language development of groups of children simultaneously, it was decided to continue the pre-school survey in Heston. The Director of Education very kindly gave permission for the use of some rooms in Heston School for the Deaf (and indeed Mr Wain Assistant Director of Education spent some time observing assessment during the period of the survey). The survey took place, as at Chiswick, over two separate weeks during the school holidays, one at the beginning and one at the end of the holidays.

Five of the Council's medical officers, six speech therapists and one psychologist, as well as Dr N O'Doherty Consultant Paediatrician of West Middlesex Hospital, Miss Dorothea Meyerhoff Educational Psychologist of London Borough of Hillingdon and Miss Dorothea Waldeck Senior Educational Psychologist of London Borough of Merton took part in the assessment procedures. Other medical staff assisted with administration, as did a finalist undergraduate student from the University of Surrey, as part of a summer research assignment.

On this occasion only head teachers' lists were used. Appointments were offered to 320 children and of this number 239 were brought to the Clinic (approximately 75%). In large scale research studies, 75% of a particular total population is considered to be a reasonable response. Obviously it would have been preferable to have a 100% response, but even if it is not possible to make confident statements about the total group that could have been seen, the response is sufficiently substantial to warrant reporting on it and comparing it with the Chiswick group.

Figure 1 shows the age range and numbers at each age of both Chiswick and Heston children, a total of 452 children. It will be seen that the Heston group contains no children below the age of 4 years 2 months, as there were no

nursery classes attached to Heston infant schools. Figure 2 shows the number of boys and girls in each group - roughly 51% boys and 49% girls in each area and in line with findings in other studies. Figure 3 shows the percentage of children with some form of pre-school experience in Chiswick and Heston, either in a play group or nursery. It will be noted that a considerably higher proportion of children in Heston had pre-school experience, but there were 45 children below 4 years 2 months in the Chiswick group, and of these 15 had some pre-school experience, while 30 had none; however, if the percentages are calculated in Chiswick for children of 4 years 2 months and above only, the percentage change is from 42 to 44%, a comparatively small shift. Proportions might suggest, however, that there is a greater tendency for parents to try and arrange for pre-school experience in the 4 to 5 age group than for the 3 to 4 year olds.

Family size was compared for both groups, and is shown in Table 1. It will be observed that the peak size in both Chiswick and Heston is the two child family, with Chiswick having a slightly greater number of larger families than Heston; it may be that there were greater numbers of young parents in Heston who have not yet completed their families. The place of the child in the family - birth order - was established at the same time, and is shown in Table 1 also. Here the greatest number in both areas was of first children, more in Heston than in Chiswick, possibly lending support to the idea that there were more as yet incomplete young families in Heston. One small but interesting fact emerging from the assessment of language development was that both in Chiswick and Heston, proportionately more of the children who had immature or defective speech were youngest children as against all other children whose articulation of speech did not arouse comment.

Hearing

In Chiswick as reported last year 20 children were found to have some hearing difficulty of which 6 were bilateral and 14 unilateral,

while 3 children were untestable. In Heston 21 children were found to have some difficulty of which 9 were bilateral and 12 unilateral. There were difficulties in testing one child, but on a second visit testing was successful and hearing normal. (Table 2).

Language

Figure 4 shows the percentage distribution of children in Chiswick and Heston with average or above average language scores, poor language scores or scores with a marked disparity between understanding and production of speech. It can be seen that the great majority of children in both areas showed average or above average language development. However, apart from the small percentages of children with poor or disparate language scores, there are small groups of children who are possibly more vulnerable and may need help. These include the children speaking a foreign language at home - about 11% of the sample in Chiswick and 6% of the sample in Heston and the children who had immature or defective speech - 8% in Chiswick and 4% in Heston. Again, the children who were difficult to test - some particularly shy or unco-operative - may have had slower language development also and therefore ought to be included in the groups who were possibly in need of some help. 25% of the total group in Chiswick, and 14% in Heston come into this category of children whose language development should be kept under review, so that if special help is required it can be given sooner rather than later, because of the need to support the more sophisticated language skills of reading and writing, as children progress through school.

One final figure, Figure 5, shows the relationship between pre-school experience and language scores for both areas. These percentages are on the main groups of children only, and exclude those who spoke a foreign language at home, were difficult to test or had articulation problems. It is noteworthy that the proportion of children with high or good average language scores is in both areas greater for children with pre-school experience of some kind. In Chiswick fewer children with pre-school experience had average or below average scores,

whereas in Heston there are more children with pre-school experience in all these groups, but with the difficulties in proportion becoming less at each drop in language ability. It has been regularly established in research on language development that socio-economic factors also account for difficulties in growth of language complexity and vocabulary, and therefore without more information and a finer analysis it is not valid to draw firm conclusions but nevertheless the finding was of interest.

Motor

The medical examination was altered slightly, dropping some items that appeared to show little discrimination at this age. A more rigorous classification of pencil grasp was used, and also an adaptation of an adult test of colour blindness for young children.

(a) Handedness

Of the main sample of 205 Heston children, 174 used their right hands for drawing and 20 their left hands, (see Table 3) and the rest alternated hands. This is a slightly lower proportion of left handed choice than Chiswick, but it has been shown in studies on hand preference that there is a slight shift towards right handedness with increasing age among those children who are not strongly right handed possibly due to convenience and social pressure (shaking hands, using a knife and fork etc). Among the children with articulation problems there were more children using the left hand than the main sample of this population, as at Chiswick.

(b) Colour Blindness

Two boys were found with colour blindness (and one father of a child!).

(c) Responses to other questions about pregnancy, and birth and early medical history of the child have been analysed but would be out of place in this report. It is proposed to submit two papers to specialised journals dealing with child development and speech on some of the findings in this large group of predominantly four to five year old children.

FIGURE 1. DISTRIBUTION BY AGE OF CHILDREN IN TOTAL SAMPLE

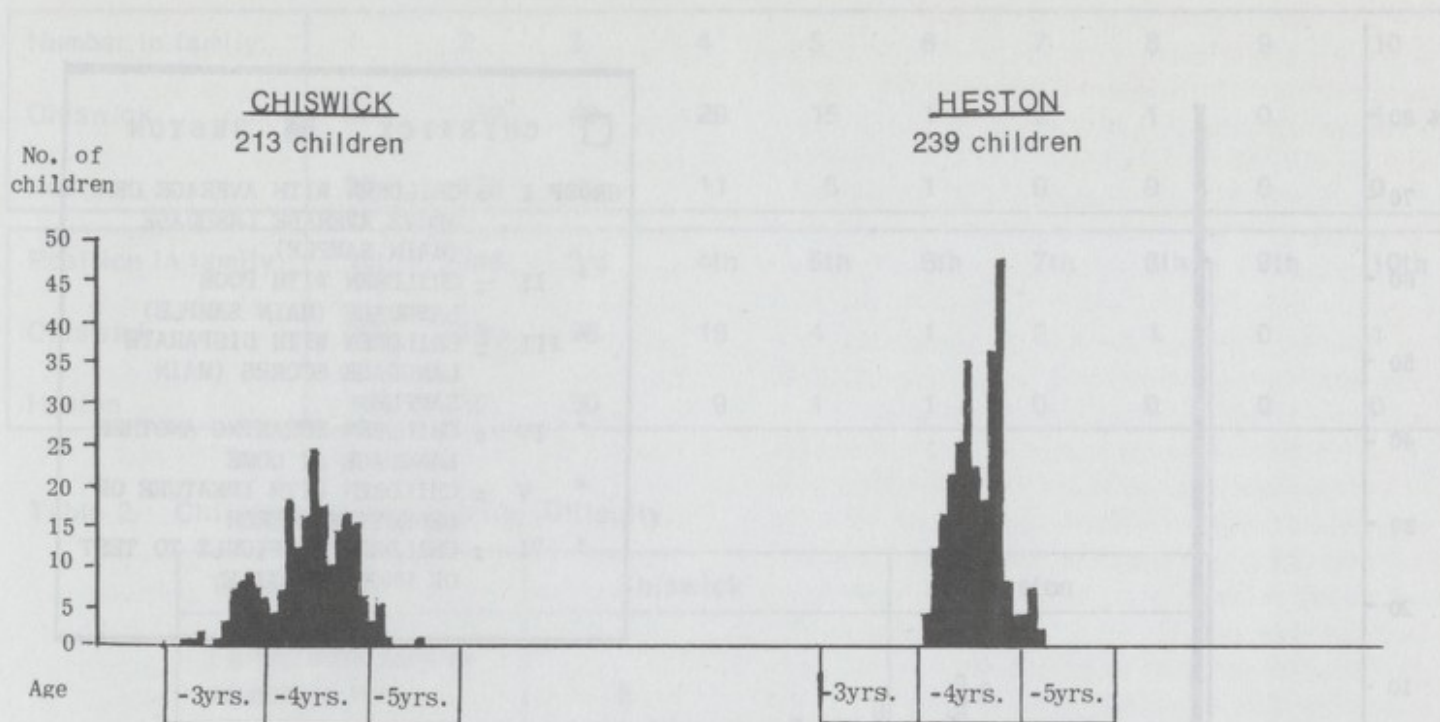


FIGURE 2. % DISTRIBUTION OF CHILDREN BY SEX: TOTAL SAMPLE

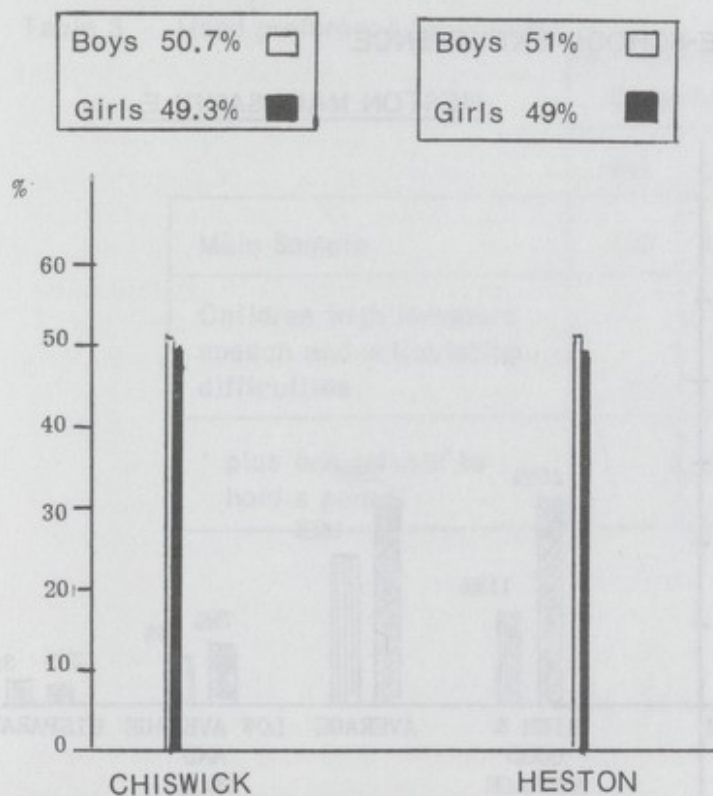


FIGURE 3. % CHILDREN WITH SOME FORM OF PRE-SCHOOL EXPERIENCE

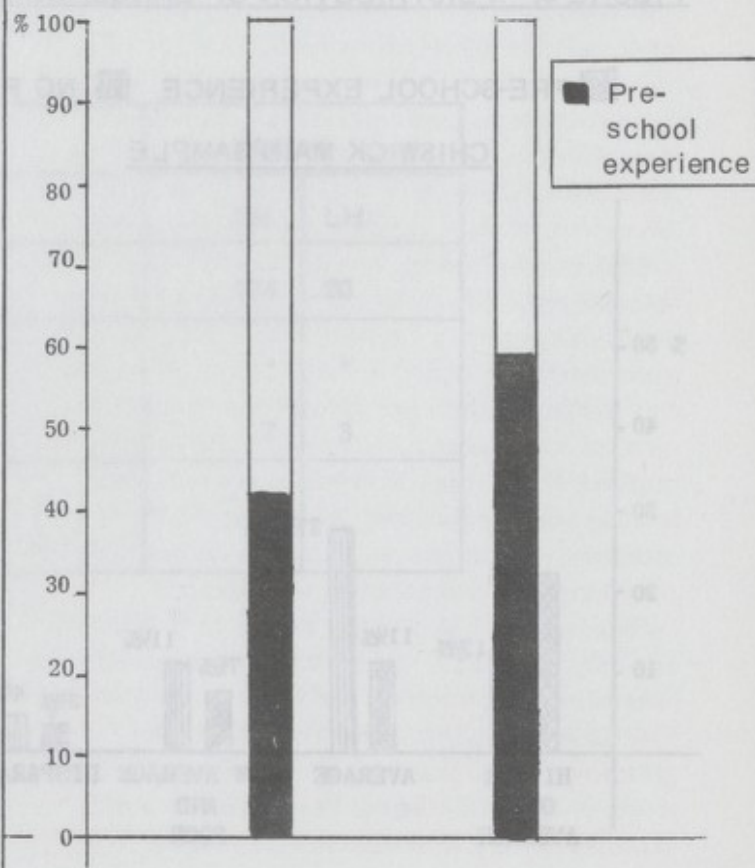


FIGURE 4. % DISTRIBUTION OF LANGUAGE SCORES (MAIN SAMPLE) & SPECIAL GROUPS

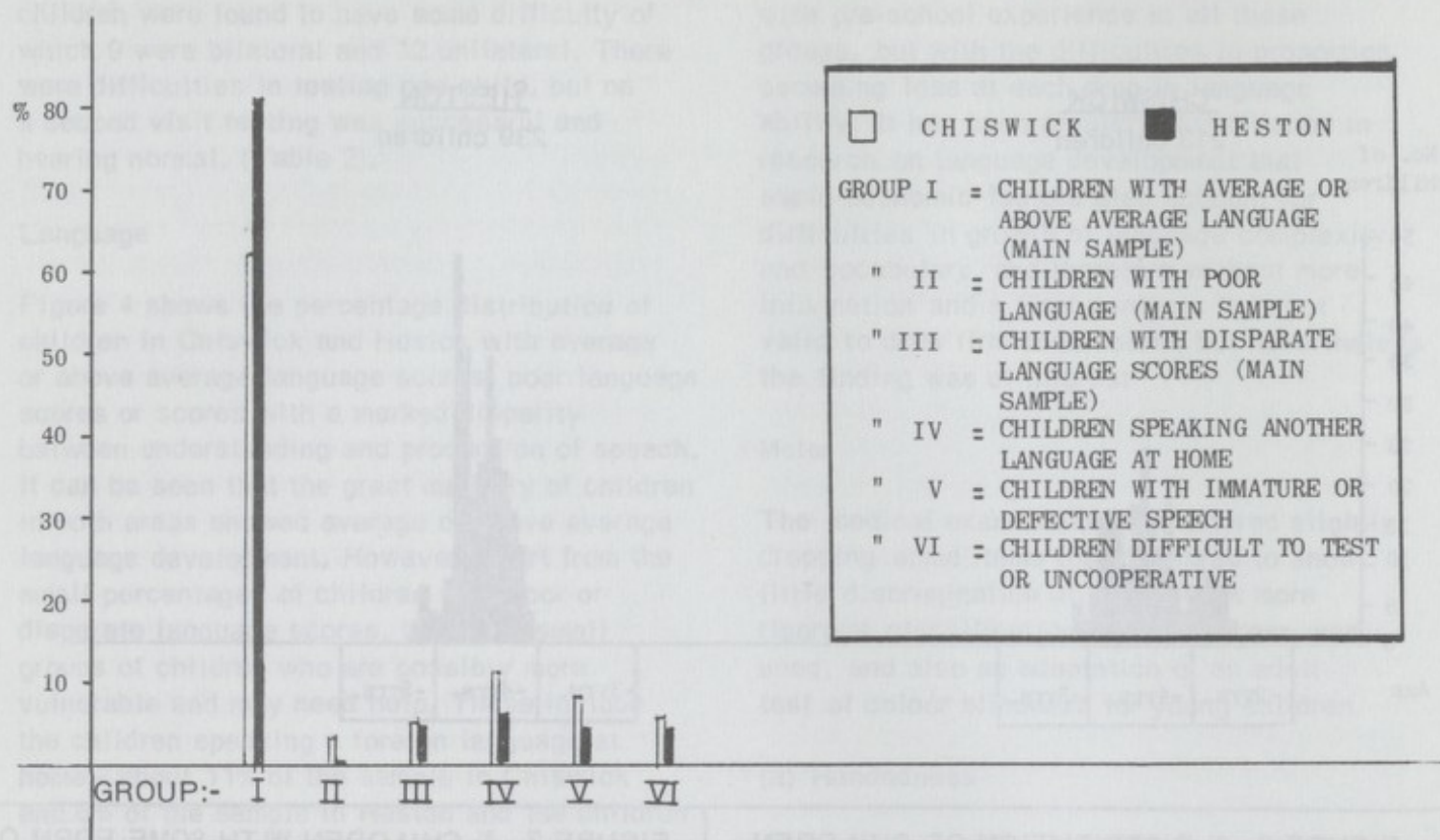


FIGURE 5. % DISTRIBUTION OF LANGUAGE ABILITY WITH/WITHOUT PRE-SCHOOL EXPERIENCE

PRE-SCHOOL EXPERIENCE (Hatched bar) NO PRE-SCHOOL EXPERIENCE (White bar)

CHISWICK MAIN SAMPLE

HESTON MAIN SAMPLE

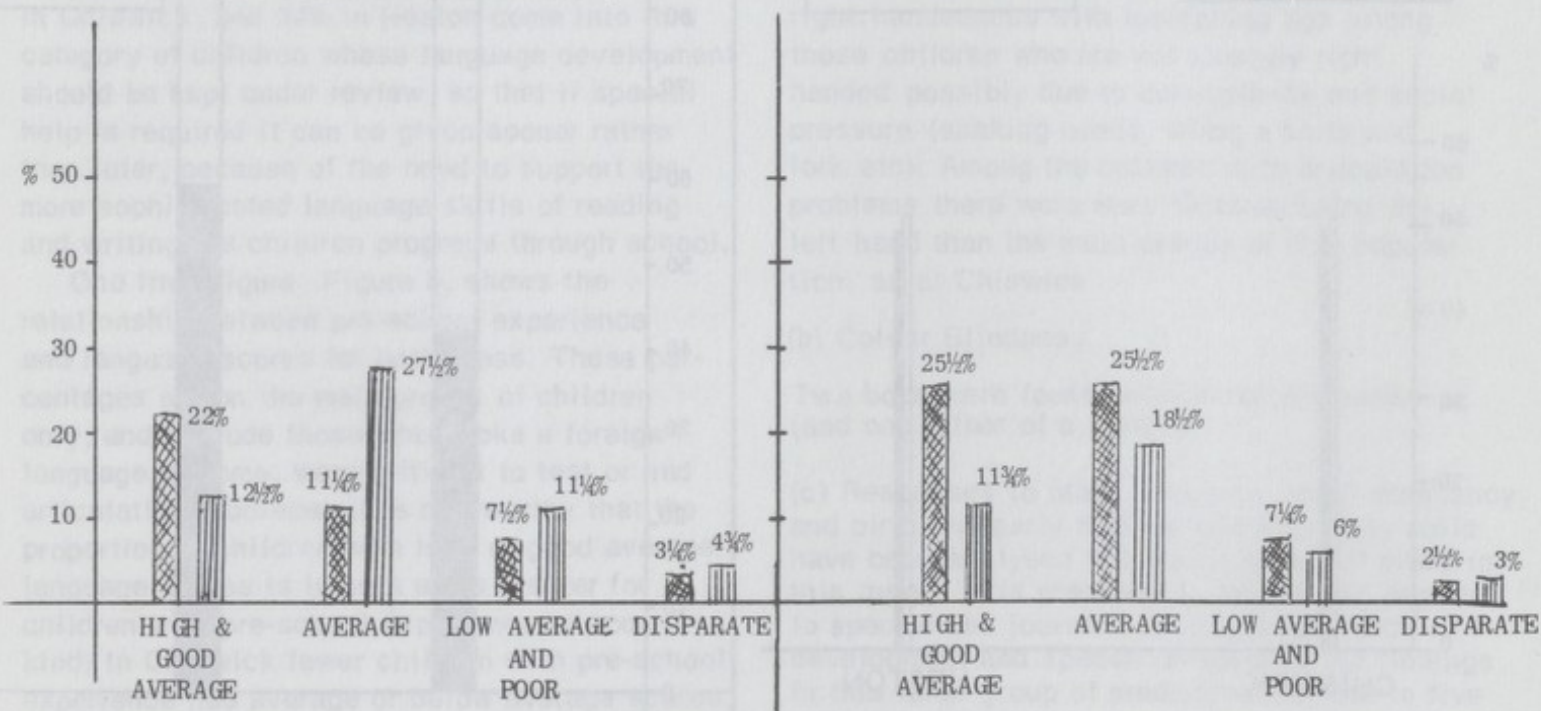


Table 1. Family size and place in family.

Number in family.	1	2	3	4	5	6	7	8	9	10
Chiswick	34	80	49	29	15	1	2	1	0	1
Heston	30	123	62	11	5	1	0	0	0	0

Position in family.	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Chiswick	100	59	28	16	4	1	2	1	0	1
Heston	113	32	30	9	1	1	0	0	0	0

Table 2. Children who had hearing difficulty.

Type of loss	Chiswick	Heston
Failed both ears on screening test	6	9
Failed one ear on screening test	Right 7 Left 6	Right 4 Left 8
Impossible to test	3	0

Table 3. Hand preference for drawing

	Chiswick		Heston	
	RH	LH	RH	LH
Main Sample	132	21	174	20
Children with immature speech and articulation difficulties	11	4	7	3
* plus one refusal to hold a pencil				

Asthma and Allergy Clinics

I am grateful to Dr R Prothero M D, L R C P, L R C S, D C H, senior departmental medical officer for the following report

During the year the allergy clinic was attended by 126 children: 84 boys and 42 girls. Eleven children were of pre-school age.

81 suffered from asthma, 24 from pollenosis, 9 from vasomotoric coryza, 6 from migraine, 3 from urticaria and 3 from prurigo.

The general impression is that with more advances in treatment the asthma problem has become less serious. Yet there was one death in status asthmaticus of an eleven year old boy suffering from chronic asthma since his infancy and resistant to all methods of treatment!

INTAL has now replaced the potentially dangerous medi-haler and remains the most successful treatment in extrinsic asthma, yet some patients have fallen back on ventolin (Salbutamol) as the chromoglycates seemed to become less powerful in action.

INTAL, too, is a strong competitor to preseasonal hyposensitisation, but severe pollenasthma still warrants this form of treatment, effected with 8-9 injections of alum precipitated vaccines. Six children received injections of alavac and during a summer of exceedingly high and prolonged pollencount were completely (4 cases) or considerably relieved (2 cases).

During August and September 1970 there was an unexpected increased incidence of asthma in children who had remained free during the summer and unusually high cladosporium count was judged responsible.

Many children where in the past 'parentectomy' was the treatment considered - as they were well, away from home, to relapse immediately on return - are now often found to react strongly to dermatophagoides pteronyssinus, the housedust mite! Which of course does not negate the importance of psychotherapy in childhood asthma.

Hearing Clinic

The number of cases seen at the hearing clinic during the year was 1,246 of which 378 were new cases and 868 were cases for re-examination.

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

Table I	First test in school	Re-test at school clinic	Total seen	Re-test failure
Infants (under 7)	2,585	376	2,961	163
Junior (7-11)	2,326	184	2,510	93
Total	4,911	560	5,471	256

The children seen in the school clinic for special audiometry were referred by school medical officers, speech therapists, general practitioners and from the school psychological service as shown in Table II.

Table II	First test	Re-test	Total	Failures
Under 5 years	201	10	211	38
5 - 7 years	410	59	469	81
8 - 11 years	403	45	448	94
12 years and over	192	15	207	59
Total	1,206	129	1,335	272

The audiometricians took a total of 573 impressions during the year for use with hearing aids. 69 Medresco (N H S) aids were issued during the year and 317 aids were replaced or exchanged. A total of 23 commercial aids were issued, 7 post aural and 16 body worn.

The method of distribution and the number

of national health service Medresco hearing aids available are most unsatisfactory. The insert impressions have to be sent by post to the firm which makes the moulds, this results in considerable delay before each insert becomes available to the deaf child. There are also difficulties in obtaining the most suitable types of Medresco hearing aids for an individual child, due to fluctuations in supplies. The Department of Health & Social Security has further ruled that after a hearing impaired child who wears a hearing aid has left school, repairs can be made to this aid providing this involves the receiver or connector and can be done by the technician. If a more serious repair or replacement of the aid is needed, the post aural aid is to be withdrawn and a body aid supplied, or the young person pays the full cost of a new post aural appliance.

During the year the children at Hanworth and Isleworth junior training schools were screened for a hearing loss by the audiometricians. 111 hearing tests were performed, it was necessary to see some of the children more than once to make a satisfactory assessment of their hearing. 53 vision tests were also carried out on the children in these schools and similarly it was necessary to see some of them more than once before making a satisfactory assessment.

Mr Wall, senior peripatetic teacher of the deaf, made a total of 738 visits to homes and schools during the year. He is responsible for hard of hearing children in both Hounslow and Ealing. 8 children attended secondary schools, 21 children attend primary schools, 8 children attend special schools and 6 children are in junior training centres. 12 children of pre-school age were visited.

Four parents meetings were held during the year and Mr Wall spoke on the problem of deafness to 4 interested organisations. 3 students from Dr Dale's course at the London University were attached to him to study peripatetic fieldwork for one week.

Several research projects have been undertaken during the year. As the result of the head teacher of Beaver's Lane School expressing concern about the possibility of

his pupils suffering hearing loss from the effects of aircraft noise, a study into the effect of aircraft noise on the children in the school was undertaken. 250 children were brought to the Hearing Clinic and audiograms obtained. The B B C filmed this testing for a 'Man Alive' programme. The incidence of hearing loss in this group of children did not appear to be significantly higher than in other schools more favourably situated in the borough. It has been decided to test the children of Norwood Green school which is not in the direct flight path, for comparison.

Dr Fisch is a member of a working party set up by the Department of Health and Social Security to evaluate screening procedures for hearing loss in the elderly. He was particularly interested in testing the hearing of a group of old people and then trying to treat the hearing defects discovered. Audiometric testing was performed on the residents of Heston House, 85 audiograms were done, 1 only was quite normal, 13 of these people already had hearing aids but only 4 of these aids were working satisfactorily. Dr Fisch hoped to be able to see all the old people with hearing difficulty and prescribe a suitable aid where necessary. He has found, however, that the present provisions are inadequate to deal with a group such as this.

During the summer holidays all the Heston children due to start school in the September term were seen at the hearing clinic. Each child had a hearing test, a test of their speech and language development and a test of their motor function. The result of this survey will be published in full in a later report and will be compared with a similar survey performed at Chiswick in 1969.

A film strip was made by Dr Fisch on the reaction to audiometric testing of 4 sets of twins.

The teaching activities of the clinic continued this year. Ten post graduate doctors from the Wolfson centre spent a day at the clinic. Medical students from St Bartholomew's Hospital attended in groups of ten for clinical instruction in audiology. Speech therapists from two schools of speech therapy attended and also student health visitors and student midwives. Audio-

metricians from other centres have visited the clinic and peripatetic teachers of the deaf from the University of London.

In February a four day course in developmental paediatrics for in-service training of the borough medical officers was held. This was also attended by representatives from Hillingdon, Ealing and Richmond.

Visitors from many parts of the world came to the clinic during the year. A group of 18 Japanese on their way to the congress at Stockholm and a group of psychology students from America, also post graduate doctors and medical students from America and Turkey. Several groups of people from different areas of the United Kingdom came to see the clinic facilities. Amongst these were representatives from several Regional Hospital Boards who were hoping to set up similar facilities in their areas.

Dr Fisch gave the following lectures and papers during the year:-

Lectures: Deaf teachers course, Oxford.
3 lectures at the Aldrey Fleming college for speech therapy.
School for the deaf, Liverpool.
Course for doctors at the centre for spastic children.
Assessment of hearing in children with double handicaps, Hospital for Sick Children, Great Ormond Street.
International Symposium, Sonnenberg, Germany, on assessment of hearing in the multiply handicapped.
Course on developmental paediatrics, Cambridge.
Course on developmental paediatrics, Bristol.
Course on developmental paediatrics, Bournemouth.
Health visitors course, Tottenham.

Papers: System Analysis of neuro-sensori hearing loss paper given at British Society of Audiology meeting.
In print.

The probability of response to test sounds in young children - paper read at British Society of Audiology meeting - published in Sound.

The selective differential vulnerability of the auditory system - published in Ciba Foundation. Symposium on sensori-neural hearing loss, 1970.

Mrs M Horne was seconded to the audiology technician's course at the Institute of Laryngology and Otology at Gray's Inn Road, London, W C 1.

Medical Advisory Unit and Cerebral Palsy Unit

The referral of multiply handicapped children to this unit for diagnosis, assessment and recommendation for educational placement continues. During the year a total of 112 children were seen as outpatients of whom 50 were of school age and 62 of pre-school age. 34 of the children of pre-school age had cerebral palsy, 21 had spina bifida and 7 had other physical defects. 23 of the children of school age had cerebral palsy, 8 had spina bifida and 19 had other defects. 97 pupils attending Martindale School were examined during the year. The following table shows the type of handicaps dealt with at the unit in 1970.

	Martindale School pupils	Outpatients
Cerebral palsy	55	57
Spina bifida	11	29
Muscular dystrophy	3	4
Poliomyelitis	4	1
Spinal atrophy	0	2
Brain damage (a)	5	8
Haemophilia	2	1
Rheumatoid arthritis	1	2
Congenital deformities	4	0
Congenital heart disease	3	1
Other	4	7

(a) The children classified as brain damaged include those who have been handicapped following a head injury or following an infection such as meningitis.

During the first six months of 1970 the unit was understaffed by physiotherapists, but in September the full staff establishment was completed.

An increasing number of children under school age now attend the unit regularly for treatment after school closes each day. The figures for the last three years are

1968	1969	1970
50	45	53

The increase in the number of spina bifida children attending both the school and the pre-school group has produced new problems in management and needs necessary reassessment of the time allotted to treatment. For many of the children, daily visits to the department are essential in order to have adequate supervision of their backs and skin. Group classes for the spina bifida children have been started in an attempt to stimulate them and to increase their mobility and co-ordination.

An evening meeting was held for the parents of these children in conjunction with the headmaster of the school. At the meeting the staff tried to give the parents a broader understanding of the programme for the physical and educational development of their children.

82 children received speech therapy during the year. The defects treated being

Dysarthria	36
Dysphasia	9
Stammer	2
High frequency loss and dyslalia	1
Retarded speech and language development	20
Multiple congenital deformities	4
Spina bifida	10

A group of children with spina bifida was seen by Dr Joan Reynell, educational psychologist, from the Wolfson centre, who is particularly interested in the language development of these children. Many of the children with spina bifida speak fluently but with poor language content. Dr Reynell tested these children together with the speech therapist at the school and devised a programme of therapy. She hopes to re-assess them after one year.

A high proportion of children with cerebral palsy attend the Paul Sandifer centre at the Hospital for Sick Children, Great Ormond Street. During the year a scheme was started whereby a group of Martindale children are seen at the centre on one morning, thus enabling the doctor and therapist concerned with the care of the children to be present at the interview. This is most helpful to all concerned.

Sports activities have continued under the supervision of the physiotherapists. Teams were coached and entered for the Stoke Mandeville Games and the Triangular Inter-Schools Match. At the invitation of the Inner London Education Authority a team of swimmers participated in a gala at Putney baths.

During the year Mr Scrutton, remedial physiotherapist from the Spastics Society gave a useful lecture on walking aids and Mrs Horton the physiotherapist from the Wolfson centre came to talk about the normal development of hand and arm function.

The teaching activities of the unit have continued. Ten medical students from St Bartholomew's hospital attended a lecture demonstration and the physiotherapy students from the West Middlesex hospital attended for their paediatric experience. Post graduate students from the West Middlesex Hospital on the D C H course pay regular visits to the unit.

Baroness Serota visited the unit when Minister of State at the Department of Health and Social Security and appeared to be very interested in the activities. Dr Jessie Parfitt from the National Bureau of Child Care who

is carrying out a survey of the methods of physical and mental assessment in this country also spent a morning at the unit.

Child Guidance Clinic

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

During the first two months of 1970 we were preparing to move to our new premises in Bath Road.

On 5th March 1970 we moved to the new building and this occurred with a minimum of disorganisation of the work of the clinic as much planning had taken place. There was for a short time a separation from the school psychological service which fortunately did not persist. Thanks to the co-operation between the health and education departments, it was arranged that new rooms were made available enabling resumption of the close liaison between the school psychological service and the clinic. The brief separation has proved how difficult it was for the clinic to function effectively as a team from separate bases.

In many ways we have appreciated and enjoyed our fine new rooms and buildings. In particular the provision of a comfortable staff conference room and excellent psychotherapy rooms have been most welcome.

The situation of the new clinic above the Family Doctor Unit has enabled unusually close co-operation with local general practitioners.

During the year we regrettably lost several members of our staff. First Mr Barnett was promoted to senior research officer, educational guidance project, National Foundation for Educational Research. We were sorry to lose the services of Mrs. G Henry, psychotherapist, who left to have a daughter, but we are delighted that at last we were able to fill our increased establishment of psychotherapists through the appointment of three new psychotherapists - Mrs Oxford, Miss Rankin and Miss Hodgson, all of whom we are very pleased to welcome. We lost the services of Miss Ison, who left to serve in the social service depart-

ment of the RAF in Cyprus. She had been at the clinic for two years and has been greatly missed.

Staff from the children's department continue to attend regular weekly seminars. Cases of special difficulty were discussed as well as general problems. Additionally the children's department has been able to refer cases directly to Dr Calwell, who has carried out a series of diagnostic interviews which have in fact taken up the majority of his clinic sessions. Dr Brafman has worked mainly with the clinic staff and general referrals to the clinic. We were most disappointed that the chronic shortage of psychiatric time was not relieved by the provision of extra sessions by the Regional Hospital Board.

We seem to be having increased demands for talks. On two occasions the clinic entertained officers from two probation departments to a discussion during the lunch hour. Dr Calwell conducted two tutorials for students reading for the Diploma in Child Health, and Mrs Lees has given talks to the health visitors, students from Isleworth Polytechnic, matron housekeepers, students of Applied Social Studies from Chiswick Polytechnic, Reading University social workers, school counsellors, to student teachers from St Mary's College, Twickenham, with Mrs Pears, and to supervisors of play groups. Some of these groups also attended clinic conferences. Mrs Lees also has a student school counsellor from Reading who attends the clinic once a week. Two other counsellors under training also spent a three week period with the child guidance clinic.

At our inter-clinic meeting, Dr Brafman led a discussion on 'Hopeless Cases'.

Mrs Lees started a group for the mothers of children at the autistic unit.

The staff meetings of the group on persistent non-attendance (P N A groups) met child care officers and education welfare officers at the clinic to discuss their most difficult cases.

Analysis of cases referred to child guidance clinic 1970

Referrals 1970	194
Diagnosed by psychiatrist	118
New cases seen by psychiatric social workers	85
Number of families helped by psychiatric social workers	220
Total attendances to see psychiatric social workers (parents)	1,605
Total attendances to see psychiatrist (parents and/or children)	461
Number of cases treated by psychotherapist	20
Total attendances to see psychotherapist	349
Waiting list for psychiatric social worker at 31.12.70	44
Waiting list for psychiatrist at 31.12.70 (i.e. cases prepared by psychiatric social workers, child care officer etc.)	11
Treatment waiting list (a)	

Analysis of referrals

Education department	56
Health department	49
Parents	38
Children's department	18
Probation officers	11
General practitioners	9
Hospitals	8
Transfers	2
Others	3

Recommendations for special education

Day special schools	23
Residential schools	19

(a) No number has been put against the treatment waiting list as it has been found in practice that it has not been possible to provide psychotherapy for all of even the most urgent cases as and when required. Additionally there are a number of cases which would theoretically benefit from psychotherapy if only more sessional time were available.

Numbers are kept down to produce an artificially low waiting list which nevertheless is always currently in double figures.

Senior Psychologist for Special Units and Special Schools

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

While increasing numbers in the special schools and a continuously growing number of referrals from colleagues in educational, psychological and medical fields meant that more children - about a third more than in 1966 - were seen for assessment and advice, other projects also required a fair amount of time and attention. Among these were the special classes for children with developmental problems in the area of language particularly, and a pre school survey in Heston (a repetition of the Chiswick survey) during the summer holidays. Both these projects are commented on in detail earlier in this report. The flow of visitors continued, as did requests to give lectures and talks at conferences and meetings. Among the many lectures given was one at Didsbury College of Education in late July to the first national conference of the Joint Council for Handicapped Children (a joint committee of all the major associations dealing with special and remedial education and handicapped children) and another at Dartington Hall, Devon, to parents of pre-school hearing impaired or dysphasic children. At these lectures use was made of videotape recordings produced in the special class held every Friday in my room at Heston Hearing Clinic and run by Mrs Cox Senior Speech Therapist, and myself. The lectures, especially those at which video recordings were used, have stimulated a great deal of interest among teachers, speech therapists and psychologists in the experimental teaching which we are undertaking. A major publication was a chapter entitled "The Design of Remedial Programmes" in the massive handbook for psychologists and

others edited by Dr Peter Miller on "The Psychological Assessment of Mental and Physical Handicap". I continued to act as external examiner of teaching practice to the 2 year course for teachers of the mentally handicapped at Chiswick Polytechnic, and continued as a member of the Training Councils' Review Panel and also became an assessor to the Durham training course for teachers of the mentally handicapped.

Special Classes

What began as a small experimental class at Heston Hearing Clinic run by Mrs Cox Senior Speech Therapist, and myself to provide continuity of help for children who seemed to have benefitted from our summer school has increased greatly in size, spawned an offshoot at Isleworth Clinic, and has been much visited and discussed. The two classes have diverged somewhat in approach in that the class at Heston Hearing Clinic covers a wider age range of children, at least half of whom come from Marjory Kinnon School. This class is held weekly on Friday morning and is now taking 12 children. Because of the demand for places it has become increasingly difficult to cope satisfactorily with the larger number of children as well as adults and visitors in the accommodation provided. The Isleworth class on the other hand normally takes five children of a rather more homogeneous, younger age span. The class functions five mornings a week some children attend every day, others two or three days a week, which means that in fact seven children get some special help. The classes are similar in that they are both examples of team teaching, with a teacher and a speech therapist in joint control, each taking the lead alternately in directing activities.

Whereas more of the children at the Isleworth Clinic class are given places because it is felt that they may have a variety of developmental lags which usually include language, the heterogeneous group at the Heston Hearing Clinic caters rather more specifically for

language difficulties including some children who it is thought are doubly at a disadvantage because another language is spoken at home and they appear to be having difficulties in both languages.

Because the Isleworth class functions every day the teacher and the speech therapist are able to ensure that a great variety of activities for all areas of development is covered throughout the week. The Hearing Clinic class has perforce to be more restricted and in any case with a larger number of slightly older children is working on more advanced activities, particularly in sequencing and classification.

Because so many visitors and lecture audiences - particularly teachers and speech therapists - have shown an interest in the various activities and the teaching purposes for which they have been devised I am now engaged in writing a handbook which might be broadly described as "the impecunious teacher's do-it-yourself kit of remedial activities". A well-known educational publisher is interested in publishing this and it is hoped that in this way it may be possible to share the learning experiences from our experimental work with other workers in the field.

School Psychological Service

I am grateful to Mrs M Pears BA for submitting the following report

This was a difficult year for the school psychological service. Illness, shortage and changes of staff, and the difficulty of working from School Road when the child guidance clinic had moved to the new health centre, combined to reduce the efficiency of the service as a whole, though great efforts were made to make school needs a priority and to maintain the usual close contact with head teachers.

Source

Head teacher	168
Health	21
Parents	12
Hearing clinic	4
Education	3
Child guidance clinic	2
Remedial reading teacher	2
Speech	1
Educational Welfare Officer	1
Probation officer	1
Central Middlesex Hospital	1
Great Ormond Street (clinic psychologist)	1
Total referrals	217

Problem

Learning	92
Behaviour	57
Assessment	47
Learning and behaviour	14
Persistent non-attenders	7
Total	217

Disposal

No further action	37
Transferred to child guidance clinic	28
Educational social worker visiting	26
Follow-up	25
Parents advised	20
Remedial help	19
Head teacher advised	12

Disposal (contd.)

Educationally subnormal recommended	11
Individual help (4 of these on waiting list still)	11
Moved away	11
School placement	5
Speech therapy	3
West Middlesex Hospital	3
Dr Tyson	2
Belmont remedial centre	1
Busch House	1
Other	2
Total	217

Staff

Mrs Edmonds-Smith carried the main responsibility for all clerical duties through a long period of temporary help after the departure of Mrs Brown in April. She was joined by Mrs Fisher in July and a satisfactory routine was once again established in the office.

Mr Barnett left in July to take up a research post at the National Foundation for Educational Research and in September Mrs Pears was appointed senior psychologist in his place.

Miss P Jaeger (from Tasmania) joined the team as a temporary psychologist in November during Mrs de Speville's illness and hopes to remain until the appointment of the third permanent psychologist, when the school psychological service should be back to full strength.

Remedial Centres

In September a team of five full time and fourteen part time remedial teachers was formed so that remedial teaching could be given daily in the child's own primary school to all children requiring help either individually or in small groups. These teachers, some of whom are peripatetic, are visited by the educational psychologists and it is hoped that time will be made for regular discussion with them about difficult cases who have not responded to the help offered.

Where it is considered that an individual child requires specialist teaching which cannot

be provided either in the child's own school or at the school psychological service clinic alternative arrangements are considered, but it is interesting to note that in one case where arrangements were made for a dyslexic child to visit the Word Blind Centre in central London the centre gave notice of impending closure and subsequently explained that the decision to close had been taken because it was felt that remedial teaching could be best provided by trained staff, suitably equipped, in the child's own school.

Emotionally disturbed children

The special class for disturbed infants at Isleworth Town School had to be discontinued at the end of the Spring Term when the teacher in charge resigned, and despite repeated advertisements, it was not possible to find a suitable replacement. The lack of provision for emotionally disturbed children of all ages emphasises the borough's need for a day school for maladjusted children and the authority continues to seek approval for inclusion of this project in an early building programme.

Work with families

Social work with the parents of children with learning and behaviour problems referred to the school psychological service continued, and has become an essential part of the long term work of the school psychological service. The amelioration of tensions in the home often frees a child to take advantage of facilities offered him in school, thus contributing directly to his improved functioning in class. Quick intervention by the psychologist in the school situation and the social worker in the home is often more effective than more extensive help at a later date when the crisis has subsided.

Summary of families in treatment

Cases

Carried over from 1969	38
New referrals 1970	55
Current	93
Working closely with (matrimonial and crises work)	22
Visited 2-3 times a term or at crises	46
Visited occasionally to maintain contact for child's sake	25
Total	93

Of the 93 children

Individual remedial help at child guidance clinic	13
Psychiatric assessment	22

Few education authorities have anticipated the trend, now widely accepted and practised in the psychiatric and social work field, of treating the problem child in the context of his family. The Hounslow school psychological service is thus somewhat unique in being so well-equipped to work effectively in this way.

School psychological service remedial department

The remedial department, part-time teachers Mrs M A Kinnon, and Mrs S Thrift who joined the staff in September have continued to provide help for children who have failed not only in a class situation but in the small remedial group. These children have suffered through failure and may have shown personality difficulties in addition to academic ones. A total of 27 children are being seen individually. Ages range from eight+ to the non-reader about to leave school recommended by the probation officer and head teacher for special help. One child has recently transferred to the Marjory Kinnon School for educationally subnormal children. Three children show marked symptoms of the specific developmental dyslexia syndrome and several have visual and auditory difficulties.

All children show progress, some very limited in the initial period. The greatest advance is in

personal confidence and in a willingness to try again in a situation which has so far resulted only in humiliation and failure.

Grateful thanks are due to Dr Lindon and to Mr P J Lee for help and encouragement in the varied work of the service.'

Handicapped Pupils

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

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

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

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

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

		Blind	Partially sighted	Deaf	
(ii) Newly assessed since 1st January, 1970					
(a) whose parents had refused consent to their admission to a special school					
	day places	Boys	-	-	
		Girls	-	-	
	boarding places	Boys	-	-	
		Girls	-	-	
	(b) Others	Boys	-	-	
		Girls	-	-	
	boarding places	Boys	-	-	
		Girls	-	-	
c Total number of children awaiting admission to special schools other than hospital special schools total of (a) and (b) above					
	day places	Boys	-	-	
		Girls	-	-	
	boarding places	Boys	-	-	
		Girls	-	-	
D On 21st January 1971, the following number of pupils were on registers of:-					
(a) Maintained Special Schools (other than hospital Special Schools and special classes and units not forming part of a special school) regardless of what authority they are maintained					
	day	Boys	-	4	7
		Girls	-	7	6
	boarding	Boys	-	-	-
		Girls	-	-	-
(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	4	1	8
		Girls	1	-	1
(c) Independent schools under arrangements made by the Authority.					
	day	Boys	-	-	-
		Girls	-	-	-
	boarding	Boys	-	-	-
		Girls	-	-	1

		Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	Total
(d) Special classes and units not forming part of a special school (Hounslow Day Autistic Unit)												
	Boys	-	-	-	-	-	1	-	-	-	-	1
	Girls	-	-	-	-	-	3	-	-	-	-	3
E Children boarded in homes and not already included in D overleaf												
	Boys	-	-	-	-	1	3	-	-	-	-	4
	Girls	-	-	-	-	1	-	-	-	-	-	1
F Number of handicapped pupils (irrespective of the area to which they belong) 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	-	-	-	-	-	2	-	-	-	-	2
	Girls	-	-	-	-	-	2	-	-	-	-	2
G Total number of handicapped children requiring places in special schools: receiving education in special schools: independent schools; special classes and units; under Section 56 of the Education Act 1944: and boarded in homes: Totals of C(c), D(a) to (d), E and F(a) to (c) above	Boys	4	5	15	7	34	30	98	97	3	-	293
	Girls	1	7	8	16	21	21	41	80	-	-	195

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 children who are treated by a psychiatrist in hospital or 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 handling 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 1970 and show the number of children who attend from Hounslow and neighbouring authorities

	Boys	Girls	Total
London Borough of Ealing	5	5	10
London Borough of Hounslow	54	30	84
London Borough of Richmond	2	2	4
North Surrey	1	-	1
Total	62	37	99

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.

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 1970 and show the number of children who attend from Hounslow and neighbouring authorities:

	Boys	Girls	Total
London Borough of Ealing	18	12	30
London Borough of Harrow	3	3	6
London Borough of Hillingdon	7	8	15
London Borough of Hounslow	29	15	44
London Borough of Richmond	10	7	17
Buckinghamshire County Council	2	3	5
Surrey County Council	10	3	13
Total	79	51	130

The number of children on the waiting list has

increased during the last two years largely due to a lack of nursery facilities. In 1971, however, two nursery classes for a total of 20 children will be opened, which should greatly reduce this waiting list.

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, Norwood Green Junior and Oriel 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 show the numbers of children who attend the school from Hounslow and neighbouring authorities.

	Deaf		Partially Hearing		Total
	Boys	Girls	Boys	Girls	
London Borough of Brent	4	6	2	4	16
London Borough of Ealing	7	9	11	12	39
London Borough of Harrow	2	3	3	5	13
London Borough of Hillingdon	8	5	6	10	29
London Borough of Hounslow	7	5	12	9	33
London Borough of Richmond	2		6	5	13
Bucks County Council	2	1	1		4
Surrey County Council	4	2	2	-	8
Herts County Council	1	1	-	-	2
I L E A	-	1	-	-	1
Total	37	33	43	45	158

The Marjory Kinnon School (Bedfont)

During the year a senior medical officer visited the school twice a week. All children in the school were examined during the year and in the majority of instances one or both parents were able to attend to discuss their child's health and educational progress. With the consent of the family doctors some children were referred to the Great Ormond Street and other hospitals for further investigations. Electro-encephalographic examinations which were arranged with Cheyne Walk Centre for spastic children yielded useful information.

Over ninety of the children were found to have a definite organic condition which could be associated with mental backwardness and over sixty were found to have had an abnormal birth. In many cases the cause was considered to have been multifactorial. Letters were sent to consultants and family doctors where it was felt that the school could give additional useful information about illness, fits or behaviour. The psychologist, physiotherapist and speech therapist made a point of seeing parents where this would be useful. Visits by the social worker were particularly helpful and often it was only with her help that medical work could be carried out, particularly with problem families. The headmaster and his staff appreciated the interest shown by the medical staff and were always ready to co-operate in frequent discussions about the children by giving information about difficulties with sight, hearing, learning problems and changes in behaviour.

A need was felt for extra help by a member of staff with nursing experience and a part-time appointment was made in September, 1970.

A new school building which is being erected will when completed give much larger space for medical and psychological examination, and for physiotherapy and speech therapy. It will then be possible to extend the combined work which is going on between the psychologist and speech therapist on language development, and it is hoped that it will be possible to allocate more speech therapy sessions to the school.

The figures on the following table show the numbers of children who attend the school from Hounslow and neighbouring authorities

	Boys	Girls	Total
London Borough of Brent	1		1
London Borough of Ealing		2	2
London Borough of Hounslow	78	70	148
London Borough of Richmond	5	2	7
North Surrey	17	12	29
Total	101	86	187

Aftercare of handicapped pupils

Case conferences are called by the head teachers of the special schools and the principal school medical officer concerned to discuss the special problems which arise when handicapped children reach school leaving age. The youth employment officer and representatives of the welfare department attend and where appropriate, those representing voluntary organisations such as the Spastic Society and Fellowship for Poliomyelitis are also invited. Arrangements are fully discussed with the parents and where assistance from the Department of Employment and Productivity scheme for disabled persons is required this is arranged by the youth employment officer.

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

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

Education otherwise than at school

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

Statistics relating to the provision of home teaching are included on the handicapped pupils table on page 70.

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

Children excluded from school as unsuitable

No formal decisions were recorded under Section 57 of the Education Act, 1944 excluding children as unsuitable for education in school, nor were any reviews conducted under the provisions of Section 57A or any decisions cancelled under Section 57A (2).

Six children, however, were found unsuitable to attend either ordinary or special schools and these were dealt with informally. Similarly 2 children dealt with informally were re-admitted to a special school.

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

The medical and dental facilities are available to the severely sub-normal children attending the two junior training schools in the same way as for those attending ordinary schools. A physiotherapist attends each school to give treatment to those children in the special care units who additionally have severe physical handicaps, principally cerebral palsy. It has been possible to arrange for speech therapy at both junior training schools for the treatment of selected cases and to enable the staff to be instructed in the constant use of speech therapy techniques.

Day Nursery

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

such children were admitted to day nurseries during the year.

Social Workers' Report

I am grateful to Mrs J Harding B Sc (Soc) and Mrs G Wisdom AIMS W, social workers (special duties) for the following report.

We now feel ourselves established in the special schools and units as integral members of the specialist team concerned with the handicapped child. We are more than satisfied with the way our colleagues refer cases to us and take our advice as social workers. Work is also easier now that we have an established relationship with all the relevant social work agencies in Hounslow and the other boroughs covered by us. This liaison with case workers, schools and organisations is an essential part of our work, and to this end between us we have visited during the last year: St Nicholas School, Redhill Turners Court School St Christopher's Working Boys Hostel Leavesden Hospital the Wolfson Centre and have attended various meetings of social workers, teachers and social workers, school leavers conferences, parent teacher association conferences on the handicapped child and his family. We have also read papers and given lectures on our work.

On a practical level, new referrals to us have been of the same order as before. Mrs Wisdom has been working full time attached to Marjory Kinnon school and to the Medical Advisory Unit and Martindale School and has had 106 new cases referred between May 1970 - 1971 and Mrs Harding returned from her special leave in August 1970, is working part time at the hearing clinic and Heston School for the Deaf has had 45 new cases referred.

Analysis of referrals 1970/71

Martindale and Medical Advisory Unit	49
Marjory Kinnon School	53
Hearing Clinic	25
Heston School for the Deaf and physically handicapped units	17

Analysis of referrals (contd.) 1970/71

General (Mrs Harding)	3
General (Mrs Wisdom)	4
Total	151

151 new cases compared with 122 last year

At present there is no social worker working with Busch House School and so we have an establishment of 1½ social workers - our current case load is high - Mrs Wisdom has 158 cases and Mrs Harding 101 and to give these cases the attention they require we did 571 visits last year between us. Our case load of 259 for 1½ social workers must be compared with the number of 180 on our files at the writing of the last report.

The new cases referred fall into the same broad categories as before viz: new school entrants, contact with school and parents, help for depressed and unsupported mothers of a handicapped child, housing problems, arrangement of holidays, matrimonial problems, liaison with immigrant mothers etc. In fact any problem caused by or exacerbated by the presence of a handicapped child in the family. We have both noticed recently that the social problems seem to be more complex and we have each found one particular type of handicapped child whose families are taking up an increasing proportion of our time and thought. With Mrs Wisdom it is the families of spina bifida children who were specifically mentioned in our last report, and Mrs Harding is now finding that the problem of the deaf/blind children and their families need to be studied in greater depth. These unfortunate children, particularly although few in number (there are 5 in Mrs Harding's caseload) need so much help both at home and school that it would be possible for a social worker to devote all her time to helping the parent to adjust to and cope with the child and liaising with the numerous medical/educational and social work agencies involved.

We find that early referral of children with these complex handicaps is of assistance to us in helping the family come to terms with

their child's disabilities. Indeed, problems can be removed before they are manifested if we can get to know the family immediately after diagnosis. This is one of the advantages of having a social worker as a member of the special unit teams.

Recuperative holidays

During the year the borough council accepted responsibility under Section 48 of the Education Act, 1944 for the maintenance of 50 children in recuperative holiday homes. Forty-five were admitted to such homes and 4 were cancelled or withdrawn and 1 was awaiting placement at the end of the year.

Health education in schools

Every young person has certain basic needs that are outgrowths of his physiological and emotional development and also of his mode of living. These needs should be met satisfactorily if growth is to proceed in orderly fashion. It is generally accepted that it is not enough to do things for the child in the name of health. He himself should learn at his level of understanding what these needs are and should share in efforts for meeting them.

As a result of a survey carried out during 1969 a pilot health education project in secondary schools was commenced in January. The pilot project was formulated according to known needs, resources and social conditions and the actual teaching was planned from the standpoints of concepts to be developed and problems to be solved. On many aspects of the programme emphasis was laid on activities and experience rather than on didactic instruction.

Five secondary schools were selected to participate in the pilot project and the teaching procedure was as follows

The talks were given by the health education officer who attended each of the five schools for half a day each week. The pupils received the talks form by form in their own classrooms in the presence of their form teacher. The head teachers also attended one lecture on each of the five selected subjects. Other people who attended the talks included

doctors, the deputy education officer, social workers, students from four teacher training colleges, health visitors and other nursing staff. When one of the subjects was completed in any particular school, the next subject was tackled.

The subjects were

Health hazards associated with cigarette smoking

The misuse of drugs and alcohol

Positive health - the development of good mental and physical habits and the emotional needs of the family unit.

The future years - marriage, sex and the responsibilities of the adult in society.

Venereal diseases - gonorrhoea, syphilis, and non-specific urethritis.

When the five subjects were completed in a school the following 16 m.m. colour sound films were presented.

Boy to Man

Girl to Woman

Drugs and the Nervous System

A Quarter Million Teenagers (concerned with V D)

The films reinforced the previous teaching and group discussions and they also enabled a number of pupils to ask supplementary questions or submit useful observations.

The head teachers and their staff co-operated fully and throughout the six months project the health education officer held informal discussions with individual teachers, parents and children.

Evaluation

Various tests conducted throughout the project and the interim and final reports submitted by the head teachers proved that the talks were well received and that the subject matter was of considerable interest to teachers, parents and pupils. Many parents reported that it was only after their children had received the talks on inter-family relationships, sex and venereal diseases, that mother and teenage daughter had been able to discuss certain aspects of health and mode of living. On the other hand, children repeatedly stated that the course of lectures and discussions had broadened their horizon and given them valuable insight into personal

social and health problems and enabled them to appreciate their parents point of view.

With the consent of all concerned, a B B C TV 2 'Man Alive' camera team attended one of the lectures and the resulting documentary will be shown at a later date.

Research

Research is currently being carried out into other aspects of health education and it is also planned to increase the number of lectures being given to other sections of the community.

School Meals and Milk

The following information concerning the provision of school meals and milk relates to a check made on one day in September:

Maintained Schools Meals

Pupils present in school	29,736
Pupils taking meals	20,234
Percentage taking meals	68%

Milk

Pupils in school (primary and special schools only)	18,531
Pupils taking milk	17,426
Percentage taking milk	94%

Non-maintained schools

Number of schools (primary only) taking milk	9
Number of children present	585
Number of children taking milk	505
Percentage taking milk	86%

First Aid in Workshops, Offices, Colleges and Schools

The council has a legal obligation under the Factories Act 1961 and the Offices, Shops and Railway Premises Act 1963 to provide qualified first aid personnel to treat accidents in council workshops and offices. Because of this

requirement and that of providing trained first aid staff for schools and colleges, it was decided to organise two first aid courses each year. During the year the spring and autumn courses were well attended and all the twenty eight candidates entering for the British Red Cross examination passed at proficiency grade.

A member of staff who has been well trained in the principles and practice of first aid is a valuable member of a working group, be this in a school, an office or a workshop. He is not only competent to treat injuries but also to help prevent accidents by giving advice to fellow members of staff on safe methods of working.

Infectious Diseases

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

Chickenpox	346
Encephalitis	1
German measles	710
Infective jaundice	17
Measles	352
Meningitis	
Mumps	268
Scarlet fever	29
Tuberculosis	
Whooping cough	23

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 1025 school children and students received BCG vaccination.

Student Health

The borough's student health service serves Chiswick and Isleworth polytechnic colleges. The number of full-time and part time students

increased slightly over the 1969 figure. The Colleges continue to provide a wide range of training courses for such occupations as engineering, scientific work, photography, fine art, hairdressing and work in the health services. During the year several course lecturers asked for information and advice on the occupational health aspect of the subjects they taught. These included contact dermatitis caused by chemicals used in photography, skin cancer caused by continuous contact with cutting oils in engineering and the hazards of inhalation of hair lacquer in hairdressers.

An important part of student health work is the counselling aspect. Students sometimes need urgent advice on health and welfare matters in order to prevent illness. It was possible to increase the counselling facilities considerably in September 1970 on the appointment of Miss Anne Griffin S R N O H N C, to the post of student health nurse. Thus after some four years of the polytechnic student health services's existence the team of tutor, welfare officer, nurse and doctor is complete.

It is to be regretted that both Colleges decided not to hold their annual induction course for new students in 1970. These courses provided an opportunity for new students to learn about the health and welfare services of the colleges as well as to receive advice on student health matters. It is hoped that these induction courses will be re-organised in future years. Talks on the social, mental and physical problems of adolescence were given to the parents of students, and several parents asked for individual consultations on specific young people's health problems. Nurse Griffin held a group discussion with women students on the health problems of young people and this was well received. It appears that the individual health consultation and group discussion of health problems are more acceptable to most students than the didactic health lecture.

Report of the Principal School Dental Officer for the year 1970.

It is with regret, that it must again be recorded that the development of the school dental service has been seriously hampered by staffing difficulties. It became virtually impossible to fill vacant posts for dental surgery assistants. During the year a number of admirable candidates, having previous experience of surgery work were interviewed and offered posts. All rejected the offer on consideration of the commencing salary offered, even though it should be pointed out that in 1965 the borough council agreed to some discretion in the commencing salary, related to the nationally agreed scale. At the time this was partially successful inasmuch that it attracted a higher standard of applicant although few had previous experience of the work and required training which was not easy to arrange.

Similar difficulties have occurred in providing adequate clerical assistance and during the first three months of the year it was impossible to replace a clerical assistant who had been promoted to another section.

The recruitment of dental surgeons improved, but towards the end of the year some were working at reduced efficiency due to the failure to provide adequate surgery assistance.

The improvement of this situation is a matter of urgency and is at present the subject of detailed discussion.

Due to the loyalty of staff in post these difficulties were minimised and thanks are due in particular to surgery assistants who helped in more than one surgery for extended periods of time.

As a result more children were inspected and treated than in the previous year, the output of work was above the national average, and the ratio of teeth filled to teeth extracted continued to be favourable. The number of emergency cases however showed a slight increase and although it would be unwise to draw any conclusion from one year's increase in emergency treatments it will give cause for alarm if the trend continues in 1971.

A considerable amount of advanced

conservative treatment was provided for special classes of children, including the provision of 102 crowns which usually became necessary as the result of accidental fracture of incisor teeth.

Sickle cell anaemia, a blood condition which may result in a hazard during a general anaesthetic, is related to the race of the patient; in particular those who ethnically originate from Africa. Patients may be screened by a comparatively simple test and during the year arrangements were made to screen all patients thought to be at risk, before referral for extraction with a general anaesthetic. Records will be kept and the value of the screening process reassessed from time to time.

The results of the toothpaste trial undertaken in Hounslow and commenced in 1965 by Professor G L Slack and his team, were published in the British Dental Journal. The newer type of paste was shown to have slightly greater ability to reduce dental decay than conventional pastes. The degree of prevention however was not sufficient for its use to make a significant impact on dental decay in the community as a whole.

At the present time, fluoridation of domestic water supplies remains the most effective method of reducing dental decay on a community basis. Water fluoridation however remains a matter of controversy, and although the London Borough of Hounslow has given approval in principle, implementation of this preventive measure is not possible until there is a unanimous demand from all the Authorities drawing water from the Metropolitan Water Board and the South West Suburban Water Board.

Research has continued into the significance of the appearance of the tongue in relation to possible vitamin deficient states.

The increasing school population throws additional responsibility on the local authority dental service and a survey has been commenced to assess the probable demands for dental care during the next ten years. Preliminary results suggest that the local authority service in

Hounslow treats at least half the school children in the borough, and that this percentage is tending to rise. If this is confirmed by more extensive surveys it will follow that consideration will need to be given to ways of increasing the dental facilities provided by the council.

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The organisation and mode of operation of the Staff (Occupational) Health Service was set out in fair detail in the 1968 annual report. Only advances and developments in the service during 1970 will be described here.

There was again an increase in the number of staff requesting medical consultations and medical examinations. The 'medical check' idea seems to be gaining ground slowly. Also it was found at these medical consultations that employees appear to be increasingly aware of the health aspects of their occupations. The number of staff referred by departmental heads for advice on medical fitness with respect to occupation increased slightly. The difficulty of finding suitable work for the physically handicapped manual worker increased with the introduction of more team work in road repair and cleansing work.

The annual survey of toxic substances used in the council's establishments showed that no new toxic substances were apparently being used by staff.

During a dry, very hot spell of weather in September 1969 a coarse black dust was found in considerable amount on the grass at Cranford Park. The dust was thrown up in clouds by the grass mowing machines and was causing respiratory and skin disease in the two grounds-men. The source of the black dust was a complete mystery. There are no factories within half a mile of Cranford Park and exhaust fumes from aircraft and motor vehicles was discounted as the cause on account of the great amount of the dust present. Samples were sent for laboratory analysis and the dust was eventually identified as the grass fungus *Pithomyces chartarum*. This is a very rare fungus in England but it is common in New Zealand where it causes disease in sheep who have ingested the infected grass. Research on the effect of this mycotoxic fungus on human beings was commenced in 1970 in collaboration with Dr P H Gregory of the Rothamstead Experimental Station, Harpenden and Dr M B Ellis of the Commonwealth Mycological

Institute at Kew. Dr P H Gregory along with Dr M E Lacey were the first persons to discover this fungus in England.

Miss Anne Griffin SRN, OHNC was appointed occupational health nurse to the borough in July 1970. The London Borough of Hounslow is the first local health authority to make such an appointment in this country. Miss Griffin assisted with the health counselling of staff, with the training of first aid personnel and supervision of first aid work, and with the occupational environmental hygiene visits to the council's offices and workshops.

During the year the following examinations and assessments were made

Medically assessed	1970	1969	1968	1967
With pre-employment medical examinations	318	385	387	360
Without pre-employment medical examinations	1,499	1,304	1,434	1,370
Left before completion of medical assessment	86	107	106	162
Staff medical consultations (including medical examination of existing staff for purpose of admission to the superannuation scheme, sickness pay scheme, continued fitness for employment and registered disabled persons examinations)	394	343	173	36
Heavy Goods Vehicle Licence medical examination (Road Traffic Act 1967)	62			
Nursing consultations (July - December 1970)	56			
Nursing occupational health visits (July - December 1970)	74			
Medical examination of other local authority staff	11	10	4	7
Medical examination carried out by other local authorities	8	15	1	35
Medical examination for first teaching appointments	41	99	93	104
Medical examination of student teachers (College Entrants)	110	213	230	217

Mental Health.

Continuing the policy approved by the health committee of extending facilities for community care of the mentally disordered, two new establishments were brought into use during the year.

The purpose built psychiatric day centre was an integral part of phase II of the development of the health centre at Bath Road. There is provision for 45 mentally ill patients to attend daily and admission started in July 1970. This is intended as a further step in helping patients requiring treatment and/or rehabilitation whilst remaining in the community. The regional hospital board at present provide one consultant psychiatrist session and two registrar sessions a week; these sessions will need to be increased as the centre becomes full. The borough council provides a fully trained nursing staff backed up by an occupational therapist and a social worker. Thus a wide range of patients can be provided for. The early results appear to be very encouraging and are also providing a good example of close co operation between the various parts of the National Health Service.

Westbrook home designed for the full time care of twelve mentally handicapped children started admitting children in December 1970 and at the time of writing is already more than half full. There is no doubt that this type of facility will reduce the need for hospital accommodation for such children and provide a more homely natural and stimulating environment than a large institution can hope to do. In addition being sited near to the children's families a closer link is possible with their own homes and visiting by relatives is made easier. Parents are also encouraged to take the children home when possible at weekends and for various holiday periods. By retaining these family ties it is hoped that when the children have responded to training and teaching at the junior training school which they will attend daily and when the social stress at home which may have necessitated their admission has abated; some

of the families will be able to accept the children at home again.

Junior Training Schools

The two schools at Isleworth and Hanworth have both had successful years. Mrs Williams the head teacher at Hanworth for a number of years retired in October 1970. She had been an inspiration to children and staff alike. I am pleased to report on the appointment of a worthy successor in Mrs Carter who started in January 1971.

During the course of the year both the borough of Richmond and Surrey county council withdrew children from Hanworth and this has enabled the teacher child ratio to be reduced to near 1:10 the figure recommended by the Scott Committee report.

The demand for special care unit places persists and the proportion of children with severe physical handicaps is increasing; some of these it is thought should ideally be catered for by day hospital care, but this is not at present being provided in the area.

During the latter part of the year preparations were made for the education department to take over the administration of these schools. Meetings were held between departmental heads and the school staff and were followed by public meetings at each school. These measures almost entirely eliminated the anxieties that might have otherwise arisen.

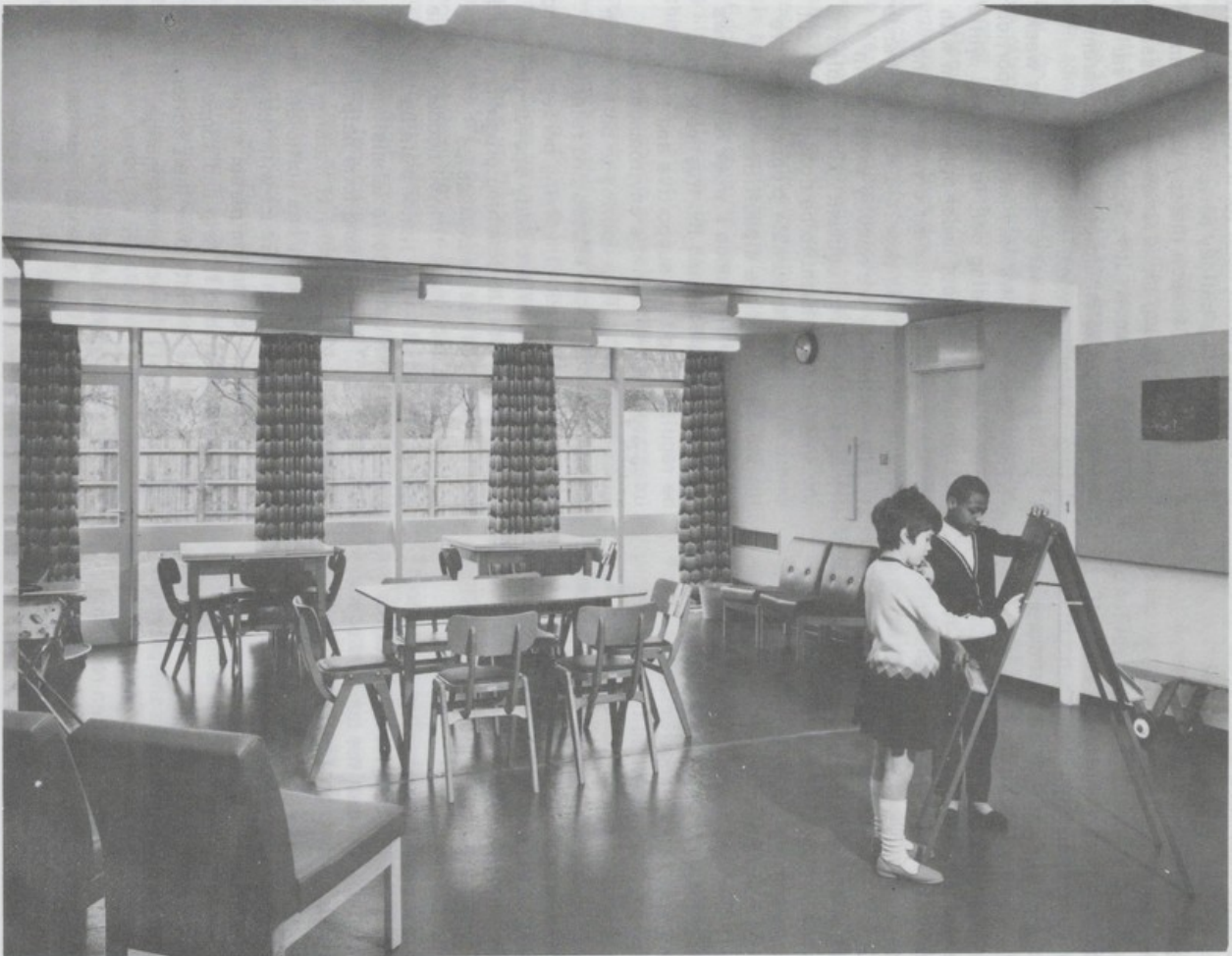
Physiotherapy - report by Mrs J Biddle, superintendent physiotherapist.

Isleworth junior training school.

The physiotherapist has made regular visits to the school and has had 16 children on treatment. She has made home visits to discuss problems with the parents and hospital visits to promote better handling, through which the children learn the correct patterns of movement for daily living. Staff from the



The Mayor and Mayoress join the children after the official opening of Heston Long Term Home for mentally handicapped boys and girls.
(Photograph by permission of the Evening Mail)



The main recreation room at Heston Long Term Home.

Wolfson centre have visited the school and discussed the problems of caring for the children at home. Parents have been welcomed at the school where they have been given advice and help.

Hanworth junior training school.

The physiotherapist attended the school for two sessions a week; if the needs of the 18 children whom it is thought might benefit by treatment are to be met it is felt that more time for physiotherapy should be made available. Several of these children require daily supervision of walking etc. which is undertaken by the helpers whenever their other duties permit. There are many situations which require skilled hands, particularly the management of spina bifida ileostomies and children prone to fits. There is no qualified nurse employed at the school at present but provision has been made to meet this deficiency in the near future.

Knowledge of the full medical histories of cases is of paramount importance in treatment by physiotherapy and thought is now being given to making this knowledge available to the physiotherapist at the school.

Another responsibility of the physiotherapist is the choice of the correct apparatus for standing, sitting, mobility, etc., for each child. The appropriate apparatus can usually be supplied.

This is a very happy school which by its very essence is run under great difficulties and anything done to ease the burdens of the staff is always much appreciated.

Speech therapy - report by Mrs DE Cox, senior speech therapist.

During 1970 speech therapy in the junior training schools continued as in the previous year, with mixed individual and group therapy. The increasing number of children requiring individual help has curtailed the more general work in the classroom that was started earlier at Isleworth Junior Training School.

There are still only two sessions per week at each training school, but although limited

this amount of help allows progress to be made, especially when speech therapy is closely backed up by the teacher in the classroom.

There is a great need for a closer link with the parents. The holiday period has many demands on the speech therapy service and home visits during these times are necessarily restricted in number. It is hoped to try various methods of establishing contact with parents during the coming year.

The present number of sessions per week at each school allows only a small proportion of the children needing help to be seen, while the remainder are kept under supervision with advice given to the teacher concerned and parents where this is possible. Current trends in speech therapy are heavily weighted in favour of intensive treatment. This enables the length of treatment to be considerably cut where there is a favourable prognosis. Where the child has multiple disabilities isolated speech therapy on a once a week basis shows negligible progress, and the treatment must be regular, long term supportive and fully integrated into the child's environment both home and school. This applies to both speech defects from physical causes and retarded language development involving perception and other difficulties. Where daily speech therapy is dovetailed into the teaching programme much greater progress has been made.

Therefore much more time is needed for the speech therapist in the junior training schools so that children can receive intensive short term treatment, regular long-term help in association with their general training programme and so that the therapist has sufficient time to make the maximum contact with the parents, both to give advice on the parent's role in the training needed, and to help and support the parents in their anxiety over their children's difficulties with speech and language.

Other Day Establishments

Heston Day Centre

This centre now in its second year provides a service for 60 elderly people. Although the

centre has been staffed to cater for 40 it is possible to meet the needs of a larger number by having some attend on a part time basis. At present 75% attend full time. Most of those attending are brought to the centre each day in a council owned coach but a coach is hired to bring 12 from the Chiswick area.

Without the care provided by the centre it is felt that about 50% of those who attended for the first time during the year would have been admitted to geriatric beds in a psychiatric unit. On admission to the centre our clients are often restless, agitated, confused and a number are incontinent.

Regular visits by Dr Herridge and his registrar ensure that medication can be provided quickly where necessary and progress observed to prevent deterioration. At present 75% are receiving medication, six are diabetic requiring strict control of diet and urine testing, six receive injections every two weeks. Another six have received special treatment at West Middlesex psychiatric day hospital. We are grateful for the regular visits made by the chiropodist.

Another service provided at the day centre concerns hygiene. About ten clients have a weekly bath at the centre and a change of clothes. This service is necessary for various reasons. Some have elderly relatives who are not able to give the help they need in their own homes others who live on their own do not bother because they are either too confused or too physically tired.

A variety of activities are offered at the centre some industrial work knitting making trays, soft toys, stools etc. All are designed to give our elderly folk interests, a sense of achievement and increase their confidence and feeling of worth. They are often pleasantly surprised at what they discover they are still capable of doing and the sense of pride they get in finishing an article. Out of the net proceeds returned to the centre by the borough council it was possible to take the elderly folk to a pantomime in January and to the seaside for a day during the summer.

Very sincere thanks are due to Messrs Stenner Ltd. who again invited some of the clients to accompany employees of their firm

on their annual outing.

The centre is fortunate to have excellent support and coverage from Mr Charles and his team of social workers. Thanks are also due to the family doctors for their help during the year and last but not least Mr Brickman the local chemist who is most understanding and co-operative when medicines are required urgently.

This centre has now matured and developed to a high degree. The staff under the enthusiastic leadership of Mrs Kenneally has always been prepared to accept the challenge constantly presented by this work but all are aware that so much could not have been achieved without the support of many people outside the centre.

Heston day psycho geriatric unit is thus serving a most useful purpose and it seems there is scope for at least another similar centre sited preferably at the eastern end of the borough to save long coach trips.

Acton Lodge Adult Training Centre

Acton Lodge is continuing its role as a progressive adult training centre. The laundry was brought fully into operation during the year and this is not only a very valuable training medium but adds appreciably to the income earned by the centre.

Brentford Adult Training Centre

This centre continues as a stepping stone for some trainees into industry and provides a more demanding environment for the higher grade subnormals than does Acton Lodge.

Holiday Camp for Mentally Handicapped Adults

In September a holiday was arranged for those adult trainees who wished to attend at St Mary's Bay holiday camp Dymchurch. It was a great success.

Other Residential Establishments

Weekly Boarding Unit Hanworth

This has fulfilled a most useful function

during the year and has remained full throughout. Miss Hassal who has proved to be an outstanding matron is unfortunately leaving in the near future for personal reasons.

During August when the children normally in residence were on holiday a period of two weeks short term care was arranged for twelve other children whose parents needed a break. The regular staff was augmented by student teachers seconded from Chiswick polytechnic and volunteers. The children enjoyed this period and the outings to the seaside, zoo and other places of interest which were organised for them.

Wood Lane Hostel

The hostel is serving a most useful purpose. There can be no doubt that if cases that are suitable for community care are to be kept out of hospital further provision will be necessary in the near future - the need might best be met by a series of satellite houses within a reasonable distance of Wood Lane and Acton Lodge.

The following report has been submitted by Mr M Vincent the resident warden.

Admissions from		Discharges to:	
Home/Community Hostels	13	Home/Community Hostels	6
Mental after care	3	Leavesden	2
Children's dept.	1	Springfield	4
Hospitals	2		1
	4		
Total:	23	Total:	13

Discharges:

Unsuitable 3 (4 to hospital 3 to community 1 to hostel)
Left against advice 3
For treatment 1
Others 1
(to own borough)

Miss Saunders, deputy warden was appointed on 6th December when Mrs Farey left. Mr L. Knight was appointed to the post of assistant warden in January.

With the help of voluntary organisations the residents are becoming increasingly involved in activities in the community. A local branch of the Gateway club has attracted full membership from the residents and the weekly club night at Brentford youth centre is well attended. A camping holiday in the Lake District was arranged for four boys with the minimum of supervision and proved to be so successful that arrangements are being made to extend this next year.

A variety of events were arranged to encourage local residents to visit the hostel and each function was well supported.

Suitable employment was found for a number of residents and only one girl was unable to retain the employment found and had to return to an adult training centre.

Orchard Hostel Bedford

It is encouraging to note that this hostel has been accepted very well into the local community and has been befriended by a group of Feltham residents who are giving help and support to the hostel. It is clear that in addition to this medium term recuperation type of hostel there is a need for a more basic and possibly unstaffed hostel more suited to chronically ill patients which could be regarded by them as home and in which they would stay for many years.

The following report has been submitted by Mr H Marshall the Warden. There were 20 admissions and 19 discharges during the year.

Admissions		Discharges	
Schizophrenia	8	Schizophrenia	4
Inadequate personality	5	Schizophrenia with drug abuse	1
Personality disorder	3	Inadequate personality	6
Obsessional depression in schizoid state	1	Personality disorder	4
Depression with paranoid features	1	Chronic anxiety state	1
Manic depression	1	Chronic anxiety depression	1
psychosis		Agrophobia	1
Depression	1	Manic depression	1
Total:	20	Total:	19

4 residents were re-admitted to hospital 2 of which subsequently returned to the hostel.

Our own borough council was responsible for 16 residents Surrey county council 1 Ealing 2 and Haringey 1.

1970 was the first full year of the hostel's existence at its new site, continued interest has been shown by the churches voluntary workers and local inhabitants. In May 1970 a public meeting was held at Feltham council chambers entitled community care and concern in Bedfont Hanworth and Feltham.

Following this meeting a small study/project group met at The Orchard and many ideas of this study group have been implemented to the benefit of this hostel. A flourishing weekly social evening was started and this proved to be a valuable link with ex-residents also allowing the local social services to introduce local residents in need of socialisation. In line with current thoughts and ideas on the problem of institutionalization, the length of stay at the hostel should be 9 months or less. A period of over 12 months could be regarded as making a resident a "chronic".

Two ex-residents were married in September the reception at a nearby hotel was enjoyed by residents and staff. Dr Herridge and Dr Clarke continued to attend weekly, giving valuable support to the staff and attending to the psychiatric and medical needs of the residents as necessary.

Supportive help was given by officers of the health department.

Some difficulty was experienced in obtaining residential staff. One of the main difficulties is that staff have to live in the main building with the resulting lack of privacy, noise and the feeling of never being off duty. Consideration should be given to accommodation which is detached from the main building. It is thought that this would lead to better staffing, people would stay in post longer and a more efficient service would result.

Mental Health Social Work

During the course of the year Mr W N Carey the chief mental health social worker resigned and Mr P D Charles is proving a very capable

successor. Mr F Vallerelli and Mr David Mason both obtained the national certificate in social work and have returned to duty. Mr Jikiemi and Mrs Cohen were both seconded to course to obtain certificates. One additional worker was added to the establishment.

Meetings were arranged by the newly appointed hospital advisory committee concerning the various liaisons between hospital and local authorities and the department gave evidence at Springfield hospital where a plea was made for acute psychiatric beds to be made available within the borough possibly at West Middlesex hospital so that a local and closely integrated service could be established between this suggested unit and the various mental health facilities in the borough.

Evidence was also given at Normansfield hospital where it was suggested that Normansfield should be made the catchment subnormality hospital for this borough as it is in close proximity and would enable easy visiting by relatives and a much closer integration than is possible with Leavesden which is 25 miles away.

Report by Chief Mental Health Social Worker.

During the year new ventures have been started, some consolidation of old practices has continued and the overall picture is yet another year of considerable progress in the borough's services for the mentally ill.

In February 1970 it was agreed to allocate in Springfield hospital a 43 bed unit named Dahlia Ward specifically for Hounslow residents. This unit has successfully coped with all the patients resident in that part of the hospital catchment area within the borough of Hounslow, except for psychogeriatric cases.

Other benefits have accrued from this experiment. It has made possible a much closer working relationship between local health authority and hospital staff. Each is now better able to appreciate problems arising in the other's sphere of the work. The fact that patients come from the same area means that they are more likely to have interests in common and this in turn tends to create a warmer and more intimate atmosphere in the ward. It also encourages a sound relationship between the patients and

local authority mental health social workers who visit frequently.

The close liaison between Dr Herridge and the community services continues to prove most helpful particularly in obtaining early medical assessment and effective use of the council's resources, and has on many occasions obviated the need for hospital admission.

The psychiatric clinic at Hounslow hospital is now able to deal with acute referrals quickly due to a close co-operation between the mental health section, Dr Herridge and Hounslow hospital. At first the clinic had a long waiting list and many patients referred did not keep their appointments. As new referrals are received by the hospital they are immediately notified to the mental health section who carry out an initial investigation. This has helped considerably in assessing degrees of priority and ensuring more economical use of the consultant's time.

Dr Herridge's meetings at the health department's mental health office continue to form a very useful link between the hospital service and the local authority and now involve the nursing staff from Dahlia ward. The proportion of qualified social workers has increased over the years and it is now possible to discuss cases in greater depth, arriving at more accurate assessment and providing long term prognosis.

During 1970 it has become increasingly recognised that there is considerable value in bringing in workers from other disciplines to case discussions which are also their concern.

There has been no significant change in the number of visits paid to the mentally ill during the year but the admission rate to psychiatric hospitals has been reduced. No doubt the amount of support being provided in the community through the family doctors and the mental health and other social workers has influenced this trend.

The formation of teams with a senior mental health social worker in each of the three areas has enabled a more parochial service to become available. This should enable a closer liaison with the family doctor and other services in the areas to develop.

A good relationship has been maintained between the mental health team and St Bernard's

hospital but there has so far been minimal involvement by the hospital in the community services.

The club formed by the steering committee of the Hounslow mental health association was originally housed in St Stephen's church hall. When the health centre was opened at Bath Road, the club was granted the use of the psychiatric day centre building for club meetings on Thursday evenings. The club membership has grown gradually and a stage has now been reached when club members are anxious to form their own constitutional committee.

The Industrial Therapy Organisation (Thames) Ltd continues to receive some of the borough's mentally ill for periods of full time training. We are grateful to this organisation for providing virtually the only type of sheltered workshop facility in the area.

We are pleased to welcome as new members of the staff Mr F Klette and Mr N Ramdhony who joined us at the end of the year as mental health social workers.

Mr O Jikieme and Mrs P Cohen both started courses for the certificate in social work in the middle of the year and we welcome back and congratulate Mr F Vallarelli and Mr D Mason who returned to us in the summer after successfully completing courses of professional training.

During the year we have been involved in the training of students from various agencies including Chiswick polytechnic, Bedford college, Springfield hospital, Queen Charlotte's hospital, West Middlesex hospital and other services.

The overall picture then of the mental health service in general is one of continued growth and development.

A satisfactory level of service has been obtained and the council's resources are being well used. When the service is transferred to social services department in 1971 it is to be hoped that especially in the initial stages the existing quality of service can be maintained; for any falling off from its present level is likely to have an adverse effect on the confidence built up so far between the medical profession the social work profession and the public and would inevitably leave to a greater number of hospital admissions.

Environmental Health

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

This is the first full year's report which I have been able to produce since taking up my appointment in 1969. During the year a number of changes have been made to the section's approach to its duties and the effects of these changes will not be positively apparent until the position has settled and a full year worked.

In reviewing the work carried out during the year 1970 regard has been had to the department of health and social security's circular 1/71 dated 1st January 1971.

Water supply

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

Periodic samples of the water are taken for examination and in all cases have been found to be satisfactory. In addition I am grateful to the director of water examination for the Metropolitan Water Board for the following information which relates to the water supplied by that authority.

1. (a) The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1970.
- (b) 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 the analytical results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to

the consumer. Any sign of contamination or any other abnormality is immediately investigated.

- (c) (i) 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, 1970, was 168,235.
- (ii) No houses were permanently supplied by standpipe.
- (d) No artificial fluoride is being added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.
2. (a) The supply was derived from the following works and pumping stations:
River Thames - derived from Hampton works.
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.
- (b) On account of their hardness content and alkaline reaction the Board's river and well water supplies are shown to be not 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.

He also advises that the average natural fluoride content of the water supplied to the borough is 0.2 milligrammes per litre.

During the year 7 samples of drinking water were taken from various taps throughout the borough. Of these samples 3 were considered to be not up to the usually maintained standard. Investigations were carried out by the distributors which resulted in further samples being satisfactory.

In addition test samples were continued to be taken from the flasks providing water for aircraft.

Although 9 samples were again considered unsatisfactory, further cleansing and sterilization produced satisfactory results.

Twelve test samples were also taken from the water tanks at the service stations on the M4 motorway at the request of the service engineers, following works of construction on the tanks. Of these, 3 samples were unsatisfactory and further sterilization was carried out to produce the satisfactory results.

Swimming baths

The general baths manager has advised as detailed below, on the attendances at the various swimming baths under his control

Swimming baths	Annual attendance	Max. No. in any one day
Brentford	107,735	379
Chiswick open air	68,964	2,461
Feltham	286,778	1,676
Heston	171,592	1,100
Isleworth	171,854	934
Hounslow	204,714	578
Private baths	Annual attendance	
Brentford	6,883	
Hounslow	15,068	
Chiswick private baths	19,938	
Isleworth	9,770	

In addition to the general baths manager's routine tests, bacteriological samples are also taken by the department of health. During the year 165 samples were taken as follows

	Samples	Unsatisfactory
Swimming pools	136	14
Paddling pools	16	6
Remedial pool	11	1
(Hanworth Junior Training Centre)		
Foot baths	2	1

Discussions took place with the appropriate

responsible persons over the unsatisfactory results and further samples were found to be of the required standard.

Sewerage and sewage disposal

I am satisfied that the arrangements for sewerage and sewage disposal are satisfactory. A limited number of isolated premises are served by pail closets or cesspools. Adequate arrangements are made for the disposal of their contents.

Common lodging houses

There are no common lodging houses in the borough.

Services under the food and drugs legislation

This legislation provides the council's control over the fitness for human consumption of food which is sold throughout the borough and the conditions under which it is handled or stored prior to sale.

Milk

The persons who sell milk within the borough must be registered as distributors in accordance with the Milk and Dairies (General) Regulations 1959. The number of persons so registered is 146.

Licences are also required in order that milk may be treated or that designated milk may be sold. These licences are issued under the Milk (Special Designation) Regulations 1965 as amended, for a 5 yearly period, which expired on 31st December 1970. The following licences are in operation.

Dealers (Pasteuriser's) licence	1
Dealers (Pre-packed) licences:-	
Pasteurised milk	129
Sterilised milk	64
Ultra-heat treated milk	68
Untreated milk	4

During the year, 194 samples of designated

milk were submitted to the Kind Edward Memorial Hospital pathological laboratory for statutory tests. The results were

Designation	No. of Samples	Satisfactory	Unsatisfactory
Pasteurised	150	129	21
Sterilised	26	26	-
Untreated	-	-	-
Ultra heat treated	18	18	-

The failure of some of the samples of pasteurised milk to pass the methylene blue test were investigated and where appropriate further samples taken.

Brucella abortus

During the year 59 samples of raw milk were taken as it arrived at the processing dairy in the borough. The samples were submitted to Harefield Hospital pathological laboratory. 11 of these samples were found to be positive and the county public health officer in the producing area was notified for action.

Tuberculin test of raw milk

59 sample of raw milk from the same source as above were also submitted for tuberculin test. All samples, where the complete test could be carried out were found to be satisfactory.

Ice cream

During the year 193 samples of ice cream were submitted for bacteriological examination. The results were

Grade 1	120
Grade 2	51
Grade 3	10
Grade 4	12

Thorough investigations were carried out into the procedures and methods of handling

of the grade 3 and 4 samples. The premises were kept under close observation until satisfactory samples had been obtained.

In addition 9 ice lollies were also sent for examination and found to be satisfactory.

Food premises

The inspection of premises where food is stored, handled, prepared or from where it is sold is a very important part of the public health inspectors' duties. The control of such premises is under the Food Hygiene (General) Regulations, 1960 and the office system is so organised that all food premises are frequently inspected throughout the year. During the year 8,610 visits were paid to food premises throughout the borough for the purpose of food hygiene inspection. The various types of such premises include

Butchers	110
Bakehouses	12
Cafe's, canteens, clubs	488
Fish shops	39
Greengrocers	156
Grocery and provisions	247
Hotels and public houses	222
Food manufacturers	33
Confectioners (sweet)	240
Confectioners (flour)	48
Chemists	67
School canteens	60
Places of public entertainment	28

Food stalls and delivery vehicles are also subject to inspection under the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966. These are inspected regularly as are the fair ground stalls which appear occasionally in the borough.

Certain food premises have to be registered under Section 16, Food and Drugs Act 1955 and must comply with the Food Hygiene legislation, before they can be entered in the register. The premises so registered are

Manufacture, storage or sale of ice cream	370
Preparation or manufacture of sausages only	29

Preparation or manufacture of potted, pressed, pickled or preserved food and preparation or manufacture of sausages 129

Contraventions of the appropriate regulations were mainly dealt with informally but the health committee instructed that legal proceedings be instituted in 5 cases and fines totaling £125.15 were imposed.

Food Inspection

Meat and poultry inspections

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

Unsound food

Unsound food which is surrendered to or seized by the public health inspectors is destroyed in a Greater London Council incinerator. The following amounts of food were dealt with during the year

	tons cwt. lbs.		
Carcase meat from retail shops	2	15	68
Cooked meat and meat products		3	24
Canned meats	6	19	27
Fresh fish		3	82
Fresh fruit and vegetables	43	17	63
Frozen foods due to cabinet break down	41	9	68
Other foods	55	11	38
Total	151	0	84

During the year 124 complaints were made to the department, alleging unsoundness or foreign bodies in the food. All cases were fully investigated with the vendors and manufacturers. Most cases were dealt with informally but where the circumstances warranted firmer action they were reported to the health committee. Legal proceedings were taken in 13 cases which resulted in fines totaling £293.

Sampling of food and drugs.

Samples of food and drugs were taken by the public health inspectors either formally or informally and submitted to the public analyst. 166 formal samples and 435 informal samples were submitted together with 25 specimens from members of the public. Of the samples sent for analysis the following results were given

	Total samples			irregularities
	In-formal	Formal	Private	
Milk	6	-	4	4
Other foods	320	165	16	64 (including 24 labelling)
Drugs	109	1	-	11 (including 10 labelling)
Others	-	-	6	

The Public Analyst reported that all samples other than those listed under irregularities were genuine and complied with all relevant Acts, Orders and Regulations.

Details of the irregular samples, together with the action taken by the department.

Food samples found to be deficient of legal standards.

Twenty-four such samples were reported, details of which are set out below.

A steak pie was found to have a total meat content of 21%, deficient of the legal minimum of 25%. The manufacturers' attention was drawn to the deficiency and formal samples were taken. These did not reveal a similar deficiency.

A sample of 'Pork with Egg' was found to have a meat content of 74%, deficient of the legal minimum of 95%. Regulations permit the description of 'Egg Loaf' to be applied to products containing this meat content and this description was adopted by the manufacturers.

Four samples of cordials were found, upon analysis, to contain cyclamic acid, the use of which was prohibited with effect from 1st January, 1970. The manufacturers arranged for

stocks to be withdrawn from the premises in question and warning letters were sent to the vendors.

A sample of 'Chicken and Mushrooms in Savoury Sauce' was found, upon analysis, to contain 30% meat, deficient of the legal standard of 40%. After discussion the manufacturers withdrew all stocks from the market.

A sample of Indian tonic water was found to contain 0.33 grains per pint, of quinine sulphate, deficient of the legal standard of 0.5 grains. Further samples were taken but these did not reveal a similar deficiency.

Several samples of flavoured yoghurts were taken from a local manufacturer, four of which were found to contain benzoic acid and three contained sorbic acid, contrary to the Preservatives in Food Regulations. These are technical offences and legal action was not considered appropriate. The addition of these preservatives, which were contained in the added fruit, although not permitted by the regulations created an anomaly which is at present being considered by the Food Additives and Contaminants Committee of the Ministry of Agriculture, Fisheries and Food.

Two samples of cheese were found to be deficient of the legal standards for fat content, one of which is no longer available and the other was found to comply after the attention of the Swiss manufacturers had been drawn to the deficiency.

Two samples of an almond flavour drink were found to contain excess quantities of saccharin, a warning letter was sent to the manufacturer.

A sample of banana syrup, upon analysis, was found to contain less than 1% fruit and the manufacturers adopted, after discussion, an alternative description including the word 'flavour'.

A sample of margarine and a sample of milk powder were found to contain a small amount of excess moisture. Further samples were taken. No similar deficiency was found.

A sample of mustard oil was found to contain less than 2% mustard and a warning letter was sent to the manufacturer.

A sample of Bordeaux wine was found to contain 530 parts per million of sulphur

dioxide, in excess of the legal maximum of 450 parts per million. The manufacturers were contacted and the product was withdrawn from sale.

Food samples found to be inaccurately labelled.

Twenty samples submitted to the analyst revealed labelling omissions and included four samples which did not have the name and address of the manufacturer, packer or importer on the label and the remainder related to omissions in the list of ingredients. Typical examples include the presence of undeclared mineral oils, preservatives and mineral hydrocarbons. These are technical offences and in each case the manufacturers have agreed to amend their labels following informal discussions.

Drug samples found to be deficient of legal standards.

Eleven samples were found to be deficient. Ten of these were due to contraventions of the Pharmacy and Medicines Act which requires preparations recommended as a medicine to have stated upon them a list of the active ingredients, eight of these contraventions were in respect of sun tan preparations which claimed healing or soothing properties and two were of talcum powder claiming similar benefits.

One sample of halibut liver oil capsules was found to be deficient of the stated amount of Vitamin A containing 1500 units per capsule and claiming the presence of 4500 units. Further investigation revealed the manufacturer to have gone out of business and no further supplies were available.

Consumer complaints

Twenty samples were sent to the analyst following consumer complaints. Eight of these were bread and included.

A loaf affected by mould, a warning letter was sent to the vendor.

A loaf containing paint flakes, proceedings were taken resulting in a £10 fine and £8 costs. A loaf contaminated with dust and natural fibres, a warning letter was sent to the manufacturer.

Four were loaves containing overheated dough together with particles of crust and natural and synthetic fibres, warning letters were sent to the respective manufacturers.

A loaf containing particles of aluminium, investigation revealed that the bakery had ceased production.

Three samples were of sausages, two of which contained foreign bodies, in one case fragments of aluminium, the other, particles of coarse paper, these resulted in warning letters being sent to the manufacturers. The third sample was identified as typical deterioration resulting from refrigerated storage. It was not proved that this deterioration occurred whilst the sausages were in the possession of the vendor and no further action was taken.

Four samples concerned milk, three of which were milk bottles containing foreign bodies. One contained a cementitious deposit, a warning letter was sent. The second contained tea leaves and bread dough and investigations suggested that the foreign matter was introduced after retail sale. The third bottle contained a cigarette end and proceedings were instituted, resulting in a £30 fine and £10 costs.

One sample was of adulterated sterilized milk which was found to contain 60% added water, the sample consisted of an opened bottle and doubt was expressed as to when the water had been added.

Five other consumer complaint samples were examined and included, cooking oil containing fragments of paper, a soda syphon containing an earwig, flour containing steel wool and baby food containing dark streaks identified as grease, warning letters were sent in each case. A further sample, rice, was found to contain live and dead larvae of the tobacco moth and fragments of adult flour beetles, proceedings were instituted and a fine of £5 was imposed with £10 costs.

Clean Air Acts, 1956 and 1968.

Smoke control areas

During the year concern was expressed over an anticipated shortage of solid smokeless fuel. On 23rd July, 1970 the ministry of housing and local government wrote to the council asking that consultation take place with the fuel distributors to determine whether there would be adequate stocks for the coming winter.

Subsequently the council recommended to the minister that 15 smoke control areas be suspended from 1st November 1970 to 31st March, 1971. The proposal was confirmed by the minister and an area of 2727 acres covering 18624 dwellings was suspended from the effects of the smoke control orders. This was approximately 40% of the dwellings within the borough.

In addition the 4 orders made by the council had their date of operation postponed by the ministry from 1st December 1970 until 1st July 1971. Thus the area of the borough covered by smoke control orders did not increase throughout the year but the surveys continued and 3 further smoke control orders were made by the council with the date of operation being 1st December, 1971.

The work necessitated 7279 visits to various premises throughout the borough by the public health inspectors and technical assistants.

Furnaces

The legislation requires that new furnaces being installed shall be, so far as practicable capable of operating smokelessly and plans may be submitted for the council's approval. 15 notifications were received during the year and in two cases modifications were required before approval was given.

Chimney heights

Before constructing a chimney to serve a furnace which is rated in excess of 1½ million B Th Us per hour, the approval of the local

authority must be obtained. During the year 21 applications were received, all of which were approved although 6 required alteration to the proposals.

During the year 179 complaints were received from members of the public concerning alleged smoke nuisances. All were fully investigated but the majority referred to neighbours' bonfires.

Factories Act, 1961.

Table 26 refers to the work of the department carried out under the Factories Act, 1526 visits were paid to factory premises by the public health inspectors and an additional 31 inspections were made to outworkers' premises.

Offices, Shops and Railway Premises Act, 1963.

The work under this legislation has proceeded smoothly throughout the year and table 25 indicates the premises registered and inspected. 4069 visits were made to such premises by the public health inspectors.

An analysis of the contraventions found is

Cleanliness	43	Clothing accom-	6
Overcrowding	4	modation	
Temperature	47	Sitting facilities	1
Ventilation	29	Seats (Sedentary	1
Lighting	23	workers)	
Sanitary con-	42	Eating facilities	3
veniences		Floors, passages	68
Washing facilities	41	and stairs	
Supply of drinking	4	Fencing of exposed	9
water		parts of machines	
		First aid	54
		Other matters	63
		Total	438

The act also requires that, where an accident to a person renders them unable to carry out their duties for 3 days or more, a report must be submitted to the local authority. An analysis of the accidents reported is

Machinery	10
Transport	7
Persons falling	30

Stepping on or striking against object	4
or person	
Handling goods	14
Struck by falling objects	4
Fires and explosions	1
Use of hand tools	4
Others	2
	76

Convictions were obtained in two cases involving accidents. Both of these involved bacon slicing machines.

Noise abatement

A total of 71 complaints were received concerning 55 noise sources, 18 were confirmed as a nuisance after investigation. It is often a time consuming occupation investigating noise nuisances and solutions are generally not easy to secure due to the complexity of the machinery causing the noise.

The 18 confirmed cases related to:-

Noise nuisance from concrete breakers	3
Noise nuisance from industry	5
Noise nuisance from commerce	3
Others	7
Total	18

Of these, 15 were satisfactorily abated but the remainder are still under active consideration. A total of 287 visits were made in connection with these complaints.

Aircraft

During the year investigation into possible pollution from aircraft trails was carried out. To date no evidence of pollution has been recorded. However, this may be due to the difficulty in obtaining accurate measurement and investigations are continuing.

Housing Acts 1957 - 1969

New Houses

The borough architect has advised that during 1970, 362 permanent new council dwellings were erected and the borough engineer and surveyor has given the following figures on other new permanent dwellings

	Houses	Flats	Total
Private enterprise	58	95	153
Housing associations		88	88
Other authorities	19	8	27
	77	191	268

Houses unfit for human habitation

The ministry of housing and local government requested details of the council's next 4 year programme for dealing with houses which were unfit for human habitation. No such programme was in being but a survey of the housing throughout the borough revealed that there were 615 houses which were of an age and type of construction as to indicate that they should be inspected in detail for action under the housing legislation.

A positive programme of inspection of these houses was initiated and throughout the year nearly 4,000 visits were paid by the public health inspectors and technical assistants in connection with housing work. This is a considerable increase compared with the numbers last year and the results of the department's efforts are tabulated below.

- 4 clearance areas were declared, comprising in total 43 houses.
- 46 houses demolished due to clearance area action.
- 160 houses made fit for human habitation by informal action.
- 1 house made fit for human habitation by formal action.
- 14 houses closed as being unfit for human habitation.
- 4 houses upon which demolition orders were made.

- 9 closed houses made fit by the owners and the closing orders subsequently determined.
- 15 houses demolished because of unfitness.
- 1 underground room closed because of unfitness.

At the end of the year there were still 18 houses occupied which had formed part of 2 clearance area declarations. These areas had been declared by the council in 1968 and 1969.

This positive approach to unfit dwellings was made possible by Mr A.E. Canovan, district public health inspector, taking over the co-ordination for housing work. Subsequently he was promoted to senior public health inspector (housing).

Houses in multiple occupation

During the year I expressed to the health committee, concern over the number of houses which were let in multiple occupation. From available information it appeared that there were over 5500 such houses in the borough and it was obviously necessary to carry out a detailed programme of inspection to locate these houses in order that the appropriate action could be initiated. The problems associated with such housing may be summarised as follows -

- overcrowding.
- lack of, or insufficiency of, adequate facilities and amenities for all the occupants.
- lack of proper means of escape in case of fire.
- disrepair.

The council subsequently agreed to the employment of two additional technical assistants within the town clerk's department who would be under the day to day control of the valuation and estates department. These two officers would then be loaned to the environmental health section to commence the survey. It is hoped that they will be able to start early in the new year.

Although 291 visits were made in connection with this work it was mainly of an informal

nature.

Underground rooms

It appears that there are probably in excess of 200 houses within the borough having inhabited rooms which fall within the definition of underground rooms. Many of these are in houses which are let in multiple occupation and it was considered that these should be dealt with as the "houses in multiple occupation" programme proceeds.

Qualification certificates

It is in this field that most housing work has been carried out during the year. This action was initiated under the Housing Act, 1969 and allows the landlord of rented property to convert controlled tenancies to regulated tenancies with a subsequent rent reassessment provided the property is fit for human habitation in all respects and has all the basic standard amenities.

The procedure falls within one of two categories -

- a) Provisional qualification certificates - those where some or all of the standard amenities are lacking.
- b) Qualification certificates - those which have all the necessary amenities.

Each house which is the subject of an application has to be inspected and where items of disrepair are noted an informal letter is sent advising the applicant of the defects in order that they may be rectified.

It can be seen that this work involves several visits to the properties concerned with additional meetings with owners and builders.

During the year the following statistics were recorded

Certificates of provisional approval

Applications received	79
Applications granted	62
Applications refused	3
Applications withdrawn	2

involving a total of 115 visits by the public health inspectors.

Qualification certificates

Applications received	516
Applications granted	113
Applications refused	205

involving a total of 998 visits by the public health inspectors.

The health committee considered that a boiler provided behind an open fire could not be regarded as a satisfactory means of providing constant hot water during the summer months. Where this is the sole means of heating water the applications have been rejected on the grounds that all the standard amenities were not provided. Three notices of appeal against this decision were given but subsequently withdrawn.

Moveable dwellings

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

The council is required to provide a site for a minimum of 15 caravans to be stationed within the borough. The selection of the ideal site has proved difficult but, in order to assist the caravan dwellers, action has been withheld against vans being stationed on land in Church Road, Cranford. It was hoped that this could be a temporary site with the minimal facilities of a water supply, a sewer connection and refuse disposal points. This to continue until a permanent site could be found and suitably developed. This matter is still under consideration.

However, action has been taken against all other vans unlawfully stationed within the borough. 155 such cases were dealt with and the whole work under this heading necessitated 507 visits.

Improvement of dwellings

Following applications to the council for improvement grants the public health inspectors inspect each dwelling. During the year 140 such applications were received and in each case a report was given on the condition of the property and its estimated life.

Mortgage Applications

Again, where applications are made to the council for a mortgage, the public health inspectors inspect the property. 204 houses were so inspected during the year.

Certificates of disrepair

One application was received for a certificate of disrepair.

Rehousing on medical grounds

Where the medical officer of health has been requested to give medical priority for rehousing and the condition of the applicant's dwelling is not satisfactory, the public health inspectors are requested to report on the conditions existing. 51 such reports were given during the year.

Council housing

Concern has been expressed over the conditions prevailing in some of the accommodation provided by the council both for the normal council tenants and also concerning the accommodation provided for homeless families. In the latter case, one house was found to be overcrowded and lacking in the necessary facilities. Discussions with the appropriate departments resulted in improvements to the house and a reduction of the number of families housed there.

Following complaints from council tenants 228 visits were paid to 76 council properties with subsequent recommendations to the director of housing. Three units of accommodation were declared unfit for human habitation.

General improvement areas

Detailed discussions between various council departments has continued on the proposed South Street general improvement area. A public meeting was held with the residents of the area and the council authorised the preparation of a detailed scheme. Discussions are also proceeding on the other suitable areas.

Land charge searches

During the sale of any premises, the solicitor acting for the prospective purchaser requests that the Land Charge register be searched to ascertain whether any notices have been served upon the property. 5581 searches were made during the 12 months.

Rodent control

Details of the work carried out by the rodent control team is set out in table 24.

It had been the practice of the council to enter into agreements with various firms throughout the borough to maintain a control over any rodent infestations. This often necessitated visits to premises which were free of rodents and was wasteful of manpower. It also placed the council in a difficult position when it came to enforcing the owners' responsibilities.

A proposal was accepted by the council that these agreements should cease, although every assistance would be given upon request. The manpower thus saved could be directed towards a positive system of inspection and treatment of infested sewers. By the end of the year a programme of sewer treatments was being drawn up in conjunction with the borough engineer and surveyor who is responsible for sewers.

In addition to the rodent operatives' visits, the public health inspectors made 8,655 visits in connection with rodent control inspection in food premises and other establishments.

Other pest control work

During the year 371 complaints were made to the department concerning insect pests and 27 concerning pigeons.

497 pigeons were either trapped or shot during the year.

The council agreed to cease charging for the treatment of insect pests. The charge had been known, in some cases to deter people from applying for help.

Pet Animals Act 1951

There were 17 licences issued to keep pet shops during 1970 and 66 visits paid in connection with this work.

Riding Establishments Act 1964

Two licences were issued to keep riding establishments and 6 visits were paid by the public health inspectors during the year.

Animal Boarding Establishments Act 1963

Two licences are in force and 6 visits were paid in connection with this work.

Agricultural premises

22 visits were paid to agricultural premises in connection with the health and welfare provisions of the appropriate legislation.

Long term immigrants

Where immigrants notify that they are intending to reside in this borough, they are visited by the public health inspectors and advised to register with a general practitioner. During the year 496 visits were made in connection with these immigrants.

Hairdressers and barbers

During the year the council agreed to the recommendation that all hairdressers and barbers should register with the council under the provision of Greater London Council (General Powers) Act 1967. This was to ensure that all premises used for hairdressing were known to the department so that regular inspection could be carried out. 151 such premises were registered.

General district inspections

Summarised below are details of the complaints received by the environmental health section together with a record of the visits made

Complaints received

General disrepair of premises	196
Dampness	182
Overcrowding	18
Defective drainage systems	254
Defective water supply and/or fittings	47
Accumulation of refuse or insufficient or defective refuse storage facilities	222
Rats and mice	1,650
Pigeons	27
Insect pests	371
Smoke	179
Noise	71
Unsound food	132
Caravans	30
Miscellaneous	491
Visits made	
Smoke control areas	6,548
Other clean air	969
Drainage	1,102
Factories	1,557
Food premises	8,610
Unsound food	532
Food and drugs sampling	484
Housing	3,985
Infectious diseases	664 (+ van drivers visits)
Rodent control	21,365
Offices, shops and railway premises	
General inspections	493
Other inspections	3,475
Accident investigations	101
Rag flock and other filling materials	3
Pet animals establishment	66
Animal boarding establishment	6
Riding establishment	6
Agricultural premises	22
Schools	21
Noise nuisance	287
Caravans	507
Premises licensed for public entertainment	64
Hairdressers and barbers	320
Nuisances (general)	1,580

Piggeries	25
Stables	21
Swimming baths and pools	166
Accumulations of refuse	477
Verminous premises	489
Work places	42
Treatment of premises for bugs	52
Treatment of premises for fleas	51
Treatment of premises for cockroaches	10
Treatment of premises for ants	12
Treatment of premises for other insects	5
Destruction of wasps nests	52
Drains tested	123

Conclusion

In order that additional senior public health inspector positions could be created without incurring greater expenditure, the establishment of 6 pupils was reduced to 4. Miss F E Stimson was appointed as a pupil to attend the University of Birmingham to take the B Sc (environmental health) course.

The much needed additional senior positions were filled by the appointment of Mr A E Canovan (senior public health inspector housing) and Mr D J Wells (senior public health inspector food) and the two specialist teams set up by reducing the districts from 15 to 11. Although there were staffing difficulties towards the end of the year, the framework was established to enable the environmental health section to pursue its duties and responsibilities to greater effect. However, further staffing readjustments will be necessary.

A small effort has been made towards centralisation of the section by housing the specialist teams and 5 district inspectors at 92 Bath Road and leaving 3 district and 1 senior public health inspector at the two divisional offices. However, the environmental health section will never be wholly efficient, both from the technical or administrative aspect, until all personnel are contained in one building.

My thanks are again due to Mr Bell the deputy chief public health inspector for his assistance and encouragement. I am also grateful to all the public health inspectors, technical assistants and administrative and

clerical staff for their co operation and help.

Rehousing on Medical grounds

During the year 321 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 two 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.

Dr Daphne P Richards, senior departmental medical officer who was seconded to the 1969/70 course gained the diploma.

Dr R H G Charles, senior departmental medical officer was nominated to attend a course during 1970/71.

Establishments for massage or special treatment

During the year 11 establishments were licensed by the council for the following purposes:-

Massage and electrical treatment	2
Epilation by electrolysis	2
Chiropody	4
Chiropody and massage	1
Chiropody and electrical treatment	1

Chiropody, massage and electrical treatment	1
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Each establishment was inspected by a medical officer on one occasion during 1970.

Mortuary services

The borough council maintains a public mortuary in Feltham to which bodies were admitted from the urban districts of Staines, Sunbury-on-Thames, Chertsey, Egham, Esher, Walton & Weybridge and Woking, the rural district of Bagshot, and the Royal Borough of Kingston-on-Thames until the 5th May, 1970. Bodies are still received from the Richmond and Barnes areas which form part of the London Borough of Richmond-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 1970 four 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 Causes of death at different periods of life for 1970

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	-	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of respiratory system	5	2	-	-	-	-	-	-	-	-	1	-	1	-	1	-	2	-	-	-	-	1	1	-
Late effects of respiratory T B	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-
Other tuberculosis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Meningococcal infection	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Other infective and parasitic diseases	4	2	-	-	1	1	-	-	-	-	-	-	-	1	-	-	-	2	1	-	-	-	-	-
Malignant neoplasm, buccal cavity etc.	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	2	-	-
Malignant neoplasm, oesophagus	10	6	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	3	2	4	2	1	2	-
Malignant neoplasm, stomach	23	25	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	6	4	9	11	7	10	-
Malignant neoplasm, intestine	32	38	-	-	-	-	-	-	-	-	1	-	1	-	1	2	1	6	9	13	10	9	17	-
Malignant neoplasm, larynx	5	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	-	2	1	-	-
Malignant neoplasm, lung, bronchus	102	31	-	-	-	-	-	-	-	-	-	-	4	3	-	9	5	29	5	43	10	18	10	-
Malignant neoplasm, breast	-	55	-	-	-	-	-	-	-	-	-	-	1	5	-	13	-	11	-	12	-	-	13	-
Malignant neoplasm, uterus	-	8	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	3	-	2	-	-	-	-
Malignant neoplasm, prostate	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	9	-	6	-	-
Leukaemia	7	4	-	-	-	-	-	-	1	-	-	-	-	1	-	1	-	1	1	2	-	2	2	-
Other malignant neoplasms	62	74	-	-	-	-	1	1	1	1	1	2	1	3	7	9	16	16	18	19	16	23	-	-
Benign and unspecified neoplasms	3	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	-	2	-	-
Diabetes mellitus	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	2	2	-	4	-
Avitaminoses, etc.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Anaemias	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Meningitis	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Chronic rheumatic heart disease	12	24	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1	1	3	8	8	1	12	-
Hypertensive disease	17	20	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4	1	4	2	7	15	-
Ischaemic heart disease	320	227	-	-	-	-	-	-	-	-	-	-	1	-	3	-	25	5	77	25	131	61	83	136
Other forms of heart disease	45	97	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	2	1	11	11	30	84
Cerebrovascular disease	86	149	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	4	12	13	31	31	41	97
Influenza	8	9	-	-	-	-	-	-	-	-	1	1	-	-	-	-	2	-	1	-	3	5	1	3
Pneumonia	68	67	2	-	4	2	-	-	-	-	-	-	-	4	-	2	3	7	2	15	8	37	52	
Bronchitis and emphysema	63	19	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	17	-	25	9	20	10	
Asthma	2	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Peptic ulcer	9	10	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	3	1	5	7	-
Intestinal obstruction and hernia	3	10	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	1	-	-	4	1	4	-
Cirrhosis of liver	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	-	-	-	-	-
Nephritis and nephrosis	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	3	-	2	-
Hyperplasia of prostate	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	3	-	-
Congenital anomalies	8	6	5	4	2	-	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Birth injury, difficult labour, etc.	14	3	13	3	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	8	8	8	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and ill defined conditions	2	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-

Table 1 (Continued)

Cause of death	Age group								Age group																	
	Total all ages		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
Other endocrine etc. diseases	4	6	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3	2	-	2	-	-	1	-
Other diseases of blood etc.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Mental disorders	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Multiple sclerosis	2	3	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	1	1	1	1	-	-	-
Other diseases of nervous system	16	9	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-	3	1	5	2	6	5	-	-	-
Other diseases of circulatory system	41	42	-	-	-	-	-	-	-	-	-	-	1	-	-	2	1	10	5	10	11	18	25	-	-	
Other diseases of respiratory system	8	6	-	-	2	1	-	-	-	-	-	-	-	-	-	1	-	1	-	2	-	3	4	-	-	-
Other diseases of digestive system	9	19	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	2	1	4	3	2	14	-	-	-
Other diseases, genito-urinary system	13	8	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	5	2	2	1	4	5	-	-	-
Diseases of musculo-skeletal system	4	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	-	1	1	3	-	-	-
Motor vehicle accidents	16	13	-	-	-	-	-	-	1	-	4	2	3	1	1	-	1	1	1	1	4	3	2	5	-	-
All other accidents	14	9	-	-	-	-	2	1	1	-	2	1	-	1	-	1	-	2	1	1	-	4	6	-	-	-
Suicide and self inflicted injuries	11	9	-	-	-	-	-	-	-	-	-	1	1	-	3	2	1	2	2	3	3	-	1	1	-	-
All other external causes	2	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Total all causes	1097	1064	29	16	13	7	2	2	7	2	12	9	9	8	23	18	68	55	232	127	368	238	334	582	-	-

Table 2 Infant deaths according to age and cause 1970

Cause of death	Age in days							Age in months																	Total
	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				
Enteritis and other diarrhoeal diseases	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	3			
Meningococcal infection	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1			
All other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	2			
Pneumonia	-	-	-	-	-	-	-	2	-	-	3	1	1	-	1	-	-	-	-	-	-	8			
Congenital anomalies	1	-	2	-	1	-	-	2	1	2	-	-	-	-	2	-	-	-	-	-	-	11			
Birth injury, difficult labour and other anoxic and hypoxic conditions	11	2	2	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	17			
Other causes of perinatal mortality	10	1	-	2	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16			
Symptoms and ill defined conditions	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2			
All other diseases	-	1	-	-	1	-	-	-	-	-	-	-	1	-	-	-	2	-	-	-	-	5			
Total	22	4	4	3	3	1	1	4	1	2	6	4	2	-	3	-	2	1	-	2	-	65			

Table 3 Corrected notifications of infectious disease 1970

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	7	-	1	-	-	-	2	2	1	1	-	-	-	-	3
Encephalitis, acute	2	-	-	-	-	-	1	-	1	-	-	-	-	-	2
Food poisoning	15	-	-	1	1	1	1	1	1	7	-	1	1	-	7
Infective jaundice	61	-	-	-	1	1	10	11	11	15	9	3	-	-	29
Malaria	2	-	-	-	-	-	-	1	1	-	-	-	-	-	2
Measles	675	29	62	92	90	83	298	10	5	5	1	-	-	-	22
Meningitis, acute	14	2	1	1	-	-	1	1	3	3	1	1	-	-	14
Paratyphoid fever	5	1	1	-	-	-	-	2	-	1	-	-	-	-	2
Scarlet fever	50	-	2	5	6	3	26	4	2	2	-	-	-	-	2
Tuberculosis pulmonary	71	-	1	-	-	-	1	2	5	23	9	16	14	-	28
non-pulmonary	21	-	-	-	-	-	2	-	3	10	3	3	-	-	14
Typhoid fever	5	1	1	1	-	-	-	-	-	1	-	1	-	-	4
Whooping cough	30	6	-	3	-	5	2	13	1	-	-	-	-	-	1

Table 4 Venereal disease patients treated at West Middlesex Hospital

Persons dealt with for the first time and found to be suffering from:	
Syphilis	25
Gonorrhoea	284
Other conditions	1793
Total	2102

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	
	1970	1969	1968	1967	1963-66	Age 16	Total
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	100	1479	176	20	50	1	1826
Diphtheria/whooping cough	-	-	-	-	-	-	-
Diphtheria/tetanus	2	304	48	28	55	88	525
Diphtheria	-	1	-	-	1	2	4
Whooping cough	1	3	4	13	10	-	31
Tetanus	1	1	2	1	26	158	189
Salk	-	-	1	-	-	-	1
Sabin	76	1746	217	42	104	81	2266
Measles	4	1124	1074	245	366	104	2917
Rubella	-	-	-	-	-	434	434
Lines 1+2+3+4+5 (Diphtheria)	102	1784	224	48	106	91	2355
Lines 1+2+3+6 (Whooping cough)	101	1482	180	33	60	1	1857
Lines 1+2+4+7 (Tetanus)	103	1784	226	49	131	247	2540
Lines 1+8+9 (Poliomyelitis)	76	1746	218	42	104	81	2267

Reinforcing doses - number of persons under age 16

Type of vaccine	Year of birth					Others under	
	1970	1969	1968	1967	1963-66	Age 16	Total
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	-	77	856	42	238	21	1234
Diphtheria/whooping cough	-	-	-	-	-	-	-
Diphtheria/tetanus	-	7	164	54	2157	461	2843
Diphtheria	-	-	-	-	13	43	56
Whooping cough	-	-	5	5	19	1	30
Tetanus	-	1	1	5	14	221	242
Salk	-	-	1	-	3	-	4
Sabin	-	77	969	80	2384	536	4046
Measles	-	-	-	-	-	-	-
Lines 1+2+3+4+5 (Diphtheria)	-	84	1020	96	2408	525	4133
Lines 1+2+3+6 (Whooping cough)-	-	77	861	47	257	22	1264
Lines 1+2+4+7 (Tetanus)	-	85	1021	101	2409	703	4319
Lines 1+8+9 (Poliomyelitis)	-	77	970	80	2387	536	4050

Table 7 Smallpox vaccination of persons aged under 16

Age at date of vaccination	Number of persons vaccinated or revaccinated during 1970	
	Number vaccinated	Number revaccinated
0 - 2 months	28	-
3 - 5 months	13	-
6 - 8 months	33	-
9 - 11 months	26	-
12 - 23 months	984	1
2 - 4 years	204	66
5 - 15 years	95	265
Total	1,383	332

Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1970

Domiciliary	
Employed by borough council	13
Employed by Queen Charlotte's hospital	5
In private practice	-
Institutional	
Hospitals	101
Nursing homes	-
Total	119

Table 9 Deliveries attended by domiciliary midwives during 1970

By midwives employed by borough council	338
By midwives employed by Queen Charlotte's hospital	10
Total	348
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day:	
Borough council midwives	1565
Queen Charlotte's hospital midwives	124
Midwives employed by London Borough of Ealing specially for 48 hour planned discharges (Brentford and Chiswick area)	23
Total	1712

Table 10 Health Visiting

Number of visits paid by health visitors during 1970	First visits	Total visits
Expectant mothers	933	1452
Children born in 1970	3326	8592
Children born in 1969	2453	6737
Children born in 1965-68	6926	17525
Other classes	5783	11888
All classes	19421	46194

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 1970	
a. number of cases	3561
b. number of visits	100064
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	1972
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	59
Number of visits included in (b) above of over one hour duration	1199

Table 12 Home help

Number of cases in which home help was provided during 1970	
Aged 65 or over at time of first visit during year	1633
Aged under 65 at time of first visit during year:	
Chronic sick and tuberculous	166
Mentally disordered	9
Maternity	80
Others	129
Total	2017

Table 13 New cases of tuberculosis notified formally or otherwise to the medical officer of health and deaths ascribed to tuberculosis during 1970.

Age in years	New Cases		Deaths		Deaths		Deaths	
	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary	Pulmonary	Non-pulmonary
	M	F	M	F	M	F	M	F
Under 1	-	-	-	-	-	-	-	-
1	1	-	-	-	-	-	-	-
5	-	1	2	-	-	-	-	-
10	1	1	-	-	-	-	-	-
15	4	1	1	2	-	-	-	-
20	4	5	1	2	-	-	-	-
25	7	7	4	2	-	1	-	-
35	3	6	-	3	-	-	-	-
45	6	3	1	1	-	-	-	-
55	3	2	-	-	-	-	-	-
65 and over	10	6	1	1	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-
All ages	39	32	10	11	-	1	-	-

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

Persons examined for the first time	5314
Persons found to be tuberculous	105
New contacts seen for the first time during the year	609
New contacts found to be tuberculous	-
Cases on register at 31st December, 1970	941
Home visits made by tuberculosis visitors during 1970	1089

Table 15 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1970 (a)	7
Number of sessions held by Medical Officers	181
Midwives	159
Total	340
Number of women who attended in 1970 (b)	
Ante-natal	306
Post-natal	49
Total number of attendances by women shown above	
Ante-natal	1213
Post-natal	67

(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 1970	
Institutionally booked	472
Domiciliary booked	76
Total	548
Total number of attendances during 1970	2318

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
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number born	died during first 24 hours	survived to end of 28 days
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10	10	-	10
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Table 18 Child health clinics

Number of clinics in use at end of 1970 (a)	13
Number of child health sessions held by Medical officers	1172
Health visitors	252
Hospital medical staff	51
Total	1475

Number of children who attended during the year and who were born in 1970	2821
1969	2527
1965-68	2582
Total	7930

Number of attendances made by children shown above	42404
--	-------

(a) The number of clinics 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, 1970.

Number	3
Number of approved places	126

Number of children on register at end of year	
Age under 2 years	33
Age 2 - 5 years	95

Average daily attendance during the year (a)	
Age under 2 years	26
Age 2 - 5 years	79

(a) 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		73				62			27	
Children aged under 5 and not eligible for school dental service		976				564			415	
Dental treatment provided	Scalings and/or stain removal	Fillings	Teeth filled	Teeth root filled	Crowns & inlays	Teeth extracted	General anaesthetics	Dentures provided Full upper or lower	Partial upper or lower	Radiographs
Expectant and nursing mothers	31	185	114	-	-	56	6	3	6	24
Children aged under 5 and not eligible for school dental service	255	1906	1423	-	-	632	258	-	-	39

Sessions devoted to priority dental service are shown on table 33

Table 21 Mentally disordered patients under the care of the borough at 31st December 1970

	Mentally ill					Mentally handicapped and severely mentally handicapped				
	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 1970	1	-	89	197	287	88	66	146	148	448
2 Attending training centre	-	-	34	54	88	66	45	50	56	217
3 Awaiting entry to training centre	1	-	-	-	1	4	7	1	2	14
4 Receiving home training	-	-	-	-	-	-	-	1	-	1
5 Awaiting home training	-	-	-	-	-	-	-	-	-	-
6 Resident in LA home/hostel	-	-	13	6	19	12	1	11	7	31
7 Awaiting residence in LA home/hostel	-	-	-	-	-	6	1	2	2	11
8 Resident at LA expense in other homes/hostels	-	-	5	10	15	5	4	4	5	18
9 Resident at LA expense by boarding out in private households	-	-	-	-	-	1	1	-	3	5
10 Attending day hospitals	-	-	-	-	-	-	-	-	-	-
11 Receiving home visits and not included in lines 2-10										
(a) suitable to attend a training centre	-	-	-	-	-	2	4	16	19	41
(b) others	-	-	39	128	167	6	9	76	68	159
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 31.12.70										
(a) In urgent need of hospital care	-	-	-	-	-	-	2	-	-	2
(b) Not in urgent need of hospital care	-	-	-	-	-	-	1	1	1	3
15 Number of admissions for temporary resident care (e.g. to relieve the family) during 1970										
To NHS Hospitals	-	-	3	-	3	4	1	8	4	17
L A residential accommodation	-	-	-	-	-	1	-	-	1	2
Elsewhere	-	-	-	-	-	-	1	-	2	3
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 1970

Referred by	Mentally ill					Mentally handicapped and severely mentally handicapped				
	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	-	1	124	211	336	1	-	1	-	2
Hospitals, on discharge from inpatient treatment	-	-	36	68	104	-	3	6	1	10
Hospitals, after or during outpatient or day treatment	-	-	38	76	114	-	-	-	-	-
Local education authorities	-	-	-	-	-	7	10	8	5	30
Police and courts	-	-	17	13	30	-	-	-	-	-
Other sources	1	-	101	146	248	7	5	6	7	25
Total	1	1	316	514	832	15	18	21	13	67

Table 23 Work of mental health social workers during 1970

	Mental illness	Mentally handicapped and severely mentally handicapped
Visits made	4790	1257
Office interviews	525	88
Compulsory admission to psychiatric hospitals	133	1
Informal admissions to psychiatric hospitals	64	8

Table 24 Ministry of Agriculture, Fisheries and Food - Prevention of Damage by Pests Act 1949 - Report for 12 months ended 31st December 1970

Properties other than sewers	Type of property Non-Agricultural	Agricultural
Number of properties in district	79887	-
Total number of properties (including nearby premises) inspected following notification	7482	-
Number infested by rats	1784	-
mice	1567	-
Total number of properties inspected for rats and/or mice for reasons other than notification	13293	-
Number infested by rats	443	-
mice	179	-
Sewers		
Were any sewers infested by rats during the year?	Yes	

Table 25 Offices, Shops and Railway Premises Act 1963 - Annual Report for 1970

Section 60 of the above Act requires a local authority as soon as practicable after 31st December each year and not later than the end of March following to make to the Minister of Employment 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 on the 5th March, 1971.

Table A. Registrations 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	84	672	349
Retail shops	107	1090	630
Wholesale shops, warehouses	10	134	42
Catering establishments open to the public, canteens	39	218	131
Fuel storage depots	-	-	-
Total	240	2114	1152

Table B. Number of visits of all kinds (including general inspections) to registered premises 4069

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

Class of workplace	Number of persons employed
Offices	20083
Retail shops	5899
Wholesale departments, warehouses	2011
Catering establishments open to the public	1062
Canteens	1583
Fuel storage depots	9
Total	30647
Total males	15820
Total females	14827

**Table D. Exemptions - One exemption granted under Part IV - washing facilities
One exemption under Part IV - washing facilities expired during the year**

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	Numbers of informations leading to a conviction
Sec. 10 (2)	1	-
Sec. 10 (2) 9 (2)	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 1970 (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
--	---

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	67	63	1	-
b. Factories not included in (a) in which section 7 is enforced by the local authority	859	1453	55	-
c. Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	28	10	-	-
Total	954	1526	56	-

Cases in which defects were found

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To HM Inspector	By HM Inspector	
Want of cleanliness (S1)	-	-	-	-	-
Overcrowding (S2)	-	-	-	-	-
Unreasonable temperature (S3)	-	-	-	-	-
Inadequate ventilation (S4)	-	-	-	-	-
Ineffective drainage of floors (S6)	-	-	-	-	-
Sanitary conveniences (S7)					
a. insufficient	2	1	-	-	-
b. unsuitable or defective	63	57	-	9	-
c. not separated for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to out-work)	-	-	-	-	-
Total	65	58	-	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	26	-	-	-	-	-
Lace, lace curtains and nets	2	-	-	-	-	-
Curtains and furniture hangings	1	-	-	-	-	-
Brass and brass articles	30	-	-	-	-	-
Artificial flowers	2	-	-	-	-	-
Lampshades	1	-	-	-	-	-
Total	62	-	-	-	-	-

Table 27 Meteorology

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

Week ending 1970		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (inches)
		Highest	Lowest	Highest	Lowest		
Jan	3rd	29.89	29.40	6.0	-5.0	5	0.07
	10th	29.96	29.10	10.0	-5.5	4	0.67
	17th	29.90	28.98	10.0	3.0	6	0.38
	24th	30.02	29.24	10.0	4.0	7	0.64
	31st	30.11	29.35	10.0	-1.5	7	0.60
Feb	7th	29.86	29.19	12.0	-1.0	6	0.36
	14th	29.93	28.95	9.5	-3.5	3	0.36
	21st	29.99	29.47	12.0	-2.0	6	0.61
	28th	30.38	29.36	13.0	0.0	5	0.12
Mar	7th	30.21	28.90	9.5	-4.2	4	0.54
	14th	30.20	29.54	8.0	-3.5	2	0.56
	21st	30.32	29.45	14.0	2.5	5	0.06
	28th	30.04	29.70	12.0	-1.5	5	0.56
April	4th	29.96	29.28	11.5	-2.0	7	0.35
	11th	29.90	29.30	11.5	-1.5	7	0.67
	18th	30.20	29.36	16.0	1.0	7	0.60
	25th	29.98	29.20	15.5	2.0	7	0.60
May	2nd	30.20	29.40	18.0	1.0	5	0.24
	9th	30.06	29.44	23.0	8.0	3	0.27
	16th	30.05	29.56	20.0	7.5	5	0.56
	23rd	30.39	29.71	21.5	6.0	2	0.01
	30th	30.26	29.74	22.5	3.5	1	0.06

Table 27 Continued

Week ending 1970		Barometer		Temperature (C °)		Days with rainfall	Total rainfall (inches)
		Highest	Lowest	Highest	Lowest		
June	6th	30.27	28.88	24.5	10.5	0	0.00
	13th	30.00	29.68	29.5	9.0	3	0.59
	20th	30.15	29.31	26.0	9.5	1	Trace
	27th	30.14	29.65	27.0	10.0	3	0.44
July	4th	30.03	29.43	27.5	11.5	5	0.43
	11th	30.08	29.43	31.5	9.0	5	0.53
	18th	30.19	29.52	26.0	10.5	3	0.99
	25th	29.55	29.49	23.0	7.0	6	0.63
Aug	1st	30.12	29.73	27.0	11.0	3	0.18
	8th	30.04	29.80	27.5	12.0	3	0.99
	15th	30.00	29.36	25.8	10.5	3	0.15
	22nd	29.93	29.38	21.2	6.7	4	1.27
	29th	30.10	29.82	24.0	10.5	0	0
Sept	5th	30.08	29.58	25.5	9.0	2	0.11
	12th	30.08	29.24	24.0	7.0	6	1.47
	19th	30.20	29.49	23.0	7.0	3	0.25
	26th	30.21	29.88	26.0	6.0	1	Trace
Oct	3rd	30.13	29.60	26.0	8.0	2	0.09
	10th	30.10	29.40	19.5	2.5	3	0.19
	17th	30.25	29.98	20.0	4.0	1	Trace
	24th	30.34	29.60	19.0	3.5	3	0.09
	31st	30.20	29.76	17.0	3.5	4	0.26
Nov	7th	30.12	29.64	16.5	1.5	5	1.50
	14th	30.07	29.10	15.0	1.0	6	2.36
	21st	29.83	28.56	13.5	-1.5	6	1.19
	28th	30.23	29.26	15.0	3.0	5	0.80
Dec	5th	30.20	29.10	14.0	2.6	5	1.00
	12th	30.72	29.87	12.5	-1.0	3	0.18
	19th	30.47	30.03	12.0	-0.5	3	0.01
	26th	30.46	29.73	11.5	-3.0	7	0.34

Table 28 Wind direction

Summary of daily records for 52 weeks

N	29 days	SSW	5 days
NNE	7 days	SW	68 days
NE	23 days	WSW	20 days
ENE	5 days	W	42 days
E	25 days	WNW	21 days
ESE	3 days	NW	25 days
SE	18 days	NNW	9 days
SSE	9 days	Calm	41 days
S	13 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
1966 and later	200	194	6
1965	1370	1347	23
1964	1658	1644	14
1963	184	179	5
1962	443	441	2
1961	119	119	-
1960	32	32	-
1959	726	726	-
1958	1021	1012	9
1957	258	253	5
1956	930	920	10
1955 and earlier	1227	1221	6
Total	8168	8088	80

Special inspections

Number of special inspections	4393
Number of re-inspections	2970
Total	7363

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		220	277	259	38
Eyes	a. Vision	292	422	157	123
	b. Squint	63	58	12	4
	c. Other	22	61	11	9
Ears	a. Hearing	57	251	95	147
	b. Otitis media	21	96	10	18
	c. Other	37	96	69	39
Nose and throat		93	336	29	50
Speech		35	108	21	16
Lymphatic glands		2	75	2	5
Heart		7	140	8	35
Lungs		27	230	18	32
Developmental	a. Hernia	5	38	6	5
	b. Other	30	180	22	82
Orthopaedic	a. Posture	10	81	6	10
	b. Feet	59	200	48	34
	c. Other	39	141	29	27
Nervous system	a. Epilepsy	15	34	4	7
	b. Other	12	179	9	36
Psychological	a. Development	22	79	14	28
	b. Stability	19	473	27	100
Abdomen		19	90	9	25
Other		66	350	58	173

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)
3	12	15	1966 and later
38	161	186	1965
45	140	179	1964
8	19	26	1963
27	39	62	1962
9	15	24	1961
-	-	-	1960
49	60	102	1959
61	155	202	1958
33	43	67	1957
38	69	101	1956
81	108	178	1955 and earlier
392	821	1142	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 diseases, defective vision and squint	-
External and other excluding errors of refraction and squint	109
Errors of refraction (including squint)	1855
Total	1964
Number of pupils for whom spectacles were prescribed	487
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	249
Total	249
Number of pupils known to have been provided with hearing aids	
a. in 1970	26
b. in previous years	63
Orthopaedic and postural defects	
a. pupils treated at clinics and out-patients departments	438
b. pupils treated at schools for postural defects	284
Total	722
Diseases of the skin (excluding uncleanliness)	
Ringworm	-
Scabies	1
Impetigo	2
Other skin diseases	905
Total	908
Child guidance	
Pupils treated	353
Speech therapy	
Pupils treated	556
Other treatment given	
a. pupils with minor ailments	361
b. pupils who received convalescent treatment under school health service arrangements	45
c. pupils who received BCG vaccination	835
d. allergy clinic	110
Total	1351

Table 32 Head and foot inspection

(a) Infestation with vermin	
Total number of pupils examined in schools by nurses or other authorised persons	15928
Total number of individual pupils found to be infested	185
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)	9
(b) Foot inspections	
Total number of pupils examined	6768
Number of new cases of plantar warts	177
Number of cases where re-infection found	7

Table 33 Dental inspection and treatment

	Number of pupils			Total
	Age 5-9	Age 10-14	Age 15 & over	
Inspections				
First inspections at school				13990
First inspection at clinic				4687
No of first inspections requiring treatment				11148
No of first inspections offered treatment				11148
Pupils re-inspected at clinic or school				896
No of re inspections requiring treatment at clinic or school				694
Attendances and treatment				
First visit	3280	2680	601	6561
Subsequent visits	6970	7017	1576	15563
Total visits	10250	9697	2177	22124
Additional courses of treatment commenced	288	145	20	453
Fillings in permanent teeth	4046	7465	2212	13723
Fillings in deciduous teeth	8958	1145	-	10103
Permanent teeth filled	3035	5285	1524	9844
Deciduous teeth filled	5839	720	-	6559
Permanent teeth extracted	33	342	52	427
Deciduous teeth extracted	3251	955	-	4206
General anaesthetics	1254	556	56	1866
Emergencies	888	477	109	1474
Number of pupils X-rayed				1174
Prophylaxis				2315
Teeth otherwise conserved				52
Number of teeth root filled				43
Inlays				-
Crowns				102
Courses of treatment completed				4875
Anaesthetics				-
General anaesthetics administered by dental officers				-
Orthodontics				
New cases commenced during year				210
Cases completed during year				110
Cases discontinued during year				52
No. of removable appliances fitted				311
No. of fixed appliances fitted				1
Pupils referred to hospital consultant				-
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	-	-	- 1	1
Pupils supplied with other dentures (first time)	-	7	1	8
No. of dentures supplied	-	7	2	9
Sessions relating to school dental service				
Sessions devoted to treatment	-	-	-	3565
Sessions devoted to inspection at school	-	-	-	149
Sessions devoted to dental health education				267
Sessions relating to maternity and child welfare dental service				
Sessions devoted to treatment				301
Sessions devoted to dental health education				15

List of clinics held in the borough at 31st December 1970

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

Premises	Child health	Ante-natal	Cervical cytology	Immunisation	Chiropody	Dental	School	Minor ailments	Ophthalmic & orthoptic	Orthopaedic	Physiotherapy	Speech therapy	Allergy	Mental health counselling	Child psychiatry	Otology	Cerebral palsy
Imperial Road Bedford	Mon pm Wed pm Thur pm	Fri am (relaxation) Fri pm (alt)	Fri pm (alt)	Mon pm fortnightly	Tues am/pm	Mon to Fri am/pm except Wed pm	Wed am	Mon to Fri am									
Albany Road Brentford	Wed pm Thur pm	Tue am		Mon pm (2nd & 4th)	Wed am Thur am/pm	Mon to Fri am/pm	Thur am	Mon to Fri am	Tue pm (2nd, 4th & 5th)	Mon pm (1st & 3rd)	Mon pm			Tue pm (2nd & 4th)			
Town Hall Chiswick	Tue pm Wed pm Thur pm Fri pm	Tue am (relaxation) Thur pm (alt)	Thur pm (alt)	Mon pm	Tue am/pm Wed am/pm Thur am/pm Fri am/pm	Mon to Fri am/pm	Mon am	Mon to Fri am				Wed pm Thur am					
Memorial Hall High Street Cranford	Fri pm																
Cardinal Road Feltham	Mon pm Tue pm (HV only) Wed pm	Tue am (relaxation & mothercraft)		Tue pm (2nd, 3rd & 4th)	Mon am Tues am	Mon to Fri am/pm	Wed am	Mon to Fri am	Mon am					Thur pm (1st)			
Grove Crescent Hanworth	Tue pm Thur pm (1st & 3rd) (2nd & 4th HV only)	Fri pm (alt) Mon pm (relaxation & mothercraft)	Fri pm (alt)	Tues am (alt)	Thur am/pm	Tue am/pm	Mon am	Mon to Fri am									
Cranford Lane Heston	Tue pm Wed pm Thur pm	Mon pm (alt) Fri am (relaxation) Wed pm (Midwives)	Mon pm (alt)	Fri pm (1st, 2nd & 3rd)	Thur am/pm	Mon to Fri am/pm	Mon am	Mon to Fri am				Mon am Tues am Wed am Thur am					
92 Bath Road Hounslow	Tue pm Wed pm Thur pm Fri pm	Tue am Tue am (relaxation) Wed pm (Midwives)	Mon pm (alt)	Mon pm (1st, & 3rd) Wed am	Mon pm Wed am/pm Thur am/pm Fri am/pm	Mon to Fri am/pm	Mon am Fri am	Mon to Fri am	Tue pm (1st 3rd) Thur am/pm Tues am (orthoptist)	Tue pm (4th)	Tue pm (4th) Wed pm Fri pm except 4th	Fri pm	Fri pm	Tue pm (1st) held at 6 Lampton Road			
Park Road Busch Corner Isleworth	Mon pm Wed pm	Tue pm (Midwives) Thur pm (alt)	Thur pm (alt)	Tue pm (1st only) Thur am (2nd & 3rd)	Tue am Fri pm Wed pm	Mon to Fri am/pm	Mon am	Mon to Fri am	Tue pm		Mon am Tue am Wed am Thur am Fri am	Tue am/pm Wed am/pm Fri am/pm					
Spring Road Feltham	Mon pm Wed pm	Wed am (relaxation)	Fri pm (alt)	Tue am (alt)	Mon pm Tue pm		Fri am	Mon to Fri am									

Premises	Child health	Ante-natal	Cervical cytology	Immunisation	Chiropody	Dental	School	Minor ailments	Ophthalmic & orthoptic	Orthopaedic	Physiotherapy	Speech therapy	Allergy	Mental health counselling	Child psychiatry	Otology	Cerebral palsy
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.									Mon am (occasional)		Mon to Fri am/ pm	Mon to Fri am/pm					Mon pm
Maswell Park Hounslow Ave Hounslow	Mon pm		Thur am (relaxation & mothercraft)		Wed am		Mon pm	Mon to Fri am									

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