

**[Report 1965] / Medical Officer of Health, Slough Borough.**

**Contributors**

Slough (England). Borough Council.

**Publication/Creation**

1965

**Persistent URL**

<https://wellcomecollection.org/works/b3hdppaa>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

Ac'dd 14/2/67

Public Health

Ac. 4424 (1)



# THE HEALTH OF SLOUGH



1965

BOROUGH OF SLOUGH



*With the Compliments  
of the  
Medical Officer of Health*

*Public Health Department  
"Highfield"*

*9 Bath Road  
Slough.*

*Telephone:  
Slough 23881*

B O R O U G H   O F   S L O U G H

HEALTH AND SANITATION COMMITTEE

January to May, 1965

*Chairman:*

ALDERMAN N. M. ESCHLE

*Vice-Chairman:*

COUNCILLOR M. J. SHEEHY

ALDERMAN A. BRAND	COUNCILLOR R. F. EVERETT
(Deputy Mayor) (ex officio)	COUNCILLOR MRS. J. M. B. GIBSON
ALDERMAN MRS. M. J. MORGAN	COUNCILLOR E. J. JAMES
ALDERMAN F. S. G. ROOM	COUNCILLOR J. McSWEENEY
ALDERMAN R. TAYLOR	COUNCILLOR W. J. PARK
ALDERMAN MRS. W. M. WATSON	COUNCILLOR W. R. WARD
(Mayor) (ex officio)	
COUNCILLOR A. J. BLOOM	

May to December, 1965

*Chairman:*

ALDERMAN N. M. ESCHLE

*Vice-Chairman:*

COUNCILLOR M. J. SHEEHY

ALDERMAN A. BRAND	COUNCILLOR MRS. J. M. B. GIBSON
(Mayor) (ex officio)	COUNCILLOR W. J. PARK
ALDERMAN MRS. M. J. MORGAN	COUNCILLOR D. R. PETERS
ALDERMAN F. S. G. ROOM	COUNCILLOR R. SEYMOUR
ALDERMAN R. TAYLOR	COUNCILLOR J. WALKER
COUNCILLOR A. J. BLOOM	COUNCILLOR F. WARWICK
	(Deputy Mayor) (ex officio)

DEPARTMENT OF PUBLIC HEALTH,  
'HIGHFIELD',  
9, BATH ROAD,  
SLOUGH.

Telephone:                      SLOUGH 23881

## Public Health Department Staff

### Medical Officer of Health:

MACDONALD A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

### Deputy Medical Officer of Health:

JOAN GRAY, M.B., Ch.B., D.P.H.

### Assistant County Medical Officers:

ANNE M. DIXON, M.B.B.S., D.P.H.

AUDREY MYANT, M.B.B.S., M.R.C.P., D.P.H.

BARBARA V. GIBSON, M.B.B.S., M.R.C.S., L.R.C.P.

### Chief Public Health Inspector:

LESLIE A. STROUD, D.P.A., F.R.S.H., F.A.P.H.I.

### Deputy Chief Public Health Inspector:

J. SAGAR, D.P.A., M.A.P.H.I. (1,2,3,4)

### Specialist Public Health Inspector:

(Smoke Control)

B.C. UPTON, A.R.S.H., M.A.P.H.I. (1,2,3)

### Specialist Public Health Inspector:

(Food and Drugs and Housing Improvement Grants)

D.A. OWEN (1,2)

### District Public Health Inspectors:

B.P. DENYER, M.A.P.H.I. (1,2) (resigned 16.4.65)

A.M. O'HANLON, A.R.S.H., M.A.P.H.I. (1,2)

(resigned 14.5.65)

I.D. PRESTON, (1,2)

B.B.C. SMITH, M.A.P.H.I. (1,2)

D.W. TOMLIN, (1,2)

A. FENN, M.A.P.H.I., (1,2,3)

P. BAILEY, (1,2)

### Pupil Public Health Inspectors:

A.G. WELCH, F.R.S.H., M.A.P.H.I. (1,2)

A.K. TYERMAN

T.J. ROSSER (appointed 15.11.65)

### Technical Assistant (Smoke Control):

J.W. DAVIES, A.R.S.H., M.R.P.A.

R.I. LLOYD

### Technical Assistant (Pest Control):

F.C. QUINN

### Laboratory Technician/Mortuary Attendant:

C.G. WOOD

### Administrative Assistant (Bucks C.C.):

R. BORRETT

**Home Safety Officer:**

R. P. JONES

**Clerical Staff - Medical Officer of Health's Section:**

MRS. G.A. SCOTT	MRS. F.M. MITCHELL
R. S. PRESTON	(Resigned 30.6.65)
MRS. S. MARSH	MISS K.E. FELSTEAD
MISS C. ARNOTT	(appointed 18.1.65)
MISS S. HUNTER	MISS A. MARSDEN
MISS A. GREENOUGH	MISS M.P. BOTT
MRS. M.G. BENTLEY	MRS. B. BISHOP
(appointed 23.8.65)	(resigned 22.6.65)

**Clerical Staff - Chief Public Health Inspector's Section:**

MISS M. REITH	MISS M.A. LEWINGTON
MISS K.C. McGRATH	(resigned 29.1.65)
(appointed 2.2.65)	MISS S.U. WIGGINGTON
MISS V. BENTLEY	MISS J. BENTON
(appointed 10.5.65)	(resigned 5.5.65)

**Area Mental Health/Welfare Officer:**

H. L. G. HEATH

**Mental Health Welfare Officers:**

A. C. JONES (appointed 25.10.65)  
R. J. STANBOROUGH (resigned 13.6.65)  
T. J. HERON

**Home Help Organiser:**

MRS. E. A. GORMAN

**Assistant Home Help Organisers:**

MRS. E. FARNELL  
MISS F. SCOTT (resigned 9.4.65)  
MRS. J. WOOD (appointed 5.7.65)

**County Medical Social Worker:**

MISS G. NEWMAN

**Welfare Assistant:**

MRS. L. V. RUTTERFORD

**Social Welfare Visitors:**

MRS. P. G. BATTERBEE  
MISS E. R. EASTOE

**Home Teachers for the Blind:**

MISS S. B. HALL (resigned 18.7.65)  
MRS. D. E. CARTER

**Trainee Home Teachers for the Blind:**

MISS E. A. PATTERSON (appointed 18.10.65)  
MISS A. P. CORR (appointed 6.9.65)

**Veterinary Surgeon:**  
**J. E. GARLAND, M. R. C. V. S.**

**Public Analyst:**  
**ERIC VOELCKER, A. R. C. S., F. I. C.**

**KEY TO QUALIFICATIONS**

1. Certificate of Inspectors' Joint Board as Public Health Inspector.
2. Certificate of Royal Society of Health as Inspector of Meat and Other Foods.
3. Certificate of Royal Society of Health as Smoke Inspector.
4. Certificate of Royal Society of Health in Sanitary Science as applied to Building and Public Works.

HEALTH DEPARTMENT,  
'HIGHFIELD',  
9, BATH ROAD,  
SLOUGH.

*To the Worshipful the Mayor, Aldermen and Councillors  
of the Borough of Slough*

MR. MAYOR, LADIES AND GENTLEMEN,

This report, for the year 1965, is the seventeenth which I have had the honour to present. Members will note that the report is divided into three main sections; the first part deals with general health matters, the second part with the Chief Public Health Inspectors' activities and the third part consists of a report upon the work of the School Health Service.

There is, I think, little to remark upon in the statistics except perhaps to surmise that the most recent bulge in the birth rate may have passed its peak and to note the continued improvement in the survival of new-born infants and the lowering of the stillbirth rate.

While it is true that the biennial epidemic of measles took place as expected and that a record number of cases was notified, other infectious diseases were not a great problem although the number of scattered cases of dysentery caused a considerable amount of work to those engaged in investigating the possible sources of infection.

Tuberculosis notifications were low although there was, once again, evidence that a small part of the population was particularly hard hit; no less than half the cases notified had names indicating their origin in the Orient: our efforts to help this section of the community must be increased, not only by providing the necessary facilities for diagnosis and treatment but also by publicity to encourage those most likely to be at risk to take advantage of the provisions made. In many instances the disease was probably contracted after, rather than before, arrival in this country.

The Borough Engineer has kindly provided me with information about the 'Health' services undertaken by his Department. One which I find most interesting is the scheme for the disposal of unwanted vehicles; this scheme I am sure is most worthwhile as abandoned vehicles are not only unsightly but are often also a source of great danger to children.

The Chief Public Health Inspector devotes considerable space to the question of housing and, in particular, he draws



attention once again to the existence of the Housing Improvement Grants of which relatively little advantage still seems to be taken. Much has been said in the past few years about houses in multiple occupation and, in many instances, these remarks have been made with the immigrant population in mind; a survey now being undertaken will give us facts so that action can be taken in the light of true knowledge.

The new Municipal Abattoir will soon see the light of day and building is expected to commence soon after the production of this report - in the middle of 1966.

The elimination of dirty air by the continued and expanding production of Smoke Control Areas continued to be an active aim of the Council; in many parts of the town a smoking chimney is a matter of surprise and comment whereas the reverse was almost true only a few years ago.

At the end of 1965 a number of items relating to licensing, etc. passed from the Health Department to the New Weights and Measures Service and those items, which form the last part of the Chief Public Health Inspector's report will in future be commented upon by the Chief Inspector of Weights and Measures.

Before finishing this letter I should make reference to a few other matters which will be considered more fully in my report for 1966. There has been in existence in this town for two or three years a body known as the International Friendship Council whose aim has been to foster goodwill between the various nationalities living here. They, and the town as a whole were honoured by a visit from Mr. Maurice Foley, a Minister of the Crown with special responsibility for immigrants and their problems; it is expected that a Community Relations Officer will be appointed in the near future and this will undoubtedly help the various peoples of the town to understand each other more fully and prevent racial friction.

The Borough Council has decided it would like to see Meals on Wheels available to more people and advantage has been taken of the National Assistance (Amendment) Act, 1962, to set up a new service under the control of the Health Department; at the time this letter is being written the service has been in operation for about three months.

The work of the Home Safety Officer is now beginning to form a section of this report and it is to be hoped that Slough will shortly be known as the 'Home Safety' town as well as the 'Road Safety' town.

It is with regret that I record the death of Dr. E.R. Weaver Adams on 13th August, 1965. Dr. Weaver Adams was the last part-time Medical Officer for this Borough. He served for a short term from September 1931 following the sudden death of his father. As

he continued to live, and indeed, to practice in the town for many years after his term of office as M.O.H. was over, his kindly and very helpful personality was known to many who may even have been ignorant of the fact that he was ever associated with the Public Health Department.

Although the composition of the Health and Sanitation Committee changed a little after the May elections, Alderman Eschle continued as Chairman and to him and to the Members of the Committee I would like to express my appreciation for the encouragement which I, and all the members of the Staff received. Staff changes also have taken place but the Department is, on the whole a happy one and for this I am always grateful to all the individuals who help to make this so.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MACDONALD A. CHARRETT,

*Medical Officer of Health.*

JULY, 1966.

# ANNUAL REPORT FOR 1965

## SUMMARY OF STATISTICS

### GENERAL STATISTICS

Area ... ..	6,202 acres
Population: Registrar General's Estimate for mid-1965 ... ..	85,620
Number of dwelling houses, including flats at 1st April, 1965 ... ..	24,857
Rateable value as at 31st March, 1966	£7,350,074
Rateable value as at 1st April, 1966 ...	£7,348,018
Estimated Product of Penny Rate 1966/67	£30,250

### EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1965

Live Births:	Males	Females	Total
Legitimate ... ..	763	761	1,524
Illegitimate ... ..	86	65	151
	<hr/>	<hr/>	<hr/>
Total	849	826	1,675

Crude Birth Rate (per 1,000 population)	-	19.6
Corrected Birth Rate (allowing for sex and age of the population) (Comparability factor 0.94)	-	18.4
National Birth Rate	-	18.1
Ratio of local Birth Rate to National Rate	-	1.02:1
Illegitimate live births were 9.01% of total live births		

Still Births:	Males	Females	Total
Legitimate ... ..	9	8	17
Illegitimate ... ..	1	1	2
	<hr/>	<hr/>	<hr/>
Total	10	9	19

Total of live and still births	-	1,694
Still Birth rate per 1,000 total births	-	11.2
Still Birth rate per 1,000 population	-	0.22
National still birth rate per 1,000 total births	-	16.2

Deaths:	Males	Females	Total
	360	293	653
Crude Death Rate per 1,000 population	-	7.63	
Corrected Death Rate (allowing for sex and age of the population) (Comparability factor 1.41)	-	10.76	
National Death Rate per 1,000 population	-	11.5	
Ratio of Local Death Rate to National Rate	-	0.94:1	

**Maternal Deaths:**

Number of women dying in, or as a consequence of, pregnancy	-	2
Maternal mortality rate per 1,000 live and still births	-	1.18

**Infant Mortality: (Deaths of Infants under 1 year of age)**

Deaths:	Males	Females	Total
Legitimate ... ..	10	4	14
Illegitimate ... ..	-	1	1
Total	10	5	15

Rate per 1,000 live births	-	8.96
National Rate per 1,000 live births	-	19.0
Ratio of Local Rate to National Rate	-	0.47:1

**Neo-Natal Mortality: (Deaths of Infants under 4 weeks of age)**

Deaths:	Males	Females	Total
Legitimate ... ..	8	3	11
Illegitimate ... ..	-	1	1
Total	8	4	12

Rate for all infants under 4 weeks of age per 1,000 live births - SLOUGH	-	7.2
- NATIONAL	-	13.0

**Peri-Natal Mortality: (Still Births and deaths of infants under 1 week of age)**

	Males	Females	Total
Deaths ... ..	7	3	10
Still Births ... ..	10	9	19
Total	17	12	29

Rate per 1,000 total live and still births	-	17.12
--	---	-------

**Other Deaths:**

	Males	Females	Total	Rate per 1000 Population
Cancer ... ..	78	71	149	1.74
Pulmonary T.B. ... ..	2	2	4	0.047
Non-Pulmonary T.B. ... ..	-	-	-	-

## I. VITAL STATISTICS

### BIRTHS

It seems as if the peak of the most recent bulge in the birth rate has passed. After allowing for inward and outward transfers the Registrar-General credited the Borough with 1,675 live births during 1965, a decrease of 153 compared with 1964. Of the total live births 849 were males and 826 females.

The crude birth rate at 19.6 per thousand population was 1.8 below that in 1964. When this has been multiplied by the comparability factor of 0.94 to allow the rate to be compared with other areas in the country or with the National rate the corrected birth rate becomes 18.4 per thousand population. This is still very slightly above the National rate which had fallen from 18.4 in 1964 to 18.1 in 1965.

From the table below it will be seen that the birth rates for Slough and for the country as a whole rose throughout the previous nine years, whereas both showed a drop in 1965.

Year	Corrected Birth Rate, Slough	Birth Rate England & Wales	Ratio	
			Slough	England & Wales
1956	13.51	15.7	0.86	1
1957	14.3	16.1	0.89	1
1958	15.76	16.4	0.96	1
1959	15.74	16.5	0.95	1
1960	16.74	17.1	0.98	1
1961	17.62	17.4	1.01	1
1962	18.25	18.0	1.01	1
1963	18.91	18.2	1.04	1
1964	20.2	18.4	1.10	1
1965	18.4	18.1	1.02	1

### ILLEGITIMACY

The number of illegitimate births rose by five compared with the previous year; from 148 to 153. Looked at purely from a statistical point of view the percentage of illegitimate births has risen to its highest level yet recorded - to 9.01 per cent of all births, or one in eleven.

As full details of family backgrounds are not available the true meaning of the apparent lack of father is not known. We do know, however, that some of the immigrant peoples do not subscribe so readily as we to the need for marriage vows but this does not necessarily mean that a stable family background is not provided for the offspring.

Without further knowledge all we can now say is that a social change is apparently taking place - how far this is a result of a change in attitude towards family life during the past half-century and how far this will in itself lead to other changes is perhaps, something upon which we can at present only speculate. Further investigations might give us data upon which we might make reasoned and perhaps reasonable guesses.

1956	...	4.79
1957	...	4.45
1958	...	5.01
1959	...	5.90
1960	...	5.68
1961	...	5.69
1962	...	7.73
1963	...	8.56
1964	...	7.99
1965	...	9.01

#### STILLBIRTHS

The stillbirth rate in 1961 was the lowest I have so far recorded, being only 10.53 per thousand total births. Taken by itself that remarkable rate could hardly be called significant but if one looks at the rates from 1960 onwards it will be seen that there has been a marked change from previous years and 1965 was no exception. The number of stillbirths fell from 22 in 1964 to 19 in 1965 which meant a reduction in the stillbirth rate from 11.9 in 1964 to 11.2 in 1965.

1956	...	25.9
1957	...	19.6
1958	...	25.2
1959	...	26.8
1960	...	12.46
1961	...	10.53
1962	...	16.8
1963	...	13.4
1964	...	11.9
1965	...	11.2

As I have said in previous reports it is much more important to look at the number of stillbirths in conjunction with the number of deaths taking place shortly after birth and when that is done it will be seen that 1965 showed a dramatic fall - one is always hesitant to draw attention to the good years in fear that bad years may follow but we can always hope that bad years will not follow. In the meantime we should be grateful for those years in which the loss of children has been very small.

## DEATHS

The number of Slough residents who died in 1965 was 653 - just eight more than in the previous year. Of this number 360 were males and 293 females.

DEATH RATE - SLOUGH			
Year	Crude Death Rate	Corrected Death Rate	National Rate
1956	8.47	11.1	11.7
1957	8.5	11.05	11.5
1958	7.74	10.53	11.7
1959	9.13	12.42	11.6
1960	8.6	11.69	11.5
1961	7.93	11.10	12.0
1962	7.94	11.06	11.9
1963	8.86	12.58	12.2
1964	7.60	10.79	11.3
1965	7.63	10.76	11.5

From the above table the crude death rate, that is the number of persons dying per thousand of the population was 7.63. When this has been multiplied by the comparability factor of 1.41 in the same way that the crude birthrate was multiplied by its own comparability factor of 0.94 the corrected death rate was found to be 10.76. This is somewhat below the National rate, a situation which has occurred during seven out of the past ten years.

CAUSE OF DEATH	1964	1965
Heart Disease	193	222
Cancer	155	149
Pneumonia and bronchitis	56	74
Vascular lesions of the nervous system	72	68
Accidents - all types	34	23
Other circulatory disease	20	19

There was no change in the main six causes of death but pneumonia and bronchitis were, in 1965, slightly higher than vascular lesions of the nervous system. Heart diseases easily led the field as the main causes of death but cancer again showed a small but welcome decrease. Accidents happily caused fewer fatalities.

CAUSES OF DEATH	1964		1965	
	M	F	M	F
1. Tuberculosis, respiratory ... ..	3	1	2	2
2. Tuberculosis, other ... ..	-	-	-	-
3. Syphilitic disease ... ..	1	-	-	2
4. Diphtheria ... ..	-	-	-	-
5. Whooping Cough ... ..	-	-	-	-
6. Meningococcal infection ... ..	-	-	-	-
7. Acute Poliomyelitis ... ..	-	-	-	-
8. Measles ... ..	-	-	-	-
9. Other infective and parasitic diseases	-	-	1	-
10. Malignant neoplasm, stomach ... ..	8	4	12	12
11. Malignant neoplasm, lung, bronchus ...	45	6	34	5
12. Malignant neoplasm, breast ... ..	-	16	1	14
13. Malignant neoplasm, uterus ... ..	-	7	-	11
14. Other malignant and lymphatic neoplasms	34	35	31	29
15. Leukaemia and aleukaemia ... ..	3	4	1	2
16. Diabetes ... ..	2	5	-	1
17. Vascular lesions of the nervous system	24	48	26	42
18. Coronary disease, angina ... ..	99	45	106	45
19. Hypertension with heart disease ...	2	5	2	4
20. Other heart disease ... ..	19	23	23	42
21. Other circulatory disease ... ..	9	11	9	10
22. Influenza ... ..	-	-	-	-
23. Pneumonia ... ..	21	12	15	19
24. Bronchitis ... ..	17	6	30	10
25. Other diseases of the respiratory system	1	-	5	-
26. Ulcer of stomach and duodenum ... ..	6	1	4	2
27. Gastritis, enteritis and diarrhoea ...	-	3	2	-
28. Nephritis and nephrosis ... ..	2	5	1	-
29. Hyperplasia of prostate ... ..	3	-	4	-
30. Pregnancy, childbirth, abortion ...	-	-	-	2
31. Congenital malformations ... ..	4	5	6	3
32. Other defined and ill-defined diseases	25	32	23	24
33. Motor vehicle accidents ... ..	13	3	8	2
34. All other accidents ... ..	12	6	8	5
35. Suicide ... ..	3	4	6	5
36. Homicide and operations of war ...	-	1	-	-
ALL CAUSES ...	356	289	360	293



SEX AND AGE DISTRIBUTION OF DEATHS 1965

Ages at Death in Years	Males	Females	Total
Under 1	10	5	15
1 - 4	2	-	2
5 - 14	3	5	8
15 - 24	7	1	8
25 - 44	16	16	32
45 - 64	124	59	183
65 - 74	105	74	179
75 - plus	93	133	226
<b>TOTAL</b>	<b>360</b>	<b>293</b>	<b>653</b>

Of the 653 deaths, 405 (62%) were over the age of 65 years compared with 56.1% in 1964, 63.8% in 1963 and 61.1% in 1962. The deaths of the over 65's were shared by the sexes in the ratio of 198 men to 207 women.

DEATHS - 1965 - AGE AND SEX CLASSIFICATION IN THE 36 CAUSES

CAUSE OF DEATH	SEX	TOTAL ALL AGES	UNDER 4 WEEKS	4 WEEKS & UNDER 1 YEAR	AGE IN YEARS									
					1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 & OVER	
1. Tuberculosis, Respiratory	M	2	-	-	-	-	-	-	-	1	1	2	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	-	-
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	1	1	-
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant neoplasm, stomach	M	12	-	-	-	-	-	-	-	1	4	3	4	-
	F	12	-	-	-	-	-	-	-	-	1	6	5	-
11. Malignant neoplasm, lung, bronchus	M	34	-	-	-	-	-	-	1	4	10	13	6	-
	F	5	-	-	-	-	-	-	-	2	1	2	-	-
12. Malignant neoplasm, breast	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	14	-	-	-	-	1	1	5	3	2	2	2	-
13. Malignant neoplasm, uterus	F	11	-	-	-	-	-	-	-	2	3	2	3	-
14. Other malignant and lymphatic neoplasms	M	31	-	-	1	-	-	-	2	4	5	16	3	-
	F	29	-	-	1	-	1	2	6	5	9	5	5	-
15. Leukaemia, Aleukaemia	M	1	-	-	-	-	-	1	-	-	-	-	-	-
	F	2	-	-	-	1	-	1	-	-	-	-	-	-
16. Diabetes	M	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	-	-	-	-
17. Vascular lesions of nervous system	M	26	-	-	-	1	1	-	-	-	5	9	10	-
	F	42	-	-	-	1	-	-	-	1	5	10	25	-
18. Coronary disease, angina	M	106	-	-	-	-	-	-	5	19	26	31	25	-
	F	45	-	-	-	-	-	-	1	3	5	15	21	-
19. Hypertension with heart disease	M	2	-	-	-	-	-	-	-	-	-	-	2	-
	F	4	-	-	-	-	-	-	-	-	2	1	1	-
20. Other heart disease	M	23	-	-	-	-	-	-	-	2	4	4	13	-
	F	42	-	-	-	-	-	-	2	1	1	10	28	-
21. Other circulatory disease	M	9	-	-	-	-	-	-	-	-	2	4	3	-
	F	10	-	-	-	-	-	-	1	1	2	3	3	-
22. Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	M	15	1	1	-	-	-	1	-	-	1	2	9	-
	F	19	-	-	-	-	-	-	-	-	-	7	12	-
24. Bronchitis	M	30	-	-	-	-	-	-	-	2	7	10	11	-
	F	10	-	-	-	-	-	-	-	-	2	2	6	-
25. Other diseases of respiratory system	M	5	-	-	-	-	-	-	-	-	3	2	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
26. Ulcer of stomach and duodenum	M	4	-	-	-	-	-	-	1	1	1	1	-	-
	F	2	-	-	-	-	-	-	-	-	1	-	1	-
27. Gastritis, Enteritis and Diarrhoea	M	2	-	-	-	-	1	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
28. Nephritis and Nephrosis	M	1	-	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
29. Hyperplasia of Prostate	M	4	-	-	-	-	-	-	-	-	-	2	2	-
30. Pregnancy, childbirth, abortion	F	2	-	-	-	-	-	1	1	-	-	-	-	-
31. Congenital Malformations	M	6	4	1	-	-	-	-	-	1	-	-	-	-
	F	3	2	-	-	1	-	-	-	-	-	-	-	-
32. Other defined and ill defined diseases	M	23	3	-	1	2	-	1	-	1	7	6	2	-
	F	24	2	1	-	1	-	-	1	3	1	1	14	-
33. Motor vehicle accidents	M	8	-	-	-	2	2	-	-	2	1	1	-	-
	F	2	-	-	-	1	-	-	-	-	-	1	-	-
34. All other accidents	M	8	-	-	-	1	-	1	2	1	1	1	2	-
	F	5	-	-	-	-	-	-	-	-	-	2	3	-
35. Suicide	M	6	-	-	-	2	-	1	1	2	-	-	-	-
	F	5	-	-	-	-	-	-	-	2	-	-	-	2
36. Homicide and Operations of War	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	360	8	2	2	3	7	4	12	40	64	105	93	-
	F	293	4	1	-	5	1	5	11	27	32	74	133	-
		653	12	3	2	8	8	9	23	67	116	179	226	-

STATE OF TEXAS, COMMISSIONERS OF THE GENERAL LAND OFFICE

REPORT OF THE COMMISSIONERS OF THE GENERAL LAND OFFICE FOR THE YEAR 1904

CLASS OF LAND	ACRES										TOTAL
	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	
1. Public lands	10	2	3	4	5	6	7	8	9	10	62
2. Private lands	11	12	13	14	15	16	17	18	19	20	132
3. Unimproved lands	21	22	23	24	25	26	27	28	29	30	202
4. Improved lands	31	32	33	34	35	36	37	38	39	40	302
5. Total	54	56	59	63	67	72	78	84	91	99	606
6. Land in process of sale	10	11	12	13	14	15	16	17	18	19	132
7. Land reserved for public use	21	22	23	24	25	26	27	28	29	30	202
8. Land reserved for private use	31	32	33	34	35	36	37	38	39	40	302
9. Land reserved for other purposes	41	42	43	44	45	46	47	48	49	50	402
10. Total reserved lands	103	107	112	116	121	127	133	140	148	159	1038
11. Total lands	157	163	171	179	188	199	211	224	239	258	1644

## CANCER OF THE LUNG AND BRONCHUS

1964 was a very bad year for sufferers from cancer of the lung and bronchus, no less than 51 people dying from these conditions - of these 45 were men and 6 were women. 1965, on the other hand, although confirming the current trend of increased deaths produced a total number of deaths more in line with those shown in the previous decade.

CANCER OF THE LUNG AND BRONCHUS - SLOUGH DEATHS		
<i>Year</i>	<i>Males</i>	<i>Females</i>
1956	25	1
1957	28	5
1958	25	3
1959	35	4
1960	27	3
1961	29	5
1962	38	9
1963	30	3
1964	45	6
1965	34	5

The numerous reports which show a clear link between lung cancer and cigarette smoking have, for some time, been sufficient to show that cigarette smoking is not only an expensive folly but a way of increasing the chances of dying from that disease. Even as a student I remember cigarettes being offered with the phrase 'Have another nail !' (for your coffin). And still the 'nails' are bought, sold and smoked in their tens of millions. Although smoking is not the only cause of lung cancer it is one of them; in addition it helps to create chronic bronchitis and various heart diseases. Addicts - and there are millions hooked on the weed - can only say to themselves 'It can't, or hasn't happened to me !' Too late when it has !

### MATERNAL MORTALITY

Only twelve months ago I was in the happy position of being able to say that there had been only two maternal deaths during the previous fourteen years. This year my story is a very sad one - two mothers died as a result of childbirth.

Both of these were cases in which complications of presentation led to Caesarian section; one died from cerebral haemorrhage three days after the operation while generalised peritonitis with pulmonary oedema and collapse were found at post mortem examination on the other. In both cases there was very little warning of the

onset of serious illness and there is no doubt that everything possible was done in attempts to avoid the tragedies which later occurred.

Meetings of the Maternity Liaison Committee took place during the year so that cases such as those mentioned above and any shortcomings in the services provided for expectant mothers and their babies could be brought to light and future action taken to prevent recurrence. The meetings held during 1965 and the early part of 1966 did, indeed, show that although the service in the area could not be described as perfect - it never could be that - there was a real awareness by all concerned of the need for the highest skills to be available. Doctors, midwives, ambulance personnel, those providing ante-natal education and so on, are giving of their best; often they are able to help in spite of the patient's own carelessness in failing to seek help early enough in pregnancy or, indeed, in labour itself.

#### INFANT MORTALITY

The situation under this heading is a much happier one. Only 15 babies under the age of one year died during 1965 - this is 20 less than in the previous year giving a rate of 8.96 per thousand live births and less than half the National rate.

In time it may even be possible to reduce the number of congenital malformations but it is quite clear that in the meantime the battle must be aimed towards the elimination of prematurity. This again is where the Maternity Liaison Committee helps by regular meetings between members of the medical and nursing professions dealing with maternity services at home or in hospital and produces periodic appraisal of the efficiency and shortcomings of those services.

#### WATERBURY MORTALITY

Only twelve months ago I was in the happy position of being able to say that there had been only two maternal deaths during the previous fourteen years. This year my story is a very sad one - two mothers died as a result of childbirth.

Both of these were cases in which complications of puerperal infection led to Caesarian section; one died from cerebral haemorrhage three days after the operation while generalised peritonitis with pulmonary oedema and collapse were found at post-mortem examination on the other. In both cases there was very little warning of the

CAUSES OF DEATH OF INFANTS UNDER ONE YEAR OF AGE													
CAUSES OF DEATH	UNDER 1 DAY	1 - 2 DAYS	3 - 5 DAYS	6 - 7 DAYS	TOTAL UNDER 1 WEEK	1 - 2 WEEKS	3 - 4 WEEKS	TOTAL UNDER 1 MONTH	1 - 3 MONTHS	4 - 6 MONTHS	7 - 9 MONTHS	10-12 MONTHS	TOTAL UNDER 1 YEAR
Pneumonia - 491*	-	-	1	-	1	-	-	1	-	-	1	-	2
Congenital Malformations - 750 - 759	3	1	-	-	4	2	-	6	1	-	-	-	7
Birth injuries, Asphyxia & Infections of Newborn - 760 - 769	2	-	-	-	2	-	-	2	-	-	-	-	2
Other diseases peculiar to Early Infancy - 770 - 776	-	2	-	1	3	-	-	3	1	-	-	-	4
TOTAL	5	3	1	1	10	2	-	12	2	-	1	-	15
WHERE DIED													
Home	-	-	-	-	-	-	-	-	-	-	1	-	1
Hospitals in this Area	5	3	1	1	10	1	-	11	1	-	-	-	12
Hospitals away from this Area	-	-	-	-	-	1	-	1	1	-	-	-	2
TOTAL	5	3	1	1	10	2	-	12	2	-	1	-	15

\* The figures in the Causes of Death column and those given after the Causes of Death in the "accompanying details" refer to the Categories given in the International Statistical Classification of Diseases, Injuries and Causes of Death.

**Pneumonia - 491**

5 days - Broncho-pneumonia - Canadian Red Cross Hospital

8 months - Broncho-pneumonia - Home

**Congenital Malformations - 750-759**

2 days - Heart failure due to congenital cardiac defect - Old Windsor Hospital (754.5)

2 weeks - Heart failure due to congenital heart disease - Evelina Children's Hospital, Southwark (754.5)

2 weeks - Peritonitis due to perforation of the colon due to Hirschsprung's Disease (unproven) also Mongolism - Old Windsor Hospital (756.2)

2 months - Aspiration of secretion due to tracheo-oesophageal fistula and congenital heart disease - Great Ormond Street Hospital (756.2)

Under 24 hours - Asphyxiated due to malformation - Upton Hospital (759.3)

Under 24 hours - Asphyxiated due to malformation - Upton Hospital (759.3)

Under 24 hours - Multiple Congenital Abnormalities - Upton Hospital (759.3)

**Birth Injuries, Asphyxia and Infections of the Newborn - 760 - 769**

Under 24 hours - Atelectasis, also maternal antepartum haemorrhage - Old Windsor Hospital (762.0)

Under 24 hours - Neonatal asphyxia due to atelectasis and haemothorax; also tentorial tear - Upton Hospital (762.5)

**Other Diseases peculiar to Early Infancy - 770 - 776**

1 day - Premature birth - 28 weeks - Canadian Red Cross Hospital (776)

2 days - Prematurity - Canadian Red Cross Hospital (776)

**Other Diseases (cont'd)**

6 days	-	Prematurity - Canadian Red Cross Hospital	(776)
1 month	-	Prematurity - Canadian Red Cross Hospital	(776)

**PERI-NATAL MORTALITY**

In 1965, ten infants died in the first week of life and there were 19 stillbirths; this was a total of 29 deaths in 1,694 births and equivalent to a loss of 17.12 per 1,000 total births.

The peri-natal mortality, as has been mentioned earlier in the report, includes stillbirths and deaths during the first week of life. This is a most vulnerable period during which birth itself occurs and when the newly born human is struggling to adjust itself to the vast changes which have suddenly been thrust upon it. More and more children are surviving up to and through the birth process itself and an increase in the rates of survival through these processes means real achievement in human endeavour.

The table below shows that success is coming slowly but surely in this field. Perhaps it will be some time before the astonishing results of 1965 recur but there has been a trend in the right direction for a number of years.

1958	...	34.4
1959	...	34.0
1960	...	28.3
1961	...	26.6
1962	...	24.4
1963	...	25.05
1964	...	24.86
1965	...	17.12

**NEO-NATAL MORTALITY**

Neo-natal deaths are those occurring within four weeks of birth and the number in 1965 was 12, and includes, of course, the ten dying within the first week of life. This small number gives the astonishingly low neo-natal mortality rate of 7.2 - in 1964 the rate was 14.2.

The National rate was 13.0 per 1,000 live births.



## INQUESTS

31 inquests were held upon residents of the Borough in 1965 - six less than in 1964. The causes of death as recorded by the Registrars of Births and Deaths following receipt of the Coroners' certificates were as follows:-

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<b>Natural Causes:</b>	1	-	1
<b>Accidents:</b>			
Road Accidents . . . . .	6	1	7
Falls . . . . .	3	-	3
Carbon Monoxide poisoning	-	2	2
Barbiturate poisoning . . .	-	1	1
Bronchitis and pneumonia	-	1	1
Fracture of the ankle . . .	1	-	1
<b>Suicide:</b>			
Barbiturate poisoning . . .	2	5	7
Coal gas poisoning . . . . .	3	1	4
Shooting . . . . .	1	-	1
<b>Open Verdict:</b>			
Hit by car . . . . .	1	-	1
Inhalation of coal gas	-	1	1
<b>Self Neglect:</b>			
Acute alcoholic poisoning	1	-	1
	19	12	31

During 1965, the Slough Home Safety Council presented its film 'Dead Easy' a film about the dangers of poisoning from various causes. A look at the table on inquests shows that no less than 15 out of the 31 deaths which were the subject of inquest were caused by poisoning either accidentally or purposely taken.

## POPULATION

The Registrar-General estimated the growth of population between 1st July, 1964, and 30th June, 1965, to be 720 with a total population of 85,620.

As I said last year the increase is surprisingly small. The natural increase, which was not so great as in the previous year, was still over a thousand - 1,022 and this means that there must have been a net emigration of 302 - see table overleaf.

<i>Year</i>	<i>Natural Increase (births less deaths)</i>	<i>Immigration</i>	<i>Population</i>
1955	400	450	67,940
1956	430	820	69,190
1957	497	1,873	71,560
1958	705	1,355	73,620
1959	617	1,213	75,450
1960	760	1,200	77,410
1961	958	2,322	80,690
1962	1,035	975	82,700
1963	948	562	84,210
1964	1,183	- 493	84,900
1965	1,022	- 302	85,620

Once again this is not easy to understand, although the number of voters on the Electoral Register does give some reason to believe that a reduction in the number of adults living in the town may have taken place at some time in 1965. In February, 1965, the number on the roll was 54,913, an increase of 867 on the 54,046 in February, 1964. This figure had fallen to 54,698 by February, 1966. Although this is 215 less than in the beginning of 1965 it was still 652 more than at the beginning of 1964. The town is still attracting workers and once again, unemployment is virtually non-existent. At the beginning of the year there were 992 vacant jobs for men and women with only 232 unemployed. The Slough and District figures for unemployment was 0.4 per cent on the insured working population. Another 344 houses were occupied. The number of overseas immigrants was reduced mainly because of the effect of The Commonwealth Immigrants Act, 1964.

## II. GENERAL HEALTH SERVICE

### CLEANSING, DISPOSAL OF REFUSE AND KITCHEN WASTE, STREET CLEANSING ETC.

Mr. J.A. King, Borough Engineer, has kindly provided the following information on cleansing and refuse collection services:-

#### **Street Cleansing**

Mechanical Sweeping Machines have been used throughout the Borough for several years and are of considerable value in maintaining a regular carriageway cleansing service. The continued shortage of manual staff, however, does not allow for the frequency of footpath sweeping that the Council would desire. The Council now employ several women road sweepers and this has assisted in easing the burden.

Experiments are at present being conducted with vacuum and mechanical footpath sweeping machines and if these prove to be satisfactory more may be purchased.

Slough has approximately 100 miles of roads and the problem of cleansing is constantly under review.

#### **Street Litter Bins**

The Council are providing an increasing number of litter bins at shopping centres and busy thoroughfares and there is less and less excuse for throwing rubbish to the ground; an anti-social as well as an illegal act.

In some areas a more definite and pleasing type of litter receptacle has been introduced.

#### **Street Gulleys**

The cleansing of street gulleys is an essential service provided by the Borough Engineer's Department. Each surface water gully in the Borough is cleansed four or five times a year and if this were not done flooding would undoubtedly occur throughout the town during periods of heavy rain.

#### **Refuse Collection and Disposal**

Refuse collection is a service which is scarcely ever considered unless anything goes wrong. Fortunately, very few complaints are received regarding the service.

Refuse collection is not an attractive occupation and those who operate the service are to be congratulated upon the high standard that is maintained. Many types of refuse collection vehicles are available and the Borough Council has recently standardised upon the latest vehicle produced by Shelvoke & Drury.

For the installation in multi-storey buildings, factories and large stores where the removal of bulk refuse is required, the Borough Council has introduced a refuse container service. The container will hold the equivalent of twelve dustbins of refuse and is emptied by a special type vehicle. The service is convenient and space-saving and some 300 containers are in use throughout the town.

Refuse containers are hired out to non-domestic users and details of the scheme can be obtained from the Borough Engineer.

The special refuse collection service for the removal of articles which cannot be placed in the dustbin has been established now for many years and is very popular. The collection vehicles have been called upon to collect from as many as 500 addresses in one month. In order to assist the residents and to discourage the dumping of rubbish throughout the town and surrounding countryside the Council have extended the service to embrace many items other than unwanted household articles.

Apostcard to the Borough Engineer is all that is required to arrange for items to be removed without charge.

The issue of dustbins has been a rate borne service from 1961 and some 17,000 have already been distributed. Replacement of worn out dustbins may be arranged by application to the Borough Engineer.

The bins at present being issued are of galvanised iron and rather heavy and the Council are considering the use of plastic bins. A few have already been placed at selected properties. The plastic bin, although being very light and durable will not withstand hot ashes and this detracts somewhat from their serviceability.

#### **Disposal of Unwanted Vehicles**

For the nominal sum of £2 the Borough Council will arrange for the collection and disposal of unwanted vehicles. Application to the Borough Engineer will bring full details of the service and advice as to the requirements of the Taxation Authority. The Council make no charge to residents who are able to drive their vehicles to the disposal centre at the Destructor Works, Chalvey.

During the course of a year the Council remove from the public highway many derelict and abandoned motor vehicles. Again, it is both anti-social and illegal to deposit vehicles on the public highway, and the Disposal Service has been inaugurated to encourage the responsible disposal of unwanted motor cars.

#### **Cesspools**

The number of cesspools in use is being reduced year by year and at the present time there are forty regularly serviced.

The disposal of sewage by cesspool drainage although necessary in country areas is not suitable for towns and whenever possible the Council encourage the connection of properties to the main sewer.

### **Salvage**

The collection of kitchen waste by contractors continued during 1965, waste food bins being provided by the Council to residents who ask for them.

A regular waste paper collection service is operated throughout the Borough from shops and office premises and during 1965 approximately 450 tons of paper was despatched to the mill, realising a sum of £4,120.

A further source of revenue is the sale of tins reclaimed from the refuse and in 1965, some 370 tons were sold for the sum of £2,040.

Many other items are salvaged from the refuse and sold and the income derived is set against the cost of the service.

### **Public Conveniences and Baths**

The Council have provided a large number of unattended public conveniences throughout the town and these are cleaned daily by the Council's staff. The Council's public conveniences are, however, the target for constant vandalism as in many parts of the country.

The conveniences at William Street and Wellington Street car park which are staffed are the subject of many congratulatory letters on the high standard of cleanliness achieved.

The conveniences in the car park have public baths and these are in constant use from 7 a.m. until 11 p.m. It is interesting to note that many bathers come from distant villages outside Slough.

### **Water**

Although I reported last year that the new Water Board would have taken over control of water supplies in this area, the change did not, in fact, occur until April 1st 1966. From that date, the Burnham, Dorney and Hitcham Waterworks Co. Ltd., and the undertakings of the Slough Corporation and New Windsor Corporation and the Eton Urban District Council became merged into the Middle Thames Water Board with its Headquarters at Chalfont House in Slough High Street.

The early days of the Board can obviously not produce great changes in services or methods of supply but as time goes by there will presumably be rationalisation of supplies leading to a mixing of water from various sources.

The controversy concerning the addition of fluoride to drinking water still continues but research has shown that the level of natural fluoride in Slough's water - 0.7 to 0.9 parts per million - is not far short of the amount to be considered ideal and there is little doubt that the number of defective teeth in children is far less in Slough than it is in parts of the country where there is little or no fluoride in the water.

Is it not possible for the people of Slough to prevent the reduction of fluoride in the town's water supply? Must we sacrifice our natural protection against dental decay? Must we increase our children's sufferings from dental decay and add ourselves to the list of those requiring yet more dental surgeons?

Another 231 new domestic water supply connections were made during the year.

#### **Burnham, Dorney and Hitcham Waterworks Co. Ltd.**

Another 91 houses within the Borough of Slough were added to the Company's water supply during 1965. As mentioned in previous years treatment is by super-chlorination followed by dechlorination and the 80 samples submitted to the Counties Public Health Laboratory for chemical and bacteriological examinations showed that the water was of the highest standard of organic quality and bacterial purity.

#### **Slough Estates Limited, Water Supply**

In addition to supplying water for many of the firms on the Trading Estate this water undertaking also provides water for a small number of houses nearby. As the water comes from the lower greensand it is soft, unlike the water supplied by other local undertakings. The small amount of iron is of no harmful significance and samples continue to be bacteriologically and chemically satisfactory.

#### **Pet Animals Act 1951**

#### **Riding Establishments Act 1939**

#### **Animal Boarding Establishment Act 1963**

The premises registered under these Acts were visited regularly by the Council's Veterinary Surgeon during the year. No prosecutions were required but conditions somewhat below the standard required were discovered at one pet shop and the need for regular skilled supervision was, once again, demonstrated.

#### **National Assistance Act 1948, Section 47**

#### **National Assistance (Amendment) Act 1951**

Once again I am very pleased to be able to report that it was not necessary to take action under either of these Acts during 1965.

## STAFF MEDICAL EXAMINATIONS

The following table shows the number of medical examinations carried out during the year, together with the numbers performed during the previous years for comparison.

Although the number of medical checks carried out fell compared with 1964, the number of medical examinations was 24 higher. The use of medical questionnaires has reduced the amount of medical time required for the purpose of determining fitness for employment but examination is always carried out where replies to the questions leave doubt as to the applicant's health. Full medical examinations are still performed for all drivers and candidates for entry into teachers' training colleges. For those employees coming into contact with children, an x-ray of the chest is taken on entry and, if necessary, at regular intervals.

	1960	1961	1962	1963	1964	1965
Officers of the Slough Borough Council	44	57	71	53	97	117
Officers of the Bucks County Council	94	96	121	109	21	24
Teachers' Training Colleges and teaching for the first time	51	48	64	56	72	89
Servants entering Superannuation Scheme	28	22	19	15	19	3
Medical Questionnaires	-	-	-	-	242	141
<b>TOTALS</b>	<b>217</b>	<b>223</b>	<b>275</b>	<b>233</b>	<b>451</b>	<b>374</b>

## LABORATORY

The number of examinations in 1965 rose almost to the thousand mark (995) compared with 889 in 1964.

There was a small increase in the number of urine specimens tested routinely but the greatest increase came in the number of faeces samples examined for organisms of the coli/typhoid/dysentery group; none of these, incidentally, showed any results likely to have serious implications.

The small number of ice cream samples taken reflects the existing methods of manufacture and sale - very rarely nowadays does one see any ice cream except that manufactured by the big firms and rarely is it sold unwrapped.

	<i>Positive</i>	<i>Negative</i>
Swabs for Diphtheria Bacilli	-	-
Swabs for Haemolytic Streptococci	-	-
Urine for routine examination		208
Faeces for coli/typhoid/dysentery group	-	107
Miscellaneous examinations		5
Blood Counts		6
Haemoglobin estimations		15

<b>Milk Samples:</b>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
(a) Phosphatase test	154	-
(b) Methylene Blue test	166	-
(c) Turbidity test	9	-
(d) Chemical tests for fats, solids and water	144	-

<b>Water Samples:</b>		
(a) Drinking water	69	-
(b) Swimming bath water	52	-
(c) Chemical tests	18	-

<b>Ice Cream:</b>		
(a) Chemical tests	21	-
(b) Bacteriological tests	21	-
Grade I	- 21	
Grade II	- -	
Grade III	- -	
Grade IV	- -	

	NUMBER OF SAMPLES TAKEN						PERCENTAGE OF SAMPLES					
	1960	1961	1962	1963	1964	1965	1960	1961	1962	1963	1964	1965
Grade I	65	52	52	75	51	21	98.5	98.2	100.0	93.3	98.1	100.0
Grade II	1	1	-	1	-	-	1.5	1.8	-	1.3	-	-
Grade III	-	-	-	1	-	-	-	-	-	1.3	-	-
Grade IV	-	-	-	3	1	-	-	-	-	4.0	1.9	-

#### MORTUARY

The number of post-mortem examinations made during 1965 was the highest carried out in this mortuary during any twelve-month period and the steady increase is well shown by the table below.



1959	...	115	1963	...	133
1960	...	125	1964	...	157
1961	...	135	1965	...	174
1962	...	138			

Alterations, which had been planned for some while, were started in 1964 and completed in the spring of 1965. This allowed the installation of a second post-mortem table so that the pathologist could carry out one examination after another without having to wait for the table to be cleared - an operation which inevitably takes a considerable time. Other minor improvements to the heating and lighting and water supply help to make this building a more pleasant one for those carrying out a task which to many seems unpleasant but which needs good conditions and the highest skill if it is to be performed properly.

#### CREMATORIUM

As the existence of the Slough Crematorium becomes more widely known so are its facilities more frequently called upon - almost twelve hundred cremations were carried out during 1965; the exact number was 1,196.

The staff of the Cemetery and Crematorium continued to give me, as Medical Referee to the Crematorium, the greatest possible help and I know that the Deputy Referees found similar courtesy. As I mentioned in my last report there are three deputies in addition to the medical referee so that there is no break in service through illness, holidays or other absence.

#### HOME HELP SERVICE

The Home Help service has now become such an integral part of the Health and Welfare facilities that it is almost taken for granted; it has ceased to be news unless some failure occurs. The Home Helps need not only to minister to the physical needs of households where there may be illness or crippling handicap but may often provide a friendly link with the outside world, particularly when elderly people living alone are being helped.

In order to stimulate interest and also to make the Helps more aware of the problems which may arise other than those with which they are directly concerned, four half-day courses were arranged during the year. Tuition on methods of lifting patients, food hints for the elderly, special difficulties in dealing with problem families and dangers of poisoning in the home were among the subjects dealt with.

The Area Organiser and her two assistants have the duty to see that those in need receive adequate help and that the service runs smoothly. As may be imagined the problems are many and varied but their solution is often not made easier by the need to compete with other employers of female labour in a town of full, or over-

full, employment. The service is, at times, severely stretched.

Number of Home Helps as at 31st December:	1961	1962	1963	1964	1965
(a) Full-time	-	-	-	-	-
(b) Part-time	56	69	63	62	79
<b>Number of Good Neighbours as at 31st December:</b>	<b>5</b>	<b>9</b>	<b>10</b>	<b>12</b>	<b>20</b>
<b>Number of cases who received help during:</b>					
(a) Acute Sick	84	77	68	61	69
(b) Chronic Sick	105	122	58	60	52
(c) Aged and Infirm	310	331	443	432	473
(d) Tuberculosis	2	2	3	2	1
(e) Maternity	66	57	74	57	58
(f) Good Neighbours			19	24	17
(g) Problem Families			3	3	4
(h) Mentally disordered			11	5	3
	<b>567</b>	<b>589</b>	<b>679</b>	<b>644</b>	<b>678</b>

Just a word about 'good neighbours' for those who may not yet be familiar with the term. These are people, usually neighbours or living nearby, who are employed to give a service by doing jobs such as lighting fires, getting the last drink at night or just calling from time to time to see that all is well; in some cases a good neighbour may be all that is needed whereas, in others, they will supplement the home help service.

III. PREVALENCE AND CONTROL OF INFECTIOUS DISEASE  
 CASES NOTIFIED DURING THE YEARS 1956 - 1965

YEAR	CASES NOTIFIED AND POPULATION IN THOUSANDS									
	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956,
Acute Poliomyelitis - Paralytic ... Non-Paralytic	-	-	-	2	-	-	-	-	3	5
Dysentery ...	-	-	-	-	-	-	-	-	1	5
Encephalitis - Infective ... Post-Infective	16	2	8	9	2	8	1	14	6	-
Enteric Fever ...	-	1	-	-	-	-	-	1	-	2
Erysipelas ...	-	-	-	-	-	-	1	1	-	-
Food Poisoning ...	5	5	6	5	6	9	22	12	9	18
Malaria (Contracted abroad)	2	1	3	3	18	3	2	9	1	-
Measles	-	-	-	1	-	-	1	-	-	-
Meningococcal Infection ...	1,430	191	1,066	193	1,324	244	797	422	1,001	52
Ophthalmia Neonatorum ...	-	-	1	1	-	-	1	-	-	-
Paratyphoid ...	-	1	-	1	-	4	-	2	-	-
Pneumonia ...	1	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia ...	2	2	8	7	20	17	71	31	29	19
Scarlet Fever ...	27	20	24	14	12	29	41	38	25	23
Tuberculosis - Pulmonary ... - Non-Pulmonary	20	23	18	7	18	32	68	39	36	27
Whooping Cough ...	30	47	35	38	53	51	40	48	36	57
	8	15	9	9	5	5	7	9	6	12
	3	35	28	28	19	27	46	64	69	64

INCIDENCE OF INFECTIOUS DISEASES IN WARDS OF BOROUGH

	BURNHAM NORTH	BURNHAM SOUTH	CENTRAL NORTH	CENTRAL SOUTH	CHALVEY	FARNHAM NORTH	FARNHAM SOUTH	LANGLEY	STOKE NORTH	STOKE SOUTH	UPTON	TOTAL
Dysentery ...	1	-	-	1	-	-	1	8	-	5	-	16
Encephalitis - Post Infective ...	-	-	-	-	-	-	-	1	-	-	-	1
Erysipelas ...	-	-	1	-	2	-	-	-	-	1	1	5
Food Poisoning ...	-	-	2	-	-	-	-	-	-	-	-	2
Measles ...	153	156	159	66	80	95	88	386	109	105	33	1,430
Paratyphoid ...	-	-	-	-	-	-	-	-	-	-	1	1
Pneumonia ...	-	-	-	-	-	-	-	1	-	1	-	2
Puerperal Pyrexia ...	-	-	-	-	-	-	2	1	-	-	24	27
Scarlet Fever ...	1	-	3	3	3	-	-	6	3	1	-	20
Tuberculosis - Pulmonary ...	1	1	3	3	7	1	2	2	3	3	4	30
Non-Pulmonary ...	1	-	-	-	-	-	3	1	1	2	-	8
Whooping Cough ...	-	1	-	-	-	-	2	-	-	-	-	3

MONTHLY INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES

	JAN.	FEB.	MAR.	APL.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Dysentery ...	-	-	-	1	-	1	8	1	1	-	1	1	16
Encephalitis - Post Infective ...	-	-	-	-	-	-	-	1	-	-	-	-	1
Erysipelas ...	-	2	-	-	-	-	1	-	-	1	1	-	5
Food Poisoning ...	-	-	-	-	-	-	-	2	-	-	-	-	2
Measles ...	98	249	463	407	109	34	39	20	3	4	-	4	1,430
Paratyphoid ...	-	-	-	-	-	-	-	-	-	-	1	-	1
Pneumonia ...	-	-	-	-	-	-	-	-	-	2	-	-	2
Puerperal Pyrexia ...	2	3	9	1	3	2	-	2	3	-	2	-	27
Scarlet Fever ...	-	1	4	4	1	1	1	1	1	-	2	4	20
Tuberculosis -													
Pulmonary ...	2	1	2	4	2	2	1	3	4	7	1	1	30
Non-Pulmonary ...	2	-	1	2	-	2	-	-	-	1	-	-	8
Whooping Cough ...	-	-	-	-	-	-	-	2	1	-	-	-	3

## INFECTIOUS DISEASES

### MEASLES

The first of the three tables on the preceding pages shows quite clearly that measles epidemics occur every other year and 1965 was one of the years due for an outbreak. There were no less than 1,430 cases reported, most of them occurring in the winter and spring months - February to May inclusive.

The measles vaccine which I mentioned last year is now available but it is clear that it will not, as yet, provide an answer to measles outbreaks in the same way that diphtheria and polio vaccines have virtually eliminated diphtheria and poliomyelitis respectively. This is because the vaccine which is now available only gives about an 80% chance to an individual of avoiding the disease. It may well be worth a child, particularly one who is not thriving well, being immunised against the disease but there are dangers in using it from the community point of view. It is not yet known exactly what degree of immunity is conferred upon an individual nor is it known how long any immunity persists. This means that a community outbreak might possibly not be avoided but merely deferred; no one knows exactly what would happen in this event but it is thought that the delay in a measles outbreak for 5, 10 or even 15 years might be disastrous for older children taking examinations or for adults at work, particularly as the disease may well be more serious in adults.

### DYSENTERY

A total of 16 cases of dysentery were notified during 1965. This is rather more than usual.

One of the consequences of this is seen under the report for the laboratory where it is reported that 107 samples of faeces were examined for the presence of organisms of the colityphoid-dysentery group - many other samples were examined at hospital laboratories.

In some instances, there were two or three cases in a family, one case was associated with an outbreak of dysentery in a private school outside the town and four cases arose in a children's home. One or two were obviously contracted abroad. Most were small children.

Such incidents as those mentioned above make one wonder whether dysentery is not much more widespread than has previously been thought. Apart from small children in whom the disease may often be fairly obvious, many sufferers may only be inconvenienced by mild gastro-intestinal upsets for which they may not even consult their family doctors. Although generally mild the illness may be severe and there must always be some degree of incapacity

or inefficiency resulting; strict attention to personal hygiene and the washing of hands after using the lavatory and before handling food will at least help to keep the condition at bay.

#### ENTERIC FEVER

One case of paratyphoid 'B' was reported in October. The patient had been on holiday in the Lebanon where she had undoubtedly contracted the disease. No other cases occurred in the vicinity or within the patient's family.

#### SCARLET FEVER

A small number of mild cases of this disease was again notified during the year. They were fairly well scattered throughout the town and no more than four cases happened in any one month.

#### PUERPERAL PYREXIA

This is a condition of fever occurring at, or shortly after, childbirth. As I have mentioned on previous occasions, most of the cases occur in hospitals because most of the births take place there and all cases which are likely to be complicated in any way are admitted - not all mothers having puerperal pyrexia are seriously ill, in fact most are not.

The continual strain upon the beds and staff at Upton Hospital Maternity Unit has been a concern for a long time and there is no doubt that conditions for a serious outbreak of infection have been near the surface. Eight of the cases of puerperal pyrexia notified occurred at the hospital during July and as a result of this the maternity wards were closed while the unit was thoroughly cleansed. All credit is due to the staff who have served their patients most loyally; they should not have to work under continuing conditions of stress and overcrowding.

#### VENEREAL DISEASE

I am indebted to Dr. R.R. Willcox, Consultant in Charge of the local Venereal Disease clinics for the following information:-

There were, during 1965, a total of 380 new patients from Buckinghamshire attending the Venereal Disease Clinic held at King Edward VII Hospital Windsor. Of these 11 were suffering from Syphilis, 69 from Gonorrhoea and 300 from other conditions.

#### VACCINATION AND IMMUNISATION

The table of vaccination and immunisation has now become so complicated that some clarification in the text of the report is needed.

Apart from vaccination against Smallpox, immunisations against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis can be performed separately or together or in any combination. Most frequently, Diphtheria, Whooping Cough and Tetanus are given in one course of three injections, although some family doctors include Poliomyelitis and give protection against all four diseases at one time; most, however, prefer to give protection against poliomyelitis by mouth with the Sabin vaccine.

The first table gives the outline of the courses actually completed while the paragraphs following give further information about the number of children protected against the individual diseases.

	1964	1965
Primary Diphtheria	8	10
Primary Whooping Cough	-	-
Primary Diphtheria/Whooping Cough	1	4
Primary Tetanus	31	46
Primary Diphtheria/Tetanus	50	129
Primary Diphtheria/Whooping Cough/ Tetanus (Triple)	928	1384
Primary Diphtheria/Whooping Cough/ Tetanus/Poliomyelitis (Quadrilin)	123	102
Primary Vaccination against Smallpox	774	1106
Boosters - Tetanus	20	11
Triple	1724	1818
Re-vaccination	14	38

The above figures refer to Slough only. The information concerning poliomyelitis protection which follows in a later paragraph is for the whole of the South Bucks Area.

#### DIPHTHERIA

The number of children receiving adequate primary protection against diphtheria was 1,629 compared with 1,110 in 1964. It is pleasing to find a considerable increase over the preceding year, but education, propoganda, work and persuasion must all continue if we are to have persons protected sufficiently to prevent outbreaks of diseases which burst out from time to time when immunisation rates fall too low. Diphtheria is fortunately now a matter of history in many places, but it makes the acceptance of immunisation by parents all the more difficult.

The number of boosters, 1,818 compared with 1,724 in 1964, is also encouraging.

#### WHOOPING COUGH

The number of children protected against whooping cough was 1,490 a considerable increase over 1964. Protection given by



immunisation against whooping cough is not quite so absolute as it is with the other diseases, probably in the region of 80% - and the continued yearly reporting of a small number of cases of whooping cough is clear evidence that the disease is still with us. In the majority of cases the condition is not severe but small babies may suffer permanent damage. If a greater proportion of children were given protection the disease might well disappear even although individual protection was not absolute.

1,818 children received topping-up doses.

#### TETANUS

More and more children receive protection against tetanus because protection is offered with that against diphtheria and whooping cough in a combined vaccine. Tetanus immunisation in fact heads the list of primary immunisations, with a total in 1965 of 1,661.

If children are given the primary course and this is followed by a booster dose six months later then all that is needed in case of future accident is one further booster dose of harmless tetanus toxoid. Neglect of active protection against tetanus in childhood means that tetanus anti-toxin which can cause quite serious reactions may have to be given after accidents later in life. 1,829 children received the necessary booster against tetanus.

#### SMALLPOX

Primary vaccinations against smallpox were 1,106 in 1965 compared with 774 in 1964. 38 revaccinations were also performed.

#### VACCINATION AGAINST POLIOMYELITIS

I am pleased to say that protection against poliomyelitis continued to be very popular and the decrease in the number protected in 1965 probably means that the vast majority of children, except the newly-born have now been given the appropriate vaccine. As vaccination against poliomyelitis is given either by mouth, or sometimes by injection with other protecting agents, it is probable that a high proportion of children will be given protection and that general immunity against this disease will remain high.

	1964	1965
Two injections of Salk	108	58
Third injection of Salk	500	490
Fourth injection of Salk	-	20
Three doses of oral	2980	2318
Oral boosters	1009	987

## TUBERCULOSIS

### (a) New Cases

- (i) *Pulmonary Tuberculosis*. The number of new cases during the year continued the general downward trend which had been apparent over a number of years but which had not been followed in 1964 when a much higher number of new cases had been discovered; the high number was to some extent due to the visit of the mass X-ray unit in 1964 and this, in itself, may well have helped to produce the lowest number of new notifications - only 30 - in 1965. Of the new notifications the main sufferers were young adults, no less than 21 out of the 30 cases occurring in the 15 to 45 age group.

Once again we had the picture of the Asian population being particularly hard hit, about half the new cases occurring in those with names indicating their arrival from the Orient; again, too, there was the indication that a number were contracting the disease after arrival here, probably from earlier unchecked newcomers. Undoubtedly we need to encourage our immigrants to take advantage of the facilities for routine checks which are available; this is not an easy task as there are not only the language difficulties but there must inevitably be the natural reluctance of an individual who has just launched himself, and possibly his family, in a new country to make a career and fortune to endanger all his hopes in order to see if someone can discover a disease of which he may be entirely unaware. There are signs, however, that steps are now being taken to avoid the entry of those who may already be suffering from tuberculosis.

- (ii) *Non-Pulmonary Tuberculosis*. The number of new cases of non-pulmonary tuberculosis was again more in line with those normally notified in Slough. There were eight notifications during the year - four males and four females.

The following table gives details of the age and sex incidence of all new cases of tuberculosis notified during the year.

Age in Years	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
0 -	1	-	-	-
1 -	1	2	-	3
15 -	5	2	1	1
25 -	7	2	3	-
35 -	2	3	-	-
45 -	3	-	-	-
65 and over	1	1	-	-
<b>TOTALS</b>	<b>20</b>	<b>10</b>	<b>4</b>	<b>4</b>

**(b) Notification Register**

If the number of new cases was disappointing - the number of cures was very pleasing. The number of names remaining on the register varies a little because there is a number of movements in and out of the town but this variation is very small, and the great reduction of names on the register was due to cures in the pulmonary group.

PULMONARY						NON-PULMONARY					
Males		Females		Total		Males		Females		Total	
1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965
420	372	302	258	722	630	62	55	52	45	114	100

**(c) B. C. G. Vaccinations**

Out of 1,814 children eligible for B.C.G. vaccination in 1965, 1,410 accepted the test to determine sensitivity to tuberculosis: this is an acceptance rate of 77.6%. It is remarkable how steady this acceptance rate remains - it was 77.5% in 1962, 77.5% in 1963 and 81.6% in 1964.

Unfortunately the number who were positive to the test also remains steady instead of declining - a positive reaction means that the individual has received previous experience of and some immunity to tuberculosis. Of the 1,410 children tested 86 were absent the following week when reading of the test and vaccination took place. 122 were found to have a positive reaction and the remainder, 1,202 were vaccinated.

All those showing a positive reaction to the test are reported to the Chest Clinic where investigations are made and any treatment which may be necessary is carried out.

The following table shows the details for the past eight years:-

Year	No. Tested	No. Positive	No. Negative
1958	1,009	116 (11.49%)	893 (88.5%)
1959	937	90 (9.6%)	847 (90.4%)
1960	1,422	74 (5.2%)	1,348 (94.8%)
1961	1,226	132 (10.8%)	1,094 (89.2%)
1962	1,369	113 (8.25%)	1,256 (91.7%)
1963	1,310	60 (5.3%)	1,129 (94.7%)
1964	1,513	121 (8.3%)	1,330 (91.7%)
1965	1,324	122 (9.2%)	1,202 (90.8%)

(d) Deaths from Tuberculosis

There were four deaths from Pulmonary Tuberculosis during the year - two males and two females. No death primarily due to non-pulmonary tuberculosis was reported.

DEATHS FROM TUBERCULOSIS

Year	Population	Pulmonary		Non-Pulmonary		Pulmonary Death Rate per 1000 Population
		Males	Females	Males	Females	
1956	69,190	7	1	1	-	0.12
1957	71,560	4	1	-	-	0.07
1958	73,620	4	-	1	1	0.05
1959	75,450	7	-	1	1	0.09
1960	77,410	2	1	-	1	0.04
1961	80,690	5	-	-	1	0.06
1962	82,700	2	2	-	-	0.048
1963	84,210	1	2	-	-	0.036
1964	84,900	3	1	-	-	0.047
1965	85,620	2	2	-	-	0.047

**T U B E R C U L O S I S**

YEAR	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
POPULATION	69,190	71,560	73,620	75,450	77,410	80,690	82,700	84,210	84,900	85,620
P - - PULMONARY	P	N.P.	P	N.P.	P	N.P.	P	N.P.	P	N.P.
N.P. - NON-PULMONARY	P	N.P.	P	N.P.	P	N.P.	P	N.P.	P	N.P.
CASES NOTIFIED	57	36	48	7	51	5	38	9	47	15
NOTIFICATIONS PER 1,000 OF POPULATION	0.82	0.17	0.50	0.08	0.65	0.12	0.53	0.09	0.63	0.07

## MATERNITY AND CHILD WELFARE

The following table shows the location of the various child welfare centres in and around Slough.

	<i>Mondays</i>	<i>Tuesdays</i>	<i>Wednesdays</i>	<i>Thursdays</i>	<i>Fridays</i>
<b>WEEKLY</b>	Health Centre Burlington Road	Langley - Parlaunt Park (all day)	Merrymakers Hall, Langley (all day)	Health Centre Burlington Road.	Health Centre Burlington Road.
	St. Michael's Community Centre, Farnham Road.	Britwell.	Burnham.	Lent Rise.	Wexham Court.
				Farnham Royal.	Cippenham.
					Britwell.
<b>TWICE MONTHLY</b>	Farnham Common.	Stoke Poges.  Colnbrook.	Datchet.		

### HOME SAFETY

The Home Safety Council and the Health Education section of the Health Department work alongside each other in dealing with the problem of accident prevention in the home. Instructional and publicity talks and displays are given in Maternity and Child Welfare Clinics, Old People's Clubs, Schools and other educational and social institutes. Regular information on local home accidents is supplied by the casualty department at Upton Hospital and this is then included in the Home Safety programme. In May, 1965, the Home Safety Council announced the completion of their new 16 mm. film on the subject of poisons in the home.

#### HOME ACCIDENTS - SLOUGH

Detailed figures relating to national road and industrial accidents are readily available. On the other hand there is no such information available for domestic accidents and it is left to local organisations to gather what information they can. In Slough the local hospital authority has kindly co-operated by supplying details of the domestic accidents dealt with at Upton Hospital. Although this by no means represents all accidents in the town, for example, no account is taken of the patients treated at home by their own doctors, it does provide some indication of the general accident pattern.

**Table 1****HOME ACCIDENTS - UPTON HOSPITAL - SLOUGH 1965**

MONTH	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
NO.	103	70	85	67	55	64	63	42	21	57	61	40	738

**Table 2****HOME ACCIDENTS BY AGE**

AGE	0-5	-10	-15	-20	-30	-55	-70	70 plus	TOTAL
NO.	362	60	42	31	45	104	54	40	738

**Table 3****HOME ACCIDENTS BY TIME**

TIME	BEFORE 6 A.M.	9 A.M. - 12 NOON	12 NOON - 3 P.M.	3-6 P.M.	6-9 P.M.	9 P.M. - 12 MIDNIGHT	TOTAL
NO.	25	247	132	120	154	60	738

NOTE: As with previous surveys of this nature the number diminished over the period - it is thought that the figures quoted for the first quarter probably represent a more accurate account of the incidence rate than do those for the full 12 months.

**HEALTH EDUCATION**

I am grateful to Miss B.R. Keene, the Area Health Education Organiser for the following information on the Health Education carried out by the department.

A varied programme was undertaken during the year, the following subjects being most popular:-

First Aid, Oral Resuscitation, Dental Health, Smoking and Health, Parentcraft and Food and Health.

Medical Officers, Health Visitors, District Midwives and the Area Health Education Organiser were responsible for most of the teaching, which was supported by modern visual aids including cine and filmstrip projectors, back projector screens and new lightweight display boards.

**Ante Natal Classes.** These classes have continued to attract the majority of women expecting their first baby. The evening film-shows were attended by over 370 couples; in addition to the Ante Natal teaching film, the new Home Safety film 'Dead Easy' was shown to these audiences.

**Mothers Clubs.** 'Family Leisure' was the main theme of study during the year, and talks and discussions on many subjects e.g. 'Camping Abroad' and 'Gardening in Flats' had enthusiastic receptions. The Quarterly Newsletter published a wide variety of contributions which included 'The Citizens' Advice Bureau' by Miss J. Easton, 'The History and Work of Slough Red Cross' by Miss A. Kershaw and a Home Safety Competition on 'Safe Fabrics' that was arranged by the Home Safety Officer. During the summer an inter-clubs rounders league in South Bucks was very popular - Wraysbury Club won the cup.

**Exhibits.** Small exhibits featuring Good Nutrition, Dental Care, Smoking and Health and Garden Safety were displayed in the main Health Centres. The regular poster campaign also continued in the Child Welfare Clinics, Nursery Schools etc. and included 'Food Hygiene', 'Immunisation Against Disease', etc.

**Health Teaching in Schools** was mainly concerned with 'Dental Care' and 'Smoking and Health'. Filmshows and discussions were popular with the secondary school audiences.

A new venture was started with the help of Miss D.E. Blunden, Old People's Welfare Officer; two talks, illustrated by film and filmstrips, on 'Food and Health' were offered to all the Old People's Clubs in the area and lively discussions have usually resulted.

Two evening audiences of approximately sixty members of the Health Department reviewed films, which it was hoped might be suitable for future health education programmes - 'Food Hygiene', 'Ante Natal Care', and 'Family Planning' were subjects covered in these filmshows.

#### OCCUPATIONAL THERAPY

In addition to the Home Therapy provided by the Occupational Therapists, the work at the Occupational Therapy Workroom just off Elliman Avenue continued to expand during 1965. During the year, 59 physically or mentally handicapped patients from Slough and the surrounding district attended the centre; of these 39 were still attending at the end of the year and five had returned to employment.

From May onwards a six-seater ambulance was provided enabling 16 patients, unable to use public transport, to attend the Centre once or twice a week.



## FAMILY PLANNING CLINICS

The following clinics are held locally:-

Upton Hospital	Monday and Tuesday	6.00 to 7.30 p.m.
Ante-Natal Clinic	Wednesday	9.00 - 10.00 a.m.
Subfertility Clinic	Wednesday	9.00 - 10.00 a.m. (by appointment only)
Health Centre, Britwell Estate	Monday	10.00 - 11.00 a.m.
Health Centre, Parlaunt Park, Langley	Friday	10.00 - 11.00 a.m.
Health Centre, Burlington Road	Wednesday	10.00 - 12.00 (by appointment only)
	Friday	2.00 - 4.30 (by appointment only)

## DAY NURSERY

Children from 0-3 years are cared for daily at the Manor Park Day Nursery.

The Nursery is situated at:-

Penn Road, Manor Park, Slough

Applications for admission should be made to the Area Medical Officer.

## RESIDENTIAL NURSERY AND CHILDREN'S HOMES

Residential accommodation for children needing care by the local authority is supplied by the Children's Department of the Bucks County Council at Brookside Residential Nursery, Salt Hill; Manor Lodge; Mildenhall Road; Elmside, 1, Upton Road; Bilby House, 55, Langley Road and Brondeg, 320, Stoke Poges Lane, Slough.

Brookside cares for children under 5 years of age, and Manor Lodge for those who have reached school age. Elmside looks after boys aged between 15 and 18 years. Bilby House and Brondeg are cottage type homes taking eight and nine children respectively.

Accommodation is restricted and although it is always hoped a place will be available for urgent cases, no guarantee that a child can be admitted to a particular nursery or hostel can be given.

Applications should be made to the Children's Officer, 5, Buckingham Road, Aylesbury.

## HOSPITAL SERVICE

The Borough of Slough is served by the following hospitals and maternity homes.

### General Hospitals

Wexham Park Hospital  
Upton Hospital, Albert Street  
King Edward VII Hospital, Windsor  
Canadian Red Cross Memorial Hospital, Taplow  
Old Windsor Hospital, Old Windsor

### Infectious Diseases

Maidenhead Isolation Hospital  
St. John's Hospital, Uxbridge

### Venereal Diseases

The nearest treatment centres are:-

King Edward VII Hospital, Windsor  
Royal Berkshire Hospital, Reading  
Hillingdon Hospital, Hillingdon

### Tuberculosis

- (i) *Chest Clinic*. The Chest Clinic is at Upton Hospital, Albert Street, Slough. All arrangements are made by the Chest Physician, who is available at the hospital (Tel. Slough 23261).
- (ii) *Hospital Treatment for Chest Diseases*. All admissions are arranged by the Chest Physician, Chest Clinic, Upton Hospital, Slough.

### Maternity Accommodation

Upton Hospital, Albert Street, Slough  
Canadian Red Cross Memorial Hospital, Taplow  
Colinswood Maternity Home, Farnham Common  
Old Windsor Hospital, Old Windsor  
Princess Christian Maternity Home, Windsor

If the patient's own doctor thinks that admission should be made on medical grounds, the patient is referred to the nearest ante-natal clinic, but if admission is sought on domiciliary or social grounds, application is made through the Area Medical Officer, who makes his recommendation to the Hospital Management Committee following a report on home circumstances made by the Health Visitor.



# ANNUAL REPORT

OF

THE CHIEF PUBLIC HEALTH INSPECTOR

(Leslie A. Stroud, D.P.A., F.R.S.H., F.A.P.H.I.)

for the year 1965

- Section A - General Administration
- Section B - Housing
- Section C - Safeguarding of Food Supplies
- Section D - Clean Air
- Section E - Offices and Shops
- Section F - Factories and Workplaces
- Section G - Pest Infestation Control
- Section H - Miscellaneous

## SECTION A

### GENERAL ADMINISTRATION

TABLE NO. 1

**Summary:**

Total Inspections	...	...	...	...	19,411
Complaints received and investigated	...	...	...	...	1,151
Preliminary Notices served	...	...	...	...	221
Secondary Notices served	...	...	...	...	31
Statutory Notices served	...	...	...	...	75
Letters received	...	...	...	...	8,639
Letters despatched	...	...	...	...	7,760
Interviews with Property Owners, Agents and Builders etc.	...	...	...	...	991

TABLE NO. 2

**Analysis of Inspection Work performed by the Technical Staff:**

Housing	...	...	...	...	3,521
Inspection of Meat and Other Foods, Food and Drugs etc.	...	...	...	...	1,338
Premises at which Food is prepared, stored or sold	...	...	...	...	1,219
Dairies	...	...	...	...	112
Factories, Workplaces and Offices	...	...	...	...	524
Shops	...	...	...	...	865
Clean Air	...	...	...	...	4,855

TABLE NO. 2 (contd)

General Hygiene	...	...	...	...	...	3,033
Pest Infestation Control	...	...	...	...	...	2,488
Miscellaneous Matters	...	...	...	...	...	4,331

TABLE NO. 3

**Premises at which Improvements were effected:**

Dwelling Houses	...	...	...	...	...	111
Premises used for Preparation and Sale of Food						38
Factories and Workplaces	...	...	...	...	...	2
Shops	...	...	...	...	...	29
Drainage (reconstruction, repair etc.)						44
Miscellaneous	...	...	...	...	...	23

**SECTION B**

**HOUSING**

A satisfactory house is a basic social need for everyone and good conditions of housing have a fundamental bearing on the nation's health. As in many industrial towns, housing continued to be of outstanding concern in Slough.

**Clearance**

During the year one further Clearance Area was made comprising 4 cottages but up to the end of the year the families had not been displaced.

**Repair and Maintenance of Dwelling Houses**

During the year 250 complaints were received by the Department with respect to disrepair in dwelling houses. The District Public Health Inspectors made 2,226 visits to houses for initial inspections and re-inspections to secure compliance with notices served, and to supervise repair works.

In connection with the work under the Housing and Public Health Acts, 61 statutory notices, 245 preliminary notices and 66 requisitions for information as to ownership of premises were served during 1965.

No works were carried out by the Council in default of action by owners.

**Housing Improvement Grants**

During 1965 two discretionary grants were applied for and approved for an amount totalling £673.

Forty-three applications for standard grants were received and approved, twenty-eight of them being from owner/occupiers. A total of £3,432 was paid in standard grants for 36 dwellings.

One tenant requested the Council to use its powers under the Housing Act, 1964 to compel the landlord to instal the standard amenities, and the landlord in turn requested the Council to purchase the House. After consultation the owner decided to carry out the improvement voluntarily; the amenities were installed, and he has now been paid the standard grant.

It is surprising that despite continued publicity, landlords still fail to take the opportunity of being given money from public funds to improve their properties, and in addition of receiving an increase of rent. A landlord of a controlled dwelling under the Rent Act, 1957, on installing the standard amenities is enabled to charge 12½% annually of what he himself contributes to the improvement, as extra rent. This means that after eight years he has improved his property, half has been paid as standard grant, and the rest has been paid for by the tenant's extra rent. The net cost to the owner is nil, and yet the 12½% increase continues as part of the normal rent of the tenancy.

In the case of a tenancy which is not controlled the maximum rent is based on the 1963 gross value for rating purposes, plus 12½% of the landlord's share of improvements. The rent under these conditions may be somewhat low having regard to all the circumstances and in particular to the rents paid for similar dwellings in this area, which have not received grants, and are therefore not subject to controlled rents. The Borough Council is empowered in a case such as this to fix a higher rent if asked to do so by the owner when he applies for a grant but during the year only one such application was made. An air of suspicion often accompanies applicants when making their preliminary enquiries. They cannot quite accept that the grant is a gift and not a loan, and they look closely for the 'catch'.

Another innovation in the 1964 Act is the ability of the local authority to award a grant higher than the maximum normally available where the costs of the work are higher than usual. This covers the higher cost involved in, for example, building an extension where this is the only practicable way of providing a bathroom, or bringing a piped water supply into the house for the first time.

Two such higher grants were approved during the year.

From time to time owners have been told that grants could not be made because of the prospect of redevelopment which makes it difficult to estimate the life of their property. The Ministry has now simplified this process by enabling local authorities who are uncertain whether redevelopment will take place within 15 years to give applicants the benefit of any doubt and pay the grant if the proposals are otherwise satisfactory.

In the past a considerable amount of discussion has taken place between local authorities; the Ministry and applicants over the application and interpretation of the various statutes as related to individual cases. Many of the difficulties encountered over the years, have now been ironed out, often with the aid of amending legislation, and the Ministry has now said that the Exchequer contribution will be paid in all instances in which the local authority is satisfied that the statutory requirements are fulfilled and that it would be right to pay the grant. Experience has shown that it is impossible to provide in advance for all contingencies which might arise in carrying out improvements and the local authority are now urged to use their own judgment in dealing with applications outside the normal run of cases. The essential purpose to be borne in mind is the need to modernise as many as possible of older, but structurally sound, houses.

#### **Houses in Multiple Occupation**

As might be expected the problem of houses in multiple occupation continues to grow in Slough with its large number of immigrants. However, after June 1965 when the Department became fully staffed with Public Health Inspectors some considerable progress has been made in tackling the situation and taking the appropriate action where required. Obviously this is not a matter which can be dealt with lightly or quickly.

The Housing Act, 1961 has given local authorities wide powers to deal with such houses and the Housing Act, 1964 still wider powers. The big question is, of course, which course of action should be taken.

Under the Housing Act, 1961 local authorities have several lines of action open to them which, I think, can best be summarized as follows:-

- (a) The making of Management Orders; this is more suitable for multi-storey buildings and is not really necessary in Slough.
- (b) The service of notices under Section 15 requiring the provision of further amenities in a house to meet the requirements of the occupants. During the year 5 such notices were served.
- (c) The service of notices under Section 16 requiring the provision of suitable means of escape in case of fire. This involves all properties above 2 storeys high and visits have been made in conjunction with the Fire Officer who has offered his recommendations. During the year 3 such notices were served.
- (d) The service of notices under Section 19 to make a Direction on premises so reducing or preventing overcrowding. Twenty-three such Directions were made during the year. The number

of individuals permitted to occupy the dwelling is based on the amenities existing in the dwelling coupled with the permitted number of the house.

Under the Housing Act, 1964 local authorities were given stronger powers to deal with particularly bad premises and owners, whereby they are able to make a Control Order and take control of premises for a limited period and during that period collect all rents. It has not been found necessary to take any such action during 1965.

Generally it has been found that there has not been a great deal of statutory overcrowding, although 231 visits were made to investigate complaints of alleged overcrowding. During the year 14 notices under Section 90 of the Housing Act, 1957 were served to abate overcrowding and 3 prosecutions were taken where the notices were not complied with. Fines were imposed totalling £94. 3. 0d. It is essential to get this question of overcrowding in true perspective. The permitted number for a house is based on the sixth schedule of the Housing Act, 1957. It has regard to the number and size of all rooms in the house which are normally used for sleeping or living purposes. Quite often a house may appear to be occupied by more persons than is usual in an average house but nevertheless not statutory overcrowded.

Without doubt the majority of houses in multiple occupation are occupied by immigrants, Indians, Pakistanis and West Indians being predominant. There are many such houses occupied by the indigenous population. Towards the close of 1965 the various committees of the Council concerned with this problem began discussions which were aimed at a detailed survey to ascertain the extent and location of multi-occupation within the Borough.

In the case of immigrants it has been found that they tend 'to live-in together' as one family and not as separate units. All the cooking is done in one kitchen and there is usually one bathroom and these facilities are shared by the whole household. Most of the houses used by the immigrants are of the two storey terraced or semi-detached type of house generally with three bedrooms, two living rooms, kitchen and bathroom, and either one or two water closets. Under these conditions it has been found that the best method of dealing with the position is to make Directions on the premises limiting the number of individuals who may occupy the house. By adopting this procedure the local authority are able to reduce or prevent overcrowding. Each occupier of a house subject to a Direction is required from time to time to furnish the local authority with the names of every individual occupying his house. If there is a weakness in the legislation it is that one has to trust the occupier to complete the form correctly. However in cases which appear suspicious the District Public Health Inspector always carry out further investigations.



## **Council Housing Estates**

- (a) *Allocation of Council Houses*. Forty inspections were made by the District Public Health Inspectors for the purpose of investigating the living conditions of housing applicants under the Council's Housing Points Scheme, to enable a recommendation for award of points to be made where necessary.
- (b) *Council Housing Estates*. Liaison is maintained with the Housing Department on various matters concerning Council Estates and other Corporation property. Many visits to such properties were made by the District Public Health Inspectors in connection with structural defects, rodent control, vermin, etc.

## **Residential Caravan Sites**

There are three residential sites within the Borough which are the subject of action under the Caravan Sites and Control Development Act, 1960.

The largest site is at Foxborough Farm, Langley with 83 caravans. At the end of the year not all of the outstanding works to bring the site up to model standards of the Ministry of Housing and Local Government had been completed. This site will come under further discussions for possible action in 1966.

Works to the Ditton Park Road Site have now been completed and this site of eight caravans now meets the licence requirements.

The Brook Path Site is in the process of being run-down and now has only one caravan which will be moved early in 1966. The licence will not be renewed.

There are also several licensed sites for individual caravans scattered throughout the Borough. These are maintained to a satisfactory standard by periodic inspections by the District Inspectors.

## **Itinerant Caravanners**

Although the traveller gipsy - didicois - tinker caravanner, presents a continuous problem, it is not one of any great magnitude in Slough since the town is rapidly becoming more and more built up. For obvious reasons this type of caravanner is attracted by a large town and tends to settle on the periphery.

They are generally associated with car breaking operations, scrap metal, etc., and any material which has no value is left lying on the ground and becomes an eyesore and has to be cleared by the owner or occupier of the land.

Apart from the nuisance angle there is the social and human aspects of this way of life. Should there be compulsory settlement ? In my opinion not all would welcome integration into normal community life.

Such campers trespass on to private land or council land, grass verges etc. Each year the council have to remove caravans from their land but where private land is involved their removal is more difficult and the responsibility is thrust upon the owner or occupier of the land. In practice the District Public Health Inspector visits with a threat to have the vans towed off and usually this has the desired effect.

There is another class of caravan dwellers which comprises travelling showmen and key men in building and engineering trades associated with large building projects. These people camp on the building site for the duration of the contract. They present no problems and the Act provides for their exemption from site licences.

During the year your officers made some 200 visits in respect of caravans.

#### **Rent Act 1957**

Even though the Rent Act 1965 has now come into operation the provisions of the above Act relating to the repair and maintenance of controlled rent dwelling houses continue to remain in force.

During the past few years action under this part of the Act has dwindled almost to nothing. This is emphasised by the fact that during the year only one application for a Certificate of Disrepair was received.

#### **Information re Local Land Charges etc.**

Information as to statutory orders made in respect of dwellinghouses and non-complied-with notices requiring works of disrepair was supplied in respect of 1,668 properties upon a request for official search of the Land Charges Register.

In addition, particulars as to properties were supplied in all cases in which mortgages were being arranged under the Housing Acts, in respect of the purchase of small dwellings. A number of requests for information was dealt with during the year as to whether properties changing hands were included in the Borough Council's Programme of Housing Clearance.

## SECTION C

### SAFEGUARDING OF FOOD SUPPLIES

#### Food Hygiene

Legislation in recent years has provided the means whereby we can bring most premises which manufacture or sell foods to comply with the law in practically all respects. Public Health Inspectors know, however, that this is by no means the end of the battle in securing clean food premises. In other words the control of premises is almost complete but the control of the food proprietor is still virtually non-existent.

Unfortunately, there is no basic restriction to prevent any person from opening virtually any type of food premise for retail trading. Town Planning, Building Byelaws and Food Hygiene Regulations all deal principally with requirements for premises and the question of any proposed proprietors fitness for doing the job does not arise.

This does seem to be a fundamental inadequacy in existing food legislation, in that the evils of dirt and disease are caused not by the premises but by the people operating them.

From the food trader's angle, sales come before food hygiene but from the Public Health Inspector's point of view this Order is reversed. It is so often difficult to make the point to the food trader that any success he might have in his business will obviously depend on consumer reaction, which means in effect that the cleaner his habits the more successful he will be in regard to Sales. The answer may lie in qualification. This is obviously something for the future but it does not seem to be beyond the bounds of possibility that there should be a recognised trade qualification for caterer cooks, grocers and perhaps even market stall holders, in which could be embodied all general aspects of the laws and habits relating to food hygiene.

There is no doubt that the greatest single obstacle to successful food hygiene education is public apathy. It cannot be denied that great improvements have been made in food premises in terms of structure and equipment since 1955. It is a pity, however, that there has been no comparable advance in handling methods and personal hygiene to keep pace with the nations changing food habits.

It must be emphasised that to a great extent the standard of hygiene in retail shops depends on the District Public Health Inspector explaining the nature of hygienic practices, and the necessity for its adoption, and then persuading the shopkeeper in putting those precepts into their use. There is no substitute for competent routine inspection by a Public Health Inspector.

During 1965 1,340 visits of inspection were made by the Public Health Inspectors to food premises within the Borough including food factories, catering establishments, factory and school canteens, bakeries, dairies, manufacturers and retailers of ice cream, markets' licensed premises, meat, fish, grocery and other retail shops. School kitchens and canteens in Council and private schools were regularly inspected throughout the year.

During 1965 food hygiene standards were generally found to be high in most cases but there were some instances where improvements were found to be necessary and these were generally dealt with by informal action.

The Health and Sanitation Committee authorised legal proceedings in six instances in respect of food found to be contaminated or otherwise unsound.

#### **Milk Supply**

The register of Dairies and Distributors of milk (other than dairy farms and farmers) kept in the Department showed the following licences at the end of 1965.

Dealers' (Pasteuriser's) Licences	...	...	2
Dealers' (Pre-packed milk) Licences			
Untreated	...	...	11
Pasteurised	...	...	54
Sterilized	...	...	42

Two dairies in the Borough receive bulk milk from various supplies for heat treatment and bottling and two others receive milk already bottled for local distribution. All are visited regularly by the Public Health Inspectors and 162 samples were taken by these officers for laboratory examination to ensure the efficacy of heat treatment. During the year 112 visits were made to registered premises.

Both dairies continue to operate their own control laboratories to maintain a constant check on the quality of the milk they receive and I am pleased to report the willing and useful co-operation of the laboratory personnel with the officers.

#### **Bacteriological Examination of Milk**

During 1965, 175 samples of milk of various designations were procured for bacteriological examination. The details are shown in the following table.

All the samples passed the prescribed test.

TABLE NO. 4

BACTERIOLOGICAL EXAMINATION OF MILK	
CLASSIFICATION	NO. OF SAMPLES
Pasteurised Milk	143
Tuberculin Tested (Past.)	10
Untreated Milk	13
Sterilised Milk	9

**Manufacture, Storage and Sale of Ice Cream**

During 1965, seven additional premises were registered for the sale of ice cream; 44 visits were made to registered premises and 21 samples of ice cream were taken for bacteriological examination with the following results.

TABLE NO. 5

METHYLENE BLUE REDUCTION TEST	
PROVISIONAL GRADE	SAMPLES
1) satisfactory	21
2)	
3) unsatisfactory	-
4)	

Special supervision has been maintained of itinerant vendors and their standards were generally satisfactory.

**Preparation and Manufacture of Preserved Food**

At the end of 1965, 67 premises in the Borough were registered in pursuance of Section 16 of the Food and Drugs Act 1955 in respect of the manufacture of preserved foods as follows:-

Canning factories	...	...	...	...	1
Preparation of Shell Fish	...	...	...	...	2
Fish Friers	...	...	...	...	15
Manufacturers of sausages and cooked meats	...	...	...	...	49

## Municipal Abattoir

The present abattoir continued to function as satisfactorily as possible having regard to all the inadequacies and improvisations of the old premises.

The premises are manned daily by a Public Health Inspector who is responsible for the inspection of all carcasses and offal and who also supervises the running of its premises generally.

The premises are opened at 7.00 a.m. and closed as required up to 8.00 p.m. according to seasonal demands.

The following figures show the throughput of animals since the Borough Council took over the premises as a Municipal Abattoir in 1954.

	<i>Cattle</i>	<i>Sheep &amp; Lambs</i>	<i>Pigs</i>	<i>Calves</i>	<i>Total</i>
1954	2,977	5,351	3,400	1,078	12,866
1955	2,040	3,721	5,662	1,073	12,500
1956	1,990	3,736	4,854	1,135	11,715
1957	2,475	4,380	6,608	1,121	14,584
1958	3,370	5,585	8,683	987	18,625
1959	3,393	9,733	8,432	929	22,487
1960	3,764	6,898	8,281	1,083	20,026
1961	4,512	10,744	10,256	1,234	26,746
1962	4,205	11,477	13,312	1,142	30,136
1963	3,873	11,970	14,034	882	30,759
1964	4,143	9,237	14,602	778	28,760
1965	3,991	6,643	17,244	578	30,421

During the financial year ending 31.3.66 tolls for the use of the abattoir amounted to £3,576. This shows a decrease over the previous year of £284.

## Proposed New Municipal Abattoir

In my report for 1964, I mentioned that outline planning permission had been received in respect of a site for the erection of a new Municipal abattoir at Cippenham.

In 1965, the Borough Council authorised their officers to proceed with the discussions with officers of the Ministry of Agriculture, Fisheries and Food regarding the construction of the new abattoir on this site.

Accordingly, engineers and architects of the Borough Engineer's Department, in consultation with officers of this

Department were busily engaged throughout 1965 on the planning and designing of the proposed premises. On the recommendation of the Ministry, the Slaughterhouse Sub-Committee and officers visited newly-constructed Municipal Abattoirs at Norwich, Hereford, Nuneaton and Hastings and in addition your officers inspected several large private slaughterhouses. This was a most useful exercise from which much valuable information was obtained.

Throughout the year, the Borough Treasurer, the Borough Engineer and I submitted several reports on the financial, engineering, architectural and administrative implications on the project.

At the end of 1965, the final planning and designing were nearing completion and it was anticipated that building would commence during the middle months of 1966.

#### **Slaughter of Animals Act, 1958**

In pursuance of the above Act the Borough Council licensed 19 persons engaged in the slaughter of animals for human consumption.

The slaughtermen have again carried out their duties in an efficient manner and are to be congratulated on their standard of dressing animals.

#### **Inspection of Meat and other Foods**

100% inspection of all carcasses and offals of animals slaughtered at the Municipal Abattoir was achieved by the Inspectors on duty. Each Inspector carrying out this work possesses the Diploma of the Royal Society of Health for the inspection of meat and other foods.

#### **Examination and Rejection of Foods other than Meat**

Three hundred and eight-four visits were made during 1965 to wholesale and retail food premises for the purpose of examining other foods. As a result of these visits nearly 10 tons of food considered to be unfit for human consumption, was voluntarily surrendered to the Corporation and destroyed.

Details of these foods are as follows:-

	<i>Weight in lbs.</i>
Canned foods . . . . .	20,196
Imported meat . . . . .	40
Manufactured meat products . . . . .	44
Fruit . . . . .	35
Fish . . . . .	865
Eggs . . . . .	39
Miscellaneous . . . . .	509

These foodstuffs were collected and disposed of at the Council's tip

### **Food Hawkers**

All food hawkers who trade in the Borough are registered subject to a satisfactory report from the District Public Health Inspectors under the Slough Corporation Act, 1945. At the end of 1965 there were 47 hawkers on the register.

The vehicles and places of storage used by hawkers are regularly inspected under the provisions of the Food Hygiene (General) Regulations 1960 by the District Public Health Inspectors. They were all generally found to be satisfactory.

### **Compositional Standards and Quality**

Two hundred and six samples of food and drugs were sent to the Public Analyst during the year, one hundred and thirty nine of them being informal; the results are summarized in Table 8. A further one hundred and forty-four samples of milk, fifty samples of spirits and twenty-one samples of ice cream were also procured and tested in the department. All the samples of ice cream and spirits were satisfactory. Nine samples of milk were low in fat or non-fatty solids, in each case the remainder of the consignment being satisfactory. The average content of all ordinary milk samples during the year was found to be 3.7% fat, and 8.84% non-fatty solids, whilst for Channel Island milk the average was 4.5% fat and 8.93% non-fatty solids.

Labels of locally manufactured products were checked for the purpose of the Labelling of Food Order and Pharmacy and Medicines Act, 1941.

In three butchers shops imported meat was found to be exposed for sale but not marked with an indication of origin as required by the Imported Goods No. 7 Order made under the Merchandise Marks Act, 1926. In each case a warning was issued.

### **Complaints Relating to Food**

Ninety six complaints relating to food were received during the year, a fall in number compared with the 1964 total of one hundred and twenty-nine. The same pattern was evident in the types of foods of which complaint was made, in that 26 related to meat and meat products, including meat pies, 24 to bread and cakes and 8 to milk, including dirty bottles.

During the investigation into complaints of school milk it has sometimes been difficult to establish responsibility because of the practice of dairymen in leaving crates of milk on the pavement or in the playground where it may have been possible for unauthorised persons, perhaps of tender years, to meddle with the caps of the bottles. It is not impossible to remove a milk bottle



cap and to replace it without it being apparent on superficial inspection to establish that it has been interfered with.

One of the complaints related to a dirty cup in a cafe and the complainant triumphantly produced the offending cup in this office to substantiate the facts as he related them. Investigation of the cafe revealed conditions which were unsatisfactory and which were subsequently remedied. Another complaint of glass having been found in a bread roll could have had serious results, but when investigated the small piece of glass exactly matched a missing corner of the complainant's butter dish.

Several cases where the complaint was not fully established related to corned beef, beef sandwiches, and cheese which 'tasted strange', chocolates where the colour had faded - this is not uncommon where they have been in a shop window but does not affect their fitness for food - and chicken suspected to be rabbit. One person complained of the dirty marks on the ends of sweet cigarettes, but these were demonstrated to be the simulated ash at the end of the 'glowing' tip.

#### Legal Proceedings

Proceedings were instituted in the following instances:-

Loaf containing tobacco	Manufacturer pleaded guilty and fined £20 plus 15 gns. costs.
Brisket of beef not of the quality demanded	Vendor pleaded not guilty. Fined £75 and 25 gns. costs.
Mouldy steak and kidney pie	Vendor pleaded guilty. Fined £60 plus 10 gns. costs.
Mouldy pork pie	Vendor pleaded guilty and fined £10 plus 5 gns. costs.
Mouldy sausages	Vendor pleaded guilty and fined £10 plus £10 costs.
Mouldy steak and kidney pie	Plea of not guilty by vendor warranty defence brought against Manufacturer. Vendor fined £70 plus £36. 10. 0d. costs.

TABLE NO. 6

SLOUGH MUNICIPAL ABATTOIR

Summary of Carcasses Inspected and Condenned					
	CATTLE EX. COWS	COWS	SHEEP & LAMBS	PIGS	CALVES
No. of animals slaughtered and inspected ... ..	3,484	507	6,643	17,244	578
<b>Disease except Tuberculosis</b>					
Whole carcasses condenned ...	2	7	2	56	7
Carcasses of which some part or organ was condenned ... ..	853	220	184	1,225	-
% of number inspected affected with disease other than tuberculosis ... ..	24.5	44.7	2.8	7.4	1.2
<b>Tuberculosis</b>					
Whole carcasses condenned ...	-	-	-	1	-
Carcasses of which some part or organ was condenned ... ..	-	-	-	280	-
% of number inspected affected with tuberculosis ... ..	-	-	-	1.6	-
<b>Cysticercosis (C. Bovis)</b>					
Carcasses of which some part or organ was condenned ... ..	78	3	-	-	-
Carcasses submitted to treatment by refrigeration ... ..	78	3	-	-	-
Generalized condition whole carcasses condenned ... ..	-	-	-	-	-

TABLE NO. 7

Weights of Condenned Meat						
	TUBERCULOSIS			OTHER DISEASES		
	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
Carcasses ... ..	-	-	-	110	1	1
Parts of Carcasses and Organs ...	28	3	15	198	1	4
TOTALS ...	28	3	15	308	2	5
TOTAL WEIGHT 16 tons 18 cwt. 0 qr. 10 lbs.						

TABLE NO. 8

Summary of Food and Drugs Samples submitted to the Public Analyst					
FOODS	PROCURED		ADULTERATED		
	Formal	Informal	Formal	Informal	
Almonds (Ground) ... ..	1	1			
Aspic Jelly Powder ... ..	1				
Beef Stock Tablets ... ..	1				
Bicarbonate of Soda ... ..		1			
Bread ... ..		1		1	
Breadcrumbs ... ..		1			
Butter ... ..	5	3			
Calf's foot Jelly ... ..		1			
Coffee & Chicory Mixture ... ..		1			
Coffee ... ..	1	2			
Cheese ... ..	3				
Cooking Fat ... ..		1			
Cornflour ... ..		1			
Cream ... ..	2	3			
Drinking Chocolate ... ..	1				
Dripping ... ..		1			
Fish ... ..	1	3			
Fish Spread ... ..	1				
Flour ... ..		4			
Flour confectionery ... ..	4	7			
Fried Onions ... ..	1				
Fruit ... ..		8			
Ginger ... ..		1			
Gravy Mix ... ..	1				
Hazelnut Spread ... ..	1				
Honey ... ..		1			
Isinglas ... ..		1			
Jelly ... ..		2			
Lard ... ..	1				
Margarine ... ..	1	3			
Marzipan ... ..		2			
Mashed Potatoes ... ..		2			
Meat Products ... ..	14	19	1		
Medicinal Products ... ..	1	9			
Milk ... ..		4		2	
Milk Products ... ..	2	3			
Mint ... ..		1			
Mixed Cut Peel ... ..		1			
Mushroom Cubes ... ..	1				
Mustard ... ..		1			
Olives ... ..		2			

TABLE NO. 8 (cont'd)

Summary of Food and Drugs Samples submitted to the Public Analyst							
FOODS				PROCURED		ADULTERATED	
				Formal	Informal	Formal	Informal
Onion Cubes	...	...	...	1			
Peanut Butter	...	...	...		1		
Pickles and Sauces	...	...	...	7	3		
Plantmilk	...	...	...		1		
Potato Crisps	...	...	...		1		
Preserves	...	...	...	4	6		1
Puff Pastry	...	...	...		1		
Rice, Ground	...	...	...		2		
Sausages	...	...	...	3	5		
Soft Drinks	...	...	...		7		
Soup	...	...	...	1			
Spices	...	...	...	2	2		
Sugar	...	...	...		1		
Sugar Confectionery	...	...	...	1	5		
Tea	...	...	...		1		
Tomato Puree	...	...	...		1		
Vegetables	...	...	...	1	9		
Vinegar	...	...	...	1	2		
Yeast	...	...	...	1			
Yam Flour	...	...	...	1			
<b>TOTAL</b>				67	139	1	4

TABLE NO. 9

Food Samples Reported to be not Genuine		
FOODS	ADULTERATION	ACTION TAKEN
Jellied Cranberry Sauce	False labelling	Vendor cautioned and stock withdrawn
Milk	Contained general dust and dirt	Vendor cautioned
Bread	Contained tobacco	Manufacturer fined £20 plus £15. 15. 0d. costs
Milk	Contained grit, dirt and salts of iron	Vendor cautioned
Minced Beef with Onion	Wrong description	Subsequently labelled satisfactorily

## SECTION D

### CLEAN AIR

Coal was first used in Britain about 600 years ago. Even in those early days it was disliked on account of the smoke it made and the problem became more and more acute as time went on with the rapid expansion of towns and industry. During the nineteenth century with the Industrial Revolution the expression 'where there's muck there's money' grew to be popular, especially in the industrial north and midlands where hundreds of factory chimneys belched filthy black smoke throughout the working day.

At the same time rows of squalid houses were built adjacent to the factories and the working people lived in overcrowded squalor, rarely receiving the benefits of clean air and sunlight. The incidence of bronchitis increased alarmingly and this disease has now come to be known as the English Disease. The following comparative figures show the death rates for men from bronchitis:-

<i>Country</i>	<i>Death Rate per Million per Year</i>
Sweden	39
Norway	48
France	55
Denmark	56
Switzerland	69
Holland	173
Belgium	248
Eire	438
Northern Ireland	527
Scotland	649
England and Wales	935

Smoke includes black soot, powdery ash, harsh grit, droplets of sticky tar and oil and corrosive sulphur acids. Poured out of Britain's chimneys each year are two million tons of smoke, over 1¼ million tons of grit and ash and five million tons of sulphur gases. Domestic and industrial chimneys both cause pollution. Domestic grates are responsible for more smoke than industry but industry produces more grit. House smoke contains more tarry particles and is particularly harmful because it is discharged into the atmosphere at such a low level.

All this pollution has its effect on people's health, buildings, metals, fabrics and plant life and it costs money ! It has been estimated that air pollution costs the nation no less than £300 million a year.

Since the passing of the Clean Air Act in 1956 the remedy for air pollution has been in the hands of the local authorities. Under this Act the local authorities have the power to deal with industrial smoke and they may make Smoke Control Areas to control the emission of smoke from houses.

## **Smoke Control Areas**

During 1965 two more Smoke Control Orders came into operation in Slough, No. 7 on the 1st July and No. 8 on the 1st December. This brought the total area of the Borough covered by Smoke Control Areas to 2,022 acres involving 7,891 buildings. In terms of acreage some 32% of the Borough was subject to Smoke Control Areas at the end of 1965, see Table 10. The householders in both No. 7 and 8 areas have been able to take advantage of the improved conditions of grants payable towards the cost of adaptations of fireplaces. Hitherto the grant payable has been based on the cost of providing a modern inset open fire but recent Government legislation now allows the payment of grant towards the cost of a much wider range of appliances e.g. solid fuel room heaters, gas fires and electric night storage heaters. Many householders have taken advantage of these improved grants by selecting appliances other than open fires, thus reducing the demand for open fire solid fuel. The labour-saving gas fire is increasing in popularity and it should be remembered that when less solid fuel is used in houses the resultant amount of sulphur dioxide given off into the atmosphere is correspondingly reduced. Thus although the initial cost of the adaptation will be higher, the ultimate result will be cleaner air.

The co-operation of the public generally so far has been good and no official objections have been made to the Minister of Housing and Local Government in respect of the making of the eight Smoke Control Orders now in operation.

## **Measurement of Air Pollution**

In April the lead peroxide instruments, which had been in continuous use since 1959, were discontinued. This was on account of the fact that the five volumetric and smoke filter instruments in daily use proved to be far more accurate and have superseded the lead peroxide instruments. Since October 1961 Slough has been one of a large number of towns throughout the country taking part in a National Survey of Air Pollution in conjunction with the Air Pollution Section of the Department of Scientific and Industrial Research using the above-mentioned volumetric and smoke filter instruments. These five instruments are set up at different stations within the Borough and are visited daily.

The other air pollution instruments consist of three deposit gauges stationed at different points in the Borough.

The results of these instruments are forwarded to the Department of Scientific and Industrial Research and are published later in their bulletins.

## **Industrial**

The main provisions of the Clean Air Act, 1956 regarding industrial smoke relate to the emission of dark smoke in

accordance with Regulations made under the Act. These Regulations lay down the maximum periods for which dark smoke is permitted to be emitted from industrial chimneys.

Section 10 of the Act allows local authorities to reject the plans submitted in accordance with Building Byelaws unless they are satisfied that the height of the proposed chimney is sufficient for the adequate disposal of smoke, grit, dust and gases so as not to be prejudicial to health or a nuisance.

A close liaison is maintained with the Borough Engineer's Department regarding plans submitted in relation to new chimneys.

#### **Prior Approval**

Under Section 3 of the Clean Air Act, 1956 notice must be given to the local authority where it is proposed to instal a new furnace and such new furnaces must be, so far as is practicable, smokeless in operation. Anyone installing a new furnace may apply for Prior Approval of the furnace before the installation is commenced. The proposal is examined by officers of this Department and if they are satisfied that the plant will operate smokelessly, Prior Approval is granted. Most firms take advantage of this scheme as it is a means of safeguarding their interests at no cost to themselves. During the year ten applications for Prior Approval were granted in respect of new furnaces within the Borough.

#### **Administration and Statistics**

A separate section of the Department exists for dealing with all matters connected with Clean Air. A public health inspector with additional qualifications who specialises in the work is in charge of this section and during the year a second Technical Assistant was appointed to assist in the carrying out of house-to-house investigations in connection with smoke control areas.

The work of the Department in relation to Clean Air is summarised as follows:-

Visits to domestic premises regarding smoke control	3,591
Visits to industrial premises	167
Visits re Prior Approval	11
Visits to smoke control areas in operation	722
Interviews re smoke control	814
Number of smoke observations (Industrial)	58
Number of complaints re smoke etc.	35
Visits in connection with the measurement of air pollution	1,028
Miscellaneous visits	2,316

The Chairman of the Health and Sanitation Committee and the Chief Public Health Inspector represent the Corporation on the National Society for Clean Air and the London and Home Counties Clean Air Advisory Council. The Society's Annual Conference at Eastbourne was attended by Alderman Mrs. M.J. Morgan and the Public Health Inspector specialising in Smoke Control.

TABLE NO. 10

BUILDINGS SITUATED WITHIN SMOKE CONTROL AREAS  
IN OPERATION AT DECEMBER 1965

SMOKE CONTROL ORDER NO.	HOUSES	CLASSES OF BUILDINGS		OTHER	TOTAL	AREA IN ACRES
		COMMERCIAL	INDUSTRIAL			
1	974	20	8	2	1,004	422
2	2,356	26	Nil	7	2,389	295
3	499	43	14	5	561	178
4	733	4	5	4	746	211
5	606	6	Nil	2	614	248
6	678	5	Nil	9	692	300
7	814	7	1	1	823	220
8	1,036	20	5	1	1,062	148
<b>GRAND TOTAL</b>	<b>7,696</b>	<b>131</b>	<b>33</b>	<b>31</b>	<b>7,891</b>	<b>2,022</b>

**SECTION E**

**OFFICES AND SHOPS**

This Section of the report is devoted to the Offices, Shops and Railway Premises Act, 1963 and the remaining provisions of the Shops Acts 1950 - 1965 as most of this legislation and Regulations made thereunder, forms a new and important part of the work of the Department.

**Offices, Shops and Railway Premises Act, 1963**

This Act provides for the safety, health and welfare of persons employed in shops, offices and railway premises, except those premises where only self-employed people work, where the employees are immediate relatives of the employer, or where the sum of hours worked by employees is less than twenty-one per week.



In most premises covered by the Act enforcement is by the Local Authority. H.M. Factory Inspectorate are the enforcing body for certain premises which are associated with factories, for premises owned or occupied by the Crown and those occupied by Local Authorities.

Fire provisions of the Act are enforced by the Fire Authority and in certain premises by the Factory Inspectorate or H.M. Inspector of Mines and Quarries.

Section 60 of the Act requires the Local Authority and Fire Authority to report annually to the Minister of Labour on their work under the Act and coded information is sent each quarter to the Ministry on reported accidents for the preparation of national statistics of accidents in premises covered by the Act.

#### **Registration of Premises**

Employers are required to notify the enforcing authority concerning the employment of persons in premises covered by the Act, on a prescribed form (OSR.1) which provides certain statistical details for the use of the authority, and a duplicate of this is sent to the Fire Authority. Some employers have defaulted in this requirement but this is being corrected during routine general inspections.

#### **Appointment of Inspectors**

Section 52 (1) of the Act requires each local authority to appoint inspectors to enforce its general provisions. The Borough Council allocated the administration of the Act to the Chief Public Health Inspector and as preliminary guidance from the Ministry of Labour indicated a concern that there should be effective arrangements in each area for the enforcement of the Offices, Shops and Railway Premises Act, 1963. Several requirements break fresh ground for Local Authority Inspectors and the Local Authority is directed by numerous Ministry instructions. It was decided that the most efficient method of administration would be obtained by a Public Health Inspector specializing in this work.

#### **Enforcement of the Act**

Certain general requirements of the Act have been defined in a more detailed manner by the Minister of Labour in the following Regulations and Orders:-

##### **The Washing Facilities**

Regulations, 1964                      operative 1st January, 1966

##### **The Sanitary Conveniences**

Regulations, 1964                      operative 1st January, 1966



*Ventilation (Section 7)*

Contraventions found 49

This matter also concerned mainly shop premises and often new premises where modern design omitted satisfactory means of ventilation. The security measures insisted upon by Insurers frequently result in fixed glazing at the rear of premises backed by steel reinforcement. Mechanical ventilation has been suggested in many such premises as satisfying both needs.

*Lighting (Section 8)*

Contraventions found 10

In sales areas of shops lighting was generally found good but fell in standard in the rear rooms, stockrooms, warehouses and passages. In offices standards varied and was often poor on stairways. The cleanliness of lighting equipment and the decorative condition of ceilings and walls was a contributory factor to poor lighting.

As previously stated it is expected that the Minister of Labour will make Regulations defining standards of lighting for all parts of premises covered by the Act.

*Sanitary Conveniences (Section 9)*

Contraventions found 51

The Sanitary Conveniences Regulations, 1964 made under this Section came into force on January 1st, 1966. These lay down standards for the number of conveniences required in relation to the number of persons employed. These standards have been brought to the notice of occupiers where conveniences were insufficient, but generally the contraventions concerned the conditions of existing facilities.

*Washing Facilities (Section 10)*

Contraventions found 55

The Washing Facilities Regulations, 1964 made under this Section also came into force on January 1st, 1966 and detail the type and number of facilities required. Absence of running hot or warm water was a principal contravention.

*Supply of Drinking Water (Section 11)*

Contraventions found 2

An adequate supply of drinking water and suitable drinking vessels must be provided at places conveniently accessible to all employees. The problems related to the suitability of drinking vessels.

*Accommodation for Clothing (Section 12)*

Contraventions found 25

Arrangements must be made for clothing not worn during working hours and for clothing left on the premises to be hung up or otherwise accommodated; such arrangements as are reasonably practicable must be made for drying the said clothes.

Smaller premises were the ones found lacking in this amenity.

*Sitting Facilities and Seats for Sedentary Workers (Sections 13 and 14)* Contraventions found 9

A sufficient number of seats must be provided for the use of employees, who must be permitted to use them when this does not interfere with their work.

Seats of such design, construction and dimensions as are suitable for the workers and where necessary a footrest must be provided for those whose work is of such a kind that most of it can, or must be, done sitting.

The need for suitable seats for sedentary work came as a surprise to some employers.

*Eating Facilities (Section 15)* Contravention found 1

This section refers to shops only, but there is no requirement to provide facilities unless employees do in fact eat meals on the premises. Many employees and, indeed, some employers are under the impression that the Act demands the provision of a staff room, but this is not so.

*Floors, Passages and Stairs (Section 16)* Contraventions found 39

Contraventions under this section included absence of, or insecure, handrails, insecure stairs, worn stair coverings, defective flooring and floor covering, obstructed stairs and unguarded trap-door openings. In a number of shops stairs to basements were hazardous.

*Dangerous Machinery (Sections 17, 18 and 19)* Contraventions found 17

These sections deal with the fencing of exposed parts of machinery, the protection of young persons from dangerous machines and their training for work at such machines.

The majority of this Act is an extension of public health legislation, but these sections dealing with safety in relation to machinery break new ground.

Differences of opinion between the Ministry and the manufacturers of food slicing machines over suitable guards presented some difficulty, but this matter has now been resolved with the principal manufacturers who are now producing satisfactory guards.

*Prohibition of Heavy Work (Section 23)* - No Contraventions

The Act states that no person shall, in the course of his work in premises to which the Act applies, be required to lift, carry or move a load so heavy as to be likely to cause injury to

him and it applies also to contractor's men or to delivery men who may have to work on the premises.

The Ministry of Labour have prepared an advisory booklet on this subject entitled 'Lifting and Carrying' (Safety, Health and Welfare Booklet, New Series No. 1) obtainable from H.M. Stationery Office.

#### First Aid (Section 24)

Contraventions found 20

The Act requires that a readily accessible first aid box must be provided containing minimum contents as set out in the Offices, Shops and Railway Premises First Aid Order, 1964 according to the number employed and the type of work carried on. The contraventions were failure to supply a first aid box or contents below the minimum prescribed.

#### Accidents

Section 48 of the Act requires employers to notify the enforcing authority (on prescribed form OSR.2) of any accident in premises within the Act which causes the death of an employee, or disables an employee from doing his usual work for more than three days.

Statistical information on all reported accidents is required by the Ministry each quarter, and these details are set out in tables Nos. 13 and 14.

No fatal accidents were reported during the year.

TABLE NO. 11

CLASS OF PREMISES	NUMBER REGISTERED
Offices	275
Retail Shops	517
Wholesale Shops, Warehouses	20
Catering Establishments open to the public, Canteens	70
Fuel Storage Depots	1
Total number of registered premises at end of year	883
Number of visits to registered premises	387
Number of registered premises - receiving a general inspection	189

TABLE NO. 12

PERSONS EMPLOYED BY WORKPLACE CLASS OF WORKPLACE	NUMBER OF PERSONS
Offices	3,514
Retail Shops	3,917
Wholesale Departments, Warehouses	503
Catering Establishments open to the public	637
Canteens	61
Fuel Storage Depots	7
Total	8,639
Total Males	3,617
Total Females	5,022

TABLE NO. 13

REPORTED ACCIDENTS ANALYSED BY WORKPLACE AND SEX - ADULTS AND YOUNG PERSONS					
CLASS OF WORKPLACE	ADULTS (18 and over)		YOUNG PERSONS (under 18)		TOTAL
	MALES	FEMALES	MALES	FEMALES	
Offices			1		1
Retail Shops	9	15	2	4	30
Wholesale Departments, Warehouses	1				1
Catering Establishments open to Public	1	1			2
Canteens		1			1
Fuel Storage Depots					
TOTAL	11	17	2	5	35

TABLE NO. 14

REPORTED ACCIDENTS ANALYSED BY PRIMARY CAUSE AND SEX - ADULTS AND YOUNG PERSONS					
PRIMARY CAUSE	ADULTS (18 and over)		YOUNG PERSONS (under 18)		TOTAL
	MALES	FEMALES	MALES	FEMALES	
Non-power-driven machinery or relevant part in motion			1		1
Power-driven machinery or relevant part in motion	1			1	2
Vehicle in motion not moved by power		2			2
Fire and explosion	1				1
Hand Tools	4			1	5
Falls on or from fixed stairs		2		3	5
Falls from one level to another	1				1
Falls on the same level	2	6	1		9
Stepping on or striking against object or person		4			4
Handling goods	2	1			3
Not otherwise specified		2			2
TOTAL	11	17	2	5	35

## **Shops Acts, 1950-1965, Young Persons (Employment) Acts, 1938-1964**

Provisions as to health, safety and welfare of employees, previously contained in the Shops Act, 1950, have been repealed by, and are re-enacted in, the Offices, Shops and Railway Premises Act, 1963, in a strengthened form and inspections of shops under this Act incorporates the remaining provisions as to hours of closing, conditions of employment as to half holidays and meal times and the employment of young persons. There were a few complaints during the year concerning hours of employment and meal times, but investigation showed that the employers concerned were within the law. During the year 85 visits were made with regard to hours of closing.

The Shops (Early Closing Days) Act, 1965, which operated in the Borough from November, 1965, provides for a shop's early closing day to be selected by its occupier and removes the local authorities power to fix an early closing day. There are restrictions as to the frequency with which this day may be changed and a provision requiring a notice to be exhibited, visible to customers at the shop's entrance, indicating the early closing day. The requirement to observe an early closing day for certain classes of trades remains but the occupier has the freedom to choose which day this shall be.

The Shops Act, 1950, controls the employment of young persons who are shop assistants, the Young Persons (Employment) Act, 1938, regulates the hours of employment of persons under the age of eighteen years employed in certain non-industrial occupations and the Young Persons (Employment) Act, 1964, prohibits the employment of young persons under eighteen years of age between the hours of 10.00 p.m. and 6.00 a.m. at certain premises where intoxicating liquor is sold. It also increases the penalties for breaches of the main Act.

Contraventions detected during inspection have mainly consisted of failure to exhibit or complete certain specified notices and this has been dealt with by informal action.

It was necessary to issue verbal or written warning to certain traders in the Borough concerning the restrictions imposed on Sunday trading and these traders are being kept under observation. During the year some 26 visits were made for this purpose.

These are suggested provisions for amending the Shops Act, 1950, contained in the white paper 'Retain Trading Hours', which are at present under review and discussion by interested parties. It is anticipated that a number of revisions in the law will stem from this review which will provide greater flexibility in retail trading arrangements.



## Six-Day Trading

A referendum, conducted on behalf of traders in the central shopping area of the Borough, seeking exemption from the requirement to observe an early closing day was submitted to the Town Clerk in the latter part of 1965. Various meetings were held and investigations made on this subject and the matter was reported to the Health and Sanitation Committee in 1966.

## SECTION F FACTORIES AND WORKPLACES

At the end of 1965 the number of factories entered into the Corporations register of factories totalled 678. These factories manufacture a great diversity of products, using many processes and trades and they vary greatly in size and in the number of persons employed. Over half the factories are within the Slough Trading Estate.

The great majority of the factories are those in which mechanical power is used. In these premises the Council's duties under the Factories Act, 1961, are confined to the sufficiency and suitability of sanitary accommodation, its arrangement and maintenance. All other matters come under the control of H.M. Factory Inspector with whom the department has a close liaison. The requirements in respect of means of escape in case of fire are dealt with by the County Fire Department.

The remaining 33 factories are non-power factories where the Council is responsible for enforcing the provisions of the Factories Act relating to cleanliness, overcrowding, temperature, ventilation and sanitary accommodation.

Tables 15 and 16 give the statistical information required by the Ministry of Labour and National Service.

Some 524 inspections of factories were made during 1965 and where infringements of the Factories Act and Sanitary Accommodation Regulations were found the persons concerned were notified in order that the necessary work could be carried out to fulfil the requirements of the Act or Regulation.

Inspections of Factories where food is handled or processed were carried out under the Food and Drugs Act and Food Hygiene Regulations and I am pleased to report that a satisfactory standard exists in these premises.

Plans deposited with the Borough Engineer for Planning and Building Regulations approval are examined by officers of the Department in order to check upon and to consider proposals concerning the various aspects of the Department's activities.

Investigations are carried out with regard to public health and noise nuisances. Boiler houses and plants are inspected under the Clean Air Act, 1956. I am pleased to report that the co-operation and care exercised by factory managements generally enable them to fulfil their obligations under the Acts and Regulations administered by the Department.

TABLE NO. 15

INSPECTION OF FACTORIES

PREMISES	NUMBER ON REGISTER	NUMBER OF		
		INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
1 Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authority	33	21	-	-
2 Factories not included in 1 in which Section 7 is enforced by the Local Authority	637	497	3	-
3 Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	8	6	5	-
<b>TOTAL</b>	<b>678</b>	<b>524</b>	<b>8</b>	<b>-</b>

TABLE NO. 16

IMPROVEMENTS EFFECTED AT FACTORIES					
PARTICULARS	NUMBER OF CASES IN WHICH DEFECTS WERE FOUND				NO. OF CASES IN WHICH PROSECUTIONS WERE INSTITUTED
	FOUND	REMEDIED	REFERRED		
			TO H.M. INSPECTOR	BY H.M. INSPECTOR	
Want of cleanliness (S. 1)	-	1	-	-	-
Overcrowding (S. 2)	-	-	-	-	-
Unreasonable temperature (S. 3)	-	-	-	-	-
Inadequate ventilation (S. 4)	-	-	-	-	-
Ineffective drainage of floors (S. 6)	-	-	-	-	-
Sanitary conveniences (S. 7)	-	-	-	-	-
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	5	2	-	1	-
(c) not separate for sexes	3	3	-	3	-
Other offences against Act (not including offences relating to Outworkers)	-	-	-	-	-
<b>TOTAL</b>	<b>8</b>	<b>6</b>	<b>-</b>	<b>4</b>	<b>-</b>

**Outworkers**

Those firms which employ persons to carry out work outside their factory premises are required by the Factories Act, 1961 to notify to the local authority twice yearly, in February and August, the names and addresses of all such persons or 'outworkers'.

The premises where this work, usually of garment manufacture, is carried out, invariably dwelling houses, are inspected by your officers for the purpose of ensuring that working conditions are satisfactory.

Twenty-seven premises in the Borough were notified during 1965, all were found to be satisfactory.

### **Drinking Water**

One certificate of approval of drinking water supply was granted in pursuance of Section 57 of the Factories Act, 1961, in respect of a factory with a deep well supply.

### **Workplaces**

Premises which are neither factories nor shops are grouped under the heading of workplaces.

Mainly they are one-man workshops and they are inspected to ensure that satisfactory standards of sanitary accommodation, ventilation, cleanliness and overcrowding required by Sections 46 and 92 of the Public Health Act, 1936, are observed. Numerous visits were made during the year.

### **Places of Entertainment**

Visits of inspection were made during the year to several places of entertainment. Conditions were found to be satisfactory.

## **SECTION G**

### **PEST INFESTATION CONTROL**

#### **Pest Control, Disinfection, etc.**

Pest control is essentially a basic necessity in environmental health and it cannot be overstressed that occupiers of premises should practise the basic principles of hygiene, (e.g.) proper disposal of waste food, removal of refuse and lumber which attract rodents. Again, such occupiers should report immediately any infestation which they discover so that action can be taken without delay.

Physical defects in property, particularly where food is concerned, are closely associated with pest infestation. It is therefore obvious that there must be a very close liaison between the pest control officer and the District Public Health Inspectors.

During the last twenty years there have been quite impressive advances in the way of research and improved techniques with regard to pest control. Despite all this, the cost of the country as a whole in terms of property damaged, food spoiled and possibly disease is estimated in millions of pounds per year.

Under the Prevention of Damage by Pests Act, 1949, the Slough Borough Council is charged with the carrying out of pest infestation control. This is organised as a section of the Department. It is well equipped for the purpose and in charge is

the Pest Control Officer, who is responsible to me for supervising the whole of this work in which four manual workers are engaged.

### **Rodent Control**

The destruction of rats and mice comprises the bulk of the work of this section.

The rodent control service is provided free to domestic premises but a charge is made for work done on all business premises, some of which are serviced by annual agreement.

Pests other than rats and mice are dealt with as occasion arises on a chargeable basis.

The Government is continually being advised by a Committee which has been set up to investigate the use of poisonous substances, to determine the toxicological significance of the use of pesticides in relation to animal and plant tissues and generally to study the behaviour of pests. It has been said that while there is no great cause for alarm regarding the use of pesticides there is no room for complacency.

During 1965 the District Public Health Inspectors and the Pest Control Officer investigated 1,020 infestations which were subsequently treated.

The Pest Control Officer made 2,296 visits to premises in connection with surveys, giving advice to owners and occupiers about rat and mouse proofing of business premises and private houses and supervising the work of the rodent operators.

There were 583 notifications of rat infestations and 218 notifications of mouse infestation.

Table No. 17 gives a summary of the rodent operators' work during 1965.

### **Annual Agreement Scheme**

This scheme, which has become popular over the years, continues to be successful in the regular servicing of industrial and business premises in order that they shall remain free from infestation. Every effort is made to encourage industrial and commercial concerns to participate in the scheme.

During 1965, 175 premises were serviced under the Council's scheme and the total income of these agreements amounted to £1,507. The scheme has continued to operate on a self-supporting basis and charges are made according to the size and type of premises.

## Workable Area Committee

This committee, known as the South Bucks and East Berks Workable Area Committee is made up of members and officers of the local authorities in the area and it meets twice per year.

These meetings provide a common ground for discussion and exchange of information on topics which continually arise in this sphere. Your Chairman and I are representatives of the Borough Council.

In addition to discussions on various subjects, one learns quite a lot from demonstrations of new equipment and films associated with the behaviour of pests.

## Sewers

Periodically, test baiting and treatment for rats in sewers is carried out by the staff. This work is recommended by the Ministry of Agriculture, Fisheries and Food. Rodent Control of sewers is very important because of the direct link with premises. The town's sewers were however found to be only slightly infested.

## Other Pests

In connection with pests other than rodents, complaints were received and treatment carried out as follows:-

wasps	...	134
flies	...	25
beetles	...	12
other pests	...	71

## Disinfestation and Disinfection

Bedding and other articles were disinfected and disinfested during the year, either by steam or by chemical fumigants or insecticides. In addition, several premises associated with infestation of vermin, or otherwise infected, were treated by the personnel under the supervision of the Pest Control Officer.

TABLE NO. 17

Rodent Infestation Control (Rodent Operators)							
	PRIVATE DWELLINGS	BUSINESS PREMISES		REFUSE DESTRUCTOR TIPS DUMPS ETC.	PARKS HEDGES DITCHES ETC.	OTHER COUNCIL PROPERTIES	TOTAL
		ANNUAL AGREEMENT SCHEME	SHORT TERM ACTION				
1. Investigations made ... ..	2,412	1,297	234	60	386	871	5,260
2. Treatments carried out by the Corporation ... ..	1,581	752	242	60	137	72	2,844
3. Poison baits laid ... ..	6,347	849	1,537	851	1,555	1,089	12,228
4. Poison baits taken ... ..	2,713	304	629	346	731	422	5,145
5. No. of visits made ... ..	5,418	2,291	514	158	508	750	9,639

## SECTION II

### MISCELLANEOUS

#### Water Supply

In 1965 some 61 visits were made in connection with water supplies and swimming bath waters and the following samples were procured:-

#### *Domestic Water Supplies*

Wells	4
-------	---

#### *Swimming Bath Waters*

Slough Lido	19
Slough Community Centre	29
Council Schools	5
Private Schools	4

The results of all these samples proved to be satisfactory.

#### Noise

Although it would appear that the Noise Abatement Act of 1960 has not contributed very much to the overall reduction of noise there has been a change of attitude generally towards the noise problem. It is thought that until the law fixes noise levels the Act will not be very effective. Although no new legislation has reached the Statute Book a good deal of research is in progress.

Aircraft noise is still to many people a prime cause of disturbance in Slough, yet this type of noise is specifically outside the terms of the Noise Abatement Act, 1960. On some occasions when aircraft seem particularly low on take off and windows are prone to rattle the wording of the Act acquires a degree of significance to residents in the eastern end of the town that it does not normally have. 'Nothing in this section shall apply to noise or vibration caused by aircraft.' On such occasions the ice cream vendor almost pales into significance with his chimes which must not be operated outside the hours of noon to seven o'clock the same evening.

Statements have been made from time to time implying that the only way to bring about relief to the many sufferers in the vicinity of London Airport would be to move the airport. During the year however a scheme was mooted whereby the British Airports Authority would be required to pay grants towards the insulation against aircraft noise of dwellings in the vicinity of London Airport. The various local authorities, of which Slough Borough Council is one, would act as agents for the Authority in dealing with applications for payments of grant under the scheme.



Meetings were held and discussions took place between the officers of the various local authorities, Ministry of Aviation, British Airports Authority and the Building Research Station. At these meetings the many technical and administrative intricacies were explored and it is hoped that the result of the new scheme will be worthwhile.

No short term solution to traffic noise nuisance is yet in sight, so that we seem to be faced with the prospect of having to continue suffering from the staccato bursts from motor cycle exhausts and also from a number of none too silent car exhausts. Putting distance between the traffic and the public offers a certain amount of relief, it being possible to derive some small consolation when looking southwards at the steady stream of vehicles roaring along Motorway 4 and remembering that it is not so very long ago that the same steady stream was forced to roar, perhaps not so fast but just as noisily, along Slough High Street.

Several complaints covering noise were received during 1965 and some 23 visits of investigation were made.

#### **Hairdressers**

At the end of the year there were 72 premises registered for the carrying on of the business of hairdresser and/or barber under Section 82 of the Buckinghamshire County Council Act, 1957.

All these premises were subjected to routine inspection by the District Public Health Inspectors during the year. Particular attention was paid to the cleanliness of premises, instruments, towels, materials and equipment and to the cleanliness of persons employed on the premises.

#### **Offensive Trades**

Two rag and bone dealers and a fat melter are now the only offensive trades scheduled under the Public Health Act, 1936, which operate within the Borough.

In 1965 the Council granted the necessary consent in each case.

#### **House Drainage**

Eighty-nine complaints were received during 1965 concerning choked or defective drainage and sanitary fittings. The District Inspectors made some 646 visits for the purpose of investigation, testing and supervision of remedial works. At one premise drainage systems were re-constructed and other sanitary improvements were effected at 43 premises. Further progress was made with the abolition of cesspools during the year.

## **Storage of Petroleum**

As required by the Petroleum (Regulation) Acts, 1928 and 1936, the storage of petroleum spirit and mixture is subject to license by the Local authority which may attach such conditions as it thinks fit. These conditions have become standardised, and with certain slight variations to suit local circumstances, follow codes of practice which are advised by the Home Office. Petroleum and its associated products are only part of the total amount of inflammable materials which are widely stored and used in industry. The rest are not petroleum products and are not subject to any control by the local authority.

In a town the size and character of Slough, constant supervision and inspection by the technical officers are necessary to ensure that the conditions attached to licences are being observed and because of the potential fire risks vigorous enforcement of the requirements of the Act is sufficient.

Close liaison exists between this Department and officers of the Buckinghamshire Fire Service on problems which arise from time to time. The Southern Electricity Board examine periodically, on behalf of the Council, every installation to see that all electrical equipment associated with petrol pumps is in good condition, as well as new installations during the course of the year.

Within the Borough at the end of 1965, 182 premises were licensed for the storage of 768,085 gallons of petroleum spirit and petroleum mixtures and one premise for the storage of 120 lbs. of carbide calcium.

During 1965, 483 visits of inspection were made in connection with the storage of petroleum.

## **Hackney Carriages**

The legislation under which the Borough Council exercises its control of hackney carriages is the Town Police Clauses Act, 1847, together with byelaws made thereunder.

In 1965 the Council again decided that 35 Hackney carriages were adequate in meeting the needs of the district. In 1962 the number was increased from 30 to 35. With effect from 1st December, 1965, 35 licences were issued for the period ending 30th November, 1966.

Before a licence is granted each vehicle is subjected to a detailed examination and certified as being roadworthy by the Consulting Engineers who are appointed and paid by the Corporation. This ensures that licences are granted only in respect of vehicles which are mechanically fit and safe for public service.

As a measure of control designed to safeguard the public, each driver must satisfy the Council as to his medical fitness to drive a hackney carriage. This examination becomes more frequent after a driver reaches the age of 50 years. Licences were granted in respect of 41 hackney carriage drivers.

During the year four vehicles changed ownership; one proprietor owns two licensed vehicles and 33 proprietors each own one licensed vehicle.

Two hundred and three visits were made during 1965 in connection with hackney carriage licensing. These visits were in respect of the examination of vehicles on the rank, and at the Corporation's Highway Depot; cleanliness, resealing of meters, and checking on the observance of byelaws generally.

No complaints were received from members of the public during the year.

#### **Heating Appliances (Fireguards) Regulations, 1953**

These Regulations are one aspect of consumer protection administered by the Department and designed to ensure that heating appliances are properly guarded, several tests being prescribed to establish this fact. New heaters have not been found lacking but over the years several second-hand dealers have been discovered offering for sale old fashioned electric or gas fires without proper guards. This legislation was aimed at stopping the supply of unguarded heating appliances and has been quite effective but unfortunately it is known that there are still large numbers of heaters inadequately guarded of very ancient vintage which cause many avoidable accidents.

#### **Licensing of Game Dealers**

Nine licences were granted by the corporation authorising dealers to buy and sell game.

#### **Registries for Female Domestic Servants**

Although there are six Female Domestic Servants' agencies registered in the Borough, registration is a token only and the amount of business carried out in domestic servants registration is apparently negligible, apart from a certain increase in the number of au pair girls who come into domestic service from Continental countries.

#### **Registration of Dealers in Old Metal**

Five premises remained on the register as in previous years, this registration being mainly for the purpose of facilitating inspections by the police.

The administration of the last six items in this section of my report will pass to the Borough Council's Weights and Measures Service as from the end of 1965 and accordingly will in future form part of the Report of the Chief Inspector of Weights and Measures.

ALDERMAN P. LIGHTFOOT

ALDERMAN N.M. KENNEL  
ALDERMAN MRS. N.J. MORGAN  
ALDERMAN A.V.J. PREEZY  
COUNCILLOR E.P. EVERETT  
COUNCILLOR A. HACKETT  
COUNCILLOR E. LEWIS  
COUNCILLOR MRS. J. MACKAY  
COUNCILLOR G.H. GIBB  
COUNCILLOR C.A. PUGH  
COUNCILLOR I.S.M. HEN  
COUNCILLOR J. HIGHT  
COUNCILLOR P.T. SMART  
COUNCILLOR W.R. VARD  
COUNCILLOR L.S. WILLIAMS

MR. E.C. ARBUTT  
MR. V.E. MERRILLS  
MR. D.D.L. DEVEREAUX  
MR. G. RAY  
MR. J. G. HUNTER  
MR. P.W. SPOLTON

Borough Education Officer  
C.R. SMITH

Staff engaged in medical inspections during 1965

Divisional School Medical Officer  
L.E.P. P.R.H.  
Assistant School Medical Officer  
JOHN GRAY, M.B., Ch.B., D.P.H.  
MRS. B.B. D.P.H.  
ANNE WYATT, M.B.B.S., M.R.C.P.  
D.P.H.  
BARBARA V. GIBSON, M.B.B.S.  
M.B.B.S., F.R.C.P.  
D.P.H.  
D.E.V. TAIT, M.B.B.S., M.B.S., F.R.C.P., D.O.M.S., F.C.P.S.  
D.P.H.

## COMMITTEE FOR EDUCATION 1965

### *Chairman*

ALDERMAN MRS. W.M. WATSON

### *Vice-Chairman*

ALDERMAN P. LIGHTFOOT

ALDERMAN N.M. ESCHLE

ALDERMAN MRS. M.J. MORGAN

ALDERMAN A.W.J. PUSEY

COUNCILLOR R.F. EVERETT

COUNCILLOR A. HACKER

COUNCILLOR E. LEWIS

COUNCILLOR MRS. J. MACFARLANE

COUNCILLOR G.H. ODDS

COUNCILLOR C.A. PENN

COUNCILLOR I.S.M. REA

COUNCILLOR J. RIGBY

COUNCILLOR P.T. SMART

COUNCILLOR W.R. WARD

COUNCILLOR L.S. WILLIS

### *County Council*

MR. R.C. ABBOTT

MRS. V.E. MERRILLS

MRS. M. SOLOMON

MR. R. TAYLOR

### *Co-opted Members*

MR. G. BATE

REV. CANON E. PERKINS

MR. A.S. HUMPHERYES

MR. F.W. SPOLTON

### *Borough Education Officer*

C.S. SMYTH, B.A.

### *Staff Engaged in Medical Inspections during 1965*

Divisional School Medical  
Officer:

MACDONALD A. CHARRETT, M.R.C.S.,  
L.R.C.P., D.P.H., F.R.S.H.

Assistant School Medical  
Officers:

JOAN GRAY, M.B., Ch.B., D.P.H.  
ANNE M. DIXON, M.B., B.S., D.P.H.  
AUDREY MYANT, M.B.B.S., M.R.C.P.,  
D.P.H.  
BARBARA V. GIBSON, M.B.B.S.,  
M.R.C.S., L.R.C.P.

### *Ophthalmic Surgeon*

C.B.V. TAIT, M.B.B.S., M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.S.

(Part-time service made available by arrangement with the  
North West Metropolitan Regional Hospital Board)

*Child Guidance Clinic and Crisis Consultation Service*

*Psychiatrist*

MILDRED I. POTT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

(Part-time services made available by arrangement with the  
North West Metropolitan Regional Hospital Board)

*Educational Psychologists*

MISS J.M. FREEMAN, B.A.

MRS. E. THORNE, B.A.

*Psychotherapist*

MRS. I. WELLIN

*Psychiatric Social Worker* - 1 (part-time)

*Social Workers* - 2 (part-time)

*School Dental Surgeons*

Orthodontist:

MISS A.M. BLANDFORD, L.D.S., D. Orth.

Dental Officers:

MR. C. HOWARD, B.D.S., L.D.S.

MRS. M.E.J. BARKER, L.D.S.

DR. E. DEUTSCH, M.D. (Vienna) (part-time)

MRS. B.A. MAUDSLEY, B.D.S., L.D.S.

(part-time)

MRS. D. LEVY, L.D.S. (part-time)

*Speech Therapists*

MISS J. FEREDAY (appointed 1.4.65)

MRS. R.B. SWALLOW

MISS P. BELCHAM

*Remedial Gymnast*

MISS J. GARSCADDEN

*Nursing Staff*

MISS M.F. WELLER, Area Superintendent Health Visitor

*Health Visitors* - 6

*School Health Assistants* - 4

# ANNUAL REPORT

OF

## THE SCHOOL HEALTH SERVICE, 1965

This is the third report of the work of the school health service since the Borough Council began to act as an Excepted District under the Education Act, 1944, in May, 1962

### *Number of Children on School Roll*

	January 1963	January 1964	January 1965
Nursery Schools . . . . .	450	480	500
Primary Schools - Infant and Junior	7,717	7,829	7,983
Secondary Schools - Modern . . . . .	4,320	4,423	4,428
- Technical . . . . .	788	763	)
- Grammar and High	1,723	1,745	) 2,440
Special Day School . . . . .	135	153	156
	15,133	15,393	15,507

The following tables indicate the work carried out by the School Health Service.

As there has been a change in the presentation this year the figures are not comparable with those found in previous years.

MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS - 1965

TABLE NO. 1

PUPILS REQUIRING TREATMENT (excluding Dental Diseases and Infestation with vermin)				
Age Groups Inspected (by Year of Birth) (1)	No. of Pupils Inspected (2)	For Defective Vision (excluding Squint) (3)	For any other Condition as Recorded in Table No. 2 (4)	Total Individual Pupils (5)
1961 and later	12	1	4	5
1960	1,129	13	99	111
1959	196	16	8	24
1958	56	-	-	-
1957	46	-	-	-
1956	37	1	-	1
1955	124	9	6	15
1954	979	41	61	99
1953	175	26	8	34
1952	33	-	2	2
1951	498	23	24	47
1950 and earlier	1,260	23	48	69
TOTAL	4,545	153	260	407

INFESTATION WITH VERMIN

**Notes:** All cases of infestation, however slight, are included in this table.

The numbers recorded at (b) relate to individual pupils, and not to instances of infestation.

- |  |        |
|--|--------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... .. | 24,975 |
| (b) Total number of individual pupils found to be infested ... ..  | 199    |

Of the 199 children found to be infested 99 have been noted for the first time.



T A B L E N O. 2

DEFECTS FOUND BY MEDICAL INSPECTIONS PERIODIC INSPECTIONS									
This table includes individual pupils requiring treatment (T) or observation (O) even though many are already under treatment or observation as a result of previous medical examinations.									
DEFECT CODE NO.  (1)	DEFECT OR DISEASE  (2)	P E R I O D I C I N S P E C T I O N S							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4.	Skin	10	7	8	1	10	9	28	17
5.	Eyes -								
	(a) Vision	24	33	44	19	78	44	146	96
	(b) Squint	4	10	-	-	4	-	8	10
	(c) Other	2	-	2	1	3	4	7	5
6.	Ears -								
	(a) Hearing	28	23	6	11	9	12	43	46
	(b) Otitis Media	1	2	-	1	1	1	2	4
	(c) Other	2	2	1	1	1	-	4	3
7.	Nose and Throat	31	73	3	5	6	19	40	97
8.	Speech	7	39	-	-	3	9	10	48
9.	Lymphatic Glands	-	2	-	-	1	-	1	2
10.	Heart	8	28	-	4	2	12	10	44
11.	Lungs	6	24	3	4	1	14	10	42
12.	Developmental -								
	(a) Hernia	-	-	-	1	-	-	-	1
	(b) Other	4	12	-	1	2	11	6	24
13.	Orthopaedic -								
	(a) Posture	10	12	9	3	15	8	34	23
	(b) Feet	25	38	15	19	27	28	67	85
	(c) Other	3	14	4	9	4	12	11	35
14.	Nervous System								
	(a) Epilepsy	-	-	-	-	1	-	1	-
	(b) Other	1	1	2	-	1	3	4	4
15.	Psychological -								
	(a) Development	5	40	-	-	7	8	12	48
	(b) Stability	6	13	2	-	1	7	9	20
16.	Abdomen	-	-	-	-	1	-	1	-
17.	Other -								
	Obesity	-	2	-	18	4	19	4	39
	Malnutrition	1	5	-	4	-	-	1	9
	General	-	1	-	-	-	-	-	1
	Diabetes	-	1	1	-	-	-	1	1
	Anorexia	-	-	-	1	-	-	-	1
	Amennorrhoea	-	-	-	8	-	-	-	8
	Debility	-	-	-	-	2	-	2	-

T A B L E N O . 3

SPECIAL INSPECTIONS			
Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4.	Skin	12	24
5.	Eyes -		
	(a) Vision	103	85
	(b) Squint	14	18
	(c) Other	3	4
6.	Ears -		
	(a) Hearing	88	117
	(b) Otitis Media	6	-
	(c) Other	1	1
7.	Nose and Throat	52	81
8.	Speech	55	78
9.	Lymphatic Glands	-	4
10.	Heart	6	57
11.	Lungs	38	50
12.	Developmental		
	(a) Hernia	-	4
	(b) Other	10	52
13.	Orthopaedic -		
	(a) Posture	43	38
	(b) Feet	82	71
	(c) Other	27	30
14.	Nervous System -		
	(a) Epilepsy	1	9
	(b) Other	-	20
15.	Psychological -		
	(a) Development	59	74
	(b) Stability	16	46
16.	Abdomen	-	10
17.	Other -		
	(a) Malnutrition	-	16
	(b) Obesity	5	47
	(c) Threadworm	1	-
	(d) Kidney	-	2
	(e) Diabetes	2	2
	(f) Diarrhoea	-	1
	(g) Migraine	-	1
	(h) Anaemia	1	-
	(i) Growth	-	1
	(j) Constipation	-	1
	(k) Hemiplegia	-	1
	(l) Amenorrhoea	-	1

## REPORT OF THE REMEDIAL GYMNAST

Although the number of children under treatment remained high, there was some reduction in the total of new cases referred. This was mainly accounted for by a further decrease in the number of children referred for postural defects.

The average weekly roll is 260 and, as in previous years, many of the classes are still too large and varied for efficient treatment.

Eighty-two parents accepted an invitation to attend an early session of their child's treatment. This number represents approximately 58% of new cases referred and parents attending mostly had children in the Infant and Junior Schools.

Head Teachers and Staff have continued to give their help and support; in fact, without such co-operation, it would be impossible to compile a workable time-table for treatment.

	1963	1964	1965
No. of schools in which treatment was carried out	35	35	34
Total number of new cases referred	190	212	141
Total number of children who received treatment	427	445	405
Children who have left school or district and those discharged from treatment	190	184	163
<b>Summary of Cases Treated</b>			
a) For foot and knee defects	197	245	246
b) For postural defects	134	125	88
c) For asthma and chest conditions	81	69	65
d) For neurological conditions	15	6	6

In addition another 25 were treated at the Slough High School for girls and the Slough Technical High School whose staff continued to give treatment to their own pupils.

## SPEECH THERAPY

### Statistics

No. on waiting list 1.1.65	7
No. on waiting list 31.12.65	0
Cases being treated 31.12.65	132
Cases discharged during 1965	46
Cases treated during 1965	178
Cases referred during 1965	59
Total attendances for 1965	3,491

Clinics were held in 12 centres and schools, including the school for Educationally Subnormal children and the Unit for Cerebral Palsied Children. In addition to this, visits were made to homes and to the Junior Training Centre. A few children were persistent non-attenders but the majority received treatment according to schedule.

The very experienced American speech therapist we were fortunate enough to have last year returned home but a full complement of speech therapists was on the staff during the year and one with considerable experience showed great interest in the Spastic Centre where she rendered great assistance. The value of a full staff is also shown by the fact that there is now no waiting list.

The contact between school teachers and speech therapists has been good and as the schools gradually learn the value of the treatment which can be given to children with speech which is difficult to understand, so, I am sure, will the initiative come more readily and frequently from them.

Students from the West End Hospital Training School have continued to attend local clinics.

## EYE CLINIC

Eye clinics which are held at Burlington Road Health Centre and shared with the Eton Division continued to deal with pupils found at routine or other medical inspections to have, or to be suspected of, defective vision or other eye defects.

The North-West Metropolitan Regional Hospital Board supplies the ophthalmic surgeon and the optician, while the local authority provides the premises and the administrative arrangements necessary.

The number of pupils seen during the year was as follows:-

For errors of refraction, including squint 827

For other defects 7

Spectacles were prescribed for 244 pupils

#### PARTIALLY HEARING UNIT

1965 was a successful year for the Unit. Schools are now aware of the services available for children who suffer from hearing defects. Heads of schools have shown a sympathetic interest and are always ready to act upon any advice or suggestion which may help the children and their teachers to overcome the many difficulties experienced by deaf and partially hearing children.

Children who have been issued with hearing aids are given suitable positions in classes (not always in the front as this tends to make them more conspicuous). Where hearing aids have been prescribed the children have been instructed in its use and, where necessary, a course of auditory and speech training has been arranged.

A happy relationship has been established with the Audiology Unit of the Royal Berkshire Hospital and the local hospitals. In particular the Hearing Aid Department, which gives us priority in hearing aid issue and service of an unlimited supply of spares, the Records Department and the Appointments Offices. To these people we are very grateful.

Visits to schools in Slough during the year	125
Number of children seen	93
Pre-school children (5 visited at home in first instance)	6
Children received or receiving auditory training (excluding pre-school children)	14
New hearing aids issued	11
Children with hearing losses over 30 db	
Juniors under 11	28
Seniors over 11	23
Children attending Partially Hearing Unit	8
Children transferred to Special Schools for Deaf	1
Children transferred from other schools to the	
Lea Junior School for attendance at P.H.U.	3
No. of children now using hearing aids	38
Children considered sufficiently adjusted to return to full-time ordinary school	1
Children offered place in P.H.U. and declined or objected to by parents	Nil
Number of children in schools and under periodic review	83
Children moved out of area	1

## CEREBRAL PALSY UNIT, SLOUGH

Nineteen children were attending the Centre at the end of 1965 and of these seven were under the age of 5 years. Ten of the children received full-time education, four were given educational sessions according to their needs and the remainder received care and training in the Nursery or Care Section.

Contacts with Nursery, Primary and Special Schools in the vicinity have continued with great benefit and I am grateful to the Head Teachers for their co-operation and for the way in which they have received the children into their schools. The benefits which handicapped children receive from contact and from mixing with normal children can be very great.

The centre was fortunate in having a full-time physiotherapist throughout the year and he gave individual treatment to 17 children; in addition 6 received regular group treatment and 6 others were treated on an out-patient basis. Training aids of all types have been provided as necessary either by the hospital service or by a locally employed craftsman.

The services of an experienced speech therapist have continued to be of the utmost value and her interest in deafness has been very fortunate; the speech of cerebral palsied children may be affected not only by difficulty in moving the muscles required for speech but also by defective hearing which may be extremely hard to detect in the presence of multiple physical handicaps.

Another additional activity commenced during 1965 was horse-riding. This was very kindly provided by the Bucks and Berks Branch of the Association for Riding for the Disabled. Five children attended weekly.

Regular visits by Dr. J. Rubie, the Consultant Paediatrician, continued throughout the year; apart from dealing purely with children attending the Centre, out-patient facilities are provided for all cerebral-palsied children from the area. Not only have Dr. Rubie's visits been most useful in this speciality but contacts between Local Authority and Hospital doctors is most valuable and the benefits extend far beyond this narrow sphere.

Although the number of children attending the Centre is the same as it was at the end of 1964, the Centre has now begun to have a 'turnover'. During the year, two children left the district, two were placed in special residential schools and one child with cerebral degeneration is in hospital.

The children are, of course, growing older and the question of their care beyond the Primary School age is becoming urgent. Some of the children will require places in special residential schools and some will be integrated into local normal schools but there will remain a considerable number, mainly in the E.S.N. group, who will need special education in sheltered surroundings

but who could continue to be cared for at home. At the present time there appears to be no prospect for them when they reach Secondary School age either in Local Authority centres or in schools run by voluntary organisations. Facilities for older children, are, therefore, now under active consideration.

#### CHILD GUIDANCE CLINIC

I am indebted to Dr. Mildred Pott, Psychiatrist in Charge of the Child Guidance Clinic for the following report:-

'During the past year there has been no opportunity for new developments in Child Guidance Service. 198 families have been referred and this is a slight increase on the number in 1964. We are always glad when doctors and school medical officers refer young children as they and their families tend to respond well to short term treatment and we have had a number of pre-school children seen at the Clinic recently. We still have an unhappily large number of boys and girls not referred till they are in the middle or top classes of secondary school and we feel that some of these should have been recognised as being in need of child guidance treatment at an earlier age.

The preventive work continues to be carried on side by side with normal child guidance work. Families have been seen under the Crisis Consultation Scheme and teaching by lectures and group discussions have been undertaken by all members of the clinic team.

We continue to work closely with the Health Visitors and all the social agencies and welfare workers who deal with families in the area and we are grateful for their co-operation.'

Although I am sure Dr. Pott is right in her comments upon the late referral of some children of secondary school age I feel that a clear distinction should be made between those who have had symptoms of emotional difficulties for many years and those who develop emotional problems during their adolescent growth and who could not have been referred at an early age. It is obviously necessary, however, for teachers, parents and others to be aware of the medical and child guidance facilities available to help these children so that they may be given assistance before they or their families reach breaking point.

## DENTAL SERVICE

### Treatment for Schoolchildren

No. of children inspected	11,703
No. of schools inspected	36
No. of children requiring treatment	5,897
No. actually treated	1,620
No. of attendances (exc. orthodontics)	3,885
Fillings - Permanent teeth	3,135
- Temporary teeth	1,662
Extractions - Permanent teeth	176
- Temporary teeth	438

### Treatment for Pre-School Children and Expectant and Nursing Mothers

Pre-school children treated	113
Fillings for pre-school children	187
Attendances for pre-school children	250
Expectant and nursing mothers treated	40
Fillings for mothers	81
Attendances for mothers	129

It has been possible to provide dental treatment for more schoolchildren in the Borough than in previous years, and the number of pre-school children treated has also shown an increase. Most of the school children received a dental inspection and the amount of conservative dental treatment (i.e. fillings) was greater than in the previous year. The condition of the teeth has improved and fewer neglected mouths are seen.

Dental Health Education has continued in many of the schools, lectures and demonstrations being given by members of the dental staff and of the Health Education Department. There appears to be a greater interest in 'dental health' and more mothers are bringing their young children for a dental 'check up' before they start school. Many children are receiving regular dental treatment from practitioners in the General Dental Service.

A sample survey of eleven and twelve year old children who have lived all their lives in the area of Slough which has a good natural fluoride content of the drinking water, continued to show the benefit to the teeth of this natural source. The amount of caries in these children was much less than in those who did not have the advantage of this water supply.

The four clinics in the area have been in use throughout the year, and the new clinics in Langley and Britwell have been visited and admired by dental officers from other counties.



A large amount of orthodontic treatment (the correction of dental abnormalities including misplaced teeth) has been carried out at the Slough Clinic during 1965. The improvement, both in the appearance and in the function of the teeth as a result of orthodontic treatment, has been appreciated by parents and children, and the demand for this specialist treatment is still considerable.

#### Orthodontic Treatment

	1964	1965
No. of children in treatment	140	220
New Patients	55	81
Patients carried forward from previous year	85	139
Attendances for orthodontic treatment	363	673
Orthodontic plates fitted	47	67

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
5708 SOUTH CAMPUS DRIVE  
CHICAGO, ILLINOIS 60637

