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Contributors

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The Health Services of Hounslow 1972

Hou8



Members of the Health Committee 1972-73

His Worship the Mayor, Chairman of the Health Committee

Chairman

Mr. J. A. W. ...

LONDON BOROUGH OF HOUNSLOW

Address: R. G. ...

Annual Report 1972

Author: ...

Editor: ...

of the Medical Officer of Health and Principal School Medical Officer

Robert L. Lindon MRCS LRCP FFCM DPH DCH

Secretary: ...

Assistant Secretary: ...

Member: ...

Member: ...

Member: ...

Member: ...

Department of Health
92 Bath Road
Hounslow Middlesex.

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Members of the Health Committee 1972-73

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Vice-Chairman

Alderman R D Flynn

Alderman Mrs E W W Basley

Alderman A C Gurrin FSVA

Alderman B S Jain BSc

Councillor A F Brazier

Councillor W E Gamble AMBIC Sc

Councillor J A Kenna

Councillor P M Maynard

Councillor B A R Pearce BD

Councillor P C Scott

Councillor Mrs S E Thorn

Councillor A White

Councillor F W Powe JP

Councillor M G Venn BA

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Sub-Committee 1972-73

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Vice-Chairman

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Councillor A J Mills

Councillor A White

Councillor A F Brazier

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Vice-Chairman

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Alderman Mrs E W W Basley

Alderman P Betlem

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Alderman A G King JP

Councillor R A Baker BSc

Councillor K J Baldry

Councillor W R Boyce

Councillor MJ Bradshaw BSc PhD MIBiol

Councillor J Brown

Councillor J W Coveney

Councillor J Daly BA

Councillor G A Duncan BA(Oxon)

Councillor T A Fisk BSc(Econ)

Councillor J F K Gilding

Councillor Mrs H F Hill

Councillor F H P Hobbs

Councillor P G Law

Councillor H Nixon

Councillor R J Padley

Councillor S A A Painter DipPI

Councillor N A Quin BA(Hons)

Councillor D F Ryan BSc

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Councillor Mrs S E Thorn

Councillor J W Tilley

Councillor M G Venn BA

Councillor J O N Vickers MA

Non Council Members

Mr G R Hawkes BA

Mrs S Howell

Miss F M Knowles

Miss D L Orr

Mr J E White

Members of the Primary and Special Education Sub-Committee 1972/73

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 Councillor M Slattery (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 A G King JP
- Alderman E J Pauling MBE JP
- Councillor W R Boyce
- Councillor J Brown
- Councillor J W H Coweney
- Councillor G A Duncan BA(Oxon)
- Councillor F J K Gilding
- 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

- Mrs S Howell
- Miss F M Knowles
- Miss D L Orr

Staff of the Department of Health

as at 31st December 1972

Staffing establishment

Medical Officers

15

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

Deputy Medical Officer of Health and
Deputy Principal School Medical Officer
M E Wilkinson MB ChB DPH **MFCM**

Principal Medical Officers
P A Bennett MB ChB
R H G Charles MA MB BCh DPH MFCM DCH
Miss E S Harper MB MFCM DCH DPH
Anne M Jepson MB BS MRCS LRCP MFCM DPH DCH

Occupational Health Physician
A R Broadbent MRCS LRCP MFCM DPH DIH

Senior Departmental Medical Officers
Mrs R Prothero MD LRCP LRCS DCH
J A Wyatt MB BCh DCH
Mrs P F Haddad MB ChB RCOG MRCOG

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

In conjunction with the Regional
Hospital Boards

Audiology Unit
L Fisch MD DLO

Cerebral Palsy Unit
A J H Stevens MB ChB DObst RCOG 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
J Tatane MB BS

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

Chest Clinic
D McIntosh MB

Pathologist
E Nassau MD

	Staffing establishment	
Dental Officers and Orthodontists	12	
Chief Dental Officer D H Norman BDS LDS RCS		
Deputy Chief Dental Officer Mrs G M Yates BDS		
Senior Dental Officer P A Jones BDS LDS		
Orthodontist P J Farren DBS LDS DOrthRCS		
Dental Officers		
Miss F H Bowie BDS LDS		
Mrs E S Fiddaman BDS		
Miss N D Hughes BDS		
F S Jafferji BDS		
Mrs W T Kojder BDS LDS RCS		
Miss M Leith BDS		
P W Marshall BDS		
V S Sehmi 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	
Physiotherapists	6	
Superintendent Physiotherapist Mrs J Biddle MCSP SRP		
Speech Therapists	6	
Senior Speech Therapist Mrs D E Cox LCST		
Director of Nursing Services Mrs M Roberts RGN SCM HV QNC		
Area Nursing Officers Mrs M A Booth SRN SCM HV Tub Assn Cert Miss S M Douet SRN SCM HV		
Training Manager Mrs M Hills SRN SCM HV		
Hospital Liaison Officer Mrs P J Treleaven SRN SCM BTA HV		
Nursing Officers Home Nursing	4	
Nursing Officers Health Visiting	4	
Nursing Officers Midwifery	1	
Health Visitors and School Nurses	50	

	Staffing establishment
Student Health Visitors	7
Home Nurses	39
Domiciliary Midwives	13
Public Health Inspectors	22
Technical Assistants	7
Chief Public Health Inspector G E Hayne MAPHI MRSH	
Deputy Chief Public Health Inspector D J Wells MAPHI	
Public Analysts	In conjunction with the Greater London Council
W B Chapman BSc FRIC E H W J Burden BSc FRIC MChemA	
Veterinary Inspector	
J A Morris MRCVS	
Pupil Public Health Inspectors	5
Rodent Officer	1
Roden Operators/General Duties Assistants	8
Mortuary Attendant	1
Hounslow Chest Clinic	In conjunction with the North West Metropolitan Regional Hospital Board
Almoner Clerk	
Medical Auxiliaries etc.	
	Staffing establishment
Psychotherapist	1
Dental Auxiliary	1
Dental Surgery Assistants	14
Audiometricians	4
Chiropodists	3
Orthoptist	1
Occupational Therapist	1
Welfare Assistants	2
Welfare Officer	1
Clinic Attendants	5
Caretakers and Cleaners	12
Administrative and Clerical	98
Chief Administrative Officer J M Murphy AMRSH	
Deputy Chief Administrative Officer G Norris DMA MISW MRSH	

Figures are equivalent full-time to the nearest whole number

I have the honour to present the eighth and penultimate Annual Report on the health of the people living in the London Borough of Hounslow. This is likely to be the last fully descriptive report for presentation to the Council as next year there will be little time and resource available to produce more than the necessary routine statistical returns required by Central Government.

The end of an era is thus fast approaching for on the 1st April, 1974 not only will the health department of this borough set up in 1965 come to an end with its staff transferred to a new health service outside local government, but the historical office of medical officer of health will disappear from the scene for the first time since its inception in 1847. In his place specialists in community medicine or community physicians will appear at district area, and regional levels and take part in team decisions by consensus with their equivalent colleagues in nursing, finance and administration. At the district level only will the team be joined by a hospital consultant and a family practitioner who will represent their colleagues.

Hounslow is likely to be administered at district level and joint collaboration arrangements between the existing borough councils and the newly nominated health authorities will be set up to ensure the balanced provision of family doctor medicine, community health and hospital services with the appropriate borough social services.

Comments on vital statistics for the borough will be found on pages 12 & 13. The incidence of measles continues its downward trend following the advent of effective immunisation. This downward trend is, however, not as fast as it should be and parents are advised strongly to get their children immunised against this disease.

The large research projects described in previous reports including the Joint Obstetric Child Health Project and the Prospective Survey on Infective Hepatitis, are making good progress but naturally the results of these projects will not be available for some time yet.

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

Much progress has been made in the obstetric and paediatric fields during the year. After much discussion agreement between the hospital consultants and family doctors and the community and hospital nurses and midwives will in due course lead to a new system in maternity care in this area. The aim is one hundred per cent hospital delivery with its much greater safety margin for both mother and child and the decentralization of ante-natal care so that prospective mothers can have this type of care in the comfort of attractive premises nearer their homes. In this way mothers who in the past may have wished to have their babies at home need only be admitted to hospital for the actual delivery and be home again in a matter of hours. This system thus combines safety with an early return to family and home comforts.

Dr R Prothero's report on page 30 gives a guardedly optimistic opinion on the asthma problem.

A report on the new Mayston structure for nursing services will be found in the body of the report as will an interesting account of the achievement of the dental service in the London Borough of Hounslow during the last half century by Mr D H Norman, the chief dental officer.

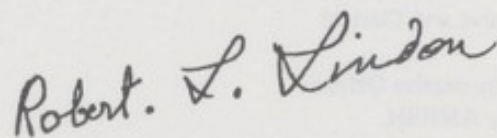
The considerable changes caused by the implementation of the Social Services Act in April 1971 following so soon on the major upheaval caused by the demise of the Middlesex and London County Councils and the formation of the London Boroughs in April 1965 is now to be followed by a further and far greater upheaval on 1st April 1974 with the formation of the new health areas and districts. The staff destined to experience all these three major changes in such a short space of time deserve sympathetic understanding from the communities they have endeavoured to serve to the best of their ability over the years.

It will inevitably be some time before the dust has settled again but the standard of the service to the public must at all costs be maintained and the staff should be treated with the utmost fairness during this difficult period.

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

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

Finally I, and I am sure the staff of the Health Department, would like to record the pleasure it has been over the last eight eventful years to work for such a progressive and enlightened authority and in particular to extend our thanks to Alderman Alfred King, Alderman Eric Kenward, Alderman Tony Greenland, Alderman Basil Williams and Alderman Ted Pauling, for all the support we have had during this period. Our thanks are also due to the chairmen and members of the health and education committee for their understanding and encouragement throughout a difficult and challenging year.



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

Projects	Planned year of completion	Year Completed
Building Projects from 1st April 1965 to 31st December 1972		
*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
*Hounslow Day Nursery Lampton Road Hounslow	1971/72	1972

Building Projects – Committed Programme

Brentford Health Centre – Extension to provide additional offices	1973/74	–
Bedfont Clinic Imperial Road Bedfont – Extension to provide additional clinic accommodation	1974/75	–
Cardinal Road Clinic Feltham – Extension to provide a health centre	1975/76	–
Chiswick Health Centre	1975/76	–

Building Projects – Uncommitted Programme

Spring Road Health Centre – extension to provide additional staff accommodation		
Heston Health Centre – extension to provide additional clinic and office accommodation		
Old Isleworth Health Centre		
South Chiswick Health Centre		
Hounslow Health Centre		
Bedfont Clinic Imperial Road Bedfont – extension to provide a Health Centre		
Hanworth Clinic Grove Crescent Hanworth – extension to provide a Health Centre		
Osterley Health Centre		
Hounslow Health Centre Phase III – Offices communal dining and conference rooms and library		

*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-1972	206,460
Persons per acre	14.3
Number of habitable premises (1st April 1972)	68,973
Number of new dwellings erected during the year	528
Rateable value (31st March 1972)	£17,841,858
Product of a penny rate	£181,100

Vital Statistics

Live births	
Number	2,893
Crude rate per 1,000 population	14.0
Adjusted rate per 1,000 population	13.0 (England and Wales 14.8)
Illegitimate live births	
Number	245
Per cent of total live births	8.0 (England and Wales 9.0)
Stillbirths	
Number	40
Rate per 1,000 live and stillbirths	14.0 (England and Wales 12.0)
Total live and stillbirths	
	2,933
Infant mortality (deaths under 1 year)	
Total infant deaths per 1,000 live births	52
Legitimate infant deaths per 1,000 legitimate live births	18.0 (England and Wales 17.0)
Illegitimate infant deaths per 1,000 illegitimate live births	18.0 (England and Wales 17.0)
	16.0 (England and Wales 21.0)
Neonatal mortality (deaths under four weeks)	
Number	31
Rate per 1,000 total live births	11.0 (England and Wales 12.0)
Early neonatal mortality (deaths under one week)	
Number	27
Rate per 1,000 total live births	9.0 (England and Wales 10.0)
Perinatal mortality (stillbirths and deaths under one week combined)	
Number	67
Rate per 1,000 total live and stillbirths	23.0 (England and Wales 22.0)
Maternal mortality (including abortion)	
Number	—
Rate per 1,000 total live and stillbirths	— (England and Wales —)
Deaths (total — all ages)	
Number	2,258
Crude rate per 1,000 population	10.9
Adjusted rate per 1,000 population	11.2 (England and Wales 12.1)

Vital Statistics

Area and Population

The London Borough of Hounslow covers an area of 14,469 acres and contains an estimated population of 206,460 people.

There were 2,893 live births compared with 2,258 deaths giving a natural increase of 635 persons.

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

Mid year	Age in years		1 - 4		5 - 14		15 - 64		65 and over		all ages
	No.	%	No.	%	No.	%	No.	%	No.	%	
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
1972	3,000	1.5	12,000	5.8	29,800	14.4	135,160	65.5	26,505	12.8	206,460

Since the borough was formed in 1965 the number of live births has exceeded the number of deaths by 8,819 but despite this the Registrar General estimates that during the same period the local population has decreased by 1,090 which suggests a net outward migration of some 9,274 people to other areas.

Live births

The number of live births registered during the year was 2,893 (1,516 male and 1,377 female) giving a crude live birth rate of 14.0 for 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 0.93 is applied, the borough's live birth rate becomes 13.0 which is 1.8 below that for England and Wales. Compared with 1971 the rate for Hounslow decreased slightly and is similar to the experience for the whole country. There were 245 illegitimate live births, 33 less than last year which gives an illegitimate live birth rate of 8 per cent of total live births which is 1% lower than that for England and Wales.

Stillbirths

Stillbirths numbered 40 which is 7 more than last year.

Deaths

During the year 2,258 deaths were registered, 45 more than for 1971. The adjusted death rate was 11.2 which is a little less than that for the whole country.

Included in the 1,167 total male deaths are 319 occurring between the ages of 45 and 64 — early to late middle age. Over two thirds succumbed either to heart

disease (130) or cancer (131). Of the 187 female deaths — again two thirds were ascribed to cancer (56) or heart disease (45).

These 505 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 continued to be

subject to what can only be regarded as premature death.

Infant Mortality

There were 52 infants who died before reaching the age of one year; 28 were male and 24 female. The infant mortality rate was 18 per 1,000 live births compared with a rate of 17 for the country as a whole. The illegitimate infant mortality rate was 16 which is 5 per 1,000 less than for England and Wales.

Infectious Diseases

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

Applications for authentication dealt with by the medical officer of health numbered 8703 compared with 8600 for 1971 and 7365 during 1970.

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

Disease	1972	1971	1970
Dysentery	37	14	7
Encephalitis acute	4	—	2
Food poisoning	22	15	15
Infective jaundice	58	88	61
Malaria	5	3	2
Measles	223	410	675
Meningitis acute	6	7	14
Paratyphoid fever	—	—	5
Scarlet fever	61	50	50
Tuberculosis			
pulmonary	74	60	71
non-pulmonary	37	25	21
Typhoid fever	3	4	5
Whooping cough	4	36	30

The table on page 72 gives the number of cases notified under age groups.

Smallpox

There were 70 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 telegrammed to the department from the Port Health Authorities. By the end of the year 11 such notifications were received. All these were visited and kept under surveillance for the required period.

Whooping Cough

There were 4 cases notified compared with 36 in 1971 and 30 in 1970. Of these 1 was under the age of one year. Vaccination records show that none of the notified cases had been immunised.

Measles

The incidence of measles for the years 1965-1972 is given below.

1965	1966	1967	1968	1969	1970	1971	1972
1,653	893	1,535	466	576	675	410	223

The 223 cases notified in 1972 were the lowest recorded, 47% of the notifications were of children under 5 years of age and 48% were in the 5-9 age group.

Dysentery

There were 37 cases compared with 14 cases in 1971.

Typhoid fever

There were 3 cases notified, one was a boy aged four who had recently returned from a holiday in India. The second was a boy aged one year who was born in the Middle East and was brought to this country at the age of ten months, his father was found to be a chronic carrier. The third case was a 22 year old woman who had not been abroad and despite extensive epidemiological investigations the source of infection was not discovered.

Infective hepatitis

A total of 58 notifications were received of which 13 were children aged 5-14 years and 5 were children aged four years.

The West Middlesex Hospital and the London Boroughs of Hounslow, Ealing and Richmond are undertaking a three year prospective survey of all suspected cases of hepatitis in the three boroughs with financial support from the Department of Health and Social Security.

Food poisoning

Although 55 cases of suspected food poisoning were notified, after full investigation only 22 cases were confirmed. The causative organisms were as follows:—
Salmonella Agona (6) Salmonella virchow (1)
Salmonella typhimurium (13) Salmonella panama (1)
Salmonella oranienburg (1)

Of the 33 remaining cases notified (29 sporadic and 4 cases in 1 family) 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.

Destination addresses in this borough were given by 1504 immigrants but in 670 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 11 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, 117 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 386 rooms were disinfected and 4 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 1972, 56 persons were treated and in addition, bedding and clothing was disinfected in 4 cases.

Veneral Diseases

The spread of veneral 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.

Vaccination and Immunisation

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 3rd dose at 14 months
Measles	15 months
Diphtheria, tetanus, oral poliomyelitis booster	3½ - 5 years
German measles (girls only)	11 - 13 years
BCG	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	2,650	2,685
Whooping cough	2,180	228
Tetanus	2,720	2,859
Poliomyelitis	2,742	2,719
Measles	2,153	—
German measles	984	—

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

	Children born in 1970 and vaccinated by 31st December 1972		
	Whooping cough %	Diphtheria %	Poliomyelitis %
Hounslow	68	77	77
England	79	81	80

B C G Vaccination

Details of B C G vaccination given are shown below:

Contacts at chest clinic:

Number skin tested	194
Number found positive	39
Number found negative	121
Number vaccinated	120
Babies vaccinated at birth	2

School children and students:

Number skin tested	2,140
Number found positive	439
Number found negative	1,603
Number vaccinated	1,308

General

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

Yellow fever vaccination is carried out at the following centres:

Hospital for Tropical Diseases 4 St. Pancras Way London NW1 Tel: 01-387 4411 Ext. 137.

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

53 Great Cumberland Place W1 Tel: 01-262 6456

Patients are seen by appointment only. No charge is made.

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 NW1 Tel: 01-387 4411 Ext. 137.

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

Services provided for the London Borough of Hounslow by other Authorities

North West Metropolitan Regional Hospital Board
40 Eastbourne Terrace W2

South West Middlesex Group Hospital
Management Committee West Middlesex Hospital
Isleworth

The following are the main hospitals

	Cases admitted	Approximate no. of available staffed beds
West Middlesex Hospital Twickenham Road Isleworth Tel: 01-560 2121	Mainly acute	812
Chiswick Maternity Hospital Netheravon Road W4 Tel: 01-994 1124	Maternity only	51
Brentford Hospital Boston Manor Road Brentford Tel: 01-560 6959	Acute	33
South Middlesex Hospital Mogden Lane Isleworth Tel: 01-892 2841	Mainly acute including isolation	145
Staines Group Hospital Management Committee Ashford Hospital Ashford Middlesex		
Ashford Hospital Ashford Middlesex Tel: 01-69 51188	Mainly acute	497
Hounslow Hospital Staines Road Hounslow Tel: 01-570 4448	Acute	66
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: 01-447 2222 (North West Metropolitan Regional Hospital Board)	—	1954
Psychiatric Hospitals		
Springfield Hospital Beechcroft Road Upper Tooting SW17 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)

Smallpox Hospital

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

Middlesex Executive Council

This body is responsible for the provision under the National Health Service Act of the general practitioner, dental (other than local health authority provision for expectant and nursing mothers, young children and school children) pharmaceutical and supplementary ophthalmic services. The headquarters of the council are at 1, Olympic Way, Wembley, Middlesex, HA9 0LF:
 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

Five Health Centres are in operation at Hounslow, Maswell Park, Brentford, Feltham and Heston and 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.

Community Nursing Services

A new management structure based on the recommendation of the Mayston Report (1969) was implemented in the borough's community nursing service. Among many practical reasons why this should have been done, two expedients are noted a) the hospital service had already introduced a management structure as recommended in the Salmon Report 1968, and it was seen as being absolutely essential to offer parallel career opportunities in the community *if* a reasonable staff stability level was to be maintained. b) Furthermore the new structure would help to identify post gradings when assimilation of staff is considered for the reorganised Health Service.

There were many other reasons why this development was essential and these are outlined in the report

"Development of the Council's Nursing Services" which was presented to the Staff Relations Committee and later in September 1972 to the Health Committee for approval. This report projected forward planning elements which were worked out for the borough until 1977, and it is interesting to note that an increase in the establishment has been phased to be completed by April 1974; after which time the new Health Service will be responsible for staff resources.

Among the many advantages already monitored as a result of implementing the new structure, is the obvious increased motivation of staff.

Health Visiting

On the health visiting side performance is being considered in depth as against serious staff shortages which have bedevilled the Health Visiting Section for years. It is hoped that the closer links with the management team which the new structure will produce will assist Health Visitors in identifying priorities more readily and thus use the resources available to the benefit of the client. Attachment of health visitors to family practice is developing very slowly because of the low staff ratio aforementioned. Nevertheless, quite apart from an increased determination to conserve morale the health visitors continue to identify new fields of interest, the latest being a weight control clinic at Bath Road Health Centre. This has proved to be a highly successful group venture and there are signs that other areas in the borough wish to set up similar schemes.

Routine health visiting has suffered, however, as a result of serious staff shortages and this is reflected in a reduction of booster immunisation recorded this year.

The wider concept of family community care has brought the health visitor closer to integrating with the primary care team and the vital part she plays in this is strengthening day by day. This is achieved by her readiness to co-operate and is the result of hard work and excellent endeavour.

Participation in health education is expanding generally but again, objectives have not been fully realised because of staff shortage.

Two midwives serve on the midwives integrated sub-committee at West Middlesex Hospital. This committee considers matters of material concern to the practising midwife as she looks forward to an integrated service in the new Health Service. More important however is the awareness of the midwives to the regard they have for future safer delivery of the mother and baby. The Domino scheme demonstrates this and has continued to gain acceptance as a safer midwifery procedure.

There is a national fall in the birth rate of 8% and this is reflected in 50 fewer home deliveries during 1971. The Peel Report also recommends more hospital confinements and this is continuing to gain momentum, with the Domino scheme showing an increase of 57 deliveries, and featuring the preservation of the same midwife giving antenatal and post natal care, and delivering the baby in hospital, thus enhancing the chances of the mother benefitting both psychologically and emotionally. Domiciliary midwives conducted 746 antenatal clinics of which 450 of these were joint family doctor/midwives clinics.

Home Nurses

Great emphasis is being placed on the total care of the patient in the community. By this is meant team work and drawing in other professional expertise to engage in primary case work. Not only is the patient physically cared for by doctor and home nurse, but the health visitor and the social worker promote the social and psychosocial well-being of the family and/or patient. In this way recovery from illness or restitution of health is achieved more comprehensively through group effort. Seventy eight more patients were visited in their own homes during 1972, and 8,482, i.e. 8% more visits were paid to patients; 295 or 5% fewer visits were of more than 1 hours duration. This would suggest that more frequent visits to patients and more support was being given in the home. This is attributed to improved team effort, better communication, and higher motivation. 80% of the Home Nurses have completed their District Nurse training and this too could have a bearing on the year's increased endeavour.

The Health Centre/Doctors surgeries activities are also very encouraging and demonstrate a better team effort: 5,130 treatments were given to patients at the Health Centres and doctors surgeries. The Health Centre and surgery activities are expanding steadily.

In addition closer links have been established with hospital personal in that Home Nurses have attended Sisters' Study days, and hospital sisters have accompanied Home Nursing Sisters on the rounds, each learning more about the services which exist within hospital and beyond.

The Marie Curie Foundation has continued to support the Home Nursing Service in caring for the terminal cancer sufferer, by way of paying for the services of nurses employed by local nursing agencies whose services are required on night nursing duties so as to relieve the families of much of their worry and stress associated with this particular crisis. In 1972 the Foundation paid out more than £300 towards this service.

Training

Training programmes featured high in the list of staff participation. The great number of student nurses seeking community care experience has engaged our newly appointed Training Manager in a full time occupation. She was appointed on 1st October 1972 but had been specialising for sometime in staff training in the Borough and so when appointed was very conversant with contemporary staff needs. The main stream of students are in general nursing, psychiatry and midwifery disciplines and five students three times a year come from the Middlesex Hospital, whilst 4-8 students three times per year and five pupil nurses three times a year are from West Middlesex Hospital.

The Leavesden Hospital send one student psychiatric nurse to spend one day with a Health Visitor. This appreciation of community nursing experience is thus offered to about 26 students annually at fortnightly continuous phasing intervals.

Pupil Midwives

Six pupil midwives from the West Middlesex Hospital and Hillingdon Hospital each spend three months with a domiciliary midwife, a sequence repeated four times a year. Each pupil is able to gain experience in attending the mother, booked for 48 hour discharge, in the antenatal and post natal period and in addition observes the particular aspects of Health Visiting in the primary care programme by spending half a day with a Health Visitor and attending five child health clinic sessions. Half day observation sessions are arranged also for pupil Midwives from Queen Charlotte's Hospital.

Seven Hounslow health visiting students were awarded sponsorship and are undertaking theoretical training at the Colleges. Five students from Chiswick Polytechnic have been placed in this borough for practical supervised training. The Social Services Department assist in extending community experience to Nursing students by introducing the latter to the non-nursing services which completes the cycle of care to the majority of patients.

Integrated student training means that student nurses are chosen and elect to qualify for three qualifications: S.R.N. and H.V. certificate and District Nurse certificate. During the first year four students spend one week with Health Visitors; and in the second year two weeks with a Practical Work Instructor Home Nurse, whilst in the third year a further twelve weeks is spent with the Practical Work Instructor Home Nurse.

General Practitioner Group Practice is the focal point of the primary care team. In contemporary terms this is the base for training two Health Visitor students from Chiswick Polytechnic. In addition Surrey University and Leicester Polytechnic each send one student Health Visitor to the Hounslow Borough to undertake one week's experience in Group attachment. It is significant to note that overseas students, through the Royal College of Nursing are offered study sessions in Hounslow to study the health services. It is also interesting that fourteen Social Work students spend three days in the Health Department learning about the services offered. One social studies student from Manchester University spent one week with Community

Nursing personnel and two student nurses from Hounslow Hospital spent half a day with a Home Nurse and half a day with a Health Visitor, also a Nursing Officer from East Kilbride in Scotland spent one day in the Department studying the activities at the Health Centre.

This year set the scene for the new option training scheme for student nurses from West Middlesex Hospital. The Borough of Richmond Nursing Service together with the Hounslow nursing team will offer community nurse training to student nurses and although this experience does not lead to the qualification certificate in District Nursing it does mean that more hospital trained nurses are made aware of the total patient care programme and enables them to consider patients beyond the confines of the hospital ward.

Ward Sisters have also observed the work of District Nursing Sisters and this can do nothing but good.

Dr. Herridge, Consultant Psychiatrist and Dr. Low-Beer were special guest lecturers to the Course entitled "Teaching techniques for minimisation of stress in pregnancy and labour". This Course was arranged by Mrs. E. Montgomery, Bristol, a specialist in this therapy.

Training courses in psychiatric nursing appreciation: school/clinic nurses were arranged.

The family planning courses to which staff from surrounding Boroughs were invited served to extend the experience of field staff. Two Senior Nursing Officers undertook a course in middle management and two Health Visitors trained to be Field Work Instructors bringing the number of the latter up to nine.

One Health Visitor is undertaking a course in Health Education at Chiswick Polytechnic: two Home Nurses hope to complete the District Nurse Training course in early 1973.

Study Days and Seminars arranged by the London Borough's Training Committee have been most valuable features of our training programmes and are regarded as vital if high standards of nursing care to the patients are to be maintained.

Hospital Liaison

The need for good liaison with local hospitals has been recognised for many years, but the rapid pace of change and the pending merging of the hospital and community nursing services were the two poignant reasons for appointing a hospital liaison officer who could spend time setting up sound links of communication by demonstrating the need for preventive care and support for the patient and the associated family units.

In October of this year such a link was established and the first approach was made in the paediatric wards of West Middlesex Hospital. The officer was invited to attend the Consultant's Ward Round, and thus link up with the team of social workers and senior nursing staff. Points of procedure with regard to two way flow of information from hospital to the community is discussed and action taken to secure the safe transferral of patients home with a full background knowledge of the ability of the family to manage the care of the patient with the help of appropriate health visitor counselling or physical nursing care from the district nursing sister. The Paediatric Outpatients Clinic also brings this officer in touch with patients and families in

need of medical social support and referrals to the community team are being done through this channel.

Some thought is being given as to how the hospital/community nursing team can interlink a supportive service when a battered baby syndrome is suspected.

In the Maternity Department good liaison exists, but the hospital liaison officer can offer additional links with the primary care team as and when the needs are identified.

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 1972 there were 74 formal notifications of pulmonary tuberculosis and 37 of non-pulmonary tuberculosis, compared with 60 and 25 notifications respectively in 1971.

The total number of cases on the register at the end of the year was 1800 (pulmonary — males 814, females 657, non-pulmonary — males 136, 193).

Table 13 shows an analysis of all cases notified during 1972.

There were 2 deaths from tuberculosis in 1972.

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.

In addition some miscellaneous items of equipment were purchased by the health department during the year and stored centrally at Hounslow. These items were issued as required free of charge on short term loan to necessitous patients when requested by members of the home nursing staff.

Chiropody Service

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

The demands on the council's directly-provided service continued to increase during 1972. An average of 35 weekly sessions were held throughout the year in local authority premises compared with 30 in 1971. This increase was largely attributable to an amendment in the establishment of chiropodists during the year whereby it was possible to employ an additional full-time senior chiropodist to undertake 10 clinic sessions a week. A total of 1813 clinic sessions were held at which 3474 patients made 13,528 attendances for treatment. Ten chiropodists

made 8,773 home visits to aged and infirm patients who were unable to attend the clinics. The number of patients requiring domiciliary treatment increased from 1,249 to 1,506.

Owing to the inability of the Heston and Isleworth Old People's Welfare Committee to engage qualified chiropodists that organisation was able to provide a very limited service during 1972. As a result 121 domiciliary patients received a total of only 189 visit and 77 patients made only 115 attendances at specially arranged sessions during the year. Due to these continuing difficulties the arrangements whereby this voluntary organisation provided a chiropody

service on the council's behalf have since been formally terminated. The council has expressed its appreciation of the chiropody services previously rendered, not only during the formative years of the chiropody service in the borough, but also as an invaluable adjunct to the local authority's directly-provided service in general. The majority of both clinic and domiciliary patients previously provided with chiropody treatment by the Heston and Isleworth Old People's Welfare Committee have since been absorbed into the council's directly-provided service.

Attendances at local authority chiropody clinics

Category of patient	First attendances	Old Cases	Re-attendances	Total attendances
	New Cases			
Elderly persons	1,051	2,243	9,631	12,925
Physically handicapped	25	22	91	138
Schoolchildren	210	23	222	455
Others	7	1	2	10
Totals	1,293	2,289	9,946	13,528

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

Category of patient	First visits	Old Cases	Subsequent visits	Total visits
	New Cases			
Elderly persons	404	976	6,921	8,301
Physically handicapped	34	92	346	472
Totals	438	1,068	7,267	8,773

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 Area nursing officer. All staff are well aware of the desirability of prevention rather than cure but where primary prevention has been impossible the procedure aims at

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

Health Education

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 25,000 pamphlets covering a wide variety of health topics were distributed.

Doctors from twenty three 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 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 46 of the report.

Home Safety

Mr. V. Jones, Safety Organiser, reports as follows:

Efforts were continued over the past year to reduce the number of accidents which occur in and around the home. This has been achieved in general by the provision of Speakers at Women's Organisations and Senior Citizens' Clubs in the Borough. Continued assistance has also been given to Girl Guide Units in the training and testing of their members for the Guide Accident Prevention Badge.

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 65 women examined at this

	1972 Primary tests	3- yearly re-tests	Total	1971 Primary tests	3- yearly re-tests	Total
Women tested	840	751	1,591	1,060	484	1,544
Negative results	839	748	1,587	1,054	482	1,536
Positive results	1	3	4	6	2	8
Gynaecological defects referred to family doctors	200	134	334	221	86	307
Referred to family doctors for other reasons	35	16	51	36	16	52

Carcinoma in situ was confirmed in the four women aged between 43 and 52 years who had positive smears. One woman had a hysterectomy and three 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	10
Monilia	17	7
Leucoplakia	1	—
Vaginal cyst	5	3
Fibroids	13	13
Prolapse	—	1
Erosion of the cervix	60	54
Cervical polyp	22	19
Other gynaecological conditions	63	27
Breast conditions	7	4
Reasons other than those stated above	28	12
Totals	235	150

establishment 1 produced a positive result and she subsequently had a hysterectomy and 12 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 751 women attended for this purpose of which 3 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.

Arising out of the introduction by the Department of Health and Social Security of a revised National Cytology Report Form on the 1st January 1972 I am able to report that, in addition to the Council's service, a total of 3997 women residents of the borough are known to have had cervical smears taken at the Family Planning Association's clinics, at hospital gynaecological clinics and in family doctors' surgeries. Of the 3997 women examined 21 produced positive results.

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

Renal dialysis in the home

Three 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 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 forty seven medical officer sessions were held this year, the attendances at which totalled 476. One hundred and nineteen sessions with a midwife only in attendance were held, the attendances at which totalled 524.

Attendances at the mothercraft and relaxation clinics numbered 2,428: 44 less than last year. Only 32 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, 1,486 sessions were held at which 7,862 children made a total of 42,211 attendances representing a decrease of 1,421 attendances compared with 1971. 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 £14,778 was received for the sale of proprietary preparations.

The quantities of national welfare foods issued were:

National dried milk (packets)	1989
Orange juice (bottles)	8670
Vitamin tablets (packets)	2223
Vitamin drops (bottles)	6838

Welfare orange juice ceased to be supplied as a welfare food after 31st December 1971 and residual stocks were sold during the first quarter of 1972.

There has been a slight increase in the sales of Vitamin tablets since the withdrawal of orange juice but a steady decrease in the sales of Vitamin drops.

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 1972.

Central Nervous System

Anencephalus	7
Spina bifida	3
Hydrocephalus	2
Unspecified malformations of brain, spinal cord and nervous system	1

Eye and ear

Cataract and corneal opacity	1
Other specified malformations of eye	10
Unspecified malformations of eye	1
Accessory auricle	2
Other specified malformations of ear	1
Unspecified malformations of ear	1

Alimentary System

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	6
Unspecified malformations of heart and circulatory system	2

Respiratory System

Malformations of nose	1
Other specified malformations of respiratory system	2
Unspecified malformations of respiratory system	7

Urino-genital System

Hypospadias, epispadias	4
Undescended testicle	6
Hydrocele	1
Malformations of female vagina and external genitalia	1
Other specified malformations of urino-genital organs (includes pseudohermaphroditism)	1

Limbs

Polydactyly	1
Syndactyly	2
Reduction deformity hand or arm	1
Talipes	6
Congenital dislocation of hip	3
Other specified malformations of upper limb or shoulder	3

Other parts of Musculo-skeletal System

Malformations of spine — scoliosis curvature — lordosis, not otherwise stated	1
Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	42

Other Systems

Other malformations of face and neck	3
Other unspecified malformations of muscles, skin and fascia	1
Pigmented naevus	4
Other specified malformations of skin including ichthyosis congenita	3
Unspecified malformations of hair, nail or teeth	1

Other Malformations

Other and unspecified congenital malformations	1
Multiple congenital malformations not specified	3
Down's syndrome (mongolism)	5

Joint Obstetric/Child Health Project

1937 babies were born to mothers resident within a specified catchment area of the Borough during a seventeen month period of time. The development of these babies is assessed at regular intervals. All the babies have now passed their first birthday, and a great deal of information has been obtained about the development of children during the first year of life. The children will continue to be examined until they enter school. A number of families have moved away from Hounslow. When a family moves to another part of the United Kingdom the Medical Officer of Health is contacted and asked to arrange the necessary follow up examination. The mothers of children who have moved abroad are written to and have sent valuable information about their children's progress. The interest and cooperation of the Borough staff has continued to be excellent, particularly the midwives and health visitors.

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. One positive reaction was obtained.

Family Planning

The council has provided free advice on family planning since 1st January 1969 to borough residents, married or unmarried. On 1st April 1972 the service was extended by the provision of free supplies.

The Family Planning Association act as agents for the borough council operate sessions at eight 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 25 sessions were being conducted each week at the end of the year. A central telephone and appointments service staffed by the Family

Planning Association 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. Twenty-five new cases were seen during the year and forty-nine patients seen in previous years continued to receive advice. 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	New cases	Old cases	F P A transfers	Total attendances	Cervical cytology
Bedfont	267	675	74	2279	467
Brentford	188	399	24	1326	218
Chiswick	559	196	130	1845	654
Feltham	376	791	74	3101	579
Hanworth	157	217	59	522	70
Heston	519	699	89	3385	811
Hounslow	1170	2039	190	8382	2030
West Middlesex Hospital	269	337	95	1575	291

Of the total of 3505 new cases it was possible to classify them according to age, source of referral, and social class as shown in the table below:—

	Bedfont	Brentford	Heston	Hanworth	West Middlesex Hospital	Feltham	Chiswick	Hounslow	Total
Source of referral:									
Hospital	6	6	8	5	16	6	3	33	83
Local Authority	12	18	70	13	30	11	14	81	249
Friend	103	99	276	52	104	128	196	592	1550
Gen. Practitioner	40	35	83	16	39	53	53	174	493
Press	1	2	14	3	4	—	2	34	60
Radio and T.V.	1	—	—	1	—	—	—	1	3
F P A Publicity	104	28	68	67	76	178	291	255	1067
Age									
-20	18	26	63	28	42	55	93	210	535
20-24	58	55	180	48	90	133	254	344	1162
25-29	91	48	157	51	85	93	149	296	970
30-34	39	20	48	15	20	35	21	124	322
35 +	61	39	71	15	32	60	42	196	516
Occupation (Social class):									
Professional	131	25	75	28	47	81	118	158	663
Intermediate	—	6	17	—	13	—	54	15	105
Skilled	56	46	125	48	55	120	218	370	1038
Semi-skilled	14	24	51	14	21	35	36	155	350
Unskilled	18	9	20	—	15	5	8	35	110
Students	4	5	23	4	28	10	40	67	181
Others	44	73	208	63	90	125	85	370	1058

Domiciliary Family Planning Service

Major reasons for referral of new cases:

Impossible to attend clinics (mainly due to large families)	7
Health (mental or physical)	7
Poor social background	6
Persistent failure of appointments (associated with social problems)	2
Apathy or low intelligence	3
Total referred	25

Age of patient at referral:

Under 21	2
21-25	13
26-30	3
31-35	5
36-40	2
<hr/>	
Total referred	25

Number of children in family

1	2	3	4	5	6
2	5	8	4	4	2

Report of the Chief Dental Officer

Dental care continued to be provided for all pre-school children, and Nursing and Expectant Mothers who requested it.

The amount of treatment for this group of patients continues to rise, even if slowly.

The implementation of Fluoridation of domestic water supplies would be particularly beneficial to the pre-school child, but although the London Borough of Hounslow has expressed itself in favour of this measure, failure to obtain a unanimous decision of the London Boroughs has blocked its implementation.

Work in progress at a Dental Clinic during production of a film



Work in progress at a Dental Clinic during production of a film.



Organisation

This is the eight Annual Report on the School Health Service provided since the 1st April 1965 by the London Borough of Hounslow. The arrangement whereby the School Health Service is 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 the 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.

Most family doctors in the area have indicated that they do not require their permission to be sought before a child can be referred for specialist opinion or hospital treatment. In all cases the family doctor is sent a copy of the hospital report.

School Health Service

School Population

At the end of the year the maintained school population was

Nursery schools and classes	509
Primary Schools	20,214
Secondary schools	13,268
Special schools	750
Total	34,741

Periodic Medical Inspections

Under the provisions of the Education Act it is the duty of the 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 a school, to submit the pupil for medical inspection in accordance with the arrangement made for such inspection.

Periodic medical inspections are carried out at school entry, at school leaving age and on one or more intermediate occasions. Efforts are made to examine children in nursery classes each term.

When a periodic medical inspection is arranged, the Head Teacher is asked to submit the names of any other pupils in whose case a special medical examination is thought to be advisable. Pupils requiring follow-up from previous medical examination can also be seen so that the visit of the medical officer to the school is used to cover a wider field than the selective age group. If the best results are to be obtained from these visits to the school, there

should be close collaboration and consultation between medical officer and head teacher.

At the "Leavers" examination Form Y.9 is completed for each pupil and forwarded to the Principal Careers Officer. This form indicates any types of occupation that should be avoided for health reasons.

The number of pupils submitted to periodic medical inspection during the year was 7,560 and the results are shown in Table 24. The physical condition of 92 (2.21%) was considered to be unsatisfactory. The concept of unsatisfactory physical conditions varied 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	894	—
Routine clinic sessions	2,782	1,313
Employment of school children	470	—
Children being taken into care	12	—
Freedom from infection	83	—
Pupils at special schools	321	197
Attending hearing clinic	416	637
Possibly requiring special education	230	—
Epidemiological surveys	—	—
Total	5,208	2,147

The defects found at periodic and special medical inspections are shown in Table 24.

Uncleanliness and Verminous Conditions

School nurses examine children for uncleanliness of person and clothing and the presence of lice and their eggs (nits). At one time all pupils were examined at least once in each term, but as uncleanliness of person or clothing had become rare, flea or body lice infestation almost unknown and the incidence of head lice much reduced, such regular examinations were discontinued and the nurse visited the school to carry out these examinations only at the request of the Head Teacher or where there were grounds for

suspecting the presence of infestation. The downward trend in head infestation has recently, but we hope only temporarily, been halted. It is not yet however necessary to re-introduce regular inspections. During the year school nurses carried out 25,758 examinations and found lice or their eggs in the hair of 236 individual pupils. Today there is no excuse for such infestation and the infested pupils are usual 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 9 formal notices requiring the parent to cleanse the child had to be issued, and in 2 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 3,256 foot inspections were carried out and 156 new cases of plantar warts and 3 cases of re-infection were found.

It has previously been the policy of this Borough that, in order to prevent the spread of plantar warts, any child with plantar warts was excluded from the public swimming baths until the warts had completely disappeared. Recent research has indicated that once adequate treatment has been started, there is no danger of the spread of infection in the swimming pool. It was therefore decided, after consultation with the General Baths Manager, that children with plantar warts should be allowed to use the swimming baths provided they could produce a medical certificate stating that adequate treatment had been commenced. A close watch will be kept on the future prevalence of plantar warts in the Borough.

Minor Ailment Clinics

These are staffed by nurses and may be held at clinic premises each morning, if required, 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 in periodic and special inspections. Where active treatment is required, pupils are usually referred to their own doctors or specialist clinics and most of the work done by the medical officer is advisory, educational or supporting.

Ophthalmic Clinics

The vision of all school children is tested at the time of their periodic medical inspection. At the intermediate inspection, colour vision is also tested. Children may also be referred to the School Consultation Clinic by parents, head teacher or others, if they have any reason to suspect

defective vision. When an eye disease, squint or defect of sight is found, the child may be referred to our Ophthalmic Clinic to be seen by an Ophthalmic surgeon seconded from the Regional Hospital Board. A total of 1865 children were seen at these clinics during the year and spectacles were prescribed for 590 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. The clinic held by Mr. Kingsmill Moore at Hounslow Health Centre was discontinued early in the year. Mr. I. Archibald from West Middlesex Hospital continues to attend monthly at Brentford Health Centre. Physiotherapy clinics continue to be held twice weekly at Hounslow Health Centre and once a week at Brentford Health Centre.

128 children were seen by the orthopaedic surgeons during the year and 116 children required treatment by the physiotherapist at the Council Clinic.

Speech Therapy

The staff shortages experienced in 1971 continued into 1972 when another therapist left to get married. Despite this shortage continuity was maintained by cutting down sessions in all areas. The Diagnostic and Developmental class at Busch Corner was kept staffed by a different speech therapist each day, and the children responded well to this.

Students from three of the London Speech Therapy Training Schools continue to come to Hounslow's Clinics. The scope of the facilities for handicapped children in the Borough means more requests to take students than in most areas. It is largely through these contacts with Training Schools that applications for posts in Hounslow were received, and full establishment was reached in October.

The number of children referred for assessment of speech and language has risen steadily, now reaching some 18 new cases per month, apart from the Special Schools and Units and Day Nurseries.

Since all cases have been referred to Bath Road for initial assessment by two therapists a greater consistency has been maintained in assessment procedures, although the numbers have risen to a point where there is a long waiting list, which is unlikely to be reached until there is an increased establishment. It is hoped that the increase will be made in 1973. Care has been taken after assessment in selecting cases for speech therapy. Children with immature speech are placed under supervision and the parents advised how best to help their child, and contact is

made with Day Nursery, School or play-group, so that the speech therapists' time can be used for children with severe defects, or those judged unlikely to improve without specified help.

A further aspect of the increased interest in speech and language has been the requests for the Senior Speech Therapist to talk to various groups of other professions. These have included regular twice annually talks on the course for Play-Group Supervisors at Hounslow Old School, Dr. Tyson's In-Service training for the staff of the Oaklands and Lindon-Bennett Schools and the course held in March 1972 for teachers with classes of children from multi-lingual homes. Talks were also given to student teachers at Maria Grey College and Chiswick Polytechnic. Great interest in speech therapy was shown by all these varying groups.

The work at Martindale has progressed smoothly, particularly since Miss Richardson joined Mrs. Hatton as speech therapists in the Medical Advisory Unit. Staffing during the time of shortage, by various speech therapists on different days, prevented the valuable team approach. There are still too many children needing urgent speech therapy at the Marjory Kinnon School, a trend that has increased during the year, but it is hoped to increase the number of sessions to a full time post in 1973.

Despite good relations with staff at the Oaklands the Lindon-Bennett Schools, the numbers of children to be seen and the small amount of time available make it difficult to assess the progress made. The report of the Quirk Committee appointed by the Secretaries of State for Education and Science and Social Services to look into speech therapy services makes a point of underlying the needs of the mentally handicapped, and a more satisfactory staffing arrangement is needed in this area. Dr. Harper commenced a most valuable and interesting project in November 1972, assessing the progress of young mentally handicapped children and advising their parents on the best way of stimulating the child to reach his potential. The physiotherapist and Senior speech therapist join the Health Visitor concerned with the family with Dr. Harper at the assessment. The children are followed up in their homes and as "out-patients" after school hours by the speech therapist and physiotherapist and it is hoped that this long term project may obviate problems that arise, support the parents, and achieve greater progress in the children's development.

Of the requests for speech therapy in other areas in 1971, it has been possible to send a speech therapist to the Autistic Unit for two sessions a week, commencing October 1972, and this is proving of value. It is unfortunate that it has not been possible to follow up the request from Mr. Barrett at the Heston School for the Deaf that a speech therapist call at the school, but this is looked forward to at a later date.

1972 was an encouraging year in the Speech Therapy department. The increased waiting lists for children were solely due to the larger number of children referred, and the field of work widened further.

Asthma and Allergy Clinics

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

158 children (102 boys 56 girls) attended the Allergy Clinic during 1972, of these 43 were new referrals. 112 suffered from Asthma, 38 from Pollenosis or Vasomotoric Rhinitis, 6 from Eczema or Urticaria, 2 from Migraine. Of the 112 patients with extrinsic Asthma 72 started their attacks at or before the age of 3 years, i.e. 64%.

Of the asthmatic children 5 had a history of Convulsions in the past but 3 actually suffer from Grand Mal.

18 'asthmatics' came from severely traumatized homes (parental separation, mental illness, death of one parent). Convalescence was arranged for 9 pupils, the main indication being adverse environmental conditions. The same indication was operative in the 7 cases referred to or attending Open Air Schools. 4 children were referred for Child Guidance treatment.

Hospitalization was required for 8 children, in 3 for Status Asthmaticus, 1 for severe epileptic fits, 1 for Pneumonia, 1 for severe Prurigo, 1 for Henoch's Purpura and 1 for investigation of severe Asthenia (weight below the 3rd percentile).

10 of the asthmatic pupils left school during 1972 and but for 2 who went into Army careers the choice of the future work and the physical condition were satisfactory: the P.E.F.R. being at least at 300 l/m. The two youths keen on the Army were referred for further assessment to the Brompton Hospital and were given a — though guarded — 'all clear'.

The majority of the patients manage with conventional therapy (Ephedrine and its derivatives) or the newer more powerful sympathomimetic amines (Orciprenaline, Salbutamol, Terbutaline); the latter in the older children for more rapid relief as Aerosols. If not controlled Intal (Di-solium cromoglycate) is, of course, the drug in management and was successfully used by 41 patients ('quite marvellous' the comment of a chronic sufferer). After a 6-8 weeks trial the 4-hourly dose is reduced according to symptoms and maintenance treatment is advised of one inhalation daily in the 'quiescent' period of Asthma. The main success of Intal is in the blockage of Exercise induced Bronchoconstriction and our Schools should be advised of this effect, as children can now participate in sport of which they had to be excluded in the past.

None of our clinic-attenders were on maintenance Steroids and there has been no indication for a trial of Beclomethasone Inhalation.

Hyposensitisation against the Grass-Pollens was given in 5 cases. This proved successful in all these children and all were able to lead a normal life without loss of schooling and examinations ('A' levels in one pupil) were not affected. One patient did well on nasal cromoglycate ('Rynacrom') who had previously been injected unsuccessfully (by his G.P.) against Pollenosis.

The overall impression is that with more powerful drugs and with the advent of the Cromoglycates (which are mast cell specific) the 'Asthma problem' might be under control in the near future.

Hearing Clinic

The number of cases seen at the Hearing Clinic during the year was a considerable increase on the previous year. The total number seen was 1,276 of which 632 were new cases and 644 were cases for re-examination.

Screen audiometry was performed on all children entering primary school. The children who failed the audiometric test were referred to the school medical officer who decided whether the child should be re-tested in school clinic or referred on for further investigation. The number of tests performed during the year is shown in Table I.

	First test in school	Retest at school clinic	Total seen	Re-test Failure
Infants (under 7)	2776	243	3019	160
Junior (7-11)	3417	121	3538	57
Senior (15-17)	550	37	587	2
Total	6743	401	7144	219

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

	First test	Re-test	Total	Failures
Under 5 years	116	12	128	43
5-7 years	433	31	464	201
8-11 years	286	11	297	99
12 and over	134	4	138	53
Total	969	58	1027	396

The audiometricians took a total of 536 impressions for use with hearing aids during the year. 65 Medresco National Health Service aids were issued and 70 were exchanged. 2 commercial aids were issued, 1 post aural and 1 body worn aid. The decrease in the number of commercial aids issued is a reflection of the increased variety of the aids supplied by the National Health Service.

Mr. Wall senior peripatetic teacher of the deaf made a total of 1210 visits to homes and schools during the year. Mr. Wall is responsible for the hard of hearing children in Hounslow and Ealing. 18 children attend secondary schools, 49 attend primary schools and 18 children of pre-school age were visited. Mr. Wall continued to give talks on parent guidance and child management at conferences and courses during the year.

In October 1972 a celebration was held to mark the 10th anniversary of the opening of the Hearing Clinic in the present building. A booklet about the work of the clinic was published for this occasion and now serves as an information booklet. The Hearing Clinic was open to visitors and the work and equipment demonstrated. A special exhibition of various aspects of this work was arranged including a film strip illustrating the methods used in the testing of children's hearing. Lady Templer addressed the meeting in the presence of Mr. Slattery, Mayor of Hounslow, The Mayoress and Dr. Lindon after which refreshments were served. The function was well

attended by many people interested in the problems of deaf children.

Two new film strips have been produced during 1972 'An Introduction to Audiometry' and 'Play Audiometry in Children'. These follow the two films made previously on testing infants and young children which were highly successful for teaching purposes.

The staff at the clinic helped in the making of the film 'Teaching language to deaf children' which was sponsored by the National Deaf Childrens Society, part of which was shot at the Hearing Clinic.

Part of the film 'Curtain of Silence' which was made by the B.B.C. Horizon team was also shot at the clinic.

Dr. Fisch is involved with the Association for making of films on hearing and deafness. The first film will be about the employment of the deaf.

Dr. Fisch has been elected Vice Chairman of the British Society of Audiology.

The Hearing Clinic Staff give considerable help to the Commonwealth Society of the Deaf in the form of receiving overseas visitors interested in setting up audiology clinics abroad. Dr. Fisch also gives help to the Society in an advisory capacity.

Papers: Dr. Fisch read a paper at the International Congress of Audiology in Budapest on Epidemiology of Congenital Deafness and the paper is published in the Journal of the International Society of Audiology.

Dr. Fisch read a paper on Comprehensive Assessment of Children with Hearing Disorders at the International Congress in Sonneberg.

Dr. Fisch wrote a chapter in a book by Mr. Maxwell Ellis on Modern Trends in Diseases of the Ear, Nose and Throat. The chapter is entitled The Deaf Child and forms a significant part of this book. He also wrote a chapter in a book on Geriatric Medicine by Professor Brocklehurst of Manchester University. This is the first major chapter on deafness in old age in a textbook on geriatric medicine.

Lectures: Dr. Fisch gave a lecture on the Organisation of Audiology Service at the Lady Spencer College near Oxford to the training course for teachers of the deaf.

Dr. Fisch and Dr. Harper gave a lecture at a special course on Hearing Problems in Children for the London Borough of Hillingdon.

Courses: A one day course for Nursery Nurses from Chiswick Polytechnic was held in March.

A 2 day Conference for Health Visitors was held in July at the request of the London Boroughs Association.

A one day course on Developmental Paediatrics was held in September at the request of the Society of Medical Officers of Health.

Groups of speech therapists, midwives and students also visited the clinic as observers and visitors from many parts of the world visited the clinic during the year.

Audiometric testing at the Heston Hearing Clinic



With financial support from the National Deaf Children's Society Dr. G. S. Udall of St. Bartholomew's Hospital has investigated 106 children with a high frequency hearing loss as shown by pure tone threshold audiometry. An extensive questionnaire was used to elucidate the causes of this condition and the reasons why in some cases, it is not diagnosed before school entry. Hearing tests in the near-perfect conditions of the clinic compared the benefits gained by such children from lip reading and/or hearing aids and contrasted the ability of the child to repeat balanced high and low frequency words at varying distance from the speaker's voice. Further tests of vision, balance and manual dexterity were aimed to uncover any correlated neurological damage; whilst the establishment of left or right handedness, together with simple reading and arithmetical tests sought to determine whether such children have any learning difficulties other than might be expected from the hearing loss per se. In this way, a wealth of clinical data has been amassed which at the present time is being prepared for statistical analysis by computer.

Medical Advisory Unit and Cerebral Palsy Unit

The work of the unit has continued during the year. A total of 145 children were seen as outpatients of which 42 were of school age and 103 were under school age. 87 of the children of pre-school age had cerebral palsy, 13 had spina bifida and 3 had other physical defects. 24 of the children of school age had cerebral palsy, 4 had spina bifida and 14 had other defects. 93 children attending Martindale School were seen during the year. The following table shows the type of handicaps dealt with in the unit in 1972.

	Martindale School Pupils	Outpatients
Cerebral Palsy	47	111
Spina bifida	27	17
Muscular dystrophy	4	4
Poliomyelitis	2	—
Brain damage (a)	5	2
Haemophilia	—	1
Rheumatoid Arthritis	2	1
Congenital deformities	1	—
Other	5	9

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

For the second consecutive year the number of children with spina bifida seen as new patients has not increased but the high number of children attending both the school and pre-school group continue to cause problems in management. The group classes for spina bifida children have continued this year and it was found that these children had increased their mobility and coordination from attendance at these classes.

The nursery classes which were opened last year continue to be of great benefit to the children. At the end of the year the classes consisted of 10 children with cerebral palsy, 8 with spina bifida, 1 dwarf and 1 child with

multiple congenital defects. The cooperation between the educational staff and the medical staff continues to be particularly close with the children in these classes. Because the children need to spend varying lengths of time in the physiotherapy departments educational and medical programmes are arranged to suit each individual child. The bladder control of the spina bifida children is of particular concern and attempts are made to help the children to gain bladder control if at all possible by regular attention to potting.

The new Hounslow Day Nursery was opened in January 1972 together with the specially planned and equipped unit for 9 handicapped children. The full functioning of this unit was delayed until suitable staff had been appointed and further delays were caused by repeated episodes of quarantine for infectious diseases. A staff nurse and 2 nursery nurses were appointed to this unit together with a part time physiotherapist. In March 1 child with Spina bifida and 1 with cerebral palsy were admitted to the new unit and there are now 6 children in the unit.

Child Guidance

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

1972 statistics show that more cases were referred last year than previously, especially by the Education Department and the School Health Service. Since September, with the extra sessions given by the Regional Hospital Board, Dr. Calwell was able to offer 3½ more sessions to the Clinic and a half session to Ashford Hospital. Part of this extra time has been used to visit the Autistic Unit and the Marjory Kinnon School each term as well as visits to other special schools in the area. Several residential schools for maladjusted children have been visited by the Psychiatric Social Workers and Educational Psychologists. Personal links with these schools lead to more appropriate placements and better communication so essential in difficult and complicated cases. The fact that an increased number of children has been recommended for residential schools does in some instances reflect the need for another day maladjusted school in the Borough. There is a lack of adequate provision particularly for the truanting educationally backward boy, who tends to become bored and delinquent when special educational care is not available.

Close links with the Social Services Department have been maintained by continuation of regular teaching seminars until the Autumn. Since then, discussions have been in progress about the use of the Clinic staff in the assessment of children before the Courts and in the care of the Social Services Department. In this connection, seven visits have been made to approved schools, assessment units and hostels by the Senior Clinic staff, who were accompanied by local magistrates. Diagnostic interviews have continued to be offered to the Social Services and the histories are supplied by the Social Worker from the Department. Mrs. Lees has taken an active part in a working party, drafting forms for use by the Social Services Department.

Educational Work

In addition to her part in the routine work of the Clinic, Mrs. Lees, Senior Psychiatric Social Worker, has given talks to residential staff of children's homes, nurses at West Middlesex, teachers in training and trainee staff at children's homes, and has also interviewed individually some six students from a variety of settings.

Miss Parmentier, Psychiatric Social Worker, whom we welcomed to the staff in February, 1972, has supervised a Social Worker student for a period of three months and has talked to playgroup supervisors.

Throughout the year, we have been assisted by a volunteer worker, Miss Hansen from Denmark, who has undertaken to visit and take out children known to the Clinic to suffer from severe social deprivation.

We have been visited by Dr. Parfit of the National Children's Bureau, as she was interested in our special contribution to the education of Social Workers, and by the staff of the Croydon Child Guidance Clinic, who needed advice in plans for their new Child Guidance Clinic. In April, there was an inter-clinic meeting held at this Clinic when staff of local Clinics discussed — "The Future of the Child Guidance Service" and wrote to the Department of Health and Social Security, supporting the recommendations of the Inter-Disciplinary Working Party.

We were sorry to lose Dr. Brafman after two years and shall miss his stimulating presence. We also lost two members of the Clinic who have been with us the longest — Mrs. Martin, Clinic Secretary, and Mrs. Szur, Psycho-therapist, and we shall greatly miss their valuable contribution to the Clinic.

Referrals 1972	214
Diagnosed by Psychiatrist	128
New Cases seen by Psychiatric Social Workers	77
Number of Families helped by Psychiatric Social Workers	189
Total attendances to see Psychiatric Social Workers (parents)	1,554
Total attendances to see Psychiatrist (parents and/or children)	521
Number of cases treated by Psychotherapist	42
Total attendances to see Psychotherapist	696
Waiting List for P.S.W. at 31.12.72	28
Waiting List for Psychiatrist at 31.12.72 (i.e. cases prepared by P.S.W., S.S.D., etc.)	20

Analysis of Referrals

Education Department	79
Health Department	52
Parents	35
Social Services Department	22
General Practitioners	11
Hospitals	6
Probation Officers	2
Transfers	3
Others	3

Recommendations for Special Education

Residential Schools	30
Day Special Schools	22

Professional Adviser for Special Education

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

During 1972 I was re-designated as Professional Adviser for special education to the Borough; I had been undertaking some aspects of this work already in my everyday contacts with the special schools, but official responsibilities now include new types of educational work which were not required previously such as overseeing of teachers on first probationary appointments in special schools, taking part in interviews of applicants for posts in special schools, and attending committees on planning for future special school provision etc. This has meant a fair amount of replanning of my work programme, as there has been no let-up in requests for assessment and advice re children referred to me in my other capacity as senior psychologist for special schools and special units.

During the year I was invited to serve on the Secretary of State's Advisory Committee on Handicapped Children, and was then further nominated to serve on the smaller research sub-committee. With the assistance of information from my colleague Mr. V. Fisher Assistant Director of Education, and Mrs. M. Pears, Senior Psychologist School Psychological Service, I produced a paper on remedial provision for children with reading difficulties in Hounslow.

The training courses for teachers of Mentally Handicapped children at Chiswick Polytechnic have now ceased, with the transfer of the former Junior Training Schools to L.E.A.s as special schools for E.S.N.(S) children, but Chiswick Polytechnic continues to collaborate with Maria Grey College in the new three year teacher training course offering specialisation in the education of the severely subnormal child. My former role as external examiner to the Chiswick courses has been transferred to the University of London Institute of Education on behalf of this new course. I was also appointed a member of the Central Examination Panel of the Training Council for staff in Adult Training Centres of the D.H.S.S., until this Council is incorporated in the new Central Training Council for all social workers. (One of the present Training Councils courses is at Chiswick Polytechnic.) Although taking some time from my other duties, membership of these committees provides valuable experience about how patterns of provision for the handicapped are being developed throughout the country.

During 1972 I ran two in-service courses for teachers — one of one session a week for four weeks for Hounslow and Brent teachers on Language Development in the multi-racial Infant School, and a four day full-time course for the staff of Oaklands and Lindon-Bennett schools on the Education of E.S.N.(S) children. I gave more lectures also to teachers, speech therapists and other professional workers in Training Colleges, Hospitals and other L.E.A.s.

The small special classes at Busch Corner Clinic and Belmont School, and the Friday morning class at the Hearing Clinic, continued to function and expand — indeed, when the total class of 14 children is present at the Hearing Clinic, as well as five regular adult workers and helpers, and two or three students, it is almost impossible to move in my room, and the adjacent waiting room has to

be used also. All the classes have attracted visits from many professional workers, and hopefully have provided a stimulus for similar developments in other L.E.A.s.

At Martindale School during 1972 the Headmaster Mr. Higgon, Miss Dorothea Meyerhof Educational Psychologist London Borough of Hillingdon and I carried out a small study of some of the abilities and possible learning difficulties of the group of children with spina bifida in the school. We were interested particularly to discover (a) if there were any special difficulties which appeared to characterise the group as a whole, and which might require modifications or additions to the teaching approach to these children, and (b) if there were within the group any special difficulties characteristic of those children who had needed greater surgical intervention and more extensive hospitalisation. We did indeed find that for our small group of children (about 31 in number) a very large number appeared to have some problems in eye hand coordination and certain kinds of visual perceptual tasks, which might affect their ability to develop reading and writing skills without special help. We found also that there appeared to be some differences in learning ability and concentration between the small group of children who had needed comparatively little surgical intervention and hospitalisation and the larger group who had needed a great deal. The relevance of our findings (using two different kinds of assessments of reasoning ability) to a teaching approach to these children is being explored. Our findings are very much in line with the results of larger developmental studies of children with spina bifida now in the course of being published.

School Psychological Service

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

Referrals to the School Psychological Service remained at a high level throughout this year. Headteachers, School Medical Officers, the Health Department and parents continued to be the main sources and the variety of problems referred draws attention to the breadth of the service offered to the community by the School Psychological Service team which at present consists of 3 psychologists, 1 full time and 1 part-time Educational Social Worker and 1 full time and 1 part-time remedial teacher for cases of severe reading disability.

Figures concerning the major part of the work of each discipline are given below together with a table of new referrals.

Psychologists

School visits within the Borough	250
School visits outside the Borough	14
Assessments of new cases	270
Interviews with parents	126
Children seen <i>weekly</i> for individual educational therapy	12
Seminars for remedial teachers (primary and secondary)	40

Educational Social Workers

Number of families being seen	64
Number of interviews at home	458
Number of interviews at Centre	125
Visits to schools (boarding and day); to hospitals; Court attendances	35

Remedial Teachers

Number of children seen during the year	
Number of boys	40
Number of girls	5
Number of secondary schoolchildren now receiving help	27
Number of primary schoolchildren now receiving help	18

Table of New Referrals

Source		Problem	
Headteacher	171	Behaviour	53
Parents	15	Intellectual assessment requested	87
School Medical Officer	18	Poor progress	63
Health Department	21	Poor reading	30
Probation Officer	1	Poor speech	7
School Counsellor	2	Behaviour and slow progress	3
Health Visitor	1	Court report	1
Social Services Dept.	1		
Child Guidance Clinic	2		
Education Welfare Officer	1		
Dr. Tyson	2		
West Middlesex Hospital	1		
Education Office	8		
	244		244

Number of current cases 978

Number of new cases referred to Educational Social Worker 35

Except for the departure in April of Miss Fleetwood our much valued part-time Educational School Worker, the staff of the School Psychological Service remained constant throughout this year and this enabled us to consolidate work initiated in 1971.

Consolidation

The annual returns from primary schools continued and the information they gave about their retarded readers enabled the peripatetic remedial reading team members to be deployed to best advantage as well as providing advance information concerning children who would be in need of remedial help on transferring to secondary schools.

Seminars for the peripatetic remedial team also continued, and a core of highly proficient remedial reading teachers is now emerging whose skills are at the disposal of the less experienced members of the team.

For the child with a severe reading problem who has proved unable to respond first to ordinary classroom teaching, and then to remedial teaching in a small group in school and to whom the generic term "dyslexic" might properly apply, there remains the individual remedial help offered by the School Psychological Service at the Centre. 41 children are seen weekly and nearly half of these now have the benefit of social work with the parents. This joint approach has proved to be very fruitful and in some cases gains in reading age of up to 4 years can be shown over a 2 year period.

New developments

Mrs. Wallis (psychologist) and Mrs. Grigg (Educational Social Worker) have made monthly visits to a comprehensive school who do not have a school counsellor. Their function has been to discuss problem children with the housemasters, tutors and staff and to advise on management within the school or possibility of referral to appropriate agencies outside (School Psychological Service, Child Guidance Clinic, Social Services Department, etc.).

This has proved a very fruitful use of the psychologist's time and more may be accomplished by these methods of consultation than by more laborious and often less appropriate individual assessments.

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	Defects
sub-normal	Delicate

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

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

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

Handicapped Pupils
and Special Schools

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

Boarded in Boarding Homes

During the Calendar year ended 31st December 1972:--		Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	TOTAL	
A	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	Boys	1	—	1	—	6	8	31	27	—	—	74
		Girls	—	—	1	—	7	6	11	23	—	—	48
B	Number of children newly placed in special schools or boarding homes												
i)	of those included at A above	Boys	—	—	—	—	3	6	23	11	—	—	43
		Girls	—	—	—	—	—	4	11	11	—	—	26
ii)	of those assessed prior to January 1972	Boys	—	—	—	—	5	3	3	6	—	—	17
		Girls	—	—	1	—	6	2	1	9	1	—	20
iii)	Total newly placed — B(i) and (ii)	Boys	—	—	—	—	8	9	26	17	—	—	60
		Girls	—	—	1	—	6	6	12	20	1	—	46
On 25th January 1973, children from the authority's area were awaiting places in special schools as follows:													
<i>Under 5 years of age</i>													
1)	Waiting before 1st January 1972												
	day places	Boys	—	—	—	—	4	—	—	1	—	—	5
		Girls	—	—	1	—	7	—	—	2	—	—	10
	boarding places	Boys	—	—	—	—	—	—	—	—	—	—	—
		Girls	—	—	—	—	—	—	—	—	—	—	—
2)	Newly assessed since 1st January 1972												
	day places	Boys	—	—	—	—	1	—	—	2	—	—	3
		Girls	—	—	1	—	5	2	—	5	—	—	13
	boarding places	Boys	—	—	—	—	—	—	—	—	—	—	—
		Girls	—	—	—	—	—	—	—	—	—	—	—
<i>Aged 5 years and over</i>													
3)	Waiting before 1st January 1972												
	day places	Boys	—	—	—	1	4	1	1	3	—	—	10
		Girls	—	—	—	—	6	1	—	2	—	—	9
	boarding places	Boys	—	—	—	—	—	1	—	1	—	—	2
		Girls	—	—	—	—	1	1	—	—	—	—	2
4)	Newly assessed since 1st January 1972												
	day places	Boys	—	—	1	—	2	—	2	14	—	—	19
		Girls	—	—	—	—	1	—	—	8	—	—	9
	boarding places	Boys	1	—	—	—	—	2	6	2	—	—	11
		Girls	—	—	—	—	—	—	—	—	—	—	—
5)	Total number of children awaiting admission to special schools. (1 to 4 above)												
	day places	Boys	—	—	1	1	11	1	3	20	—	—	37
		Girls	—	—	2	—	19	3	—	17	—	—	41
	boarding places	Boys	—	—	—	—	—	3	6	3	—	—	13
		Girls	—	—	—	—	1	1	—	—	—	—	2
On 25th January 1973 the following pupils from the authority's area were at:													
6)	Maintained Special Schools including attached units and hospital Special Schools.												
	day places	Boys	—	4	7	7	45	25	45	151	—	—	284
		Girls	—	3	5	13	31	16	21	133	—	—	222
	boarding places	Boys	—	—	—	—	—	9	5	4	—	—	18
		Girls	—	—	—	—	—	3	1	—	—	—	4

During the Calendar year ended 31st December 1972:—			Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defects	TOTAL	
7) Non-maintained Special Schools including attached units and hospital Special Schools.	day places	Boys	—	—	—	—	—	—	—	—	—	—	—	
		Girls	—	—	—	—	—	—	—	—	—	—	—	
	boarding places	Boys	3	—	8	—	1	3	5	—	1	2	—	23
		Girls	1	—	1	—	3	1	1	—	4	1	—	12
8) Independent schools under arrangements made by the Authority	day places	Boys	—	—	—	—	—	—	1	—	—	—	—	1
		Girls	—	—	—	—	—	—	—	—	—	—	—	—
	boarding places	Boys	—	—	—	—	—	—	31	—	1	—	—	32
		Girls	—	—	—	—	—	1	10	—	—	—	—	11
9) Special classes in ordinary schools (assume all day)	Boys	—	—	—	—	—	—	—	9	—	—	—	9	
	Girls	—	—	—	—	—	—	—	7	—	—	—	7	
10) Total on registers — 6-9 above	day places	Boys	—	4	7	7	45	25	58	151	—	—	—	297
		Girls	—	3	5	13	31	16	28	133	—	—	—	229
	boarding places	Boys	3	—	8	—	1	12	47	—	6	2	—	79
		Girls	1	—	1	—	3	5	12	—	4	1	—	27
11) Boarded in homes and not already included above.	Boys	—	—	—	—	—	—	1	3	3	—	—	7	
	Girls	—	—	—	—	—	—	—	2	—	—	—	2	
12) Educated under arrangements made in the Authority in accordance with Section 56 of the Education Act 1944.	in hospitals	Boys	—	—	—	—	—	—	—	—	—	—	—	
		Girls	—	—	—	—	—	—	—	—	—	—	—	—
	in other groups eg units for spastics at home	Boys	—	—	—	—	—	—	—	—	—	—	—	—
		Girls	—	—	—	—	—	—	—	4	—	—	—	4
		Boys	—	—	—	—	—	—	—	3	—	—	—	4
		Girls	—	—	—	—	—	—	1	3	—	—	—	4
13) Total number of handicapped children awaiting 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 5, 10, 11 and 12.	Boys	4	4	16	8	57	42	112	183	4	—	—	430	
	Girls	1	3	8	13	54	26	45	154	1	—	—	305	

Special schools

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 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 who visits regularly. A physiotherapist is in attendance every morning to give treatment to those children who require it, while 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 temporary or chronic physical illnesses or may present 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 possible facility and without a departure from the routine that might make a child conspicuous by this appearing to be handled differently from his peers.

The figures in the following table relate to the position in December 1972 and show the number of children who attend from Hounslow and neighbouring authorities.

	Delicate		Maladjusted		Total
	Boys	Girls	Boys	Girls	
London Borough of Ealing	3	2	—	2	7
London Borough of Hounslow	23	19	25	18	85
London Borough of Richmond	2	—	—	2	4
Surrey County Council	—	1	—	—	1
Total	28	22	25	22	97

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 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
Buckinghamshire County Council	7	4	11
London Borough of Ealing	16	16	32
London Borough of Harrow	5	2	7
London Borough of Hillingdon	7	9	16
London Borough of Hounslow	35	20	55
London Borough of Richmond	7	7	14
Surrey County Council	14	3	17
Total	91	61	152

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 1972 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	7	2	3	18
London Borough of Ealing	13	9	9	12	43
London Borough of Harrow	3	3	5	4	15
London Borough of Hillingdon	9	3	6	9	27
London Borough of Hounslow	7	4	9	12	32
London Borough of Richmond	2	—	4	3	9
Bucks. County Council	1	1	—	1	3
Surrey County Council	2	1	1	—	4
Herts. County Council	2	1	—	—	3
London Borough of Kingston	—	1	—	—	1
Total	45	30	36	44	155

Marjory Kinnon School

176 children within the age range 4-16 attend the school. The children have usually made poor progress in the normal school and are referred from the School Psychological Service but increasingly they are found to have specific difficulties with language/communication and not to be globally retarded. A principal medical officer sees all the children before they are admitted to the school and visits the school twice weekly to do medical assessments and meet parents and teachers. A number of organic conditions which would lead to low intelligence have been discovered and there is often a history of low birth weight, prematurity and perinatal difficulties.

There is a full-time nurse who sees to medication, care of epileptics, minor ailments, hospital appointments. She often takes the children for hospital and dental appointments, and acts as liaison officer between hospital and school. A physiotherapist spends three sessions per week at the school and treats children with locomotor and co-ordination difficulties.

The speech therapist treats children individually and in small groups. She also assists in the language stimulation class, run jointly with the psychologist.

Regular visits to the school are also made by the psychologist, audiometrician and teacher for the deaf. The social worker provides the vital link between school staff, medical team and parents. The discussions with the psychiatrist from the Child Guidance Clinic have continued once per term and have been a great help to the school staff.

The new school should open in 1974 and the medical team are looking forward to having more space in which to do assessments and therapy.

The figures in the following table relate to the position in December 1972 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	4	—	4
North Surrey	8	5	13
London Borough of Hounslow	82	76	158
Total	95	81	176

Lindon-Bennett School

95 children whose intelligence is within the severely subnormal range, attend this school, 19 of whom need constant supervision or nursing care and are in the special care unit.

A principal medical officer visited the school weekly and most of the children were seen during the year. Approximately 40% of the children are mongols and many have heart, visual, hearing and speech defects. The children in the special care unit are multiply handicapped and twelve are chairbound. The main disabilities are cerebral palsy, epilepsy and spina bifida.

A full-time nurse sees to medication and deals with minor ailments, fits and nursing of special care children. A physiotherapist does three sessions per week at the school and her treatment programmes are continued daily

by the school staff. A speech therapist visits weekly and sees children individually and advises the teachers on speech and language problems.

A social worker from the Hounslow Area Team has made regular visits to the school in the past two months.

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	2	3
Buckinghamshire County Council	—	1	1
Inner London Education Authority	—	1	1
North Surrey	—	1	1
London Borough of Hounslow	52	37	89
Total	53	42	95

Physiotherapy is provided at the school and the number of children seen individually increased considerably during the year. There is a lot of scope for group treatments mainly in an advisory capacity during sessions of music and movement, swimming, gymnastics and apparatus, but as only 3 sessions per week are allocated to the school there is no time to do this work.

As a result of the monthly pre-school assessment clinics with Dr. Harper which started in November, pre-school children are now receiving treatment and parents are given advice on an outpatient basis either at school or at home. This has strengthened the multi-disciplinary approach and has established better contact with the health visitors and social workers concerned with the children some of whom attend the assessment clinic and even the treatment sessions with the speech therapist and physiotherapist attached to the school.

As the adventure playground becomes established there will be further scope for informal work on movement with some of the older children.

Oaklands School

This school accommodates 62 children in the severely subnormal range of ability.

A principal medical officer visits the school fortnightly and the majority of children have been seen during the year. The causes of handicap are similar to those of Lindon-Bennett School. There are 18 children in the Special Care Unit and seven of these are chairbound and need constant nursing care. The full-time nurse spends most of her time with these children but also helps the physiotherapist with children who need daily treatment. The speech therapist visits weekly and treats children individually and collectively.

A medical room was added to the school at the end of the year and the medical team look forward to using it in the New Year.

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	17	13	30
London Borough of Hounslow	16	16	32
Total	33	29	62

Aftercare of Handicapped Pupils

Case conferences are called by the head teachers of the special schools and the senior school medical officers concerned to discuss the special problems which arise when handicapped children reach school leaving age. The Youth Employment Officer with special responsibility for the handicapped, the Educational Psychologist and the Social Workers also attend, and where appropriate representatives of voluntary organisations such as the Spastics Society are also invited. Arrangements are fully discussed with the parents and where necessary the Youth Employment Officer establishes contact with the services provided for the disabled by the Department of Employment and Productivity.

Martindale School is fortunate in having a further education unit which provides largely for its own pupils who are reaching the age of 16, and require further instruction before they can satisfactorily be placed in employment. These facilities are also available to pupils from Marjory Kinnon and Busch House Schools. Informal counselling for children after they have left school, particularly if they have gone into normal employment is frequently undertaken by the school staff who have been personally acquainted with the child. There always remain 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 38.

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.

Day Nurseries

Introduction

There are three Local Authority Day Nurseries in Hounslow — Nantley House (Balfour Road), Feltham Day Nursery (Danesbury Road) and Brentford Day Nursery (The Butts).

The organisation and administration is the responsibility of Social Services, including the allocation of places.

The Health Department is responsible for carrying out routine medical and developmental checks on the children and may also recommend children for admission on social, medical or educational grounds.

The Education Authority is responsible for paying the fees of all the children admitted for educational reasons. This mainly comprises of the physically and mentally handicapped and those with speech or other difficulties resulting from home background or under-stimulation.

Nantley House

This Nursery is the largest of the three with 67 places. Twelve of these are for under two year olds but at any one time only 9-10 of these places are filled.

The special unit for the handicapped is able to cope with 9 severely handicapped children at present. Only 6 of these places are filled.

There are 12 trained staff, one specially trained for handicapped children, and 6 students.

Feltham Nursery

Here there are 55 places available, 15 of them for under two year olds. In this Nursery also the baby unit is rarely full, the usual number of children being 10.

Five places are educational and four of these are filled.

There are 10 trained staff and 4 students.

Brentford Nursery

In Brentford there are 32 places with no special baby unit. However, this Nursery caters for family groups consisting of very young babies to pre-school children.

Five places are filled by children in the Educational category.

There are 7 trained staff and 4 students.

Social workers visit the Nurseries regularly and are always available to cope with problems which may arise.

Social Services is also responsible for, and provides, equipment both for the children and the staff.

Medical Inspections

Medical examinations are carried out on all children on arrival and their immunisations checked. If a child is not up to date with these he is taken to the local clinic. In the cases of Feltham and Brentford this is very convenient as the clinics are situated next door. In Nantley House the Matron receives the appointment from Bath Road and takes the child along.

In exceptional circumstances the Medical Officer will inoculate a child in the Nursery, but it has been found to be more convenient to have the injections in the clinic where the record cards are readily available.

Developmental assessments are performed at six monthly intervals on all children, but those with problems and the handicapped are naturally seen more often. If necessary they are referred for specialised help.

At present one Nursery is visited by the Medical Officer every week but special appointments are arranged at other times when required.

In Nantley House and Feltham a speech therapist attends once a week. In Brentford however we have not been able to arrange a regular session due to lack of staff. It is hoped that the regular attendance of a speech therapist in this Nursery may soon be possible.

Audiology

The audiometricians from Heston Hearing Clinic attend all the Nurseries on request.

Physiotherapy

A Physiotherapist attends the handicapped unit in Nantley House three times a week.

Problems

The main problem encountered has been delay in admission and filling of vacant places despite a long waiting list.

This has principally been due to an exceptional number of cases of diseases such as measles, chicken-pox and mumps.

Recently however, discussions have been taking place on methods whereby children can be admitted on a selective basis during a period of quarantine. It will be necessary for the parents to sign a consent form stating their awareness of the presence of the disease in the Nursery. In the case of measles however only children with a measles inoculation or those who have already had the disease may be admitted. In the case of handicapped children and those under 2 years of age strict exclusion is maintained regardless of the disease present. It is hoped that this may allow vacant places to be filled more quickly and ease the waiting list.

Another problem has been the difficulty in filling all the available under two year old places. In spite of liaison with social workers and health visitors several places remain vacant.

Conclusion

The Day Nurseries continue to do excellent work in spite of some minor problems. For the smooth running of the units it is essential that close liaison is maintained between Health and Social Service Departments.

Social Workers' Report

I am grateful to Mrs. C. Wisdom, AIMS, Mrs. D. E. Cooke, BA, AIMS, and Mrs. B. M. Doherty, CSW, Social Workers, for the following report. Mrs. Wisdom, Mrs. Cooke and Mrs. Doherty are seconded from the Social Services Department for special duties with handicapped children.

We have had another interesting and fruitful year. The work continues to increase and pressures are greater. The Social Worker provides information and a link between clinic, home and school, as well as with many other agencies. We are part of a team promoting the interest of the child within the family by identifying and trying to resolve problems and difficulties. We feel ourselves fortunate in

being able to engage in long-term casework. Situated as we are outside the Area Teams, we are not subjected to the immense pressures that their statutory duties impose on them. By and large our energies are not directed towards solving immediate crises.

Casework can extend throughout the child's school life — in the case of Martindale Physically Handicapped School, from the age of 3 to 19. This gives time to know families and to form worthwhile relationships. There is time for opinions and attitudes to be aired; time to help parents accept their handicapped children and to come to terms with the many problems which beset them.

Our contact with colleagues in the Social Service Department has increased and it is with confidence that we approach them for help. Their co-operation and the opportunity to discuss cases is necessary in some instances in deciding who is the most appropriate social worker to be involved with a family. Free interchange of case notes and information takes place. We are also appreciative of the help and cooperation we receive from the School Health Service who provide a relevant and important background to the families with whom we work. We see the liaison between the different departments of health, education and social services as a fundamental part of our work providing a comprehensive picture of the child.

In March Mrs. B. Doherty was appointed as part-time Social Worker at the School for Deaf and the Hearing Clinic. Her previous experience in both hospital and local authority has made her contribution a valuable one. She has found that almost one third of her new referrals were children presenting speech problems, but on examination there proved to be no hearing loss, and further contact with the clinic ceased. However, many of the children were manifesting their experience of emotional stress in the home, and all aged under 5 years, had an unsatisfactory or damaged relationship with their mother. This is the ideal situation to undertake preventive work, but in the normal course of events these children appear to fall outside the network of social work help, as they are not disturbed enough to require Child Guidance help.

A major focus of her time and concern is devoted to the small group (8) of deaf/blind children who are scattered throughout 5 Boroughs. Parents require a great deal of support and the lack of provision nationally for this minority group gives rise to many anxieties.

Mrs. Cooke has found that her work, involving increasingly close liaison with Busch House and Marjory Kinnon Schools, has tended to concentrate on three particular areas of need. Firstly, on one-parent families, of which she has 16 in her caseload. Secondly, since Dr. Calwell from the Child Guidance Clinic has been attending Marjory Kinnon School on a termly basis to give help with children with behaviour problems, the number of referrals to the families has increased greatly, from 2 in 1971 to 9 in 1972. Thirdly, she has tried to ensure that particularly the children in large families with many problems have had a summer holiday. The children in 8 families went away under the recuperative holiday scheme, and in the case of 3 families, the whole family went to a holiday camp run by Blackfriars Settlement, the money being raised from voluntary funds. In addition to this Mrs. Cooke undertook the supervision of a social work student from the Polytechnic of North London from January to July 1972

and it is fair to say that this proved to be a stimulating and worthwhile experience for all of us.

Mrs. Wisdom's work (part-time) with the families of children at Martindale Physically Handicapped School has continued to grow and the addition of the two nursery classes has brought extra work. Liaison with the occupational therapists who are responsible for providing aids and adaptations in the home is an important factor. Consultations with them and the physiotherapist treating the child take place so that the right aids and help can be given within the home. Joint visits are made when necessary.

Convenient housing is fundamental to a family with a handicapped child and if practical problems within the home can be solved, pressures are lessened. Investigating these conditions, supporting requests for re-housing or transfers is time-consuming, but important.

Holidays are arranged for some of the children through the recuperative holiday scheme. This provides a very necessary break for hard-pressed parents and an opportunity for siblings to take precedence at home for once. It also encourages the handicapped child towards greater independence.

Much time is given to the families of spina bifida children as their problems are so varied and the stresses so great. In November Mrs. Wisdom gave a talk to the local branch of Asbah on her role as a specialist social worker from the Social Services Department.

Analysis of New Referrals 1972.

Martindale and M.A.U.	39
Marjory Kinnon	36
Heston School for the Deaf, Units and Hearing Clinic	36
Busch House School	14
Total	125

Total Caseload 355
Shared between the equivalent of 2¼ social workers.

Recuperative holidays

During the year the borough council accepted responsibility under Section 48 of the Education Act, 1944 for the maintenance of 74 children in recuperative holiday homes. Sixty-three were admitted to such homes and 11 were cancelled or withdrawn and 9 were awaiting placement at the end of year.

Health Education in Schools

The Health Education Officer, Mr. Duffy left in November to take up a new post in Africa. His policy to widen the scope of Health Education both in and out of schools is being continued especially by the Health Visitors.

School Meals and Milk

The following information concerning the provision of school meals and milk relates to a check made during the autumn term 1972.

Maintained Schools

Meals

Pupils present	32,211
Pupils taking meals	20,182
Percentage taking meals	63%
Pupils bringing own food	3,282

Milk (on grounds of age)

Pupils present	8,478
Pupils taking milk	8,255
Percentage taking milk	97%

Milk (on grounds of health)

Pupils present	361
Pupils taking milk	361
Percentage taking milk	100%

Non-Maintained Schools

Number of Schools (Primary only) taking milk	8
Number of children present	548
Number of children taking milk	416
Percentage taking milk	76%

The information concerning the provision of milk is divided according to age or on grounds of health and this follows the regulations made in 1971 which require authorities to provide free school milk only for the following classes of pupils in Maintained Schools —

- (a) Pupils in Special Schools
- (b) Pupils in other Maintained Schools up to the end of the summer term next after they attain the age of 7.
- (c) Other pupils in Primary Schools and junior pupils in All Age and Middle Schools where a School Medical Officer certifies that the pupil's health requires that he should be provided with milk at school.

Infectious Diseases

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

Chickenpox	550
Encephalitis	—
German measles	181
Infective jaundice	17
Measles	153
Meningitis	—
Mumps	523
Scarlet fever	30
Tuberculosis	—
Whooping cough	9
Sonne dysentery	2

There were no cases of diphtheria or poliomyelitis. When pulmonary tuberculosis is found in a pupil or teacher the chest physician is consulted and where considered advisable investigations of school contacts are undertaken. School children, between their thirteenth and fourteenth birthdays, are offered a test for susceptibility to tuberculosis and BCG vaccination. During the year 1308 school children and students received BCG vaccination.

Psychiatric Services

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

In line with the Department of Health's policy, the West Middlesex Psychiatric Unit is beginning to take over catchment responsibility for the part of the Borough served by Springfield Hospital. Since January 1st 1973, I have been based on the West Middlesex, and we have been taking all acute cases (except psychogeriatrics) from the old Borough of Heston and Isleworth, Springfield continuing to serve the old Borough of Brentford and Chiswick and psychogeriatrics, and St. Bernard's Hospital the old Borough of Feltham. It is hoped that by 1977 a new, purpose built Psychiatric Unit will be open at West Middlesex, and that this will be able to deal with all psychiatry from the Borough.

Although the West Middlesex Unit is old fashioned and cramped, increased medical and nursing staffing there has provided quite a good inpatient service, and with the appointment of a new Senior Nursing Officer to the Unit, it is hoped that in co-operation with the Borough's Principal Nursing Officer we shall be able to get a domiciliary and community Psychiatric Nursing Service off the ground.

This in part will make up for the difficulties that have arisen of late in the provision of adequate psychiatric social work services, and it is sad to report that at the time of writing, crisis intervention therapy is about all that can be offered, and frustration levels amongst those who wish to do real casework is high. The current situation is due, in part, to the fact that most of the mental health specialist workers have left, and, as is now being nationally agreed in many circles, the generic social worker has neither the time, expertise or training necessary for good psychiatric work.

The Bath Road Day Centre, the Heston Day Centre and the Orchard Hostel (with the two new "satellite houses") continue to provide excellent services without which the hospital service would founder. If the psychiatric social work support could also be provided to this standard the future would indeed be rosy.

As this is possibly the last Annual Report that will be formally received by the Council before the officers transfer to the new Health Authority some review of the achievement of the dental service during the last half century seems appropriate.

George F. Buchan was appointed M.O.H. for what was then the Urban District of Heston and Isleworth in April 1909. He was the first of a succession of Medical Officers, who to this day, have shown a more than average interest in the dental health of school children.

Dr. Buchan reported in his first report that out of 1000 children examined only eleven had received ANY dental treatment at any time during their life.

This was not because the children were free from dental disease. At the beginning of World War I, 71.6% of the school children were reported to have decayed teeth.

Medical Officers at this time examined 1,764 children, and, in spite of the number of children suffering from decayed teeth, found that only 95 had had some teeth extracted and only seven had had any teeth filled.

The first school dental officer (a Mr. Fitch) was appointed on a part-time basis in 1918. He was obviously faced with a formidable task and reported that 85% of the children he examined needed dental treatment.

He was succeeded by Mr. I. Cohen, a man who was to make an outstanding contribution to the development of the dental service.

In 1920 Nitrous-Oxide anaesthesia was introduced for extractions, and the number of children accepting treatment rose.

In 1930, Mr. Cohen successfully introduced a comprehensive orthodontic service, the first Local Authority orthodontic service in the country.

The first X-ray apparatus in a school dental service clinic was installed in 1937 and the original machine still gives reliable and excellent service today, although all clinics in the Borough now have their own equipment.

After World War 2 the dental service suffered from a loss of staff, when the introduction of the 1948 National Health Service resulted in a serious discrepancy between earnings possible in practice and Local Authority Service.

The service has never completely recovered from this serious set back, although in recent years there has been some welcome improvement.

During 1972 dental officers inspected 16,225 children, and this was a decrease on the previous year when 20,341 were inspected. In spite of this and some staffing difficulties during the year, more children attended for treatment than the previous year, the number of attendances for treatment being 28,151 compared with 27,196 in 1971. These figures only refer to certain classes of treatment required in official Department of Education and Science returns and the actual number of attendances at the clinics for items not recorded as treatment, for example, advice, resulted in far more attendances than official returns would suggest.

It will be noted that there was a further increase in the number of children attending the clinics for emergency care and this trend had been referred to in previous reports.

(Table 1) *Attendances for Emergency Treatment*

1969	1970	1971	1972
1,298	1,213	1,569	1,992

There has also been an impression that a greater proportion of the children in Hounslow schools seek dental treatment at one of the Borough Dental Clinics but this cannot be stated with certainty without a special survey. This view is supported by an increased rate of acceptance of treatment, as at one school where in 1967 50% accepted treatment compared with 80% in 1972.

Broken Appointments

In spite of the greater number of children treated there has been a small, but welcome, reduction in the number of failed appointments; 6,250 in 1972 compared with 7,394 the previous year.

The Future

The demands on the Local Authority Dental Service continues to grow in spite of a substantial contribution by General Practitioners who provide, in their individual practice, a very high standard of dental care for children.

If progress is to be maintained considerably more resources both financial, and manpower, must be devoted to the provision of dental care for school children.

The year has been a notable one in the field of occupational health both nationally and locally. The Committee of Inquiry set up in May 1970 under the chairmanship of Lord Robens to enquire into health and safety in industry, reported in the summer of 1972. The recommendations of this Committee for improving occupational health, hygiene and safety were based on evidence from over one hundred organisations concerned with industrial health and safety and this Report may well form the basis of future occupational health and safety legislation. The Medical Officer of Health and Occupational Physician gave written evidence to this Committee via the National Association for Mental Health and this evidence is reproduced as an appendix.

The Employment Medical Advisory Service (EAMS) Bill was debated in Parliament and received the Royal assent in the autumn, and will become law on the 1st February 1973. This Act abolishes the present Appointed Factory Doctor service staffed by approximately seventeen hundred doctors, mainly general practitioners, and replaces it with an Occupational Medical Advisory Service staffed by specialist occupational physicians. The new Employment Medical Advisory Service will be available to employers, employees and any person who has an interest in occupational health. It is to be hoped that this Service will form the nucleus for a National Occupational Health Service. The EAMS is, however, to remain within the Department of Employment for the foreseeable future and it is to be regretted that the Service will not become part of the National Health Service when the latter is re-organised in 1974.

Occupational Health is the most recent of the health disciplines and is a development of the last two decades in the United Kingdom. In the past and to some extent today, Occupational Health services, their compass, aim and staff have been subjects of controversy in this country. The pattern that is gradually emerging is that occupational health comprises two major disciplines: Occupational medicine, which is concerned primarily with man and the influence of work on his health; and occupational hygiene, which is concerned primarily with the measurement, assessment and control of man's working environment. (Schilling 1972). These two disciplines are complementary but occupational medicine will be the concern mainly of doctors, nurses and medical auxiliaries while occupational hygiene will in the main be practised by hygienists and engineers and only to a limited extent by medical personnel.

It has been estimated by medical politicians that to provide a comprehensive national Occupational Health Service, over one thousand occupational physicians and several thousand occupational nurses would be required. At present the facilities for training and sponsoring of doctors and nurses wishing to make a career in occupational health are inadequate but are improving. It seems that there is a need for a number of more highly trained occupational health nurses to act in a feldsher capacity in group and community occupational health services. Also for public health inspectors to receive training in industrial hygiene

and to liaise with occupational health physicians and nurses to a greater extent.

The organisation of the Occupational Health Unit at Hounslow was set out in detail in the 1971 Report. The occupational health work falls naturally into three divisions: Staff health, student health and local industrial health.

The Staff Health Service

The service continues to be increasingly used by the Council's staff. Clinics are held three times each week at the Bath Road Health Centre and consultations at other times. The number of consultations in particular, show a considerable increase over the 1971 numbers and as percentages are: medical consultations increase 30%, nursing consultations increase 92%. Because of the additional time taken by consultations fewer occupational health visits were made. It is hoped that with the help of an additional occupational health nurse next year this imbalance will be rectified.

Several minor occupational hygiene hazards were investigated in the Council's workshops and offices, and advice was given to management on their control.

The Council as an employer of staff has an obligation under the Factory and Offices, Shops and Railway Premises Acts to provide trained first-aiders for its workshops and offices. Two certificate first-aid courses were organised and thirty-four persons obtained the British Red Cross Certificate of proficiency. Three one day courses for Park Department employees of Ealing, Hillingdon, Harrow, Richmond and Hounslow were held at the Gunnersbury Park Centre in January. A one day revision course for the Council's first aiders was held for the first time in June and the treatment of simulated casualties, arranged by the Casualties Union, proved very helpful in teaching first-aid personnel how to cope effectively in the accident situation. It was gratifying to see more staff from the school and colleges attending these courses, for while these institutions are not subject to the provisions of the Factory and Offices Act, the need for staff with good first-aid training is very evident.

A number of occupational health lecture discussions were held during the year for inservice training of Health Department staff. Occupational health nurses from industries in the area were invited to two of these sessions, and the ensuing discussions on industrial accident prevention, and occupational mental stress proved of value and interest. A group of nurses from the Royal College of Nursing visited the Occupational Health Unit as part of their practical experience in training for the Occupational Health Nursing Certificate. The Occupational Health Physician gave a series of lectures to doctors studying for the Diploma in Public Health at the Royal Institute of Public Health and Hygiene, and also several lectures to senior nursing staff attending the management course at Chiswick Polytechnic.

The Student Health Service

Student Health Service for local authority colleges are a recent innovation and the London Borough of Hounslow has been one of the pioneers in this field. Because many

colleges have relatively small numbers of students, the difficulty is to provide a comprehensive service with educational psychology, psychiatry and psychotherapy provision. The solution to this problem may lie in grouping colleges and institutions of further education and so provide a Group Student Health Service.

The general health of students at the Polytechnic Colleges remains satisfactory. It was not possible to introduce a medical screening and selective examination programme during the year owing to staffing and administrative difficulties. It is anticipated that this system will commence next year.

A one day conference on sexually transmitted diseases was held at Isleworth Polytechnic for lecturers, teachers and other persons concerned with the welfare of young people. The conference was organised by the General Studies Department of the College in conjunction with the Health Department and was well attended. As in previous years, talks on aspects of health and welfare of young people were given to parents of students and to youth leaders.

Industrial Health Service

"The interests of employer and employee usually co-incide: both want a healthy employee". (Norman LG 1960)

Hounslow was the first Borough to set up an Industrial medical and nursing advisory service for local industry. Over the three years of its existence, the Service has been increasingly used by managers of factories and offices and to a lesser extent by employees. Advice on a variety of occupational health problems was given to employers including control of fume from toxic organic solvents and the protection of workers from the respiratory hazards of silicotic dusts. A number of the medium size factories in the Borough employ industrial nurses but have no doctor visiting. Most of these nurses have been contacted and several consulted the Occupational Physician or Nurse about industrial health matters occurring in their factories or offices.

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

References: Report of the Committee on Safety and Health at Work (1970-72) (Roben's Report).
Occupational Health Practice (Schilling 1972).
Modern Trends in Occupational Health (Schilling 1972).

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

Medically assessed	1972	1971	1970	1969
With pre-employment medical examinations	305	264	318	385
Without pre-employment medical examinations	1447	1398	1499	1304
Left before completion of medical assessment	87	64	86	107
Staff medical consultations (including medical examinations of existing staff for purpose of admission to the superannuation scheme, sickness pay scheme, continued fitness for employment and registered disabled persons examinations).	731	582	394	343
Heavy Goods Vehicle Licence medical examination (Road Traffic Act 1967)	88	53	62	
Nursing consultations	336	174	56 (½ year)	
Nursing occupational health visits	88	129	74 (½ year)	
Medical examination of other local authority staff	17	17	11	4
Medical examinations carried out by other local authorities	5	2	8	15
Medical examination for first teaching appointments	140	136	*90	99
Medical examination of student teachers (College Entrants)	231	226	*233	213

(marked * amended 1970 figures)

The Placement of a greater number of Mentally Ill and Mentally Subnormal Persons in Open Industry. (As distinct from Adult Training Centres, Sheltered Workshops and Industrial therapy units).

We consider that suitable work is essential to preserve the morale and to promote the health of the mentally ill, the educationally subnormal and the mentally subnormal person. The economic factors and management problems associated with the employment of these groups of persons in open industry need to be taken into account.

Industry in the form of small and medium sized factories and offices, farms, local authority Parks and Engineering Departments should be explored to provide gainful employment for a larger number of mentally ill and mentally subnormal persons than exists at present.

England is a nation of small factories, some 70% of these factories employ less than 100 persons. Small factory working groups can often provide a suitable background for employing one or more mentally ill or subnormal persons. More factory managers would be agreeable to employ persons in these categories if:—

1. A Government financial subsidy was given to the employers.
2. Industrial medical and psychiatric advice on the placement of these persons was readily available.
3. Surveillance of these employees at work by members of the occupational health team was carried out in order to give an necessary support to the patient and management.

Large employing concerns should set up their own sheltered workshops. Most of these organisations will have medical and nursing staff who should be actively engaged in the running of these workshops. Several very good examples of these exist in the motor car industry.

The Community Occupational Health teams should consist of physicians, nurses and social workers. They should visit factories and local authority centres as part of their normal work and so gain considerable knowledge of working conditions and working groups in local industry. Because of this knowledge and their ability to liaise with a patient's psychiatrist, general practitioner, social worker and disablement resettlement officer, they are in a strong position to advise managers and personnel officers on placing the mentally handicapped person in suitable work. The occupational physician (industrial medical officer) should act as the chief adviser and co-ordinator. He should also be able to liaise with the school medical officer and should have access to the mentally handicapped pupil's medical and psychological assessment notes.

Legislation requiring employers to employ a fixed quota of mentally handicapped persons would be difficult to apply in practice. Some financial inducement for employers to employ these persons is required. In general it is more difficult to find employment in open industry for a mentally handicapped person than for a physically handicapped one.

Trade Unions need to be more flexible in their

attitudes to the employment of the mentally (and physically) handicapped person. Education of management and of the working group to accept and to assist the mentally handicapped person is necessary. The occupational health team and health education officer for a health area can play an important part in this respect.

The future integration of the health services under the National Health Service should facilitate the placing of more handicapped persons in open industry providing area occupational health services are established and encouragement is given to industrialists to employ these persons.

More Industrial Therapy Organisations, sponsored and partly run by industry, on the lines of the Bristol one, need to be set up. These organisations provide an intermediate stage between Hospital and open industry in the gradual rehabilitation of the mentally ill person.

Reference: D Early 'The Role of Industry in Rehabilitation'. 1967

R L Lindon
Medical Officer of Health

A R Broadbent
Occupational Physician

London Borough of Hounslow

Environmental Health

The World Health Organisation has defined "Environmental Health" as the control of all those factors in man's physical environment which exercise, or may exercise, a deleterious effect on his physical development, health and survival. This section of the annual report deals with the Public Health Inspector's approach to these problems by the pursuance of informal or statutory powers.

My report for 1971 commented upon the acute staff shortage amongst the public health inspectors which meant that the inhabitants and visitors of the Borough have not received the protection which they have a right to expect and which the council has a duty to provide. The year under review shows an even worse position, approximately 1200 working days were lost (an increase of 50% over 1971) due to an inability to appoint and retain staff. This is in excess of 25% of the working days which could have been expected from a full establishment of 'field' inspectors. The year saw seven resignations and two appointments and it concluded with the total establishment of 22 public health inspectors, being 7 below strength.

An analysis of the 7 resignations reveals that 4 inspectors (including the Deputy Chief and 2 senior inspectors) retired due to age and the other three young inspectors all went to the same neighbouring authority where the salary career grade offered better prospects than here at Hounslow. Two of these had recently qualified after training as pupils with Hounslow.

It will be seen from the report that I endeavoured to direct the staff to the areas of work where it was considered essential to maintain surveillance, but many duties have been forced to receive scant attention. The shortage of staff accentuated the need to reform the structure of the Environmental Health section to create specialist teams, which comprise public health inspectors, technical assistants and clerical and administrative officers. Two of the teams deal with housing and food matters and the others with general district work, whilst certain principal inspectors co-ordinate the department's specialist approach to noise, atmospheric pollution, pests, caravans, offices and shops etc. I am satisfied that the formation of these groups is the correct approach to the environmental problems of the Borough but regret the shortage of staff within the framework.

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 water has been regularly sampled and that the results were satisfactory both for quality and quantity. The reports indicate that the water has a slight fluoride content of 0.15 milligrammes per litre which originates from natural sources.

During the course of the year 93 water samples were taken by the department relating to:—

11 domestic premises as a result of complaints

1 ice cream manufacturer as part of a major investigation into the deteriorating quality of ice cream being produced

17 schools as a routine check on drinking water

9 restaurants as a routine check on drinking water

1 employment exchange as a result of a complaint

1 shop as a result of a complaint

More than one sample is usually taken from each of the premises and bacteriological and chemical examination is carried out. One of the series of samples tested proved unsatisfactory. This originated from a spring supply on Hounslow Heath and served two caravans, the occupants from a hose pipe used in connection with an ice cream manufacturing process. Following representation from the department a sterilizing procedure was adopted which resulted in a satisfactory standard being obtained.

Swimming baths

I am advised by the general baths manager that attendance 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	104,617	387	5,823
Chiswick Open			
Air Pools	46,159	2,366	—
Feltham	308,375	1,904	—
Heston	157,436	801	—
Hounslow	184,096	615	12,954
Isleworth	162,871	751	7,742
Chiswick			
Private Baths	—	—	16,820

The general baths manager carried out tests to determine the condition of the water and this department has carried out 'spot' checks, the results of which are reported to the general manager. The following are the results obtained.

	Grade					Total
	I	II	III	IV	V	
Swimming pools	83	11	30	6	2	132
Remedial pool	11	Nil	2	Nil	Nil	13

Figures are also shown above for the remedial pool operated by the Director of Education in Martindale Road School.

Analysis of the figures obtained shows a marked reduction in the number of samples within category IV compared with the previous year and overall there were 4% fewer unsatisfactory results (Grades III, IV and V).

Sewerage and sewage disposal

I am satisfied that the sewerage and sewage disposal arrangements are adequate for the majority of the premises in the Borough. However the one area which does cause concern relates to the caravans which are illegally stationed at various places. A manhole with a hinged lid is provided on the temporary caravan site but there are indications that this is rarely used and the caravan dwellers on the site together with the occupants of the illegally stationed vans, tend to dispose of their faecal matter in places where it could be a health nuisance.

Common lodging houses

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

Services under the food and drugs legislation

The public of this country, quite rightly, accept as normal a high standard of food hygiene, together with a high standard of bacteriological and chemical quality for the foods they purchase. The considerable economic pressures in the food industry means that these standards are only achieved and maintained by the continual vigilance of the environmental health team. The following paragraphs briefly indicate the areas where the department's resources are applied but I must again stress that it is this area of routine inspections which is usually the first to suffer when the shortages of staff are felt. In 1970, 8610 routine visits were paid to food premises, this figure fell to 2260 in 1971 and in the year under review it was 1956. This is not satisfactory and should be a source of concern to all those involved in providing an environmental health service.

Milk

Persons selling milk must be registered and licensed with the Council in accordance with the milk and dairies legislation. The trend observed last year, towards a greater number of retail shops selling milk continues, there being a further rise of 10 in the number of premises registered, bringing the total to 177. A number of the new registrations relate to garages which now offer a wide range of services and frequently have self service shops associated with them. Close scrutiny is given to such applications.

Details of the current licences are as under

Dealer's (Pasteuriser's) license	1
Dealer's (Prepacked) licenses	
Pasteurised	149
Sterilized	66
Ultra heat treated	84
Untreated	6

The number of samples taken during the year was as follows:—

	No. of samples	Unsatisfactory
Pasteurised	39	2
Ultra heat treated	14	1
Sterilized	2	Nil

Each of the unsatisfactory pasteurised milk samples were traced to unsatisfactory stock control and the ultra heat treated sample was found to be an isolated case.

During the year the increased usage of substitute milks has been examined. Many large catering organisations together with the council's Education Department use these products. Basically these are dried skimmed milk to which has been added vegetable fat and sometimes a little sugar. The product has the appearance of milk and has virtually the same nutritional value when reconstituted with water. It is however the perfect media for the growth of bacteria and strict control has to be exercised over its reconstitution. The department prepared a code of practice for its reconstitution which is used by the catering staff in school kitchens. 36 samples of this substitute milk were taken but as yet no standard has been formulated by which the results may be assessed. Discussions are continuing between the department and the Public Health Laboratory for this purpose but in those cases where apparently high bacterial counts have been obtained, detailed investigations have been carried out.

Raw milk samples were examined on behalf of the department by the Pathology Department of Harefield Hospital. Details of unsatisfactory results are conveyed to the local authority in whose area the farm source is situated and also to the Regional Milk Officer. 66 samples were examined with the following results :

Tuberculosis	Nil
Brucellosis	20

Currently there is a national eradication scheme for Brucellosis. Whilst this has not made any significant difference in the number of infected animals in the areas with which we are concerned, it is hoped that eventually this disease will be totally eradicated from cattle.

During the year a problem was encountered when a major food company introduced onto the market a short life fresh milk concentrate. A survey carried out by the department revealed that frequently the product was being sold in an unsatisfactory condition whilst a significant period of its stated shelf life remained. Furthermore the legislation which controls the labelling and description of milk products did not allow such a product to be sold. Authority from the Health Committee was sought for the institution of legal proceedings and summonses were issued. However these were not pursued as the company concerned removed the product from the market.

Regulation 27 of the Milk and Dairies (General) Regulations requires that all milk containers shall be in a thorough state of cleanliness prior to being filled. 14 complaints were received concerning dirty milk vessels, 13 of which related to bottles and 1 in respect of a 5 gallon churn which was delivered to a school and contained 2 slugs. Legal proceedings were instituted on 8 occasions (including for the churn) and fines and costs totalling £386.00 were levied by the courts.

Ice cream

During the year 195 samples of ice cream were taken for bacteriological examination and submitted to the Public Health Laboratory. The results obtained were as follows:—

Grade I	130
Grade II	29
Grade III	13
Grade IV	23

Grades III and IV are considered to be unsatisfactory and when received are pursued by the public health inspectors until satisfactory results are obtained.

There are two ice cream manufacturers in the borough and during the year one of these started to produce unsatisfactory samples. The department carried out an intensive investigation into the quality of the ingredients and the adequacy of the processing and it was found that the cause was twofold. Inadequate control was being exercised over the pasteurising and an over fast pump resulted in insufficient cooling of the mixture prior to entering the holding vessels. The indicating and recording thermometers were renewed and modifications made to the pump which resulted in satisfactory results being obtained.

Cream

Dairy cream has developed in usage during recent years and basically creates the same bacteriological problems as those associated with ice cream. In common with milk and ice cream it is the ideal media for the growth of bacteria and if improperly processed or mishandled can present a serious threat to the health of the community.

Recognising this, a survey was directed mainly towards cream and cream filling machines used in bakeries. The results obtained were disturbing in that the quality of the cream received by the bakeries was frequently poor. Our survey revealed that the quality of the cream further deteriorated in the machines indicating inadequate sterilisation. A study was made of the problem and it was ascertained that much of the equipment in regular use for this purpose contained an aerating cycle, the moving parts of which were impossible to sterilize other than by stripping which was considered impracticable. The department's action resulted in this type of machine being gradually replaced. Cleaning schedules and advice have been given by the department in an attempt to improve standards. This is an area however where more work has to be carried out when resources permit.

The results obtained were as follows:—

Grade I	18
Grade II	16
Grade III	12
Grade IV	2

As these samples are taken at a stage in production which is substantially before they will be eaten by the consumer, only those in the first grade are considered satisfactory.

Flight catering

In last year's report I commented briefly upon the two flight catering units associated with London Airport. A third major unit opened during the year to provide flight meals for 6 companies all operating international flights. There are now 25 international airlines, including this country's largest, being serviced from premises within this borough and this represents a total number of meals being prepared each day, including staff meals, equivalent to the total food prepared and eaten by a community having a population of some 30,000 people. As most of these meals will be consumed many hours after preparation in various distant parts of the world the responsibilities are enormous. Deep frozen meals prepared in these catering units also serve many other international airports throughout the world which are not provided with suitable catering facilities.

Because of the risk involved we have, during the course of this year, instituted a programme of meals quality analysis in conjunction with the Public Health Laboratory. The laboratory are working with the department in creating standards of bacteriological quality by which meals may be assessed. This is an area in which little study has been carried out. A programme was started towards the end of the year to develop examination and sampling techniques. In due course it is hoped to provide a reliable means of monitoring bacteriological quality and the information received will be used to assess and analyse preparation and production procedures with a view to producing safer food, necessary for the avoidance of food poisoning on an international scale.

Food premises

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

The number of premises registered is 162, an increase of 19 over the previous year. It is interesting to note an apparent reversal of what had been a downward trend in this type of food preparation and may be accounted for in the change in trading patterns. Many businesses once prepared their own sausages, cooked hams or salted meats, these are decreasing in number but this decline is countered by the very rapid development of the "take away" food trade. A type of business, which perhaps, reflects the increasing usage of prepared meals; in the past the almost sole purveyors of which were the "fish and chip" shops.

Perhaps somewhat anomalously ice cream manufacturers and vendors have also to be registered under this section and 381 premises were so registered (2 of which were manufacturers). This is an increase of 10 upon the previous year.

Regular inspections are also carried out of all food premises and many matters are brought to the occupier's attention informally which usually results in the restoration of hygienic practices or conditions. However, circumstances are sometimes found where the standards have deteriorated



Food handlers engaged in the preparation of flight meals in the B.O.A.C. Flight Catering Unit

Strict hygiene practices are observed and notices can be seen in the first picture which continually remind the staff of the importance of personal hygiene. In addition it will be noted that persons actually engaged in the handling of food wear disposable gloves.



so much or an unco-operative attitude is displayed that these are reported to the committee for authority to institute legal proceedings. In respect of premises, 4 cases were heard by the courts during the year resulting in fines and costs totalling £1,455.00 (last year 11 cases resulted in fines of £430.75).

The premises in the borough where food is stored, handled or from where it is sold are detailed below. During the year the inspectorate paid a total of 1956 visits to these premises to seek compliance with the food hygiene requirements and to give advice on such matters.

Butchers	110
Bakehouses	10
Cafes, Canteens, Clubs	496
Fish shops	37
Greengrocers	144
Grocery and provisions	186
Supermarkets	33
Hotels and public houses	159
Off licences	58
Food manufacturers	37
Confectioners (sweet)	239
Confectioners (flour)	43
Chemists	61
School canteens	60

It is to be hoped that consideration will be given by the government to require some form of prior approval from the local authority before new food premises are brought into use. So many times the public health inspectors find new premises with inherent defects already constructed and in operation.

Food hygiene education

Although fewer cases have been taken before the courts compared with the previous year I am conscious that the major step towards better food hygiene is via education. By discussion with the major food preparing and retailing companies in the area standards are being agreed and programmes of improvement are in hand. For instance, with the growth in the sale of food and meals in public houses the existing facilities, usually the domestic kitchen, become inadequate and unsuitable for the volume of trade. Discussions have taken place with all of the brewers concerned and new commercial and separate kitchens are being provided at all such premises. Whilst discussion of this kind has created an understanding at management levels we have yet to overcome the lack of understanding displayed by so many of the actual food handlers.

There is a need felt by private industry and within the catering units of the council to provide a food hygiene educationalist who could spend time directing attention to the actual food handlers and cleaning staffs of such establishment of such a position. Talks have been given by the public health inspectors to groups of food handlers with the aid of a new film purchased by the department but scope exists for so many more. Hygiene education must be given its rightful importance and emphasis.

Market stalls and delivery vehicles

The problem associated with delivery vehicles and itinerant traders are many, inadequate controls exist to limit persons from starting to trade with vehicles, a number of which are found to be unsuitable. Certain traders have to be registered with this authority under the provisions of Section 11 Middlesex County Council Act 1950 and 63 are so registered. During the year we have written to them all enquiring whether they are still trading and requesting that the vehicles are brought to the Health Centre for inspection.

39 have indicated that they are still trading and inspection of these vehicles was carried out.

Four persons contravening the provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 were taken before the courts and fines and costs totalling £170.50 were imposed.

Meat and poultry inspection

There are no slaughterhouses 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	cwts.	lbs.
Meat and poultry	1	6	69
Cooked meats	—	1	41
Canned meats	—	9	77
Other canned foods	49	1	28
Fish	—	1	42
Fruit and vegetables	—	18	41
Other foods	6	6	10 + 5 gallons of milk
Total	58	4	84 + 5 gallons of milk

The power of the public health inspector to seize food was exercised on 5 occasions.

Consumer complaints

The trend noted last year in the increase of public awareness regarding consumer protection continued. Complaints rose 9% to 181 which in my opinion is not an indication of a deterioration in food quality but a reaction on the part of the buying public not to accept second best.

Analysis of the complaints reveals no reduction in the number of complaints concerning foreign bodies or mould and of the 30 cases taken before the courts 20 were for this reason.

Prosecutions resulted in fines and costs totalling £1,377 being levied by the courts and a further 23 cases were awaiting hearing dates at the time of writing this report.

Chemical samples

The food section of the department carries out a comprehensive programme of chemical sampling and during 1972 596 samples were examined by the public analyst as follows:—

Food samples

Private	47	Number unsound	24
Informal	450	Number unsound	51
Formal	80	Number unsound	8

Drug samples

Informal	19	Number unsound	2
Formal	1	Number unsound	Nil

Other samples

Beads	13	Number unsound	5
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Of the samples commented adversely upon by the public analyst 24 related to specimens submitted in support of food complaints upon which comment has already been given. The remainder were in the following categories.

Misleading claims and false descriptions

Six samples were considered to have levels which were misleading; a sample of shandy was found to contain alcohol in excess of 2% and yet was sold as a soft drink from unlicensed premises; a sample of a fruit drink it was stated was produced only from whole fruit whereas as much as 50% water not derived from fruit was found; a sample of decaffeinated coffee also claimed to be soluble solids of pure coffee; a sample of pure lemon juice was found to contain not more than 13% of pure lemon juice; a packet of two whole plaice were found to be in fact filleted plaice and a sample labelled pilchards were found to be herrings. Legal proceedings were not instituted in any of these cases as either evidence in the form of formal samples was not available or immediate action was taken by the manufacturers or importers to re-label the products concerned.

Food additives

Ten samples were found to contain non permitted food additives usually the addition of a preservative which regulations specifically prohibit in the case of the food in question. Two cases were taken before the courts where local butchers had been adding sulphur dioxide to minced beef and resulted in fines and costs totalling £60.

A series of blackcurrant drinks were examined by the analyst who, by using a method developed in his laboratory, found that certain permitted food colours when heated in the presence of blackcurrant juice broke down and formed a non permitted additive having the appearance of a coal tar colouring. This phenomena was detected in most of the major blackcurrant drinks on the market and following action by this department revised formulations have been adopted in each case.

Labelling

Minor labelling irregularities are the commonest fault found with prepacked foods and 28 labels were altered by the packers as a result of discussions within the department. In one case a retailer failed to supply information necessary to pursue a labelling irregularity and continued to sell the product. Legal proceedings were instituted and fines and costs totalling £25.00 were imposed by the court.

Food deficient of standards

Reference to previous annual reports indicates that incidences of food sold below a legal standard in prepacked form are decreasing and in the past year 4 such samples were reported upon. Two samples of a jam imported from Poland were found to be deficient in soluble solids and a survey of the products from this manufacturer was carried out. No further deficient samples were found and the original samples were treated as isolated cases.

During the year a survey of foods used in the preparation of Indian and Chinese meals was conducted with particular reference to colourings and additives. This survey revealed that a sample of yellow powder (tumeric) was found to contain an excess amount of lead. The stocks held by the vendor were destroyed and enquiries through the distribution chain were started. However much of the trading in this sector of the market is informal and the source was never traced. A sample of brandy purchased at a local public house one evening was found upon analysis to be deficient by 25% of the declared amount of alcohol. Legal proceedings were instituted and fines and costs of £40.00 were subsequently imposed.

Drugs

Only two samples were reported upon adversely, one was of seidlitz powders where the weights of the constituents were inaccurate resulting in an incorrect composition. This was subsequently found to be very old stock and withdrawn. The second sample was of a saccharin compound sold as a slimming aid, these were compositionally incorrect but when investigated it was found they had been withdrawn from the market.

Others

During the summer there arose the so called "poison bead scare" which followed articles in the national press. This resulted in rosary beads and similar jewellery being handed into police stations and the department. Much of the concern was unjustified as it was only the "abrus precatorius seed" which may be dangerous.

The abrus precatorius seed has been in common use since the sixteenth century and is known by a variety of names including jequerity bean, rosary pea, crabs eye, precatory bean, prayer bead. It is a plant seed, red and black¹ in colour and usually with an elliptic depression in the black area. Whilst whole, the seeds are not dangerous as they are protected by a hard natural coat. A seed pierced for jewellery purposes may have the natural protection destroyed and they may therefore be dangerous if eaten.

Although the risks were small it was felt that this was a

matter for which we should take some initiative and facilities for identification were made available at council offices and the local police station. In cases where the jewellery was identified as being constructed of these seeds, the owners were able to surrender them to us and their safe disposal was arranged.

This exercise was aided by the council press officer and a press release on the subject. This approach is found extremely useful in reaching members of the public upon matters which may require advice.

Imported food

Slightly fewer notifications were received of imported food for port health clearance than in the previous year largely due to a change in marketing by one large food group.

52 notifications were received consigned to 9 premises amounting to:

Tinned foods	90,905 cartons
Bagged foods	2,218 sacks
Drums	528 drums
Frozen food	1,232 cartons

79 samples were examined 71 of which were satisfactory but 6 labelling irregularities were rectified and samples from 2 consignments resulted in a cessation of imports until the quality of the ingredients were improved.

Exported food

There are several manufacturers of foodstuffs in the borough who regularly export food and many countries require certificates of purity to accompany each consignment. These are signed by the Chief Public Health Inspector and recorded at the Board of Trade to accompany export licences. Close quality control of these products is carried out supplemented by regular sampling and inspection of the premises by the department.

During the year 58 such certificates were signed representing the products of three companies relating to:—

6,426 cases of biscuits
662 cases of peanuts
1,007 cases of spirits

and a quantity of food colour.

Clean Air Acts 1956 and 1968

Smoke control areas

This is probably the last comment which will need to be made on the subject of smoke control areas as during the year the last four smoke control areas came into operation. The value of the council's work on this subject is readily appreciated by the public of Hounslow and has probably been a major contributory factor to the reduction in days lost to flying at Heathrow because of fog. Also because of the situation of Hounslow in relation to London and the prevailing winds, the benefit of the Council's positive action has affected considerable numbers of people living beyond the borough boundary.

The effect of the smoke control orders also prohibits

the sale of non authorised fuels. During the year a number of warnings were issued to vendors on this matter but no legal proceedings have been instituted.

Furnaces

Consideration has been given by the department to 9 notifications of intention to install a new furnace. All were considered to be satisfactory.

Chimney heights

Following application for approval of chimney height, 7 examinations of plans were carried out to determine that the effluent from the chimney would not be a nuisance. This required an assessment of the fuels to be used and the type of furnace involved together with an inspection of adjacent buildings. All were finally approved.

Bonfires

The majority of complaints concerning smoke, relate to bonfires. It is surprising that as we live in such close proximity to our neighbours, there is so much lack of consideration for others. The garden bonfires are only a part of this problem, scrap metal dealers burning cars and cable, demolition contractors demolishing buildings and the burning of tree cuttings all tend to nullify the council's efforts of smoke control areas and pollute the air we all breathe.

During the year 161 complaints were received and investigated.

Factories Act 1961

The statistical details required by the Secretary of State for employment are set out in table 20. Again it will be observed that only a small proportion of the factories within the borough have received an inspection during the year.

Offices Shops and Railway Premises Act 1963

Again the number of visits under this legislation has dropped. The total number of visits of all kinds in 1970 was 4069; 1971 — 507 visits and 1972 the number was 500 of which 110 visits were investigating accidents.

Table 19 in the appendix provides the statistical information associated with this work.

The inspections revealed a number of contraventions of the legislation most of which were rectified by informal action. There were no prosecutions instituted of which the hearing was completed during the year. There were no exemptions outstanding or granted to the requirements of the act.

It is disappointing to record an increase of 29 in the total number of accidents notified during the year bringing the total to 96. The greatest number of accidents to males occurred in wholesale shops or warehouses whilst the females mainly suffered in retail shops.

An analysis of the accident cases reported is as follows:—

	Offices	Retail shops	Wholesale Warehouses	Catering Establishments	Totals
Machinery	1	2	5	1	9
Transport	—	—	1	—	1
Falls of persons	10	11	7	3	31
Stepping on or striking against objects or persons	3	4	6	2	15
Handling goods	2	5	8	—	15
Struck by falling object	3	3	2	—	8
Use of hand tools	1	4	—	—	5
Unspecified	3	2	3	4	<u>12</u>
					96

Retail shops and wholesale warehouses continue to produce the most accidents and sixteen of these were reported from one distribution depot being caused mainly by falling or slipping from or on the decks of lorries whilst being loaded or unloaded. Although a different type of vehicle is now coming into use, which is loaded and unloaded by mechanised means, these are dealing with long distance hauls, and a positive remedy for this type of accident has not yet been found.

An unusual accident occurred in a public house which may have escaped notification if a member of the public had not complained to the Department of Health of the condition of a barman's hands whilst he was handling food. Upon investigation it was ascertained that the man, who had had over 16 years experience, had miscalculated by many times the concentration of a proprietary caustic compound used for sterilising beer tanks, and as a result sustained burns to his hands. He was still under medical treatment but continued working, and notification of the accident therefore had not been made.

Representations were made to the employer, and the man eventually reported sick, when notification of the accident was made to the department. Although the chemical manufacturers confirmed that in the declared concentration, no harm could result from the use of this product, certain precautions on its safer use were made known to the brewers.

Machinery not adequately fenced still caused some concern and included a bread mill; toasting machine (used for toasting rolls for hot-dogs); waste food grinders; baling machine; material slitting machine and slatted conveyor belts. The last three machines had been responsible for accidents, causing only minor injuries, and advice is being sought on their improved fencing.

It has been found that manufacturers of some food preparation machines are not willing to adapt the older, but still serviceable machines to ensure compliance with the act (which rests with the occupier of premises on which they are used). This attitude places financial hardship on some occupiers who may be persuaded to purchase a new machine. In other cases a dangerous do-it-yourself conversion may result.

Problems have occurred with regard to the space heating of large wholesale warehouses and it is felt that an alteration in the current legislation could improve the situation. This matter has been raised in the narrative report to the Department of Employment.

Noise Abatement Act 1960

The department's work in this sphere is increasing and it is

hoped that the approach to be pursued during the coming year will produce positive standards of levels of acceptability for noise. Without legal limits it is difficult to decide what noise level constitutes a statutory nuisance because virtually every person has a different level of acceptance in respect of differing types of noise. In many cases, "conditioning" has taken place over a period of time and what is or has become acceptable to a person resident in the area for a number of years, is completely unacceptable and a source of nuisance to newcomers. This is particularly relevant in Hounslow, where residential premises are situated in close proximity to commercial premises of every kind and where aircraft noise and heavy road traffic noise are constantly heard.

At the present time, noise is becoming more and more recognised as a potential hazard to the environment and with this in mind the department is directing its attention to the establishment of ambient noise levels throughout the borough. This will provide a reference for future developments and allow an objective assessment of complaints of noise nuisance.

All complaints regarding noise received by the department are investigated and where appropriate, noise levels established with a sound level meter. During the year 63 complaints were received concerning 58 noise sources. An analysis of complaints is as follows:—

Noisy neighbours and parties	17
Commercial premises	16
Industrial premises	5
Pneumatic drills	7
Launderettes	3
Aircraft	6
Water pumps	2
Building works	2
Ice cream chimes	1
Church bells	1
Statutory undertakers	1
Others	2

27 of these were confirmed as nuisances and were resolved informally, in 11 cases the complaints were given advice and no further action was taken, 2 cases are still under observation and in the remaining 12 cases no nuisance could be substantiated.

Services relating to housing legislation

Sub standard houses

The work of the housing team has continued during the

current year and there is every confidence that the worst of the private stock of houses within the borough has now been dealt with by the declaration of clearance areas. Unfortunately, very little progress has been made in clearing these areas as not only are most of the houses in thirteen of the areas still standing and occupied, the orders have still to be forwarded to the Department of the Environment for confirmation. Details of the outstanding clearance areas are given below and it is hoped that it will not be too long before the department can have the satisfaction of reporting the demolition of all these houses, following the rehousing of the occupants.

Although the structural condition of the remainder of the houses on our proposed slum clearance housing programme 1970/1973 are suspect, it was thought that, basically, they could be sound enough to provide satisfactory housing for a number of years if more attention was given to their repair and improvement. A systematic house to house survey of these properties has been initiated which it is intended to extend to all the older housing in the borough. By implementing this policy, it is to be hoped that "twilight" housing will be prevented from deteriorating into potential slums and useful units of housing accommodation will be saved. Owners are required to carry out all works of repair, which are considered necessary to render property in all respects fit for human habitation and although this can be achieved by statutory means under the various provisions of the Housing Acts, unfortunately, improvements can only be brought about with the full co-operation of both the owner and the tenant. Therefore, the owner is advised of the availability of standard and improvement grants and every encouragement is given to take full advantage of them. As this new approach to the improvement of sub-standard housing was started only towards the latter end of the year, it is too early to give any significant indication of its success but the challenge has been accepted with enthusiasm and optimism.

From time to time, houses are found, which, structurally, are considered to be so far defective as to justify either demolition or closing procedure being evoked. Because of the predominance of terraced and semi-detached properties within the borough, it is more usual to recommend the use of closing order procedure rather than demolition orders, so that adjacent houses will not be adversely affected. This form of action has become very popular with certain owners, who eagerly await the rehousing of the controlled tenant by the borough and then regardless of cost, repair and improve the properties and eventually put them on the market at the currently inflated prices. This has become a very delicate issue but as far as the implementation of the Housing Act is concerned, every regard must be given to whether repairs can be carried out at a reasonable cost or not. The subject of whether it is reasonable to commit an owner to fairly substantial repair bills, having regard to the income from the property, is still as controversial as ever and although the value of a vacant property is dictated by current demands on the housing market, opinions differ widely as to a method of arriving at a realistic assessment of a tenanted property. It is highly unlikely that the problem will ever be effectively resolved by the employment of any accepted method of valuation and as the surveys of sub-standard property

continue and notices are served for extensive repairs, it is anticipated that a number of cases will eventually find their way into the County Court on appeal and some guidance may be obtained from the results of these, upon which future policies can be based.

During the year this borough was required by the Department of the Environment to make investigations of 500 properties, picked at random, and it was decided to take full advantage of the visits involved by preparing reports on the structural condition of each property, together with details of any deficiencies in standard amenities etc. Record cards have been produced for each property and it is the intention that they should form a nucleus of a comprehensive record system to be kept within the department of the housing stock within the borough. Every detail of housing information will be entered on these cards and new cards prepared as and when a property is visited for any reason by a member of the staff.

During the course of the day to day work of the department, the district public health inspectors continue to inspect houses upon complaint and where structural defects of a minor nature give rise to public health nuisances, abatement notices are served requiring these nuisances to be remedied.

The following is a summary of the work relating to the problems of sub-standard housing:—

Clearance areas outstanding

Name of clearance area	No. of Houses	No. of Occupants	Represented to Health Committee
Albion Road, Hounslow	7	18	30.11.71
Bell Road, Hounslow No.2	5	12	27. 2.68
Byfield Road, Isleworth No.1	6	13	7. 9.71
Byfield Road, Isleworth No.2	2	2	7. 9.71
Derby Road, Hounslow	13	31	16. 3.71
Hanworth Road, Hounslow	9	10	12. 6.72
Inverness Road, Hounslow No.1	6	7	19.10.71
Inverness Road, Hounslow No.2	4	7	19.10.71
Inverness Road, Hounslow No.3	2	1	19.10.71
Martindale Road, Hounslow No.1	5	10	7. 9.71
Martindale Road, Hounslow No.2	4	9	7. 9.71
Prince Regent Road, Hounslow	13	26	8. 6.71
Strafford Road, Hounslow	3	5	12. 6.72
Totals	79	151	



End of a Useful Life

Old ostlers' cottages well over 100 years old. They consist of one bedroom upstairs and a kitchen/living room downstairs, connected directly by a steep narrow stairs. One has been derelict for years. In addition to major structural defects, the rear walls have no window openings for through ventilation and there is no rear space whatsoever. The external sanitary accommodation is on the opposite side of the yard. It would be impossible to bring this accommodation up to a reasonable standard and it has been dealt with by way of a Clearance Order.



Fabric Decay

A clearance Order has been confirmed in respect of this terrace of cottages due mainly to their advanced state of disrepair. Window and door heads being out of horizontal indicate marked movement in their structure and such defects as perished pointings to brickwork, rotted window joinery and broken rainwater pipes are clearly visible. Floor levels are below that of the ground outside and there is serious rising dampness. There are no secondary means of access and all sanitary accommodation is external.

Housing inspection summary

a)	Total surveys and inspections carried out in connection with sub-standard housing (excluding 500 house survey)	723
b)	Clearance areas declared	2
	Houses involved	12
	Persons to be rehoused	15
	Houses demolished within clearance areas	Nil
c)	Houses repaired by informal action	98
	Houses repaired by formal action	18
d)	Houses closed as being unfit for human habitation	3
	Houses where part closed as being unfit for human habitation	2
e)	Houses demolished under demolition orders	5
f)	Closing orders determined following houses being made fit	2

Houses in multiple occupation

The work in the sphere of houses in multiple occupation this year has been most satisfying, particularly as the effects of the early inspections and the service of informal notices have begun to show themselves. There have been countless inquiries and interviews with owners wishing to co-operate in improving this type of accommodation and, doubtless, they have been encouraged by the considerable assistance given to them by way of improvement grants. There are currently many proposals to convert properties into self-contained flats where previously, rooms had been rented piecemeal and all the occupants had shared very limited facilities and amenities.

The problem of overcrowding in this type of dwelling still exists and is dealt with either by the service of a notice requiring the abatement of the overcrowding, together with a direction specifying the number of persons or families, which can legally occupy the dwelling or merely by the service of the direction. In the former case it is usual for the director of housing to rehouse the persons placed at risk by our action and the latter action is taken in the less serious cases, where the direction is enforceable immediately the occupation is reduced naturally to the numbers specified. Once again, it must be emphasised that a direction is only of value when regular and routine re-inspections can be carried out to confirm that they are being observed. The work is obviously time consuming and because of the pressures of other housing work, could not be effectively carried out by the existing specialist staff.

Where there is no intention to convert the house into self-contained units, the standard requirements of the Council relating to amenities and the means of escape in case of fire are rigidly implemented.

There are still a great number of houses in multiple occupation to be dealt with within this borough and although it will be a long time before the problems are eased, it is rewarding to record marked improvements in this type of accommodation as a direct result of our actions.

The following is an indication of the progress being made in this field and summarises the conditions found and action taken:—

a)	Estimated total of houses within the borough in multiple occupation.	10,000
b)	Houses inspected to locate multiple occupation	731
c)	Houses found to be in multiple occupation	439
	Units of living accommodation involved	1,466
d)	Informal notices served	365
e)	Informal notices complied with	91
f)	Houses in which additional facilities provided	44
g)	Houses in which means of escape in case of fire provided	32
h)	Properties found to be overcrowded	50
	Units of living accommodation involved	59
	Formal notices of intention to make a direction served	11
	Directions made	10
	Formal notices to abate overcrowding served	13
	Overcrowding abated	2
i)	Total visits made in respect of houses in multiple occupation	3,520

Underground rooms

Although it was not found possible to devote the time to a routine survey of underground rooms, five individual cases were dealt with, where unsuitable housing conditions were reported and closing orders were made in respect of each of these basements. There have been eight applications for informal approval to be given for proposed works to render certain underground rooms fit for human habitation, so that the Closing Order could be determined. In these cases, plans and specifications are very carefully scrutinised and a very high quality in both workmanship and materials is insisted upon. Regular inspections are carried out of the works in progress and no recommendation is made for an order to be determined, until it has been confirmed that the basement rooms have been brought up to the very high standards required. This involved 93 such inspections during the year, although no orders were determined.

Qualification certificates

Although there have been fewer applications for qualification certificates and certificates of provision approval, it has been necessary to carry out a high number of re-inspections in cases, where works of repair, or of the installation of standard amenities, have been required. It is quite common practise for an owner or managing agent to accept the notification of the builder that all work has been completed and without confirming the facts for themselves, to advise this department accordingly. In very many cases, the work is found to be unsatisfactory or incomplete, resulting in the necessity for still further inspections to be made. In all probability, agents find this method of confirming if the builder's account should be settled more economical than employing staff of their own.

The Housing Finance Act, 1972 has amended some of the procedures relating to qualification certificates and difficulties and anomalies have arisen relating to certain outstanding applications made under the Housing Act, 1969. However, these have been resolved and it is expected

that the number of applications will drop significantly as owners anticipate the implementation of the approaching Fair Rents Legislation.

a)	Qualification certificates	
	Applications received	102
	Applications granted	124
	Applications refused	96
b)	Certificates of provisional approval	
	Applications received	103
	Applications granted	83
	Applications refused	6
c)	Visits made to premises in respect of qualification certificates	857

Improvement of dwellings

The department continues to process the large number of applications for improvement and standard grants, which pass through the housing section and inspections are made to report on the structural condition of the houses concerned and virtually, whether they are worth improving. Although it is satisfying to know that many of the older type houses are being brought up to modern standard, it is fairly obvious, that the majority are owner-occupied or intended for owner-occupation. There is still a great deal to be done in tenanted property and other than in cases where improvements are carried out in conjunction with other works required by notices, served in respect of houses in multiple occupation or a schedule of works for a qualification certificate, there is no indication that owners in general are interested in providing their tenants with the basic standard amenities i.e. an internal water closet, a bath, a wash hand basin, a sink and a hot and cold water supply to each of the last three fittings.

Two tenants have made application, under the provision of Section 19 of the Housing Act, 1964 to have notices served on their landlords requiring the standard amenities to be installed. Unfortunately, after the expiration of the improvement notice, (a period of at least one year), there are no powers of enforcement and unless the Council agrees to carry out the work in default of the owner doing so, the whole matter comes to a complete halt. If this situation arises when the current notices outstanding expire, however, there is every confidence that this council will co-operate in authorising the works of improvement to be done "in default".

From experience, it is most important that in these cases, every endeavour should be made to acquaint the applicant with the financial implications of having his dwelling improved, as it could result in quite a significant rent increase, and unfortunately, this can prove to be quite a deterrent.

The following are the details of the applications received during the year for grants to improve houses within the borough:—

a)	Standard grants	
	Applications received	186
b)	Improvement grants	
	Applications received	471

c)	Special grants	
	Applications received	12
d)	Total inspections made	830

General improvement areas

The departments major activity in the field of general improvement areas during the year has been the organising and the carrying out of the fabric survey of some 200 properties in the proposed Whitestile Road General Improvement Area. The usual costings and estimates were prepared, on which the working parties recommendations to the council were based. Once again, the success or failure of a general improvement area depends almost entirely on the co-operation of the property owners and to a certain extent, on their generosity in the case of tenanted properties. This gives rise to the question whether persuasion and publicity will be sufficient to ensure their success but current legislation provides no alternative.

Ugandan Asians

Towards the latter part of the year, 120 notifications were received from the various re-settlement centres for Asians expelled from Uganda, who had opted to come to this borough. Each of the 90 families, consisting of 305 persons, were visited and a record made of their living accommodation and general conditions. In many cases, their circumstances were far from satisfactory but in view of the emergency, there was no intention of taking any statutory action, anticipating that given time, most of the problems would resolve themselves. The situation will be kept under constant surveillance.

Miscellaneous

When applications are made to the council for mortgages or repair loans, the property in question is inspected by this department so that a report on its structural condition can be made. Where mortgages or loans are granted, periodical inspections are carried out to ensure that any reported defects has been remedied. During the year, 74 inspections were made for mortgages and 38 for repair loans.

In addition 81 of the requests for medical priority for council housing were inspected in order that the alleged unsatisfactory housing conditions could be assessed.

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 1972.

Hounslow borough council	443
Private enterprise	85

Moveable dwellings

There are 6 site licences under the Caravan Sites and Control of Development Act, 1960, which relate to 9 caravans stationed within the borough.

Throughout the year there has been between 25 and 40

travelling caravan dwellers present on land within the borough and these have caused considerable problems. Many complaints have been received regarding the presence of these caravans and having regard to Government instructions that they should not be harassed and council policy on the matter, it has not been possible to take any really effective action. Legal action was taken in 5 cases and where possible caravans were removed by informal action. The problem of itinerant caravans remained as acute as ever at the end of the year.

During the year, the councils temporary site was established at Church Road, Cranford, pending the establishment of a permanent site. The temporary site has the minimal facilities of a water supply and drainage disposal and is occupied by 15 caravans. The site is under the management of the director of housing.

It is hoped that speedy progress will be made towards the establishment of the council's permanent site so that the area may be designated under the Caravan Sites Act, 1968, thus providing effective control of caravans unlawfully stationed within the borough.

Another area where caravans are stationed which causes concern to the department is in Station Estate Road, Feltham. Although some of these vans are occupied by members of the Showmans Guild and do not require council permission, others which do require authority have been there so long that positive council action is difficult. These caravans are the subject of complaint and present a fire risk because of their close proximity to each other.

Rodent control

The baiting of sewers throughout the borough continued during the year. Some 937 manholes on the public sewer system were baited of which 321 were found to be infested. These were treated with a fluoracetamide based poison. This systematic and concentrated treatment appears to be having significant results in that the number of complaints necessitating properties to be treated for surface infestations of rats in 1972 was approximately 21% less than the corresponding number in 1971.

As stated in last year's report we have varied our approach to treating mice infestations and are using a variety of poisons other than anti-coagulants. This together with mouse proofing work has reduced the number of mice treatments following notification by 33% compared with 1971.

I would emphasise the necessity for the continued co-operation of the public in reporting the occurrence of rats and mice in the borough. If these are reported before an infestation becomes firmly established, the prospects of success in dealing with the pests are much better. This is particularly relevant to houses which are in multiple occupation where infestations are difficult to eradicate and spread very rapidly. There is evidence that certain people are accepting a tolerance towards mice and not reporting incidences of minor infestations.

During the year a random survey of 500 premises was carried out to assess the extent of unreported incidences of rodent infestation. This was at the request of the Ministry of Agriculture, Fisheries and Food but the assessed results of the survey were not available by the end of the year.

It has long been my concern that the duties of a rodent operator are exacting and responsible and that the wages offered do not attract the right calibre of person. This together with the shortage of applicants prompted a request to Management Services for consideration of regrading the position. It was learned that this was not possible but a bonus scheme would be examined. At the end of the year, the works study team were investigating this possibility which it is hoped will provide an attraction for the appropriate men to undertake this responsible work.

Other pest control work

Complaints regarding insect pests continued to run at a high level during the year. 531 complaints were made to the department concerning insect pests and 39 concerning pigeons.

With the variety of insecticides now available, little difficulty was experienced in dealing with most insect pests. The year was notable for a reduction of over 50% in the number of complaints concerning fleas and I should like to think that the advice offered in last year's report to treat pet animals periodically for animal fleas has been taken. The assistance of the British Museum (Natural History) was sought on a few occasions for the identification of comparatively rare insects and their co-operation is gratefully acknowledged.

Excessive numbers of pigeons are still within the borough which sometimes cause considerable nuisance. During the year some 824 pigeons were shot and there is no doubt that if the staff could spend more time on this type of operation, further culling of the flocks would be of benefit.

Diseases of animals

Towards the end of the year, I was advised that Swine Vesicular Disease was to be notifiable under the Diseases of Animals Act. Although at that time Hounslow was not declared to be an "infected area", an immediate and thorough inspection was carried out of all the pig keepers in the borough particularly those boiling swill.

There are 8 pig keepers operating a business in Hounslow, 7 of which boil swill for pig feeding which they collect from many various sources. A check was made to see that boiling temperature was reached and held for the requisite time.

One piggery which has been a constant source of trouble by allowing its drainage to seep into a river via an open ditch, was finally closed.

Miscellaneous

Visits were carried out by the public health inspectors for the following licences and registrations.

Pet animals Act 1951	18 licences
Riding Establishments Act 1964	3 licences
Animal Boarding Establishments Act 1963	1 licence
Rag Flock and other filling Materials Act	4 registrations
Hairdressers and barbers	150 registrations

Refilling of gravel pits

Where the council have given authority for a gravel pit to be refilled, the supervision of the type of fill to be used and the manner in which it is to be carried out is under the control of this section.

The procedure laid down in the conditions is basically that only clean soil may be tipped into the water and to a height of 2 ft above the water level. Various other permitted materials are allowed to within 2 feet of the finished tip level and the final surface to be again of clean soil. Some of these areas have taken many years to complete but at the end of 1972 there was only one tip still in operation, namely Bedfont Lake. This is kept under close observation but during the busy times, loads up to 10 tons arrive approximately every 2 minutes and it is obvious detailed scrutiny cannot take place.

General District work

The problems of living in a large community in close proximity to neighbours produces a variety of complaints which are too numerous to report in detail. Many of these complaints find their way to the public health inspectors office. Summarised below are the details of the complaints received by the environmental health section together with a record of the visits made.

Complaints received

General disrepair of premises	189
Dampness	152
Overcrowding	19
Defective drainage systems	92
Blocked drainage systems	368
Defective water supply and/or fittings	62
Accumulation of refuse or insufficient or defective refuse storage facilities	225
Rats and mice	2,173
Pigeons	39
Insect pests	338
Wasps	193
Smoke	161
Noise	63
Unsound food	357
Caravans	27
Miscellaneous	273

Visits made

Smoke control areas	2,961
Other clean air	1,046
Drainage	1,128
Factories	342
Food premises	1,956
Market stalls and delivery vehicles and storage	141
Unsound food	690
Food and drugs sampling	768
Housing general	5,044
(of which 188 related to immigrants)	
Housing — multiple occupation	3,355
(of which 250 related to immigrants)	
Infectious diseases (+ van drivers visits)	469
Rodent control	3,188

Offices shops and railway premises

General inspections	351
Other inspections	39
Accident investigations	110
Rag flock and other filling materials	1
Pet animals establishment	41
Animal boarding establishment	6
Riding establishment	14
Schools	10
Noise	544
Caravans	640
Premises licensed for public entertainment	2
Refuse tips	84
Mortuary	13
Hairdressers and barbers	38
Nuisances (general)	843
Piggeries	19
Stables	7
Swimming baths and pools	117
Accumulations of refuse	1,070
Verminous premises	241
Work places	13
Treatment of premises for bugs	68
Treatment of premises for fleas	51
Treatment of premises for cockroaches	28
Treatment of premises for ants	34
Treatment of premises for other insects	42
Wasps nests treated and removed	8
Wasps nests treated	208
Pigeon control	824
Drains tested	113

Conclusion

My sincere thanks are due to Mr F V Bell who retired from the duties of a public health inspector on 10th January 1972 after completing over 42 years service. Nineteen of these years were as Chief Public Health Inspector of Feltham Urban District Council and following the amalgamation he served Hounslow as the Deputy Chief. Thanks are also due to Mr R A G James and Mr S H G Stevens the deputy chiefs of Brentford and Chiswick and Heston and Isleworth boroughs respectively who both retired after completing their service as senior public health inspectors with Hounslow. These men all served this borough in their own capable and generous ways to the benefit of the inhabitants.

Mr D J Wells was appointed to the position of Deputy Chief Public Health Inspector and has proved himself ably. I am indebted to him as I am to all public health inspectors, technical assistants, administrative and clerical staff who have co-operated and worked hard during the year in an effort to fill the gaps left by persistent shortage of staff.

Rehousing on medical grounds

During the year 463 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 1936 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.

Establishments for massage or special treatment

During the year 10 establishments were licensed by the council for the following purposes:—

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

Each establishment was inspected by a medical officer on one occasion during 1972.

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 1972 three burials were arranged in accordance with this section.



1. Clean material into water

Reclamation of old gravel workings by controlled tipping

3. Rubbish tipped prior to covering





2. Road and base formed to receive rubbish

4. Covered, compacted and dressed ready for seeding



7. *Reclamation of old gravel workings and low bank* 5

Reclamation of old gravel workings by controlled tipping

8. *Reclamation of old gravel workings and low bank* 5



Table 1 Cause of death at different periods of life for 1972

Cause of death	Total all ages		Age group						Age group															
			Under 4 weeks		4 weeks & under 1 year		1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases	3	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis or respiratory system	4	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	1	-	-	-	-	1
Late effects of respiratory T.B.	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Other tuberculosis	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Syphilis and its sequelae	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other infective and parasitic diseases	3	-	-	-	-	-	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-
Malignant neoplasm, buccal cavity etc.	5	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	-	-	2	1	-
Malignant neoplasm, oesophagus	2	7	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	5	-
Malignant neoplasm, stomach	31	18	-	-	-	-	-	-	-	-	-	1	3	2	7	3	7	3	12	6	9	6	6	10
Malignant neoplasm, intestine	26	20	-	-	-	-	-	-	-	-	-	-	-	2	-	9	4	9	6	9	6	6	10	-
Malignant neoplasm, lung, bronchus	117	30	-	-	-	-	-	-	-	-	1	2	7	4	42	3	46	17	21	4	4	4	4	10
Malignant neoplasm, breast	-	45	-	-	-	-	-	-	-	-	-	-	5	-	10	-	6	-	14	-	-	-	10	-
Malignant neoplasm, uterus	-	13	-	-	-	-	-	-	-	-	-	1	-	3	-	4	-	4	-	4	-	-	1	-
Malignant neoplasm, prostate	23	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	9	-	9	-	9	-	-	-
Leukaemia	12	6	-	-	-	-	-	-	-	-	-	-	1	-	2	2	3	2	6	2	6	2	2	-
Other malignant neoplasms	54	61	-	-	-	-	-	-	2	1	1	1	6	-	2	7	8	10	9	20	23	8	16	-
Benign and unspecified neoplasms	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	1	-	-	-
Diabetes mellitus	8	10	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	1	3	5	5	-	-
Avitaminoses	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Anaemias	5	8	-	-	-	-	-	-	-	1	-	-	-	-	-	1	1	-	1	2	3	4	1	-
Meningitis	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Chronic rheumatic heart disease	7	18	-	-	-	-	-	-	-	-	-	-	1	1	5	1	6	4	3	1	3	1	3	-
Hypertensive disease	11	20	-	-	-	-	-	-	-	-	-	-	1	1	-	3	3	3	4	4	12	4	12	-
Ischaemic heart disease	339	274	-	-	-	-	-	-	1	-	1	-	-	-	10	-	28	2	85	27	118	69	97	176
Other forms of heart disease	56	82	-	-	-	-	-	-	-	-	-	-	-	-	8	-	11	13	32	45	49	120	120	-
Cerebrovascular disease	102	178	-	-	1	-	-	-	-	-	-	-	-	1	-	1	2	6	7	15	6	34	71	-
Influenza	3	8	-	-	-	-	-	-	-	-	-	-	1	-	1	2	-	2	2	2	2	2	2	-
Pneumonia	72	78	1	-	4	1	-	-	-	-	2	-	1	2	6	7	15	15	43	53	53	53	15	-
Bronchitis and emphysema	88	30	-	-	-	-	-	-	1	-	-	-	1	-	4	14	3	34	8	37	15	15	15	-
Asthma	3	3	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	1	1	-	-	-	-	-
Peptic ulcer	22	2	-	-	-	-	-	-	-	1	-	1	-	1	-	6	-	4	-	9	2	2	2	-
Appendicitis	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-
Intestinal obstruction and hernia	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	2	5	5	5	-
Cirrhosis of liver	5	8	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	3	2	1	-	1	1	-
Nephritis and nephrosis	5	7	-	-	-	-	-	-	-	-	2	1	-	-	-	1	1	2	1	2	1	1	1	-
Hyperplasia of prostate	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	2	-	2	-	-
Congenital anomalies	13	9	4	1	3	3	2	3	1	1	-	-	-	-	-	1	-	1	-	-	-	-	1	-
Birth injury, difficult labour, etc.	11	6	11	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	2	5	2	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Symptoms and ill defined conditions	2	2	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other endocrine etc. diseases	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	1	-
Other diseases of blood etc.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Mental disorders	4	3	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	1	1	1	1	1	1	-
Multiple sclerosis	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	1	1	-	1	-	-
Other diseases of nervous system	10	9	-	-	1	-	-	-	-	1	-	1	1	-	-	3	1	3	2	2	3	2	3	-
Other diseases of circulatory system	41	45	-	-	-	-	-	-	-	-	1	-	-	-	3	2	5	2	17	11	16	29	29	-
Other diseases of respiratory system	7	4	-	-	2	-	-	-	-	-	-	-	1	-	-	-	-	1	2	4	1	1	1	-
Other diseases of digestive system	7	16	-	-	-	-	-	-	-	-	1	1	1	-	1	-	2	3	1	4	1	8	8	-
Other diseases, genito-urinary system	7	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	2	2	3	1	1	-
Diseases of skin, subcutaneous tissue	2	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	-	-	-	-
Diseases of musculo-skeletal system	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1	1	1	2	-
Motor vehicle accidents	17	9	-	-	-	-	1	-	-	1	5	1	2	-	3	1	1	-	3	2	1	-	1	4
All other accidents	10	8	-	-	-	-	-	1	-	-	1	-	3	-	2	-	2	1	1	1	3	-	2	-

Table 1 (Continued)

Cause of death	Total all ages		Age group								Age group																
			Under 4 weeks				4 weeks & under 1 year				1-4		5-14		15-24		25-34		35-44		45-54		55-64		65-74		75 and over
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
Suicide and self-inflicted injuries	6	9	-	-	-	-	-	-	-	-	-	-	1	2	1	1	1	-	1	3	1	2	1	-	-	-	1
All other external causes	4	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	1	-	1	-	-	-	-	-	-
Total all causes	1167	1091	19	12	14	7	4	5	5	4	13	6	19	7	25	22	78	55	241	121	366	269	383	583			

Table 2 Infant deaths according to age and cause 1972

Cause of death	Age in days							Age in months											Total					
	Under 1		2	3	4	5	6	7-13	14-20	21-28	1	2	3	4	5	6	7	8		9	10	11		
Enteritis and other diarrhoeal diseases	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Cerebrovascular disease	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Pneumonia	-	-	-	-	-	-	-	-	-	1	2	1	1	1	-	-	-	-	-	-	-	-	-	6
Congenital anomalies	3	-	-	-	-	1	-	1	-	-	1	-	1	2	-	-	-	1	-	1	-	-	-	11
Birth injury, difficult labour and other anoxic and hypoxic conditions	7	5	3	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Other causes of perinatal mortality	6	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Symptoms and ill-defined conditions	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-	-	-	-	4
All other diseases	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	3
Total all causes	16	6	3	1	1	1	-	1	1	1	5	2	4	6	1	-	1	1	-	1	-	-	-	52

Table 3 Corrected notifications of infectious disease 1972

Disease	Total	Age in years							Age in years							Age unknown	Cases admitted to hospital
		Under 1		2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over				
Dysentery	37	1	1	6	1	2	10	2	-	12	2	-	-	-	-	-	12
Encephalitis acute	4	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	4
Food poisoning	22	-	-	1	1	1	2	3	-	2	7	5	-	-	-	-	5
Infective jaundice	58	-	-	-	-	4	11	2	6	23	6	6	-	-	-	-	30
Malaria	5	-	-	-	-	-	1	-	-	4	-	-	-	-	-	-	5
Measles	223	12	25	20	17	31	108	7	-	3	-	-	-	-	-	-	5
Meningitis acute	6	-	1	-	1	-	1	1	-	2	-	-	-	-	-	-	6
Para typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet fever	61	-	-	6	7	7	29	10	-	2	-	-	-	-	-	-	-
Tuberculosis pulmonary	74	-	-	1	-	-	-	2	2	29	9	24	7	-	-	-	31
Tuberculosis non-pulmonary	37	-	-	1	-	-	1	2	1	24	4	2	2	-	-	-	9
Typhoid fever	3	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	3
Whooping cough	4	1	1	-	-	1	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:	1971		1972	
Syphilis	20	17		
Gonorrhoea	295	297		
Other genital infections	1,509	1,487		
Other conditions	869	1,063		

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		Total
	1972	1971	1970	1969	1965-68	Age 16	
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	40	1444	654	31	9	—	2178
Diphtheria/whooping cough	—	—	—	—	—	—	—
Diphtheria/tetanus	—	196	115	34	75	51	471
Diphtheria	—	—	—	—	1	—	1
Whooping cough	—	2	—	—	—	—	2
Tetanus	—	1	—	—	1	69	71
Salk	—	—	—	—	—	—	—
Sabin	19	1684	782	75	117	65	2742
Measles	1	1068	856	119	101	8	2153
Rubella	—	—	—	—	—	984	984
Lines 1+2+3+4+5 (Diphtheria)	40	1640	769	65	85	51	2650
Lines 1+2+3+6 (Whooping cough)	40	1446	654	31	9	—	2180
Lines 1+2+4+7 (Tetanus)	40	1641	769	65	85	120	2720
Lines 1+8+9 (Poliomyelitis)	19	1684	782	75	117	65	2742

Reinforcing doses — number of persons under age 16

Type of vaccine	Year of birth				Others under		Total
	1972	1971	1970	1969	1965-68	Age 16	
Quadruple DTPP	—	—	—	—	—	—	—
Triple DTP	—	17	51	10	137	13	228
Diphtheria/whooping cough	—	—	—	—	—	—	—
Diphtheria/tetanus	—	3	16	16	2150	259	2444
Diphtheria	—	—	—	—	5	8	13
Whooping cough	—	—	—	—	—	—	—
Tetanus	—	—	1	2	33	151	187
Salk	—	—	—	—	—	—	—
Sabin	—	24	53	19	2272	351	2719
Measles	—	—	—	—	—	—	—
Lines 1+2+3+4+5 (Diphtheria)	—	20	67	26	2292	280	2685
Lines 1+2+3+6 (Whooping cough)	—	17	51	10	137	13	228
Lines 1+2+4+7 (Tetanus)	—	20	68	28	2320	423	2859
Lines 1+8+9 (Poliomyelitis)	—	24	53	19	2272	351	2719

Table 7 Midwives who notified their intention to practise within the London Borough of Hounslow during the year 1972

Domiciliary	
Employed by borough council	16
Employed by Queen Charlotte's hospital	7
In private practice	1
Institutional	
Hospitals	110
Hospitals (Agency Staff)	43
Nursing homes	—
Total	177

Table 8 Deliveries attended by domiciliary midwives during 1972

By midwives employed by borough council	233
By midwives employed by Queen Charlotte's hospital	3
Total	236
Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before the 10th day	
Borough council midwives	879
Queen Charlotte's hospital midwives	106
Midwives employed by London Borough of Ealing specially for 48 hours planned discharges (Brentford and Chiswick area)	14
Total	999

Table 9 Health visiting — cases seen by health and tuberculosis visitors during year

Type of case	Number of cases seen at special request of:—		Total number of cases seen
	Hospital	G.P.	
Children born in 1972	111	67	3260
Other children aged under 5	44	99	8273
Persons aged between 5 and 16 seen as part of health visiting	20	108	1174
Persons aged between 17 and 64	61	421	3285
Persons aged 65 and over	66	558	1821
Households visited on account of tuberculosis	15	1	247
Households visited on account of other infectious diseases	—	1	55
Households visited for any other reason	1	33	437
Total	318	1288	18552
Number of persons included in lines 1–5 above who are:—			
Mentally handicapped	2	14	109
Mentally ill	3	54	181

Number of health education sessions attended by health visitors:

At health centres	75
At G.P. premises (excluding those in health centres)	2
At maternity and child health centres	60
At school	78
In hospital	7
Elsewhere	7
Total	229

Number of case conferences attended by health visitors with:—

Social workers	77
Hospital staff	45
General practitioners	232
Any combination of above	24
Others (i.e.: none of the above present)	51
Total	429

Table 10 Home Nursing

Place where first treatment during year by the home nurse took place	Number of persons treated during the year aged:			
	Under 5	5 - 64	65 & over	Total
a. Patient's home	44	2027	1251	3322
b. Health Centres	1205	8986	1461	11652
c. GP's premises	136	953	247	1336
d. Total	1385	11966	2959	16310
No. of home visits during 1972				102906
No. included above over one hour duration				1675
No. of visits made by patients for treatment by nurses assisting General Practitioners				
a. in Health Centres				23771
b. in surgeries				3739

Table 11 New cases of tuberculosis notified formally or otherwise to the medical officer of health and deaths ascribed to tuberculosis during 1972

Age in years	New cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1	—	—	—	—	—	—	—	—
1	—	1	—	1	—	—	—	—
5	—	—	—	1	—	—	—	—
10	1	1	2	—	—	—	—	—
15	1	1	—	1	—	—	—	—
20	7	2	2	3	—	—	—	—
25	10	10	10	9	—	—	—	—
35	7	2	2	2	—	—	—	—
45	8	4	1	1	—	—	—	—
55	9	3	—	—	—	—	—	—
65 and over	1	6	1	1	1	1	—	—
Age unknown	—	—	—	—	—	—	—	—
All ages	44	30	18	19	1	1	—	—

**Table 12 Tuberculosis
Summary of the work of chest clinics**

Persons examined for the first time	4985
Persons found to be tuberculous	115
New contacts seen for the first time during the year	689
New contacts found to be tuberculous	6
Cases on register at 31st December 1972	875
Home visits made by the tuberculosis visitors during 1972	484

Table 13 Ante-natal and post-natal clinics

Number of Clinics provided at end of 1972 (a)	7
Number of sessions held by Medical Officers	218
Midwives	119
Total	337

Number of women who attended in 1972 (b)

Ante-natal	231
Post-natal	32

Total number of attendances by women shown above
Ante-natal 1000
Post-natal 32

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

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

Table 14 Ante-natal mothercraft and relaxation classes

Number of women who attended during 1972	
Institutionally booked	331
Domiciliary booked	33
Total	364
Total number of attendances during 1972	2428

Table 15 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 hrs.	survived to end of 28 days
—	7	—	7

Table 16 Child health clinics

Number of clinics in use at end of 1972 (a)	13
Number of child health sessions held by	
Medical officers	1223
Health visitors	224
Hospital medical staff	39
Total	1486

Number of children who attended during the year and who were born in	
1972	2831
1971	2693
1967-70	2338
Total	7862

Number of attendances made by children shown above	42211
--	-------

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

Number of cases	Number of persons examined during the year				Number of persons who commenced treatment during the year			Number of courses of treatment completed during the year		
	Scalings and/or stain removal	Fillings	Teeth Filled	Teeth root filled	Crowns & inlays	Teeth extracted	General anaesthetics	Dentures Provided full upper or lower	Partial upper or lower	Radio-graphs
Expectant and nursing mothers		57				52				26
Children aged under 5 and not eligible for school dental service		869				668				490
Expectant and nursing mothers	26	140	133	2	Nil	66	14	5	5	14
Children aged under five and not eligible for school dental service	402	1516	1329	Nil	Nil	456	205	Nil	Nil	19

Table 18 Ministry of Agriculture, Fisheries and Food – Prevention of Damage by Pests Act 1949 – Report for 12 months ended 31st December, 1972

Properties other than sewers	Type of property	
	Non-Agricultural	Agricultural
Number of properties in district	83081	7
Total number of properties (including nearby premises) inspected following notification	4409	—
Number infested by rats	1118	—
mice	1055	—
Total number of properties inspected for rats and/or mice for reasons other than notification	2069	7
Number infested by rats	11	7
mice	23	—
Sewers		
Were any sewers infested by rats during the year?	Yes	

Table 19 Offices, Shops and Railway Premises Act 1963 – Annual Report for 1972

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 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 30th March, 1973.

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	40	716	82
Retail shops	39	1073	194
Wholesale shops, warehouses	5	140	21
Catering establishments open to the public, canteens	12	237	54
Fuel storage depots	—	—	—
Total	96	2166	351

Table B. Number of visits of all kinds (including general inspections) to registered premises 390

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

Class of workplace	Number of persons employed
Offices	23897
Retail shops	5966
Wholesale shops, warehouses	2371
Catering establishments open to the public	1139
Canteens	1637
Fuel storage depots	9
Total	35019
Total males	18082
Total females	16937

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

Table E. Prosecutions instituted of which the hearing was completed in the year

Section of act or title of regulations or order	Number of informations laid	Number of informations leading to a conviction
Nil	Nil	Nil
Number of persons or companies prosecuted	Nil	
Number of complaints (or summary applications) made under section 22	Nil	
Number of interim orders granted	Nil	

Table F. Staff

Number of inspectors appointed under section 52 (1) or (5) of the Act	22
Number of other staff employed for most of their time on work in connection with the Act	1

Table 20 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	66	12	—	—
b. Factories not included in (a) in which section 7 is enforced by the local authority	859	318	40	—
c. Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	16	12	1	—
Total	941	342	41	—

Cases in which defects were found

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To HM Inspector	By HM Inspector	
Want of cleanliness (S1)	—	—	—	—	—
Overcrowding (S2)	—	—	—	—	—
Unreasonable temperature (S3)	—	—	—	—	—
Inadequate ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary conveniences (S7)					
a. insufficient	2	1	—	1	—
b. unsuitable or defective	46	28	—	14	—
c. not separated for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	48	29	—	15	—

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	29	—	—	—	—	—
Lace, lace curtains and nets	1	—	—	—	—	—
Curtain and furniture hangings	3	—	—	—	—	—
Brass and brass articles	30	—	—	—	—	—
Artificial flowers	5	—	—	—	—	—
Lampshades	1	—	—	—	—	—
Total	69	—	—	—	—	—

Table 21 Meteorology

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

Week ending 1972		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (Millimetres)
		Highest	Lowest	Highest	Lowest		
Jan	1st	30.13	29.96	4.5	2.5	1	0.9
	8th	30.01	29.66	7.5	1.0	6	11.2
	15th	29.81	29.40	11.0	1.0	6	16.9
	22nd	30.19	29.20	10.0	-1.0	5	4.3
	29th	30.12	29.02	10.5	-5.0	7	21.1
Feb	5th	29.90	29.14	10.5	-7.0	7	16.7
	12th	29.65	29.01	10.0	-6.3	7	14.3
	19th	29.97	29.26	10.0	1.5	6	14.4
	26th	30.09	29.71	12.0	2.0	3	1.2
Mar	4th	29.98	28.96	12.0	0.0	6	17.9
	11th	30.26	28.86	11.0	0.5	7	15.4
	18th	30.14	29.83	19.5	0.5	3	2.4
	25th	30.29	29.45	19.2	2.5	1	1.6
April	1st	30.02	29.29	15.0	2.5	6	14.5
	8th	30.00	29.14	15.0	2.0	7	6.9
	15th	30.11	29.12	15.0	4.5	7	19.0
	22nd	30.22	29.96	15.0	3.5	4	0.7
	29th	30.22	29.12	14.0	2.0	3	13.1
May	6th	29.88	29.29	19.0	4.0	5	5.7
	13th	29.96	29.48	18.5	4.0	6	10.2
	20th	30.04	29.75	18.5	3.5	5	7.7
	27th	29.92	29.30	18.0	6.5	7	6.2
June	3rd	29.92	29.58	18.0	5.0	6	4.3
	10th	29.90	29.52	18.0	5.0	4	3.6
	17th	30.04	29.64	20.5	7.0	4	2.6
	24th	29.91	29.53	18.5	7.5	4	5.5
July	1st	29.99	29.72	20.5	7.5	3	3.6
	8th	29.94	29.60	22.0	9.0	5	15.5
	15th	30.28	29.81	26.0	8.0	—	—
	22nd	30.18	29.86	27.0	14.5	3	3.0
	29th	30.21	29.80	24.5	11.0	2	0.4

Table 21 Continued

Week ending 1972		Barometer		Temperature (C°)		Days with rainfall	Total rainfall (Millimetres)
		Highest	Lowest	Highest	Lowest		
Aug	5th	29.99	29.46	23.5	10.5	5	8.0
	12th	30.13	29.44	22.5	8.5	5	3.0
	19th	30.26	29.86	25.6	8.5	—	—
	26th	30.25	30.00	25.0	8.0	1	0.4
Sep	2nd	30.33	29.97	23.5	11.0	—	—
	9th	30.20	29.40	21.0	5.0	1	13.0
	16th	30.10	29.82	17.5	5.5	2	8.6
	23rd	30.24	29.95	21.5	5.0	2	8.3
	30th	30.20	29.85	21.5	4.5	—	—
Oct	7th	30.21	29.80	22.8	4.5	—	—
	14th	30.26	29.47	22.5	9.0	3	12.2
	21st	30.42	30.03	16.5	2.0	—	—
	28th	30.11	29.30	17.0	5.4	1	0.3
Nov	4th	30.24	29.69	16.0	4.5	3	2.3
	11th	30.21	29.47	16.5	1.0	4	19.8
	18th	30.04	29.48	14.0	-3.5	4	21.8
	25th	30.48	29.23	11.5	-2.0	2	4.5
Dec	2nd	30.47	29.17	13.0	1.5	6	18.3
	9th	29.93	29.29	13.0	3.0	7	46.5
	16th	30.20	29.76	14.0	1.5	5	8.7
	23rd	30.72	30.09	11.5	0.2	1	0.2
	30th	30.29	29.44	12.0	-4.0	1	0.2

Table 22 Wind Direction

Summary of daily records for 52 weeks

N	26 days	SSW	14 days
NNE	17 days	SW	56 days
NE	38 days	WSW	15 days
ENE	5 days	W	32 days
E	23 days	WNW	9 days
ESE	12 days	NW	19 days
SE	16 days	NNW	4 days
SSE	12 days	Calm	34 days
S	25 days	No record	9 days

Table 23 Medical inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

Periodic Medical Inspections			
Age groups inspected	No. of pupils who have received a full medical examination	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1968 and later	416	404	12
1967	1,756	1,720	36
1966	1,231	1,230	1
1965	500	498	2
1964	1,311	1,298	13
1963	612	610	2
1962	35	35	—
1961	75	74	1
1960	876	862	14
1959	363	353	10
1958	17	17	—
1957 and earlier	368	367	1
Total	7,560	7,468	92
Special inspections			
Number of special inspections	4,939		
Number of re-inspections	1,918		
Total	6,857		

Table 24 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	137	337	631	33
Eyes				
a. Vision	113	388	284	94
b. Squint	57	77	9	12
c. Other	17	73	17	7
Ears				
a. Hearing	73	283	283	54
b. Otitis media	44	206	25	19
c. Other	77	171	135	25
Nose and throat	85	495	80	48
Speech	61	203	58	43
Lymphatic glands	3	157	11	18
Heart	15	122	29	45
Lungs	37	175	25	19
Developmental				
a. Hernia	5	47	8	6
b. Other	25	313	41	46
Orthopaedic				
a. Posture	10	69	5	8
b. Feet	39	150	66	18
c. Other	25	146	24	18
Nervous system				
a. Epilepsy	10	62	5	5
b. Other	14	161	19	11
Psychological				
a. Development	9	116	87	17
b. Stability	15	472	96	46
Abdomen	9	62	15	1
Other	47	290	249	111

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)
19	67	70	1968 and later
41	149	162	1967
32	151	172	1966
10	57	62	1965
40	118	146	1964
23	52	71	1963
3	2	5	1962
4	6	10	1961
37	84	111	1960
25	36	57	1959
—	—	—	1958
6	31	36	1957 and earlier
240	753	902	Total

Table 25 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	217
Errors of refraction (including squint)	1,648
Total	1,865
Number of pupils for whom spectacles were prescribed	590
Diseases and defects of ear, nose and throat	
Received operative treatment	—
a. for diseases of the ear	—
b. for adenoids and chronic tonsillitis	—
c. for other nose and throat conditions	—
Received other forms of treatment	572
Total	572
Number of pupils known to have been provided with hearing aids	
a. in 1971	16
b. in previous years	60
Orthopaedic and postural defects	
a. pupils treated at clinics and out-patients departments	216
b. pupils treated at schools for postural defects	288
Total	504
Diseases of the skin (excluding uncleanliness)	
Ringworm	8
Scabies	7
Impetigo	5
Other skin diseases	1,839
Total	1,859
Child guidance	
Pupils treated	392
Speech therapy	
Pupils treated	460
Other treatment given	
a. pupils with minor ailments	694
b. pupils who received convalescent treatment under school health service arrangements	63
c. pupils who received BCG vaccination	1,308
d. allergy clinic	101
Total	2,166

Table 26 Dental inspection and treatment

	Number of pupils			Total
	Age 5—9	Age 10—14	Age 15 & over	
Inspections				
First inspections at school				16,325
First inspections at clinic				42,166
No. of first inspections requiring treatment				12,315
No. of first inspections offered treatment				12,315
Pupils re-inspected at clinic or school				695
No. of re-inspections requiring treatment at clinic or school				601
Attendances and treatment				
First visit	4,299	3,256	724	8,279
Subsequent visits	8,652	8,008	1,747	18,407
Total visits	12,951	11,264	2,471	26,686

Table 26 Continued

	Number of pupils			Total
	Age 5-9	Age 10-14	Age 15 & over	
Additional courses of treatment commenced	298	154	52	504
Fillings in permanent teeth	4,436	7,542	2,260	14,238
Fillings in deciduous teeth	8,576	1,070	—	9,646
Permanent teeth filled	3,460	6,236	1,982	11,678
Deciduous teeth filled	7,664	948	—	8,612
Permanent teeth extracted	186	813	182	1,181
Deciduous teeth extracted	2,987	844	—	3,831
General anaesthetics	1,245	528	69	1,842
Emergencies	1,101	633	126	1,860
Number of pupils x-rayed				1,363
Prophylaxis				3,438
Teeth otherwise conserved				65
Number of teeth root filled				24
Inlays				3
Crowns				45
Courses of treatment completed				5,920
Anaesthetics				
General anaesthetics administered by dental officers				—
Orthodontics				
New cases commenced during year				200
Cases completed during year				215
Cases discontinued during year				44
No. of removable appliances fitted				314
No. of fixed appliances fitted				1
Pupils referred to hospital consultant				1
Prosthetics				
Pupils supplied with full upper or full lower dentures (first-time)	—	3	—	3
Pupils supplied with other dentures (first-time)	1	5	1	7
No. of dentures supplied	1	5	1	7
Sessions relating to school dental service				
Sessions devoted to treatment				3,677
Sessions devoted to inspection at school				140
Sessions devoted to dental health education				205
Sessions relating to maternity and child welfare dental service				
Sessions devoted to treatment				277
Sessions devoted to dental health education				15

Table 27 Head and foot inspection

(a) Infestation with vermin	
Total number of pupils examined in schools by nurses or other authorised persons	25,758
Total number of individual pupils found to be infested	236
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	9
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	2
(b) Foot inspections	
Total number of pupils examined	3,256
Number of new cases of plantar warts	156
Number of cases where re-infection found	3

List of Clinics held in the borough at 31st December 1972

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 (HV. only) Thur pm (HV. only) Fri pm	Fri am (relaxation) Mon pm (alt)	Mon pm (alt)	Mon pm fortnightly	Tue am Thur pm	Mon to Fri am/pm	Wed am	Mon to Fri am				Mon am/pm					
Albany Road Brentford	Wed pm Thur pm	Tue am		Mon pm (2nd & 4th)	Wed am Thur am/pm	Tues am/pm Fri am/pm	Thur am	Mon to Fri am	Tue pm (2nd 4th & 5th)	Mon pm (1st)	Mon pm (1st) Wed pm			Tue pm (2nd & 4th)			
Town Hall Chiswick	Tue pm Wed pm Thur pm Fri pm	Tue am & evening (relaxation) Thur pm (alt)	Thur pm (alt)	Mon pm (alt)	Mon am/pm Wed am/pm Thur am/pm Fri am/pm	Mon to Fri am/pm	Mon am	Mon to Fri 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 & 4th)	Mon am Thur am	Mon to Fri am/pm	Wed am Fri am	Mon to Fri am	Mon am			Tue am/pm		Thur pm (1st)			
Grove Crescent Hanworth	Tue pm Thur pm	Fri pm (alt)	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 am (relaxation) Wed pm (Midwives)	Wed am (alt) Mon pm (alt) Fri pm (alt)	Tues am (1st, 2nd & 3rd)	Tue am/pm Wed am/pm Fri am/pm	Mon am/pm Wed am 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 Tue am/pm Wed am/pm Thur pm Fri am/pm	Mon to Fri am/pm	Mon am Fri am	Mon to Fri am	Mon am Tue pm (1st & 3rd) Tue am (orthoptist)		Mon pm except 1st Fri pm	Mon am/pm Fri am/pm	Fri pm	Tue pm (1st)			
Park Road Busch Corner Isleworth	Wed pm Fri pm	Tue pm (Midwives) Thur pm (alt) Wed am (relaxation)	Thur pm (alt)	Tue pm (1st and 3rd only)	Mon pm Wed am/pm Fri am/pm	Mon to Fri am/pm	Mon am	Mon to Fri am	Thur pm (alt)		Mon am Tue am Wed am Thur am Fri am	Tue am/pm Wed am/pm Thur am/pm Fri am					
Spring Road Feltham	Mon pm Wed pm	Wed am (relaxation)	Fri pm (alt)	Tue am (alt)	Mon am/pm		Fri am	Mon to Fri am				Wed am/pm					
Child Guidance 92 Bath Road Hounslow															Mon, Tues, Wed, Fri am/pm		
Hearing Clinic Vicarage Farm Road Heston																Mon am Tue am/pm	

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
Medical Advisory Unit Martindale Road Hounslow								Mon am (occasional)			Mon to Fri am/pm	Mon to Fri am/pm					Thur am
Maswell Park Hounslow Ave. Hounslow	Mon pm Tue pm (HV, only)	Thur am (relaxation & mothercraft)			Mon am Tue am/pm Wed pm		Mon pm	Mon to Fri am									

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