

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

Contributors

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The Health Services of Hounslow 1971



His Worship the Mayor Councillor F W Powe JP (ex-Officio)

Chairman

Alderman B A Williams MPS

LONDON BOROUGH OF HOUNSLOW

Alderman R D Flynn

Annual Report 1971

Alderman A C Gurney PSVA

Councillor A F Brazier

Councillor W E Gamble AMBIC Sc

of the Medical Officer of Health and Principal School Medical Officer

Councillor G A M Greenland JP FCM

Robert L. Lindon MRCS LRCP DPH DCH

Councillor P M Maynard

Councillor A J Miles

Councillor R A R Pearce SG

Councillor P C Scott

Councillor Mrs S E Thorn

Councillor A White

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Department of Health
92 Bath Road
Hounslow Middlesex.

Telephone: 01-570-7715.

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Councillor F W Powe JP (ex-Officio)

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Alderman E J J Pauling MBE JP

Vice-Chairman

Alderman R D Flynn

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Alderman Mrs E W W Basley

Alderman A C Gurrin FSVA

Councillor A F Brazier

Councillor W E Gamble AMBIC Sc

Councillor J F K Gilding

Councillor G A M Greenland JP FCII

Councillor J A Kenna

Councillor P M Maynard

Councillor A J Mills

Councillor B A R Pearce BD

Councillor P C Scott

Councillor Mrs S E Thorn

Councillor A White

Councillor T A Fisk BSc(Econ)

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Councillor F H P Hobbs

Councillor P G Low

Councillor H Noss

Councillor R J Padley

Councillor S A A Painter DipPl

Councillor N A Quin BA(Hons)

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Councillor E G Shewar

Councillor M Skittary

Councillor Mrs S E Thorn

Councillor J W Tilley

Councillor M G Venn BA

Councillor J D N Vickers MA

Councillor N V Wright ARSH

Non Council Members

Mr K G Berger MA FRST

Mr G R Hawkes BA

Mrs F M Knowles

Mrs D L Orr

Mr J E White

Members of the Health (Special Purposes)

Sub - Committee 1971 - 1972

His Worship the Mayor Councillor F W Powe JP (ex-Officio)

Chairman

Alderman R D Flynn

Vice-Chairman

Councillor Mrs S E Thorn

Alderman A C Gurrin FSVA

Alderman B A Williams MPS

Councillor G A M Greenland JP FCII

Councillor J A Kenna

Councillor A J Mills

Councillor A White

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Councillor G A M Greenland JP FCII

Councillor J A Kenna

Councillor P M Maynard

Councillor A J Mills

Councillor B A R Pearce BD

Councillor P C Scott

Councillor Mrs S E Thorn

Councillor A White

Members of the Education Committee 1971/72

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Alderman E J Pauling MBE JP

Vice-Chairman

Councillor M J Nicholls BA(Econ)

Alderman Mrs E W W Basley

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Alderman A G King JP

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Councillor K J Baldry

Councillor W R Boyce

Councillor M J Bradshaw BSc PhD MIBiol

Councillor J Brown

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Councillor J Daly BA

Councillor G A Duncan BA(Oxon)

Councillor T A Fisk BSc(Econ)

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Councillor J O N Vickers MA

Councillor N V Wright ARSH

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Mr K G Berger MA FIFST

Mr G R Hawkes BA

Miss F M Knowles

Miss D L Orr

Mr J E White

J R Holmes MB BSc DONS

D Mathis MB BS

Orthopaedic Clinics

I J D Archibald LRCP LRCS LRFPs

J A Cholmeley MB BS FRCS

E A Davenish MS FRCS

J M Kingmill Moore FRCS

Chest Clinic

R. Haller MD

Pathologist

E Nassau MD

Members of the Primary and Special Education Sub - Committee 1971/72

Sub - Committee 1971 - 1972

His Worship the Mayor of the London Borough of Hounslow
Councillor F W Powe JP (ex-Officio)

Chairman

Councillor M J Nicholls BA(Econ)

Vice-Chairman

Councillor M J Bradshaw BSc PhD MIBiol

Alderman Mrs E W W Basley

Alderman R D Flynn

Alderman B S Jain BSc

Alderman A G King JP

Alderman E J Pauling MBE JP

Councillor W R Boyce

Councillor J Brown

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Councillor G A Duncan BA(Oxon)

Councillor Mrs H F Hill

Councillor F H P Hobbs

Councillor H Nixon

Councillor S A A Painter DipPI

Councillor D F Ryan BSc

Councillor J W Tilley

Non Council Members

Mr K G Berger MA FIFST

Miss F M Knowles

Miss D L Orr

Staff of the Department of Health

as at 31st December 1971

Medical Officers

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

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

Principal Medical Officers
P A Bennett MB ChB
R H G Charles MA MB BCH DCH
Anne M Jepson MB BS MRCS LRCP DPH DCH

Occupational Health Physician
A R Broadbent MRCS LRCP MFCM DPH DIH
Senior Medical Officer
Miss E S Harper MB DCH DPH

Senior Departmental Medical Officers
Mrs R Prothero MD LRCP LRCS DCH
J A Wyatt MB BCH DCH

Departmental Medical Officers
Mrs L A Gellatly MB BChir MA
Mrs E C Martin MB BCh
M Osman MBBS DCH (Ind) LMSSA (Lond) DCH (Lond)
Mrs I M Shirley MB BCh

Consultants

Audiology Unit
L Fisch MD DLO

Cerebral Palsy Unit
N J O'Doherty MD MRCP DCH

Child Guidance Clinic
W P K Calwell MB BS DPM

Ophthalmic Clinics
Miss H B Casey MB BCh DOMS
J R Holmes MB BCL DOMS
D Mishra MB BS

Orthopaedic Clinics
I J D Archibald LRCP LRCS LRFPS
J A Cholmeley MB BS FRCS
E A Devenish MS FRCS
J M Kingsmill Moore FRCS

Chest Clinic
R. Heller MD

Pathologist
E Nassau MD

Staffing establishment

15

In conjunction with the Regional Hospital Boards

Staffing establishment		Staff of the Department of Health as at 31st December 1971
Dental Officers and Orthodontists	12	
Chief Dental Officer		
D H Norman BDS LDS RCS		
Deputy Chief Dental Officer		
Mrs G M Yates BDS		
Senior Dental Officer		
P A Jones BDS LDS		
Orthodontist		
S Levy BDS		
Dental Officers		
S Barsam LDS RCS		
Miss F H Bowie BDS LDS		
S G Farrar LDS		
D A Friedman BDS		
P W Marshall BDS		
Miss C W Walters BDS		
Mrs R E A Walters BDS		
Mrs S J Wilson BDS		
Senior Psychologist for special units and special schools	1	
Miss Moya C Tyson BA BSc(Econ) PhD		
Health Educator	1	
W Duffy BSc FRSH DN RNT		
Physiotherapists	6	
Superintendent Physiotherapist		
Mrs J Biddle MCSP SRP		
Speech Therapists	6	
Senior Speech Therapist		
Mrs D E Cox LCST		
Chief Nursing Officer		
Miss G E Brocklebank SRN CMB DP (Left 2.6.71)		
Health Visitors and School Nurses	51	
Principal Nursing Officer Health Visiting		
Mrs P J Treleaven SRN SCM BTA HV		
Deputy Principal Nursing Officer Health Visiting		
Mrs M Hills SRN SCM HV		
Student Health Visitors	5	
Home Nurses	37	
Domiciliary Midwives	13	
Principal Nursing Officer		
Midwifery and Home Nursing		
Miss S M Douet SRN SCM HV		
Deputy Principal Nursing Officer		
Midwifery and Home Nursing		
Mrs M A Booth SRN SCM HV Tub. Assn. Cert.		

Public Health Inspectors	21
Technical Assistants	4
Chief Public Health Inspector G.E Hayne MAPHI MRSH	
Deputy Chief Public Health Inspector F V Bell MAPHI MRSH	
Public Analysts	
W B Chapman BSc FRIC	
E H W J Burden BSc FRIC MChemA	
Veterinary Inspector	
J A Morris MRCVS	
Pupil Public Health Inspectors	
Rodent Officer	
Rodent Operators/General Duties Assistants	
Mortuary Attendant	
Hounslow Chest Clinic	
Almoner	
Clerk	
Medical Auxiliaries etc.	
Psychotherapist	
Dental Auxiliary	
Dental Surgery Assistants	
Audiometricians	
Chiropodists	
Orthoptist	
Occupational Therapist	
Welfare Assistants	
Welfare Officer	
Clinic Attendants	
Caretakers and Cleaners	
Administrative and Clerical	99
Chief Administrative Officer J M Murphy AMRSH	
Deputy Chief Administrative Officer J W Dean FSS	

Figures are equivalent full-time to the nearest whole number

Staffing establishment

21

4

In conjunction with the Greater London Council

Staffing establishment

6

1

8

1

In conjunction with the North West

Metropolitan Regional Hospital Board

Staffing establishment

1

1

16

3

3

1

1

2

1

5

12

99

I have the honour to present my seventh 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.

The ten year programme for health service provision formulated in 1965 has been adhered to and in fact extended over the succeeding years. This statement may be confirmed by perusal of the table immediately following this preface.

During the year The Rt. Hon. Sir Keith Joseph Bt MP, Secretary of State for Social Services, honoured us by officially opening the large health centre at 92 Bath Road, Hounslow, on Thursday, 1st April, 1971. His visit gave considerable and much needed encouragement particularly to those of us who belong to the many health disciplines who work in the health services which take place outside the more dramatic arena of hospital provision.

On Friday, 30th April, 1971, Sir Alan Marre KCB, who had recently been appointed Parliamentary Commissioner for Administration from his post as Second Permanent Secretary of the Department of Health and Social Security, opened the attractive smaller health centre at Maswell Park and gave the audience an enlightening resume of the historical background of health centre provision and a revealing glimpse into the future as he saw it.

During the year as a result of the Local Authority Social Services Act, 1970 certain health functions were passed on to the new Social Services Department and we would wish to thank the staff who were transferred for their work in the Health Department and wish them well in their new roles in the future. The rapid changes and uncertainties occasioned by this unification of the previously fragmented social work services on a date preceding the proposed unification of the National Health Service and the reorganisation of local government outside London has not made it easy for the staff of all disciplines to adapt to new and unfamiliar situations. Inevitably some services have suffered initial set backs and this is perhaps particularly so in regard to the borough's community psychiatric services as the borough had, since 1965, led the field. We are optimistic that the newly formed services will be a success but meanwhile it will require considerable effort, understanding and mutual co-operation between all disciplines and departments if adequate services are to be provided to the community during the interim period before the new area health authorities are established and their services are intimately interwoven with those of the new Social Services Department. It is indeed unfortunate that health and social services will be provided by two different authorities with different administrations and different financial resources for the immediate future and we look forward to the time when, for the sake of the community they serve, they will be administered again by one authority.

Family planning and the reasonable containment of population increase in our finite world are duties that this generation must not shirk if future generations are not to point an accusing finger at us for the intolerable misery and degredation that our failure would inevitably cause. Therefore we must all contribute in however small a way

each in our own neighbourhoods if the larger matrix, both nationally and internationally, is to be allowed to unfold in the voluntary manner that we would all wish for. In this borough and neighbourhood preparations are therefore now in progress for the provision of a comprehensive free family planning service to consolidate the gains that had been made through the expansion of the family planning services following the 1967 Act and also the introduction in the borough of the free domiciliary family planning service which has proved such a success.

The assessment centres for the physically handicapped at Martindale and for the deaf at Heston have continued their excellent work and it is interesting to note that at the first mentioned centre the physiotherapists have carried out some 11,182 treatments on in-patients and out-patients this year which is 3,201 more than in the previous year.

All the major research projects mentioned in my preface last year have made considerable progress and the Joint Obstetric Child Health Project, supported by a grant of £42,000 from the Department of Health and Social Security is reported on in the body of the report, and the project surveying hepatitis in the community has now been accepted by the Department of Health and Social Security and is to be financed to the tune of £30,000. Both these surveys and other smaller ones too many to enumerate are a constant reminder that co-operation between the local health authority, hospitals and general practitioners is perfectly possible and highly fruitful despite the so-called insuperable barriers of the present tripartite National Health Service. We hope that the impending unification will make such co-operation even easier in the future.

I would like to draw attention to an extraordinarily interesting account of the subtle ways that typhoid can infiltrate itself into people's lives given by Dr. Megan E. Wilkinson, deputy medical officer of health, and Dr. D. A. McSwiggan, consultant microbiologist at the Central Middlesex Hospital, which is included in the body of the report by the kind permission of the journal Community Medicine which originally published the paper. This story sounds straightforward when seen in print but occasioned much detective work of a very high order from the two authors during a considerable period of time.

The borough continues to receive many visitors who are interested in its occupational and student health services. Our occupational health nurse is, we understand, still the only one working in this capacity in local government. Her work load is now so heavy that we wonder how we survived without her in the past and in fact how other authorities continue to do so.

Once again I would like to place on record my thanks to the family doctors, the hospital consultants and staff and the members of the many voluntary organisations who have helped this department in so many ways during the year. I also wish to thank the chief and senior officers of the other departments of the borough for their continued co-operation and prompt attention to our many requests.

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.

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Projects	Planned year of completion	Year Completed
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Building Projects from 1st April 1965 to 31st December 1970

*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
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

Building Projects from 1st January 1971 onwards

*Hounslow Day Nursery Lampton Road Hounslow	1971/72	-
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Building Projects - Committed Programme

Cardinal Road Clinic Feltham - extension to provide a Health Centre	1973/74	-
Chiswick Health Centre	1975/76	-

Building Projects - Uncommitted Programme

Hounslow Health Centre Phase III - Offices communal dining and conference rooms and library
 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
 Hounslow Heath Health Centre
 Osterley Health Centre
 South Chiswick Health Centre

*Transferred to the Social Services Committee, 1st April, 1971

†Transferred to the Education Committee, 1st April, 1971

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 - 1971 census	206,182
Population - Registrar General's estimate mid-1971	206,650
Persons per acre	14.3
Number of habitable premises (1st April 1971)	68,753
Number of new dwellings erected during the year	620
Rateable value (31st March 1971)	£17,455,761
Product of a penny rate	£98,566

Vital Statistics

Live births	3,248
Number	15.7
Crude rate per 1,000 population	15.2 (England and Wales 16.0)
Adjusted rate per 1,000 population	
Illegitimate live births	278
Number	9.0 (England and Wales 8.0)
Per cent of total live births	
Stillbirths	33
Number	10.0 (England and Wales 12.0)
Rate per 1,000 live and stillbirths	
Total live and stillbirths	3,281
Infant mortality (deaths under 1 year)	40
Total infant deaths per 1,000 live births	12.0 (England and Wales 18.0)
Legitimate infant deaths per 1,000 legitimate live births	12.0 (England and Wales 17.0)
Illegitimate infant deaths per 1,000 illegitimate live births	11.0 (England and Wales 24.0)
Neonatal mortality (deaths under four weeks)	
Number	25
Rate per 1,000 total live births	8.0 (England and Wales 12.0)
Early neonatal mortality (deaths under one week)	
Number	19
Rate per 1,000 total live births	6.0 (England and Wales 10.0)
Perinatal mortality (stillbirths and deaths under one week combined)	
Number	52
Rate per 1,000 total live and stillbirths	16.0 (England and Wales 22.0)
Maternal mortality (including abortion)	
Number	—
Rate per 1,000 total live and stillbirths	— (England and Wales 0.2)
Deaths (total - all ages)	2,213
Number	10.7
Crude rate per 1,000 population	11.3 (England and Wales 11.6)
Adjusted rate per 1,000 population	

14,469 acres
206,182
206,650
14.3
68,753
620
£17,455,761
£98,566

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 206,650. The population density is 14.3 persons per acre. There were 68,753 live births compared with 620 giving a natural increase of 1,035 persons. The research and intelligence unit of the Council provided information on the population of the borough by age sex and marital status. The natural increase of 1,035 persons was a result of a high birth rate of 15.7 per 1,000 population compared with the England and Wales rate of 16.0. The birth rate was 15.2 per 1,000 population after adjustment for age and sex. The illegitimate birth rate was 9.0 per 1,000 population compared with the England and Wales rate of 8.0. The stillbirth rate was 10.0 per 1,000 live and stillbirths compared with the England and Wales rate of 12.0. The total live and stillbirth rate was 15.2 per 1,000 population compared with the England and Wales rate of 16.0. The infant mortality rate was 12.0 per 1,000 live births compared with the England and Wales rate of 18.0. The neonatal mortality rate was 8.0 per 1,000 total live births compared with the England and Wales rate of 12.0. The early neonatal mortality rate was 6.0 per 1,000 total live births compared with the England and Wales rate of 10.0. The perinatal mortality rate was 16.0 per 1,000 total live and stillbirths compared with the England and Wales rate of 22.0. The maternal mortality rate was 0.2 per 1,000 total live and stillbirths compared with the England and Wales rate of 0.2. The total death rate was 10.7 per 1,000 population compared with the England and Wales rate of 11.6. The adjusted death rate was 11.3 per 1,000 population compared with the England and Wales rate of 11.6.

Vital Statistics

Area and Population

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 206,650 people.

There were 3,248 live births compared with 2,213 deaths giving a natural increase of 1,035 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										all ages
	Under 1		1 - 4		5 - 14		15 - 64		65 and over		
	No.	%	No.	%	No.	%	No.	%	No.	%	
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
1971	3,510	1.7	13,220	6.4	28,300	13.7	135,940	65.8	25,780	12.4	206,650

Since the borough was formed in 1965 the number of live births has exceeded the number of deaths by 8,184 but despite this the Registrar General estimates that during the same period the local population has decreased by 900 which suggests a net outward migration of some 9,084 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 3,248 (1,678 male and 1,570 female) giving a crude live birth rate of 15.7 per 1,000 population.

Apart from other causes, both birth and death rates will vary according to the age and sex distribution of the population and so to enable a valid comparison with other areas, the Registrar General provides area comparability factors. When the birth comparability factor of 0.97 is applied, the borough's live birth rate becomes 15.2 which is almost identical to that for England and Wales. Compared with 1970 the rate for Hounslow decreased slightly and is similar to the experience for the whole country. There were 278 illegitimate live births, 21 more than last year which gives an illegitimate live birth rate of 9 per cent of total live births which is 1% higher than that for England and Wales.

Stillbirths

Stillbirths numbered 33 which is 12 fewer than last year.

Deaths

During the year 2,213 deaths were registered, 52 more than

for 1970. The adjusted death rate was 11.3 which is a little less than that for the whole country.

Included in the 1,102 total male deaths are 309 occurring between the ages of 45 and 64 - early to late middle age. Over two thirds succumbed either to heart disease (130) or cancer (121). Of the 186 female deaths - again two thirds were ascribed to cancer (55) or heart disease (45).

These 495 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

There were 40 infants who died before reaching the age of one year; 23 were male and 17 female. The infant mortality rate was 12 per 1,000 live births compared with a rate of 18 for the country as a whole. The illegitimate infant mortality rate was 11 which is 13 per 1,000 less than for England and Wales.

Maternal Mortality

1 death was 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 8600 compared with 7365 for 1970 and 5853 during 1969.

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

Disease	1971	1970	1969
Dysentery	14	7	40
Encephalitis acute	-	2	3
Food poisoning	15	15	29
Infective jaundice	88	61	51
Malaria	3	2	2
Measles	410	675	576
Meningitis acute	7	14	5
Paratyphoid fever	-	5	2
Scarlet fever	50	50	51
Tuberculosis			
pulmonary	60	71	59
non-pulmonary	25	21	24
Typhoid fever	4	5	2
Whooping cough	36	30	11

Table No. 3 gives the number of cases notified under age groups.

Smallpox

There were 57 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

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 127 such notifications were received. All these were visited and kept under surveillance for the required period.

Whooping cough

There were 36 cases notified compared with 30 in 1970 and 11 in 1969. Of these 2 were under the age of one year. Vaccination records show that 6 of the 24 notified cases under the age of six years had been immunised in infancy.

Measles

The incidence of measles for the years 1965-1971 is given below.

1965	1966	1967	1968	1969	1970	1971
1,653	893	1,535	466	576	675	410

The 410 cases notified in 1971 were the lowest recorded, 54% of the notifications were of children under 5 years of age and 42% were in the 5-9 years age group.

The Chief Medical Officer in his circular dated November 1971 drew the attention of all medical officers of health to the constant need to maintain and improve high levels of measles vaccination within susceptible child populations

and further stated that until an acceptance rate of at least 90% of susceptible children had been achieved, measles would not be eliminated.

Doctors and health visitors were asked to make a concerted effort to improve the acceptance rate for measles vaccination to prevent the recurrence of epidemic measles and to avoid a build-up of susceptible older children.

Dysentery

There were 14 cases compared with 7 cases in 1970.

Typhoid fever

There were 4 cases notified, two were members of the same family who had visited relatives in Pakistan, the third was a girl aged 14 who had recently arrived from India. The fourth case was a forty-three year old lady who was admitted to hospital with an undiagnosed illness of three weeks duration. She developed a breast abscess from which *Salmonella typhi* was isolated although faecal specimens remained negative. Routine epidemiological investigation revealed that her landlady, who was of Estonian origin was a carrier of the disease and two phage types of *Salmonella typhi* were isolated from her, an untypable Vi strain and also a type A. The landlady subsequently had a cholecystectomy and *Salmonella typhi* was found in the gall stone. Repeated specimens over a six month period following cholecystectomy have all been negative.

An original paper on the events relating to this case and three previous cases associated with the same typhoid carrier by Dr. D. A. McSwiggan, consultant microbiologist at the Central Middlesex Hospital and Dr. Megan E. Wilkinson, deputy medical officer of health, is reprinted below by courtesy of *Community Medicine* vol. 128, 147-8, 1972.

Four cases of typhoid fever associated with a chronic carrier.

We describe here events relating to four cases of typhoid fever where an association with the same typhoid carrier took some time to become apparent.

History

In August 1969 Miss B, a 65-year-old woman, returned from a short holiday in this country to find her elderly landlady (Mrs. K) suffering from severe diarrhoea and vomiting. Miss B looked after the landlady for a week until arrangements could be made for the latter to be cared for in the home of a niece. Shortly after this, Miss B developed diarrhoea and vomiting and became progressively worse over the next 7 days, when she was admitted to a hospital for infectious diseases.

A clinical diagnosis of enteric fever was rapidly confirmed by isolation of *Salmonella typhi* from both the blood and stools of Miss B.

It seemed highly probable that her elderly landlady was also suffering from typhoid fever, and as the address to which she had been taken was not known, hospitals in the area were warned of the circumstances. This proved worthwhile, as the landlady was admitted to one of these

hospitals the following day. The organisms isolated from Miss B and her landlady were both shown to belong to *S. typhi* Vi phage type A.

Epidemiology

It emerged that the two women lived together, sharing the same kitchen and toilet. Neither had been abroad. They seldom ate out except on holiday, and had relatively few visitors. But one of these was a middle-aged Swede, Mr. J, who lived nearby. From time to time he had done small services in the house and garden for Mrs. K and had occasionally used the washing and toilet facilities. He said that in 1954 he had spent a holiday in England and had developed typhoid fever within a few days of returning to Sweden. Enquiries at the hospital in Sweden where he had been treated confirmed his statement, and also revealed that he had been infected with type A of *S. typhi*. However, he was reported not to have been excreting this organism when discharged.

Although many stool specimens from this man were examined over a 3-month period, following the discovery of his association with the two cases of typhoid (Miss B and Mrs. K) in 1969, none yielded *S. typhi*. Requests for blood for antibody tests were made, but all were refused. All other enquiries were unproductive and although there was no direct proof, this man was suspected of being the source of infection of the two women.

In August 1971, Miss M, a 43-year-old receptionist, was admitted to a South London hospital with an un-diagnosed illness of several weeks' duration. She eventually developed a breast abscess from which *S. typhi* was isolated. This strain was sent for phage typing, but was reported as an untypable Vi strain. Miss M lived in lodgings and in accordance with routine investigation faecal specimens were obtained from her landlady, Mrs. V. These specimens yielded type A of *S. typhi*.

The importance of this unexpected finding became apparent when it was discovered that Mrs. V lived in the same block of flats as, and was the sister of, Mr. J, who had been associated with the typhoid illness of the two elderly women in 1969. Mr. J, stayed with his sister during his visit from Sweden in 1954, after which he had contracted typhoid. It was also discovered that Mrs. V had occasionally exchanged visits with Miss B and Mrs. K. As Mrs. V remained symptomless, and had no serological evidence to suggest a concurrent or recently typhoid infection, it was concluded that she was a chronic carrier. As she had a history of enteric fever as a child it was possible that she had been excreting *S. typhi* since then.

Her association with four cases of enteric fever was now quite evident (Fig. 1). The fact that one of these was infected with *S. typhi* of a different phage type from the other three was at first puzzling.

Discussion

The presumption of a casual relationship between a typhoid carrier and cases of enteric infection rests on an assessment of several epidemiological features. Vi phage typing of *S. typhi* (Craigie and Yen, 1938) has added precision to this assessment (Anderson and Williams, 1956).

In all four cases described here, there were opportunities for infection by the suspect carrier, and in three the strain belonged to type A, the same type as that of the carrier. Although this is one of the commonest Vi types of *S. typhi* (Anderson and Williams, 1956), typhoid carriers (and therefore the opportunities for infection) are so rare in this country (Anderson, 1971), that when three otherwise unexplained cases of typhoid fever are found to have an association with a carrier of *S. typhi* of the same type with which they were infected, it seems reasonable that this carrier should be suspected of being the source of infection.

The relationship between the carrier Mrs. V, and the fourth case of typhoid fever, Miss M, is more intriguing. In this instance the opportunities for infection were obviously considerable. But the strain of typhoid bacillus isolated from this case was untypable, while the strain isolated from Mrs. V was type A. By conventional concepts such a finding suggests a different source of infection (Anderson and Williams, 1956). Nevertheless, in spite of the discrepancy in phage types, the occurrence of a case of typhoid in the home of a known carrier was evidence too impressive to discount. Also, excretion of two phage types of *S. typhi* by a single carrier, while extremely uncommon, has been reported (Craigie and Felix, 1947; Henderson and Ferguson, 1949; Anderson, 1951). So there were good grounds for believing that Miss M had been infected by her landlady Mrs. V, in spite of the apparent difference in the types of *S. typhi* initially found in the two women. Confirmation of this was obtained when it was established that the landlady was excreting both type A and an untypable Vi strain of *S. typhi*.

Why two phage types?

Whether the carrier had originally been infected with two distinct phage types of *S. typhi*, or whether *in vivo* transformation of a type A strain to an untypable strain or *vice versa*, has occurred, has not been clarified. While investigating the excretion of two phage types of the typhoid bacillus by a long standing carrier, Anderson (1951) showed experimentally that transformation of one type to the other was caused by loss or gain of a phage.

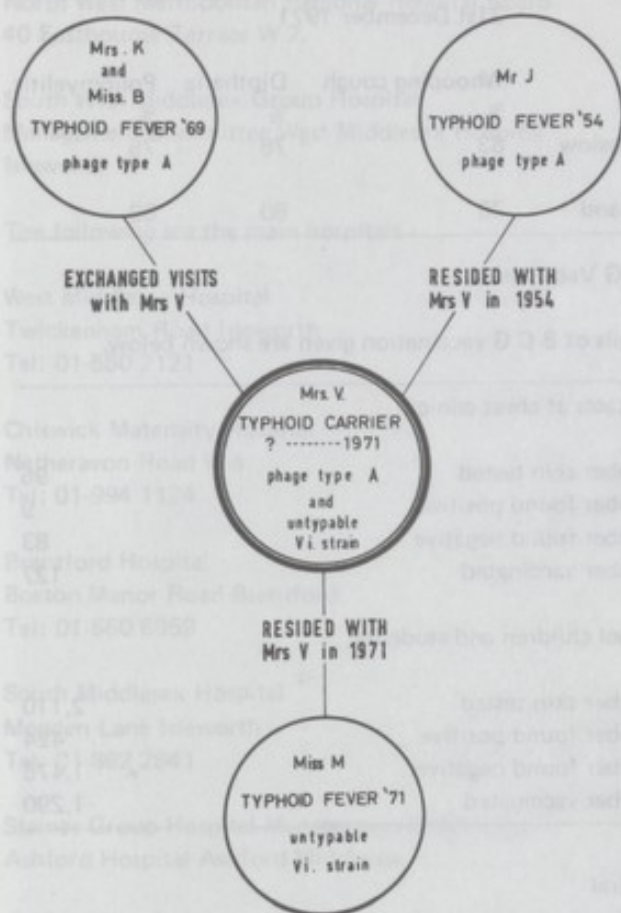
Whatever the explanation for her carriage of two phage types, it can be accepted that Mrs. V was the source of Miss M's infection. This woman was therefore the probable source of infection of four cases of typhoid fever covering a span of 17 years and involving two different phage types.

We thank Dr. E. S. Anderson, FRS, Enteric Reference Laboratory, Colindale, for the reports of the *S. typhi* phage types and Dr. Gunnar Orn, Clinic for Infectious Diseases, Linköping, for the report on Mr. J.

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THE EPIDEMIOLOGICAL RELATIONSHIP Mrs. V. HAD WITH THE FOUR CASES of TYPHOID FEVER



Infective hepatitis

A total of 88 notifications were received of which 23 were children aged 5 - 14 years.

A pilot epidemiological study of infective hepatitis between the West Middlesex and South Middlesex Hospitals and this Borough was undertaken for one year from September 1969 to August 1970. The results of this preliminary survey encouraged the team to make an application to the Department of Health and Social Security for financial support for a three year prospective survey of infective hepatitis in a defined area comprising the London Boroughs of Ealing and Richmond-upon-Thames in addition to Hounslow to cover a population of approximately 700,000. The Department agreed to support the proposal from its Research and Development funds. A full-time doctor and health visitor and a part-time secretary will shortly be appointed and the survey will commence on 1st March, 1972.

Food poisoning

Although 46 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 saint-paul (1), salmonella muenchen (1), salmonella newport (1), salmonella indiana (1), salmonella heidelberg (1), salmonella thompson (4), salmonella monteideo (2), salmonella makurira (1).

Of the 31 remaining cases notified (20 sporadic and 11 cases in 4 families) all laboratory investigations proved negative.

Medical arrangements for long-stay immigrants

Long-stay immigrants were 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 were visited by health visitors or 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 834 immigrants but in 354 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 96 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, 135 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 no rooms were disinfected but 2 lots of clothing were treated before being sent abroad.

Cleansing of verminous persons and their clothing

No steam disinfecting or cleansing centre is provided in this borough but arrangements have continued for the use of the Disinfecting Station and Medicinal Baths, Scotts Road, 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 1971, 46 persons were treated and in addition, bedding and clothing was disinfected in 2 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

Smallpox vaccination

Vaccination against smallpox was withdrawn during the year following receipt of Department of Health and Social Security Circular 54/71 which stated that the Joint Committee on vaccination and immunisation had advised that vaccination against smallpox need no longer be recommended as a routine procedure in early childhood. Vaccination continues to be recommended for travellers to and from countries where smallpox is endemic or where eradication programmes are in progress and for health service staff who may come into contact with patients.

Rabies vaccination

The Secretary of State for Social Services in Department of Health and Social Security Circular 55/71 gave his approval to arrangements under section 26 of the National Health Service Act, 1946, for vaccination against rabies of those exposed to special risk.

The schedule of immunisation used is as follows:

Diphtheria, tetanus, whooping cough and oral poliomyelitis	1st dose at 6 months
	2nd dose at 8 months
Measles	3rd dose at 14 months
	15 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	2,571	3,867
Whooping cough	2,096	419
Tetanus	2,696	3,960
Poliomyelitis	2,621	3,875
Measles	2,137	-
Smallpox	1,366	291
German Measles	1,143	-

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

Children born in 1969 and vaccinated by 31st December 1971

	Whooping cough %	Diphtheria %	Poliomyelitis %
Hounslow	63	78	75
England	78	80	80

B C G Vaccination

Details of B C G vaccination given are shown below.

Contacts at chest clinic:

Number skin tested	95
Number found positive	9
Number found negative	83
Number vaccinated	127

School children and students:

Number skin tested	2,110
Number found positive	424
Number found negative	1,476
Number vaccinated	1,290

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 also available by appointment only at the Hospital for Tropical Diseases 4 St. Pancras Way N W 1 Tel: 01 387 4411 Ext. 137.

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

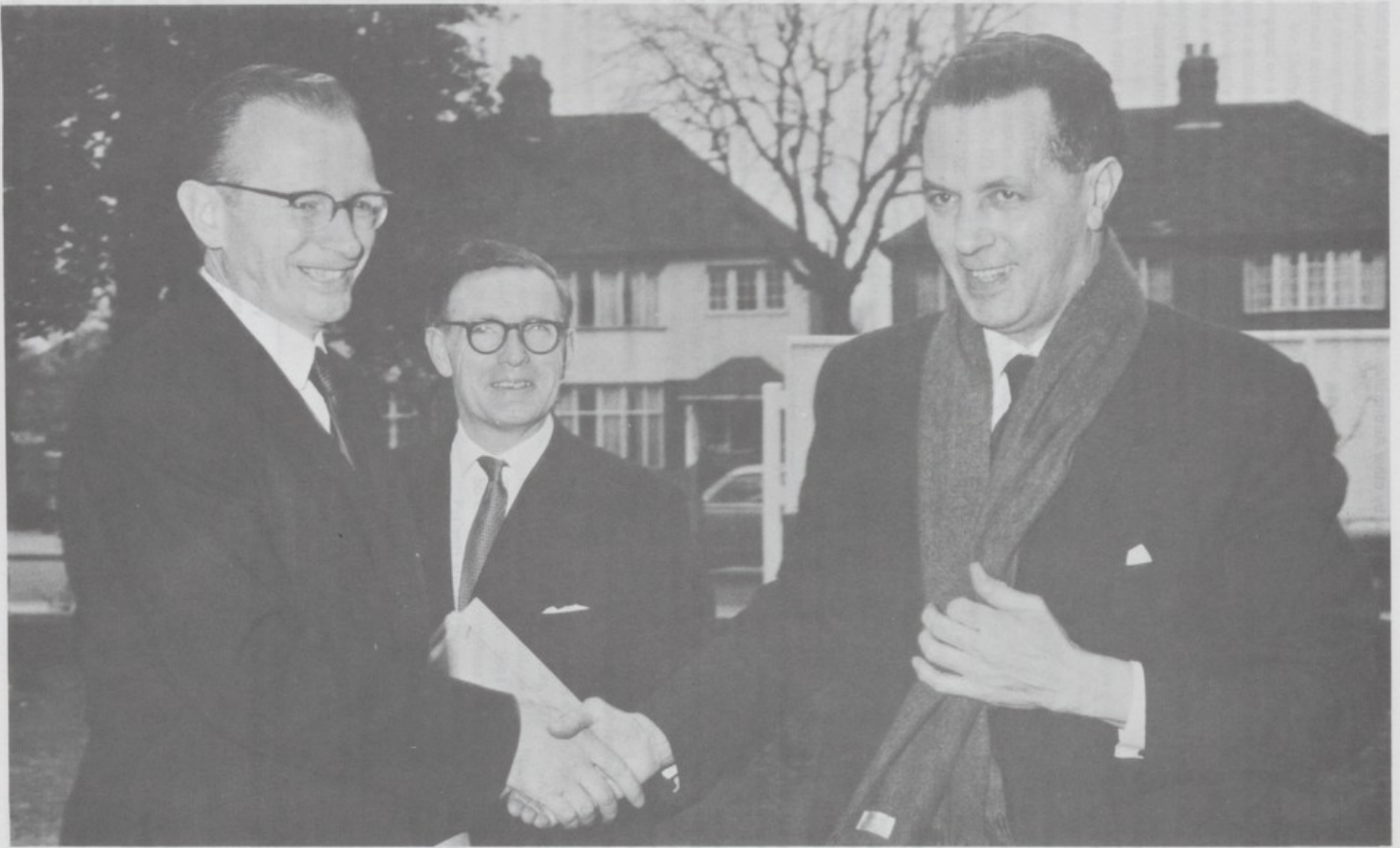
Services provided for the London Borough of Hounslow by other Authorities

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

South West Middlesex Group Hospital
Management Committee West Middlesex Hospital
Isleworth

The following are the main hospitals -

	Cases admitted	Approximate no. of available staffed beds
West Middlesex Hospital Twickenham Road Isleworth Tel: 01-560 2121	Mainly acute	814
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	467
Hounslow Hospital Staines Road Hounslow Tel: 01-570 4448	Acute	58
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)	—	2227
Psychiatric Hospitals		
Springfield Hospital Beechcroft Road Upper Tooting S W 17 Tel: 01-672 1212 (South West Metropolitan Regional Hospital Board)	—	1567
St. Bernard's Hospital Southall Middlesex Tel: 01-574 8141 (North West Metropolitan Regional Hospital Board)	—	2191



The Rt. Hon. Sir Keith JOSEPH, Bt., M.P. Secretary of State for Social Services arriving for the Official Opening of the Hounslow Health Centre.



The Opening Ceremony in the presence of the Mayor.



In the Day Centre



Sir Keith Joseph with Dr. Lindon inspecting a printing process in the day centre.

1970 was officially opened by Sir Alan Miller, K.C.B.,
Parliamentary Commissioner for Administration on 30th
April 1971.
The Health Centre was also in operation at this time.
Fellman and Heston and our five centres now provide
accommodation for 25 family doctors and cover some
70,000 of our 300,000 population.
These further centres are being planned at Chiswick,
Cardinal Road, Feltham and Old Windsor.
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.

Midwifery

During the year there were 280 domiciliary confinements,
880 48-hour discharges and 309 early discharges. In
addition midwives from Queen Charlotte's Hospital
attended 6 domiciliary confinements, 73 48-hour
discharges and 35 early discharges within the borough.
The Domino scheme initiated with West Middlesex Hospital
in 1970 continued to expand. Under this scheme the
department's domiciliary midwives conduct confinements
of selected patients in hospital and continue to attend them

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

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 Hounslow Health Centre which was completed in 1970 was officially opened by the Rt. Hon. Sir Keith Joseph Bt., M.P., Secretary of State for Social Services on 1st April, 1971. The centre, which is linked with the existing health department building includes a family doctor unit for twelve doctors, a child guidance unit and a day centre for those recovering from mental illness.

The Maswell Park Health Centre for three family doctors and local health authority services which was completed in 1970 was officially opened by Sir Alan Marre, K.C.B., Parliamentary Commissioner for Administration on 30th April, 1971.

Health Centres are also in operation at Brentford, Feltham and Heston and our five centres now provide accommodation for 25 family doctors and cover some 70,000 of our 206,650 population.

Three further centres are being planned - at Chiswick, Cardinal Road Feltham and Old Isleworth.

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.

Midwifery

During the year there were 280 domiciliary confinements, 680 48-hour discharges and 309 early discharges. In addition midwives from Queen Charlotte's Hospital attended 6 domiciliary confinements, 73 48-hour discharges and 35 early discharges within the borough. The Domino scheme initiated with West Middlesex Hospital in 1970 continued to expand. Under this scheme the department's domiciliary midwives conduct confinements of selected patients in hospital and continue to attend them

after transfer home for a minimum of ten days after the conclusion of labour.

The totals for the year are as follows:-

domiciliary confinements 286: 48-hour discharges 753:
early discharges 344: "Domino" confinements 57:

The training of student midwives continued and lectures on community care were arranged every three months alternately by this authority and the London Borough of Richmond. Students came from Hillingdon, Queen Charlotte's and West Middlesex Hospitals.

Health Visiting

The scheme of attachment of health visitors to family doctors continues to develop, very successfully in some instances, less so in others. Attachment requires a higher staff ratio to permit the health visitor to extend this role as well as to continue her routine preventive work.

Although the Social Services Department was established on 1st April the health visitor has continued to work in depth with some families whom she knows well. Close liaison with the Social Services Department has taken place over individual cases and meetings of a multi-disciplinary nature, including general practitioners, have proved of value both in staff getting to know one another and giving a lead to a more integrated service to the public.

In the complex society of today the health visitor's role in prevention continues to remain of prime importance. She is trained to detect deviation from the norm in mental, psychological and social fields and is still giving much support to problem families. Her field of work now extends from birth to old age.

Participation in research such as the Obstetric/Child Health Project and the Infective Hepatitis Survey has 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. Arising from contact with school children informal counselling has been undertaken.

The clinic/school nurse continues to fill a very important supportive role to the health visitor and in order to make her role more interesting "attachment" to certain schools in the borough has been attempted thus enabling her to know children and teachers better.

However staff shortages has prevented the objectives from being fully realised. Some home visits have also been undertaken by school nurses following up failed appointments and arising from hygiene inspections in schools.

Training

Five students qualified as health visitors. A two day course in Learning and Teaching Techniques for Minimisation of Stress in Pregnancy Labour and the Initiation to Parenthood was conducted by Mrs. Eileen Montgomery and was attended by community nursing staff and midwives from Ashford Hospital. Two health visitors gained the Further Education Teaching Certificate.

Group Advisers

The three group advisers have had a very busy year and have contributed a great deal both to the administrative staff and field workers.

Mothers Clubs

These continue to be very active. One interesting development has been a club run in association with the Probation and After Care Service in the Hanworth area.

Home Nursing

Home nursing has as its aim the patient's physical, psychological and social well-being so that restoration to health or adjustment to limitations or in the care of terminal illness giving comfort and reassurance may be achieved to the highest degree.

During 1971 home nurses continued to work in group attachment schemes and this pattern of work is proving very successful.

The number of patients attended in their own homes and the number of visits made to them has shown a slight decrease but this must be viewed against the 22,380 treatments which were undertaken by nurses to approximately 4,831 patients whilst assisting general practitioners in health centres and surgeries. Before the doctor attachment schemes were adopted most of these patients would have been visited in their own homes; this largely accounts for the decrease in the number of home visits. Work carried out in surgeries and health centres by nurses included immunisations, injections, dressings, urinalysis, diagnostic tests, haematology, minor opthalmic treatment and ear syringing, cervical smears, and also assisting doctors with minor operations.

Marie Curie Nursing Service

This service depends on retaining a register of nurses who are willing to be called upon at short notice to attend patients suffering from cancer and who are requiring night or day nursing at home. It has not been possible to maintain a register of such nurses because of the 'casual' nature of the employment, consequently staff from the local nursing agency have been engaged in order to provide adequate care for such patients.

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 1971 there were 60 formal notifications of pulmonary tuberculosis and 25 of non-pulmonary tuberculosis, compared with 71 and 21 notifications respectively in 1970.

The total number of cases on the register at the end of the year was 1767 (pulmonary - males 809, females 654, non-pulmonary - males 123, females 181).

Table 13 shows an analysis of all cases notified during 1971.

There were 5 deaths from tuberculosis in 1971.

Loan of nursing equipment

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

Chiropody Service

The chiropody service is available for the elderly, physically handicapped 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 1971. An average of thirty weekly sessions were held throughout the year in local authority premises, compared with twenty-six during 1970. A total of 1,537 clinic sessions were held at which 2,780 patients made 10,947 attendances for treatment. Seven chiropodists made 7,958 home visits to aged and infirm patients who were unable to attend the clinics. The number of patients requiring domiciliary treatment increased from 1,236 to 1,249.

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 101 domiciliary patients received a total of 570 visits and 192 patients made 916 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	619	2,005	7,925	10,549
Physically handicapped	7	16	69	92
School children	106	18	167	291
Others	4	5	6	15
Totals	736	2,044	8,167	10,947

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

Category of patient	First visits	Subsequent		Total visits
	New Cases	Old Cases	visits	
Elderly persons	331	841	6,309	7,481
Physically handicapped	17	60	400	477
Totals	348	901	6,709	7,958

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 Social Services 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

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

Health Education

There has been a considerable increase in the number of talks, supported by films, given to organisations throughout the borough. The health education service has been well served by local press publicity and there has been a most satisfactory response evidenced by the large number of citizens who have personally visited the Department to collect literature on various aspects of health.

Posters concerned with health subjects were regularly displayed in schools, health centres, clinics, dental surgeries and factories as well as public notice boards. About 23,000 pamphlets covering a wide variety of health topics were distributed.

Doctors from seventeen countries visited the health education service during the year and were informed on our techniques of planning, research and evaluation.

Students from colleges within the borough, student nurses from general and mental hospitals, others of various disciplines and groups of senior school girls who visited the health centres, clinics and other departmental establishments were given lectures and shown films.

A description of the service provided for school children appears on Page 51 of the report.

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. Particular emphasis has been given to the misuse of fireworks, the misuse of oil heating appliances, and the dissemination of publicity material relating to safety in the home.

Continued support has also been given to Guide Units to provide the instruction and examination relating to Guide Home Safety qualifications, and to provide speakers at women's organisations in the borough.

Cervical Cytology

There has been a slight increase in the overall number of women attending the Council's clinics for primary smear tests, and three - yearly re-tests. The service is available in our clinics, generally to all women aged 25 years and over who live or work in the Borough. Some industrial concerns co-operated by allowing groups of women employees 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 business establishment in the borough over a period of several weeks. Of the 44 women examined at this establishment there were no positive smears but 7 women were referred to their family doctors for gynaecological and other reasons.

The Council's service continued to provide for three-yearly re-tests for women who had previously attended for their primary test and during the year 484 women attended for this purpose of which 2 produced positive 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.

A total of 3,256 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

	1971 Primary tests	3 - yearly re-tests	Total 1971	1970 Primary tests	3 - yearly re-tests	Total 1970
Women tested	1,060	484	1,544	1,117	414	1,531
Negative results	1,054	482	1,536	1,116	414	1,530
Positive results	6	2	8	1	—	1
Gynaecological defects referred to family doctors	221	86	307	183	42	225
Referred to family doctors for other reasons	36	16	52	12	3	15

Carcinoma in situ was confirmed in the eight women aged between 23 and 54 years who had positive smears. Four of the women had a hysterectomy and four who had cone biopsies will be followed up closely as out patients.

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

	Primary tests	3-yearly re-tests
Trichomonas	19	3
Monilia	18	5
Vaginal cyst	4	-
Fibroids	17	4
Prolapse	3	1
Erosion of the cervix	48	15
Cervical polyp	32	10
Other gynaecological conditions	80	48
Breast conditions	4	-
Reasons other than those stated above	32	16
Totals	257	102

Renal dialysis in the home

Two requests were received during the year for the adaptation of premises in connection with home dialysis. In one instance a Portakabin was provided to house the dialysis equipment. The Portakabin remains the council's property and a rental is charged to the patient having regard to the family circumstances. Where adaptations are necessary the borough council meet half the cost and the balance is 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

who have been screened in the borough is therefore not known.

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

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 team-work 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 seventy-five medical officer sessions were held this year, the attendances at which totalled 405. One hundred and eleven sessions with a midwife only in attendance were held, the attendances at which totalled 529.

Attendances at the mothercraft and relaxation clinics numbered 2,472: 154 more than last year. Only 29 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 7,592 children made a total of 43,632 attendances representing an increase of 1,228 attendances compared with 1970. The provision of child health clinics with attendant dental and immunisation clinics form 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 £15,059 was received for the sale of proprietary preparations.



A PORTAKABIN to house a renal dialysis unit being lowered into position in the patients garden.

The quantities of national welfare foods issued were

National dried milk (packets)	3,872
Orange juice (bottles)	72,731
Vitamin tablets (packets)	2,078
Cod liver oil (bottles)	879
Vitamin drops (bottles)	4,206

Sales of National dried milk diminished during the year following the withdrawal of cheap welfare milk for expectant and nursing mothers and children under school age. At the same time vitamin drops were introduced as a replacement for cod liver oil (which was withdrawn early in the year) and sales of these drops more than off-set the decrease in sales of cod liver oil.

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 1971.

Central nervous system

Anencephalus	4
Spina bifida	2
Hydrocephalus	1
Microcephalus	1
Other specified malformation of brain or spinal cord	1

Eye and ear

Other specified malformations of eye	3
Other specified malformations of ear	1
Unspecified malformations of ear	1

Alimentary system

Cleft lip	2
Cleft palate	4
Malformations of tongue	1
Tracheo-oesophageal fistula, oesophageal atresia and stenosis	1
Rectal and anal atresia and stenosis	1

Heart and circulatory system

Specified malformations of heart and circulatory system	1
Unspecified malformations of heart and circulatory system	4

Respiratory system

Malformations of nose	1
-----------------------	---

Urino-genital system

Hypospadias, epispadias	4
Other specified malformation of urino-genital organs (includes pseudohermaphroditism)	1

Limbs

Polydactyly	2
Reduction deformity hand or arm	3
Talipes	9
Congenital dislocation of hip	1
Other specified malformations of leg or pelvis	2

Other parts of musculo-skeletal system

Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	29
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Other systems

Other malformations of face and neck	2
Other unspecified malformations of muscles, skin and fascia	1
Pigmented naevus	1

Other malformations

Other and unspecified congenital malformations	1
Down's syndrome (mongolism)	4

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

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

Joint Obstetric and Child Health Project

1230 babies born this year, living within the specified catchment area of the borough have been included in this project. The progress of these babies is assessed at regular developmental examinations. The first examination is performed on the sixth day of life and takes place either in hospital or, in the case of domiciliary confinements and those discharged from hospital after 48 hours, at home. The babies are examined in the local health clinic at the age of 2-6 weeks and will then be examined at regular intervals until they enter school. The interest shown by the mothers participating in the scheme has been considerable and their co-operation wholehearted. Already a great deal of information has been obtained about normal child development. 33 of the children have moved within the borough and 167 have moved away from Hounslow and it is hoped that most of these will be followed-up. 27 children have moved overseas. When a family moves out of Hounslow to another part of the United Kingdom, the Medical Officer of Health of the new area is contacted and asked to arrange for the necessary follow-up examination.

Follow-up has been arranged in this way on 85 babies. Of the children who have moved abroad, information has been received from the mothers of 6 of the babies. The interest and co-operation of the borough staff has continued to be excellent, particularly the midwives and health visitors who have had a considerable amount of extra work as the result of this project.

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. No positive reactions were obtained.

Family Planning

Since 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 seven clinics within the borough of which one, with permission of the hospital authority is held at the West Middlesex Hospital. Further expansion occurred during the year and 22 sessions were being conducted each week at the end of the year. In June it was possible to open a new clinic in Chiswick and also to introduce a central telephone and appointments service staffed by the Family Planning Association. This is a great convenience to the public and lessens pressure on lay staff during clinic sessions.

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

Clinic statistics 1971

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	205	740	0	1888	364	424	7
Brentford	166	573	47	1276	230	345	12
Chiswick	94	184	51	224	62	112	12
Feltham	307	1140	86	2804	78	817	20
Heston	320	962	71	2537	399	720	5
Hounslow	1108	3497	207	8244	1495	1902	59
West Middlesex Hospital	275	520	72	1310	307	364	6

Of the total of 2,475 new cases it was possible to classify 1,855 according to age, marital status and social class as shown in the table below -

Age at first attendance		Social class					Total
		1	2	3	4	5	
Married	16 - 20	3	5	61	11	3	83
	21 - 24	17	48	231	50	6	352
	25 - 29	16	56	225	35	4	336
	30 - 34	14	31	123	23	2	193
	34 +	3	23	112	15	5	158
	Total	53	163	752	134	20	1,122
Pre-marriage	16 - 20	2	11	70	6	2	91
	21 - 24	8	32	123	5	1	169
	25 - 29	2	6	23	1	---	32
	30 - 34	---	---	3	1	---	4
	34 +	---	3	2	---	---	5
	Total	12	52	221	13	3	301
Single	16 - 20	1	39	153	16	1	210
	21 - 24	1	25	146	3	3	178
	25 - 29	1	3	26	1	1	32
	30 - 34	2	1	5	---	---	8
	34 +	---	1	3	---	---	4
	Total	5	69	333	20	5	432

Major reasons for referral:

Impossible to attend clinics (mainly due to large families)	21
Health (mental or physical)	11
Poor social background	8
Persistent failure of appointments (associated with social problems)	7
Apathy or low intelligence	6
Total referred	53

Age of patient at referral:

Under 21	4
21 - 25	23
26 - 30	12
31 - 35	8
36 - 40	4
over 40	2
Total referred	53

Number of children in family

1	2	3	4	5	6	7
4	13	17	8	2	4	5

Report of the Chief Dental Officer for the year 1971

Mother and Child Welfare Service

The number of pre-school children receiving treatment has remained relatively stable. Treatment facilities have been offered to all pre-school children whose parents have asked for an appointment, and the dental auxiliary has given talks to groups of expectant mothers in the hope that this will encourage a greater demand for dental care before children actually commence school. Children should pay their first

visit to a dentist by the time they are three years old, and in spite of efforts to let as many parents as possible know this, by for example a notice on all consent forms, many parents indicate that they are unaware of this service. The campaign to increase this awareness will be intensified during 1972.

Family Planning

Since 1st January 1969 the council has provided free advice on family planning to borough residents, married or

Gynaecological 1971

Clinic	New cases	Old cases	FPA transfers
Bedford	335	240	6
Brentford	188	513	41
Chiswick	94	134	30
Feltham	207	1140	30
Hendon	220	952	34
Hounslow	1105	3497	307
West Middlesex			
Hospital	275	300	

Of the total of 2,475 new cases, 1,475 were referred to the clinic by the G.P.s, 1,000 were referred by the hospital and 1,000 were referred by the council.

Age at first intercourse

		1	2	3	4	5	Total
Married	16-20	2	5	10	15	20	52
	21-24	12	25	231	10	10	262
	25-29	48	56	225	10	10	309
	30-34	14	31	123	10	10	191
	35+	2	23	112	10	10	157
	Total	63	103	762	40	40	1,112
Re-marriage	16-20	2	11	10	10	10	53
	21-24	8	32	130	10	10	190
	25-29	2	6	20	10	10	32
	30-34	—	—	2	10	10	4
	35+	—	2	2	10	10	6
	Total	12	52	232	40	40	301
Single	16-20	1	30	130	10	10	210
	21-24	1	20	145	10	10	176
	25-29	1	2	10	10	10	32
	30-34	2	1	2	10	10	8
	35+	—	1	2	10	10	4
	Total	5	54	299	40	40	432



Sir Alan Marre with the Mayor, The Chairman of the Health Committee Dr. Lindon and Dr. Geoffrey Baum in one of the consulting rooms.



Sir Alan MARRE, K.C.B. Parliamentary Commissioner for Administration arriving for the Official Opening of Maswell Park Health Centre.

The waiting and reception area, Haverhill Park Health Centre



With the receptionists during the tour of inspection.



The waiting and reception area Maswell Park Health Centre.

Report of the Principal School Medical Officer for the year 1971

Organisation

This is the seventh 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.

Local hospitals have agreed to send reports to school medical officers on all children of school age under their care. Hospitals outside the area 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	502
Primary Schools	19,342
Secondary modern schools	959
Grammar schools	2,049
Comprehensive schools	9,650
Special schools	775
Total	33,277

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, one or more intermediate examinations are carried out and all children are examined again at school leaving age. Efforts are made to examine children in nursery classes each term. The intermediate medical examination 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 Principal Careers Officer. This form indicates if there are any health reasons for avoiding certain types of occupation.

The number of pupils submitted to periodic medical inspection during the year was 7,319 and the results are shown in Table 24. The physical condition of 78 (1.06%) 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	1,565	—
Routine clinic sessions	2,339	1,396
Employment of school children	382	—
Children being taken into care	26	—
Freedom from infection	80	—
Pupils at special schools	367	100
Attending hearing clinic	420	411
Possibly requiring special education	181	—
Epidemiological surveys	—	—
Total	5,360	1,970

The defects found at periodic and special medical inspections are shown in Table 25.

Uncleanliness and Verminous Conditions

School nurses make examinations of children in regard to cleanliness of persons and clothing and the presence of lice or their eggs (nits). At one time all pupils were examined at least once each term but as uncleanliness of person or clothing is now rare, flea or body lice infestation almost unknown, and the incidence of head lice greatly reduced, such regular examinations are not now held. The nurse now visits schools to carry out these examinations at the request

of the head teacher or where there are grounds for suspecting the presence of infestation. During the year the school nurses carried out 23,862 examinations and found lice or their eggs in the hair of 237 individual pupils. Today there is no excuse for such infestation and the infested pupils are 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 19 formal notices requiring the parent to cleanse the child had to be issued, and in 14 cases where the parent had failed to respond to the formal notice a cleansing order 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 feet. During the year 6,164 foot inspections were carried out and 131 new cases of plantar warts and 12 cases of re-infection were found.

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 90 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 the first year at school and is repeated at ages 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 seconded from the Regional Hospital Board. A total of 2171 children were seen at these clinics during the year and spectacles were prescribed for 497 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. J M Kingsmill Moore attends monthly from Hounslow Hospital.

259 children were seen by the orthopaedic surgeons during the year and 94 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 number of children with additional physical disabilities who are admitted to this school.

Speech Therapy

Throughout 1971 the speech therapy service was under great pressure due to staff shortage combined with new demands for speech therapists' time. No new developments took place and no additional duties were undertaken, such as the surveys of 1969 - 1970.

At the beginning of the year one replacement speech therapist joined the borough, but the second, needed to complete the establishment, did not commence her duties until September 1971.

The most noticeable feature of the year has been the steady growth of interest in speech and language in a wide range of professions. Speech and language are increasingly recognised as playing a fundamental part in the growth of intelligence, educational ability, social relationships and emotional well-being. Therefore teachers in all types of schools, doctors, and educational psychologists, are requesting the speech therapists' to examine children to report on any abnormality of speech and language development, together with suggestions for therapeutic training. In particular there has been a formal and urgent request for far more speech therapy for educationally subnormal and severely sub-normal children, and for the attendance of a speech therapist at the day nurseries, autistic unit, class for children with learning disabilities, School for the Deaf and partial-hearing nursery. Thus the role of the speech therapist is changing from purely administering individual therapy in the clinic or school to a wider consultative and advisory role. This is welcomed since it provides the opportunity to help more children, and frequently prevents the occurrence of social and emotional difficulties associated with the anxieties and frustrations of failure in speech and language.

I am grateful to Dr. R Prothero, MD, LRCP, LRCS, DCH, senior departmental medical officer for the following report

The number of cases supervised at the allergy clinic remains at approximately 150, of these 36 were new referrals.

The most frequent allergic factors in new cases as evidenced by skid testing were the grass pollens (40%) and the house dust factor (60%). In only 20% were other inhalants incriminated, though skin tests over a whole range of inhalant factors were carried out.

Five of the more serious cases of pollenasthma had pre-seasonal injections with Alavac-P and in 4 the result was most successful. The failure was in a girl with marked vasomotoric coryza even on days of low pollen count - it finally emerged that she had been working in a pet shop during the weekends in the summer season! Desensitisation against dermatophagoides is under consideration, as the usual advice re 'dustcontrol' does not necessarily cause abatement of the symptoms. INTAL remains THE preventive against extrinsic asthma and has proved successful in exertion induced bronchospasm, so that children can lead a more normal sportive life, if the Spinhaler is used prior to anticipated exertion.

All new patients with moderate and severe asthma receive regular physiotherapy with marked subjective and objective improvement as noted by the increase in the peak expiratory flow rate.

Recently two cases of dermatitis were seen, where an enzyme containing washing powder seemed responsible for the extensive skin irritation.

A completely satisfactory treatment for Eczema itself, though it is usually kept under control by hydrocortisone, continues to elude the allergist.

Hearing Clinic

The number of cases seen at the Hearing Clinic during the year was 831 of which 420 were new cases and 411 were cases for re-examination. Due to staff changes the total number of all children seen was reduced during the year although the number of new cases seen had increased significantly.

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 1.

Table 1	First test in school	Re-test at school clinic	Total seen	Re-test failure
Infants (under 7)	2441	288	2729	132
Junior (7-11)	2732	157	2889	32
Total	5173	445	5618	164

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 11.

Table 11	First test	Re-test	Total	Failures
Under 5 years	104	15	119	42
5 - 7 years	386	77	463	149
8 - 11 years	275	53	328	90
12 years & over	254	27	281	77
Total	1019	172	1191	358

The audiometricians took a total of 533 impressions during the year for use with hearing aids. 83 Medresco (N H S) aids were issued during the year and 424 aids were replaced or exchanged. A total of 20 commercial aids were issued, 1 post aural and 19 body worn.

During the year the children at the Lindon Bennett and Oaklands Schools were screened for a hearing loss by the audiometricians, 50 hearing tests were performed and it was necessary to see some of the children more than once to make a satisfactory assessment of their hearing.

Mr. Wall senior peripatetic teacher of the deaf made a total of 1134 visits to homes and schools during the year. He is responsible for hard of hearing children in both Hounslow and Ealing. 15 children attend secondary school, 44 attend primary schools and 14 children of pre-school age were visited. Seven well attended parents' meetings were held, enabling parents to discuss common problems. During the year Mr. Wall spoke on parent guidance and child management at six conferences and courses.

Dr. Fisch completed his work as chairman of the working party on Old Age Deafness during 1971 and a report was sent to the Ministry. Dr. Fisch is chairman of the Association for Films on Hearing and Deafness. A film was made in the clinic and special schools titled "How Deaf Children Learn to Speak". The teaching activities of the clinic continued, post graduate doctors from the Wolfson Centre spent a day at the clinic also medical students from St. Bartholomew's Hospital attended the clinic. Groups of speech therapists and midwives also attended as observers and groups of 8 students attending the London course for teachers of the deaf visited the clinic as did students of the Maria Gray College. At the request of the London Borough of Hillingdon Dr. Fisch and Dr. Jepson spoke to Health Visitors on the early detection of hearing loss and at the request of the London Boroughs Association a two day course was held in February for Health Visitors. A one day symposium was also held in February for speech therapists and in October a one day conference for the head teachers of local schools was organised in an attempt to discuss the problems of deaf children in normal schools.

Visitors from many parts of the world visited the clinic during the year, these included members of the teaching profession, doctors and administrators who were interested in the working of an audiology unit.

There are now a greater variety of hearing aids available with various possible combinations which fulfills the needs of most types of deafness in children and therefore it is not now necessary to issue so many commercial aids as in the past. The difficulty in obtaining satisfactory inserts still persists. We are investigating alternative arrangements for the processing of inserts particularly of processing them at the clinic.

Another booklet to assist the parents of hearing impaired children by Dr. L Fisch has been added to our list, this is

entitled "Unilateral Deafness" and it has proved highly successful.

Papers given by Dr. L Fisch:-

Parental Age - Birth order and congenital deafness.

The Deaf Child - The effects of hearing loss in children.
This article is included in the publication "Modern Trends in Diseases of the Ear, Nose and Throat".

Lectures were given by Dr. Jepson during the year to students at the Gypsy Hill Teacher Training College, The Royal College of General Practitioners, The Royal College of Nursing and Chiswick Polytechnic.

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 123 children were seen as outpatients of whom 37 were of school age and 86 of pre-school age. 61 of the children of pre-school age had cerebral palsy, 18 had spina bifida and 7 had other physical defects. 15 of the children of school age had cerebral palsy, 4 had spina bifida and 18 had other defects. 103 pupils attending Martindale School were examined during the year. The following table shows the type of handicaps dealt with at the unit in 1971.

	Martindale School pupils	Outpatients
Cerebral Palsy	55	76
Spina bifida	28	22
Muscular dystrophy	8	2
Poliomyelitis	3	0
Brain damage (a)	2	7
Haemophilia	0	1
Rheumatoid Arthritis	2	1
Congenital deformities	4	0
Other	1	10

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

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:-

1969	1970	1971
45	53	58

The high number of children attending both the school and the pre-school group continue to cause problems in management of the time allotted to treatment. For many of the children daily visits to the department in order to have adequate supervision of their backs and skin are essential. Group classes for the spina bifida children started last year have continued in an attempt to stimulate them

and to increase their mobility and co-ordination, with considerable success.

An evening meeting was held for the parents of children to be admitted to the nursery class after Easter, where the programme for the physical and educational development of the children was fully discussed.

At Easter two new nursery classes were opened each taking 10 children and this has resulted in children being admitted to the school at the age of 3 years and has been of great benefit to them mentally, physically and socially. During the first term 7 children with spina bifida were admitted to the group and 4 children with cerebral palsy, one child with brain damage following a road accident and one child with congenital defects were admitted and the group was completed in the September term when a further 7 children were admitted, 3 with spina bifida, 3 with cerebral palsy and 1 with hydrocephalus. The children need to spend varying lengths of time in the physiotherapy department but the staff of the medical unit work closely with the teachers in order to arrange individual programmes to suit each child. In the case of children with spina bifida particular attention is paid to the locomotor difficulties and also the problems arising from urinary tract involvement. The opening of this class has resulted in a considerable amount of extra work in the medical unit and the principal medical officer now spends 4 sessions per week in the school. An extra physiotherapist has been appointed and the department has been fully staffed this year despite a great shortage of physiotherapists nationally.

The physiotherapists carried out 11,182 treatments, 3201 more than the previous year. The number of treatments and counselling given to pre-school children and their parents continued at a high level. The physiotherapists carried out their usual programme of sports coaching and teams were sent to Stoke-Mandeville and the Inter-schools meeting. This year a relay team was invited to give an exhibition of racing against Grove Park School at a charity football match at Willesden. Eight students from the West Middlesex School of Physiotherapy each spent 6 weeks in the unit as part of their paediatric training. Talks and demonstrations were given by the staff on various occasions to parents of spina bifida children and students from St. Bartholomew's hospital and post graduate students from the Wolfson Centre were amongst the visitors who heard these talks.

The speech therapy department suffered staffing troubles during the year, one of the two speech therapists unfortunately having to resign for health reasons and the continuity of treatment was difficult to maintain. Many of the children attending the school and those who attend the unit as outpatients have difficulty in speech and communication and the speech therapist plays an important part in the management of all aspects of feeding, language development and articulation. Progress must in many cases be slow and it is often difficult to measure but even the severely speech handicapped children need to be helped to communicate in some way. All children need to learn how to express their own personalities and those with a speech defect need special help so that they become more self confident and less withdrawn.

86 children received speech therapy during the year, the defects treated being:-

Retarded speech and language	17
Dysarthria and hearing loss	34
Dysphasia	11
Multiple congenital deformities	3
Spina bifida	19
Stammer	2

It was decided that the B.B.C. Film on sex education "Growing Up" should be shown to the parents before being shown to the children, and the parents were invited to an evening meeting when the film was shown. Great interest was expressed and no parent refused to allow their children to see the film, which was later shown to groups of children in the school.

There were many visitors from different parts of the country including members of the medical and teaching profession and administrators interested in setting up similar projects.

Child Guidance Clinic

I am grateful to Dr. P. Calwell MB BS DPM for submitting the following report:

1971 saw the Clinic settled down in our new building, and appreciative of the opportunity to have sufficient accommodation, including a Conference room, for all the Clinic staff. The teamwork approach is greatly facilitated by having adequate accommodation.

We were sorry that Mrs. Molloy, who had been with us since 1966, left us in October, and that it was not possible to replace her in the last three months of the year. In a similar way there was a delay before Miss Birkett joined us in May, which has the unfortunate effect of causing delays for those who have been referred to us for urgent help. The fact that we did not have the full complement of psychiatric social workers for several months had the inevitable effect of reducing the volume of work done. In a similar way there was a six month delay between Mrs. Oxford leaving us in March, and Mrs. Kullock replacing her as psychotherapist in October. As there is such a shortage of psychotherapists we are always pleased to have experienced applicants. Despite these problems continuity has been maintained to enable regular work to continue with families over a prolonged period when necessary.

Seminars continued on a weekly basis with the Social Services Department, and it is most useful that we can keep in touch in this way with the new Department. It was clearly a major upheaval involving different work being undertaken by all the members of the new teams. It was more than ever clear that there was a variety of experience and sophistication, and that an opportunity to discuss some cases in detail provoked valuable discussions on how exceedingly difficult problems could be approached.

We have been concerned as always about the lack of provision for certain children who are failing to cope in the normal schools. We have still only one Day Maladjusted School in the Hounslow area, which only takes a certain proportion of the children requiring special day school education. One difficulty has been that the fragile child who is just able to cope in the small community of the junior schools often fails to survive the transition to the large senior school. Such children do not necessarily require special education, but do greatly benefit from

being part of a small community. Often these children tend to under-function educationally and so benefit from special help provided by School Counsellors or Remedial departments.

Educational

(a) Students Two Social Work students were supervised, one by Mrs. Lees (Reading University) and one by Miss Birkett (Chiswick Polytechnic). We feel we should take these students from time to time, although they involve more work for the Psychiatric Social Workers doing the supervision, a Child Guidance Clinic gives them greater opportunities for understanding at some depth the nature of case work with disturbed parents.

(b) Lectures/Talks A number of talks involving general discussion were given by Mrs. Lees to the following groups:

- Social Work Students (Chiswick Polytechnic)
- Health Visitor Students
- Matron Housekeepers (Isleworth Polytechnic)
- Student Teachers from Borough Road Training College
- Play Group Supervisors
- Probation Officers

and to a group of Social Workers and Health Visitors on a Course organised by the London Boroughs Training Committee (on the prevention of Mental Illness). We try not to turn down any of these invitations as these groups know otherwise little or nothing about the Child Guidance Service, and have many misconceptions.

Meetings of Teachers and Social Workers

These meetings continue on a termly basis and the Educational Psychologists and Psychiatric Social Workers attend when possible. Mrs. Lees has been Secretary to the group. It is hoped that next year this educational work can be shared also with the new Psychiatric Social Workers.

Analysis of cases referred to child guidance clinic 1971

Referrals 1971	172
Diagnosed by Psychiatrist	105
New Cases seen by Psychiatric Social Workers	69
Number of Families helped by Psychiatric Social Workers	176
Total attendances to see Psychiatric Social Workers (parents)	1,427
Total attendances to see Psychiatrist (parents and/or Children)	429
Number of cases treated by Psychotherapist	35
Total attendances to see Psychotherapist	716
Waiting List for P.S.W. at 31.12.71	48
Waiting List for Psychiatrist at 31.12.71 (i.e. cases prepared by P.S.W., S.S.D., etc.)	12

Analysis of Referrals

Education Department	54
Health Department	44
Parents	33
Social Services Department	17
General Practitioners	10

Probation Officers	6
Transfers	4
Hospitals	1
Others	3

Recommendations for Special Education

Residential Schools	22
Day Special Schools	17

Senior Psychologist the Special Units and Special Schools

Dr. Moya Tyson BA BSc (Econ) PhD., Senior Educational Psychologist for Special Units and Special Schools reports as follows:-

The pattern of work in 1971 remained much the same as in previous years with work with children as a member of the various multi-disciplinary diagnostic teams, assessment of children in special schools, advice where requested on educational and learning problems and a similar function for colleagues in neighbouring school psychological services and other related disciplines.

The special developmental/diagnostic class at Busch Corner clinic continued every morning as a joint venture with a teacher, Mrs. Clamp and a member of the borough speech therapy team. Similarly the special Friday morning class in my office at the Hearing Clinic

continued as a joint venture with the speech therapists. Several speech therapy students from the training schools took part in helping to run these classes and some teachers on diploma courses for handicapped children also took part.

One new development was a small special class at Belmont School for children with specific learning difficulties made possible by the kind cooperation of the Director of Education and staff and Mr. Kirby, headmaster of the school. Although this class has been in operation only a short time it has proved to be of value to children whom it is not possible to help sufficiently through the normal remedial provisions in other schools in the borough.

The programme of lectures to teachers, doctors, speech therapists and others in allied fields continued throughout the year.

School Psychological Service

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

After a lean period the School Psychological Service was back to full strength by June of this year and the psychologists were once again back in the schools. The number of referrals rose accordingly and details are given below:

Source	Problem	Disposal
Head teacher	150	Behavior 47
Education	5	Slow progress 35
Health	7	Assessments 88
Parents	12	Poor reading 17
School councillor	2	Bad attendance 13
Social Services	7	Poor speech 6
School Medical Officer	7	Behaviour and slow progress 3
Health Visitor	2	School placement 2
G.P.	1	Re-referral 19
West Middx Hosp	3	Total 230
Education Welfare Officer	3	
Speech therapist	1	
Child Guidance Clinic	30	
Total Referral	230	
		Head teacher informed or discussed with class teacher 30
		Parents seen 26
		Educational Social Worker visiting 20
		Follow up 22
		Remedial help 18
		No further action 10
		Individual help 11
		Marjory Kinnon School 12
		To Child Guidance Clinic 21
		Speech therapy 6
		Audiology unit 3
		Regular follow-up 4
		To West Middx Hosp 2
		To Twickenham C.G.C. 2
		Boarding school placement 2
		In care 1
		Language development class 1
		Remain another year in Infants 1
		To Education Welfare Officer 1
		To Martindale School 1
		Report to Social Services Dept. 2
		Back to Child Guidance Clinic 30
		Day Maladjusted school 1
		Individual help in school 3
		Total 230

Case load carried over from 1970	83
New referrals during 1971	27
Cases closed during 1971	19
Home visits	560
Interviews at centre	74
Diagnostic interviews with psychiatrist	10
21 children have since been referred on to the C.G.C.	

Staff

2 full-time educational psychologists joined the school psychological service during the year.

Mrs Clare Wallis took responsibility for the Chiswick and Brentford schools in January, and Mrs Jennie Seale for those in the Feltham area in June. In addition Mrs Marie Tagg re-joined the team for one session per week in September.

Mrs Marjory Kinnon, remedial teacher, reduced her sessions from 5 to 3 in September, but these were taken up by Mrs Susan Thrift, remedial teacher, who then worked 7 sessions instead of 5, so that the total number of hours given to remedial work at the centre remained the same.

Mrs Ann Grigg and Miss Kay Fleetwood continued as educational social workers, but Miss Fleetwood was unfortunately ill for some months at the end of the summer.

Mrs Edmonds-Smith and Mrs M Fisher continued as part-time clerical officers.

New developments

Intellectual assessments, consultations with schools, parents and teachers, social work with families, individual remedial teaching for children with severe learning disability and seminars for remedial teachers at both primary and secondary level continued as in past years, but particular efforts were made this year to tackle the problem of reading disability in both its preventive and remedial aspects.

Preventive measures included the work done by Mrs Tagg in advising members of the peripatetic remedial reading team working in infant and junior schools, and in organising seminars in the teaching of reading at the new Teachers' Centre where a variety of reading schemes and reading materials are now available to all teachers in the Hounslow schools. The underlying aim of this work is to improve the standard of remedial teaching so that the potentially poor reader is recognised and helped early in his school career, before his attitude has deteriorated and psychological resistances complicate the learning process. Remedial measures included work by the psychologists with staff engaged in remedial work in the secondary schools and involved seminars on remedial reading teaching methods and the dissemination of reading material suitable for the older pupil with poor reading ability, together with consultations on specific cases. Individual work with very severe cases of reading disability continued at the centre and a system of close collaboration between the remedial teacher working with the child and the educational social worker working with the parents has produced in some cases clear evidence of the interaction of

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
Educationally sub-normal	Defects
	Delicate

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

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

With the transfer of mental health services to the newly formed Social Services Department in April the former junior training school became the responsibility of the local education authority and children formerly dealt with under section 57 of the Education Act 1944 became handicapped pupils within the meaning of section 34 of the same Act. The former Hanworth and Isleworth Junior Training Schools were renamed the Lindon-Bennett School and Oaklands School respectively and children in these schools are now included in statistics relating to the educationally subnormal.

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

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

boarded in Boarding Homes

		Blind		Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech Defects	Total
During the calendar year ended 31st December, 1971:-													
A Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes		Boys	-	1	1	2	1	8	15	17	-	-	45
		Girls	-	-	1	2	-	7	6	8	-	-	24
B Number of children newly placed in special schools (other than hospital special schools) or boarding homes													
a of those included in A above		Boys	-	-	-	1	-	4	9	14	-	-	28
		Girls	-	-	-	1	-	6	6	7	-	-	20
b of those assessed prior to January 1971		Boys	-	-	2	-	8	5	7	6	-	-	29
		Girls	-	-	1	1	2	-	1	9	-	-	14
c Total newly placed B(a) and B(b)		Boys	-	-	2	1	8	9	16	20	-	-	56
		Girls	-	-	1	1	2	6	7	16	-	-	35
C On 21st January 1972 children were awaiting places in special schools other than hospital special schools as follows:-													
a Under 5 years of age													
(i) Waiting before 1st January 1971													
		day places	Boys	-	-	-	1	-	-	-	-	-	1
			Girls	-	-	-	1	-	-	-	-	-	1
		boarding places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
(ii) Newly assessed since 1st January 1971													
		day places	Boys	-	-	-	2	1	-	1	-	-	4
			Girls	-	-	1	1	3	-	-	-	-	5
		boarding places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
b Aged 5 years and over													
(i) Waiting before 1st January 1971													
(a) whose parents had refused consent to their admission to a special school		day places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
		boarding places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
(b) others		day places	Boys	-	-	-	-	1	1	1	-	-	3
			Girls	-	-	1	-	1	-	-	-	-	2
		boarding places	Boys	-	-	2	-	-	-	-	-	-	2
			Girls	-	-	-	-	-	-	-	-	-	-
(ii) Newly assessed since 1st January 1971													
(a) whose parents had refused consent to their admission to a special school		day places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
		boarding places	Boys	-	-	-	-	-	-	-	-	-	-
			Girls	-	-	-	-	-	-	-	-	-	-
(b) others		day places	Boys	-	-	1	1	2	-	2	-	-	6
			Girls	-	-	-	-	1	-	1	-	-	2
		boarding places	Boys	-	-	-	-	4	-	-	-	-	4
			Girls	-	-	-	2	1	-	-	-	-	3
c Total number of children awaiting admission to special schools other than hospital special schools total of (a) and (b) above		day places	Boys	-	-	1	3	4	1	4	-	-	14
			Girls	-	-	1	6	1	-	2	-	-	12

			Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	Total
A	On 21st January 1972 the following number of pupils were on registers of:-	boarding places	Boys	-	-	2	-	4	-	-	-	-	6
			Girls	-	-	-	2	1	-	-	-	-	3
B	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 places	Boys	-	6	7	8	33	19	43	153	-	269
		boarding places	Girls	-	4	5	13	16	17	21	130	-	206
C	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 places	Boys	-	-	-	-	-	8	7	1	-	16
		boarding places	Girls	-	-	-	-	-	4	1	-	-	5
D	c Independent schools under arrangements made by the Authority	day places	Boys	-	-	-	-	-	1	-	-	-	1
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
E	d Special classes and units not forming part of a special school (Hounslow Day Autistic Unit)	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
F	Children boarded in homes and not already included in D overleaf	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
G	Number of handicapped pupils (irrespective of the area to which they belong) who were being educated under arrangements made in accordance with Section 56 of the Education Act, 1944	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
H	(a) in hospitals	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
I	(b) in other groups e.g. units for spastics	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
J	(c) at home	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
K	(d) others	day places	Boys	-	-	-	-	-	-	-	-	-	-
		boarding places	Girls	-	-	-	-	-	-	-	-	-	-
L	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	day places	Boys	3	8	20	10	40	48	95	167	-	391
		boarding places	Girls	1	6	10	15	35	26	43	135	-	271

Six special day schools for handicapped pupils are maintained by the education committee including the 2 junior training centres which were transferred from the Health Committee on 1st April 1971 and which are now known as the Lindon/Bennett School, Hanworth and Oaklands, Isleworth.

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, orthoptists and social workers. Provision is also made in recommended cases for some handicapped pupils under five years of age to be admitted to day nurseries.

Busch House School (Isleworth)

This school caters for delicate and maladjusted children. Because of the nature of the handicaps, seriously aggressive children are not admitted. Many of the delicate children suffer from chronic physical illnesses.

With the exception of a few children who are treated by a psychiatrist in hospital or from another borough, the maladjusted pupils are under the general care of the psychiatrist from the Child Guidance Clinic. Some of these children are in regular treatment at the Clinic, but the need for full psychiatric team work in the school is being increasingly felt. The children and their parents might then find the idea of psychotherapy less threatening, as it would be as natural in the school environment as physiotherapy is now. A senior school medical officer visits the school weekly to advise on the care of the delicate and to supervise the physical health of the maladjusted pupils.

Many of the maladjusted children suffer from a temporary or chronic physical illness or may present with physical symptoms. A number of the delicate children are as much handicapped by emotional disorders caused by their illness and sometimes by its treatment as they are by the physical disease itself. Increasing use is made of the visiting psychiatrist to advise on the management of these children in addition to the growing demand on his services in the treatment of the maladjusted pupils. By virtue of its dual character, the school can handle the emotional problems of the delicate or the physical problems of the maladjusted pupil with the greatest facility and without a departure from the routine that might make a child conspicuous by his appearing to be handled differently from his peers.

The figures in the following table relate to the position in December 1971 and show the number of children who attend from Hounslow and neighbouring authorities.

	Delicate		Maladjusted		Total
	Boys	Girls	Boys	Girls	
London Borough of Ealing	4	—	3	2	9
London Borough of Hounslow	20	14	30	19	83
London Borough of Richmond	2	—	—	2	4
Surrey County Council	1	1	—	—	2
Total	27	15	33	23	98

At Busch House School as at the other special schools leaver's case conferences are held to which the educational psychologist is always invited. For the most part after care is done by the school staff on an informal basis; it is most valuable if it can be undertaken by someone personally acquainted with the child, particularly if he is going into normal employment. If the school leaver is unemployable or is in sheltered employment, he is then transferred to the care of the Social Services Department.

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 1971 and show the number of children who attend from Hounslow and neighbouring authorities:

	Boys	Girls	Total
London Borough of Barnet	1	—	1
London Borough of Ealing	19	17	36
London Borough of Harrow	4	4	8
London Borough of Hillingdon	8	7	15
London Borough of Hounslow	30	19	49
London Borough of Richmond	10	7	17
Buckinghamshire County Council	2	2	4
Surrey County Council	12	—	12
Total	86	56	142

Heston School for the Deaf

This day school with its associated classes for the partially hearing in Townfield and Harlington Secondary Schools, Springwell and Norwood Green Infant and Junior Schools, and Oriel Junior School provides accommodation for 168 deaf and partially hearing pupils. A medical officer to the hearing clinic visits the school fortnightly and in addition there is close liaison between the clinic and school staff on children's hearing and learning difficulties.

The figures in the following table relate to the position in December 1971 and show the number of children who attend from Hounslow and neighbouring authorities.

	Deaf		Partially Hearing		Total
	Boys	Girls	Boys	Girls	
London Borough of Brent.	6	9	1	2	18
London Borough of Ealing	10	10	11	15	46
London Borough of Harrow	2	4	5	4	15
London Borough of Hillingdon	9	4	5	11	29
London Borough of Hounslow	7	6	8	13	34
London Borough of Richmond	2	—	6	5	13
Bucks. County Council	2	1	—	—	3
Surrey County Council	2	1	3	1	7
Herts. County Council	2	1	—	—	3
Total	42	36	39	51	168

Marjory Kinnon School

179 children whose intelligence is within the educationally sub-normal range attend the school. A senior medical officer visits the school twice weekly and during the year the majority of children have been seen. A large number of organic conditions which would lead to low intelligence have been discovered. In other children who appeared to be normal, there was frequently a history of low birth weight, prematurity and perinatal difficulties.

A physiotherapist attends three times weekly and sees children with locomotor difficulties — at the present time there are twenty children with some neurological difficulty varying from extreme clumsiness to spastic hemiplegia. There are 17 epileptics, whose daily medication and care is supervised by a full time nurse and she also copes with minor ailments and medication for six asthmatics; she is also a great support to children under stress. She ensures that dental and hospital appointments are kept which often means that she conveys the children and is liaison officer between the hospital doctor and the school staff.

Over 30 children have visual defects and 10 have hearing difficulties. An audiometrician visits the school and all children have regular audiometry. A teacher of the deaf liaises with school staff on children with hearing loss and a speech therapist visits the school and examines every child for speech defect or language delay. Treatment is given in school and several children attend a language stimulation class run jointly by the psychologist and the speech therapist. The psychologist visits twice weekly and sees children referred by the headmaster and school doctor. The social worker is a vital member of the team and provides the link between the family and school staff. She visits the parents of all new entrants and gives continuous support to a number of families as well as liaising with her colleagues in other social work departments.

Concern has been expressed by the school staff at the numbers of children who show behaviour difficulties in school. The staff felt they needed advice on how to cope with individual children within the classroom. The psychiatrist from the Child Guidance Clinic has visited the school once per term in an advisory capacity.

The erection of the new school should commence in April 1972 and the medical team look forward to having more space in which to do the assessments and therapy

when the building is completed.

The figures in the following table relate to the position in December 1971 and show the number of children who attend from Hounslow and neighbouring boroughs.

	Boys	Girls	Total
London Borough of Brent	1	—	1
London Borough of Ealing	2	1	3
London Borough of Hounslow	80	70	150
London Borough of Richmond	2	—	2
North Surrey	14	9	23
Total	99	80	179

Lindon-Bennett School

Eighty-seven children, whose intelligence is within the severely sub-normal range, attend this school, twenty two of whom need constant supervision or nursing care and are in the special care unit. In April 1971 the administration of the school was transferred from the Health to the Education Authority, this means that there will be uniform provision for mentally handicapped and normal children in England and Wales.

A senior medical officer visited the school weekly and a large number of children were seen and in addition a principal medical officer saw children on home and clinic visits.

Thirty-six of the children are Mongols and several of these have additional handicaps such as heart, hearing and visual defects. The children in the special care unit are multiply handicapped and twelve cannot walk. The main disabilities are cerebral palsy, epilepsy, spina bifida. The children have very limited language comprehension and only two can communicate by speech.

A full time nurse was appointed in 1971 and she is already a vital member of the school staff. She is responsible for medication for all children in the school and deals with minor ailments and fits. A physiotherapist visits the school three times weekly and her therapy programme is carried out daily on some children by nurse and the school staff. A speech therapist visits the school weekly and treats individually and collectively children with speech and language delay.

The figures in the following table show the numbers of children who attend the school from Hounslow and neighbouring boroughs.

	Boys	Girls	Total
London Borough of Ealing	1	1	2
London Borough of Hounslow	52	31	83
London Borough of Lambeth	—	1	1
North Surrey	—	1	1
Total	53	34	87

Oaklands School

This is a school for children in the severely sub-normal range of ability. Ninety children attend the school and of these 49 are from the London Borough of Ealing. A principal medical officer visits the school to see these children and a senior medical officer visits the school

fortnightly to see the Hounslow children. In April 1971 the administration of the school was transferred from the Health to the Education Authority.

In the main school the children are ambulant and their health is good. Fourteen of the children are mongols and the others have mental handicap often of unknown aetiology. There are 20 children in the Special Care Unit and these children require constant supervision or nursing care. There is usually an organic cause for their handicap such as cerebral palsy, meningitis or genetic disorders. A nurse was appointed in 1971 and she spends most of her time in this unit. A physiotherapist visits each week and treats the children with neuro-muscular defects and the children with speech and language delay have help from a speech therapist and in addition all children have routine audiometry.

The figures in the following table show the number of children who attend the school from Hounslow and Ealing.

	Boys	Girls	Total
London Borough of Ealing	28	21	49
London Borough of Hounslow	15	25	40
Total	43	46	89

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 social services 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 as always some children who are so severely handicapped that no employment is possible, and for these particularly the social services 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 44.

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

Section 57 of the Education Act 1944 provided for the exclusion of children from school as unsuitable for education. No formal decisions have been recorded under this section for many years, the preferred procedure having been to deal with children informally.

The Education (Handicapped Children) Act 1970 provided that no further use be made of the powers conferred by section 57 of the Education Act 1944 for classifying children suffering from a disability of mind as children unsuitable for education at school, and where immediately before the appointed day a decision under section 57 of the Education Act 1944 was in force, section 34(4) to (6) of that Act shall apply as if the decision had been made under section 34.

The effect of this enactment is that such children are now considered to be handicapped pupils and their education is provided for in special schools by the Local Education Authority.

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.

Social Workers' Report

I am grateful to Mrs. D. Cooke, BA AIMS, Mrs. J. Harding, BSc(Soc) and Mrs. C. Wisdom, AIMS, social workers, for the following report. Mrs. Cooke, Mrs. Harding and Mrs. Wisdom are seconded from the Social Services Department for special duties with handicapped children.

This has been a year of significant change for us. The massive reorganisation of the Social Services has of course affected us, although more lightly than others. It has brought problems, some of which have been ironed out already, some of which remain to be solved. On balance I think we can say that a foundation has been laid on which an improved service to the handicapped child and his family can be built.

On April 1st we became members of the Social Services Department, but were seconded back on a permanent basis to the Health Department. We retained our office at the Health Centre, Bath Road, enabling us to continue the very close links we had established with the medical and administrative staff without disruption; at the same time we have gained a fuller and better contact with our colleagues in the Social Services Department. Thus we feel we have a foot in both camps, which we regard as a very necessary and important factor in our work in the Special Schools.

The increased contact with our Social Worker colleagues has developed in several ways.

We have attended fortnightly meetings with Area Team Leaders and specialist Social Workers at which we were able to explain our respective roles and thus clarify our work situation in some depth. We were also able to raise points

of policy and to benefit from discussion with our colleagues.

We have visited, when time permitted, individual Area Teams to discuss mutual clients and to give and receive advice on cases. We have profited from the help our colleagues have given us on procedures unfamiliar to us.

During the time that a child is in a Special School we act as Family Social Worker. In certain cases it has been appropriate to extend this role by taking over those aspects of care previously undertaken by the Area Teams. We have of course in these cases kept the Area Team fully informed of the family situation. Inevitably a change of support must occur when the handicapped child leaves school, and the right moment must be chosen for this transfer so that too many changes do not take place at once.

Liaison between different Social Workers is greatly facilitated and encouraged by the Central Registry which is kept at Headquarters. This records all persons or families known to any social worker in the Borough and also broadly records the categories of help given. The information is available to any member of the Department. It is thus a simple matter to find out who else is involved with the family by telephoning and in this way duplication of services can be minimised and liaison with colleagues stimulated. The extra work in contributing to the Index and maintaining it up-to-date is considerable but well worth the effort as it provides a comprehensive picture of people receiving social work support.

In July we were brought up to establishment by the appointment of a third Social Worker, Mrs. D. Cooke who took over the social work at Marjory Kinnon School and also the delicate children at Busch House School. Her previous lengthy experience as Medical Social Worker at the Hospital for Sick Children has made her contribution a valuable one.

Mrs. Harding continued to work part time at the School for the Deaf and the Hearing Clinic until the end of the year when she left to have her second son. We were sorry to see her go but glad that it was for such a nice reason.

Mrs. Wisdom carried on her work, part-time, as Social Worker to Martindale School and, as in the other Special Schools found her time fully occupied with an ever increasing case load and the need to give continuing support to families with complex and varying needs.

Analysis or referrals

Martindale and Medical Advisory Unit	43
Marjory Kinnon School	58
Busch House School	32
Hearing Clinic	15
Heston School for the Deaf	4
Miscellaneous	4
Total	156

Recuperative holidays

During the year the borough council accepted responsibility under Section 48 of the Education Act, 1944 for the maintenance of 55 children in recuperative holiday homes. Forty-seven were admitted to such homes and 7 were cancelled or withdrawn and 2 were awaiting placement at the end of year. One case was brought forward from last year.

Health Education in Schools

The organisation and mode of our research project in five secondary schools was set out in fair detail in the 1970 Annual Report. Only advances and developments in the service during 1971 will be described herein.

There was again an increase in the number of lectures given to school children, and the number of schools participating in the health education scheme also increased. Plans were finalised to widen the scope of health education in junior schools.

A feature of the year was the increased co-operation of Parent/Teacher Associations and the demand on the Health Educator for discussions with such Associations.

The Medical Officer of Health, the Health Educator, two head teachers, four parents and four children from the borough participated in a BBC 2 TV programme concerned with venereal disease. The teachers, parents and school children commented very favourably on the value which they had received from the health lectures given at schools but, unfortunately, most of the TV studio discussion concerned with preventive medicine and education was omitted from the programme by the Producer.

An increase in counselling - referred by Health Education Officer.

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	31,343
Pupils taking meals	18,239
Percentage taking meals	58
Milk	
Pupils eligible for milk (primary and special schools only)	8,716
Pupils taking milk	8,203
Percentage taking milk	99

Non-maintained schools

Number of schools (primary only) taking milk	9
Number of children present	356
Number of children taking milk	341
Percentage taking milk	96

The Education (Milk) Act received the Royal Assent on 5th August 1971 and the Provision of Milk and Meals (Amendment No. 2) Regulations 1971 which brought its provision into effect were made on 17th August 1971. Under the Regulations, authorities as from 1st September 1971 were under a duty to provide free school milk only for the following classes of pupils in maintained schools.

- pupils in special schools
- pupils in other maintained schools up to the end of the summer term next after they attain the age of seven

Report of the Principal School Dental Officer for the year 1971

During the year the staffing position remained rather more stable than in previous years and this is reflected in the considerably greater number of children treated during 1971. Table A compares the individual number of attendances for treatment during the past three years.

Table A

	1969	1970	1971
Attendances for treatment	21,599	18,203	27,196
Attendances for emergency treatment	1,298	1,213	1,569
Appointments not kept	6,054	4,561	7,394

Unfortunately, as was predicted in previous reports the number of children seeking treatment for dental emergencies also increased (Table A), and the rise in the number of emergencies appears likely to continue in 1972. This is partly due to the reluctance of the Hospital service to provide anaesthetic facilities for extractions due to staffing difficulties, and an increasing number of children are being referred to the Borough clinics by General Dental Practitioners when extraction under General Anaesthesia is required. The availability of anaesthetists is a matter of concern, and if the demand for general anaesthetic sessions should increase substantially it may prove exceedingly difficult to obtain the services of additional anaesthetists.

Appointments not kept

Reference to Table A will show the number of appointments not kept during the last three years. In 1971 this figure reached the alarming total of 7,394. It must be accepted that any service for children will be subject to a certain amount of disruption due to acute illness, either of the patient, or other brothers and sisters. However the loss of over 7,000 appointments during the year is a serious waste of valuable surgery time, and is a figure which must be reduced if at all possible in future years.

Dental Health Education

Visits to schools have continued during the year, and children have been encouraged to visit the clinics to observe the work, and to become familiar with the equipment, at times when they themselves are not undergoing treatment.

Maintenance of dental record cards

It was agreed that central control of dental record cards would be an advantage. The cards will be stored in clinics providing treatment for the individual children but the responsibility for the maintenance of the cards will be with the 'Dental Office', which will have an additional clerical officer appointed early in 1972.

Fluoridation of water supplies

The position remains unchanged from that reported in previous years. Other methods of prevention are

continuously evaluated but at the present time no effective alternative to Fluoridation has been reported which can be used on a community basis.

Routine School Dental Inspections

A considerable increase in the number of children routinely inspected at schools occurred during 1971. Table B compared the number of children inspected during the last three years.

Table B

	1969	1970	1971
	8,094	11,341	20,341

The number inspected in 1971 (20,341) represents about two thirds of the children in schools, but would have represented nearly all the school children if this figure had been achieved in 1965 when the Borough was formed. The raising of the school leaving age will further increase the potential number of children to be inspected each year.

The Future

The future of the School Dental Service is at the moment uncertain, but it is almost certain that dental care will become the responsibility of an Area Health Board in 1974. The figures quoted in this report underline the need not only for the continuation of the School Dental Service, but for its expansion and improvement.

"Not only in antiquity but in our own times also laws have been passed in well-ordered cities to secure good conditions for the workers; so it is only right that the art of medicine should contribute its portion for the benefit and relief of those for whom the law has shown such foresight; indeed we ought to show peculiar zeal, though so far we have neglected to do so, in taking precautions for their safety, so that as far as possible they may work at their chosen calling without loss of health".

De Morbis Artificum (Diseases of Workers 1700)

RAMAZZINI 1633 - 1714.

In 1971 the most notable event in relation to occupational health was the formation of an Occupational Health Unit. The Unit is now responsible for all the occupational health work of the Health Department. The work falls naturally into three divisions:

The Staff (Comprehensive) Health Service

The Student Health Service

The Medical and Nursing Advisory Service to local industry.

It is convenient to describe the occupational health facilities provided by the Unit under these headings.

The Staff Health Service

The aim of a Staff Health Service is to preserve and promote the health of all workers. Hounslow Borough has a staff of 8,600 full-time and part-time employees. There are more than 50 different occupations, some have specific occupational hazards such as nurses, building workers, sewer men and engineering staff. The health of these employees is catered for by providing the following facilities:

Personal Health

Accident prevention and treatment. Medical assessment, examination and counselling of new entrants to the Council's service. Follow up medical examinations and advising members of staff in service. The medical examination, counselling and rehabilitation of disabled workers and also of staff returning to duty after prolonged illness. The medical supervision of certain workers whose occupations may cause disease. An extension of the medical examination and advisory aspect of the service to include medical checks for people and advice with a view to preventing chest disease, heart disease, thromboses and high blood pressure.

Weekly clinics for treating minor ailments, giving vaccinations and carrying out surgical dressings when necessary.

A First Aid Service for offices and works and a training scheme for first aiders to British Red Cross primary examination standard.

The investigation of toxic and other health hazards occurring in the depots, workshops and offices of the Council. Advice is given to departmental heads so that they can take action to make the working environment of their staff as safe and congenial as possible. A yearly survey of toxic substances used by employees in the Council's service was carried out. Observation of operatives carrying out their work from the ergonomic and toxicological point of view. A continuous look-out was kept for cancer producing chemicals.

Health Counselling

A Staff Health Service should be preventive in outlook. In order to prevent occupational diseases occurring it is necessary to communicate certain health principles to people. This was carried out by individual counselling and by staff health circulars, also by talks illustrated by films and slides on occupational health subjects such as:

The care of the spine and prevention of back strain.

Diet, obesity and disease.

Accident prevention.

Resuscitation of the injured person.

Two first aid courses for members of staff were organised during the year in the spring and autumn. 31 candidates sat the British Red Cross examination and all obtained the primary certificate of competence. Special one day courses in first aid for Parks' Department employees of the London Boroughs of Ealing, Richmond, Hillingdon, Harrow and Hounslow were organised at the Gunnersbury Park Centre in February 1971 and 75 members of staff attended these courses.

Lectures on occupational medical subjects were given to doctors studying at the Royal Institute of Public Health and Hygiene and also to senior nurses studying at Chiswick Polytechnic. A group of nurses working for the Occupational Health Nursing Certificate at the Royal College of Nursing visited the Unit in October.

There has been a steady rise in the number of staff medical consultations over the past four years with a considerable increase (188) in 1971. This shows that the service is being increasingly used by members of staff.

The Student Health Service

Student Health Services can be considered to be occupational health services with a psychological orientation. Hence there is a higher proportion of counselling work carried out for students than for other occupations. However it must be remembered that the clinical and environmental aspects of the service play an important part in preserving and promoting student health.

The Service continued to care for a rising number of full and part-time students at Chiswick and Isleworth Polytechnic Colleges. The service was extended to Maria Grey College of Education on an advisory basis in 1971. Apart from the annual lectures to parents and students given by the doctor, the nurse took groups of students for discussions on health matters.

In general the health of the students at the College was satisfactory in 1971. It is however, sad to see disease overtake some students because of an inadequate knowledge of health principles. It is evident that while health education must continue at College, students should have received a basic training in health subjects at their primary and secondary schools.

It is essential for lecturers and teachers who undertake the health education of young people to have adequate

During the year the following examinations, assessments and consultations were carried out

	1971	1970	1969	1968
Medically assessed				
With pre-employment medical examinations	264	318	385	387
Without pre-employment medical examinations	1398	1499	1304	1434
Left before completion of medical assessment	64	86	107	106
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).	582	394	343	173
Heavy Goods Vehicle Licence medical examination (Road Traffic Act 1967)	53	62		
Nursing consultations	174	56 (½ year)		
Nursing occupational health visits	129	74 (½ year)		
Medical examination of other local authority staff	17	11	4	7
Medical examinations carried out by other local authorities	2	8	15	1
Medical examination for first teaching appointments	136	*90	99	93
Medical examination of student teachers (College Entrants)	226	*233	213	230
(Marked * amended 1970 figures)				

The Medical and Nursing Advisory Service to local industry

Within the boundary of the Borough there are over 900 factories. These are mainly small concerns employing less than fifty people. The industry is chiefly light engineering but includes, chemical, transport, woodwork, printing, rubber and building.

There is no national occupational health service in the United Kingdom at present and the problem of providing a health service for medium sized and small factories has been solved in areas such as Slough and the Central Middlesex by setting up group industrial health services financed by the industries of these areas. There are only seven group industrial health services in England.

In addition to requests for advice on industrial health matters from factory managers, it was possible for the doctor and nurse to make routine visits to some factories in the central Hounslow area. Advice was given to management on industrial hygiene, provision of first aid equipment and accident prevention. No charge is made to

specialised knowledge and sound training in this difficult art. Tuition in human relations is both valuable and necessary for young people. The basic principles of health education, however, which are concerned with the preservation and promotion of a person's mental and physical health, should not be submerged in a welter of psychology and sociology, often little understood by the student.

local industry for this service except where clinical work or environmental investigations are carried out.

It has been said by LANE R E 1954 and others that local authority health departments should take a more active interest in industrial health. Hounslow is one of the few authorities that have considered in a practical way the occupational health of its residents.

The full time staff of the Occupational Health Unit is Dr A R Broadbent, Nurse A M Griffin and Mrs I C Guy (Secretary).

Reference: LANE R E (1954) *Lancet*, ii, 1329

Social Services

Mr. J. L. DAVIDGE, FISW, Director of Social Services has kindly provided the following report on those services formerly administered by the Health Department which were transferred to the Social Services Department on 1st April 1971.

Mental Health Services

The excellent services provided for the mentally ill and the mentally handicapped have continued to develop and a wider range of staff have become involved both in the provision and operation of the services.

The mentally ill

The recovering mentally ill and those at risk from mental illness have been helped by attendance at the Hounslow Day Centre and in some cases by residence at The Orchard Hostel in Bedfont.

The elderly mentally confused have been catered for at the Heston Day Centre where some 60 persons have been assisted each week on a full or part-time basis.

The mentally handicapped

Some 14 children who attend the nearby Lindon-Bennett School reside in the Weekly Boarding Unit during weekdays and return home to their parents at the weekend.

During two weeks of the summer holiday period a number of other children are in residence so as to enable their parents to have a relief from the continuing burden of care.

The "Westbrook" Home at Heston, a long stay unit for 12 children which was officially opened in March, 1971, has settled down and is providing a happy family atmosphere.

For the adults, Acton Lodge and the Wood Lane Hostel have continued to form the main provision.

Acton Lodge has had a busy year and efforts have been made to make the instruction and the recreation more interesting and satisfactory to those attending. New lines have been introduced into the workshop, particularly in the production of garden furniture.

Wood Lane Hostel where some of the trainees reside provides a comfortable home for those who have no family to support them, or where there are particular social problems.

Conversion of certain properties is under way and additional hostel accommodation for the mentally ill and the mentally handicapped will be available shortly.

Social work support has been given to many families and there has been close liaison with the staff of the Health Department and the Psychiatrists and other staff at the Springfield and St. Bernard's Hospitals. The joint social work appointment at the Springfield Hospital has been of benefit both to the department and the hospital and has provided a continuity of service to the mentally ill.

Home Help Service

Approximately 2,000 persons were assisted during 1971 and, as before, the heaviest demand came from the frail elderly who accounted for more than 75% of the total.

Also run by this section is an Incontinent Laundry Service which gives assistance to about 30 families each week.

The Home Help Service gives invaluable support and is often the means of preventing an elderly person from having to give up living alone or with a partner, and having to enter a residential home.

Day Nurseries, Child Minders and Play Groups

The demolition of the old house which formed the "Nantley House" Day Nursery in Lampton Road took place during the year as the new Day Nursery arose on the same site. It is now in operation and providing an excellent service in very pleasant surroundings.

The Day Nurseries at The Butts, Brentford and Danesbury Road, Feltham, continued with their excellent work. There was still an increasing demand for places and a waiting list in the Feltham area. The future programme includes new nurseries at Chiswick, Feltham and Brentford and it is clear these are going to be needed to meet the growing demands.

There are 270 registered child minders in the Borough and 66 registered private day nurseries including play groups.

Social Work Support

The arrangements whereby the social workers are employed by the Social Services Department and attached back to the various services such as School Health and Child Guidance are working well and the advantages which were envisaged are beginning to be apparent.

Conclusion

The staff of all these services have now become part of the new Social Services Department and it is encouraging to note how well they have integrated whilst, at the same time, retaining their close links with their former colleagues in the Health Department.

With the advent of the Social Service Act all responsibility for adult mental health service was transferred to the newly formed Social Services Department with effect from 1st April. Former junior training schools became day special schools within the meaning of the Education Acts and children placed in them are now regarded as handicapped pupils ascertained under section 34 of the Education Act 1944. Reports on these schools and statistics relating to the children are included in the section of the report which deals with handicapped pupils.

The role of the principal medical officer has undergone some change and is now advisory and comprises liaison with hospitals and various consultants, liaison with other authorities, principal medical officers and general practitioners, careers officers, disablement rehabilitation officers and probation officers, overall supervision and liaison with principals and staff of the ten various mental health establishments (four of which are residential), liaison with social workers in particular with regard to their work with subnormals and their families, inspection of registered mental nursing homes, liaison with parent associations and support to local mental health associations and friendship club.

Clinical work with children has not greatly changed and involves home visits to nearly all young new cases. The parents having recently been confronted with the fact of their child's subnormality are usually shocked and depressed and many find it difficult at this stage to face journeys outside the home with their child. They are able also to relax and talk better in familiar surroundings rather than in the more impersonal clinical setting. Two or more of these home visits may be necessary before it is felt that parents can be asked to attend a clinic. Counselling at this stage must be full and detailed and all the relevant medical and social aspects are discussed at length and often repeatedly. A prognosis (in its widest sense) is given as accurately as possible. The parents at this stage are given some idea of the services that can later be provided, i.e. visits are arranged to special schools and perhaps adult training centres and hostels. They are encouraged to join parents associations etc. to combat social isolation. Genetic counselling can be usually given locally but referral to a hospital genetics unit is sometimes desirable. This general counselling is considered a very necessary exercise in preventive psychiatry. If the parents are helped to adjust realistically to the problems that face them the outlook for the family as a whole is much improved and the problems of the subnormal can be kept in perspective. In the past many parents without such support have tended either (a) grossly to overprotect the subnormal child which has added to the child's handicap by restricting his opportunity to learn a degree of independence and self reliance, (b) to lose perspective whereby the rest of the family becomes neglected in their concentrated efforts to help the subnormal, (c) to pressurise the subnormal to do more than he is capable of doing and by becoming unrealistic in the demands for education, (d) to reject the subnormal, (e) to develop overt mental illness (usually depression). Normally four clinics are held each month at which parents and/or patients are seen.

Counselling and medical examinations of various elder children either at school or at home is undertaken and any necessary referrals arranged, i.e. to a psychologist, hearing clinic, ophthalmologist etc.

Adults are now the responsibility of the Social Services Department but when required the principal medical officer's role is still to provide on-going support and counselling of the families of older subnormals, particularly when the parents themselves begin to feel the effects of age or when one or other of the parents die. The almost universal lifelong anxiety as to the future care of the subnormal is then exacerbated and parents must be helped to realise that they are not the only people capable of caring humanely for subnormals and visits to hospitals, hostels and adult training centres are arranged. Many parents need persuasion and education in order to get them to accept the appropriate placements, be it education or residential for their children.

The principal medical officer continues to act in the role of factory doctor to Acton Lodge Adult Training Centre.

The following report has been submitted by C F Herridge MA MB BChir MRCPsych DPM, Consultant Psychiatrist.

Report on the hospital psychiatric services for the London Borough of Hounslow

This has been an eventful and in many ways a sad year for the community orientated psychiatric services run by Springfield Hospital in conjunction with the Borough of Hounslow. On the 1st April control of psychiatric social work in all its aspects in the Borough passed from medical to social work control. Whilst consultant medical advice is still sought, medical direction is now no longer the case, and so the anomalous situation exists whereby an administrative barrier exists between ongoing clinical care in that potential arguments at least exist as to what is "psychiatric" and what is "social".

This is particularly unfortunate in a Borough which had been for years a pioneer in developing integrated hospital and local authority psychiatric services. It seems to lend support to the fallacious view that psychiatric illness is entirely a function of social maladaptation, when the Borough had previously adopted the much wider eclectic viewpoint. In particular specialist training in mental illness for Social Workers dealing specifically with this field is not now regarded as important, and it is felt that psychiatric illness in the community can be dealt with by the "generic social worker". Whilst it is appreciated that this is a national administrative policy, it is one which I personally deplore.

One immediate effect on patient care has been that the close liaison between the hospital services and a small intimate group of Mental Welfare Officers no longer exists. The Hospital Services still attempt, with some success, to hold seminars and meetings, and we are glad to see as many local authority social workers as possible present at hospital case discussions. With such large numbers of social workers involved, however, breakdowns

in communications inevitably occur and follow up services, although valiantly attempting to do their best, have not managed to maintain previous standards.

A further problem is that the good working relationship which existed between general practitioners and the Mental Welfare Officers has to a large extent broken down, and there has been a return of the old system of direct referral "doctor to doctor", rather than through the intermediary services of a known and trusted psychiatrically trained social worker. Doubtless as the area teams become more established this will again improve, but it has been unfortunate to see smaller numbers of direct referrals from general practitioners to social workers in the mental health sphere.

The liaison that exists between hospital and the Day Care Centres at Bath Road and Heston has been maintained and indeed developed, with insistence on the personnel at the day centres having the final say on admission and discharge of their clients (one of the adjustments a doctor has to make is to refrain from using the word 'patients' in this context). Furthermore, the Orchard Hostel continues to provide as excellent a residential rehabilitative service as it ever did.

These few comments will undoubtedly sound embittered and out of keeping with modern views of social work. One hopes that as the Social Services Departments throughout the country settle down they will be less pertinent, but the need for specialist social workers dealing with psychiatry will, in my opinion, always be present if a true "community approach" is to be maintained.

Environmental Health

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

This annual report is coloured by a considerable increase in work of the section mainly activated by the 1969 Housing Act together with an effort to carry out a positive survey of houses in multiple occupation within the borough. However all the inspections have been partly negated by an inability to achieve a full establishment of public health inspectors at any time during the year. Throughout the twelve months over 800 working days have been lost due to staff shortages which when considered with the increase in duties of the section shows an adverse reflection on the normal work carried out.

Water supply

All dwellings within the borough are supplied with water either by the Metropolitan Water Board or the South West Suburban Water Company. Reports have been received from both undertakings which indicate that the supplies are regularly and frequently sampled and that the results were satisfactory both in quality and quantity. The reports indicate that the waters supplied have a slight fluoride content which originates from the natural water varying from 0.15 - 0.28 milligrammes per litre.

A number of samples were taken from domestic supplies by this department and submitted for bacteriological examination. Of these 3 were unsatisfactory and further investigations revealed the cause to be contamination of the inner parts of the tap from which the sample was taken, satisfactory results were obtained after the tap had been sterilized.

Towards the end of the year, following publicity on the news media, there was an increase in public concern over metallic contamination of water supplies and a number of complaints were received concerning abnormal tastes and odours. Upon investigation no abnormal levels of metals were detected in the supplies but the tastes and odours were found to be due to the presence of microfungi in the supply pipes. This develops when cold water services are installed in circumstances which permit the water temperature to rise, i.e. long pipe runs in blocks of flats. The condition is however quite harmless and not detectable if the tap is run for a short time before using the water for drinking.

Swimming baths

I am advised by the general baths manager that attendances at the various baths under his control were as follows

	Baths Annual attendance	Baths Max. No. on any one day	Slipper Baths Annual Attendance
Brentford	107,147	453	6,978
Chiswick Open			
Air Pools	53,639	2,810	—
Feltham	304,200	1,773	—
Heston	152,091	993	—
Hounslow	208,889	507	14,971
Isleworth	176,043	823	8,875
Chiswick			
Private Baths	—	—	18,358

The general baths manager carries out tests to determine the condition of the water but in addition regular checks have been carried out by this department. These include measurement of chlorine levels, Ph. values, temperature checks and bacteriological examination. As a result of the closer examination of these waters the department prepared standards of assessment with the agreement of the general baths manager. This assessment introduced a means of grading the results obtained which are passed to the general baths manager.

The details of samples taken from all pools were:—

	Grade					Total
	I	II	III	IV	V	
Swimming pools	137	7	23	35	3	205
Remedial pool	16	—	2	2	—	20

It will be noted that these figures include samples taken at the Hydrotherapy Pool, Martindale Road where similar checks have been carried out. It is reassuring to note that in small pools such as this where the bathing load is widely variable such satisfactory results have been obtained. This was not the case in one small pool operated by the Director of Education where, following investigation, the pool has remained out of use, until the necessary recommendations can be implemented.

Sewerage and sewage disposal

A few isolated premises are still served by chemical closets or cesspools for which adequate arrangements are made for the disposal of the contents. Generally I am satisfied that the sewerage and sewage disposal arrangements for the borough are satisfactory.

Common lodging houses

There are no premises used for this purpose within the borough.

Services under the food and drugs legislation

It is perhaps in this field that I am most concerned over the shortages of staff within the section. The food and drugs legislation lays down the Council's responsibilities of control over the fitness of food for human consumption which is sold throughout the borough and the manner in which it is handled and stored prior to sale. This control is normally exercised by periodic inspections by the inspectorate and it will be seen that the number of routine visits to food premises has dropped from 8,610 visits in 1970 to 2,260 visits in the year under review.

Milk

Persons selling milk within the Borough must be registered as distributors in accordance with the Milk and Dairies (General) Regulations, 1959 and the number of persons so registered is 167, a rise of 21 upon the previous year. This rise reflects a continuing trend for milk to be sold by grocers shops, supermarkets, and what were previously considered unlikely places such as greengrocers etc. This trend may reflect the change in type of occupation of the area, in that with the growth of multiple occupation, more people are buying their milk as part of their groceries and not relying upon deliveries in the traditional manner.

Licences are 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 five yearly period, the current period expiring on 31st December, 1975. The following licences are in operation:—

Dealer's (Pasteuriser's) licence	1
Dealer's (Pre-packed) licences	
Pasteurised milk	139
Sterilised milk	69
Ultra heat treated milk	72
Untreated milk	5

Samples of milk taken during the year and submitted to the public health laboratory include:—

	No. of samples	Unsatisfactory
Pasteurised	18	2
Ultra heat treated	1	Nil

Investigations of the two unsatisfactory samples revealed the cause to be related to excessive storage time at retail shops and action was taken to prevent a recurrence.

Raw milk samples from the farms supplying milk to the bottling plant in the borough were taken by arrangement with the dairy. Now that all milk movements into the processing dairy are by bulk tankers, samples have to be sent from the farms of which there are over 200 supplying the dairy. 54 such samples were examined by the Pathology Department of Harefield Hospital for the presence of brucella abortus and tubercle bacilli, none were found to contain tubercle bacilli but 12 were found to contain brucella organisms. These findings were referred to the districts of origin for appropriate action as there is no risk to the consumer in this area (all the milk emanating from the dairy is heat treated).

Regulation 27 of the Milk and Dairies (General)

Regulations, 1959 requires that any milk container shall be in a thorough state of cleanliness prior to being filled. 15 complaints of dirty milk bottles were received during the year of which 5 resulted in the institution of legal proceedings. Fines and costs totalling £225.50 were imposed by the courts and the Committees instructed warning letters to be sent in two further cases.

Ice cream

During the year 220 samples of ice cream were submitted for bacteriological examination to the Public Health Laboratory. The results were as follows:—

Grade I	147
Grade II	37
Grade III	17
Grade IV	19

(Those listed under Grades III and IV are considered to be unsatisfactory).

In each case where an unsatisfactory grading was obtained in respect of a sample, detailed advice was given to the vendor by a public health inspector visiting the premises.

The samples were obtained from premises either manufacturing ice cream (of which there are two) or premises selling or using ice cream. The premises which manufacture, store or sell ice cream are required to register with the local authority but where ice cream is used as part of a meal, such as restaurants etc. no registration is required. It is towards this category that special emphasis has been given, as it is considered that extra risk may arise due to the slower stock movement and the extra handling that can occur when serving ice cream from bulk containers. It was noted that during the year retail shops were tending to return to the use of the scoop to sell ice cream from bulk and all such premises were regularly visited and advised as to correct handling of the product.

Food premises

Certain food premises have to be registered under section 16, Food and Drugs Act, 1955 and must comply with Food Hygiene legislation before they can be registered.

The premises so registered are as follows:—

Manufacture, storage or sale of ice cream	371
Preparation or manufacture of sausages	17
Preparation or manufacture of potted, pressed, pickled or preserved food and or manufacture of sausages	143

A trend to be noted here is a reduction of 12 premises from the previous year who are registered for the manufacture of sausages thus indicating the movement away from the locally produced sausage towards that of the large manufacturers.

Other premises where food is stored or handled etc. are listed below. These received a total of 2,260 visits by public health inspectors during the course of the year.

Butchers	110
Bakehouses	12
Cafe's, canteens, clubs	478
Fish shops	38
Greengrocers	151
Grocery and provisions	234
Hotels and public houses	222
Food manufacturers	36
Confectioners (sweet)	239
Confectioners (flour)	40
Chemists	65
School canteens	60
Places of public entertainment	16

This is the last year in which the premises existing in the borough are to be categorised under the above headings which have existed for many years. Trends in food marketing and handling have altered much in recent years and the growth of "Take Away" food shops and specialist shops is significant. Future descriptions applied to premises will be more specific to allow us to identify potential sources of problems more rapidly.

During the course of the year many contraventions of regulations were brought to the attention of food handlers, either in writing or verbally, which usually resulted in a rapid reaction to rectify any faults. However in 11 instances the committee authorised the institution of legal proceedings which resulted in a total of £430.75 in fines being imposed by the courts. This is double the number of cases taken before the court compared with the previous year and reflects a firmer line being taken in respect of the less responsive persons engaged in the food trade.

An aspect of food handling within the borough which perhaps explains my concern on the potential risks which could be inflicted internationally, can be shown by the catering provided within the London Airport. At present there are two catering firms providing approximately 20,000 meals daily for aircraft passengers and over 24,000 meals daily for airport personnel. Generally the conditions at such establishments are more than satisfactory but the responsibilities involved are vast.

Markets Stalls and Delivery Vehicles

These are the subject of special regulations and perhaps the most difficult to enforce, because stallholders are frequently less responsive to verbal requests and moving vehicles are difficult to trace, (many operating outside normal working hours). However regular inspections were carried out, as far as was practicable, and visits were made to a number of weekend events such as fairs and a "pop festival" held at Syon Park. As a result of these inspections a number of contraventions were pointed out to the traders but follow-up action was difficult due to the transient nature of the trade concerned. The committee authorised legal proceedings in 6 cases and a total of £58 was imposed in fines and costs. This seemingly low figure reflects perhaps the sympathetic attitude given to this type of trader and is not a true reflection of the severity of the offences.

In connection with this type of trade, Section 11, Middlesex County Council Act, 1950 requires hawkers not operating from retail premises to register with the council and 63 are so registered.

Meat and poultry inspection

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

Unsound Food

Unsound food which is surrendered or seized by the public health inspectors is destroyed by incineration and the following amounts were dealt with during the year.

	tons cwt. lbs.		
Meat	1	1	61½
Cooked meats		6	9
Canned meats		3	49½
Other canned foods	4	0	58
Fish		6	104
Fruit and vegetables	7	10	43
Frozen foods due to cabinet breakdown	12	17	26
Other foods	1	9	12½
Total	27	15	27½

Consumer complaints

There is an increase in public awareness of matters concerning consumer protection and the number of complaints involving food rose from 124 in 1970 to 166 in 1971. An analysis of the type of complaint reveals greater understanding by the public of protective legislation although complaints concerning mould and foreign bodies continue to predominate. Food and Drugs legislation has long provided for statutory action in respect of food which is sold to the prejudice of the purchaser or which is unfit or not of the nature, substance, or quality demanded. Similarly, descriptions or labels which are either false or calculated to mislead have been legislated against since the mid 1930's. Of the 166 complaints which have been investigated, 21 resulted in legal proceedings with fines totalling £634.85 imposed by the Courts. 14 of these cases were taken in respect of food which was not of the nature, substance, or quality demanded under section 2 of the Act and 7 in respect of unfit food under section 8. The power of the public health inspector to seize unfit food was exercised on 6 occasions.

An interesting complaint, investigated by the department, related to the consumption of several hundred cartons of orange drink for a Christmas party at an infants school. The school staff clearing up after the party, found many cartons still containing orange drink and during the process of emptying these cartons a green slime was observed. A complaint to this department resulted in a public health inspector examining the offending articles and confirming the presence of extensive mould growth. Subsequent investigations revealed the cartons to be coded for two different dates, both of which were well beyond the life of the product. Legal proceedings were instituted and a fine of £50 with £10 costs was imposed. We have now heard from the supplying company, who market dairy products, that their handling techniques for this product are to be brought into line with that of their dairy produce.

Chemical samples

Regular sampling of food and drugs was carried out by the food section within the department for submission to the Public Analyst for examination. In addition samples submitted by private persons usually in support of a food complaint were similarly examined. During the year 63 formal samples, 419 informal samples and 41 private specimens were analysed. Of the 523 samples sent for analysis the following results were given

	In-formal	Formal	Private	Total	Irregularities
Milk	10	—	8	18	6
Other foods	364	63	32	469	80 (including 34 labelling)
Drugs	45	1	1	47	4 (including 2 labelling)

Milk samples

The samples of milk examined were all as a result of consumer complaints and included the presence of foreign matter such as moulds and foreign matter indicating the inadequacy of bottling. In one case where a consignment of school milk was found to be sour during the morning break, it was subsequently ascertained that 60 cartons of milk had been mishandled and delivered sour. Legal proceedings resulted and a £20 fine was imposed with £10 costs.

Other food samples

Of the 80 samples commented upon adversely by the Public Analyst, many were as a result of specimens submitted in support of consumer complaints and included: mould in baby foods; jute string in peppercorns; samples alleging butter was margarine; insects in flour; fruit flies in canned fruit; a cockroach in a meat paste; a garden slug in cheese; human hair in ice cream; a "catty" odour in corned beef and a number of cases involving foreign bodies in bread.

Misleading claims and false description

Misleading claims were found in respect of 6 samples including:— cream buns which were found to be filled with synthetic cream, (the description cream is permitted only when the cream is derived from milk fats); 3 samples of crisps which claimed "28% added protein to the flavouring", whereas analysis revealed that such a claim was invalid and one packet of seasoning mix where the pictorial device on the label suggested the presence of chunks of meat, whilst the contents were small particles. In each of these cases labelling amendments were immediately introduced by the manufacturer. One further sample, a Blackcurrant Drink claimed the presence of 150 milligrammes of vitamin C whereas analysis revealed only 35 milligrammes to be present. The label on this bottle also suggested it contained double vitamin C whilst a survey of similar products produced an average vitamin C content of 80 milligrammes. Legal proceedings were instituted in this case and a fine of £35 was imposed with £15 costs.

Food additives

A number of samples were found to contain non-permitted or excessive amounts of food additives:— a non-permitted colouring matter Ponceau MX was found in a number of cans of plums. (This colour was removed from the permitted list because of suspicions that it might cause cancer). As a result of finding this colour, a survey of the canned red fruits on sale in the borough was carried out and a number of shops were found still to have old stocks

containing the colour. These were destroyed by arrangement with the shops and manufacturers concerned. A quantity of imported cheeses were found to be coated with paraffin wax which is a mineral hydrocarbon the use of which is restricted by regulation. These were removed from sale. Several samples were found to contain excessive or non-permitted preservatives, these included a sample of minced beef containing sulphur dioxide, two samples of plum spread and a fruit dessert containing sorbic acid.

Labelling

During the course of sampling many incorrect designations or deficiencies in the list of ingredients are found on the labels and in general, manufacturers are willing to provide new labels for the products, when such matters are drawn to their attention. During the year 34 such alterations were made as a result of action by this department.

Food deficient of standards

Fewer samples than usual were found under this heading this year and only 3 such samples were reported upon. Two samples, a pack of nutmeg and a can of curried lamb were found to be deficient of the required constituents. One was found to be part of bankrupt stock and formal samples, necessary to institute proceedings, could not be obtained. The other was due to a loss of volatile oil through its packaging, caused by excessive storage and, when followed up, no further stocks could be found. The third sample was of an orange drink deficient in the necessary amount of orange. Analytical opinion was divided upon the means of determining the fruit content of this drink and subsequent discussions resulted in the manufacturers adopting a higher standard.

Drugs

Of the four samples commented upon adversely under this heading two concerned labels which did not state the percentage of active ingredients present and, by agreement, the manufacturers re-labelled these products. One sample of witch hazel cream claimed the presence of lemon oil but this was not substantiated on analysis and further investigations revealed this was part of the liquidated stock of a bankrupt company and the product was withdrawn from the market. A sample of hay fever mixture sold as a herbal remedy was found upon analysis to be seriously deficient in the amount of glycerin claimed. This case resulted in legal proceedings and a fine of £25 with £6 costs.

Imported food

It is interesting to note the growth of this type of work following the provisions of the 1968 Imported Food Regulations and the development of container traffic by road and sea. The regulations permit consignments of imported foods to be released to their land destination to receive Port Health Clearance at this point.

67 notifications were received by this authority relating to 140 consignments destined to 10 premises in the borough. The amount of food examined was as follows:—

	approximately
Tinned foods	225,000 cartons
Bagged foods	17,000 sacks
Drums	1,500 drums
Frozen food	1,000 wholesale packs

61 samples were taken of these foods all of which were found to be satisfactory.

Exported food

There are several manufacturers of foodstuffs in the borough who regularly export food. Many countries require a certificate of purity to accompany each consignment of food and as the premises producing these foods are regularly inspected by public health inspectors, the Board of Trade require a certificate signed by the Chief Public Health Inspector to be attached to and accompany the export licence.

During the year 38 such certificates were signed representing the products of 4 companies relating to:—

3,800 cases of biscuits
166 cases of peanuts
20 cases of peanut butter
80 cases of spirits
300 lb. of lobsters

and a quantity of food colours.

Clean Air Acts, 1956 and 1968

Smoke control areas

During the year the Council made the four final smoke control orders. These were subsequently confirmed by the Department of the Environment and 3 of the orders are due to come into operation on 1st July, 1972 and the final one on 1st December, 1972. This last area (Brentford and Chiswick No. 12) covers an area which is to be re-developed and the operative date was delayed until December to allow the Council to purchase the house, in order that the occupants may be re-housed prior to demolition and thus alleviating any need to carry out works of adaptation or conversion.

The total area of the Borough is 14,469 acres containing 73,912 premises and by the end of 1971, the Council had in operation smoke control orders covering 12,550 acres and 64,024 premises.

Thus it can be seen that we are now approaching the conclusion of a very extensive and complicated action which has had a great material effect on the environmental conditions for the residents of the borough. This work

during the past year has necessitated 2,270 visits by the technical assistants.

Furnaces

Section 3 Clean Air Act, 1956 relates to the requirement that all new furnaces to be installed in buildings shall be, so far as it is practicable, capable of operating smokelessly. During 1971, 19 notifications of such installations were submitted to the department and approved, although modifications were requested and obtained in two instances.

Chimney heights

21 applications were received for approval of chimney height in accordance with section 6, Clean Air Act, 1968. After detailed examination of the proposals, two required an increase in the heights proposed. Eventually all were approved.

Smoke complaints

The year produced 146 complaints of smoke nuisances, most of which again referred to neighbours bonfires. It appears that the public are generally becoming less tolerant to atmospheric pollution now that the air in London is cleaner following the extensive work which has been carried out. Most of these bonfires need never have given rise to a complaint if people would recognise their responsibilities to the community in which they live.

Factories Act, 1961

Basically the responsibilities of operating the Factories' legislation rests with H.M. Factory Inspectorate. However the local authority is responsible for limited aspects in all factories, i.e. toilet and washing facilities and for a much wider range of conditions in non-powered factories. Table 20 sets out the details of the annual return which is sent to the Secretary of State for Employment. It will be seen that I have been forced to reduce the number of inspections carried out from 1526 in 1970 to 231 in 1971.

Offices, Shops and Railway Premises Act, 1963

The work under this legislation has continued throughout the year and Table 20 indicates the premises registered and inspected; an analysis by workplace of employed persons; exemptions from certain provisions of the Act and of prosecutions instituted where the hearing was completed during the year.

The number of visits of all kinds (including general inspections) to registered premises was 507 which is a considerable reduction on the 1970 inspections (4069). This again was necessitated by the shortage of staff and the increase of work in other fields.

An analysis of the contraventions found is as follows:—

Cleanliness	19	Washing facilities	40
Overcrowding	—	Drinking water	4
Temperature and thermometers	35	Floors, passages and stairs	60

Ventilation	4	Exposed machines	5
Lighting	9	First aid	20
Sanitary conveniences	52	Other matters	30
		Total	278

Four firms were prosecuted during the year on the following matters:—

Failure to notify an accident
Exposure of young persons to danger in cleaning machinery

Temperature
Cleanliness of floors, passages and stairs
Sanitary conveniences
Washing facilities

Convictions were obtained on 3 firms with fines and costs totalling £102.50.

The act also requires that, where an accident to a person occurs on premises to which the act relates and renders them unable to carry out their duties for 3 days or more, a report must be submitted by the occupiers of the premises to the local authority. An analysis of the 66 accidents reported (none of which were fatal) is as follows:—

	Offices	Shops	Wholesale warehouses	Catering	Totals
Machinery	—	2	5	1	8
Transport	—	1	4	—	5
Persons falling	8	5	3	2	18
Stepping on or striking against object or person	—	1	1	—	2
Handling goods	4	10	9	—	23
Struck by falling object	1	—	—	2	3
Use of hand tools	—	2	—	—	2
Others	—	2	—	3	5
					66

There are several large warehouses within the borough in which mechanical handling of goods is involved. This accounts for the high number of accidents in such premises. There was however a decrease of 10 in the total number of accidents reported during the year compared with 1970.

The Department of Employment issued further circulars on the implementation of the Act which included "Safety on the stacking of Materials" and "Seating arrangements for workers in Offices and Shops".

Noise Abatement Act 1960

Noise, which may be described as unwanted sound, is a most subjective problem. Virtually every person has a different level of acceptance and without a legal "yardstick" it is difficult to decide what level constitutes a statutory noise nuisance. In the mixed areas of Hounslow where housing is intermingled with commercial properties it is virtually impossible to set an acceptable standard. Noise level meters are used to endeavour to assess the noise objectively but these have a limited value when aircraft or heavy road traffic periodically obliterates all other noises.

During the year 88 complaints were received about noise which related to 55 noise sources, analysed as follows:—

Noisy neighbours	18
Vehicle repairs	9
Commercial premises	9
Industrial premises	8
Pneumatic drills etc.	3
Model aircraft	1
Aircraft	5
Animals	2

Of these, 33 were confirmed as a nuisance, 19 were abated and 14 are still under observation.

It is interesting to note that the commonest complaint referred to noisy neighbours who were either playing the radio or musical instruments etc. with complete disregard of their communal responsibilities.

The legislation allows a defence where noise is caused in respect of a trade or business and the best practical means have been used for its prevention or diminution. This position is usually reached with an informal approach but rarely can the noise be completely removed.

Aircraft noise

During the year the department received 9 complaints concerning noise from aircraft. This figure is extremely low and cannot reflect the nuisance and inconvenience suffered by the people living under the various approach and take-off flight paths. It can only be concluded that the residents of the borough are sceptical as to any reductions in noise being achieved.

There are action committees operating in the London area on this subject and all persons should be aware that public opinion can make itself felt in these matters.

Housing Acts 1957 - 1969

New houses

I am advised by the borough architect and borough engineer and surveyor of the following figures which relate to new dwellings constructed within the borough during 1971.

	Houses	Flats or maisonettes	Total
Hounslow Borough Council	33	571	604
Private enterprise	125	135	260
Housing associations	—	132	132
Greater London Council	165	410	575
	323	1248	1571

Houses unfit for human habitation

The housing team of the section has been working under considerable pressure to keep up with the amount of work involved in dealing with the varied and complex responsibilities of the borough with regard to sub-standard housing conditions. In this respect, the surveys have continued of properties, which had been considered as being of an age and type of construction to warrant detailed inspection. When the programme for inspection was formulated, it was thought logical to give those properties priority, which were considered to be in the poorest condition. Towards the end of the year, it was apparent that the worst areas had been dealt with and that more houses were being excluded from proposed clearance areas as being fit. In many cases, the effect of this was to divide up areas of a reasonable size into several smaller areas, which were unsuitable for redevelopment. This has led to a view that with the availability of improvement grants perhaps the latter part of the programme could better be dealt with by a "Repair and Improve" policy, rather than by piecemeal demolition.

In addition to the Housing Act inspections, inspections are carried out by the district public health inspectors of houses, where there are alleged to be defects giving rise to public health nuisances. Notices are served to bring about the abatement of such nuisances.

The following is a summary of the work involved in dealing with unfit housing:—

- Eleven clearance areas were declared, comprising in total 68 houses.
- Thirteen houses demolished due to clearance area action.
- 123 houses were made fit for human habitation by informal action.
- 31 houses made fit for human habitation by formal action.
- 11 houses closed as being unfit for human habitation.
- 2 houses upon which demolition orders were made.
- 6 closed houses made fit by the owners and the Closing Orders subsequently determined.
- 13 houses demolished because of unfitness.

Houses in multiple occupation

During the year efforts have been made to carry out house to house inspections in specific areas, which are known to contain large numbers of houses in multiple occupation. Such inspections must, of necessity, be detailed and the survey has presented many problems in deciding the appropriate action to be taken in each case. Although certain standards have been agreed regarding such houses,

there are very often several methods of gaining compliance. One aim has been to encourage owners of multi-occupied houses to take advantage of Improvement Grants and convert the properties to self-contained flats, where it is technically practicable to do so. In this way, each family is assured of the standard amenities for its own use and it reduces the number of households having to share amenities.

Cases of overcrowding are dealt with by statutory action to control the number of occupants and close co-operation is maintained with the Housing Department to assist in the re-housing of displaced families.

One very serious hazard in such premises, is the outbreak and spread of fire and very stringent standards are enforced to ensure adequate means of escape for the occupants and to the control of the spread of flames and smoke in the event of a fire. Some indication of the extent of this particular problem can be given by quoting that to date, of the 570 houses found to be in multiple occupation, no less than 318 (just over 50%) were found to fall short of the required standards relating to the means of escape in case of fire. The marked progress which has been made in this aspect of environmental health is indicated by the following statistics:—

- Estimated total number of houses within the borough in multiple occupation 7,000
- Number of houses inspected to locate houses in multiple occupation 1,010
- Number of houses found to be in multiple occupation 570
- Number of units of living accommodation involved in (c) 2,850

A total of 2,989 visits were made by officers of this department in connection with this work.

The council has powers to serve direction orders on the person responsible for the house to control the use of rooms so that over occupation does not continue. The value of these orders is lost however if regular re-inspections are not made to see that the occupation does not vary. This is a time consuming duty but without it the control is useless.

Underground rooms

Due to staff shortages, it has not been possible to start a comprehensive survey of the known basements within the borough, but some have been inspected in conjunction with the survey of houses in multiple occupation. A majority of the houses with basement accommodation are of an age as to have been constructed at a time when building techniques regarding damp proofing were not very advanced and it is doubtful whether many of them are free from penetrating and rising dampness. In some cases, the dampness is at best masked by patent wall finishes but where applications for determination of Closing Orders are made, a permanent method of damp proofing is insisted upon. There is every intention of giving this type of accommodation more attention when time and circumstances permit but in the mean time, each case will be dealt with as it is encountered during routine housing work.

- Number of inspections of underground rooms 52

(b) Number of underground rooms found to be unfit for human habitation	5
(c) Closing orders made in respect of underground rooms	5
(d) Number of underground rooms made fit by the owners and the closing orders subsequently determined	1

Qualification certificates

As can be seen from the information given below, the number of applications for Certificates of Provisional Approval and Qualification Certificates (which enables owners of rented properties to convert controlled tenancies to regulated tenancies) have not decreased significantly and the number of inspections have been maintained. One of the qualifying conditions in both types of applications is that the premises should be in good repair and great care is taken to ensure that this condition is met. On occasions our standards have been challenged as being too high but, to date, none of our requirements has been the subject of a formal appeal. There is the satisfaction of knowing that where a Qualification Certificate is granted by this borough, the property not only has all the standard amenities but is also in a good state of repair.

Certificates of provisional approval

Applications received	137
Applications granted	134
Applications refused	3
Applications withdrawn	6

Qualification certificates

Number of applications received	426
Number of applications granted	247
Number of applications refused	220
Number of applications withdrawn	41

The work on qualification certificates involved a total of 1,852 visits by the public health inspectors.

Improvement of dwellings

There has been a 28% increase over the last year in the number of applications for improvement grants, which is partly due to the increased publicity on a national scale. Another reason for this increase is that owners of multi-occupied houses are advised that grants are available for the provision of amenities and, to convert houses into self contained flats. Each property is inspected by the public health inspectors in order to assess its condition and its estimated useful life following the works of improvement. A total number of 498 applications were received involving 644 visits.

General improvement areas

During the year, a team of public health inspectors carried out the fabric survey of some 155 houses in the proposed Trafford Road General Improvement Area. The purpose of the survey was to ascertain the number of properties deficient in any of the standard amenities and the state of repair of each house. Estimates and costings were prepared

to enable a decision to be reached by the council, as to whether the declaration of a general improvement area should proceed. Public health inspectors have been in attendance at all public meetings, so that advice could be given to members of the public on subjects relating to environmental health. The department is represented at all meetings of the General Improvement Area Working Party to ensure co-operation with other departments in the promotion of the South Street General Improvement Area and the investigation and selection of other suitable areas.

Moveable dwellings

There are seven site licences under the Caravan Sites and Control of Development Act 1960, which relate to 10 caravans stationed within the borough.

Once again the presence of members of travelling caravan dwellers within the borough has presented considerable problems. Legal action was taken in 18 cases against caravans unlawfully stationed on land within the borough, although this action did not always have the desired effect of removing them from the borough. Where possible, caravans unlawfully stationed were removed by informal action.

Further progress has been made towards the establishment of a permanent site for 15 caravans in the borough and the council has decided that the temporary site in Church Road, Cranford, shall be occupied by 15 caravans pending the establishment of the permanent site. During the year the minimal facilities of a water supply and sewage disposal were provided on the temporary site.

The work of dealing with caravans necessitated 1,092 visits by the public health inspectors often under very uncomfortable and sometimes dangerous conditions. This figure is twice that of 1970 and indicates an increase in the work of this nature due to our inability to finalise the permanent site. It is hoped that provision of the council's site will be made as soon as possible so that effective action can be taken against caravans unlawfully stationed within the borough.

Rodent control

The proposal that agreement with various firms for the control of rodent infestations should cease was implemented during the year although the service was provided on request. The manpower thus saved was used in the implementation of a system of routine sewer treatment for rodents. Ten per cent of the sewer system of the borough, comprising some 900 manholes was inspected and test baited. Of these 100 were found to be infested and treatment with a fluoroacetamide based poison carried out. Results indicate that the continued implementation of this scheme should lessen the occurrence of surface infestations in the Borough.

The treatment of mice infestations has continued to present problems largely owing to the resistance of mice to the anti-coagulant poisons and the presence of alternative food in infestations in food premises. By variations of the use of poisons according to the particular circumstances of the infestation and the carrying out of "proofing work" however, considerable success is being achieved in the treatment of mice infestations. There has been no indication of the

development of such resistance in rats and the use of anti-coagulant poisons is continuing to prove successful in the treatment of these infestations.

Mr. B. Prichard the Rodent Officer retired in September having been with the council since 1966 and Mr. G. Luxon was appointed as Rodent Officer, commencing his duty on 13th September, 1971. Some difficulty was experienced in staffing the section mainly owing to rather lengthy periods of illness and frequent changes of staff. Towards the end of the year however, the staffing position was stabilised and it is hoped that continuity of operation will be maintained.

It will be observed from table 20 that the inspection of properties for rodents has dropped from 13,293 in 1970 to 3,850 in 1971. This is mainly due to a reduction in inspections by the public health inspectors who normally check food premises for the presence of rodents during their routine visits.

Other pest control work

During the year 555 complaints were made to the department concerning insect pests and 33 concerning pigeons.

A considerable increase was recorded during the year of complaints made and premises treated for insect pests, particularly fleas. It is difficult to know the exact reasons for this but it is probably due partly to the fact that the council does not now charge for treatment and the residents of the borough feel more free to call upon the assistance of this department. Another reason for the increase appears to be associated with the keeping of pet animals, since a considerable number of the infestations were associated with animal fleas. It would be helpful if residents would periodically treat pet animals for fleas, particularly during periods of warm weather when those pests are more active.

Identification of various insects infesting premises is undertaken within the department when possible and the assistance of the Department of Entomology of the British Museum (Natural History) is sought in cases of difficulty. Advice and/or treatment is given in all cases.

Excessive numbers of pigeons again presented a source of considerable nuisance in places throughout the borough and 716 pigeons were either trapped or shot during the year in an effort to cull the flocks to a reasonable level.

Pet Animals Act 1951

19 licences were issued during the year and 45 visits were carried out by the public health inspectors.

Riding Establishments Act 1964

3 licences were issued and 8 visits paid to the premises.

Animal Boarding Establishments Act 1963

2 licences were issued and 3 visits made to see that the conditions were complied with by the proprietors.

Rag flock and other filling materials Act

4 premises are registered under this legislation and visits were paid to ensure compliance.

Hairdressers and barbers

Although 157 premises are registered with this Council under Greater London Council (General Powers) Act 1967 the public health inspectors were only able to make 46 visits during the year to inspect the conditions within the establishments.

General district inspections

In addition to the subjects reported on under specific headings, the environmental health section is involved in numerous complaints and queries concerning all aspects of the environmental conditions which arise from a large community. Summarised below are the details of the complaints received together with a statistical record of the visits made.

Complaints received

General disrepair of premises	218
Dampness	145
Overcrowding	16
Defective drainage systems	46
Blocked drainage systems	607
Defective water supply and/or fittings	71
Accumulation of refuse or insufficient or defective refuse storage facilities	281
Rats and mice	2,212
Pigeons	33
Insect pests	385
Wasps	170
Smoke	146
Noise	88
Unsound food	394
Caravans	25
Miscellaneous	356

Visits made

Smoke control areas	2,270
Other clean air	1,041
Drainage	992
Factories	231
Food premises	1,966
Market stalls delivery vehicles and storage	169
Unsound food	530
Food and drugs sampling	611
Housing general	4,315
Housing - multiple occupation	2,989
Infectious diseases (+ van drivers visits)	654
Rodent control	10,411

Offices shops and railway premises

General inspections	227
Other inspections	527
Accident investigations	79
Rag flock and other filling materials	3
Pet animals establishments	45
Animal boarding establishments	3
Riding establishments	8
Agricultural premises	1

Rehousing on medical grounds

During the year 354 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. R H G Charles, senior departmental medical officer who was seconded to the 1970/71 course gained the diploma.

Establishments for massage or special treatment

During the year 9 establishments were licensed by the council for the following purposes:—

Massage and electrical treatment	2
Epilation by electrolysis	2
Chiropody	3
Chiropody and electrical treatment	1
Chiropody, massage and electrical treatment	1

Each establishment was inspected by a medical officer on one occasion during 1971.

Mortuary Services

The borough council maintains a public mortuary in Feltham to which bodies were admitted 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.

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 1971 eight burials were arranged in accordance with this section.

Degrees of freedom in numerator		Degrees of freedom in denominator		Significance level	
1	2	3	4	5	10
1	161.447	199.500	215.707	227.991	250.106
2	18.5128	16.0128	14.5925	13.7454	12.7053
3	10.1286	9.01344	8.14402	7.55768	6.94427
4	7.70853	6.59126	5.75705	5.19139	4.57581
5	6.59126	5.40853	4.59246	4.04541	3.43700
6	5.98737	4.75935	3.95234	3.41629	2.81138
7	5.59126	4.35935	3.56234	3.03629	2.41138
8	5.30126	4.10935	3.31234	2.78629	2.16138
9	5.10126	3.90935	3.11234	2.58629	1.96138
10	4.95126	3.75935	2.96234	2.43629	1.81138
15	4.45126	3.25935	2.46234	1.93629	1.31138
20	4.15126	2.95935	2.16234	1.63629	1.01138
25	3.95126	2.75935	1.96234	1.43629	0.81138
30	3.80126	2.60935	1.81234	1.28629	0.66138
40	3.55126	2.35935	1.56234	1.03629	0.41138
50	3.35126	2.15935	1.36234	0.83629	0.21138
60	3.20126	2.00935	1.21234	0.68629	0.06138
70	3.05126	1.85935	1.06234	0.53629	0.01138
80	2.95126	1.75935	0.96234	0.43629	0.00138
90	2.85126	1.65935	0.86234	0.33629	0.00038
100	2.75126	1.55935	0.76234	0.23629	0.00008
120	2.55126	1.35935	0.56234	0.03629	0.00000
140	2.35126	1.15935	0.36234	0.00629	0.00000
160	2.15126	0.95935	0.16234	0.00029	0.00000
180	1.95126	0.75935	0.06234	0.00009	0.00000
200	1.75126	0.55935	0.01234	0.00001	0.00000
250	1.45126	0.25935	0.00234	0.00000	0.00000
300	1.25126	0.05935	0.00034	0.00000	0.00000
400	0.95126	0.00935	0.00004	0.00000	0.00000
500	0.75126	0.00035	0.00000	0.00000	0.00000
600	0.65126	0.00005	0.00000	0.00000	0.00000
700	0.55126	0.00001	0.00000	0.00000	0.00000
800	0.45126	0.00000	0.00000	0.00000	0.00000
900	0.35126	0.00000	0.00000	0.00000	0.00000
1000	0.25126	0.00000	0.00000	0.00000	0.00000

Table 1 Cause of death at different periods of life for 1971

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	M	F	M	F
Enteritis and other diarrhoeal diseases	1	3	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Tuberculosis of respiratory system	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	-	1	-
Late effects of respiratory T.B.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Other tuberculosis	-	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Whooping cough	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other infective and parasitic diseases	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1
Malignant neoplasm, buccal cavity etc.	5	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	2	-	-	-
Malignant neoplasm, oesophagus	6	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	3	1	1	-	-	-
Malignant neoplasm, stomach	26	17	-	-	-	-	-	-	-	-	-	-	-	-	4	-	6	4	11	5	5	8	-	-
Malignant neoplasm, intestine	29	39	-	-	-	-	-	-	-	-	-	-	2	-	2	-	4	9	11	14	10	16	-	-
Malignant neoplasm, larynx	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-
Malignant neoplasm, lung, bronchus	120	30	-	-	-	-	-	-	-	-	-	2	-	11	1	35	11	53	12	19	6	-	-	-
Malignant neoplasm, breast	-	59	-	-	-	-	-	-	-	-	2	-	7	-	11	-	8	-	17	-	-	14	-	-
Malignant neoplasm, uterus	-	17	-	-	-	-	-	-	-	-	-	-	1	-	3	-	6	-	4	-	-	3	-	-
Malignant neoplasm, prostate	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	6	-	11	-	-	-
Leukaemia	3	8	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	-	-	1	1	6	-	-
Other malignant neoplasms	43	62	-	-	-	-	-	-	-	-	2	2	2	1	1	8	12	10	11	20	15	21	-	-
Benign and unspecified neoplasms	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-
Diabetes mellitus	11	16	-	-	-	-	-	-	-	-	-	-	1	-	1	-	2	1	4	4	4	10	-	-
Anaemias	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	4	-	-
Chronic rheumatic heart disease	10	14	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	5	4	3	3	4	-	-
Hypertensive disease	17	27	-	-	-	-	-	-	-	-	-	-	1	-	1	-	3	3	6	6	7	17	-	-
Ischaemic heart disease	324	234	-	-	-	-	-	-	-	-	-	-	3	2	33	9	88	30	101	59	99	134	-	-
Other forms of heart disease	58	79	-	-	-	-	-	-	-	-	1	1	-	1	-	5	-	11	8	40	69	-	-	-
Cerebrovascular disease	102	175	-	-	1	-	-	-	-	-	-	-	1	-	2	4	21	20	31	40	46	111	-	-
Influenza	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	6	-	-
Pneumonia	66	92	2	-	3	-	-	-	-	-	-	1	1	-	1	4	6	14	14	42	70	-	-	-
Bronchitis and emphysema	85	19	-	-	-	-	-	-	-	-	-	-	-	-	3	-	19	3	31	7	32	9	-	-
Asthma	3	3	-	-	-	-	-	-	-	-	3	-	1	-	1	-	-	-	-	-	1	-	-	-
Peptic ulcer	8	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	-	4	4	-	-
Appendicitis	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-
Intestinal obstruction and hernia	7	8	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	2	2	3	5	-	-
Cirrhosis of liver	3	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	1	-	-
Nephritis and nephrosis	5	4	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	2	1	2	2	-	-
Hyperplasia of prostate	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Other complications of pregnancy etc.	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Congenital anomalies	8	9	3	4	3	-	-	1	1	1	-	-	-	1	-	1	1	-	1	-	-	-	-	-
Birth injury, difficult labour, etc.	7	4	7	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	1	4	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and ill defined conditions	3	6	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	-
Other endocrine etc. diseases	3	3	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1	-	-	1	2	-	-
Mental disorders	2	5	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	1	3	-	-
Multiple sclerosis	-	3	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-
Other diseases of nervous system	6	13	-	-	-	-	-	-	-	-	1	1	-	-	1	-	2	2	-	5	3	4	-	-
Other diseases of circulatory system	37	53	-	-	-	-	-	-	-	-	-	1	1	1	3	-	6	3	12	8	15	40	-	-
Other diseases of respiratory system	4	5	-	-	1	-	-	-	-	-	-	-	2	-	1	-	-	-	1	1	-	2	-	-
Other diseases of digestive system	10	17	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	5	5	4	11	-	-
Other diseases, genito-urinary system	4	8	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	-	2	3	4	-	-
Diseases of skin, subcutaneous tissue	1	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	1	-
Diseases of musculo-skeletal system	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	4	-	-
Motor vehicle accidents	20	11	-	-	-	-	-	-	1	-	4	-	3	-	2	3	2	2	7	3	1	3	-	-
All other accidents	14	9	-	-	-	-	-	-	1	-	3	-	2	2	-	4	1	-	-	1	-	5	-	-
Suicide and self-inflicted injuries	12	9	-	-	-	-	-	-	-	-	1	1	1	1	2	2	2	4	3	-	-	-	-	-

Table 1 (Continued)

Cause of death									Age group																
	Total all ages		Age group																						
			Under 4 weeks		4 weeks & under 1 year		1 – 4		5 – 14		15 – 24		25 – 34		35 – 44		45 – 54		55 – 64		65 – 74		75 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
All other external causes	5	2	-	-	-	-	-	-	-	-	-	-	-	-	1	2	-	1	-	1	-	-	1	1	-
Total all causes	1103	1110	13	12	10	5	1	1	4	3	9	4	14	14	17	23	78	53	231	133	346	251	380	611	

Table 2 Infant deaths according to age and cause 1971

Cause of death	Age in days							Age in months															Total
	Under		2	3	4	5	6	7-13	14-20	21-28	1	2	3	4	5	6	7	8	9	10	11		
	1	1																					
Enteritis and other diarrhoeal diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	2
Cerebrovascular disease	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	-	-	-	-	-	-	-	1	1	-	1	-	1	-	-	-	-	1	-	-	-	-	5
Congenital anomalies	4	-	-	-	-	-	-	2	-	1	1	1	-	-	-	1	-	-	-	-	-	-	10
Birth injury, difficult labour and other anoxic and hypoxic conditions	2	4	2	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
Other causes of perinatal mortality	2	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
Symptoms and ill-defined conditions	-	-	-	-	-	-	-	-	-	-	1	-	3	-	-	-	-	-	-	-	-	-	4
All other diseases	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	2
Total all causes	8	6	2	3	-	-	-	4	1	1	5	1	5	1	1	1	-	1	-	-	-	-	40

Table 3 Corrected notifications of infectious disease 1971

Disease	Total	Age in years						Age in years										Age unknown	Cases admitted to hospital		
		Under						10-14		15-19		20-34		35-44		45-64				65 and over	
		1	1	2	3	4	5-9														
Dysentery	14	1	-	1	1	-	-	3	3	4	-	-	1	-	-	-	2				
Encephalitis acute	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Food poisoning	15	1	1	1	-	2	1	-	1	4	-	-	4	-	-	-	4				
Infective jaundice	88	-	-	1	3	2	16	7	11	30	4	-	10	4	-	-	45				
Malaria	3	-	-	-	-	-	1	-	-	2	-	-	-	-	-	-	3				
Measles	410	22	51	37	44	69	173	9	1	3	-	-	1	-	-	-	6				
Meningitis acute	7	1	-	-	-	-	1	-	1	1	2	-	-	1	-	-	7				
Para-typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Scarlet fever	50	-	-	3	5	3	31	6	1	1	-	-	-	-	-	-	3				
Tuberculosis pulmonary	60	-	1	1	1	-	-	1	3	23	13	10	7	-	-	-	15				
Tuberculosis non-pulmonary	25	-	-	1	-	-	-	-	2	12	3	5	2	-	-	-	6				
Typhoid fever	4	-	-	-	-	-	2	1	-	-	1	-	-	-	-	-	4				
Whooping cough	36	7	7	2	2	4	11	2	1	-	-	-	-	-	-	-	1				

Table 4 Sexually transmitted diseases - patients treated at West Middlesex Hospital

Persons dealt with for the first time and found to be suffering from:

	1970	1971
Syphilis	25	20
Gonorrhoea	284	295
Other genital infections	} 1793*	1509*
Other conditions		869*

*Change in methods of classification preclude comparability.

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

Table 5 Ophthalmia neonatorum

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

Table 6 Vaccination and immunisation

Completed primary courses - number of persons under age 16

Type of vaccine	Year of birth					Others under Age 16	Total
	1971	1970	1969	1968	1964-67		
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	40	1478	525	33	15	4	2095
Diphtheria/whooping cough	-	-	-	-	-	-	-
Diphtheria/tetanus	-	173	106	24	65	101	469
Diphtheria	-	-	-	-	1	6	7
Whooping cough	-	1	-	-	-	-	1
Tetanus	1	-	1	-	7	123	132
Salk	-	-	-	-	-	-	-
Sabin	41	1662	676	56	96	90	2621
Measles	2	1064	759	138	152	22	2137
Rubella	-	-	-	-	-	1143	1143
Lines 1+2+3+4+5 (Diphtheria)	40	1651	631	57	81	111	2571
Lines 1+2+3+6 (Whooping cough)	40	1479	525	33	15	4	2096
Lines 1+2+4+7 (Tetanus)	41	1651	632	57	87	228	2696
Lines 1+8+9 (Poliomyelitis)	41	1662	676	56	96	90	2621

Reinforcing doses - number of persons under age 16

Type of vaccine	Year of birth					Others under Age 16	Total
	1971	1970	1969	1968	1964-67		
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	-	60	113	25	198	23	419
Diphtheria/whooping cough	-	-	-	-	-	-	-
Diphtheria/tetanus	-	12	27	25	2741	576	3381
Diphtheria	-	-	-	1	24	42	67
Whooping cough	-	-	-	-	-	-	-
Tetanus	-	-	1	5	18	136	160
Salk	-	-	-	-	-	-	-
Sabin	-	55	111	46	2938	725	3875
Measles	-	-	-	-	-	-	-
Lines 1+2+3+4+5 (Diphtheria)	-	72	140	51	2963	641	3867
Lines 1+2+3+6 (Whooping cough)	-	60	113	25	198	23	419
Lines 1+2+4+7 (Tetanus)	-	72	141	55	2957	735	3960
Lines 1+8+9 (Poliomyelitis)	-	55	111	46	2938	725	3875

Table 7 Smallpox vaccination of persons aged under 16

Age at date of vaccination	Number of persons vaccinated or revaccinated during 1971	
	Number vaccinated	Number revaccinated
0 - 2 months	26	-
3 - 5 months	17	-
6 - 8 months	23	-
9 - 11 months	37	-
12 - 23 months	921	5
2 - 4 years	256	38
5 - 15 years	86	248
Total	1366	291

Table 8 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1971

Domiciliary	
Employed by borough council	16
Employed by Queen Charlotte's hospital	5
In private practice	-
Institutional	
Hospitals	107
Hospitals (Agency Staff)	31
Nursing homes	-
Total	159

Table 9 Deliveries attended by domiciliary midwives during 1971

By midwives employed by borough council	280
By midwives employed by Queen Charlotte's hospital	6
Total	286
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day	
Borough council midwives	1047
Queen Charlotte's hospital midwives	108
Midwives employed by London Borough of Ealing specially for 48 hour planned discharges (Brentford and Chiswick area)	37
Total	1192

Table 10 Health Visiting

Number of visits paid by health visitors during 1971	First visits	Total visits
Expectant mothers	867	1246
Children born in 1971	3463	8093
Children born in 1970	2339	6108
Children born in 1966-69	5980	13801
Other classes	4471	10239
All classes	17120	39487

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 1971	
a. number of cases	3244
b. number of visits	94424
Patients included in (a) above who were 65 or over at the time of the first visit	
Number of cases	1794
Children included in (a) above who were under 5 at the time of the first visit	
Number of cases	48
Number of visits included in (b) above of over one hour duration	1970

In addition, 22380 visits were made by patients for treatment by nurses assisting General Practitioners in health centres and surgeries. It is estimated that approximately 4831 patients were treated in this context.

Table 12 New cases of tuberculosis notified formally or otherwise to the medical officer of health and deaths ascribed to tuberculosis during 1971.

Age in years	New cases Pulmonary		Non-pulmonary		Deaths Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1	-	-	-	-	-	-	-	-
1	1	2	1	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	1	-	-	-	-	-	-
15	2	1	2	-	-	-	-	-
20	3	7	4	1	-	1	-	-
25	9	4	3	4	-	-	-	-
35	8	6	1	2	-	-	-	-
45	5	1	1	4	-	1	-	-
55	4	-	-	-	1	1	-	-
65 and over	5	1	1	1	1	-	-	-
Age unknown	-	-	-	-	-	-	-	-
All ages	37	23	13	12	2	3	-	-

Table 13 Tuberculosis
Summary of the work of chest clinics

Persons examined for the first time	5140
Persons found to be tuberculous	101
New contacts seen for the first time during the year	522
New contacts found to be tuberculous	6
Cases on register at 31st December 1971	822
Home visits made by tuberculosis visitors during 1971	944

Table 15 Ante-natal mothercraft and relaxation classes

Number of women who attended during 1971	
Institutionally booked	375
Domiciliary booked	24
Total	399
Total number of attendances during 1971	2472

Table 16 Care of premature infants

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

Born at home or in a private nursing home	Born at home or in a private nursing home and nursed entirely at home, or in a private nursing home		
	number born	died during first 24 hours	survived to end of 28 days
6	6	-	6

Table 14 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1971 (a)	7
Number of sessions held by Medical Officers	175
Midwives	111
Total	286

Number of women who attended in 1971 (b)	
Ante-natal	253
Post-natal	29

Total number of attendances by women shown above	
Ante-natal	934
Post-natal	31

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

(b) Excludes women referred by Queen Charlotte's hospital.

Table 17 Child health clinics

Number of clinics in use at end of 1971 (a)	13
Number of child health sessions held by	
Medical officers	1208
Health visitors	217
Hospital medical staff	50
Total	1475

Number of children who attended during the year and who were born in	
1971	2813
1970	2364
1966-69	2415
Total	7592

Number of attendances made by children shown above	43632
--	-------

(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 18 Priority dental service - Expectant and nursing mothers and pre-school children

Number of cases		Number of persons examined during the year				
Expectant and nursing mothers		54				
Children aged under 5 and not eligible for school dental service		792				
Dental treatment provided	Scalings and/or stain removal	Fillings	Teeth filled	Teeth root filled	Crowns & inlays	
Expectant and nursing mothers	21	120	106	NIL	1	
Children aged under five and not eligible for school dental service	360	1316	1125	NIL	NIL	

Sessions devoted to priority dental service are shown on table 33

Table 19 Ministry of Agriculture, Fisheries and Food - Prevention of Damage by Pests Act 1949 - Report for 12 months ended 31st December 1971

Properties other than sewers	Type of property	
	Non-Agricultural	Agricultural
Number of properties in district	81061	-
Total number of properties (including nearby premises) inspected following notification	4032	-
Number infested by rats	1402	-
mice	1536	-
Total number of properties inspected for rats and/or mice for reasons other than notification	3850	-
Number infested by rats	362	-
mice	522	-
Sewers		
Were any sewers infested by rats during the year?	Yes	

Number of persons who commenced treatment during the year			Number of courses of treatment completed during the year	
54			29	
646			476	
Teeth extracted	General anaesthetics	Dentures provided Full upper or lower	Partial upper or lower	Radiographs
50	11	4	2	17
578	170	NIL	NIL	10

Table 20 Offices, Shops and Railway Premises Act 1963 - Annual Report for 1971

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 29th March, 1972.

Table A. Registrations and general inspections

Class of premises	Number of premises newly registered during the year	Total number of registered premises at the end of year	Number of registered premises receiving one or more general inspections during the year
Offices	43	702	38
Retail shops	34	1086	140
Wholesale shops, warehouses	3	137	3
Catering establishments open to the public, canteens	17	229	46
Fuel storage depots	-	-	-
Total	97	2154	227

Table B. Number of visits of all kinds (including general inspections) to registered premises 527

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

Class of workplace	Number of persons employed
Offices	23485
Retail shops	5905
Wholesale shops, warehouses	2133
Catering establishments open to the public	1097
Canteens	1610
Fuel storage depots	9
Total	34239
Total males	17854
Total females	16385

Table D. Exemptions - One exemption in force under Part IV - washing facilities

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. 18	2	1
Sec. 19	1	-
Sec. 48	3	3
Sec. 9 (2) 10 (2)	2	2
Sec. 6 (4) 16 (1)	2	-
Reg. 6 (4)	1	-
Reg. 8	1	-
Reg. 7	1	-
Reg. 3 (a) and (c)	2	-
Number of persons or companies prosecuted	4	
Number of complaints (or summary applications) made under section 22	Nil	
Number of interim orders granted	Nil	

Table F. Staff

Number of inspectors appointed under section 52 (1) or (5) of the Act	21
---	----

Table 20 Offices, Shops and Railway Premises Act 1963 - Annual Report for 1971 (Continued)

Table F. Staff (Continued)

Number of other staff employed for most of their time
on work in connection with the Act

1

Table 21 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	64	15	1	-
b. Factories not included in (a) in which section 7 is enforced by the local authority	857	211	22	-
c. Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	23	5	-	-
Total	944	231	23	0

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	3	2	-	3	-
b. unsuitable or defective	27	28	-	8	-
c. not separated for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	30	30	-	11	-

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	17	-	-	-	-	-
Lace, lace curtains and nets	2	-	-	-	-	-
Curtains and furniture hangings	2	-	-	-	-	-
Brass and brass articles	25	-	-	-	-	-
Artificial flowers	5	-	-	-	-	-
Christmas crackers	12	-	-	-	-	-
Lampshades	1	-	-	-	-	-
Total	64	-	-	-	-	-

Table 22 Meteorology

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

Week ending 1971		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (Millimetres)
		Highest	Lowest	Highest	Lowest		
Jan	2nd	29.93	29.47	3.0	-3.0	4	13.5
	9th	30.17	29.89	11.5	-3.0	2	4.6
	16th	30.17	29.61	14.0	2.0	6	9.7
	23rd	29.63	28.60	12.5	3.5	7	30.4
	30th	29.75	28.90	10.0	2.5	7	19.7
Feb	6th	30.58	29.40	11.0	-1.5	3	1.8
	13th	30.46	29.50	11.0	-4.0	1	1.9
	20th	29.85	28.72	12.0	-2.0	7	11.9
	27th	30.38	29.76	11.5	-1.0	1	Trace
Mar	6th	30.48	30.01	9.0	-4.0	6	6.7
	13th	30.40	29.46	11.0	-4.0	3	1.8
	20th	29.63	28.74	11.5	1.5	6	34.7
	27th	30.08	29.12	13.5	-1.0	4	0.5
April	3rd	30.00	29.30	13.0	5.0	1	0.3
	10th	30.32	29.40	13.0	-0.5	2	5.3
	17th	30.30	29.58	17.0	2.0	1	0.2
	24th	30.05	29.21	22.0	5.0	3	29.8
May	1st	30.06	29.63	14.0	0.0	3	6.7
	8th	30.04	29.71	22.0	2.0	3	21.3
	15th	30.14	29.55	24.5	8.0	1	8.3
	22nd	29.90	29.32	20.5	4.5	2	4.1
	29th	29.79	29.32	19.5	4.0	6	33.9
June	5th	30.10	29.71	24.0	9.0	2	0.4
	12th	29.82	29.40	17.0	7.0	5	42.7
	19th	30.09	29.59	19.0	7.5	7	78.0
	26th	29.96	29.47	23.5	8.5	2	2.0
July	3rd	30.06	29.62	27.0	8.0	3	7.9
	10th	30.36	29.76	29.0	13.0	1	2.8
	17th	30.33	29.94	29.5	8.5	-	-
	24th	30.02	29.50	24.5	8.5	4	2.6
	31st	30.08	29.67	26.5	12.0	5	22.8
Aug	7th	30.18	29.44	22.0	7.9	7	50.1
	14th	30.18	29.43	22.0	12.0	5	6.1
	21st	30.11	29.76	26.0	10.0	5	16.6
	28th	30.04	29.50	23.0	11.5	2	1.4
Sep	4th	30.28	29.71	22.5	9.5	3	3.3
	11th	30.30	29.77	23.0	9.5	-	-
	18th	30.36	29.98	21.0	5.3	-	-
	25th	30.20	29.82	23.0	7.0	2	2.6
Oct	2nd	30.27	29.67	23.5	8.5	3	12.0
	9th	30.44	29.90	23.5	2.5	2	Trace
	16th	30.25	29.76	19.5	2.0	5	44.0
	23rd	30.23	29.51	20.5	5.5	5	11.8
	30th	30.44	30.04	20.0	3.5	-	-

Table 22 Continued

Week ending 1971		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (Millimetres)
		Highest	Lowest	Highest	Lowest		
Nov	6th	30.40	29.31	17.0	-1.5	4	18.6
	13th	30.17	29.44	11.5	0.0	1	4.1
	20th	30.30	29.09	14.5	0.0	5	19.7
	27th	30.09	29.08	13.0	0.0	6	25.0
Dec	4th	30.46	29.36	12.0	-0.5	2	-
	11th	30.56	30.20	10.5	0.0	-	-
	18th	30.38	29.64	13.5	3.5	2	1.4
	25th	30.24	29.50	15.0	2.5	5	16.2
	31st	30.24	29.95	11.0	1.0	4	2.5

Table 23 Wind direction

Summary of daily records for 52 weeks

N	31 days	SSW	11 days
NNE	12 days	SW	80 days
NE	48 days	WSW	16 days
ENE	8 days	W	22 days
E	25 days	WNW	9 days
ESE	6 days	NW	18 days
SE	11 days	NNW	5 days
SSE	5 days	Calm	42 days
S	14 days	No record	1 day

**Table 24 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
1967 and later	173	170	3
1966	1,431	1,412	19
1965	1,336	1,319	17
1964	70	70	-
1963	298	298	-
1962	319	319	-
1961	29	29	-
1960	648	648	-
1959	654	644	10
1958	372	364	8
1957	927	913	14
1956 and earlier	1,062	1,055	7
Total	7,319	7,241	78
Special inspections			
Number of special inspections	5,360		
Number of re-inspections	1,907		
Total	7,267		

Table 25 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		136	266	572	57
Eyes	a. Vision	351	460	233	132
	b. Squint	60	77	55	21
	c. Other	5	63	41	9
Ears	a. Hearing	72	214	307	154
	b. Otitis media	23	125	31	43
	c. Other	49	104	135	55
Nose and throat		68	464	82	80
Speech		35	131	35	35
Lymphatic glands		9	114	8	7
Heart		13	162	30	34
Lungs		25	201	37	34
Developmental	a. Hernia	14	22	3	11
	b. Other	16	312	51	75
Orthopaedic	a. Posture	8	85	12	16
	b. Feet	29	189	87	38
	c. Other	39	183	31	35
Nervous system	a. Epilepsy	4	26	8	9
	b. Other	12	163	27	33
Psychological	a. Development	11	76	63	42
	b. Stability	19	369	74	86
Abdomen		16	92	24	18
Other		45	273	205	134

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)
7	10	17	1967 and later
52	168	188	1966
57	134	174	1965
2	7	9	1964
5	5	8	1963
7	13	19	1962
nil	nil	nil	1961
17	19	35	1960
56	80	127	1959
19	65	81	1958
63	51	107	1957
72	71	130	1956 and earlier
357	623	895	Total

Table 26 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	208
Errors of refraction (including squint)	1830
Total	2038
Number of pupils for whom spectacles were prescribed	497
Diseases and defects of ear, nose and throat	
Received operative treatment	
a. for diseases of the ear	nil
b. for adenoids and chronic tonsillitis	nil
c. for other nose and throat conditions	nil
Received other forms of treatment	513
Total	513
Number of pupils known to have been provided with hearing aids	
a. in 1971	24
b. in previous years	65
Orthopaedic and postural defects	
a. pupils treated at clinics and out-patients departments	259
b. pupils treated at schools for postural defects	306
Total	565
Diseases of the skin (excluding uncleanliness)	
Ringworm	10
Scabies	6
Impetigo	13
Other skin diseases	1247
Total	1276
Child guidance	
Pupils treated	199
Speech therapy	
Pupils treated	435
Other treatment given	
a. pupils with minor ailments	727
b. pupils who received convalescent treatment under school health service arrangements	47
c. pupils who received BCG vaccination	1046
d. allergy clinic	91
Total	1911

Table 32 Head and foot inspection

(a) Infestation with vermin	
Total number of pupils examined in schools by nurses or other authorised persons	23862
Total number of individual pupils found to be infested	237
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	19
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	14
(b) Foot inspections	
Total number of pupils examined	6164
Number of new cases of plantar warts	133
Number of cases where re-infection found	12

Table 27 Dental inspection and treatment

	Number of pupils			Total
	Age 5-9	Age 10-14	Age 15 & over	
Inspections				
First inspections at school				20341
First inspections at clinic				4199
No. of first inspections requiring treatment				14288
No. of first inspections offered treatment				14288
Pupils re-inspected at clinic or school				1121
No. of re-inspections requiring treatment at clinic or school				952
Attendances and treatment				
First visit	4159	3225	715	8099
Subsequent visits	7563	7486	1749	16798
Total visits	11722	10711	2464	24897
Additional courses of treatment commenced	579	322	76	977
Fillings in permanent teeth	4297	7163	2488	13948
Fillings in deciduous teeth	7706	1022	-	8728
Permanent teeth filled	3342	6073	2074	11489
Deciduous teeth filled	6430	814	-	7244
Permanent teeth extracted	34	363	78	475
Deciduous teeth extracted	3274	813	-	4087
General anaesthetics	1301	500	73	1874
Emergencies	897	463	104	1464
Number of pupils X-rayed				1083
Prophylaxis				3205
Teeth otherwise conserved				101
Number of teeth root filled				29
Inlays				-
Crowns				51
Courses of treatment completed				6467
Anaesthetics				
General anaesthetics administered by dental officers				-
Orthodontics				
New cases commenced during year				187
Cases completed during year				185
Cases discontinued during year				31
No. of removable appliances fitted				325
No. of fixed appliances fitted				-
Pupils referred to hospital consultant				-
Prosthetics				
Pupils supplied with full upper or full lower dentures (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	2	2	1	5
No. of dentures supplied	3	2	1	6
Sessions relating to school dental service				
Sessions devoted to treatment				3813
Sessions devoted to inspection at school				192
Sessions devoted to dental health education				206
Sessions relating to maternity and child welfare dental service				
Sessions devoted to treatment				109
Sessions devoted to dental health education				2

List of Clinics held in the borough at 31st December 1971

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

Premises	Child health	Ante-natal	Cervical cytology	Immunisation	Chiropody	Dental	School	Minor ailments	Ophthalmic & orthoptic	Orthopaedic	Physiotherapy	Speech therapy	Allergy	Mental health counselling	Child psychiatry	Otology	Cerebral palsy
Imperial Road Bedfont	Tue pm Wed pm Fri pm	Fri am (relaxation) Mon pm (alt)	Mon pm (alt)	Mon pm fortnightly	Tue am Thur pm	Mon to Fri am/pm except Wed pm	Wed am	Mon to Fri am				Mon am/pm					
Albany Road Brentford	Wed pm Thur pm	Tue am		Mon pm (2nd & 4th)	Mon am Wed am Thur am/pm	Mon to Fri am/pm	Thur am	Mon to Fri am	Tue pm (2nd 4th & 5th)	Mon pm (1st)	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	Mon pm Tue am Wed am/pm Thur am/pm Fri am	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 & mother- craft)		Tue pm (2nd 3rd & 4th)	Mon am Tue am	Mon to Fri am/pm	Wed am Fri am	Mon to Fri am	Mon am			Tue am/pm		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)	Tue am (alt)	Thur am/pm	Mon am/pm Wed am/pm	Mon am	Mon to Fri am									
Cranford Lane Heston	Tue pm Wed pm Thur pm	Wed am (alt) Fri (relaxation Wed pm (Midwives)	Wed am (alt)	Mon pm (1st 2nd & 3rd)	Fri am/pm Mon pm Wed pm	Tue to Fri am/pm	Mon am	Mon to Fri am				Mon am Tue am Wed am Thur am					
92 Bath Road Hounslow	Tue pm Wed pm Thur pm Fri pm	Wed am (alt) Tue am (relaxation) Wed pm (Midwives)	Wed pm (alt)	Mon pm (1st & 3rd) Thur am	Mon am/pm Wed am/pm Fri am	Mon to Fri am/pm	Mon am Fri am	Mon to Fri am	Tue pm Tue am (orthoptist)	Tue pm (4th)	Tue pm (4th) Wed pm Fri pm except 4th	Mon am/pm Tue am Thur am/pm Fri pm	Fri pm	Tue pm (1st)			
Park Road Busch Corner Isleworth	Mon pm Wed pm	Tue pm (Midwives) Thur pm (alt)	Thur pm (alt)	Tue pm (1st only) Thur am (3rd)	Tue am Fri pm Wed pm	Mon to Fri am/pm except Fri pm	Mon am	Mon to Fri am	Tue pm (1st)		Mon am Tue am Wed am Thur am Fri am	Tue am/pm Wed am/pm Thur am 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				Wed am/pm					
Child Guidance 92 Bath Road Hounslow															Mon am/ pm Wed am/pm Fri pm		

Premises	Child health	Ante - natal	Cervical cytology	Immunisation	Chiropody	Dental	School
Hearing Clinic Vicarage Farm Road Heston							
Medical Advisory Unit Martindale Road Hounslow							
Maswell Park Hounslow Ave Hounslow	Mon pm Tue pm	Thur am (relaxation & mothercraft)			Tue am/pm Wed pm		Mon pm

Minor Ailments	Ophthalmic & orthoptic	Ortho- paedic	Physio- therapy	Speech therapy	Allergy	Mental health counselling	Child psych- iatry	Otology	Cerebral palsy
								Mon am Tue am/ pm	
	Mon am (occasional)		Mon to Fri am/pm	Mon to Fri am/pm					Thur am
Mon to Fri am									

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