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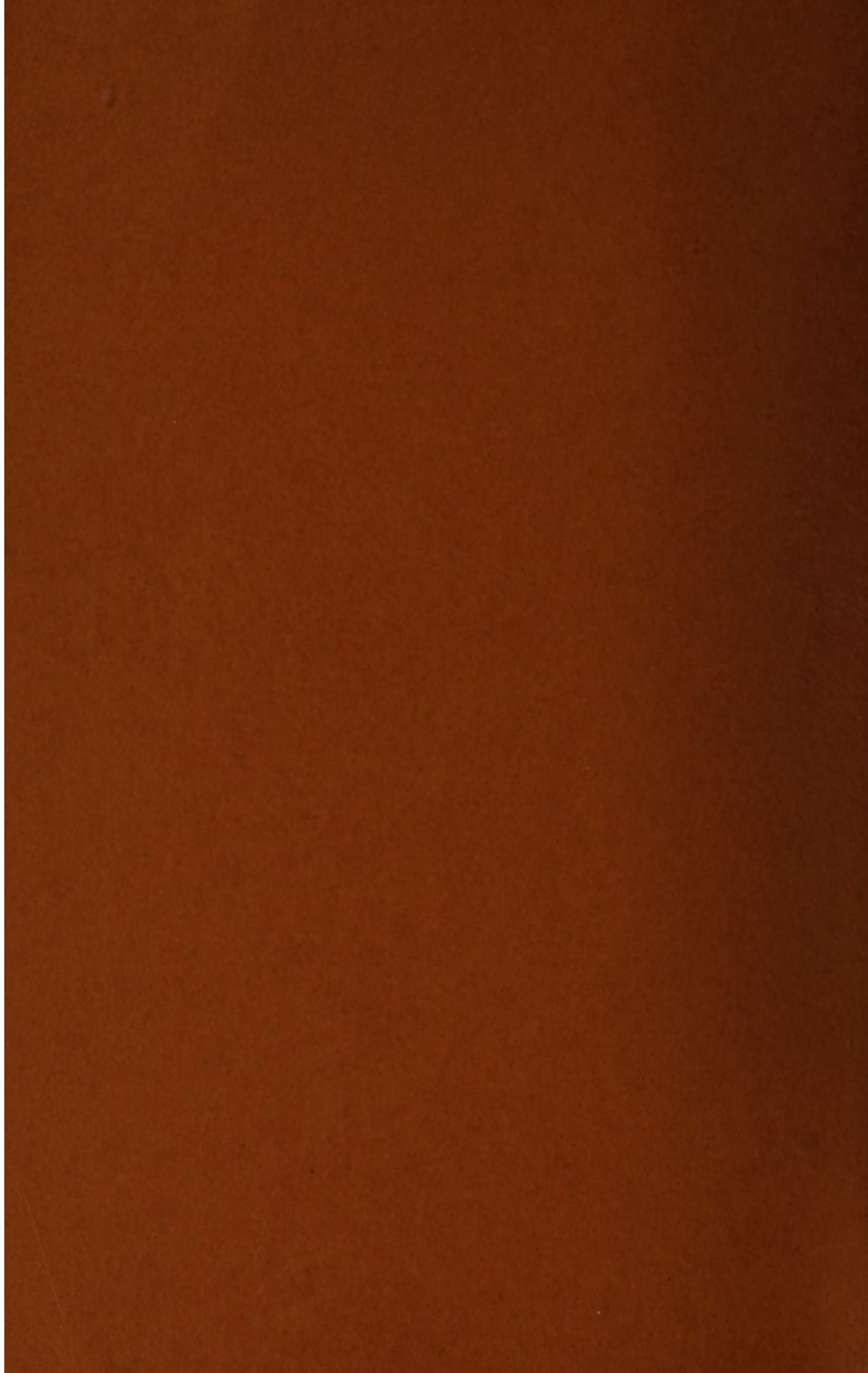


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**THE
HEALTH
OF
SLOUGH**

1966



BOROUGH OF SLOUGH
HEALTH AND SANITATION COMMITTEE

January to May, 1966

Chairman:

ALDERMAN N.M. ESCHLE

Vice-Chairman:

COUNCILLOR M.J. SHEEHY

ALDERMAN A. BRAND

(Mayor) (ex officio)

ALDERMAN MRS. M.J. MORGAN

ALDERMAN F.S.G. ROOM

ALDERMAN R. TAYLOR

COUNCILLOR A.J. BLOOM

COUNCILLOR MRS. J.M.B. GIBSON

COUNCILLOR W.J. PARK

COUNCILLOR D.R. PETERS

COUNCILLOR R. SEYMOUR

COUNCILLOR J. WALKER

COUNCILLOR F. WARWICK

(Deputy Mayor) (ex officio)

May to December, 1966

Chairman:

ALDERMAN N.M. ESCHLE

Vice-Chairman:

COUNCILLOR M.J. SHEEHY

ALDERMAN MRS. M.J. MORGAN

ALDERMAN P. LIGHTFOOT

ALDERMAN F.S.G. ROOM

ALDERMAN R. TAYLOR

COUNCILLOR A.J. BLOOM

COUNCILLOR MRS. J.M.B. GIBSON

COUNCILLOR MRS. J. MACFARLANE

COUNCILLOR W.J. PARK

ALDERMAN C.A. PENN

(Mayor) (ex officio)

COUNCILLOR R. SEYMOUR

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. (resigned 30.6.66)

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 (1,2,3)

Specialist Public Health Inspector:

(Offices and Shops)

I.D. PRESTON (1,2)

District Public Health Inspectors:

P. BAILEY (1,2)

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

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

D.W. TOMLIN (1,2)

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

Pupil Public Health Inspectors:

J.F. MARSHALL (appointed 30. 9.66)

T.J. ROSSER (resigned 26. 9.66)

A.K. TYERMAN (resigned 7. 6.66)

G.P. WEBSTER (appointed 17.10.66)

Technical Assistants (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

(resigned 30.9.66)

MISS D.M. DRYE

(appointed 3.10.66)

R.S. PRESTON

MRS. S. MARSH

MISS C. ARNOTT

MISS S. HUNTER

(resigned 31.7.66)

MISS A. GREENOUGH

MRS. M.G. BENTLEY

MISS K.E. FELSTEAD

MISS A. MARSDEN

MISS M.P. BOTT

Clerical Staff - Chief Public Health Inspector's Section:

MISS M. REITH

MISS K.C. McGRATH

MISS V. BENTLEY

MISS S.U. WIGGINGTON

(resigned January 1966)

MISS C.A. ALDER

(appointed 13.6.66)

Area Mental Health/Welfare Officer:

H.L.G. HEATH

Mental Health Welfare Officers:

A.C. JONES

T.J. HERON

Home Help Organiser:

MRS. E.A. GORMAN

Assistant Home Help Organisers:

MRS. E. FARNELL

MRS. J. WOOD

County Medical Social Worker:

MISS G. NEWMAN

Welfare Assistant:

MRS. L.V. RUTTERFORD

Social Welfare Visitors:

MRS. P.G. BATTERBY

MISS E.R. EASTOE

Home Teacher for the Blind:

MRS. D.M. CARTER

(resigned)

Trainee Home Teachers for the Blind:

MISS E.A. PATTERSON

MISS A.P. CORR

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
of the Borough of Slough*

MR. MAYOR, LADIES AND GENTLEMEN,

The eighteenth report which I have the honour to present to you is for the year 1966.

I suppose this year will long be known as the year of the Government's Prices and Incomes Freeze and so it is paradoxical that this report contains so much change and expansion in the Health and Welfare Services. Pride of place, so far as the Borough Council is concerned must go to the meals on wheels service which was taken over at the beginning of March roughly at the same time as the institution of a staff canteen. The most expensive capital addition to the Health Services, however, came with the opening of Wexham Park Hospital on 25th April, a project which had been ten years or more in the planning and building.

On the semi-voluntary side came the expansion of the work of the International Friendship Council and the appointment of a Community Relations Officer whose job is to foster good international relations; The Council of Social Service instituted the Bureau of Employment for the Elderly. The Bucks County Council reversed the usual procedure of increasing specialisation of staff by combining all social work staff into one team undertaking all duties relating to physical and mental problems.

With all this reference to new and changed projects it hardly seems possible that the normal work of the department went on much as usual. The statistics and detailed reports found on the following pages show the success of the department by the very lack of outstanding news - much of the department's work is preventive and in this context no news is good news.

Reference must, however, be made to one or two matters of environmental hygiene. Housing is causing particular concern at the present time not because nothing is being done but perhaps because so much building has gone on and is still going on. Instead of looking mainly towards the demolition of unfit houses we must now give time and attention to those houses which still have a number of useful years of life provided improvements take place - the 'twilight' houses can, and must, provide useful and good accommodation wherever possible.

One of the main difficulties created in the town lies in multiple occupation. As will be seen in the Chief Public Health Inspector's section of the report over 800 houses were found to be housing more than one family and although only very few contained more than the 'permitted number', multiple occupation in small, or relatively small, houses is usually undesirable. Not only is the discovery of multiple occupation a difficult exercise but its alleviation can usually only come about by the provision of additional houses. Great tact and understanding is needed or all that happens is that families are evicted from one house in multiple occupation only to create similar conditions in another house.

Noise from aircraft is always with us and it is interesting to note that the noise insulation grants scheme has aroused little interest. The scheme only applies to the Langley Ward of the town and while it is true that this ward is nearest London Airport other parts also suffer nuisance. But to refer to the scheme again - how do you equate intermittent noise, albeit a noise which is sufficient to prevent conversation or hearing, with personal expense and the installation at home of double-glazing, a development almost unknown in this country.

1966 was an eventful year which produced changes of staff as indicated in the preceding pages and a few changes in the Membership of the Health and Sanitation Committee. It was also a year of progress and to all those members of the Council and Staff who helped to make it so I would like to express my appreciation.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MACDONALD A. CHARRETT,

Medical Officer of Health.

AUGUST, 1967.

ANNUAL REPORT FOR 1966

SUMMARY OF STATISTICS

GENERAL STATISTICS

Area	6,202 acres
Population: Registrar General's Estimate for mid-1966	85,690
Number of dwelling houses, including flats at 1st April, 1966	24,857
Rateable value as at 31st March, 1967	£7,550,296
Rateable value as at 1st April, 1967	£7,543,998
Estimated Product of Penny Rate 1967/68	£30,850

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1966

Live Births:	Males	Females	Total
Legitimate	754	707	1,461
Illegitimate	78	72	150
Total	832	779	1,611

Crude Birth Rate (per 1,000 population)	-	18.8
Corrected Birth Rate (allowing for sex and age of the population) (Comparability factor 0.94)	-	17.7
National Birth Rate	-	17.7
Ratio of local Birth Rate to National Rate	-	1:1
Illegitimate live births were 9.31% of total live births		

Still Births:	Males	Females	Total
Legitimate	9	9	18
Illegitimate	1	1	2
Total	10	10	20

Total of live and still births ...	-	1,631
Still Birth rate per 1,000 total births	-	12.3
Still Birth rate per 1,000 population	-	0.23
National still birth rate per 1,000 total births	-	15.4

	Males	Females	Total
Deaths:	410	303	713
Crude Death Rate per 1,000 population	-	-	8.3
Corrected Death Rate (allowing for sex and age of the population)	-	-	11.78
(Comparability factor 1.42)			
National Death Rate per 1,000 population	-	-	11.7
Ratio of Local Death Rate to National Rate	-	-	0.99:1

Maternal Deaths:

Number of women dying in, or as a consequence
of, pregnancy

- Nil

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

Deaths:		Males	Females	Total
Legitimate		15	8	23
Illegitimate		-	1	1
Total		15	9	24

Rate per 1,000 live births

- 14.9

National Rate per 1,000 live births

- 19.0

Ratio of Local Rate to National Rate

- 0.78:1

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

Deaths:		Males	Females	Total
Legitimate		14	6	20
Illegitimate		-	1	1
Total		14	7	21

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

- 13.0

- NATIONAL

- 12.9

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

		Males	Females	Total
Deaths		11	6	17
Still Births		10	10	20
Total		21	16	37

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

22.69

- NATIONAL

26.3

Other Deaths:

		Males	Females	Total	Rate per 1000 Population
Cancer		87	65	152	1.77
Pulmonary T.B.		2	2	4	0.047
Non-Pulmonary T.B.		-	-	-	-

I. VITAL STATISTICS

BIRTHS

In 1965 I said it seemed as if the most recent bulge in the birth rate has passed and it now appears, indeed, that this is true. The Registrar General, after allowing for inward and outward transfers credited the town with 1,611 live births in 1966, compared with 1,675 in 1965 - a decrease of 64. Of the total live births males exceeded females by more than 50 - 832 males to 779 females.

The crude birth rate at 18.8 per thousand population was 0.8 per thousand below that in 1965. This rate when 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, becomes 17.7 per thousand population. This is virtually the same as the National rate so that after five years during which the Slough rate was higher than the National rate we come back to par. It will be seen however that the National rate has itself fallen by 0.4 per thousand and is now at a level between that for 1961 and 1962 - the rate before the bulge began was about 15 per thousand.

Year	Corrected Birth Rate, Slough	Birth Rate England & Wales	Ratio Slough : England & Wales
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
1966	17.7	17.7	1.00 : 1

ILLEGITIMACY

There was a fall in the total number of illegitimate births during 1966 to 152 from 153 in the previous year.

As the birth rate had fallen during 1966, however, the proportion of illegitimate births to total births rose from 9.01% to a new high level of 9.31%.

Once again I am unable to comment upon the background of these illegitimate births and perhaps from a social point of view illegitimate births are relatively unimportant provided the babies

are the result of and brought up by, a stable union. Too often, however, illegitimate children are deprived of a good, stable family background and there is little doubt that their lives then become harder than they would be if they had been the result of legitimate unions.

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
1966	...	9.31

STILLBIRTHS

It was hardly to be expected that the still-birth rate would show any startling reduction upon that found during the previous few years but the figure for 1966 of 12.3 per thousand total births is very much in line with those of the past five or six years and is, in fact, just over three per thousand lower than the national average.

1957	...	19.6	1957
1958	...	25.2	1958
1959	...	26.8	1959
1960	...	12.46	1960
1961	...	10.53	1961
1962	...	16.8	1962
1963	...	13.4	1963
1964	...	11.9	1964
1965	...	11.2	1965
1966	...	12.3	1966

I have, however, during the past few years made the point that still-births should not be taken by themselves. The best indication of living standards and maternity services is given by taking together the still-births and deaths of infants shortly after birth - that is, during the first week of life. Further remarks on this will be made later in the report but it will suffice to say here that the rate remained encouraging and very much in line with the trend of the past few years, ignoring the extremely low rate of 1965 which, as I thought possible in last year's report, was a chance figure unlikely to be repeated, at least within the next decade or so.

DEATHS

The deaths in 1966 were 713 - 410 males and 303 females. This number, which was 60 higher than in 1965 represented a crude death rate of 8.3. After multiplying this by 1.42 (comparability figure), which adjusts the local rate to allow for the age distribution of the population a corrected death rate of 11.78 per thousand population is found; this compares with the National rate of 11.7. It may be of interest to note that one lady reached the age of 100 years before she died. Although this may not seem very remarkable I can't remember the death of any other centenarian living in the Borough during the time I have been here.

DEATH RATE - SLOUGH			
Year	Crude Death Rate	Corrected Death Rate	National Rate
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
1966	8.3	11.78	11.7

CAUSE OF DEATH	1965	1966
Heart Disease	222	233
Cancer	149	143
Pneumonia and bronchitis	74	87
Vascular lesions of the nervous system	68	79
Accidents - all types	23	29
Other circulatory disease	19	24

The order of the six main causes of death remained as in 1965 but cancer showed a small decrease upon the previous year, as indeed also did 1965 compared with 1964; all the other causes showed the sort of increase to be expected from the general overall increase in the number of deaths compared with the year before.

CAUSES OF DEATH	1965		1966	
	M	F	M	F
1. Tuberculosis, respiratory	2	2	2	2
2. Tuberculosis, other	-	-	-	-
3. Syphilitic disease	-	2	1	1
4. Diphtheria	-	-	-	-
5. Whooping Cough	-	-	-	-
6. Meningococcal infection	-	-	1	-
7. Acute Poliomyelitis	-	-	-	-
8. Measles	-	-	-	-
9. Other infective and parasitic diseases ...	1	-	-	-
10. Malignant neoplasm, stomach	12	12	13	10
11. Malignant neoplasm, lung, bronchus ...	34	5	38	6
12. Malignant neoplasm, breast	1	14	-	16
13. Malignant neoplasm, uterus		11		6
14. Other malignant and lymphatic neoplasms ...	31	29	30	24
15. Leukaemia and aleukaemia	1	2	6	3
16. Diabetes	-	1	4	4
17. Vascular lesions of the nervous system ...	26	42	40	39
18. Coronary disease, angina	106	45	113	56
19. Hypertension with heart disease	2	4	1	3
20. Other heart disease	23	42	31	29
21. Other circulatory disease	9	10	9	15
22. Influenza	-	-	-	1
23. Pneumonia	15	19	15	22
24. Bronchitis	30	10	41	9
25. Other diseases of the respiratory system	5	-	3	-
26. Ulcer of stomach and duodenum	4	2	2	3
27. Gastritis, enteritis and diarrhoea ...	2	-	-	3
28. Nephritis and nephrosis	1	-	5	3
29. Hyperplasia of prostate	4		2	
30. Pregnancy, childbirth, abortion		2		-
31. Congenital malformations	6	3	1	3
32. Other defined and ill-defined disease ...	23	24	30	29
33. Motor vehicle accidents	8	2	11	4
34. All other accidents	8	5	6	8
35. Suicide	6	5	5	4
36. Homicide and operations of war	-	-	-	-
ALL CAUSES ...	360	293	410	303

SEX AND AGE DISTRIBUTION OF DEATHS 1966

Ages at Death in Years	Males	Females	Total
Under 1	15	9	24
1 - 4	2	3	5
5 - 14	3	5	8
15 - 24	8	5	13
25 - 44	20	15	35
45 - 64	147	63	210
65 - 74	107	59	166
75 plus	108	144	252
TOTAL	410	303	713

Of the 713 deaths, 418 (58.6%) were over the age of 65 years compared with 62% in 1965, 56.1% in 1964 and 63.8% in 1963. The great preponderance of male deaths occur between 45 and 75 years whereas, and naturally the corollary, there was an excess of female deaths over the age of 75. The deaths of the over 65's were shared by the sexes in the ratio of 215 men and 203 women.

MATERNAL MORTALITY

I am again very pleased to be able to report that no deaths occurred during 1966 due to pregnancy, childbirth or puerperal infection.

This does not lead to complacency upon the part of those responsible for and taking part in the provision of obstetric services and further, reviews of the maternity system in the West of Scotland have been initiated by the Regional Health Council. The Hospital, Maternity and Health Services Committee are nursing teams get together to discuss any possible failings in the services and ways in which improvements can take place.

DEATHS - 1966 - 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
	F	2	-	-	-	-	-	-	1	-	-	-	1
2. Tuberculosis, other - Nil entry													
3. Syphilitic disease	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
4. Diphtheria - Nil entry													
5. Whooping Cough - Nil entry													
6. Meningococcal infections	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis - Nil entry													
8. Measles - Nil entry													
9. Other infective and Parasitic diseases - Nil entry													
10. Malignant neoplasm, stomach	M	13	-	-	-	-	-	-	-	4	3	5	1
	F	10	-	-	-	-	-	-	-	1	4	2	3
11. Malignant neoplasm, lung, bronchus	M	38	-	-	-	-	-	-	-	7	19	9	3
	F	6	-	-	-	-	-	-	-	2	2	2	-
12. Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	16	-	-	-	-	-	-	1	3	4	5	3
13. Malignant neoplasm, uterus	F	6	-	-	-	-	-	-	-	1	-	3	2
14. Other malignant and lymphatic neoplasms	M	30	-	-	-	-	-	1	1	4	9	8	7
	F	24	-	-	-	1	-	-	2	2	6	5	8
15. Leukaemia, aleukaemia	M	6	-	-	1	1	1	1	-	1	-	-	1
	F	3	-	-	-	-	-	1	1	1	-	-	-
16. Diabetes	M	4	-	-	-	-	-	-	-	-	2	-	2
	F	4	-	-	-	-	-	-	-	-	1	1	2
17. Vascular lesions of nervous system	M	40	-	-	-	-	1	-	-	6	6	10	17
	F	39	-	-	-	-	-	1	1	5	1	6	25
18. Coronary disease, angina	M	113	-	-	-	-	-	1	7	10	35	33	27
	F	56	-	-	-	-	-	-	1	1	12	18	24
19. Hypertension with heart disease	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	3	-	-	-	-	-	-	-	-	-	-	3
20. Other heart disease	M	31	-	-	-	-	-	1	-	-	5	8	17
	F	29	-	-	-	-	1	2	1	2	1	2	20
21. Other circulatory disease	M	9	-	-	-	-	-	-	-	1	1	2	5
	F	15	-	-	-	-	-	-	1	-	4	-	10
22. Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
23. Pneumonia	M	15	2	-	-	-	-	-	-	-	3	3	7
	F	22	1	-	1	-	-	-	-	-	2	1	17
24. Bronchitis	M	41	-	1	-	-	-	-	-	2	8	19	11
	F	9	-	-	-	-	-	-	-	-	3	3	3
25. Other diseases of respiratory system	M	3	-	-	-	-	-	-	-	-	2	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
26. Ulcer of stomach and duodenum	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	3	-	-	-	-	-	-	-	-	-	2	-
27. Gastritis, enteritis and diarrhoea	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	1	-	-	7
28. Nephritis and Nephrosis	M	5	-	-	-	-	-	-	1	1	1	1	1
	F	3	-	-	-	-	1	-	-	-	1	-	1
29. Hyperplasia of Prostate	M	2	-	-	-	-	-	-	-	-	-	-	2
30. Pregnancy, childbirth, abortion - Nil entry													
31. Congenital malformations	M	1	1	-	-	-	-	-	-	-	-	-	-
	F	3	2	1	-	-	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	30	11	-	-	-	1	1	2	3	8	2	2
	F	29	4	1	-	1	1	-	-	-	1	4	7
33. Motor vehicle accidents	M	11	-	-	1	1	3	2	-	1	1	1	1
	F	4	-	-	-	2	-	-	1	-	-	-	1
34. All other accidents	M	6	-	-	-	1	2	-	-	1	-	1	1
	F	8	-	-	2	1	-	-	-	1	1	2	1
35. Suicide	M	5	-	-	-	-	-	-	2	1	1	1	-
	F	4	-	-	-	-	2	-	1	-	-	1	-
36. Homicide and Operations of War - Nil entry													
TOTAL ALL CAUSES	M	410	14	1	2	3	8	7	13	42	105	107	108
	F	303	7	2	3	5	5	4	11	20	43	59	144
		713	21	3	5	8	13	11	24	62	148	166	252

CANCER OF THE LUNG AND BRONCHUS

Although there was no startling change in the number of deaths from lung cancer in 1966 the total number was the third highest recorded in this town - with relatively small numbers there must be some fluctuation from year to year, but the general upward trend can clearly be seen from the table below. There does seem to be a shade of hope, however. Health Education, although slow to act, does seem to be having a slight effect upon the number of people smoking and the increasing use of pipes and possibly cigars, does indicate that people are being convinced that there is a link between lung cancer and smoking cigarettes. Other forms of smoking are not yet shown to have no link with lung cancer but while people are 'hooked' on tobacco some at least are choosing a lesser evil.

The increasing illegal use of drugs, is causing great social concern - let us not forget the abuse or should I say use of tobacco when considering barbiturates.

CANCER OF THE LUNG AND BRONCHUS - SLOUGH DEATHS

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1957	28	5	33
1958	25	3	28
1959	35	4	39
1960	27	3	30
1961	29	5	34
1962	38	9	47
1963	30	3	33
1964	45	6	51
1965	34	5	39
1966	38	6	44

MATERNAL MORTALITY

I am again very pleased to be able to report that no deaths occurred during 1966 due to pregnancy, childbirth or abortion.

This does not lead to complacency upon the part of those responsible for and taking part in the provision of maternity services and further meetings of the Maternity Liaison Committee took place during the year. At these meetings representatives of the hospital, general practice and public health medical and nursing teams get together to discuss any possible failings in the services and ways in which improvements can take place.

But patients, too play their part. Not even the best services can help if they are not used. Prevention of complications of pregnancy and childbirth can only take place if expectant mothers take advice from doctors and nurses; most do, of course, but there are still a few who for reasons which must be best known to themselves fail to look after themselves and the babies they shortly expect to have.

INFANT MORTALITY

In 1966, 24 babies under the age of one year died: twenty-three were legitimate and one baby girl was illegitimate. As usual more boys than girls died, in fact 15 boys and 8 girls. This is a considerably higher number than in 1965 when the astonishingly low figure of 15 occurred, but the rate for 1,000 live births, 14.9 is considerably lower than the rate for the Country as a whole which was 19.0 for 1,000 live births.

Year	Boys	Girls	Total
1966	15	8	23
1965	15	0	15
1964	14	1	15
1963	13	2	15
1962	12	3	15
1961	11	4	15
1960	10	5	15
1959	9	6	15
1958	8	7	15
1957	7	8	15
1956	6	9	15
1955	5	10	15
1954	4	11	15
1953	3	12	15
1952	2	13	15
1951	1	14	15
1950	0	15	15

MATERNAL MORTALITY

I am again very pleased to be able to report that no deaths occurred during 1966 due to pregnancy, childbirth or puerperal infection. This does not lead to complacency upon the part of those responsible for and taking part in the provision of maternity services and further vigilance of the Maternity Liaison Committee took place during the year. At these meetings representatives of the hospital, general practice and public health medical and nursing teams met together to discuss any possible failures in the services and ways in which improvements can take place.

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
Acute Upper Respiratory infections - 470-475	-	-	-	-	-	-	-	-	1	-	-	-	1
Congenital Malformations - 750-759	-	1	1	-	2	-	-	2	2	-	-	-	4
Birth injuries, Asphyxia & Infections of New- born - 760-769	4	-	-	-	4	1	2	7	-	-	-	-	7
Other diseases peculiar to Early Infancy - 770-776	6	2	3	-	11	-	-	11	-	-	-	-	11
TOTAL	10	3	4	-	17	1	2	20	3	-	-	-	23
WHERE DIED													
Home	2	-	-	-	2	-	-	2	1	-	-	-	3
Hospitals in this Area	8	2	3	-	13	1	2	16	-	-	-	-	16
Hospitals away from this Area	-	1	1	-	2	-	-	2	1	-	-	-	3
Elsewhere	-	-	-	-	-	-	-	-	1	-	-	-	1
TOTAL	10	3	4	-	17	1	2	20	3	-	-	-	23

Acute Upper Respiratory Infections - 470 - 475

- 3 months - Acute Laryngo-tracheo-bronchitis
- Home (474)

Congenital Malformations - 750 - 759

- 2 days - Broncho-pneumonia due to tracheo-oesophageal fistula - Great Ormond Street Hospital (756.2)
- 3 days - Congenital heart disease (Cyanotic)
- Old Windsor Hospital (754.5)
- 2 months - Respiratory distress due to hydrocephalus - Westminster Children's Hospital (752)
- 3 months - Intracranial haemorrhage due to hydrocephalus. Coroner's p.m. Found dead on arrival at Wexham Park Hospital (752)

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

- Under 24 hours - Intracranial haemorrhage due to bilateral tentorial tear due to precipitate labour - Home. Inquest verdict - Death due to Natural Causes (760.0)
- Under 24 hours - Intracranial haemorrhage due to tentorial tear - Home - Inquest verdict - Lack of attention at birth (760.0)
- Under 24 hours - Respiratory distress (clinically) due to prematurity - Canadian Red Cross Hospital (762.5)
- Under 24 hours - Atelectasis due to prematurity - Old Windsor Hospital (762.5)
- 1 week - Pneumonia - Canadian Red Cross Hospital (763.0)
- 3 weeks - Broncho-pneumonia associated with Fibrocystic disease of pancreas - Canadian Red Cross Hospital (763.0)
- 3 weeks - Broncho-pneumonia - Old Windsor Hospital (763.0)

Other Diseases peculiar to Early Infancy - 770 - 776

3 days	-	Haemolytic disease of newborn due to Rhesus incompatibility - Lewisham Hospital	(770.0)
3 days	-	Pulmonary haemorrhage - Canadian Red Cross Hospital	(771.0)
2 days	-	Hyaline membrane disease in a premature (36 week) baby; triplet - Canadian Red Cross Hospital	(773.5)
Under 24 hours	-	Prematurity - Upton Hospital	(776)
Under 24 hours	-	Extreme prematurity (29 weeks) - Canadian Red Cross Hospital	(776)
Under 24 hours	-	Prematurity - Old Windsor Hospital	(776)
Under 24 hours	-	Prematurity - Old Windsor Hospital	(776)
Under 24 hours	-	Prematurity - Canadian Red Cross Hospital	(776)
Under 24 hours	-	Prematurity (26 weeks) (1 lb. 14 oz) Canadian Red Cross Hospital	(776)
1 day	-	Extreme prematurity - Canadian Red Cross Hospital	(776)
3 days	-	Extreme prematurity (28 weeks) - Canadian Red Cross Hospital	(776)

PERI-NATAL MORTALITY

In 1966, 17 infants died in the first week of life and there were 20 still births; this was a total of 37 deaths in 1,631 births and equivalent to a loss of 22.69 for 1,000 total births.

As I said earlier in the report the total of still-births and those dying within the first week of life is now considered a much better indication of general living standards and of standards of medical, nursing and social care of mothers and young babies than is the infant death or still-birth rate separately.

The table overleaf shows that there is a slow but steady improvement in the peri-natal mortality rate over the past decade, even although the remarkably low figure obtained in 1965 has not been repeated or improved upon.

The National rate was 26.3.

1958	...	34.4
1959	...	34.0
1960	...	28.3
1961	...	26.6
1962	...	24.4
1963	...	25.05
1964	...	24.86
1965	...	17.12
1966	...	22.69

NEO-NATAL MORTALITY

Deaths occurring within four weeks of birth are known as neo-natal deaths. This total includes, of course, those dying within the first week of life and as a rule the great majority of those dying within the first year of life do not live beyond 4 weeks.

In 1966 the total number of deaths in the first month was 21 and the rate was 13.0 per thousand live births.

INQUESTS

42 inquests were held upon residents of the Borough during 1966 and the causes of death as recorded by the Registrar of Births and Deaths following receipt of the Coroners' certificates were as follows:-

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Natural Causes:	2	2	4
Accidents:			
Road accidents	12	6	18
Industrial accidents ...	2	-	2
Falls	1	1	2
Drowning	2	-	2
Coal gas poisoning ...	-	1	1
Inhalation of vomit ...	-	1	1
Scalding	-	1	1
Suicide:			
Barbiturate poisoning ...	-	2	2
Belladonna poisoning ...	1	-	1
Alcohol and tranquilliser poisoning	1	-	1
Carbon dioxide poisoning	2	1	3
Hanging	1	-	1
Open Verdict:			
Drowning	-	1	1
Barbiturate poisoning ...	-	1	1
No Verdict:			
Road accident	-	1	1
	24	18	42

The film 'Dead Easy' on the dangers of poisoning which was produced by the Slough Home Safety Council in 1965 had a very successful year. Apart from being in great demand locally a number of copies were purchased by authorities in this country and abroad and bookings of all copies held by the Slough Home Safety Council were constantly on loan. The film was entered for the 1965 British Medical Association Film Competition and received a Silver Award.

POPULATION

According to the Registrar-General the population of the town grew by seventy between mid-1965 and mid-1966 - this means in effect that the town did not grow because the natural increase was 898 (1,611 births less 713 deaths). In order to arrive at a net increase of only 70 in the population, a net emigration of 828 must have taken place during 1966.

From the table below it would appear that the net emigration during the past three years has been over 1,600 and there has been no growth in Slough from outside since 1961.

<i>Year</i>	<i>Natural Increase (births less deaths)</i>	<i>Immigration or Emigration (-)</i>	<i>Population</i>
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
1966	898	- 828	85,690

The estimate of population must be extremely difficult to make in the absence of rigid control of movements of people. The electoral register in February 1967 had 54,691 on the list compared with 54,698 a year before. It is known that a number of immigrants had their families join them in 1966 but the number is not known. With the setback in the economy and the Government's freeze on prices and incomes Slough was fortunate in having only a slight rise in unemployment. At the end of 1966 the number of jobs vacant had fallen only to 622 compared with 888 a year previously whereas the number of unemployed had risen from 213 to 471 (422 men and 49 women); this figure shows that 0.7% of the insured working population were out of work; a year earlier it was 0.4%. Both these figures are below the national average and even below that for the South East Region.

11. GENERAL HEALTH SERVICES

Street Cleansing

The value of mechanical sweeping machines has been proved over the years and they are largely used in the maintenance of clean carriageways. With unemployment remaining low the problem of keeping an adequate footpath sweeping service grows no easier but the use of women has alleviated the problem to some extent.

Most people do not realise that there are more than 100 miles of roads in the town and with such carelessness about the disposal of litter the task of the street cleansing staff is enormous; it is not surprising that there are occasional complaints about litter particularly in shopping areas after a busy Saturday.

Street Litter Bins

The Council provides more and more street litter bins each year in the hope that the public will not only have little excuse for throwing rubbish on the footpath or in the road but will get into the habit of using bins. Once this habit is inculcated and the distaste for seeing litter-strewn ground grows an increasing number of people should be prepared to keep their rubbish with them until a suitable receptacle is found either by the roadside or, if necessary, at the end of the journey - at home.

Street Gulleys

The regular cleansing of each street gully - four or five times a year - is absolutely essential if the surface water drainage system is going to be able to cope with the sudden demands thrust upon it by rain storms. A fleet of gully emptiers is always at work making sure that waterways are clear in times of need.

Refuse Collection and Disposal

A regular refuse collection service is one of the things taken for granted in the modern world. Refuse collection is not an attractive occupation but is preferred by some who wish to lead an outdoor life. The fact that there are only few complaints means that most people are satisfied with the service and this, in turn, means that we should congratulate those who provide us with a service maintained at such a high standard. The Council is always trying to standardise on collection vehicles but it seems that improvements over the years always frustrates these attempts - perhaps the latest attempt at standardising upon the latest vehicles produced by Shelvoke and Drury will be successful.

An especially large container is used in multi-storey buildings, factories and large stores - each container holds the equivalent of

twelve dustbins and is removed and emptied by a special type of vehicle. An additional 70 containers were brought into use during 1966, there being no less than 370 in use at the end of the year. The Borough Engineer will always be pleased to give details of a scheme for hiring refuse containers to non-domestic users.

Special collections for articles which cannot be put in the dustbins are part of the service provided by the Borough Engineer and have proved more and more popular as the years pass. A postcard to the Engineer is all that is needed to obtain free removal of unwanted items - there is really no excuse for dumping rubbish throughout the town and the surrounding countryside.

Dustbins are now issued to householders free of charge - the cost being borne by the rates. There are now 21,000 bins distributed throughout the town and replacement of wornout bins can be arranged by contacting the Borough Engineer.

Disposal of Unwanted Vehicles

One of the great and growing problems in this country is that of the disposal of unwanted vehicles. More and more one sees the roadsides in town and country littered with ugly, dirty, useless masses of machinery of which owners were once proud but of which they have more recently become ashamed. In Slough, at any rate, there is no excuse for such anti-social behaviour. For a sum of £2 the Borough Council will arrange for the collection and disposal of unwanted vehicles. If you ask the Engineer to help in this respect he will also give you the necessary advice to make sure that you keep on the right side of the law so far as the Taxation Authority is concerned.

If you can manage to get your vehicle to the Destructor Works at Chalvey either under its own steam or by towing it, the Engineer will dispose of it free of charge.

Cesspools

Fewer and fewer cesspools exist in the town as the years go by but there are still a few and these have to be serviced regularly.

Salvage

The collection of kitchen waste by contractors still continued during 1966, bins provided by the Council being used by householders who asked for them.

Waste paper collection is another service which continues from year to year but the income seems to vary quite widely usually because of fluctuating prices in the waste-paper market. 1966 was not such a good year but even then no less than 348 tons were collected and the revenue from its sale was £3,227.

Tins, on the other hand, were more popular. Another 403 tons were collected in 1966, compared with 370 tons in 1965 and the sale of these brought in £2,184.

Apart from these two items especially mentioned many others are collected and sold and in all these cases the money coming in is set against the cost of the service to the rates.

Public Conveniences and Baths

Many unattended public conveniences have been erected in different parts of the town and these are cleaned daily by the Council's staff. Unfortunately the staff often have the disheartening and sometimes, literally, sickening task of clearing up the damage and mess left by vandals. It is little use the public complaining of a poor service if all the good which is done on their behalf is undone by a few irresponsible individuals. I might add that Slough is by no means unusual in this respect.

On the other hand the conveniences at William Street and Wellington Street car park which are fully staffed are always in good shape and clean and there are, indeed, many instances of congratulation arising from this. Many of the bathers in the Wellington Street conveniences come from quite a long way away and the fact that they are being used from 7.00 a.m. to 11.00 p.m. shows how necessary public baths still are in an urbanised community with so-called high living standards in the 1960s.

Water

Middle Thames Water Board

On 1st April, 1966 the water undertakings of the Slough Corporation, the New Windsor Corporation, the Eton Urban District Council and the Burnham, Dorney and Hitcham Waterworks Co., Ltd., became merged into the Middle Thames Water Board.

It would not be expected that radical changes in the sources and methods of supply would have occurred; the Board has continued to produce water of the high standard previously supplied by the undertakings separately mentioned above.

In order to make sure that the quality of water was up to standard the following samples were taken from the various sources from which the Borough of Slough is supplied.

	<i>Chemical</i>	<i>Bacteriological</i>
Datchet	7	59
Cuckoo Weir	1	51
Burnham	2	7
Taplow	19	38

An additional 579 new houses and flats were connected to the Board's mains during 1966.

Slough Estates

In previous years water for the Slough Estates supply has come from the lower greensand and has, in consequence, been a soft water. A certain amount of water is now drawn from the chalk and associated with that borehole there is a treatment plant to ensure that the water is wholesome. The two waters are collected in two mixing tanks prior to entering the service reservoirs.

Pet Animals Act, 1951

Riding Establishments Act, 1939

Animal Boarding Establishment Act, 1963

Continued periodic visits by the Council's Veterinary Surgeon ensured that the conditions at the various premises registered under the above Acts continued to be satisfactory.

National Assistance Act 1948, Section 47

National Assistance (Amendment) Act, 1951

Once again I am pleased to be able to report that it was not necessary to take action under either of these Acts during 1966.

STAFF MEDICAL EXAMINATIONS

The table overleaf gives details of medical checks carried out on new staff joining the Borough Council or the County Council in this area during 1966. The total number of checks is the highest so far recorded at 483 and of these 233 were medical examinations. The use of medical questionnaires has reduced the call upon medical officers' time but examinations are still required if doubts arise from the replies to the questionnaires and also for drivers and candidates for entry to teachers' training colleges.

Chest X-ray examinations for those coming into contact with children are also carried out on entry and, if necessary, at regular intervals.

	1961	1962	1963	1964	1965	1966
Officers of the Slough Borough Council	57	71	53	97	117	115
Officers of the Bucks County Council	96	121	109	21	24	17
Teachers' Training Colleges and teaching for the first time	48	64	56	72	89	101
Servants entering Superannuation Scheme	22	19	15	19	3	-
Medical Questionnaires	-	-	-	242	141	250
TOTALS	223	275	233	451	374	483

LABORATORY

The number of examinations rose again in 1966, reaching 1,176 compared with 995 in 1965 and 889 in 1964.

There was again a small increase in the number of urine specimens examined routinely but the greater part of the increased work arose from additional sampling of milks, swimming bath water and ice-cream. It is very pleasing to note that no adverse reports on any sample was obtained.

Faeces for coli/typhoid/dysentery group 57 - all negative
 Urine for routine examination 248
 Blood Counts 30
 Haemoglobin estimations 7

Milk Samples: *All passed as satisfactory*

(a) Phosphatase test 197
 (b) Methylene Blue test 214
 (c) Turbidity test 5
 (d) Chemical tests for fats, solids and water 228

Water Samples:

(a) Drinking water 29
 (b) Swimming bath water 90
 (c) Chemical tests 7

Ice Cream:

(a) Chemical tests 32
 (b) Bacteriological tests 32
 Grade I - 32 Grade III - -
 Grade II - - Grade IV - -

	NUMBER OF SAMPLES TAKEN						PERCENTAGE OF SAMPLES					
	1961	1962	1963	1964	1965	1966	1961	1962	1963	1964	1965	1966
Grade I	52	52	75	51	21	32	98.2	100.0	93.3	98.1	100.0	100.0
Grade II	1	-	1	-	-	-	1.8	-	1.3	-	-	-
Grade III	-	-	1	-	-	-	-	-	1.3	-	-	-
Grade IV	-	-	3	1	-	-	-	-	4.0	1.9	-	-

MORTUARY

The number of post-mortem examinations carried out during 1966 reached the highest point so far - 192.

1959	...	115	1963	...	133
1960	...	125	1964	...	157
1961	...	135	1965	...	174
1962	...	138	1966	...	192

It is therefore, quite clear that without the improvements which were made in 1965 it would not have been possible to afford the pathologists with the facilities they need for preparing the autopsies.

CREMATORIUM

The number of cremations at the Slough Crematorium during 1966 was almost the same as in the previous year. In 1966 there were 1,183 cremations and in 1965 there were 1,196.

Once again I would like to thank the Superintendent and Staff for their great help given to me and to the Deputy Medical Referees during the year; without their assistance the work would be much more arduous and time-consuming than it is.

HOME HELP SERVICE

As will be seen from the following table a further expansion in the Home Help Service occurred during 1966. The increase was due to additional help being required by the elderly, the number of aged and infirm cases being helped rising from 473 in 1965 to 538 in 1966. As well as this there was an increase of 17 - from 17 to 34 - in the number of good neighbours and these, of course, usually also help the elderly. As explained in my last report 'good neighbours' do just that - they live next door to, or close by, people who need help and they do all the sorts of jobs good neighbours can do, not on an hourly basis but when they are needed. For this they are not paid by the hour but receive a weekly sum to cover the services rendered.

Number of Home Helps as at 31st December: -	1962	1963	1964	1965	1966
--	------	------	------	------	------

(a) Full-time	-	-	-	-	-
(b) Part-time	69	63	62	79	82

Number of Good Neighbours as at 31st December: -	1962	1963	1964	1965	1966
---	------	------	------	------	------

Number of Cases who received
help during: -

(a) Acute Sick	77	68	61	69	44
(b) Chronic Sick	122	58	60	52	37
(c) Aged and Infirm	331	443	432	473	538
(d) Tuberculosis	2	3	2	1	-
(e) Maternity	57	74	57	58	55
(f) Good Neighbours				17	34
(g) Problem Families				4	2
(h) Mentally disordered				3	1

MEALS ON WHEELS

It was the opinion of the Borough Council that the meals on wheels service in the town should be expanded beyond that provided by the County Council through the good offices of the Women's Royal Voluntary Service. As it was not possible to obtain an enhanced service from voluntary sources the Council decided that it would itself under the National Assistance (Amendment) Act 1962, carry out a meals on wheels service within the Borough.

The recipients were to include elderly people probably living alone but who, although not fully mobile were not necessarily homebound; and elderly people living alone and confined to bed or to the house for a relatively short period during acute illness or convalescence as well as the elderly homebound.

The problem of producing the meals was overcome when the Council decided to provide a canteen for the staff. The kitchen, which cooks and serves meals for the canteen also provides food for the meals on wheels service. The catering arrangements are undertaken by a firm which acts as agent for the Borough Council.

On 7th March, 1966 three vans set out from the Town Hall to inaugurate the new service which, by the end of the year, was delivering the full quota of 150 meals on each of five days of the week. The quality of meals has been high and appreciation of the service has been expressed on many occasions. In my view the organiser and the drivers and 'runners' on the vans deserve a special word of praise not only for the way in which they have done their job but also for the very many kindnesses they have shown to

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE
CASES NOTIFIED DURING THE YEARS 1957 - 1966

	CASES NOTIFIED AND POPULATION IN THOUSANDS										
	YEAR	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
		86	85	84	84	82	80	77	75	73	71
Acute Poliomyelitis - Paralytic ... Non-Paralytic		-	-	-	-	2	-	-	-	-	3
Dysentery ...		3	16	2	8	9	2	8	1	14	6
Encephalitis - Infective ...		-	-	-	-	-	-	-	-	1	-
Post-Infective ...		-	1	1	-	-	-	-	-	-	-
Enteric Fever ...		-	-	-	-	-	-	-	1	1	-
Erysipelas ...		3	5	5	6	5	6	9	22	12	9
Food Poisoning ...		1	2	1	3	3	18	3	2	9	1
Malaria (contracted abroad)		-	-	-	-	1	-	-	1	-	-
Measles ...		370	1,430	191	1,066	193	1,324	244	797	422	1,001
Meningococcal Infection ...		-	-	-	1	1	-	-	1	-	-
Ophthalmia Neonatorum ...		-	-	1	-	1	-	4	-	2	-
Paratyphoid ...		1	1	-	-	-	-	-	-	-	-
Pneumonia ...		10	2	2	8	7	20	17	71	31	29
Puerperal Pyrexia ...		4	27	20	24	14	12	29	41	38	25
Scarlet Fever ...		32	20	23	18	7	18	32	68	39	36
Tuberculosis - Pulmonary ...		40	30	47	35	38	53	51	40	48	36
Non-Pulmonary ...		8	8	15	9	9	5	5	7	9	6
Whooping Cough ...		21	3	35	28	28	19	27	46	64	69

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	-	-	-	-	2	-	-	-	3
Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	0
Erysipelas ...	-	-	-	1	1	-	-	-	-	1	-	3
Food Poisoning ...	-	-	-	-	-	-	-	1	-	-	-	1
Measles ...	28	42	23	7	67	45	38	63	20	22	15	370
Paratyphoid ...	-	-	-	-	1	-	-	-	-	-	-	1
Pneumonia ...	1	-	4	2	-	1	1	1	-	-	-	10
Puerperal Pyrexia	-	-	1	-	-	-	-	1	-	-	2	4
Scarlet Fever ...	2	2	11	2	1	1	1	3	3	5	1	32
Tuberculosis -												
Pulmonary ...	2	4	1	4	11	3	5	3	2	3	2	40
Non-Pulmonary ...	-	1	-	-	2	-	3	2	-	-	-	8
Whooping Cough ...	-	-	1	1	4	5	1	1	6	2	-	21

MONTHLY INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES

	JAN.	FEB.	MAR.	APL.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Dysentery ...	3	-	-	-	-	-	-	-	-	-	-	-	3
Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	0
Erysipelas ...	-	-	-	-	-	-	-	-	-	-	1	2	3
Food Poisoning ...	-	-	-	-	-	-	-	-	-	-	1	-	1
Measles ...	2	14	40	84	20	48	50	19	11	19	49	63	370
Paratyphoid ...	-	-	-	1	-	-	-	-	-	-	-	-	1
Pneumonia ...	4	1	1	-	-	-	-	-	2	1	1	-	10
Puerperal Pyrexia ...	3	1	-	-	-	-	-	-	-	-	-	-	4
Scarlet Fever ...	4	3	7	2	1	3	-	-	3	2	5	2	32
Tuberculosis -													
Pulmonary ...	1	5	6	4	2	2	3	4	4	7	-	2	40
Non-Pulmonary ...	-	2	-	1	1	2	-	-	-	1	-	1	8
Whooping Cough ...	3	1	3	-	-	7	2	3	2	-	-	-	21

INFECTIOUS DISEASES

MEASLES

1966 should have been an inter-epidemic year so far as measles was concerned and I suppose it is true that there was no explosive outbreak during the year compared with 1965 and, with foresight as this is being written in the middle of 1967, in 1967 too. The high incidence of the disease did, however, continue throughout the year and as will be seen from the table showing how the various parts of the town fared, the illness was wide spread.

Further trials have shown that inoculation will give an individual a very good chance of avoiding the disease and as this is so it may well be asked why efforts are not being made to protect the child population against this condition which, although seldom serious in itself, often produces complications which can leave considerable disability.

Doubts still exist as to whether mass immunisation might merely defer outbreaks of measles thus allowing epidemics to occur later in childhood, in adolescence or even in adult life. In any event, whatever the reason the County Council decided it would not include protection against this disease in its immunisation programme but parents can have their children inoculated by application to their family doctor.

VENEREAL DISEASE

Dr. R.R. Willcox, Consultant in Charge of the local Venereal Disease clinics has sent me details of new cases in 1966 from Buckinghamshire who attended the Clinic held at King Edward VII Hospital, Windsor. The total of 389 was nine higher than in 1965. Of these only five were Syphilis compared with eleven in 1965 but there were 90 cases of Gonorrhoea as opposed to 69 in 1965. Other conditions accounted for the remaining 294 cases.

OTHER INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS

The tables on preceding pages indicate that notifiable infectious diseases during 1966 played little part in illness of the population. At no time was there any indication of an outbreak and most of the cases recorded either occurred singly or in twos and threes among children of a family.

The drop in the number of cases of puerperal pyrexia is very remarkable and so far there has been no indication as to why there has been such a drop over previous years; let us be thankful, however, and trust that future years will continue to show such absence of illness in women just after childbirth.

VACCINATION AND IMMUNISATION

The following table gives a list of immunisations against infectious disease carried out by general practitioners and public health medical staff during 1966.

It is disappointing to record a small but significant decrease in all types of prevention against infectious disease with the exception of vaccination against smallpox where a small increase occurred. It is always difficult to maintain adequate protection against dangers when they are not apparent and the continuing problems of keeping an adequate proportion of the child population immunised against diphtheria, whooping cough, tetanus and smallpox shows this year after year. In this report it is only possible to draw attention to the problem, in the department the struggle against apathy must continue.

	1965	1966
Primary Diphtheria	10	4
Primary Diphtheria/Whooping Cough	4	-
Primary Tetanus	46	31
Primary Diphtheria/Tetanus	129	90
Primary Diphtheria/Whooping Cough/ Tetanus (Triple)	1,384	1,103
Primary Diphtheria/Whooping Cough/ Tetanus/Poliomyelitis (Quadrilin)	102	44
Primary Vaccination against Smallpox	1,106	1,140
Boosters - Tetanus	11	27
- Triple	1,818	1,787
Re-Vaccination	38	69

The immunisations recorded above refer to Slough. The figures for the whole of the South Bucks area only are available for the fight against poliomyelitis.

Here it is possible to record that over 3,600 protective doses of Salk and Sabin vaccines were given compared with 3,300 the year before. To some extent the problem is easier to deal with because immunisation is being given more and more by mouth instead of by injection and, naturally, the children concerned object far less. This means that their parents feel easier in their minds about having the protection carried out.

TUBERCULOSIS

(a) New Cases

- (1) *Pulmonary Tuberculosis*. There was some increase in pulmonary tuberculosis during 1966 compared with the previous year. In general the downward trend of new cases continued although more slowly.

The recent picture is still of the Asian portion of the population being hard hit; about half the cases occurring in people from the East. The reversal of this trend must be hoped for with new steps to regulate the entry into the country of those suffering from the disease but the eradication of foci which have obviously occurred with the influx of very considerable numbers of people from abroad must inevitably take a considerable time.

- (11) *Non-Pulmonary Tuberculosis*. No change in the number of cases of this condition occurred during 1966 compared with the year before but out of the eight cases seven were females.

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

<i>Age in Years</i>	PULMONARY		NON-PULMONARY	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 -	-	-	-	-
1 -	-	-	-	-
15 -	4	2	-	1
25 -	5	4	-	2
35 -	5	3	1	2
45 -	10	-	-	2
65 and over	2	-	-	-
TOTALS	26	9	1	7

(b) Notification Register

The number of active cases of pulmonary tuberculosis on the register still continues to fall but there has not been much change in the non-pulmonary group. Whereas non-pulmonary tuberculosis used to be considered to be due to infection from milk or animal sources there is little doubt that these must now be added to the cases transmitted from one human being to another.

PULMONARY

<i>Males</i>			<i>Females</i>			<i>Total</i>		
1964	1965	1966	1964	1965	1966	1964	1965	1966
420	372	345	302	258	245	722	630	590

NON-PULMONARY

<i>Males</i>			<i>Females</i>			<i>Total</i>		
1964	1965	1966	1964	1965	1966	1964	1965	1966
62	55	52	52	45	48	114	100	100

(c) B.C.G. Vaccinations

1,392 children were tested to determine sensitivity to tuberculosis:

The number who were positive to the test, only 77 out of 1,392 tested shows a considerable decrease on the previous two years and represents 5.5% of the total.

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

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

<i>Year</i>	<i>No. Tested</i>	<i>No. Positive</i>	<i>No. Negative</i>
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%)
1966	1,394	77 (5.5%)	1,191 (94.5%)

(d) Deaths from Tuberculosis

There were again four deaths from Pulmonary Tuberculosis during the year and, as in 1965, two were males and two were females. No death 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
1966	85,690	2	2	-	-	0.047

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>
WEEKLY					
	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.
TWICE MONTHLY	Farnham Common.	Stoke Poges.	Datchet.		
		Colnbrook.			
HOME SAFETY					

Home Safety talks accompanied by films and other visual aids have been given by the Home Safety Officer to many organisations including Old People's Clubs, Parent Teachers' Associations, Schools, Ante-Natal Classes and various Women's and Young People's Organisations.

Wexham Park Hospital continued to provide details of local accidents and in a number of cases subsequent investigation resulted in improved safety measures being incorporated in Local Authority Housing.

Fireguards were provided for two elderly people under the Home Safety Council Free Loan Scheme.

'Dead Easy' the Home Safety Council film on the prevention of poisoning accidents continued to attract considerable attention both in this country and abroad and during the year it was granted a Silver Award in the British Medical Association Annual Film Competition.

A successful Home Safety Picture Quiz Competition was arranged by the Home Safety Council and resulted in an entry of 387. The competition was restricted to children of primary school age and entry forms were distributed through the schools. Most of the schools were represented at the prize giving when book tokens were presented to the winning entrants by the Mayor of Slough at the Town Hall on Monday, 5th December, 1966.

A Buy for Safety Campaign was organised in the Autumn when local retailers were invited to feature those goods that conform to one or other of the various safety standards and to display the Campaign Poster. Three of the towns leading stores co-operated by arranging window displays and one of the local papers published a full page article on the Campaign.

Further publicity has been carried out by the distribution of book markers to the Public Library, the insertion of advertisements in the local press regarding the handling and safe use of fireworks and posters were distributed on a limited scale.

HEALTH EDUCATION

A wide range of health education activities was undertaken in the Borough during the year, the more popular topics included dental care, smoking and health, parentcraft and an appreciation of the needs of the mentally handicapped in the community.

Medical Officers, Dental Staff, Health Visitors and District Midwives undertook most of this teaching in conjunction with the Health Education Organiser.

Ante-Natal Classes continued to be very popular with the young parents expecting their first baby. In the whole area 602 women attended the afternoon classes, and 356 couples attended the evening filmshows. Although the classes tended to be rather smaller, the majority were now held as discussion groups, and their members were very enthusiastic.

Mothers Clubs

A main theme of Family Budgetting proved very popular, and was studied from many angles by the different clubs, the young mothers forming very critical audiences.

The Quarterly Newsletter again attracted a wide range of articles including an appreciation of the new Wexham Park Hospital, a description of the proposed new shopping centre for the middle of Slough by Mr. J.A. King, Borough Engineer and Surveyor and a fascinating article on the work of the Citizens Advice Bureau by the Secretary, Miss J. Easton.

A short 8MM colour film on the aims and activities of the local clubs is being made to aid recruitment.

Exhibits and Posters

illustrating Home and Road Safety, Good Posture, Foot Health and Food Hygiene have been displayed in Child Welfare Clinics, Nursery Schools and the Day Nursery.

Health Education in Schools

was extended. The majority of secondary schools had talks and film shows on Dental Care and Smoking and Health which led to lively discussions.

Some Cancer education was undertaken by the Medical Officers with women's groups. The changing outlook to both cancer prevention and treatment was very much appreciated by the audiences and appeared to satisfy a real need.

INTERNATIONAL FRIENDSHIP

During the past few years there have been many immigrants to Slough and a high proportion of these have come from countries overseas chiefly the West Indies, India and Pakistan although small numbers from many other countries have also arrived.

International relationships are always a possible source of friction and misunderstanding and a few years ago a loosely organised society named the International Friendship Council was formed with the express object of attempting to foster and maintain good relationships between the old and new citizens of this town.

Although the success of the Council has not apparently been outstanding its existence has enabled leaders of many nationalities to get together to discuss problems which otherwise may have been left to smoulder unrecognised and perhaps its greatest success has lain in the apparent lack of friction between different nationalities and colours. This does not mean to say that there are not, and have not been problems and intolerances one or the other but at least there has been a way of airing grievances.

The Government, too, as well as the Borough Council, have realised the importance of good relationship between different ethnic and colour groups and have made available a sum of money, through the National Committee for Commonwealth Immigrants in order to pay a Community Relations Officer whose job it is to foster good international relations. An officer was appointed in December, 1966 to the Council of Social Service and seconded to the International Friendship Council. His living and office accommodation and expenses have been provided by the Borough Council.

The influx of immigrants has caused many problems to the Health and Welfare Department particularly those from the Indian Sub-Continent as many of the women are unable to speak English. The

main problems of interpretation in Infant Welfare Centres, Ante-Natal classes and schools have now been overcome but many still remain. By and large the services we have supplied already to the population have been adequate; our main problem is one of education so that all those who need our help know how to obtain it and then to make sure that they get it.

BUREAU OF EMPLOYMENT FOR ELDERLY

This idea is not original but the Luton scheme for a bureau of employment for the Elderly captured the imagination of the Community Services Group of the Council of Social Service with the result that a similar bureau has been set up in the town.

The bureau did not start with being in any way a job finding organisation but the enthusiasm of an organiser led to its becoming such half-way through 1967. However I will outline the original scheme here. Local employers let the bureau know of any job they have which they think would be suitable for an elderly person and the elderly themselves let the bureau know what sort of job they are capable of doing or are skilled at. Information about possible jobs is then given to applicants who arrange their own interviews, and it is hoped, proved suitable for the vacancies.

At the end of 1966 about 150 people had received employment through the Bureau.

Congratulations to the Council of Social Service, to the Community Services Group and its Chairman, to those who have run the bureau and to the Secretary of the Council of Social Service who has held the bureau together in times of difficulty.

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	Monday	10.00 - 11.00 a.m.
Britwell Estate	Tuesday	10.00 - 11.00 a.m. (by appointment only)
Health Centre	Friday	10.00 - 11.00 a.m.
Parlaunt Park, Langley	Wednesday	7.00 - 8.00 p.m.
Health Centre	Wednesday	10.00 - 12.00 (by appointment only)
Burlington Road	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

WEXHAM PARK HOSPITAL

For many years the prospect of a new hospital has been dangled before the people of this town; for fewer, but still it seemed many, years the building operations were proceeding. At last, on April 25th, 1966, the hospital opened its doors to patients and on 19th May, 1966, it was officially opened by the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P.

The hospital is situated on the north-east fringe of the town and is a splendid single-storied building apart from the Administrative Tower. Some initial staffing problems were inevitable and it was only possible to raise the number of available beds from an initial 64 to 264 by the end of the year out of a full establishment in the first stage of 294.

It may seem niggardly to criticise such a fine new project but districts where other hospitals are to be built, or perhaps I should say Regional Hospital Boards who are going to build them on their behalf, might consider very carefully whether a bungalow building is best suited to hospital needs and whether a hospital should be built on an outskirts of a large town when all out-patient facilities are also going to be transferred to the new building.

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.

Part III Accommodation

Aged Persons

Non-Sick

Upton Towers

Wexham Court Hostel

Gurney House

Sinkins House

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 1966

* * *

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	...	...	...	...	31,885
Complaints received and investigated	...	...	...	...	1,237
Preliminary Notices served	...	...	...	...	195
Secondary Notices served	...	...	...	...	37
Statutory Notices served	...	...	...	...	516
Letters received	...	...	...	...	11,632
Letters despatched	...	...	...	...	1,847
Interviews with Property Owners, Agents and Builders etc.	...	...	...	...	1,832

TABLE NO. 2

Analysis of Inspection Work (Visits) performed by the Technical Staff:

Housing	...	...	...	...	...	9,920
Inspection of Meat and Other Food, Food and Drugs etc.	...	...	...	...	...	1,456
Premises at which Food is prepared, stored or sold	...	...	...	...	...	1,092
Factories, Workplaces and Offices	...	...	...	...	...	484
Shops, Offices etc.	...	...	...	...	...	1,143

TABLE NO. 2 (contd.)

Clean Air	12,687
General Hygiene	2,435
Pest Infestation Control	2,319
Miscellaneous Matters	349

S E C T I O N B

HOUSING

Since good housing conditions are of fundamental importance in environmental health, the Department continues to be active in many important aspects of housing, e.g. clearance, repair, improvement, multiple-occupation, etc.

Clearance, Demolition and Closing of Dwellings

No clearance or demolition orders were made during 1966. Two flats which were unfit were closed as parts of dwelling-houses, under Section 18 of the Housing Act, 1957.

A further provisional list of unfit houses was in preparation towards the end of the year. These houses will be subject to thorough inspection with a view to a future programme for action under the Housing Acts either by clearance orders or demolition orders. In respect of clearance areas represented in earlier years some 79 dwelling houses were demolished during 1966.

Repair and Maintenance of Dwelling Houses

During the year 247 complaints were received by the Department with respect to disrepair in dwelling houses. The district public health inspectors made 3,175 visits to houses for initial inspections and re-inspections to secure compliance with notices served and to supervise repair works.

In connection with repair work under the Housing and Public Health Acts, 126 statutory notices, 232 preliminary notices and 115 requisitions for information as to ownership of premises were served during 1966.

Housing Improvement Grants

Thirty-two applications for standard grants were approved, twenty-two of them being from owner/occupiers. A total of £2,900 was paid in grants in respect of 31 dwellings, two of them being for amounts higher than the normal statutory maximum where the work involved building a new structure with a greater cost than a simple

indoor conversion to provide a bathroom. The number of amenities provided is shown in the following table:-

TABLE NO. 3

<i>Baths</i>	<i>Wash Basins</i>	<i>Hot Water Supplies</i>	<i>Indoor W.C's</i>	<i>Food Storage</i>
16	26	28	23	11

Three tenants made formal representation to the Council to use the powers contained in the Housing Act, 1964, to compel their landlords to install standard amenities. One of the owners agreed to carry out the work voluntarily after consultation as well as improving the next door house which was in the same ownership. The remaining two owners did not agree to improve their houses and the necessary statutory but lengthy and cumbersome procedure was set in motion to enforce the necessary works. In one case the process was even lengthier than otherwise because of the need to require various repairs to be completed first so as to render the house fit for habitation. It is to be noted that where an owner fails to comply with the statutory notice requiring installation of standard amenities, the local authority can carry out the work in default and make a charge. In this event where no standard grant is claimed the rent can only be increased by an amount based on the assumption that a grant was paid. The landlord is thus at a financial disadvantage.

In addition to the powers to compel improvement of individual dwellings, part III of the Act of 1964 imposes a duty on local authorities to arrange for an inspection of their districts with a view to identifying areas suitable for improvement. In Slough the most suitable areas are those where the dwellings were built some sixty or so years ago and are without bathrooms, indoor toilets or hot water and which have a useful life ahead of them, and are capable of improvement at reasonable cost. Houses in Montague Road, Belgrave Road, Queens Road and part of Grays Road fall into this category, a number having already been improved with the aid of grants. A survey of all the houses in this area was started so that at a later date formal action can be put in motion if necessary. So far it has been established that the pattern is similar to that of a survey carried out several years ago, when it was found that a large number of elderly occupiers do not want their houses improved, irrespective of whether they own the house or whether they are tenants. Possible rent increases following improvement seemed to be of lesser importance to these people than the disturbance caused by the work being carried out. At the other end of the age scale young married couples buying these older houses cannot get the bathrooms installed quickly enough. In fact many building societies advance

loans only on condition that the bathroom is installed within a fixed time after purchase, usually six months.

Difficulties are still sometimes encountered where a house which could be improved is within an area where its life is likely to be affected by planning proposals. The benefit of any doubt is usually given to the applicant.

Multiple Occupation

Nineteen sixty-six was a very eventful year in the field of houses in multiple occupation, and the Department carried out a feat which few authorities in the country have so far attempted. A full scale survey was made of houses in the Borough to ascertain the extent and location of 'multiple occupation'. In most of the town a 100% survey was carried out whilst in other areas 10% of the houses were visited.

The survey which was completed within six months was undertaken in two parts - firstly the initial enumeration and secondly the follow-up inspection by the district public health inspectors. In the first instance six enumerators were employed on a part-time basis together with two officers from the Department working full-time on this project. The enumerators were carefully briefed as to their duties which were to record basic information as to the occupation of houses, (i.e.) houses occupied by more than one family. They were not to enter into arguments or discussions, nor was it part of their duties to inspect any premises. Some 9,500 houses were visited by the enumerators.

Of this number some 1,106 houses were recorded as likely to be in multiple occupation and these were visited by the district public health inspectors. After this more detailed investigation it was found that there were 803 houses in multiple occupation. These were classified as follows:-

- | | |
|--|-----|
| 1. Houses where provision of facilities is required
(Water-closets, baths, etc. Housing Act, 1961,
Section 15) | 27 |
| 2. Houses where means of escape in case of fire is
required (Housing Act, 1961, Section 16) | 65 |
| 3. Houses where Directions are required limiting number
of individuals (Housing Act, 1961, Section 19) | 484 |
| 4. Houses where statutory overcrowding exists
(Housing Act, 1957, Section 90) | 10 |
| 5. Houses where no action is required | 258 |

It was most gratifying and interesting to note the low incidence of statutory overcrowding, but it must be remembered that the 'permitted number' of a house is based upon the number and size of all habitable rooms and not just bedrooms.

The problem at Slough is really 'over-occupation' rather than 'overcrowding'. The Department's attitude towards the problem is to restrict the numbers based on facilities existing in the houses and so prevent overcrowding arising.

Much of the action required was in progress towards the end of 1966 leaving the remainder to be dealt with in 1967.

There is no doubt that during the past year the number of Commonwealth immigrants coming into Slough increased and there appears to be no reason to anticipate that this trend will not continue. Representatives of the Ministry have been interviewed and representations have been made requesting wider use of the Management Regulations which at present only apply to houses where Management Orders have been made. The general feeling is that if local authorities were able to use these regulations in a similar way to the Food Hygiene (General) Regulations, 1960, all our houses in multiple occupation could be maintained in a good standard of cleanliness and repair.

The biggest problem in Slough is to be able to keep abreast of new cases of multiple occupation as they arise, but to do the job properly involves the question of additional staff and it is hoped that this aspect will be considered during 1967.

It must be considered that multiple occupation is very much a part of the housing problem of Slough but this aspect by no means gives cause for alarm at present. A great deal of work has already been done on this subject and more is to follow during 1967 with respect to fire escapes and the provision of additional facilities. Many of the families in multi-occupied houses have been re-housed by the Council but in most of the houses concerned a 'permanent stop' has been made by the Housing Department.

It is this Department's objective to see that all multi-occupied houses within the Borough are of a good standard of repair externally and internally and operated with satisfactory standards of hygiene.

It is hoped to reduce over-occupation to prevent overcrowding and to ensure that adequate facilities e.g. baths, water-closets, kitchens, are provided.

If these standards can be achieved the occupants of a multi-occupied dwelling can lead a normal life in a healthy environment.

Residential Caravan Sites

There were some 102 residential caravans stationed in the Borough in 1966, and subject to licences under the Caravan Sites and Control of Development Act, 1960. Eleven of these are individual vans scattered throughout the Borough. Periodic inspections revealed that conditions were satisfactory.

There are 83 caravans on the Foxborough Farm Site at Langley. This site has permanent planning consent but is subject to conditions of the Site Licence.

These conditions were not being complied with. The site operator requested the Borough Council to vary certain conditions of the site licence. This request was refused and subsequently the site operator was successful in his appeal to the Magistrates' Court against the Borough Council's refusal.

The Magistrates' Court extended the original period in which the remaining licence conditions were to be complied with.

The Ditton Park Road Caravan Site with eight vans continues to be operated satisfactorily under its permanent planning consent and site licence.

The Brook Path Caravan Site which a few years ago contained ten caravans was finally 'run-down' during the early part of the year, and the land was used for permanent housing development.

Itinerant Caravanners

During the year there were several instances where gipsy/tinker type travellers invaded both Council and private land, and as always nuisance resulted. It is then the responsibility of the owner or occupier of such land to remove these trespassers. In practice the district public health inspector is usually successful in getting these invaders to move on. This is not a permanent solution because these people return time after time.

Towards a solution of the problem of the gipsy - didicois - tinker caravan dweller there are two avenues of approach. Firstly permanent caravan site facilities could be provided. A few local authorities have made such provision, including the Eton Rural District Council. Secondly an attempt could be made to integrate gipsies into normal community life by offering council housing to those with long standing associations with the district. Not all would welcome such settlement, but it is thought some would.

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 1966 your officers made 521 visits in respect of caravans.

Rent Act, 1957

The provision of the above Act relating to the repair and maintenance of controlled rented dwellings continues to remain in force even though the Rent Act, 1965 is now in operation. Only one Certificate of Disrepair was issued during the year.

Information re: Local Land Charges etc.

Information as to statutory orders made in respect of dwelling houses and non-complied-with notices requiring works of disrepair was supplied in respect of 1,757 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.

Council Housing Estates

- (a) *Allocation of Council Houses.* Forty-two 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.

S E C T I O N C

SAFEGUARDING OF FOOD SUPPLIES

Food Hygiene

The standard of food premises in Slough during 1966 was found to be generally good, there being only one instance where the Council resorted to summary proceedings in respect of conditions of premises.

Considerable informal action was taken in respect of matters coming within the scope of the Food Hygiene (General) Regulations, 1960, to raise premises to the required standard.

Generally speaking most food handlers appear to be more conscious of the need for good hygiene, although there is a constant necessity for educating the food trade in food hygiene in an effort to achieve higher standards and in this activity the district public health inspector plays a major role.

The general public, by demanding a high standard in the shops, cafes and restaurants they patronise, can help the Public Health Inspectors, and where they are dissatisfied with the condition of any premises they should report the matter to the Department so that appropriate action can be taken. It is recognised that the customer does not normally see behind the scenes in these premises, but vigilance on their part and regular routine inspection by Public Health Inspectors can help to achieve the required standard.

The following broad classification of food premises within the Borough gives some indication of the extent of the problem of food hygiene and the need for continued efforts by all concerned.

Catering premises, canteens, licensed premises, etc.	177
Food factories including all food manufacturing premises	20
Retail food shops	315

All these food premises were found to comply with the requirements of Regulation 16 and 19 of the Food Hygiene (General) Regulations, 1960, in respect of the provision of wash-hand basins and facilities for the washing of food and equipment.

The existing legislation goes a long way to help the staff to carry out their duties in a satisfactory manner, but in many respects it is considered that the legislation could go further. For example, under the Food and Drugs Act, 1955, no premises shall be used for the sale or manufacture of ice-cream, or for the preparation or manufacture of sausages etc., unless they are first registered by the local authority. The district public health inspector must first inspect all premises where applications for registration have been made and he must be satisfied that the Food Hygiene (General) Regulations, 1960, are complied with, and that the premises are satisfactory in every way for registration. If the premises are not satisfactory registration shall be refused. It would seem on the face of it, that if the legislation were stretched further so that all food premises must be first registered before being allowed to operate, it would be a means of stricter control. Any premises not up to the required standard could have the registration cancelled and the proprietor would be unable to operate until the premises were of the required standard. This is obviously a matter worth further consideration, but whether such legislation will ever be enacted remains to be seen.

During 1966 some further legislation was laid before Parliament, which will be of great use to the Department. I refer to the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966. These regulations came into force on the 1st January, 1967, and lay down requirements as to food hygiene in respect of markets, stalls and delivery vehicles. For some time in the profession it has been felt that stronger power is needed to deal with markets and stalls etc., and it is hoped these regulations will go a long way in helping public health inspectors to raise the standards of markets in line with other food premises.

One thousand and ninety-two visits of inspections 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 and other retail shops. School kitchens and canteens in Council and private schools were regularly inspected throughout the year.

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

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 1966.

Dealers' (Pasteuriser's) Licences	...	...	2
Dealers' (Pre-packed milk) Licences	...	...	
Untreated	...	...	12
Pasteurised	...	...	55
Sterilized	...	...	42
Ultra-heat-treated	...	...	3

Two large 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 197 samples were taken by these officers for laboratory examination to ensure the efficacy of heat treatment. During the year 131 visits were made to registered premises.

Both large 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 between their laboratory personnel and the Department's officers.

Bacteriological Examination of Milk

During 1966 two hundred and twenty samples of milk of various designations were procured for bacteriological examination. No samples of milk were examined for *Brucella Abortus*. The details are shown in the following table:-

All the samples passed the prescribed test.

TABLE NO. 4

BACTERIOLOGICAL EXAMINATION OF MILK	
<i>Classification</i>	<i>No. of Samples</i>
Pasteurised milk	197
Untreated milk	17
Sterilised milk	6

Manufacture, Storage and Sale of Ice-cream

During 1966 six additional premises were registered for the sale of ice-cream. Fifty-six visits were made to registered premises and 32 samples of ice-cream were taken for bacteriological examination with the following results:-

TABLE NO. 5

METHYLENE BLUE REDUCTION TEST	
<i>Provisional Grade</i>	<i>Samples</i>
1) Satisfactory	214
2)	-
3)	-
4) Unsatisfactory	-

Preparation and Manufacture of Preserved Food

At the end of 1966 sixty-eight 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
Manufacture of Sausages and					
Cooked Meats	...	...	...	...	50

Municipal Abattoir

During 1966 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.

A second-hand pig de-hairing machine was installed in the early part of the year. This has been a useful addition making for increased efficiency.

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.

TABLE NO. 6

	<i>Cattle</i>	<i>Sheep & 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
1966	4,731	7,522	17,638	515	30,406

During the financial year ending 31st March, 1967, tolls for the use of the abattoir amounted to £4,383. This shows an increase over the previous year of £807.

TABLE NO. 7

SLOUGH MUNICIPAL ABATTOIR

Summary of Carcasses Inspected and Condemed					
	CATTLE EX. COWS	COWS	SHEEP & LAMBS	PIGS	CALVES
No. of animals slaughtered and inspected	4,186	545	7,522	17,638	515
Disease except Tuberculosis					
Whole carcasses condemned ...	-	2	23	59	4
Carcasses of which some part or organ was condemned	902	167	340	746	5
% of number inspected affected with disease other than tuberculosis	21.5	30.6	4.5	4.2	1.0
Tuberculosis					
Whole carcasses condemned ...	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	3	-	196	-
% of number inspected affected with tuberculosis	-	0.6	-	1.1	-
Cysticercosis (C. Bovis)					
Carcasses of which some part of organ was condemned	46	3	-	-	-
Carcasses submitted to treatment by refrigeration	46	3	-	-	-
Generalized condition whole carcasses condemned	1	-	-	-	-

TABLE NO. 8

Weights of Condemed Meat						
	TUBERCULOSIS			OTHER DISEASES		
	cwts.	qrs.	lbs.	cwts.	qrs.	lbs.
Carcasses	-	-	-	83	2	10
Parts of Carcasses and Organs	24	2	22	190	1	6
TOTALS ...	24	2	22	273	3	16
TOTAL WEIGHT 14 tons 18 cwt. 2 qrs. 10 lbs.						

Proposed New Municipal Abattoir

During 1966 the Borough Treasurer, the Borough Engineer and I submitted reports on the financial, engineering and administrative aspects of the new abattoir, and further discussions took place with officers of the Ministry of Agriculture, Fisheries and Food.

Finally the planning and designing arrangements were completed and it was hoped that building might commence towards the end of the year. This however was not possible and it was evident that a few months delay would be inevitable. It is now thought that the new abattoir will be in operation by the middle of 1968.

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. (See Tables 7 and 8)

Examination and Rejection of Foods other than Meat

Seven hundred and twenty-two visits were made during 1966 to wholesale and retail food premises for the purpose of examining other foods. As a result of these visits over 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:-

TABLE NO. 9

<i>Type of Food</i>	<i>tons</i>	<i>cwts.</i>	<i>lbs.</i>
Meat from wholesale and retail premises	1	7	95
Cooked meat and meat products		5	81
Canned foods	6	2	19
Fish		3	19
Fruit and vegetables			96
Miscellaneous	2	3	36

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

There is no poultry processing premise or liquid egg pasteurisation plant within the Borough.

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 1966 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. They were all generally found to be satisfactory.

Compositional Standards and Quality

Two hundred and six samples of food were sent to the public analyst during the year, one hundred and forty-six of them being formal and sixty informal. The results are summarized in Table No. 10. A further two hundred and twenty-eight samples of milk, forty-five samples of spirits and thirty-two samples of ice-cream were also procured and tested within the department. All of the ice-cream and spirits samples were satisfactory, but nine informal samples were slightly deficient in milk solids other than fat. Further sampling was carried out which resulted in proceedings against a farmer for having in his possession milk containing added water intended for sale to a Slough dairy. One of the consignment of five churns was found to contain 35% added water. Summary proceedings were instituted against the producer who pleaded guilty and was fined £30 with costs. It was established by inspection that the water probably gained access to the milk during the cooling process.

The average content of all ordinary milk samples during the year was 3.69% fat and 8.75% milk solids other than fat. For Channel Island milk the averages were 4.39% fat and 9.07% milk solids other than fat. These figures can be considered satisfactory.

A sample of bread the label of which fell short of the requirements of the Bread and Flour Regulations, 1953, was the subject of correspondence with the manufacturers who agreed to amend the printed matter on their labels and advertisements.

Where sausage meat or sausages containing preservatives are sold by retail they must either be labelled in accordance with the Preservatives in Food Regulations or a notice must be exhibited to the effect that the food contains preservatives. This notice must be conspicuous and easily readable by customers. These requirements

are checked as a routine during visits to shops, and during the year one warning was issued to a butcher in this respect.

A rather unique incident was brought to my attention a short time before Christmas when a licensee of a local public house discovered a number of bottles of a proprietary brand of whisky near his premises. The bottles appeared to be sealed and unopened, but were found to contain liquid other than whisky. Despite much speculation and a certain amount of investigation by the department and the police no certain solution as to the origin of the bottles was forthcoming.

Complaints Relating to Food

Ninety-one food complaints were received and the pattern followed that of previous years where meat and meat products led the field with milk and bread sharing equal second place. Twenty-nine complaints related to meat and meat products, and nine each to bread and milk, including dirty bottles.

The seriousness of the complaints varied from minor matters where the customer was largely in need of reassurance as to the fitness of food in respect of his or her purchase, to the more serious complaints, examples of which can be seen in the list of cases which appears later in this report and in which legal proceedings were brought.

There were cases where an offence could not with any certainty be established, such as 'sour' meat, prepacked bacon with the date obliterated on the wrapper, and a rabbit, all of which were fit to eat. In one case the particular type of food complained of was not sold from the shop alleged by the complainant. There was the usual batch of hardy annuals - mouldy pies and mouldy bread and flour products - mostly indicative of poor stock rotation by the retailer, and predominant during warm weather. Much advice has been proffered and education given over the years by public health inspectors and food manufacturers in attempts to bring home the need for regular stock turnover in conjunction with a system of coding which can easily be applied by the retailer. As events so often show, this simple procedure is not carried out, with unfortunate results.

Legal Proceedings

Proceedings were instituted against food traders in the following cases:-

Mouldy potted shrimps	£75 fines and 15 guineas costs
Mouldy sausages	£30 fines and 10 guineas costs

Mouldy sausage rolls	£30 fines and 10 guineas costs
Mouldy bread	£30 fines and 10 guineas costs
Fly blown meat and contraventions of the Food Hygiene (General) Regulations	£275 fines and 15 guineas costs
Mouldy cakes	£50 fines and £8.10. 0d. costs
Mouldy pie	£25 fines and 10 guineas costs
Mouldy cake	£30 fines and 14 guineas costs

TABLE NO. 10

FOOD	PROCURED		ADULTERATED	
	Formal	Informal	Formal	Informal
Almonds (ground)	2	-	-	-
Buttered rolls	1	-	-	-
Cheese products	6	1	-	-
Cream of Tartar	1	-	-	-
Crystallised ginger	1	-	-	-
Fats	7	2	-	-
Fish products	8	4	-	-
Flour and flour products ...	9	3	-	1
Flour confectionery	1	10	-	-
Fruit	12	-	-	-
Fruit fillings	3	4	-	-
Ice-cream and lollies	3	-	-	-
Jelly products	1	2	-	-
Meat products	23	11	-	-
Meat tenderiser	1	-	-	-
Medicinal products	1	-	-	-
Milk	8	5	1	3
Milk products	6	-	-	-
Nuts	1	-	-	-
Pickles and Sauces	11	-	-	-
Preserves	13	9	-	-
Sausages	1	7	-	-
Savouries	4	1	-	-
Soft drinks	6	-	-	-
Spices	10	-	-	-
Sugar	1	-	-	-
Vegetables	3	-	-	-
Vinegar	2	1	-	-
TOTAL ...	146	60	1	4

SECTION D

CLEAN AIR

The year 1966 marked an important step forward in the Clean Air Movement. During that year an International Clean Air Conference was held in London. H.R.H. The Duke of Edinburgh, Patron of the Congress sent a message of encouragement which included the following remarks:- 'The Pollution of the atmosphere has been going on for so long and in some places has reached such dreadful proportions that it seems almost impossible to do anything about it.

Nothing can, and nothing will be done about it until all the individuals, societies and organisations concerned with this problem can come together and attack it together.

Recent years have seen some very hopeful successes in the control of air pollution in different parts of the world. Now this first International Clean Air Conference meeting in London should give an immense impetus and a sense of direction to the whole campaign.'

Smoke Control Areas

In recent years it has been established that the chimneys of dwelling houses are by far the biggest offenders in so far as smoke emission is concerned. House smoke contains more tarry particles and it is particularly harmful because it issues at a low level.

Since the passing of the Clean Air Act in 1956 local authorities have had the power to control the emission of smoke from the chimneys of all buildings including dwelling houses, by making Smoke Control Areas. During 1966 another Smoke Control Order came into operation making nine Orders in operation within the Borough. This brought the total area of the Borough covered by Smoke Control Orders to 2,297 acres involving 9,117 buildings. In terms of acreage, some 37% of the Borough was subject to Smoke Control Orders at the end of 1966, see Table No. 11.

Grants are available towards the cost of installing a wide variety of smokeless appliances. Many people are installing gas fires which are gaining popularity owing to their labour-saving and cleanliness in use. Some householders are taking the opportunity of installing partial or whole house central heating. Although all the work is not eligible for grant, a grant is payable on reasonably necessary work and this helps towards the total cost of the installation.

With more people turning towards the 'piped' fuels - gas and electricity - the resulting sulphur dioxide emission into the atmosphere is reduced accordingly so that although the initial

cost of the adaptation of the firegrate 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 nine Smoke Control Orders now in operation.

Industrial

Since the passing of the Clean Air Act in 1956 the amount of industrial smoke emission has been considerably reduced. Regulations have been made limiting the period of emission of dark smoke from industrial chimneys. Under Section 10 of the Act, local authorities have the power to reject any plans submitted in accordance with the Building Regulations 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, a person intending to install a new furnace must notify the local authority and the furnace must be, so far as is practicable, smokeless in operation. The Slough Borough Council operates a scheme of Prior Approval whereby anyone installing a new furnace may submit details of the plant for examination by officers of this Department. If it is considered that the new furnace 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 twelve applications for Prior Approval were granted in respect of new furnaces within the Borough.

Measurement of Air Pollution

A report on the Investigation of Atmospheric Pollution, 1958 to 1966 reveals that there is less smoke in the air in British towns and cities. Excluding London, the amount of smoke has decreased by about a quarter in the seven years ending in 1965, and sulphur dioxide has decreased by about one-fifth.

Since October, 1961, Slough has been taking part in a National Survey of Air Pollution in conjunction with the Air Pollution Section of the Ministry of Technology. Five volumetric and smoke filter instruments are in use for this purpose; these instruments are set up at different stations within the Borough and visited daily. There are also three atmospheric pollution deposit gauges stationed at different points in the town which require attention monthly.

The results obtained from the instruments are forwarded to the Ministry of Technology and are published later in their bulletins.

Administration and Statistics

All matters relating to Clean Air are dealt with by a separate section of the Department. A Public Health Inspector with additional qualifications who specialises in the work is in charge of this section in which there are two Technical Assistants employed mainly in carrying out house-to-house investigations in connection with smoke control areas.

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

No. of visits to industrial premises	312
No. of smoke observations (industrial)	84
No. of visits in connection with Prior Approval	18
No. of visits to non-industrial premises - mainly associated with proposed Smoke Control Areas	9,161
No. of interviews at the office regarding Smoke Control Areas	936
No. of visits to premises in Smoke Control Areas (in operation)	853
No. of complaints regarding smoke	41
No. of visits in connection with measurement of air pollution	1,282

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 which in 1966 took the form of an International Clean Air Conference was held in London and was attended by the Public Health Inspector specialising in Smoke Control.

TABLE NO. 11

**BUILDINGS SITUATED WITHIN SMOKE CONTROL AREAS
IN OPERATION AT DECEMBER 1966**

SMOKE CONTROL ORDER NO.	HOUSES	CLASSES OF BUILDINGS			TOTAL	AREA IN ACRES
		COMMERCIAL	INDUSTRIAL	OTHER		
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
9	1,128	62	28	8	1,226	275
GRAND TOTAL	8,824	193	61	39	9,117	2,297

SECTION E

OFFICES AND SHOPS

Offices, Shops and Railway Premises Act, 1963

The main provisions of this Act relate to the safety, health and welfare of persons employed in shops, offices and railway premises and follow closely those of the Factories Act, including requirements for cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, seats, safety of machinery, first aid and fire precautions. Some premises are not covered by the Act; mainly where (1) only self-employed people work, (2) the only employees are immediate relatives of the employer, or (3) the weekly sum of hours worked by all the employees together does not normally exceed 21.

Local authorities who have long been responsible for enforcing legislation dealing with public health and shop trading, are also responsible for enforcing the Act in most office and shop premises. H.M. Inspectors of Factories enforce the general provisions of the Act in railway premises, fuel storage depots on railway land and factory offices. The Fire provisions of the Act are, for the most part, enforced by Fire Authorities, but in certain premises H.M. Inspectors of Factories or H.M. Inspectors of Mines and Quarries are responsible for some or all of the fire provisions.

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. Coded information is sent quarterly to the Ministry on reported accidents for the compilation 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). Details on this form are in duplicate for the use of the local authority and the Fire Authority. Any defaulting in this requirement is corrected during routine general inspections.

Enforcement of the Act

The following Regulations have been made by the Minister of Labour, and define in a more detailed manner certain general requirements of the Act.

The Washing Facilities Regulations, 1964	operative 1st January, 1966
The Sanitary Conveniences Regulations, 1964	operative 1st January, 1966
The Offices, Shops and Railway Premises First Aid Order, 1964	operative 1st December, 1964 (part) operative 1st September, 1965 (part)
The Prescribed Dangerous Machines Order, 1964	operative 1st August, 1964
The Information for Employees Regulations, 1965	operative 1st June, 1965

In order to assist Local Authorities in the administration of the Act and Regulations the Ministry of Labour has issued circulars to enforcing authorities containing guidance, and these circulars have been supplemented by further information as more experience is

gained in the workings of the Act. At the time of drafting this report fifty circulars have been issued.

The Minister is empowered to make further Regulations and it had been hoped that regulations would be made to define the requirements of Section 8 of the Act which refers to lighting. The Ministry has had this matter under consideration since the commencement of the Act, and in the winter of 1965 a special survey of different classes of premises was made by local authorities to provide up to date information to the Minister. Current information on this subject indicates that the Minister has decided not to make Regulations, but to issue an advisory booklet to enforcing authorities dealing with lighting in all types of premises within the scope of the Act.

Enforcement of the Act and Regulations has so far proceeded by advice and warning rather than by recommending prosecution.

The following paragraphs indicate contraventions revealed during general inspection of premises, which have all been the subject of informal notices to occupiers to secure compliance.

Cleanliness (Section 4)

Contraventions found 81

This usually applied to parts of premises not seen by the public.

Overcrowding (Section 5)

Contraventions found 9

The 'breathing space' for those premises which were in use on 31st July, 1963, will end in August, 1967. By this time the numerical space standards will apply to rooms in which people work, with the exception of certain rooms to which the public resort.

Temperature (Section 6)

Contraventions found 71

Most problems concerning the maintenance of the specified minimum temperature of 16°C (60.8°F) related to shops, especially where management considered that sales promotion depended on an ever open door regardless of external temperature.

Ventilation (Section 7)

Contraventions found 61

The majority of contraventions arose in shop premises both old and new. Many shop occupiers considered that the entrance door provided sufficient ventilation, and most were concerned about security arrangements to protect the stock and satisfy the Insurance Companies.

Lighting (Section 8)

Contraventions found 16

Again the cleanliness of lighting equipment and the decorative condition of ceilings and walls was a contributory factor to poor

lighting. In the absence of definite standards only those premises where obviously poor lighting occurred were the subject of informal action. The whole question of adequate lighting has been the subject of so much discussion that Regulations were considered a certainty, and with these it was felt that positive steps could be taken to achieve compliance.

Where necessary occupiers are advised to be guided by the Code for good interior lighting by the Illuminating Engineering Society.

Sanitary Conveniences (Section 9)

Contraventions found 61

Sufficient and suitable sanitary conveniences must be provided. They must be kept clean, properly maintained, lighted and ventilated, and be conveniently accessible to employees. The Sanitary Conveniences Regulations, 1964, which came into force on 1st January, 1966, lay down standards for the numbers of conveniences in relation to the numbers of persons employed.

Generally the contraventions found related to the condition of existing conveniences rather than insufficiency.

Washing Facilities (Section 10)

Contraventions found 68

Suitable and sufficient washing facilities must be provided, including a supply of clean, running hot and cold water, or clean running warm water, and soap and clean towels or other suitable means of cleaning and drying. The place where the facilities are provided must have effective lighting, be kept clean and in orderly condition and all apparatus must be kept clean and properly maintained and conveniently accessible to employees.

The Washing Facilities Regulations, 1964, which came into operation on the 1st January, 1966, detail the type and number of facilities which must be provided in relation to the number employed.

Absence of running hot water, and unsuitable condition of facilities were the main contravention found.

Supply of Drinking Water (Section 11)

Contraventions found 1

An adequate supply of drinking water and suitable drinking vessels must be provided at places conveniently accessible to all employees. The requirements of this section do not appear to create a problem.

Accommodation for Clothing (Section 12)

Contraventions found 22

Arrangements must be made for clothing not worn during working hours and for working clothes kept on the premises to be hung up or otherwise accommodated with reasonably practicable arrangements for drying the clothing.

Usually the smaller premises were the ones found lacking in this requirement.

*Sitting Facilities and Seats for
Sedentary Workers (Sections 13 and 14)* Contraventions found 4

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.

Eating Facilities (Section 15) No Contraventions found

This section refers to shops only, but there is no requirement to provide facilities unless employees eat meals on the premises.

Floors, Passages and Stairs (Section 16) Contraventions found 70

This section again provided a number of contraventions including absence of or insecure handrails, insecure stairs, absence of protection to open sides of stairs, worn stairs and floors, and stair and floor covering, obstructed floors and stairs and unguarded trap door openings.

At the time of inspection in such premises the need for compliance with this section is related to the possibility of accidents to staff which may become a reportable matter under the Act.

*Dangerous Machinery (Sections 17, 18
and 19)* Contraventions found 26

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.

This part of the Act breaks new ground for public health inspectors, and the main problems have related to food slicing machines, unfenced refrigerator compressors and guillotines.

Prohibition of Heavy Work (Section 23) No Contraventions found

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 contractors' men or to delivery men who may have to work on the premises.

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.

In some cases no first aid equipment was provided, but the majority of contraventions concerned understocked boxes.

The Borough Council issued one certificate of exemption from the general requirements of Section 24, to a Company occupying a large office block where a specially equipped first-aid room was provided.

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 and prevents him 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. 14 and 15.

I am pleased to record that no fatal accidents were reported during the year.

TABLE NO. 12

CLASS OF PREMISES	NUMBER REGISTERED
Offices	289
Retail Shops	548
Wholesale Shops, Warehouses	22
Catering Establishments open to the public, canteens	73
Fuel Storage Depots	1
Total number of Registered premises at end of year	933
Number of Visits to registered premises	1,143
Number of registered premises receiving a general inspection	582

TABLE NO. 13

PERSONS EMPLOYED BY WORKPLACE CLASS OF WORKPLACE	NUMBER OF PERSONS
Offices	3,973
Retail Shops	4,003
Wholesale Departments, Warehouses	524
Catering Establishments open to the public	672
Canteens	65
Fuel Storage Depots	7
Total	9,244
Total Males	4,009
Total Females	5,235

TABLE NO. 14

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	2	-	-	3
Retail Shops	5	12	3	1	21
Wholesale Departments	-	-	-	-	-
Warehouses	-	-	-	-	-
Catering establishments open to public	1	-	-	-	1
Canteens	-	3	-	-	3
Fuel Storage Depots	-	-	-	-	-
TOTAL	7	17	3	1	28

TABLE NO. 15

**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	-	-	-	-	-
Power-driven machinery or relevant part in motion	-	1	2	-	3
Vehicle in motion not moved by power	-	-	-	-	-
Fire and explosion	1	-	-	-	1
Hand Tools	1	1	1	-	3
Falls on or from fixed stairs	1	1	-	-	2
Falls on or from ladders or step ladders	-	1	-	-	1
Falls from one level to another	-	-	-	-	-
Falls on the same level	1	7	-	-	8
Stepping on or striking against object or person	1	1	-	-	2
Handling goods	2	2	-	1	5
Not otherwise specified	-	3	-	-	3
TOTAL	7	17	3	1	28

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

The more important aspects of the Shops Act, 1950, concerning the health, safety and welfare of employees have been repealed and are re-enacted in the Offices, Shops and Railway Premises Act, 1963. The remaining provisions as to hours of closing, half holidays, meal times and employment of young persons, are the subject of investigation during inspections under the new Act.

The Shops (Early Closing Days) Act, 1965, removed the local authorities power to fix an early closing day, and provides for this to be selected by the occupier of the shop.

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.

Questions have been raised by employers and Managers on the employment of young persons, and in the main they are anxious to comply with the requirements of the law. There are minor contraventions detected in relation to the exhibition of specified notices and these are dealt with informally.

There still remains a restriction on the opening hours of shops on week-days and a restriction on Sunday Trading, and both topics have received so much adverse comment over the years, in particular at the annual conferences of the Institute of Shops Acts Administration from people in high places, that the difficulty facing inspectors is best illustrated by quoting some comments on the subject: 'The Consumer Council, since its inception, has worked for the removal of all restrictions on the opening hours of shops. The fact is that the present Act is not only ineffective and to a large extent unworkable, but brings the law into contempt.' and from a senior Home Office official: 'I am quite convinced that the purpose of the existing shops legislation at the time when it was passed, no longer has any real application to present day conditions.' In 1962 the National Chamber of Trade said: 'It was quickly evident that the present Act was made to cover the circumstances of the early years of this century which were entirely different from today's requirements. Over the years the Act has worked so badly that the Committee believes it would be better to have no Act than attempt to maintain the present one.'

Whatever Parliament may propose in relation to Sunday Trading there seems to be general agreement that the existing anomalies must be removed to make the legislation workable.

From all that has been said there seems to be a widespread feeling that Sunday should be retained as 'a day with a difference' and that some restrictions will remain. The confusion amongst enforcing officers as to what can and cannot be sold on Sunday is bad enough, but the shopkeeper must have a terrible time - even those who are anxious to comply with the law. Some occupiers of small mixed-trade shops have decided to close on Sunday rather than attempt to decide what the law allows them to sell, and the person most aggravated is the customer.

Six-day Trading

The Borough Council on 2nd May, 1966, made an order, in accordance with the requirements of Section 1, sub-section (4) of the Shops Act, 1950, exempting certain classes of trades in the central shopping area of the Borough from the need to observe an

early closing day. The area is defined in the order and occupiers of shops listed by trade are thus given the freedom to trade for six-days if they so wish, but it is important to note that staff are protected by Section 17 of the Shops Act, 1950, which requires the employer to provide a half-holiday.

Exhaustive enquiries were made prior to the order being agreed, and considerable administrative work was necessary, but observations have since shown that very few traders who could now trade for six days are doing so.

SECTION F

FACTORIES AND WORKPLACES

Factories

Slough's industry is perhaps best described as 'mixed' development and the work carried on is of a wide and varied nature. At the end of 1966 there were 685 on the Council's Register of Factories and most of these are to be found within the Slough Trading Estate. The great majority are 'power' factories i.e. where mechanical power is used, and as such are under the jurisdiction of the local authority only with regard to sanitary accommodation, its suitability, arrangement and maintenance. This power is given to the local authority under the Factories Act, 1961. All other powers are vested in H.M. Factory Inspector with whom the Department has close liaison.

The remaining 34 factories are 'non-power' and in these cases the local authority is responsible for enforcing the provisions of the Factories Act relating to cleanliness, overcrowding, temperature, ventilation and sanitary accommodation.

During the year 484 inspections of factories were made and when offences under the Factories Act, 1961 and Sanitary Accommodation Regulations, 1938, were found notices were served requiring the necessary work to be carried out.

All factory canteens are regularly inspected to see that they comply with the Food Hygiene (General) Regulations, 1960, as are all factories where food is handled or processed.

Where plans are deposited with the Borough Engineer for Planning and Building Regulations approval they 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.

Where complaints of noise and public health nuisances are received these are all investigated and boiler houses and plants are inspected under the Clean Air Act, 1956.

TABLE NO. 16

INSPECTION OF FACTORIES

PREMISES	NUMBER ON REGISTER	NUMBER OF		OCCUPIERS PROSECUTED
		INSPECTIONS	WRITTEN NOTICES	
1. Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority	34	26	-	-
2. Factories not included in 1 in which Section 7 is enforced by the Local Authority	642	451	8	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	9	7	-	-
TOTAL	685	484	8	-

TABLE NO. 17

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)	2	2	-	-	-
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	11	4	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against Act (not including offences relating to Outworkers)	-	-	-	-	-
TOTAL	13	6	-	-	-

Tables 16 and 17 give statistical information required each year by the Ministry of Labour and National Services. These figures indicate the work of the District Public Health Inspectors relating to factories.

Workplaces

Where premises are neither in the category of factory or shop they are classed as a workplace.

In the main these are one-man concerns and they are inspected to ensure satisfactory sanitary accommodation, ventilation, cleanliness and absence of overcrowding, as required by Sections 46 and 92 of the Public Health Act, 1936.

Outworkers

Several firms who employ persons to carry out work outside their factory premises are required to notify the local authority twice yearly of all the names and addresses of these outworkers.

Officers from this Department visit these premises in order to see that working conditions are satisfactory and to advise should there be any infectious diseases in the house.

During 1966 nineteen premises were notified and all were found to be satisfactory.

Drinking Water

In respect of one factory where the supply of drinking water is obtained from a deep well, the Council granted a Certificate of Approval in pursuance of Section 57 of the Factories Act, 1961.

S E C T I O N G

PEST INFESTATION CONTROL

Pest Control, Disinfection, etc.

The Borough Council is charged by the Prevention of Damage by Pests Act, 1949, to carry out pest infestation control and this work 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 for supervising the work of the section in which four manual workers are engaged.

Research workers are continually increasing their knowledge of pest behaviour, and searching for new chemicals, and although there have been some impressive advances in this field during the past twenty years, the cost to the country as a whole in terms of damage to property, spoilage of food and disease caused by pests is estimated in millions of pounds each year.

Pest control is essentially a basic necessity in environmental health. Occupiers of all premises can make a valuable contribution simply by practising elementary principles of hygiene, e.g. removal of refuse and lumber and the proper disposal of waste food. Infestations should be reported immediately they are discovered so that treatment can be carried out without delay.

Rodent Control

The bulk of the work of the Pest Control Section is concerned with the destruction of rats and mice.

In 1966 notifications were received in respect of 655 infestations of rats and 235 of mice. A total of 7,597 visits in connection with investigation and treatment was made.

Supervision was exercised in connection with the rat-proofing of dwellings and other premises during the year.

Table No. 18 gives details of the work of the rodent operators during the year.

Annual Agreement Scheme

This scheme has been in operation since 1949 and has proved to be popular and successful since that time. The premises of all participating firms are inspected at regular intervals and all infestations are dealt with immediately.

During 1966 one hundred and ten premises were serviced under this scheme and the total income from these agreements amounted to £1,463.

Workable Area Committee

The chairman and I represent the Borough Council on the South Bucks and East Berks Workable Area Committee. This body is convened by the Ministry of Agriculture, Fisheries and Food and is supported by most local authorities in the area. Officers and members meet during the year, thus providing a common ground for discussion and exchange of information on the various topics which arise in the sphere of pest control.

Scientific research personnel of the Ministry's Infestation Division give lectures and show films on the various aspects of their work.

From time to time the rodent operators attend refresher courses organised by the Ministry.

Sewers

Test baiting and treatment for rodent infestation in the Council's sewers were carried out during the year. There is a relationship between infestation in sewers and premises. Again I am pleased to report that the degree of infestation found in the town's sewers was indeed slight.

General

Complaints are received concerning pests other than rodents (e.g. beetles, wasps, etc.), and where possible treatments are carried out.

During the year under review bedding and other articles were disinfested and/or disinfected by the use of chemical fumigants or insecticides. In addition several premises associated with infestation of vermin or otherwise infected were treated by personnel under the supervision of the Pest Control Officer.

TABLE NO. 18

Rodent Infestation Control (Rodent Operators)								
	PRIVATE DWELLINGS	BUSINESS PREMISES		REFUSE DESTRUCTOR TIPS DUMPS ETC.	PARKS HEDGES DITCHES ETC.	OTHER COUNCIL PROPERTIES SEWERS ETC.	TOTAL	
		ANNUAL AGREEMENT SCHEME	SHORT TERM ACTION					
1. Investigations made ...	1,793	1,182	305	102	139	693	4,214	
2. Treatments carried out by the Corporation ...	1,393	332	286	102	139	72	2,324	
3. Poison baits laid ...	6,336	332	2,010	210	172	72	9,132	
4. Poison baits taken ...	3,064	92	815	68	46	16	4,161	
5. No. of visits made ...	3,060	2,114	538	126	162	549	6,549	

SECTION H

MISCELLANEOUS

Water Supply

In 1966 some 83 visits were made in connection with water supplies and swimming bath waters and the following samples were procured:-

Domestic Water Supplies

Wells 	2
--	---

Swimming Bath Waters

Slough Lido 	28
Slough Community Centre 	42
Council Schools 	11
Private Schools 	5

The results of all these samples proved to be satisfactory.

Noise

Nineteen sixty-six saw the inception of the noise insulation grants scheme designed to assist residents in specific areas who are seriously disturbed by aircraft noise. The assistance takes the form of grants from the British Airports Authority towards the cost of sound insulation in dwellings which in Slough are situated in Langley Ward, and which were constructed before 1st January, 1966. All such dwellings are eligible whether private or public, and the grants can be paid to either owner or occupier, provided the interest in the dwelling existed at 1st January, 1966.

Enquiries have been made by occupiers of houses outside the Langley Ward who have shown interest in insulating their houses against aircraft noise but they have had to be told that they were ineligible for grant, often to their chagrin. It is difficult to explain adequately to such an enquirer that because he lives a couple of streets outside the Ward boundary, the noise he suffers is not remediable with government aid.

The work necessary to qualify for a grant must conform with a specification which, briefly, includes double glazing of windows with a minimum space of seven inches between inner and outer panes, the inner pane being at least 32 oz. glass. An approved ventilation unit must be installed in each room for which grant is claimed. Other work which is optional but can rank for grant includes insulating the roof structure, blocking up fireplace openings, and re-instatement of decorations which have been necessarily disturbed.

The maximum grant which can be claimed for each dwelling is £100 or half the cost, whichever is the lesser but, the applicant cannot be paid any grant towards the cost of his own labour if he does the work himself.

The scheme started off with considerable publicity and local and national interest, but after the initial period when the majority of enquiries were received, there now seems to be little reaction. By the end of the year a mere 56 requests for application forms and information had been made, but no applications received.

The Borough Council acts through the Chief Public Health Inspector as agent for the British Airports Authority who makes all arrangements for issuing guidance in administering the scheme, prepares application forms and publicity and re-imburse the local authority for any grants made, with an addition for administrative costs.

The principle on which the method of insulation is based is that aircraft and similar noises from outside are airborne, and carried into the house through openings. Much of this unwanted noise can be stopped by closing the openings, and this is particularly noticeable when a window is shut, or by adding a second barrier in the form of an inner window. This form of sound insulation is ineffective against noise conducted through the structure from noisy neighbours.

Fifteen complaints relating to noise were received during the year. All were investigated. As is often the case most of these complaints were of a trivial nature where no remedial action was possible, leaving several justifiable cases where after informal action a satisfactory solution was found in each instance.

Hairdressers

At the end of the year there were 75 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 1966 the Council granted the necessary consent in each case.

House Drainage

During 1966, one hundred and fifty-one complaints were received concerning choked or defective drainage and sanitary fittings. The District Inspectors made some 436 visits for the purpose of investigation, testing and supervision of remedial works. Sanitary improvements were effected at 29 premises. Further progress was made with the abolition of cesspools during the year.

Places of Entertainment

Inspections were made during 1966 to several places of entertainment, all of which were found to be satisfactory.

COMMITTEE FOR EDUCATION

January to May 1966

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. HUMPHRYES
MR. F.W. SPOLTON

May to December 1966

Borough Education Officer

C.S. SMYTH, B.A.

Staff Engaged in Medical Inspections during 1966

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., (resigned 21.12.66)

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 (resigned 31.9.66)

MRS. J. LOMAS (appointed 26.9.66)

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, 1966

This is the fourth 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 1964	January 1965	January 1966
Nursery Schools	480	500	499
Primary Schools - Infant and Junior	7,829	7,983	8,659
Secondary Schools - Modern ...	4,423	4,428	4,208
- Technical	763)	2,440)	2,900
- Grammar and High	1,745)	)	)
Special Day School	153	156	168
	15,393	15,507	16,334

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 - 1966

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)
1962 and later	26	-	-	-
1961	879	9	79	76
1960	318	6	36	42
1959	80	-	3	3
1958	64	2	5	7
1957	47	1	2	3
1956	77	8	6	14
1955	1,021	60	62	120
1954	158	3	9	11
1953	56	3	3	6
1952	494	34	61	90
1951 & earlier	1,275	58	47	101
TOTAL	4,495	184	313	473

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 21,450

(b) Total number of individual pupils found to be infested 145

Of the 145 children found to be infested 77 have been noted for the first time.

TABLE NO. 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.	DEFECT OR DISEASE	P E R I O D I C I N S P E C T I O N S							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin	4	4	6	1	7	5	17	10
5.	Eyes -								
	(a) Vision	14	12	53	1	114	16	181	29
	(b) Squint	7	6	-	-	1	1	8	7
	(c) Other	1	-	-	-	2	-	3	-
6.	Ears								
	(a) Hearing	21	8	17	-	28	4	66	12
	(b) Otitis Media	1	-	-	-	1	-	2	-
	(c) Other	-	1	-	-	1	2	1	3
7.	Nose and Throat	12	34	2	1	7	13	21	48
8.	Speech	26	15	-	-	9	2	36	17
9.	Lymphatic Glands	1	-	-	-	-	-	1	-
10.	Heart	3	14	3	4	-	3	6	21
11.	Lungs	6	5	1	-	7	8	14	13
12.	Development -								
	(a) Hernia	3	2	-	-	-	4	3	6
	(b) Other	-	7	1	1	3	2	4	10
13.	Orthopaedic -								
	(a) Posture	4	1	9	1	11	-	24	2
	(b) Feet	29	19	10	1	30	3	69	23
	(c) Other	2	6	3	-	5	2	10	8
14.	Nervous System -								
	(a) Epilepsy	1	3	1	1	1	1	3	5
	(b) Other	5	1	-	-	4	-	9	1
15.	Psychological -								
	(a) Development	3	3	1	1	4	2	8	6
	(b) Stability	2	17	2	3	6	2	10	22
16.	Abdomen	-	1	-	-	-	-	-	1
17.	Other -								
	Kidney Disease	-	1	-	-	-	-	-	1
	Underweight	-	1	-	3	2	1	2	5
	Obesity	-	1	-	3	1	7	1	11
	Dysmenorrhoea	-	-	1	-	-	-	1	-
	Diabetes	-	-	1	-	1	-	2	-

TABLE NO. 3

SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Re-examinations and Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4.	Skin ...	3	6
5.	Eyes -		
	(a) Vision ...	19	32
	(b) Squint ...	2	12
	(c) Other ...	2	1
6.	Ears -		
	(a) Hearing	41	46
	(b) Otitis Media	-	-
	(c) Other ...	-	1
7.	Nose and Throat	6	23
8.	Speech ...	16	31
9.	Lymphatic Glands	-	5
10.	Heart ...	1	35
11.	Lungs ...	8	22
12.	Developmental -		
	(a) Hernia ...	1	6
	(b) Other ...	3	14
13.	Orthopaedic -		
	(a) Posture	11	2
	(b) Feet ...	23	47
	(c) Other ...	6	17
14.	Nervous System -		
	(a) Epilepsy	1	1
	(b) Other ...	3	5
15.	Psychological -		
	(a) Development	11	17
	(b) Stability	10	31
16.	Abdomen ...	-	6
17.	Other -		
	(a) Obesity	-	13
	(b) Kidney Disease	-	2
	(c) Diabetes	-	1
	(d) Anaemia	1	7
	(e) Rheumatism	-	1

REPORT OF THE REMEDIAL GYMNAST

The overall picture presented by the figures below is very similar to that of 1965. The usual number on weekly roll is 250, and the average number in each group is 6. Unfortunately the groups often have to contain 10 pupils, which is too many for effective help.

One-hundred and eight parents accepted invitations to visit the schools and to be advised on home treatment. This was a slightly higher percentage than last year and is encouraging.

During the year more children have been recommended to attend for supervision once a month, following a reasonable period of weekly supervision. This is mainly with the older pupils, and those with chest conditions. In some cases quite young children have responded well to this approach.

Timetable planning has again been helped by full co-operation from head teachers and staff, and this has been much appreciated.

	1964	1965	1966
Number of schools with pupils in need of treatment	35	34	34
Total number of new cases referred	212	141	167
Total number who received treatment	445	405	384
Number of children who have been discharged from treatment, or who have left school or district	184	163	126

Summary of Cases Treated

(a) For foot and knee defects	245	246	248
(b) For postural defects	125	88	74
(c) For asthma and other chest conditions	69	65	53
(d) For neurological conditions	6	6	9

In addition there are 18 cases being treated by the physical education staff at Slough High School and Slough Technical High School.

SPEECH THERAPY

Statistics	1965	1966
Number on waiting list 31st December	-	-
Number being treated on 31st December	132	143
Cases discharged	46	56
Number of new cases	59	69
Total attendances	3,491	3,437

From the figures above it will be seen that the need for speech therapy and the amount of work carried out by speech therapists was almost the same during 1966 as it was during 1965. Two new centres for treatment were added during the year and visits are now paid to 14 schools and clinics including the Day Special School for Educationally Subnormal Children, the Junior Training Centre for Mentally Handicapped Children and the Centre for Cerebral-Palsied Children. Some visits were made to children at home.

Readers will be interested to see an analysis of categories for which treatment was afforded:-

Stammerers	19
Children with articulation defects due to structural abnormality, emotional disturbance, low mental ability, hearing loss, etc.	94
Children with no language, or with delayed language development	21
Children with neurological involvement	7
Children with voice disorders	Nil

It was possible for a meeting of all speech therapists in the County to be held during the year and, apart from discussions on problems common to all therapists, talks were given on problems of partially hearing and cerebral-palsied children.

Students from the West End Hospital continued to take their field training at Slough clinics, an arrangement which is valuable to the students and the local speech therapy service alike.

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	408
For other defects	6
Spectacles were prescribed for	141 pupils

PARTIALLY HEARING UNIT

During the period covered by this report the recognised number of 8 children attended the Unit daily on a half-time basis. They attend each morning for specialist tuition in the basic skills - language and vocabulary development, number and auditory and speech training. Satisfactory results are being obtained both academically and socially.

During the year a loop induction amplifying system has been installed in the main hall of the Lea Junior School which enables the partially hearing children to take a full part in all large group activities in that school.

All schools in the Borough have been visited from time to time and in addition to the 8 children attending the Unit

93 have been tested and diagnosed for deafness and assessed as to their educational needs;

38 children are now wearing hearing aids;

76 are under periodic observation;

6 have received extended courses in auditory and speech training;

5 pre-school age children have attended regularly for auditory training and parent guidance;

and we are glad to find that schools and parents are becoming more aware of the problems of deafness in children and are taking more and more advantage of the facilities and service we are endeavouring to provide.

The excellent and unique relationship with the local hospitals, particularly the Consultant E.N.T. Surgeon, Appointments and the Hearing Aid Department, continues, and they spare no effort to accommodate us in appointments, information and equipment supplies for which we are always very grateful.

CENTRE FOR CEREBRAL-PALSIED CHILDREN, SLOUGH

At the end of 1966 twenty-one children were on the register of the Centre and of these eight were under the age of 5 years. Seven of the children receive full-time education, two have individual sessions according to their needs and the remainder have care and training in the Nursery, or Care Section. The maximum number of children who were on the register at any one time during the year was twenty-six; six children left, five because they went to other centres, three of which residential, and one left the country to return to the West Indies.

Liaison with local Nursery, Primary and Special Schools has continued and expanded; one child is, indeed, now attending full-time at the nearby Day Special School.

The physiotherapist was as busy as ever, giving individual treatment to 18 children and group treatment to four others in addition to occasional treatment to another three; advice and treatment was given as necessary to another four 'out-patients'. The Centre continued to be fortunate in obtaining an adequate supply of training aids and a working arrangement is growing up between the Centre and the suppliers of calipers and other such apparatus.

Although not all the children need help with speech, defects of speech are very common among cerebral-palsied children and eight children received regular training and treatment individually as well as another six who were trained and treated in a Group. Hearing problems continued to take up much time of the staff and the difficulties which many children have with muscular control often makes it extremely difficult to know the extent of hearing loss or sometimes, indeed, to know whether hearing or deafness does in fact exist.

The Bucks and Berks Branch of the Association for Riding for the Disabled very kindly continued to give horse-riding facilities to the children at East Burnham Park; not only do the children enjoy thoroughly the weekly 'lessons' but they seem to become more alert and their sense of balance improves; attendance must be accompanied by the Unit's own skilled staff, however, to ensure that the children do not undertake unsuitable exercises nor become too tired.

Dr. J. Rubie, the Consultant Paediatrician continued his visits throughout the year seeing not only children attending the

Centre but other cerebral-palsied children in the Area - indeed the Centre acts as an out-patient department for spastic children. This not only gives a close medical link between the hospital and local authority service but gives the Centre staff a closer link with the community and also allows parents of cerebral-palsied children to know of facilities available for their children and for advice and guidance to be given to them and their children at a very early age.

The need for early decision upon the secondary age education of children from this Centre has always to be borne in mind. Sometimes placement for older children may be easy but more often than not it is difficult and education is likely to be interrupted if sufficient foresight has not been used. Each child has to be looked upon individually as it seems unlikely that special provisions will be made in this area for some time.

In addition to its official function the Centre acts as a meeting place for older spastics who visit once a month and it is also the centre of the activities of parents and friends; these valuable links ensure not only a wider knowledge of the value of the Centre but enables those faced with similar problems to share their burdens with others.

Children with multiple handicaps need the service of many specialists, often at the same time. For example a child will not be able to learn if he is uncomfortable and so the teacher gains much from the advice of the physiotherapist in the classroom; feeding is often difficult and advice and help from the speech therapist in the dining room is invaluable. Similarly the teachers and nurses help the specialists by reporting variations in the children's reactions to play and work from day to day. A Centre is only as good as its Head and his Staff - I think our Centre is a very good one.

CHILD GUIDANCE CLINIC

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

The Child Guidance Clinic figures show that the number of referrals is keeping pace with the increase of school population. The percentage of children referred to the Clinic has always been low, just under 1% though the number of maladjusted children is far higher than this. However, with our present establishment we are only just able to keep abreast of those who are referred without allowing a large waiting list to grow. Recently there has been a tendency to refer pre-school children, as we are running some pre-school therapy groups to meet the needs of parents with young children. We find that both parents and children are most responsive to this type of treatment and we believe that later more serious difficulties and situations of chronic maladjustment may be prevented.

The Regional Hospital Board have rearranged my sessions so that I am now working one session a week at Wexham Park Hospital. This session for child psychiatry at the hospital is of value as a different type of case is often referred to the hospital from those who are referred to the Clinic, and also it is possible to transfer families from the hospital to the Clinic or vice versa according to the type of service which seems best for them.

The Regional Hospital Board appointed Dr. Elizabeth Browne for two sessions and we were very glad to welcome her to the Child Guidance Clinic when she started work in November.

Since the reorganisation of accommodation in the Health Centre we have been allocated three rooms vacated by the Health Visitors and this has improved our conditions considerably though we still have to share rooms with Family Planning and Ante-natal clinics.

We are still continuing to work very closely with the other social agencies in the area and have had discussion groups with Health Visitors and Probation Officers, and also with the Children's Department and voluntary association. We are very grateful for the opportunity to do this and for the help and co-operation we receive, especially as we realise the pressures and difficulties under which they work.

DENTAL SERVICE

Treatment for Schoolchildren	1965	1966
No. of children inspected	11,703	13,404
No. of schools inspected	36	36
No. of children requiring treatment	5,897	6,400
No. actually treated	1,620	1,501
No. of attendances (exc. orthodontics)	3,885	4,908
Fillings - Permanent teeth	3,135	2,676
- Temporary teeth	1,662	1,629
Extractions - Permanent teeth	176	144
- Temporary teeth	438	513
Treatment for Pre-School Children and Expectant and Nursing Mothers		
Pre-school children treated	113	130
Fillings for pre-school children	187	266
Attendances for pre-school children	250	333
Expectant and nursing mothers treated	40	34
Fillings for mothers	81	66
Attendances for mothers	129	83

The number of children in the Borough who had a dental inspection at school again increased in 1966. The attendances for treatment, both for school children and pre-school children were

greater than in previous years, and more temporary teeth were filled for pre-school children.

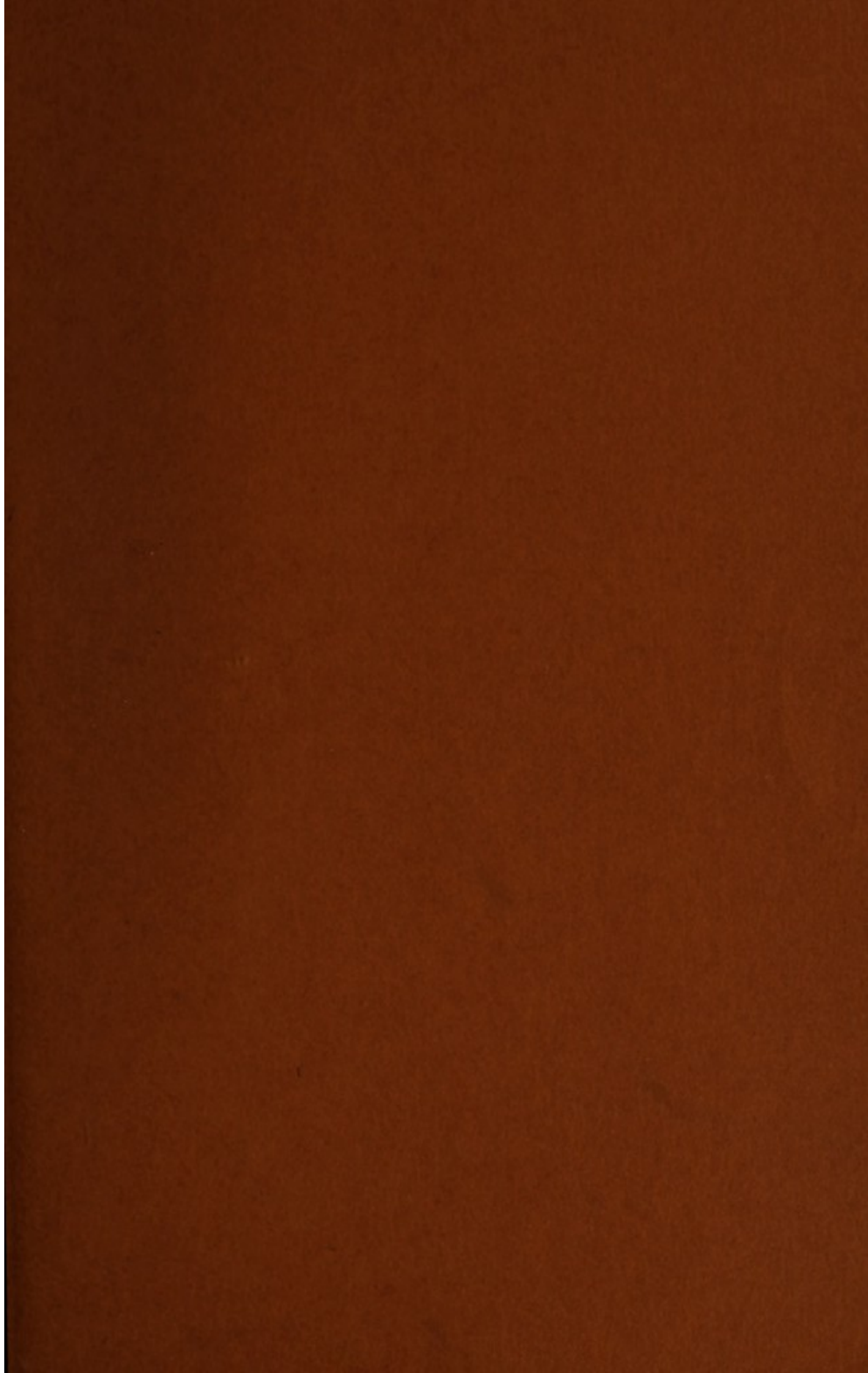
The programme of Dental Health Education was continued, talks being given in most of the schools in the area by the dental staff and the Area Health Education Organiser. It is felt that this major effort to convince the children and mothers of the importance of dental hygiene, including the showing of films and the giving of demonstrations is very well worth while. Many children in Slough are receiving regular dental treatment from practitioners in the General Dental Service.

A number of children who have lived all their lives in the Borough, and have had the benefit of drinking water with a good natural content of fluoride continued to show the benefit of this in their detition. The amount of dental caries in these children was again found to be much less than in those children who had not had this advantage.

The four clinics in the Borough have been in use throughout the year and have received favourable comment from home and overseas visitors.

A number of children are receiving orthodontic treatment (the correction of dental abnormalities including misplaced teeth) at the Slough Clinic. This branch of dentistry is most important, from both a functional and cosmetic aspect, and the improvement that can be made in both appearance and function by suitable orthodontic treatment is the reason for the demand continuing to be considerable.

Orthodontic Treatment	1964	1965	1966
No. of children in treatment	140	220	207
New patients	55	81	76
Patients carried forward from previous year	85	139	145
Attendances for orthodontic treatment	363	673	501
Orthodontic plates fitted	47	67	42





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