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BOROUGH OF SLOUGH

STATE OF HEALTH 1970

BOROUGH OF SLOUGH

January to May, 1970

SERVICES COMMITTEE

Chairman:
COUNCILLOR H.J. NEWMAN

Vice-Chairman:
COUNCILLOR F.L. HARRIS

ALDERMAN MRS. J.M.B. GIBSON
ALDERMAN J.H.P.L. GOODMAN
(Mayor) (ex officio)
ALDERMAN MRS. M.J. MORGAN
ALDERMAN F.S.G. ROOM
COUNCILLOR A.J. BLOOM
COUNCILLOR W. PARNHAM
COUNCILLOR G.A. PEARCE
COUNCILLOR C.A. PENN
COUNCILLOR R.K. POWELL
COUNCILLOR I.S.M. REA
(Deputy Mayor) (ex officio)
COUNCILLOR MRS. M.M. SHAW

May to December, 1970

SERVICES COMMITTEE

Chairman:
ALDERMAN H.J. NEWMAN

Vice-Chairman:
ALDERMAN A.J. BLOOM

ALDERMAN MRS. J.M.B. GIBSON
ALDERMAN W.C. WEST
(Mayor) (ex officio)
COUNCILLOR W.J.A. ANDREWS
COUNCILLOR J. CONNOLLY
COUNCILLOR F.L. HARRIS
COUNCILLOR D.J.P. NEAVE
COUNCILLOR W. PARNHAM
COUNCILLOR R.K. POWELL
COUNCILLOR MRS. M.M. SHAW
COUNCILLOR D.R. PETERS
(from 8.10.70)

DEPARTMENT OF PUBLIC HEALTH
'HIGHFIELD',
9, BATH ROAD,
SLOUGH,
SL1 3UG

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

Departmental Medical Officers:

ROBERTA EVANS, B.Sc.,M.B.,Ch.B. (resigned 31.7.70)
ERINA HERRICK, M.B.,B.S.
A.V. GILLESPIE, M.B.,B.Chir.,M.R.C.S.,L.R.C.P.
J.M. REED, M.R.C.S.,L.R.C.P. (appointed 21.9.70)

Chief Public Health Inspector:
J. SAGAR, D.P.A., M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:
D.A. OWEN (1,2,3)

Public Health Inspectors – Special Duties:

Senior District Public Health Inspector – I.D. PRESTON (1,2)
Superintendent/Senior Meat Inspector
Municipal Abattoir – R.B.C. SMITH, M.A.P.H.I., (1,2)
Housing – Multiple Occupation – D.W. TOMLIN, (1,2)
Air Pollution Control – B.C. UPTON, A.R.S.H., M.A.P.H.I, (1,2,3)

District Public Health Inspectors:

J. LIDDLE, M.A.P.H.I., (1,2,3)
P.H. LOVELACE, M.A.P.H.I., (1,2,3)
M.R. PEARCE, M.A.P.H.I., (1,2)
P.A. SNAITH, M.A.P.H.I., (1,2) (appointed 2. 2.70)

Student Public Health Inspectors:

B.J. COLLINS (appointed 26.10.70)
J.R. MARSHALL (resigned 24. 8.70)

Technical Assistants:

Air Pollution Control – J.W. DAVIES, A.R.S.H., M.R.P.A.
Meat Inspection – G.S. GILL
Municipal Abattoir – E.A. JAYCOCK
Houses – Multiple Occupation – R.I. LLOYD
Pest Control – F.C. QUINN

Laboratory Technician/Mortuary Attendant:
C.G. WOOD

Administrative Assistants:
T.A.W. BUCHANAN
MRS. J.C. BAYLISS

Home Safety Officer:
R.P. JONES

Administrative Assistant (Meals on Wheels):
MISS K.E. FELSTEAD

Clerical Staff – Medical Officer of Health's Section:

MRS. S. MARSH	
MISS A. GREENOUGH	
MRS. M.G. BENTLEY	
MRS. D. HALLETT	
MISS S. RAO	
MRS. N.M. BATES	
MISS L.A. HARRIES	(resigned 6. 2.70)
MISS J.E. COOK	
MRS. S.E. SMITH	(resigned 31. 3.70)
MRS. K. ALLEN	
MRS. E.M. KNIGHT	
MRS. K.D. CALVERT	(resigned 31. 8.70)
MRS. M.E. COWLAND	
MRS. L.L. BROSTER	(appointed 6. 4.70)
MISS R.M. MARTIN	(appointed 7. 9.70)
MISS S. BUCHANAN	(appointed 22. 6.70)
MISS S.E. HUSSEY	(appointed 1.10.70)

Clerical Staff – Chief Public Health Inspector's Section:

MRS. C. COURTNEY	(appointed 6. 4.70)
MISS J.L. FRASER	
MISS L.N. HOWE	(resigned 20. 2.70)
MISS A. SMITH	(appointed 14. 9.70)
MISS E.P. WILLIAMS	(resigned 5. 7.70)

Administrative Officer – Chief Public Health Inspector's Section:
C.G. SANSOM (appointed 6. 7.70)

Area Welfare Officer:
H.L.G. HEATH

Deputy Area Welfare Officer:
P. WALKINGTON

Social Workers:

MRS. L.V. RUTTERFORD	
MRS. P.G. BATTERBY	
G.B. DEMBY	
MRS. M.J. HALLIDAY	(resigned May 70)
A. JONES	
MRS. F.M. MACHIN	(resigned 23. 3.70)
T. HERON	

Social Workers (contd.):

MISS A. VALENTINE	
MRS. L.M. WONG	(resigned 18. 9.70)
MISS P.A. MELVILLE	
D. GEEN	
MRS. M. ROWDON	
MISS W. CLARK	
MISS M. COSTELLO	
A. CROALL	(appointed 1. 4.70)
E. CRONIN	(appointed 17. 8.70)
MRS. S. SAGE	(appointed 4. 5.70)

Social Workers for the Blind:

MRS. R.R. BRUNNER
MISS E.L. JEPPS

Home Help Organiser:

MRS. E.A. GORMAN

Assistant Home Help Organisers:

MRS. E. FARNELL
MRS. B.J. MILLS
MRS. B. COLLISON

Veterinary Surgeon:

J.E. GARLAND, J.P., M.R.C.V.S.

Public Analyst:

ERIC VOELCKER, A.R.C.S., F.I.C.

KEY TO QUALIFICATIONS

1. Certificate of the 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.

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

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

MR. MAYOR, LADIES AND GENTLEMEN,

This, my twenty-second annual report on the Health of the Borough of Slough, is for the first year of the seventies. Also included in the book is my report as Divisional School Medical Officer to the Slough Committee for Education and the report of Mr. J. Sagar, Chief Public Health Inspector.

The tables on vital statistics and their accompanying explanatory paragraphs show no startling changes compared with previous years. Many of the problems associated with infectious and communicable diseases have now been reduced to the stage when they can be dealt with by well-accepted and routine measures, for example, by the control of purity of drinking water, by the proper disposal of sewage and refuse or by preventive inoculation. A partial set-back to routine occurred in October when there was a strike of local authority manual workers. No great or permanent harm seems to have resulted but I am sure that was due, largely, to the relative shortness of the strike and to the fact that services had previously been of a very high standard over a long period.

Now and again problems caused by the movement of large numbers of people become a major concern. Some, such as cases of enteric fever, have to be dealt with on a short-term basis while others, such as overcrowding or multi-occupation caused by lack of houses, can obviously only be dealt with on a long term basis. Both of these were of some concern during 1970.

More and more the problems of noise and clean air assail us. The use of double glazing or other methods of excluding noise may be helpful to a few on some occasions but elimination of noise itself is really the only answer. Similarly, air will only be clean if it is not polluted in the first place. Mr. Sagar mentions in his report that the fairly steady decrease in pollution which the Borough had been achieving over the years had a bad set-back in 1970 due to the shortage of smokeless fuel – let us hope that the set-back was only temporary.

Although no major changes in services took place in 1970, major legislation affecting the future of the department was passed during the year and annual reports in future will reflect at least some of these.

The Local Authority Social Services Act, 1970, set up all-embracing social service departments which actually came into being in 1971 and the Chronically Sick and Disabled Persons Act, 1970, created the climate for conditions which should help to provide additional facilities for the handicapped and also help the general public to become aware of the need to provide means whereby the handicapped may be helped to enjoy facilities now often available only to physically active members of the community.

It would not be helpful to comment upon the separation of Health and Welfare services at this time but to the extent that those people needing both types of help must travel at least a mile will almost inevitably mean some disadvantage.

There are many other matters upon which it would be possible to comment but perhaps readers may be persuaded to look through the report for themselves and to read some of the comments which have been made upon a multitude of subjects.

I cannot end without referring to the impending reorganisation of Local Government and to the unification of the National Health Service. How these changes will eventually affect all our lives is very difficult to foretell but it is quite clear that unless these changes take place quickly the standards of service are in real jeopardy – uncertainty must lead to a loss of morale and to the impossibility of attracting good recruits. In the meantime plans for the future must be made and resources allocated for their implementation. To put all plans into cold storage because of uncertainty could only mean the certainty of a drop in standards of service provided.

In the meantime may I record my appreciation of the way in which the members of the Council in general and the Chairman and members of the Services Committee in particular have supported the department during the past year and also record my thanks to all the members of the staff of the department who have striven to carry out the policies you have adopted.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MACDONALD A. CHARRETT,
Medical Officer of Health.

AUGUST 1971

ANNUAL REPORT FOR 1970

SUMMARY OF STATISTICS

GENERAL STATISTICS

Area	6,202 acres
Population: Registrar General's Estimate for mid-1970	93,570
Number of dwelling houses, including flats at 1st April, 1970 ...	25,944
Rateable value as at 1st April, 1970	£7,886,826
Estimated Product of Penny Rate 1970/71	£32,450

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1970

Live Births:	*Males*	*Females*	*Total*
Legitimate	769	715	1,484
Illegitimate	65	64	129
Total	834	779	1,613

Crude Birth Rate (per 1,000 population)	17.2
Corrected Birth Rate (allowing for sex and age of the population) ... ... (Comparability factor 0.94)	16.2
National Birth Rate	16.0
Ratio of local Birth Rate to National Rate	1.01:1

Illegitimate live births were 8% of total live births

Still Births:	*Males*	*Females*	*Total*
Legitimate	6	12	18
Illegitimate	5	0	5
Total	11	12	23

Total of live and still births	1,636
Still Birth Rate per 1,000 total births	14.0
Still Birth Rate per 1,000 population	0.25
National Still Birth Rate per 1,000 total births	13.0

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

	Males	*Females*	*Total*
Deaths	9	11	20
Still Births	11	12	23
Total	20	23	43

Peri-Natal Mortality (cont'd.):

Rate per 1,000 total live and still births –

SLOUGH	26
NATIONAL	23

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

Deaths:	*Males*	*Females*	*Total*
Legitimate	9	9	18
Illegitimate	1	2	3
Total	10	11	21

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

SLOUGH	13
NATIONAL	12

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

Deaths:	*Males*	*Females*	*Total*
Legitimate	12	14	26
Illegitimate	1	3	4
Total	13	17	30

Rate per 1,000 live births	19
National Rate per 1,000 live births	18
Ratio of Local Rate to National Rate	1.05:1

Maternal Deaths:

No. of women dying in, or as a consequence of pregnancy NIL

Deaths:	*Males*	*Females*	*Total*
	362	324	686

Crude death rate per 1,000 population	7.3
Corrected Death Rate (allowing for sex and age of population) ... ... (Comparability factor 1.42)	10.4
National Death Rate per 1,000 population	11.7
Ratio of Local Death Rate to National Rate	0.89:1

Other Deaths:	*Males*	*Females*	*Total*	*Rate per 1,000 Population*
Cancer	83	62	145	1.55
Pulmonary T.B.	1	1	2	0.021
Non-Pulmonary T.B.	1	0	1	0.01

I. VITAL STATISTICS

BIRTHS

The number of live births during the year was 1,613, a drop of 80 on the previous year. When allowance has been made for the sex and age distribution of the population the corrected birth rate for Slough is 16.2 per thousand of the population. From the table below it can be seen that this is a reduction of 1.0 per thousand on the previous year which fits in with the pattern of decrease which has been occurring since 1964 with the exception of 1969.

The birth rate in Slough is still just above the National rate; the ratio being 1.01:1.

Year	*Corrected Birth Rate, Slough*	*Birth Rate England & Wales*	*Ratio Slough : England & Wales*
1961	17.6	17.4	0.98 : 1
1962	18.25	18.0	1.01 : 1
1963	18.9	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
1967	17.5	17.2	1.02 : 1
1968	16.7	16.9	0.99 : 1
1969	17.2	16.3	1.06 : 1
1970	16.2	16.0	1.01 : 1

ILLEGITIMACY

There was a small decline in the number of illegitimate births compared with 1969 – 134 out of a total of 1,636 births (live and still) compared with 140 out of 1,712 the previous year.

Although the total number was slightly smaller the rate of illegitimate births rose from 8.0% in 1969 to 8.2% in 1970, a negligible change.

A comparison with previous years can be seen in the following table.

1961	...	5.69
1962	...	7.73
1963	...	8.56
1964	...	7.99
1965	...	9.01
1966	...	9.38
1967	...	9.33
1968	...	9.05
1969	...	8.0
1970	...	8.2

STILL BIRTHS

There were 23 still births in the year under review and this is three more than in the previous year when there were 77 fewer births. The Table below shows the rates over the past 10 years and it will be seen that there is little change during the decade. However, improved ante-natal care has lead to a decrease in the number of still births from causes which used to be common and it is wise therefore to take together the still births and those occurring within a short time after birth. To do this gives us a better indication of the material standard of living of the community and of the service provided to ensure its perpetuation.

1961	...	10.5
1962	...	16.8
1963	...	13.4
1964	...	11.9
1965	...	11.2
1966	...	12.3
1967	...	13.0
1968	...	15.0
1969	...	12.0
1970	...	14.0

PERI-NATAL MORTALITY

During the first week of life 20 deaths occurred of children who had been born alive. This is exactly the same number as there had been in 1969. In the former year there were 20 still births to be added to these whereas in 1970, 23 must be added. This means that there was a total of 43 still births and deaths within the first week of life in 1970 out of 1,636 live births compared with 39 out of 1,713 live births in 1969. This means that the peri-natal mortality rate in 1970 was 26.3 per thousand total births compared with 23 in 1969 and 23 for England and Wales as a whole in 1970.

The table below which gives the rates over the past 10 years shows that there has been very little change. Compared with 20 or 30 years ago the rate is much reduced and must obviously be approaching a minimum below which we cannot go. However, that point has not yet been reached and it is disappointing that there has been no reduction in the recent past.

1961	...	26.6
1962	...	24.4
1963	...	25.05
1964	...	24.9
1965	...	17.1
1966	...	22.7
1967	...	26.2
1968	...	24.1
1969	...	23.0
1970	...	26.3

The only apparent difference during 1970 compared with 1969 has been the rapidly increasing tendency for mothers to have their babies in hospital rather than at home. The Maternity Liaison Committee which consists of doctors and nurses working in the hospitals and in the community meets from time to time to discuss the maternal and allied services from different points of view and no special points of reference have become apparent during the past year.

NEO-NATAL MORTALITY

Neo-natal deaths are those occurring within 4 weeks of birth. This number is usually very similar to that of children living only a week and this is borne out in 1970. 21 children died under the age of four weeks whereas 20 of them had died before they reached 7 days of age. For this particular statistic the rate of 13 deaths per thousand live births is very near to the National figure of 12 per thousand.

INFANT MORTALITY

During 1970 three fewer children died under the age of one year than had died during a similar period in 1969. This, of course, includes the children who died before the age of 4 weeks.

Strangely enough because there were less births the infant mortality rate was exactly the same as it was in the previous year, i.e. 19 per thousand live births. The National Rate was also exactly the same (18 per thousand live births) so the local rate remained slightly above that of the country as a whole.

The following pages give the causes of death in more detail.

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
Intestinal infectious diseases 000 – 009	-	-	-	-	-	-	-	-	1	-	-	-	1
Inflammatory disease of the central nervous system 320 – 324	-	-	-	-	-	-	-	-	-	1	-	-	1
Pneumonia 480 – 486	-	-	-	-	-	1	-	1	-	-	-	-	1
Hernia of abdominal cavity 550 – 553	1	1	1	-	3	-	-	3	-	-	-	-	3
Congenital abnormalities 740 – 759	1	-	1	-	2	-	-	2	2	1	1	-	6
Conditions of placenta 770	1	-	-	-	1	-	-	1	-	-	-	-	1
Haemolytic disease of newborn 774 – 775	1	-	-	-	1	-	-	1	-	-	-	-	1
Anoxic and hypoxic conditions not elsewhere classified 776	5	1	-	-	6	-	-	6	-	-	-	-	6
Immaturity, unqualified 777	6	-	1	-	7	-	-	7	-	-	-	-	7
Other accidents E910 – E969	-	-	-	-	-	-	-	-	-	-	2	-	2
Homicide and injury purposely inflicted by other persons E960 – E969	-	-	-	-	-	-	-	-	-	1	-	-	1
TOTAL	15	2	3	-	20	1	-	21	3	3	3	-	30
WHERE DIED													
Home	-	-	-	-	-	-	-	-	1	-	2	-	3
Hospitals in this area	15	-	-	-	15	1	-	16	1	2	-	-	19
Hospitals away from this area	-	2	3	-	5	-	-	5	1	1	1	-	8
TOTAL	15	2	3	-	20	1	-	21	3	3	3	-	30

Intestinal Infectious Diseases 000-009

2 months	– Dehydration due to gastro-enteritis – Home	(009.2)

Inflammatory Diseases of the Central Nervous System 320-324

4 months	– Pneumococcal meningitis – Heatherwood Hospital	(320.1)

Pneumonia 480-486

1 week	– Pneumonia – Upton Hospital	(486)

Hernia of Abdominal Cavity 550-553

Under 24 hours	– Diaphragmatic hernia – Canadian Red Cross Hospital	(551.3)
1 day	– Congenital right postero-lateral diaphragmatic hernia – Great Ormond Street Hospital	(551.3)
3 days	– Respiratory failure due to diaphragmatic hernia – Westminster Hospital	(551.3)

Congenital Abnormalities 740-759

5 months	– Respiratory failure due to hydrocephaly; associated with severe subnormality – Cell Barnes Hospital	(742)
3 days	– Congenital heart disease – single ventricle – Guys Hospital	(746.3)
1 month	– Congenital heart disease with ventricular septal defect – Great Ormond Street Hospital	(764.3)
2 months	– Heart failure due to congenital heart disease – Wexham Park Hospital	(764.9)
9 months	– Congenital heart disease – St.Georges Hospital, S.W.1	(746.9)
Under 24 hours	– Gross abnormalities. Poor respiratory function due to poor circulatory function – Canadian Red Cross Hospital	(759.9)

Conditions of Placenta 770

Under 24 hours	– Anoxia due to ante-partum haemorrhage – Upton Hospital	(770.1)

Haemolytic Disease of Newborn 774-775

Under 24 hours	– Haemolytic disease of newborn due to rhesus incompatability – Upton Hospital	(775.0)

Anoxic and Hypoxic Conditions not elsewhere Classified 776

Under 24 hours	– Meconium pneumonitis – Canadian Red Cross Hospital	(776.0)
1 day	– Intracranial haemorrhage due to prematurity and respiratory distress due to rhesus incompatability – Hammersmith Hospital	(776.0)
Under 24 hours	– Hyaline membrane disease associated with prematurity – Upton Hospital	(776.1)
Under 24 hours	– Prematurity with poor respiratory function – Upton Hospital	(776.2)
Under 24 hours	– Respiratory distress syndrome due to prematurity associated with maternal diabetes – Upton Hospital	(776.2)
Under 24 hours	– Respiratory failure due to prematurity – Canadian Red Cross Hospital	(776.9)

Immaturity, Unqualified 777

Under 24 hours	– Canadian Red Cross Hospital three, one being associated with congenital skeletal deformities – Upton Hospital three	
3 days	– Hammersmith Hospital one	

Other Accidents E910-E929

7 months	– Asphyxia due to inhalation of vomit – Child minder – Misadventure	(E911)
8 months	– Asphyxia due to inhalation of vomit – Home – Inquest – Accidental	(E911)

Homicide and Injury purposely inflicted by Other Persons E960-E969

5 months	– Poisoning due to oral administration of white spirit – Wexham Park Hospital – Inquest – Manslaughter	(E962)

DEATHS

1970 was a good year so far as deaths were concerned, the total number only being 686 compared with 767 in 1969 and 743 in 1968. Although more males than females died – 362 compared with 324 – the men did rather better than usual because the discrepancy between the sexes is usually greater than this. The area comparability figure at 1.42 was a little higher than for 1969 when it was 1.41 but as will be seen from the table below both the crude and corrected death rates were lower than they had been for at least the past decade.

DEATH RATE – SLOUGH

Year	*Crude Death Rate*	*Corrected Death Rate*	*National Rate*
1961	7.9	11.1	12.0
1962	7.9	11.1	11.9
1963	8.9	12.6	12.2
1964	7.6	10.8	11.3
1965	7.6	10.8	11.5
1966	8.3	11.8	11.7
1967	8.7	12.3	11.2
1968	8.1	11.6	11.9
1969	8.3	11.7	11.9
1970	7.3	10.4	11.7

The six main causes of death are as before but the numbers occurring from cancer, heart and chest diseases were scaled down in accordance with the death decrease generally.

CAUSE OF DEATH	1968	1969	1970
Heart Disease	217	243	216
Cancer	161	215	145
Pneumonia and Bronchitis	103	85	78
Vascular lesions of the nervous system	80	68	73
Other circulatory disease	21	30	35
Accidents – all types	28	24	31

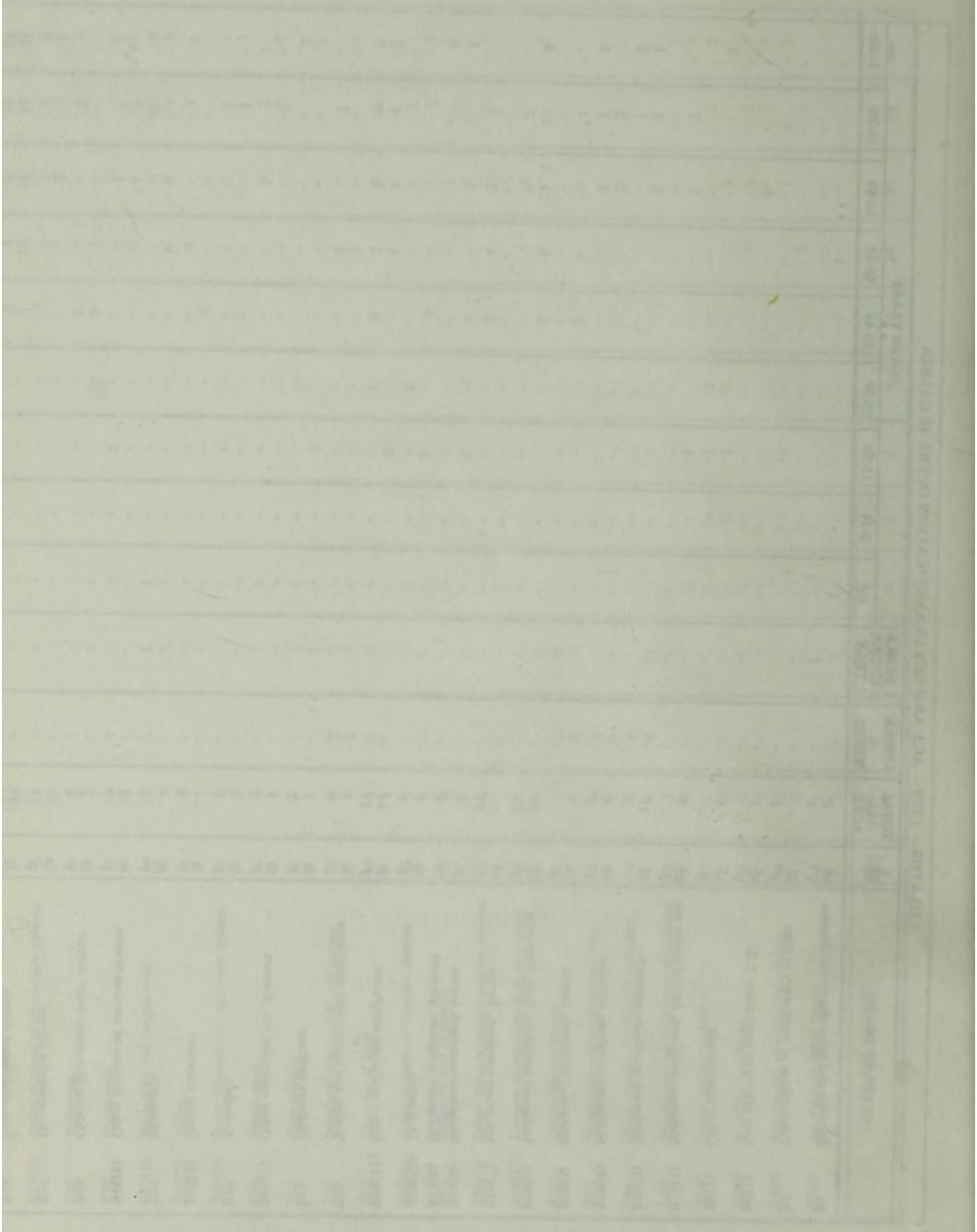
	CAUSES OF DEATH	1969		1970	
		Males	*Females*	*Males*	*Females*
B4	Enteritis and other diarrhoeal diseases	-	-	2	1
B5	Tuberculosis of respiratory system	-	2	-	1
B6	Other Tuberculosis, incl. late effects	1	1	2	-
B18	Other infective and parasitic diseases	-	1	-	-
B19(1)	Malignant neoplasm, buccal cavity, etc.	2	1	3	-
B19(2)	Malignant neoplasm, oesophagus	3	-	-	-
B19(3)	Malignant neoplasm, stomach	14	10	11	3
B19(4)	Malignant neoplasm, intestine	13	12	4	8
B19(5)	Malignant neoplasm, larynx	1	-	2	-
B19(6)	Malignant neoplasm, lung, bronchus	51	12	44	11
B19(7)	Malignant neoplasm, breast	-	26	-	11
B19(8)	Malignant neoplasm, uterus		14		4
B19(9)	Malignant neoplasm, prostate	6		4	
B19(10)	Leukaemia	4	4	1	1
B19(11)	Other malignant neoplasms	23	19	14	24
B20	Benign and unspecified neoplasms	-	1	1	2
B21	Diabetes Mellitus	2	4	1	2
B46(1)	Other endocrine etc. diseases	-	1	1	2
B23	Anaemias	1	3	1	1
B46(2)	Other diseases of blood, etc.	-	1	-	-
B46(3)	Mental disorders	-	-	-	1
B24	Meningitis	-	-	-	2
B46(5)	Other diseases of nervous system, etc.	5	4	3	7
B26	Chronic rheumatic heart disease	5	4	2	4
B27	Hypertensive disease	9	7	3	11
B28	Ischaemic heart disease	111	57	102	61
B29	Other forms of heart disease	18	32	13	20
B30	Cerebrovascular disease	30	38	33	40
B46(6)	Other diseases of circulatory system	17	13	14	21
B31	Influenza	2	-	4	2
B32	Pneumonia	27	23	19	23
B33(1)	Bronchitis and emphysema	29	6	27	9
B33(2)	Asthma	2	1	2	2
B46(7)	Other diseases of respiratory system	3	4	3	2
B43	Peptic Ulcer	3	1	3	5
B35	Appendicitis	-	-	-	1
B36	Intestinal obstruction and hernia	4	-	2	2
B37	Cirrhosis of liver	1	1	2	1
B46(8)	Other diseases of digestive system	1	3	2	4
B38	Nephritis and nephrosis	1	1	2	1
B46(9)	Other diseases, genito-urinary system	-	1	2	-
B46(11)	Diseases of musculo-skeletal system	-	2	2	2
B42	Congenital anomalies	6	9	3	4
B43	Birth injury, difficult labour etc.	9	5	4	4
B44	Other causes of peri-natal mortality	-	-	2	4
B45	Symptoms and ill-defined conditions	1	1	1	3
BE47	Motor vehicle accidents	7	2	11	5
BE48	All other accidents	9	6	7	8
BE49	Suicide and self-inflicted injuries	4	2	2	2
BE50	Other external causes	4	4	1	2
	TOTAL OF ALL CAUSES	429	338	362	324

The numbers missing from the table opposite, for which no deaths occurred are as follows:-

B1	Cholera
B2	Typhoid fever
B3	Bacillary dysentery and amoebiasis
B7	Plague
B8	Diphtheria
B9	Whooping Cough
B10	Streptococcal sore throat and scarlet fever
B11	Meningococcal infection
B12	Acute poliomyelitis
B13	Smallpox
B14	Measles
B15	Typhus and other rickettsoises
B16	Malaria
B17	Syphilis and its sequelae
B22	Avitaminoses and other nutritional deficiency
B25	Active rheumatic fever
B39	Hyperplasia of prostate
B40	Abortion
B41	Other complications of pregnancy, childbirth and the puerperium. Delivery without mention of complication

DEATHS – 1970 – AGE AND SEX CLASSIFICATION IN THE 48 CAUSES

	CAUSE OF DEATH	SEX	TOTAL ALL AGES	UNDER 4 WEEKS	4 WEEKS & UNDER 1 YEAR	AGE IN YEARS 1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over
B4	Enteritis and other diarrhoeal diseases	M	2	-	-	1	-	-	-	-	1	-	-	-
		F	1	-	1	-	-	-	-	-	-	-	-	-
B5	Tuberculosis of respiratory system	M	-	-	-	-	-	-	-	-	-	1	-	-
		F	1	-	-	-	-	-	-	-	-	-	-	-
B6(1)	Late effects of respiratory T.B.	M	1	-	-	-	-	-	-	-	-	1	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	1
B6(2)	Other tuberculosis	M	1	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(1)	Malignant neoplasm, buccal cavity etc	M	3	-	-	-	-	-	-	-	-	1	2	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(3)	Malignant neoplasm, stomach	M	11	-	-	-	-	-	-	-	-	5	5	1
		F	3	-	-	-	-	-	-	-	-	-	1	2
B19(4)	Malignant neoplasm, intestine	M	4	-	-	-	-	-	-	-	-	2	2	-
		F	8	-	-	-	-	-	-	-	-	2	1	5
B19(5)	Malignant neoplasm, larynx	M	2	-	-	-	-	-	-	1	-	-	1	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
B19(6)	Malignant neoplasm, lung, bronchus	M	44	-	-	-	-	-	-	3	4	15	14	8
		F	11	-	-	-	-	-	-	-	-	6	5	-
B19(7)	Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	11	-	-	-	-	-	-	2	4	2	3	-
B19(8)	Malignant neoplasm, uterus	F	4	-	-	-	-	1	-	1	-	1	-	1
B19(9)	Malignant neoplasm, prostate	M	4	-	-	-	-	-	-	-	-	-	-	4
B19(10)	Leukaemia	M	1	-	-	-	-	1	-	-	-	-	-	-
		F	1	-	-	-	-	-	1	-	-	-	-	-
B19(11)	Other malignant neoplasms	M	14	-	-	-	-	2	-	-	1	5	4	2
		F	24	-	-	-	-	-	1	2	2	5	9	5
B20	Benign and unspecified neoplasms	M	1	-	-	-	-	-	-	-	1	-	-	-
		F	2	-	-	-	-	-	-	-	1	-	1	-
B21	Diabetes mellitus	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	2	-	-	-	-	-	-	-	-	-	-	2
B46(1)	Other endocrine etc. diseases	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	2	-	-	1	-	-	-	-	-	1	-	-
B23	Anaemias	M	1	-	-	-	-	-	-	-	-	-	1	-
		F	1	-	-	-	-	-	-	-	-	-	-	-
B46(3)	Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	1
		F	1	-	-	-	-	-	-	-	-	-	-	-
B24	Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	2	-	1	1	-	-	-	-	-	-	-	-
B46(5)	Other diseases of nervous system	M	3	-	-	-	-	-	-	-	-	1	2	-
		F	7	-	-	-	-	2	-	-	-	1	2	2
B26	Chronic rheumatic heart disease	M	2	-	-	-	-	-	-	1	1	-	-	-
		F	4	-	-	-	-	-	-	1	1	-	2	-
B27	Hypertensive disease	M	3	-	-	-	-	-	-	-	-	2	-	1
		F	11	-	-	-	-	-	-	-	-	1	1	9
B28	Ischaemic heart disease	M	102	-	-	-	-	-	-	4	12	27	31	28
		F	61	-	-	-	-	-	-	2	1	8	17	33
B29	Other forms of heart disease	M	13	-	-	-	1	-	-	-	1	1	4	6
		F	20	-	-	-	-	-	-	-	-	-	1	19
B30	Cerebrovascular disease	M	33	-	-	-	-	-	-	1	2	10	5	15
		F	40	-	-	-	-	-	-	1	-	4	13	22
B46(6)	Other diseases of circulatory system	M	14	-	-	-	-	-	-	-	1	3	5	5
		F	21	-	-	-	-	-	1	-	2	3	4	11
B31	Influenza	M	4	-	-	-	-	-	-	-	-	-	1	3
		F	2	-	-	-	-	-	-	-	-	1	-	1
B32	Pneumonia	M	19	1	-	-	-	-	-	-	1	1	3	13
		F	23	-	-	-	-	-	-	-	1	1	2	19
B33(1)	Bronchitis and Emphysema	M	27	-	-	-	-	-	-	-	-	4	13	10
		F	9	-	-	-	-	-	-	-	1	1	4	3
B33(2)	Asthma	M	2	-	-	-	-	-	-	-	1	-	1	-
		F	2	-	-	-	-	-	-	2	-	-	-	-
B46(7)	Other diseases of respiratory system	M	3	-	-	-	-	-	-	-	-	1	1	1
		F	2	-	-	-	-	-	-	-	-	-	1	1
B34	Peptic ulcer	M	3	-	-	-	-	-	-	-	-	1	2	-
		F	5	-	-	-	-	-	-	-	1	-	2	2
B35	Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	1	-	-	-	-	-	-
B36	Intestinal obstruction and hernia	M	2	2	-	-	-	-	-	-	-	-	-	-
		F	2	1	-	-	-	-	-	-	-	-	-	1
B37	Cirrhosis of liver	M	2	-	-	-	-	-	-	-	-	1	1	-
		F	1	-	-	-	-	-	-	1	-	-	-	-
B46(8)	Other diseases of digestive system	M	2	-	-	-	-	-	-	-	-	-	2	-
		F	4	-	-	-	-	-	-	1	-	-	1	2
B38	Nephritis and nephrosis	M	2	-	-	-	-	-	-	-	-	1	-	1
		F	1	-	-	-	-	-	-	-	-	1	-	-
B46(9)	Other diseases, genito-urinary system	M	2	-	-	-	-	-	-	-	-	-	1	1
		F	-	-	-	-	-	-	-	-	-	-	-	-
B46(11)	Diseases of musculo-skeletal system	M	2	-	-	-	-	-	-	-	1	1	-	-
		F	2	-	-	-	-	-	-	-	1	-	-	1
B42	Congenital anomalies	M	3	1	2	-	-	-	-	-	-	-	-	-
		F	4	2	2	-	-	-	-	-	-	-	-	-
B43	Birth injury, difficult labour, etc	M	4	4	-	-	-	-	-	-	-	-	-	-
		F	4	4	-	-	-	-	-	-	-	-	-	-
B44	Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-
		F	4	4	-	-	-	-	-	-	-	-	-	-
B45	Symptoms and ill defined conditions	M	1	-	-	-	-	-	-	-	-	-	-	1
		F	3	-	-	1	-	1	-	-	-	-	-	1
BE47	Motor vehicle accidents	M	11	-	-	-	3	1	3	1	-	-	1	2
		F	5	-	-	-	2	1	1	-	-	1	-	-
BE48	All other accidents	M	7	-	1	-	-	-	-	-	2	1	2	1
		F	8	-	1	-	-	1	-	-	-	-	2	4
BE49	Suicide and self-inflicted injuries	M	2	-	-	-	-	-	-	-	-	1	-	1
		F	2	-	-	-	-	-	-	-	1	-	1	-
BE50	All other external causes	M	1	-	-	-	-	-	-	1	-	-	-	-
		F	2	-	1	-	-	-	-	1	-	-	-	-
	TOTAL ALL CAUSES	M	362	10	3	1	4	4	3	12	29	85	105	106
		F	324	11	6	3	2	7	4	14	16	39	75	147



Finally, shown below are the sub-classifications given by the Registrar-General; these subdivide those international causes which may have particular interest in this country.

		1969		*1970*	
		Males	*Females*	*Males*	*Females*
B19(3)	Malignant neoplasm – stomach	14	10	11	3
B19(6)	Malignant neoplasm – lung, bronchus	51	12	44	11
B19(7)	Malignant neoplasm – breast	-	26	-	11
B19(8)	Malignant neoplasm – uterus		14		4
B19(10)	Leukaemia	4	4	1	1
B19(11)	Other malignant neoplasms	23	19	14	24
B33(1)	Bronchitis and emphysema	29	6	27	9
B33(2)	Asthma	2	1	2	2
B46(1)	Other endocrine etc. disease	-	1	1	2
B46(3)	Mental disorders	-	-	-	1
B46(5)	Other diseases of nervous system	5	4	3	7
B46(6)	Other diseases of circulatory system	17	13	14	21
B46(7)	Other diseases of respiratory system	3	4	3	2
B46(8)	Other diseases of digestive system	1	3	2	4
B46(9)	Other diseases, genito-urinary system	-	1	2	-
B46(11)	Diseases of musculo-skeletal system	-	-	2	2

SEX AND AGE DISTRIBUTION OF DEATHS

Ages at Death in Years	*Males*	*Females*	*Total*
Under 1	13	17	30
1 – 4	1	3	4
5 – 14	4	2	6
15 – 24	4	7	11
25 – 44	15	18	33
45 – 64	114	55	169
65 – 74	105	75	180
75 plus	106	147	253
TOTAL	362	324	686

Of the 686 deaths, 433 (63.1%) were in people over the age of 65 compared with 69.4% in 1969, 59.6% in 1968, 60.7% in 1967, 58.6% in 1966, 62% in 1965 and 56.1% in 1964. The proportion dying after their 75th birthday was 36.8% compared with 40.5% in 1969, 34.7% in 1968 and 35.8% in 1967. Once again the table shows the very great disparity between the deaths of males and females between the ages of 45 – 74.

INQUESTS

Forty-seven inquests were held upon residents of the Borough during 1970 and the causes of death recorded by the various registrars of births and deaths, following coroners' certificates, were as follows.

	Males	*Females*	*Total*
Natural Causes	4	2	6
Accidents:			
Inhalation of vomit	1	1	2
Road accidents	12	5	17
Falls	2	3	5
Struck by aircraft on ground	1	-	1
Barbiturate and alcohol poisoning	-	1	1
Burning	-	1	1
Suicide:			
Hanging	1	-	1
Barbiturate poisoning	2	1	3
Salicylate poisoning	-	1	1
Drowning	-	1	1
Open Verdict:			
Railway accident	1	-	1
Burns	-	1	1
Cause unknown	-	1	1
Barbiturate and alcohol poisoning	-	1	1
Hypnotic drugs	-	1	1
Inhalation of ether	1	-	1
Homicide:			
Administration of white spirit	-	1	1
Stab wounds	-	1	1
	25	22	47

POPULATION

The Registrar-General allocated a population of 93,570 to Slough on 30th June, 1970. The natural increase during the year was exactly the same as it had been in the previous year but as the population only grew by 820 it must be assumed that there was a nett emigration from the town of 106 to offset the natural increase of 926.

Once again I must make the comment that there appears to have been an increasing pressure on housing requirements in the town, greater than would be expected from a natural increase of less than 1,000 and certainly the Education Department has been experiencing an additional flow of children from countries overseas. Obviously it is possible on the one hand for local impressions to be wrong, or on the other hand, for the Registrar-General to have received insufficient information to allow him to make an accurate estimate of the population. The Census which took place on 25th April, 1971, will, it is hoped, give a fairly accurate indication of the population really living here.

Year	*Natural Increase (births less deaths)*	*Immigration or Emigration (–)*	*Population*
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
1967	858	312	86,860
1968	893	4,317	92,070
1969	926	– 246	92,750
1970	926	– 106	93,570

II. GENERAL HEALTH SERVICES

Street Cleansing

Mechanical sweeping machines are still in use to keep the roads tidy, and the pathways continue to be swept manually.

Although a slight improvement had been achieved, it was felt that the task of sweeping could be considerably alleviated by better litter behaviour by the general public.

Street Gulleys

All gulleys within the Borough are cleansed at least twice a year with the use of two machines.

Refuse Collection – General

With the new Pulverisation Plant coping satisfactorily with the disposal of all refuse from Slough, a move has now been made in a new Bin Liner Scheme of collection from dustbins. A bin liner is a plastic bag of 3¼ cu.ft. capacity placed inside the normal dustbin. This is collected weekly by the Refuse Collectors by taking the used full Liner out of the bin and depositing it directly into the vehicle; a new liner is left for further use. An additional liner can be obtained by householders should a second one be required. This system is clean and the normal smell attached to dustbins has disappeared. It also makes the job of a Refuse Collector much easier. It is expected that the whole Borough will be included in this scheme by mid-1971.

Refuse Collection – Special

A special collection of unwanted domestic articles is still available to the residents of Slough on a weekly basis. A phone call or a postcard to the Borough Engineer is all that is required to be included in this free service.

Salvage

The total for the year 1970/71 was:-

Baled Tins	468 tons	–	£2,342	(£2,278)
Scrap Metal	198 tons	–	£324	(£1,218)
Waste Paper	250 tons	–	£2,134	(£2,533)

The figures in brackets are for 1969/70.

Civic Amenities Act, 1967

This Act enables residents of the Borough to dispose of domestic and garden refuse, free of charge, at the Pulverisation Plant. The Act also covers the disposal of derelict and abandoned vehicles, whether they are deposited on the Highway or Private Land. No less than 175 abandoned vehicles were collected and disposed of under this Act.

Unwanted Vehicles

In 1970/71 96 vehicles were removed on payment of £3 and a further 197 were deposited by owners at the Pulverisation Plant.

Water

Middle Thames Water Board

The Chief Engineer of the Board, Mr. G.S. Baker, kindly supplied me with the information that another 246 dwellings within the Borough were connected to the mains during 1970.

Details of the number of samples submitted for examination in respect of the sources which supply the Borough with water are as follows:-

Source	*Number of Samples*	
	Bacteriological	*Chemical*
Cuckoo Weir	28	1
Datchet	66	9
Taplow	68	67
Taplow Court	77	121

Slough Estates

There was no change in the water supply or system during 1970. Results of analyses were kindly supplied to me by the Chief Engineer. I am happy to say that the quality and quantity were once again clear and bright.

Pet Animals Act, 1951

Animal Boarding Establishments Act, 1963

Mr. J.E. Garland, the Council's Veterinary Surgeon, continues to ensure that the conditions of the above Acts are strictly maintained. The standard of pet shops and animal boarding establishments remained at a high level due mainly, of course, to the visits made by Mr. Garland throughout this year.

STAFF MEDICAL EXAMINATIONS

The table below shows the medical work associated with the appointment of new staff to the Borough Council, Slough Committee for Education, and the Bucks County Council in this area.

The value of medical questionnaires in saving doctors' time is shown clearly from the table and there is no evidence to show that this system is any less helpful to the Council than the arrangement by which all successful applicants for posts are medically examined.

In addition to the examinations shown below, it was necessary to examine 33 persons for licences to drive Heavy Goods Vehicles.

	1965	*1966*	*1967*	*1968*	*1969*	*1970*
Officers of Slough Borough Council	117	115	71	29	24	25
Officers of the Bucks County Council	24	17	27	41	42	41
Teachers' Training Colleges and teaching for the first time	89	101	101	129	130	180
Medical Questionnaires						
Bucks County Council	141	250	261	259	230	252
Slough Borough Council				43	87	98

LABORATORY

There was a further decrease in the number of examinations carried out in the laboratory during the year, as can be seen in the table.

1966	*1967*	*1968*	*1969*	*1970*	
1,176	1,110	1,215	784	759	examinations

Urine for routine examination	198
Blood Counts	26

Milk Samples: *All passed as satisfactory*

(a)	Phosphatase test	120
(b)	Methylene Blue test	158
(c)	Turbidity test	32
(d)	Chemical tests for fats, solids and water	180

Water Samples:

(a)	Drinking water	24
(b)	Swimming bath water	17

Ice Cream:

(a)	Chemical tests	-
(b)	Bacteriological tests	4

ALL GRADE I

MORTUARY

The number of post mortem examinations carried out in the Borough Mortuary during 1970 was 250 which is the highest figure ever recorded. Quite clearly the service could not have fulfilled its functions had the alterations undertaken a year or so ago not been carried out. Since 1st April, 1969, the mortuary has taken on extra work from a wider area since the closure of the Maidenhead Mortuary. This accounted for 43 extra post mortems in 1969 and 48 extra in 1970.

1961	*1962*	*1963*	*1964*	*1965*	*1966*	*1967*	*1968*	*1969*	*1970*
135	138	133	157	174	192	200	175	208	250

CREMATORIUM

Once again I would like to express my thanks for the help given to me, as Medical Referee, and to my Deputies, in 1970 by the Superintendent and Staff of the Crematorium.

The number of cremations during the year was 1,455 which is a further slight increase.

1967	*1968*	*1969*	*1970*
1,162	1,321	1,390	1,455

HOME HELP SERVICE

Once again there was an increase in the service provided during the year. The majority of this increase was in the Aged and Infirm group but apart from this the demand for the service was roughly the same as in earlier years.

	1966	*1967*	*1968*	*1969*	*1970*
Number of Home Helps as at 31st December:-					
Part-time	82	93	71	78	95
Number of Good Neighbours as at 31st December:-	22	29	17	19	12
Number of Cases who received help:-					
(a) Acute Sick	44	38	48	42	42
(b) Chronic Sick	37	52	79	85	84
(c) Aged and Infirm	538	582	603	680	763
(d) Tuberculosis	-	-	-	-	1
(e) Maternity	55	45	30	34	33
(f) Good Neighbours	34	35	31	33	35
(g) Problem families	2	-	-	2	1
(h) Mentally disordered	1	3	2	3	5

MEALS ON WHEELS

Once again an extension of the service took place. An additional van commenced on 11th May, 1970. One of the problems is that the meals on wheels service has to provide an adequate delivery of meals, to deal with emergencies which arise during the course of delivery and to see that recipients have their food at a reasonable time of day. It was decided therefore that the new van would provide

an additional 30 meals only compared with a scheduled delivery of 50 per day with the other four vans.

The Luncheon Club held at the British Red Cross Hall in Osborne Street, Slough, became very popular and continued to be so during the year. This Club not only provides a good meal once a week but also acts as a very useful social contact for those attending. The members of the W.R.V.S. continued to serve the meals at the Club and that service is greatly appreciated by all.

	1967	*1968*	*1969*	*1970*
Meals delivered	39,846	49,185	49,164	56,520
Luncheon Club commenced 5.6.69			808	2,256

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

CASES NOTIFIED DURING THE YEARS 1961-1970

	CASES NOTIFIED AND POPULATION IN THOUSANDS									
	1970 93	1969 93	1968 92	1967 87	1966 86	1965 85	1964 84	1963 84	1962 82	1961 80
Acute Poliomyelitis – Paralytic	-	-	-	-	-	-	-	-	2	-
Non-Paralytic	-	-	-	-	-	-	-	-	-	-
Dysentery	-	1	-	2	3	16	2	8	9	2
Encephalitis – Post-infective	-	-	-	-	-	1	1	-	-	-
Enteric Fever	2	-	1	-	-	-	-	-	-	-
Erysipelas	-	-	-	2	3	5	5	6	5	6
Food Poisoning	1	5	4	1	1	2	1	3	3	18
Malaria (contracted abroad)	-	1	1	1	-	-	-	-	1	-
Measles	170	646	234	572	370	1430	191	1066	199	1324
Meningococcal Infection	-	-	-	-	-	-	-	1	1	-
Ophthalmia Neonatorum	-	-	-	-	-	-	1	-	1	-
Paratyphoid	-	1	-	-	1	1	-	-	-	-
Pneumonia	-	-	1	5	10	2	2	8	7	20
Scarlet Fever	19	13	9	21	32	20	23	18	7	18
Tuberculosis – Pulmonary	24	29	30	27	40	30	47	35	38	53
Non-Pulmonary	20	19	14	11	8	8	15	9	9	5
Whooping Cough	8	-	12	12	21	3	35	28	28	19
Infective Jaundice	2	1	4							

MONTHLY INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES

	JAN.	FEB.	MAR.	APL.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Enteric Fever	1	-	-	-	-	-	-	-	1	-	-	-	2
Food Poisoning	-	-	-	-	-	-	-	-	1	-	-	-	1
Measles	-	1	1	3	1	4	57	34	13	20	12	24	170
Scarlet Fever	-	3	4	4	3	2	-	1	-	-	2	-	19
Tuberculosis – Pulmonary	1	3	4	1	-	3	2	1	1	1	4	3	24
Non-pulmonary	2	3	2	-	3	5	1	2	-	1	1	-	20
Whooping Cough	-	-	-	-	-	-	1	-	-	-	5	2	8
Infective Jaundice	-	-	-	-	-	-	1	-	-	-	1	-	2

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*
Enteric Fever	-	-	-	1	-	-	1	-	-	-	-	2
Food Poisoning	-	-	-	-	-	-	-	1	-	-	-	1
Measles	33	51	7	2	8	23	11	16	13	6	-	170
Scarlet Fever	-	3	-	1	2	2	1	2	3	4	1	19
Tuberculosis–												
Pulmonary	1	1	6	1	4	4	4	2	-	1	-	24
Non-pulmonary	1	1	5	1	5	-	-	1	2	3	1	20
Whooping Cough	5	-	1	-	-	-	1	-	-	1	-	8
Infective Jaundice	-	-	-	-	-	-	-	1	-	1	-	2

INFECTIOUS DISEASES

INFECTIOUS DISEASES EXCLUDING TUBERCULOSIS

Generally speaking, the year was a quiet one so far as notifiable infectious diseases were concerned. It is true that there were quite a number of cases of measles starting in July but although it appeared in that month that there might be an outbreak of considerable proportion, this did in fact not materialise. The tables will show that otherwise the incidence of infectious disease was very low.

Mention should, perhaps, be made about the two cases of Typhoid Fever. The risk of Typhoid is always much more in our minds than it used to be, partly because many of the new inhabitants in this town come from countries where the disease is endemic and partly because many more people go on holiday to parts of the world where the chances of catching the disease are much more than they would be at home or in northern Europe.

The first case referred to in the tables was of a young man who had recently been on holiday to Pakistan. There is no doubt that his infection occurred during that time. Rapid air travel means, of course, that those incubating diseases have returned home some time before symptoms arise – it was so in this case. With hospital admission and treatment he himself made a rapid recovery and none of those with whom he came in contact were ever shown to be infected. He was, unfortunately, a food handler and had to be excluded from his previous occupation after leaving hospital. Fortunately, he was able to obtain occupation elsewhere and has been given advice on contacting this or another health department should he wish to indulge in food handling again.

The second case was that of a five year old boy who had never been in contact with Typhoid Fever. Obviously he must have obtained the infection from some source but investigations produced no positive result and no further cases occurred.

VACCINATION AND IMMUNISATION

The following tables which give details of immunisation seem to get longer year by year. A few years ago we were pleased to be able to offer protection against diphtheria, whooping cough and tetanus with smallpox vaccination as the protective procedure known for the best part of 200 years. However, research has increased our ability to prevent infectious disease and apart from those mentioned above, we are actively engaged in immunising against poliomyelitis, measles and rubella (German measles). The last named disease is of little significance in itself; the illness being transient and a mildnuisance rather than a serious condition.

The risk, however, to the unborn foetus during the first three months of pregnancy is very considerable and the damage caused by the Rubella virus can leave lasting and disastrous handicaps to the child. These are, in fact, considered so serious that the majority of doctors would automatically advocate abortion should the woman contract the disease during the first three months of pregnancy. At one time rubella parties where parents of little girls tried to produce the disease in other children were popular. We now have a more certain way of producing immunity, although the vaccine is not yet available in plenty, a start is being made at the early end of female reproductive life.

The tables below, I think, show that the proportion of children being immunised against various diseases is increasing and it was expected that this would be so with the introduction of the computer and automatic issuing of notification for immunisations at the appropriate time.

	1967	*1968*	*1969*	*1970*
Primary Diphtheria	5	4	2	4
Primary Tetanus	25	9	77	58
Primary Diphtheria/Tetanus	105	89	98	119
Primary Diphtheria/Whooping Cough/ Tetanus (triple)	1147	1075	1244	1375
Primary Vaccination against Smallpox	1208	630	1107	1107
Boosters – Tetanus	73	29	85	
– Triple	1151	1004	1211	1211
– Re-vaccination			212	242
Poliomyelitis – Primary Protection				1344
– Booster				9

If one looks at initial, or primary protection against disease then the following comparison may be made.

Primary Protection

	1967	*1968*	*1969*	*1970*
Diphtheria	1593	1168	1344	1498
Whooping Cough	1484	1075	1244	1375
Tetanus	1614	1173	1419	1552
Smallpox	1208	630	1107	1107
Measles			957	1583

As Poliomyelitis figures were only available for South Bucks area in 1969 these are given again below, together with the number immunised against Rubella in 1970.

	1969	*1970*
Poliomyelitis – Primary protection		
Poliomyelitis – Primary protection (three doses)	1050	2216
– Boosters	1164	22
Rubella		488

TUBERCULOSIS

(a) *Pulmonary Tuberculosis.*

I am pleased to be able to report that only 24 cases of Pulmonary Tuberculosis were notified during the year compared with 29 the year before. In fact, the number of new cases of Pulmonary Tuberculosis is the lowest recorded.

For a number of years the proportion of cases occurring in those with Asian names has been very high and while this is still true for 1970 the proportion was nearer a half than two-thirds. There is little evidence to show that frank and open disease is being imported as the majority would seem to be found suffering from Tuberculosis a considerable time after their arrival in this country. Many children have a history of receiving B.C.G. vaccination against Tuberculosis before arriving and this is borne out in the vast majority of cases by the evidence of a typical scar.

(b) *Non-Pulmonary Tuberculosis.*

It seems that those bearing Asian names are particularly prone to the non-pulmonary form of Tuberculosis, as all the women and all but two of the men appeared to be of Asian extraction.

From the table it will be seen that the number of non-pulmonary cases has risen during a period when the pulmonary form of the disease is decreasing. Perhaps the time has come when we should combine the two from an epidemiological point of view. This would show that there has been relatively little change in the incidence of Tuberculosis over the past 10 years although the indigenous population suffers much less frequently than it did.

Non-Pulmonary Tuberculosis

	Males	*Females*
Cervical Glands	7	3
T.B. Peritonitis	-	1
Mediastinal Glands	2	1
Pericardium	1	-
Meninges	1	-
G.U. Tract	1	-
Right Foot	1	-
Paravetebral	1	-
Hilar Gland	1	-
TOTAL	15	5

(c) *Incidence of Tuberculosis by Age and Sex.*

Age in Years	PULMONARY		NON-PULMONARY	
	Males	*Females*	*Males*	*Females*
0 —	-	-	-	-
1 —	-	-	-	-
15 —	2	1	2	2
25 —	3	5	4	1
35 —	7	1	4	2
45 —	2	-	3	-
65 and over	2	1	2	-
TOTAL	16	8	15	5

(d) *Notification Register.*

PULMONARY

Males			*Females*			*Total*		
1968	*1969*	*1970*	*1968*	*1969*	*1970*	*1968*	*1969*	*1970*
332	313	314	238	232	229	570	545	543

NON-PULMONARY

Males			*Females*			*Total*		
1968	*1969*	*1970*	*1968*	*1969*	*1970*	*1968*	*1969*	*1970*
48	41	48	42	37	42	90	78	90

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

The number of children tested for reaction to Tuberculosis now remains remarkably constant year by year. In 1970, 1,392 children were tested, just 38 more than in the previous year and of these 1,194 were negative. This figure can be looked upon as very satisfactory because of the 14.2% who were positive no less than 9.8% were positive due to previous vaccination. A positive reaction is given by those who have had B.C.G. Vaccination or by those who have had previous experience of Tuberculosis, showing itself either by disease or by a change in reaction to skin testing. 61 children were positive without previous known cause and these were as usual followed-up by the chest clinic to see whether disease was present, whether a source of infection could be traced and where appropriate subsequent follow-up and treatment were given by the chest clinic.

(f) *Deaths from Tuberculosis.*

Year	*Population*	*Pulmonary*		*Non-Pulmonary*		*Pulmonary Death Rate per 1000 Population*
		Males	*Females*	*Males*	*Females*	
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
1967	86,860	3	-	-	1	0.035
1968	92,070	2	1	2	-	0.032
1969	92,750	-	2	1	1	0.021
1970	93,570	1	1	1	-	0.021

HOME SAFETY

The attempt to persuade the public that safety in the home must be accepted as part of everyday healthy living if the dreadful and unnecessary cost of home accidents, in terms of human suffering and financial cost to the community is ever to be reduced, let alone prevented, continues to be the long term task of the Home Safety Council here in Slough.

Thanks to the continuing support of many of the town's leading women's organisations yet another Home Safety Quiz was successfully concluded in the spring when the St.Andrew's Methodist Ladies Club beat the Langley Women's Institute to become this year's holders of the "Observer Home Safety Trophy". This meant that for another year it had been possible to maintain a close contact with – as far as home safety is concerned anyway – a most important section of the community and pass on advice in a manner which past experience tends to suggest is the most likely to be taken notice of. A similar but less competitive Health and Home Safety Quiz was also again arranged jointly by the Area Health Education Organiser and the Home Safety Officer and taken around the Old People's Clubs in the district.

For the fifth successive year a Home Safety Picture Competition was arranged for the purpose of provoking an interest in home safety among children attending the town's Junior Schools. The majority of schools were represented at the prize-giving at the Town Hall, Slough, on 14th December, when His Worship the Mayor, Alderman W. West, J.P., presented the prizes.

Infant School children were also encouraged to learn about the prevention of accidents in the home by the visit to their schools of the Home Safety Puppet Show.

During the year under review the Home Safety Council took delivery of an animated Home Safety Display Unit which is designed for use either as a traditional display or an aid to accident prevention instruction in such places as infant schools or other suitable establishments. Due to the kind co-operation of the local branch manager of one of the National Building Societies in making available his display space in the Slough High Street, this unit was able to attract a considerable amount of attention and as the result a great many people can be assumed to have been interested by it. A number of Primary School Headteachers expressed their interest in making use of it for instructional purposes and this has been arranged.

The Home Safety Officer accepted a number of invitations to attend local meetings to show home safety films and to give advice on the prevention of home accidents. He also undertook the testing of Brownies, Girl Guides and Girls Brigade

members for their safety in the Home Badge, Accident Prevention Badge, or as part of the Duke of Edinburgh's Award Scheme.

In addition to being shown locally the Council's films "Dead Easy" and "Fabrics and Fireguards" were regularly hired out to other authorities and a further four copies of "Dead Easy" were sold.

A regular display of posters was maintained throughout the year. Among other useful publicity was that provided by the Slough Observer who accepted an article on the buying of safe toys for publication in one of their pre-Christmas editions.

HEALTH EDUCATION

Still more Health Education within the Borough was carried out during 1970.

The Home Safety and Health Quiz for women's groups continued until the grand final at the end of March 1970. A new quiz, based on general health and home safety and highlighted with questions on community songs and local knowledge, was taken to the Old People's Clubs during the Autumn and Winter and aroused much interest.

Mothers' Clubs continued to thrive during the year and a new afternoon Club was opened in Burnham in September. Attendance at all Clubs remained steady throughout the year. The theme for 1970 was "The development of the individual from birth to death" and this was studied in many different ways by the Clubs with an emphasis on the need for good relationships at all ages.

Ante-Natal classes continued to be well attended. The co-operation of the staff of the Maternity Unit at Upton Hospital has resulted in better publicity for these classes and an improvement in their content. The evening filmshows to which the fathers-to-be are invited to attend with their wives, resulted in many lively discussions.

During 1970, two Study Days for Home Helps were held and both were extremely well attended. The theme "Principles of First Aid" proved so popular that it is to be continued during the Spring of 1971.

More film reviews for staff were held during the year and several films for specialist groups only, e.g. District Midwives, Child Guidance Clinic, etc. were included.

Poster campaigns during the year included the following topics: Smoking and Health, Water Safety, Food Hygiene, Firework and Christmas Safety, Safe Toys, etc. The new portable display boards allowed excellent exhibits on these themes to be shown in the Town Hall foyer and in Child Health Clinics.

Health Education in Schools

The programme of talks and films on dental hygiene, the relationship of cigarette smoking and health, and "Growing up" continued to be carried out in many secondary schools within the Borough. In addition, a portable display entitled "Can you afford to Smoke" was placed in the foyers of several secondary schools during the year and prompted considerable discussion.

A Centenary Exhibition on Education was held at Slough College in July and an exhibit was entered showing the history of the School Health Service.

The number of talks, discussions or filmshows with Youth Clubs within the Borough also increased during 1970 and there was continued co-operation with the local schools, particularly Junior Schools, on many aspects of health education. The Area Health Education Organiser was also co-opted on to the local Working Party on Sex Education which was held at the Teachers' Centre; the findings of this Working Party are due in the Spring of 1971.

SOUTH BUCKS AREA

HEALTH EDUCATION RETURNS FOR 1970

Talks given by:-

Health Education Staff	150
Medical Officers	24
Health Visiting, Nursing and Midwifery Staff	695
Dental Staff	39
Other County Council Staff	79
Outside Lecturers	52
	1,039

Talks given to:-

Ante-natal groups	394
Ante-natal groups attended by husbands	11
Mothers' Clubs	144
School Children	297
Youth Groups	6
Old People's Clubs	17
Parents' groups	6
County Council Staff	89
Others	51
Student Groups	24
	1,039

ANNUAL REPORT

OF

THE CHIEF PUBLIC HEALTH INSPECTOR

(J. SAGAR, D.P.A., M.A.P.H.I., M.R.S.H.)

FOR THE YEAR 1970

In recent years a great deal has been said and written concerning the re-organisation of local government and public health inspectors are wondering as to their future role within the service.

It is said that environmental health services are to remain within the sphere of local government, but it appears that the functions may well be divided between the first and second tier authority structure.

Public health inspectors consider that their functions have always been very closely related to people, not as individuals, but in regard to the conditions where they live, work and eat, and such functions should be administered at 'grass roots' level. However, the debate continues, and undoubtedly drastic reforms in local government will take place in the near future. It is hoped that environmental health services will be so organised that maximum advantages will accrue, and that the many disciplines within our field will continue to be administered by adequately trained public health inspectors who will maintain their rightful place – within the team of Local Government Officers.

During 1970 the Department underwent some reorganisation.

The main changes were the administration involved in the work of Offices, Shops and Railway Premises and of Food and Drugs sampling, which had hitherto been carried out by specialist officers. The duties were given to the team of district public health inspectors headed by a Senior District Inspector, whose main function is to co-ordinate, supervise, and participate in all the multifarious activities and disciplines of public health inspection. This senior inspector also administers the Pest Control Section and the post of Pest Control Officer became redundant.

For the first time ever, an administrative assistant was appointed to replace the post of secretary and this has already proved of considerable value in siphoning off a good deal of the administrative and clerical duties hitherto performed by technical officers.

In addition to carrying out his duties as Deputy Chief Public Health Inspector, Mr. D.A. Owen, specialises in all the functions of Improvement Grants of the various types, and Qualification Certificates where combined with an application for grant.

The result of the reorganisation was that duties carried out by two officers i.e. Pest Control Officer and the Specialist Public Health Inspector (improvement grants and food and drugs sampling) have been re-distributed at a considerable saving but without loss of efficiency.

The report for 1970 is in much the same form as in previous years.

SECTION A	**GENERAL STATISTICAL SUMMARY**
SECTION B	**HOUSING**
SECTION C	**SAFEGUARDING OF FOOD SUPPLIES**
SECTION D	**MUNICIPAL ABATTOIR**
SECTION E	**CLEAN AIR**
SECTION F	**OFFICES AND SHOPS**
SECTION G	**FACTORIES**
SECTION H	**PEST CONTROL**
SECTION I	**MISCELLANEOUS**

SECTION 'A'

GENERAL STATISTICAL SUMMARY

Complaints

No. of complaints received and investigated	1,804

Visits and Inspections

Clean Air

Domestic premises	1,738
Industrial premises	255
Prior approval	42
Smoke observations (Industrial)	420
Smoke nuisances	223
Air pollution instruments	1,232
Miscellaneous	257

Food

Food inspections	369
Food poisoning	3
Food and drugs control	436
Food hygiene – premises	1,172
Food hygiene – stalls and vehicles	148
Contraventions remedied – premises	605
Contraventions remedied – stalls	79

Housing

Repair	599
Overcrowding	20
Improvement grants	546
Noise insulation grants scheme	539
Multiple occupation – surveys	5,350
Multiple occupation – inspections	1,841
Qualification certificates	666

General Environmental Health

Caravan sites	121
Dirty or verminous premises	101
Drainage	227
Infectious diseases	195
Offensive trades	1
Pest control	1,108
Swimming pools	37
Water supply	11
General nuisances	1,221
Noise nuisances	253
Offices, shops and railway premises	690
Nuisances remedied	129

Notices

Informal – served	399
Informal – complied with	66

Drainage

Drains tested	24

SECTION 'B'

HOUSING

Housing Demolition and Closure

During 1970 two flats in one building and one house were the subject of Closing Orders made under the Housing Act 1957. Demolition Orders were made in respect of four houses which have since been vacated and demolished.

The Clearance programme was resumed and 2 areas of 4 and 10 houses respectively were defined as Clearance Areas under the Housing Act 1957. New provisions in the Housing Act 1969 enabled the properties to be purchased by agreement rather than by Compulsory Purchase Orders which is a departure from previous procedure.

An unusual item of interest occurred when a caravan used permanently for human habitation was found to be unfit. A Demolition Order was made under the Housing Act 1957 and the tenant rehoused, but due to the dilapidated nature of the van, it was not possible to remove it from its site. It was therefore decided to burn it on site and this was carried out with the prior knowledge of the Fire Department. Debris was later removed by the Cleansing Department.

Housing Repair

Complaints continued to be received from tenants of properties in need of repair and inspectors made 599 visits for the purpose of housing inspections, service of notices, and advising on repairs. In general an informal approach to the agent or landlord is successful and there is little need for recourse to Statutory procedure which can be cumbersome, lengthy, and sometimes results in the department carrying out the work in default and recovering the costs from the owner.

Multiple Occupation

Once again the number of houses known to be in multiple occupation has continued to grow and it seems this trend will continue. The older type houses are still being bought mainly by commonwealth immigrants and in turn are becoming multi-occupied.

It is logical therefore, that whilst the Council has no power to prevent multiple occupation, it must do everything in its power to make life more tolerable for people who live in such a manner. In other words the situation must be controlled within the law.

The Council has continued its policy of making Directions, limiting the number of individuals who may occupy a dwelling, based on facilities and amenities existing in the respective houses. At the present time approximately 1,000 Directions for this purpose have been given.

This seems the most practical way of dealing with our own particular problem in Slough where the majority of houses are of the two-storey, five-room type and would not come within the scope of any registration scheme. It is known that approximately 12,000 people now live in approximately 1,500 houses, which means that some 13% of Slough's population lives in multiple occupation. It is significant that the problem is not confined to any particular ward but spread throughout the Borough. The problem was considered to be such that it was necessary to increase the establishment of the section dealing with multiple occupation and the Council agreed to the appointment of a further technical assistant to be engaged on this work, primarily to deal with new cases as they arise so that the Specialist Officer can spend more time in dealing with all known cases, and to achieve the best possible living conditions for the occupants of these premises.

During the past year there have been many more complaints regarding alleged overcrowding, poor conditions, non-provision of rent books and harassment. As regards overcrowding, it has been found that houses as a whole are not generally statutorily overcrowded, but many of the individual lettings within them are in fact overcrowded.

It is imperative that all houses in multiple occupation should be visited periodically, not just for checking number of occupants, but for the inspection of amenities, general conditions, structural defects, decorations, possible need for management orders, checking of fire escapes where provided and the provision of special grants under the Housing Act 1969.

In the field of Fire Escapes the Department has been particularly active and some 80 Notices have been served in relation to means of escape in case of fire and most of these have been complied with. In this particular aspect of the work, according to the Chief Fire Prevention Officer of Buckinghamshire County Council, Slough has an excellent record, second to none in the County, and perhaps the country as a whole.

With the coming into force of the Housing Act 1969, further powers were given to local authorities in respect of multi-occupation and here I should like to make particular reference to special grants which allow for the provision of further amenities in these houses. We have already approved several special grants and have received many more enquiries so that it seems likely, ultimately, that more applications will be received.

During 1970 seven prosecutions were instituted for contraventions of Directions resulting in a total of £159. 4. 0. in fines and two prosecutions against persons for making false statements resulting in £10 in fines.

Housing Improvement

Apart from grants associated with Improvement Areas, of which, to date, the Council has not been involved, there are three types of improvement grant, namely:-

Standard Grant

Improvement Grant

Special Grant

Standard Grants.

In these cases the Council has no discretion. Such grants are for the provision of bathrooms and hot water to sinks, baths etc.

Improvement Grants.

These are concerned with improving older houses to a good standard or by conversion to provide additional housing units including bathrooms etc., and part of the grant available can be used for repairs associated with the improvements.

Special Grants.

These are concerned with the provision of amenities in houses in multiple occupation.

For a number of years there had been no applications for improvement grants, it having been found that the types of houses in the Borough lent themselves readily to improvement with the assistance of standard grants. In a number of cases the higher standard grant has been approved where applicants have wished to build bathrooms by extending at the rear of their houses with or without the reconstruction of outbuildings. It was also noted that applicants were more ready to accept the simpler standard grant application where payment is made on the production of evidence of the cost incurred – usually the builder's account – rather than the more involved processes of the improvement (or "discretionary") grant which requires a detailed estimate. A certain reluctance was evident on the part of some builders to giving detailed estimates, and in a few cases, notably the smaller firms, this reluctance appeared to stem from an inability to quote in detail.

Since the Housing Act 1969, however, the improvement grant has been decidedly more attractive by reason of the ability to include certain repairs with the improvements to rank for grant aid. The eleven applications for improvement grant received during the year were broadly for the same type of work as previously assisted with standard grants, that is, the installation of lacking amenities, but of course will result in much higher grants being paid than previously because of the added proportion for repair work. The bulk of these applications were from one London based property company who, realising the undoubted advantage of the new generosity coupled with the qualification certificate procedure, were quick off the mark. Owners will now therefore, in one operation, make a useful contribution to the living standards of the tenants, extend the life of their property, increase the capital value of their holding at a time of rising house values and inflationary trends, and over a period of a few years obtain some threefold increase of their rent income; all this in addition to a monetary grant to offset their capital expenditure.

In view of all these attractions it is surprising that more firms have not come forward with schemes of improvements; firms who are known to be fully aware of the grants and whose property is of the type to be readily capable of improvement locally. One firm of agents to whom grant applications were recommended replied that application would only be made for properties administered by them if their clients, the owners, instructed them. The inference was that they were not as interested in the grant as in the possible increase in rent.

National publicity for grants which was stepped up during the year resulted in a never-ending series of requests by telephone, letters and callers at the office for advice on improvements. Unfortunately the bulk of these requests were from people who had gained the erroneous impression that the local authority was able to grant-aid almost any repair to their houses, from repairing their roofs to renewing w.c. cisterns, and that the Government had undertaken the repair of all the houses in the country ! It was very difficult to get over to many of these people the difference between improvement and repair.

My Deputy, accompanied by a member of the Town Clerk's Department paid a visit early in the year to the Ministry and interviewed various officers there for the purpose of clarifying a number of points raised by the new legislation in relation to grants and qualification certificates. In certain sectors the mists of doubt were as dense after the interview as they were beforehand. The following table provides statistics relating to the three types of grants dealt with during the year.

SUMMARY OF HOUSING IMPROVEMENT GRANTS

Improvement Grants

Applications approved	11
Amount of grant approved	£2,663
Grants paid – No. of dwellings	2
Amount paid	£878

Standard Grants

Applications approved	38
Amount of grant approved	£5,115
Grants paid – No. of dwellings	26
Amount paid	£2,720
No. of amenities provided:-	
Fixed bath or shower	16
Wash hand basins	23
Sinks	2
Hot water supplies	25
W.C.'s	17
Higher Limit Grants	1

Special Grants

Applications received	8
Grants paid – No. of houses	1
No. of households	2
Amount paid	£35. 8s. 10d.
No. of amenities provided:-	
W.C.'s	1

General Improvement Areas

The Borough Council have not made any general improvement areas under the various Housing Acts, the latest being the 1969 Housing Act, but in the last few years a good deal of research has been undertaken in this respect.

Compared with the many older towns, particularly in the Midlands and the North, the type of residential development in Slough is such that the scope for general improvement areas is somewhat small. Nevertheless there are several areas of the town which could, and ought to be the subject of area improvement. It is considered likely that in the very near future serious consideration will be given to the promotion of a general improvement area.

Qualification Certificates

The bulk of the applications for certificates of provisional approval were dealt with fairly rapidly because most of them originated from one firm with an obvious determination to get things under way as soon as possible, and a capable organisation with which to do it. Joint inspections of the properties were made by the public health inspector accompanied by the firm's surveyor, a schedule of repairs was drawn up, plans submitted, specifications and estimates approved, and certificates of provisional approval issued.

Owners and agents are still not bothering to inspect their properties before making applications, resulting in many abortive visits by inspectors and much letter writing and attendant administrative detail which would otherwise have been unnecessary. Applications often state that houses possess all the standard amenities – when in fact they do not, and that they are in good repair —– when in fact they are not. Agents seem to rely on replies to questionnaires completed by tenants, the latter at times showing remarkable ignorance as to the facilities in their houses and the state of repair. The result is that the bulk of applications have been neither approved nor refused, but await the completion of a long list of repairs, albeit minor ones, which must be complied with before qualification certificates can be issued. It has been said that agents are content to accept as necessary any repair requirements that public health inspectors may specify, it being almost impossible for them to carry out inspections themselves of their own property by reason of numbers, distance and time available.

One house where a wash hand basin had been installed subsequent to application being made was the subject of a certificate being refused.

A difficulty in administering this legislation is that of obtaining a uniform standard of judgment as to the degree of repair to be asked for in each case. Opinions differ between inspectors and indeed between local authorities and little help is forthcoming from Whitehall. The Act itself relates to such repair as is necessary having regard to the age, character and locality of the house, and has not been in force long enough for much experience or case law to have been built up.

It was evident from the outset that we should have to take into consideration the electrical wiring under the general heading of 'good repair'. In many of the houses inspected, which were built between the wars it was found that electrical wiring was installed in rubber covered cable which had perished and should be renewed, but this of course could only be established after testing by a competent authority who would, presumably, rightly be entitled to charge a fee. In some cases the occupier of the house was aware that the wiring was defective and brought the matter to our attention, but on the other hand, many occupiers, particularly elderly ones, were quite unaware of the state of the wiring in their houses. It seemed therefore, that in most cases of applications for certificates under this legislation, steps should be taken to have the wiring tested, and an approach was made to the electricity authority for their assistance in the matter. The electricity authority undertook to carry out the testing of the electrical wiring in the houses for a fee of £3 per dwelling, and to give certificates which would relate only to electrical safety and not as to whether the installation complied with the current Regulations of the Institute of Electrical Engineers. In some cases there is no need for a test to be carried out because the appalling state of the wiring is evident to anyone on a casual inspection of the property. One property company instructed its electrical contractor to proceed with rewiring many dozens of houses without bothering to request the board to carry out prior tests, it being evident that some of the wiring was in a dangerous condition. The result of this procedure should be some small but positive step towards reducing the number of fires and accidents in the home.

The following table summarises action taken regarding qualification certificates

SUMMARY OF QUALIFICATION CERTIFICATES

Improvement Cases

No. of applications for Q.C's under Section 44(2) under consideration at end of year	1
No. of certificates of provisional approval issued	28
No. of Q.C's issued under Section 46(3)	2
No. of Q.C's refused	1

Standard Amenities already provided

No. of applications for Q.C's under Section 44(1) under consideration at end of period	149
No. of Q.C's issued under Section 45(2) in respect of:	
dwellings with R.V. of £60 or more	2
other dwellings	NIL

Residential Caravan Sites

There were 98 residential caravans stationed within the Borough during 1970 which were subject to licences under the Caravan Sites and Control of Development Act 1960. Routine inspections were carried out and no contraventions of licence conditions were found.

Itinerant Caravanners

On a number of occasions, problems arose as a result of unofficial encampments on vacant land, often Council owned. In most cases, eviction was necessary under the watchful eye of the local constabulary. The gypsies (or travellers as they prefer to be called) appeared to be very well informed of the relevant sections of the Caravan Sites Act 1968, which requires the provision of sites for them.

For a month during the summer a survey was carried out of itinerant caravanners in the borough, and at the same time similar surveys were undertaken in other local authorities so that the numbers of caravans and their occupants in the county could be established. The information, given to Bucks County Council, will be available for calculating future site requirements, and it is hoped that carefully selected permanent sites can be established so that the present futile policy of harassment from one authority area to another can cease, or at least be reduced.

Information re Local Land Charges

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 2,225 properties upon a request for official search of the Land Charges Register.

SECTION 'C'

SAFEGUARDING OF FOOD SUPPLIES

Food Hygiene

The statistics of food poisoning are startling. It is estimated that somewhere between 343 million and 456 million man hours of production are lost every year due to 'stomach upsets'. This costs in the region of £116 million per annum. Again 'tummy ache' is responsible for a loss of 4.8 to 6 million schooldays every month. Four hundred young children died of infantile enteritis during each of recent years.

It is of course difficult to establish how far these illnesses could have been prevented if good food hygiene had prevailed, but it is undoubtedly a fact that they would be severely reduced if this were the case. These are of course national figures, but there is no reason to assume that Slough should be a great deal better or worse in these respects. If one assumes that food hygiene mal-practices were the reason for these outbreaks of disease one must remember that the contamination of the food could easily have occurred at any one of the many stages from producing to serving the food. As a local authority we have power only over those areas concerning the production and sale of the food, and not in the consumer's household. However, an effort is made in this direction and 1970 saw the start of an experiment in that a public health inspector visited a school and gave a brief lecture and film show on the basic principles of food hygiene to school leavers. I very much hope that, given the right support, this experiment will grow into a full scale annual programme.

It is with these above-mentioned figures in mind that public health inspectors in Slough continue to make food hygiene one of the most significant parts of their work.

I have mentioned before the rapidly changing nature of the food industry and this of course continues as we enter a new decade. An authority on the subject has looked towards the year A.D. 2000 and made some significant predictions. He sees the economic desalinating of sea water leading to world wide irrigation, large scale fish farming, the production of protein and fat from micro-organisms and protein from green leaves and waste material, and a highly specialised and mechanised agriculture. This is of course all very much speculation but as one visits food premises in the Borough and around the country one can see for instance the ever increasing percentage of convenience foods in supermarkets and other large retail outlets. This coupled with changing demands of the modern housewife creates immense problems for the public health inspector who must be forever adjusting

and replanning his thoughts and attitudes towards the subject of the cleanliness of food.

In Slough of course at the present time the scene is very much one of change, and the redevelopment of the town centre is a subject on which this department has kept a constant watch. Many and varied new food premises are included in the proposed new centre and the design of these is a subject requiring close scrutiny. The nature of the original structure of food premises is of paramount importance because such things as the proximity of washing facilities, the cleansibility of surfaces, refuse disposal etc., can make or mar any attempts at good food hygiene as the premises become occupied. For this reason it has always been my policy to examine the plans deposited with the Borough Engineer for Building Regulation approval, where these plans deal with proposals relating to food premises. By this means many difficulties at a later date are avoided at the design stage. A good deal of adjustments have been made as a result of healthy discussion between the public health inspector and the architect or design engineer of large scale constructions in the new central redevelopment.

There are occasions where despite our efforts to educate food handlers together with informal approaches to traders, the need for action under various legislation relating to food hygiene becomes necessary. Two such cases were taken in 1970, one under the Food Hygiene (General) Regulations 1960 and the other under the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966. The former was concerning the business of a wet fish and fried fish shop which was found to be generally dirty and in particular many articles of equipment were found to be in an unhygienic condition. As a whole the premises had become in such a state that only by a tremendous amount of work and at some cost could the premises be brought up to a reasonable standard and it was obvious from the outset that this result would only be brought about following the full application of the law. In all ten summonses were issued against the company, these having been condensed from a much larger number of contraventions under the regulations, each of which could have been the subject of a separate summons. A total fine of £420 was imposed and an advocates fee of £20 was awarded to the Council. The defendant was represented by a barrister who was a specialist in matters concerning the fish trade and who made lengthy supplications about the difficulty of maintaining a good standard of hygiene in a fried fish and chip shop. Fortunately the magistrates realised that a good standard was essential in any food premises and this was reflected in their method of dealing with the case.

The second case was the first to be taken in Slough under what have come to be known as the "Market Stalls" Regulations, and again was only taken as a last resort when all other usual methods of dealing with the matter had failed.

Summonses were issued against two persons, one being the person who carried on the food business from a stall in the High Street and the other an employee who insisted on smoking while handling food at the stall. The action high-lighted a problem in enforcing food hygiene in the case of long-standing greengrocery tradesmen in that some regard themselves as being exempt to a great extent from modern legislation. This seems to apply particularly in the case of smoking and the wearing of clean and washable overclothing while handling food. The employee was fined £5 for smoking and the proprietor was fined a total of £21 with costs of 10 guineas. The case also illustrated the sometimes difficult conditions under which inspectors have to work and on one occasion the district public health inspector was threatened by the employee and could only collect the evidence necessary for these proceedings to be taken by being accompanied by a police constable.

During the latter part of the year a complaint was received that a house and garden in the district were in a dirty and untidy condition. On investigation the district inspector discovered an unusual hoard in the back garden. No fewer than 500 milk bottles in varying conditions were discovered in a heap at the back of the house. It is impossible to say how long the bottles had been accumulating but they were apparently simply the empty bottles from the milk delivered each day to the house because they all belonged to one local dairy. The dairy was informed and a van was sent to collect all the bottles but it was discovered that many of the bottles had gone beyond the stage at which they could effectively be cleaned. Although an extreme example of mis-use of food containers this was nevertheless a reminder of the very difficult problems which dairymen face. Time and time again it has been necessary to institute proceedings where milk has been sold in dirty bottles, but where the condition of the bottle has been the direct result of negligence on the part of some customer. This in no way absolves the dairyman from his statutory obligation to ensure that bottles are clean before being filled with milk, but it does not make his job any easier.

To sum up I am pleased to be able to report that my department is extremely active and aware of its responsibilities in the field of food hygiene. The theme continues to progress towards education rather than enforcement. I look forward to the time when after completion of the town centre redevelopment and work which is in hand as a result of representations from this department the Borough will have a sparkling example of clean and hygienic food preparation.

Food premises in the Borough, which are subject to the Food Hygiene (General) Regulations 1960 are classified as follows:-

Catering establishments, canteens, licensed premises	153
Food manufacturing premises	12
Other food premises	187

Milk and Dairies

At the end of the year one Dealers (Pasteuriser's) Licence and ninety Dealers (Pre-packed) Milk Licences were in force. The pasteuriser's licence is held by one long-established dairy company which continues to pasteurise milk by the High-Temperature Short-Time process. The dairy has its own laboratory which carries out the various tests on the treated and untreated milk in conjunction with the Milk Marketing Board, and when necessary provides results of tests to milk producers.

One hundred and eighty samples of milk from the dairy were submitted to the Gerber test in the department. One sample was low in fat and solids-not-fat, but follow-up samples were satisfactory.

The bacteriological milk sampling programme continues to receive the attention its importance deserves, being the last check between producer and consumer, designed to establish the safety and cleanliness of the product. One hundred and seventy-eight such samples were taken from dairy, wholesale and retail outlets. Two samples failed the methylene blue test, the traders being notified and further samples proving satisfactory. All other samples were satisfactory. The total samples are as follows:-

Classification	*No. of Samples*	*Tests*
Pasteurised	128	Phosphatase & Methylene Blue
Untreated	9	Methylene Blue
Sterilised	37	Turbidity
Ultra Heat Treated	4	Colony County

A sample of farm bottled untreated milk was sent to the Public Health Laboratory at Reading and satisfied the milk ring test, this test being one used for the rapid screening of herds in conjunction with the Brucellosis Eradication Scheme.

Cream

Cream, like milk, can be particularly prone to contamination and is therefore subject to similar supervision to ensure its bacterial safety and cleanliness. A series of samples of fresh and heat-treated cream gave poor results, the interpretation of

which is not always easy, there being no statutory standards. It was found necessary to advise retailers regarding correct storage conditions and shelf life.

Ice Cream

The consumption of ice cream, iced lollies etc., within the Borough seems to be as popular as ever. Premises registered for their sale number almost 300. Regular samples are examined for bacteriological purity and results are found to be of a high standard.

Food Complaints

One hundred complaints were received, fourteen more than last year and again over a quarter of the complaints concerned mouldy food. Nineteen complaints involved bread and thirteen were associated with milk and milk products.

All complaints were thoroughly investigated by the district public health inspectors and after consideration of the facts involved, appropriate action was taken. A warning letter to the person or company concerned usually sufficed but in some instances it was found necessary to institute summary proceedings, details of which are as follows:-

Sale of Mouldy Sausages	—	Fine £25.	No costs
Sale of Pork Pie containing Cigarette end	—	Fine £50.	15 gns. costs
Sale of Mouldy Fresh Cream Dessert	—	Fine £25.	No costs
Sale of Mouldy Yoghurt	—	Fine £50.	No costs
Sale of Bread containing Cigarette end	—	Fine £10.	Costs £5
Sale of Bread containing Glass	—	Fine £30.	No costs

Examination and Rejection of Food

As a result of visits to wholesale and retail premises for the purpose of examining food, some 14½ tons were voluntarily surrendered as unfit for human consumption and destroyed by the Corporation.

There are no poultry processing premises or liquid egg pasteurisation plants within the Borough.

Food and Drugs

The summary of the articles of food submitted to the Public Analyst during the year is appended in the table which follows. It will be noted that there was a predominance of samples of meat, meat products and soft drinks compared with those of other foods. Twenty-five samples of spirits were tested informally and found to be satisfactory. A considerable amount of legislation in recent years has been directed towards the maintenance of good standards of meat content in compound meat products, pies, sausages, etc., and the number of commodities of this nature currently being sold shows no sign of lessening.

Regulations, which came into force on 1st January 1970, prohibited the use of cyclamates as artificial sweeteners in food or as ingredients in artificial sweetening tablets. This action followed a certain amount of adverse publicity both in England and America as to the safety of cyclamates as a food additive. Particular attention was therefore directed to sampling soft drinks at the beginning of the year primarily in order to ensure that old stocks containing cyclamates were withdrawn from retailers premises. In one instance only was a fruit drink discovered containing prohibited artificial sweetener.

More shops have been opened in Slough dealing with oriental foods, and these are being patronised mainly by the immigrant population. The food products on sale are somewhat strange to many western eyes and palates, both as to the culinary purpose of the food as well as its origin. A sample of one imported product with an oriental name and appearing to be a mixture of dried herbs, seeds and vegetable matter was found to contravene the labelling provisions of the Pharmacy and Medicines Act 1941. As in the case of many imported foods nothing could be done at the source, this particular commodity having originated in India. Representations were made to the importers with a request to ensure the withdrawal of all stocks.

From time to time various Port Health Authorities release, without examination, quantities of food which have been imported, under the Imported Food Regulations, such consignments of food usually being used locally for manufacturing purposes. On these occasions an attempt is made to examine the food when it arrives in Slough and if necessary take samples for analysis. Such consignments have included such products as chocolate crumbs from the Irish Republic and more recently desiccated coconut from Ceylon. In the case of the latter, importation took place at London and Liverpool and in each case the desiccated coconut was found to contain sulphur dioxide which the Port Health Authorities considered contravened the Preservatives in Food Regulations 1962. The coconut was released for use on the understanding that it would be either exported or treated so as to eliminate the sulphur dioxide. On consideration it was decided in Slough that

coconut was in fact a fruit and therefore could legally contain up to a given proportion of sulphur dioxide. This was in contradiction of the opinions at the ports. The Port Health Authority in order to clarify the position asked the magistrates to authorise the condemnation of the coconut as unfit for human consumption. This application was resisted by the importers and the magistrates held in favour of the latter, and the coconut was then released for use in the manufacture of food for human consumption. The total amount of coconut involved ran into tons, and its unavailability was causing difficulties at the factory.

A number of samples had minor labelling infringements, e.g. cream cheese, minestrone soup, milk cookies – and these were dealt with informally. Samples of plain chocolate with whisky filling, and champagne perry chocolate, were found to be deficient in proof spirit. The facts of the case indicated that the fault lay in prolonged storage and subsequent loss at the retail premises rather than in any default of the manufacturer.

Proceedings were instituted against a local retailer for selling fish which was not of the nature demanded in that "red fish" was sold under the description "sea bream". Proceedings were also instituted against the supplier for a similar offence, and against the supplier for providing a false warranty. The retailer had been warned on a previous occasion regarding selling this particular type of fish under the name of a different species. The retailer was fined £10 plus 12 guineas costs in respect of the sale of the fish. The suppliers were fined £30 for the similar offence and £30 for giving a false warranty, together with 15 guineas costs. This case is interesting in that it highlights a facet of modern supermarket-type selling in which the traditional expertise of the trader e.g. the fishmonger or butcher,has not been adequately replaced by the modern sales assistant.

SAMPLES SUBMITTED TO PUBLIC ANALYST

PRODUCT	PROCURED		UNSATISFACTORY	
	Formal	*Informal*	*Formal*	*Informal*
Beverages — alcoholic	4	-	-	-
non-alcoholic	5	2	-	-
Bread and flour products	4	6	-	3
Cheese and cheese products	7	-	1	-
Confectionery — flour	8	1	1	-
sugar	3	17	-	3
Cooking oils	-	3	-	-
Fats	7	3	-	-
Fruit and fruit products	1	2	-	-
Jellies	4	1	-	-
Meat and meat products	29	9	-	-
Medicinal products	4	7	-	1
Milk and milk products	5	2	-	-
Pickles and sauces	3	3	-	-
Preserves	-	1	-	-
Flavouring, seasonings and spices	12	9	-	-
Soft drinks	22	2	1	-
Soups	3	1	-	1
Sugar	-	1	-	-
Vegetables and vegetable products	9	11	-	-
Vinegar	2	-	-	-
TOTALS	132	81	3	8

SECTION 'D'

MUNICIPAL ABATTOIR

At the end of 1970 the new Municipal Abattoir had been operating for a period of just over two years.

By the end of 1969 the throughput had increased by 23 per cent over the 1968 figures, but by the end of 1970 the increase over the 1969 throughput was 3.2 per cent. However, this was a year during which a drop in slaughtering applied to the country as a whole.

The small increases were as follows:-

Cattle 350 Sheep/Lambs 1,220 Pigs 603

Calves dropped in 1970 by 335. This was entirely due to one customer leaving the Abattoir in order that his calves could be slaughtered in accordance with the Rabbinical Commission's manner in respect of Kosher meat.

Since 1954 when the Borough Council first operated an abattoir the throughput has steadily increased. The tables at the end of this section provide details of the throughput.

Animals arrive at the abattoir from farms covering a wide area and from markets as far apart as Ashford in Kent, and Gloucester.

Handling of stock, slaughter, and delivery to the customer at the loading bay is carried out by a contractor on behalf of the Borough Council. Twelve men are employed by him to perform these operations. Slaughtering and dressing of carcases is efficient and of a high standard. General hygiene of slaughter and dressing is good.

The Borough Council staff comprises a Superintendent/Senior Meat Inspector, one Meat Inspector, one General Assistant and one Manual Worker.

The Council is responsible for the daily operation of the Abattoir, meat inspection, maintenance and replacement of equipment, care of animals in the lairage, cleaning of the whole premises and equipment, and provision of efficient refrigerated storage.

Daily hours of operation are from 7 a.m. to 5 p.m. Monday to Friday with extension of working hours when necessary to cope with additional demands for slaughtering. In the event of slaughtering being required for casualty animals, the premises have to be operated outside normal hours. Every Saturday morning until noon the Council staff carry out extensive maintenance and cleaning which is impossible to carry out on working days. The contractor supplies staff to enable customers to collect their carcases and offal. On Sunday mornings the reception of livestock for slaughtering on Monday mornings takes place between the hours of 10 a.m. and noon.

In accordance with the Meat Inspection Regulations one hundred per cent meat inspection of carcases and offal is carried out.

A table provides a summary of the number of carcases inspected and the number of carcases rejected as unfit for human consumption.

The last table provides details of the weights of meat and offal rejected during the year.

The use of the abattoir by Officers of the Meat and Livestock Commission as a Certification Centre in respect of payment of subsidies through the Fatstock Guarantee Scheme continued throughout 1970.

The interest shown in the Abattoir by visitors from overseas continues. Recently visitors have been received from Sarawak and Indonesia, and during the year from various European countries, including farmers, veterinary officers and architects.

Student meat inspectors and student public health inspectors from neighbouring authorities and several Greater London Boroughs have attended the Abattoir for training, throughout the year.

The Abattoir has three dressing lines, one for cattle, one for sheep and one for pigs, the potential throughput for which is as follows:-

Cattle – 20 per hour Sheep – 60 per hour Pigs – 80 per hour

With the present small throughput it is only necessary to dress on one line at a time. If sufficient use could be made of the Abattoir, and provided the lairage and chilling accommodation existed, all three dressing lines could operate at the same time.

As one of the ways in which the use of the Abattoir might be increased the Borough Council applied in January, 1970 to the Ministry of Agriculture, Fisheries and Food for a licence to slaughter for export to the Continent. Following an inspection by that Ministry's Veterinary Officers, a comprehensive list of detailed requirements was sent to the Borough Council. It was necessary to carry out considerable improvements and refinements before an export licence could be granted. The Council decided to go ahead and practically all these requirements had been complied with by the end of the year and it is hoped to obtain the necessary approval early in 1971.

During 1970 twenty-six slaughtermen were licensed in accordance with the Slaughter of Animals Act 1958. Included were several Pakistani Slaughtermen who provide meat for consumption by persons belonging to the Mohammedan Religion.

The following figures show the throughput during the last three months of 1970 in terms of cattle units.(one cattle unit equals one bovine animal or five sheep, or two pigs or three calves. The term "cattle unit" provides a useful yardstick with which to measure overall throughput.).

Month	*No. of Working Days*	*70 Units*	*150 Units*	*140 Units*	*175 Units*
October	22	5 days	8 days	5 days	4 days
November	21	3 days	12 days	4 days	2 days
December	20	5 days	5 days	3 days	4 days
TOTALS	63	13 days	25 days	12 days	10 days

The Abattoir at the present time is equipped with two chilling rooms each with a capacity of 35 cattle units.

It will be seen that on 13 working days out of a total of 63 this accommodation was adequate, but insufficient on 47. The remaining 3 days were immediately preceding Christmas when 245 cattle units were slaughtered for which ideally 7 chilling rooms would have been required to accommodate such an abnormal throughput.

If business is to increase and regular commitments are to be met additional chilling facilities and lairage facilities will have to be provided. This will become more imperative when approval for export has been received.

The meat trade is a fluctuating business varying weekly and even daily dependant on the amount of stock available and the price of meat, but this does not alter the fact that in order that the abattoir should be viable, due provision should be made to increase facilities to meet the additional business as it becomes available.

SUMMARY OF CARCASES INSPECTED AND REJECTED

	Cattle Ex. Cows	*Cows*	*Sheep and Lambs*	*Pigs*	*Calves*
No. of animals slaughtered and inspected	4,990	991	24,720	27,322	633
Disease except Tuberculosis					
Whole carcases rejected	5	12	135	96	10
Carcases of which some part or organ was rejected	2,225	590	9,799	3,997	6
% of number inspected affected with disease other than tuberculosis	45	61	41	15	2.6
Tuberculosis					
Whole carcases rejected	-	-	-	-	-
Carcases of which some part or organ was rejected	-	-	-	424	-
% of number inspected affected with tuberculosis	-	-	-	1.6	-
Cysticercosis (c.bovis)					
Carcases of which some part or organ was rejected	136	19	-	-	-
Carcases submitted to treatment by refrigeration	19	3	-	-	-
Generalised condition whole carcases rejected	-	-	-	-	-

ANNUAL THROUGHPUT AT MUNICIPAL ABATTOIR

	Cattle	*Sheep & Lambs*	*Pigs*	*Calves*	*Total*
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
1967	5,582	8,045	17,549	437	31,883
1968	6,026	8,828	22,954	528	38,336
1969	5,631	23,500	26,719	968	56,818
1970	5,981	24,720	27,322	633	58,656

WEIGHTS OF REJECTED MEAT

	TUBERCULOSIS			OTHER DISEASES		
	cwts.	*qrs.*	*lbs.*	*cwts.*	*qrs.*	*lbs.*
Carcases	-	-	-	207	2	20
Parts of Carcases and Organs ...	45	2	1	741	2	7
TOTAL ...	45	2	1	949	0	27
TOTAL WEIGHT 49 tons 14 cwts. 3 qrs. 0 lbs.						

SECTION 'E'

CLEAN AIR

History will record that 1970 was European Conservation Year and a considerable amount of publicity by the press, television and radio was given to the subject of environment.

Throughout the year a considerable number of associations and groups took an active part in discussing pollution and environmental problems generally. This publicity succeeded in demonstrating the urgent need for attention to pollution prevention. There is now a Secretary of State for the Environment and people are showing much more interest in the various aspects of this subject. Moreover, they are beginning to demand that the necessary steps should be taken to improve the environment.

In so far as air pollution is concerned action has been taken regarding the emission of smoke and sulphur dioxide from chimneys. Smoke control areas and the use of smokeless fuels have considerably reduced the amount of coal smoke emission, and higher industrial chimneys and the use of natural gas have resulted in a moderate reduction of sulphur dioxide at ground level. At present the cost factor appears to prevent the practical desulphurisation of fuels and the recovery of sulphur from flue gases.

Other forms of pollution are receiving increasing publicity. The problem of pollution from motor vehicles appears to be ignored as there are no powers under the Clean Air Acts to control it in this country. Although photochemical smogs do not occur here at present they may occur in the future when one considers the heavy increase in the number of vehicles on our roads especially in large towns and cities. The possibility of pollution from aircraft exhausts at and around large airports is being investigated. Even if this may not at present constitute a hazard with the advent of more and more jet aircraft this could well cause a problem in the future. In considering the remedies for certain forms of air pollution the main problem at present appears to be cost. For example the emission of sulphur dioxide could be rediced considerably by using low viscosity fuel oil containing less than 1% sulphur instead of heavy fuel oil containing 3% or more sulphur. Unfortunately, despite the higher cost of transporting and pre-heating the heavy oil it is still much more economical to use in large quantities than light oil, so that most industrial furnaces use heavy oil with a high sulphur content.

Anyone who can resolve an economical method of removing the sulphur from the oil, or alternatively, removing the sulphur from the flue gases, will go a long way towards reducing atmospheric pollution by sulphur dioxide.

Industrial Air Pollution

During the year some firms have been converting to natural gas and this must reduce the amount of sulphur dioxide and smoke in the air. Industrial furnaces generally use heavy oil which has a high sulphur content and the change to natural gas which is sulphur free is a very welcome development in the clean air drive.

The department operates a scheme of prior approval in respect of the installation of new furnaces whereby the occupier of industrial premises submits his proposals for a new furnace for approval by the department in accordance with the requirements of the Clean Air Act. Although the application for prior approval is voluntary, most firms avail themselves of this service as it provides them with a report on their new furnace and confirmation that it will operate smokelessly in accordance with Section 3 of the Clean Air Act 1956. Another important aspect relating to industrial furnaces is the requirement under Section 6 of the Clean Air Act 1968 that the approval of the height of new chimneys must be obtained from the local authority. Unfortunately this section applies, in so far as oil fired boilers are concerned, to those rated at 1¼ million BTU/hr and above, which means that the local authority has no jurisdiction over the height of chimneys serving furnaces rated at less than this figure. Fortunately nearly all the furnaces in this category use low viscosity oil with a relatively low sulphur content so that the ground level concentration of sulphur dioxide is consequently low.

Domestic Air Pollution

During the year the fight for clean air suffered a very serious set-back. It became evident before the winter set in that there was going to be a shortage of solid smokeless fuel. This was mainly due to the unexpected high rate of shut-down of the gas works, where most of the coke for domestic fires is made, and an acceleration in the rate of conversion to natural gas. The Government decided to import a small quantity of smokeless brickettes from France and to postpone the shutting down of several gas works in order to produce some additional coke. Although these measures helped it was not enough to bridge the gap in the required supplies of solid smokeless fuel. Consequently local authorities were requested to cease making any new Smoke Control Orders for the time being and postpone the dates of operation of those Orders due to come into operation during the winter. Local authorities were also asked to consult with Officers of the Solid Smokeless Fuels Federation regarding supplies of fuel during the coming winter and, if necessary, to apply to the Minister for the suspension of some of their smoke control orders in operation during the winter months. This would enable householders in the areas covered by suspension to burn ordinary coal if they wished and would allow more smokeless fuel to be available in the smoke control areas which were still in operation.

In Slough it was considered necessary to suspend Smoke Control Orders Nos. 1-5 which represented approximately 40% of the buildings covered by Smoke Control Orders. These were suspended in December for a period of 4½ months. It is hoped that sufficient plant will be available for manufacturing additional solid smokeless fuel to enable the Council's programme of smoke control to be resumed next year. During the year works of adaptation of firegrates have been carried out in part of the Manor Park area covered by the Borough's No. 13 Smoke Control Order which came into operation on 1st September, 1970. It is interesting to note that approximately one-third of the houses in this smoke control area did not require any adaptations to firegrates because they were already using an authorised fuel. It was found that the 'piped fuels' – gas and electricity have become much more popular in this area and the proportion of householders using solid smokeless fuel has been reduced. Perhaps the ominous warnings of possible future shortages of solid fuel was the reason for this, or it may be that people prefer the cleanliness, efficiency and ease of operation of modern gas and electric appliances. A number of people have installed central heating in their houses and although the amount of grant in relation to the total cost is relatively small, it is very welcome.

Very few applications are received in respect of the installation of oil heaters. These must be securely fixed to be eligible for grant but it is known that a number of householders use this type of heater in its portable form as this is still one of the cheapest forms of heating, although the main disadvantage is the condensation which occurs in closed rooms owing to the high amount of water vapour emitted.

It should be noted that by using gas and electricity the total amount of both smoke and sulphur dioxide is reduced whereas when solid smokeless fuel are burned sulphur dioxide continues to be emitted although the smoke is considerably reduced.

Details of the Council's programme of smoke control up to the end of 1970 are shown in the following tables:-

PROGRESS OF SMOKE CONTROL AREAS

Smoke Control Order No.	*Details of Order*	
1	Came into operation 1st December	1961
2	Came into operation 1st September	1962
3	Came into operation 1st December	1962
4	Came into operation 1st September	1963
5	Came into operation 1st November	1963
6	Came into operation 1st September	1964
7	Came into operation 1st July	1965
8	Came into operation 1st December	1965
9	Came into operation 1st September	1966
10	Came into operation 1st June	1967
11	Came into operation 1st June	1968
12	Came into operation 1st November	1968
13	Came into operation 1st September	1970

DETAILS OF SMOKE CONTROL AREAS

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
10	1,391	37	4	10	1,442	200
11	1,394	34	8	12	1,458	262
12	1,717	33	nil	9	1,759	194
13	1,552	93	nil	6	1,651	126
GRAND TOTAL	14,878	390	73	76	15,427	3,079

Measurement of Air Pollution

Measurements of air pollution continued to be made throughout the year at the following sites:-

Horsemoor Green School, Common Road, Langley

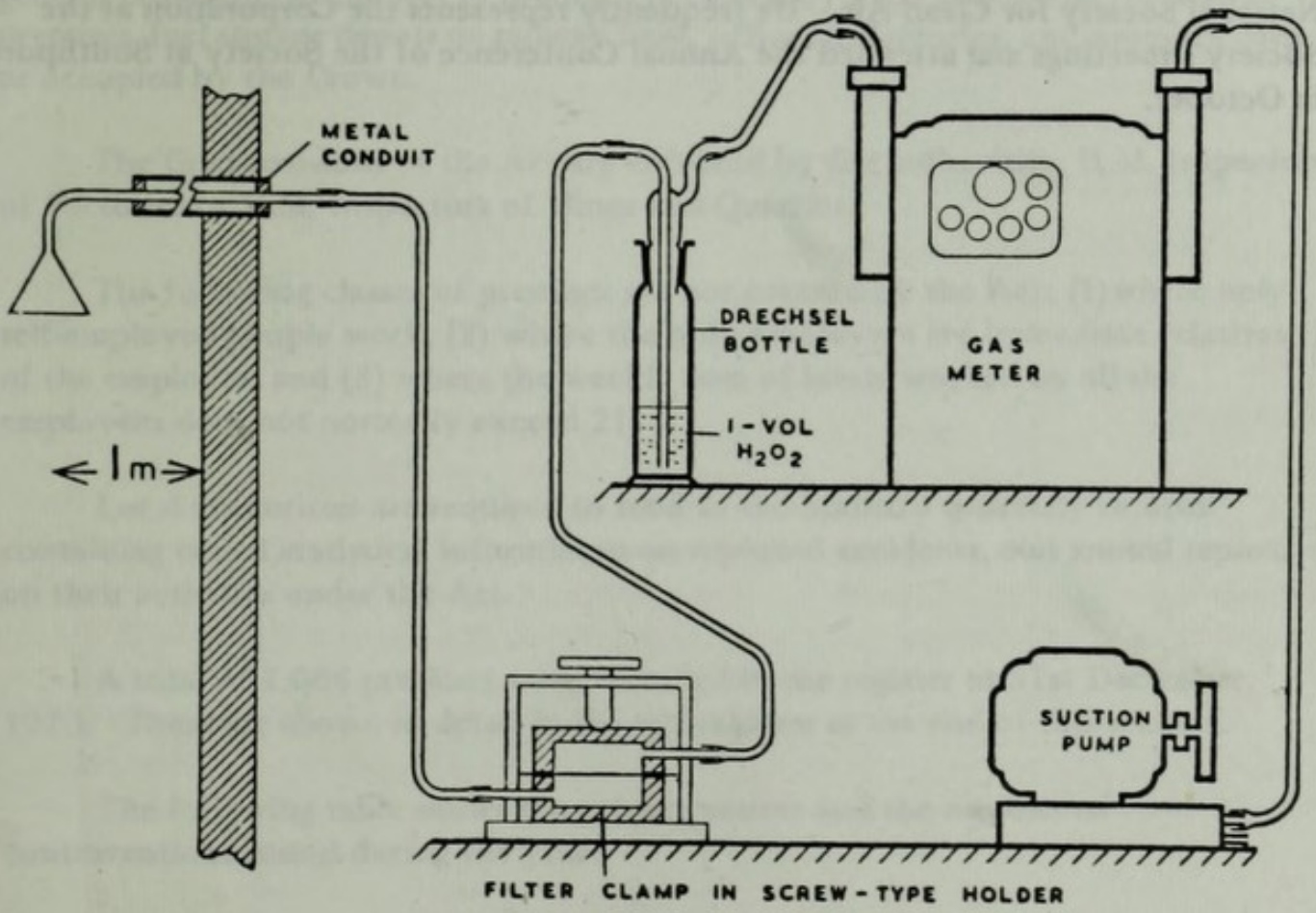
Pest Infestation Laboratory, London Road, Slough

Marks and Spencers, High Street, Slough

34, Salisbury Avenue, Slough

Coopers Mechanical Joints, Liverpool Road, Slough

Owing to building extensions the instrument at Marks and Spencers was removed at the end of the year and it will be re-sited at the Public Library near the entrance to the Reference Library. The apparatus used is the volumetric daily smoke and sulphur dioxide sampling apparatus, which is now internationally recognized, and is in use in a number of other countries. The following diagram shows the schematic arrangement of the apparatus:-



The air is drawn in through an inverted funnel outside the building through a filter paper upon which the particles of smoke are deposited. After this the air bubbles through a weak solution of hydrogen peroxide and the acid arising from the oxidation of the sulphur dioxide absorbed is measured by titration with alkali. From this the concentration of sulphur dioxide in the air can be calculated. A gas meter measures the volume of air passed through the instrument. The darkness of the smoke stains is estimated photo-electrically by means of a special reflectometer. Both sulphur dioxide and smoke readings are expressed in microgrammes per cubic metre of air. These sites are visited daily by members of the Clean Air section of the department. The results are forwarded to the Ministry of Technology and are later published in their bulletins.

Administration

All work relative to clean air is carried out by a specialist section in the department. A specialist public health inspector who has additional qualifications in air pollution control and boilerhouse practice is in charge of this section and there are two Technical Assistants under his control.

The Public Health Inspector (Air Pollution Control) has again been elected to serve as a member of the Divisional Council of the South-East Division of the National Society for Clean Air. He frequently represents the Corporation at the Society's meetings and attended the Annual Conference of the Society at Southport in October.

SECTION 'F'

OFFICES AND SHOPS

Offices, Shops and Railway Premises Act, 1963

Reorganisation of the department during 1970 placed the responsibility for inspection under this Act on the district public health inspectors, but staffing difficulties and the pressure of work resulting from the introduction of new legislation curtailed progress on general inspections. District inspectors do visit many premises, such as food shops, frequently in execution of other duties and while these visits may not extend to a full inspection under the Offices, Shops and Railway Premises Act, they afford an interim opportunity to keep owners aware of their responsibilities under the Act and to resolve any queries which may arise in connection therewith.

Enforcement of the Act has continued by way of advice and warning rather than by legal proceedings, and all noted contraventions are confirmed in writing to the responsible person.

The general provisions of the Act are enforced, in most premises, by local authorities, but H.M. Inspectors of Factories are responsible for enforcing the general provisions of the Act in premises occupied by local authorities, in railway premises, fuel storage depots on railway land, offices in factories, and premises owned or occupied by the Crown.

The fire provisions of the Act are enforced by fire authorities, H.M. Inspectors of Factories or H.M. Inspectors of Mines and Quarries.

The following classes of premises are not covered by the Act: (1) where only self-employed people work, (2) where the only employees are immediate relatives of the employer, and (3) where the weekly sum of hours worked by all the employees does not normally exceed 21.

Local authorities are required to send to the Ministry quarterly returns containing coded statistical information on reported accidents, and annual reports on their activities under the Act.

A total of 1,004 premises were recorded in the register at 31st December, 1970. These are shown in detail in the tables given at the end of this section.

The following table shows the subject matter and the number of contraventions found during the year:-

Subject	*Number of Contraventions found*
Cleanliness (section 4)	44
Overcrowding (section 5)	2
Temperature (section 6)	24
Ventilation (section 7)	21
Lighting (section 8)	11
Sanitary Conveniences (section 9)	33
Washing Facilities (section 10)	28
Supply of Drinking Water (section 11)	4
Accommodation for Clothing (section 12)	3
Sitting Facilities and Seats for Sedentary Workers (sections 13 and 14)	2
Floors, Passages and Stairs (section 16)	29
Dangerous Machinery (sections 17, 18 and 19)	8
First Aid (section 24)	38
Information for Employees (section 50)	31
Notification of Employment of Persons (section 49)	24
Failure to Notify Accidents	1
Hoists and Lifts Regulations	1
TOTAL	304

Accidents

Section 48 of the Act requires the notification of any accident which occurs in premises subject to the Act and which causes the death of an employee or disables an employee from carrying out his normal work for more than three days. Notifiable accidents must be reported to enforcing authorities on prescribed form OSR.2.

The number of reported accidents during 1970 was 28 which showed a reduction by 13 over 1969. I am pleased to record that no fatal accidents were notified during the year.

The following are extracts from some of the accidents reported during 1970, which illustrate hazards to be avoided.

"He was pulling wheeled van pallets to the rear of his vehicle prior to removing them when he caught his heel in the tail lift of the vehicle, tripped and fell 4'3" to the ground."

Injury:- Pulled muscles in back.

"Mr. S. was using slicing machine, cut top off right thumb."

"While boning meat, knife slipped and dug into left wrist."

Injury:- Laceration of wrist.

"Mr. R. was sharpening a knife on a steel, when it slipped, cutting right index finger."

Injury: Cut right index finger 8 stitches required.

"Person was cleaning bacon slicer blade. Hand slipped onto blade resulting in severe cut to right hand below index finger, severing nerve."

"Whilst handling knife it slipped and finger ran down the blade."

Injury:- Index finger on right hand deeply cut required 9 stitches – nerve thought to be severed.

"Slipped on a piece of meat fat at bottom of stairs and fell hurting left arm and right knee."

"Mrs. C. was washing up in the staff canteen and accidentally put her left hand into the sterilising compartment instead of into the ordinary sink."

Injury:- Scalded hand.

O.S.R.P. ACT – REGISTERED PREMISES AND INSPECTIONS

Class of Premises	*Number Registered*
Offices	337
Retail Shops	568
Wholesale Shops, Warehouses	31
Catering establishments open to the public, Canteens	67
Fuel storage depots	1
Total number of registered premises at end of year	1004
Number of visits to registered premises	690
Number of registered premises receiving a general inspection	371

O.S.R.P. ACT – ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES

Persons employed by Workplace *Class of Workplace*	*Number of Persons*
Offices	6,128
Retail Shops	4,049
Wholesale departments, Warehouses	589
Catering establishments open to the public	628
Canteens	98
Fuel storage depots	7
TOTAL	11,499
TOTAL MALES	5,381
TOTAL FEMALES	6,118

O.S.R.P. ACT – ANALYSIS OF REPORTED ACCIDENTS BY CAUSE

	Offices	*Retail Shops*	*Wholesale Departments, Warehouses*	*Catering Establishments open to the Public, Canteens*
Machinery		3		
Transport	1	2		
Falls of person	1	5	2	
Stepping on or striking against object or person	1	1		
Handling goods	1	1	1	
Struck by falling object				
Fires and explosions				
Electricity				
Use of hand tools		8		
Not otherwise specified				1
TOTALS	4	20	3	1

O.S.R.P. ACT – ANALYSIS OF REPORTED ACCIDENTS BY WORKPLACE

	Reported fatal accidents	*Reported non-fatal accidents*	*MALES*		*FEMALES*	
			Adults	*under 18 years*	*Adults*	*under 18 years*
Offices		4	3		1	
Retail shops		20	13	4	3	
Wholesale shops, Warehouses		3	2	1		
Catering establishments open to the public		1				
Canteens					1	
Fuel storage depots						
TOTALS	Nil	28	18	5	5	Nil

SECTION 'G'

FACTORIES

There has been no noticeable variation in the pattern of 'power' and 'non-power' factories during 1970, i.e. the number of the former outweigh the latter many times as will be seen in the tables which follow. The most usual contraventions of the sections of the Factories Act 1961 enforced by the Borough Council relate to minor defects in sanitary conveniences. Major structural offences are usually prevented at the time plans are submitted for Building Regulation approval, it being far easier and cheaper to alter a few lines on a plan than to alter the finished product, such as a wall or a drain.

Firms who employ people to carry out manufacturing processes away from factory premises are required to notify the local authority, in whose area the people involved work, of the names and addresses of these outworkers in February and August of each year. Such people usually work at home. The following table gives some classification of outworkers.

Nature of Work	*No. of Outworkers in list required by Section 133*
Cosaques, Christmas Stockings etc.	72
Wearing Apparel	5

There were no cases of default by manufacturers in sending lists to the Council, and in no instance was work being carried out in unwholesome premises or under conditions likely to be injurious or dangerous to the health of the employees.

An incident occurred in a factory on the Trading Estate where two powders, normally innocuous on their own, were inadvertently brought in contact with each other with the result that large volumes of chlorine gas were produced. The factory was immediately evacuated of personnel, and the mechanical ventilation system was operated at maximum to remove all the contaminated atmosphere. Portions of the factory, which had not been affected, were sealed off from the rest of the plant.

This department was consulted at an early stage, and tests carried out when all the necessary precautions were completed to establish the safety of the atmosphere i.e. at a point where the level of gas concentration was well below one part per million.

The factory was inspected later the same day, and found to be free of chlorine smell and with no chemical evidence of chlorine gas.

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	25	23	-	-
2. Factories not included in 1.in which Section 7 is enforced by the Local Authority	561	385	9	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	-	-	-	-
TOTAL	586	408	9	-

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)	-	-	-	-	-
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	11	-	-	-
(c) not separate for sexes	-	-	-	-	-
Other offences against Act (not including offences relating to outworkers)	-	-	-	-	-
TOTAL	11	11	-	-	-

SECTION 'H'

PEST CONTROL

Reorganisation of the Department deleted the post of Pest Control Officer from the establishment and placed the responsibility for controlling the activities of the Council's three rodent operators on the Senior District Public Health Inspector.

Rodent Control

The work of the pest control section is essentially concerned with the destruction of rats and mice, and this service is provided free of charge at domestic premises and on a chargeable basis at business premises.

It has been estimated that rats cause as much as £20 million worth of damage every year in Britain. They eat their own weight of food every ten days and ruin much more by contamination. They can be carriers of leptospiral jaundice which is transmissible both to man and domestic animals, and it follows that the control of such a hazard is a basic requirement in environmental health. Occupiers of both domestic and business premises should contribute to this control by observing elementary principles of hygiene, and if not carrying out rodent destruction themselves, should notify this department immediately an infestation is discovered or suspected. The rodent operators were kept busy throughout the year.

Annual Agreement Scheme and School Kitchens

Routine visits and, where necessary, treatment were carried out at 100 business premises and 31 school kitchens within the Borough.

Workable Area Committee

The South Bucks and East Berks Workable Area Committee at twice yearly meetings provides a valuable platform for discussion, exchange of ideas and problems, and for education for all engaged in the work of pest control.

Other Pests

The department continued to receive complaints of pests other than rodents, including wasps, flies, fleas, bed bugs, cockroaches, mites, pigeons. Where considered necessary an eradication service was provided.

Narcotic treatment against Feral Pigeons

During the year treatments were carried out at selected sites in the town to destroy feral pigeons by using narcotic bait. This process was carried out under licence from the Ministry of Agriculture, Fisheries and Food, and the operation supervised by an officer of the Ministry and public health inspectors. The licence imposes restrictions as to the place and time such treatments may be carried out, but the results so far have been encouraging and it is proposed to continue with this method where the Ministry give their approval.

Number of Properties (excluding those in the Annual Agreement Scheme)

inspected following notification of rats or mice:	867
number infested by rats or mice:	829

Eradication treatment for Insect Pests included:-

wasps – 163, ants – 31, fleas – 26, bed bugs – 8, cockroaches – 2,

silver fish – 2, flies – 2.

SECTION 'I'

MISCELLANEOUS

Noise

The problem of noise is one which is receiving increased public and government attention in this and other civilised countries. For some time in the past noise has been condemned on medical grounds but unfortunately despite a great deal of research, little real evidence exists of severe physical damage due to exposure to this phenomenon. Fortunately in the years leading up to, and including European Conservation Year, much energy was devoted to environmental considerations, being those which affect the physical fabric of our lives, without necessarily being directly related to any disease or general damage to the body. In saying this of course I am not referring to the industrial hygiene aspect of noise control, in which it is well known that a great deal of damage to the ear and nervous system may result from prolonged exposure to very high levels of noise from machines etc. The noise which my department endeavours to control is that which affects people's living conditions and general environment, rather than the conditions under which they work.

I am, however, often perturbed at finding myself unable to deal satisfactorily with a noise problem, owing to the inadequacy of the present legislation. Although the law dealing with noise is relatively recent (The Noise Abatement Act 1960) the power of that legislation dates back to 1936. Very often a noise problem is so acute that it needs to be dealt with very rapidly, but if legislative procedures had to be resorted to, months would elapse before a satisfactory conclusion was achieved. A further problem is that much noise is transient in nature. An example of this is the road breakers commonly used for civil engineering contracts etc., which, when in use on the highway are apparently outside the law owing to the fact that they are not on 'premises'. Therefore, there is a case and a very strong one, for new and useful legislation in order to provide us with the tools to prevent this particular assault on the environment.

A very special and topical source of noise is aircraft. Individual local authorities are of course powerless to deal with the noise from aeroplanes which fly over their district. There are however, a number of groups of local authorities and national organisations which allow healthy discussion between interested officers, council members etc., which make representations to the Department of the Environment on the subject of siting of airports, the design of aircraft, routings etc. Slough Borough Council belongs to one local authority association, and one national organisation and therefore have considerable say in their own very real problems of aircraft noise.

I mentioned in my previous report that the department had purchased a sound level meter. I am pleased to report that this has been of even more value than I had envisaged, and has been used in almost every noise investigation which this department has carried out. Noise is often defined as unwanted sound, but in trying to deal with an alleged noise nuisance, one is frequently confronted by differences of personal opinion. The production of some tangible scientific evidence to support the public health inspector has proved invaluable.

Slough is a district with considerable industry of many types mixed with a fairly high residential density. This inevitably results in complaints from the residential areas of noise emanating from factories. A particularly difficult problem to deal with is the complaint from the occupier of a new house built near such a factory or the new occupier of a house, who may have come from a quieter district, complaining of a process or a machine which has been in existence for many years. Although the proprietors of the factory protest that they have some "existing use right", the law in fact does not allow for this, and it is not a defence to say that the sufferer came to the nuisance rather than the other way round. Such a situation occurred in the year under report where the exhaust of dust removers from a metal works was directed towards the back gardens of a street of houses. A new owner took over one of the houses, and complained to this department, having previously contacted the occupiers of the factory to no avail. Having had the situation fully explained to them the factory management agreed to re-direct the exhausts towards the factory and this resulted in an adequate reduction in sound level.

I am pleased to have the cooperation of heads of other departments of the Council, and of organisations such as statutory undertakings, in that it is made a condition of contract that mufflers will be used on compressors and road breakers. However, an occasion in 1970 proved that no amount of silencing of the exhaust of this equipment will prevent nuisance from vibration. A new block of commercial premises had been occupied on the upper floors while the ground floor remained vacant. The prospective occupier of the ground floor required extensive alterations to the structure, involving the breaking of a considerable amount of thickness of reinforced concrete. The district inspector carried out an extensive survey of the problem which was causing considerable nuisance to the occupants of the offices above, and as a result the contractors agreed to complete the remainder of their work outside office hours.

Another example of transient noise which is virtually impossible to deal with by local authorities is that from traffic. A series of complaints from residents in an area fronting a road which joins two branches of a large factory were received of the noise and vibration from heavy vehicles passing from one branch to the other. The lorries were all fairly new, well silenced and were causing annoyance only by

virtue of the close proximity of the road on which they travelled. Here was a case where only at the planning stage could this problem be averted, and in fact only the construction of a road following a route away from the houses will provide a solution to the present problem, apart from, of course, complete cessation of business or the removal of the factory.

Developments in the field of noise abatement are many but as I have considered concrete breakers to some extent I would like to mention one type in that field which has been demonstrated to this department. Noise from this type of plant comes from a number of sources, one being the exhaust from the powerful engine of the compressor; another the pneumatic exhaust from the drill itself; and thirdly the 'ring' from the steel bit at the end of the breaker. A new type of plant has been developed using a small two stroke diesel pump, which provides hydraulic oil pressure to a specialised type of breaker. The breaker has a bit constructed of a particular type of carbon steel which, amazingly, if dropped on a hard surface sounds rather more like a block of oak than one of steel. However, this equipment is expensive and much of that already in use of the old type has recently been acquired by plant contractors; consequently only the passing of new legislation to deal with this problem will ensure that this much improved type of equipment is in general use in the immediate future. In conclusion it must be said that although the legislation can be criticised to a great extent the district inspectors are continuing to achieve a high standard of noise abatement by informal means and by general education of the public and industrialists.

Noise Insulation Grants Scheme

More people living within the Borough are aware of the increasing aircraft noise due to the proximity of London Airport. That part of the Borough geographically situated nearest to the airport, namely the Langley Ward, is covered by the Noise Insulation Grant Scheme. Certain residents in this area are eligible for a grant of up to £150 towards the cost of soundproofing their houses. The important qualification regarding eligibility for grant is that a person must have been entitled to the occupation of the property on 1st January 1966. A number of enquiries are received from occupiers who have taken up residence since that date and they naturally cannot understand why their neighbours (who lived in their houses before 1966) are able to qualify for a grant whereas they do not. This is because those people moving into Langley after January 1966 were moving into an established noisy area due to aircraft, and by so moving were assumed to have accepted the fact, whereas existing residents had been overtaken by the noise through no fault of their own. This is often difficult to explain to the public. Also, people in other parts of Slough, often a very short distance from the boundary of the Langley Ward cannot understand why the grant should be confined to the Langley

Ward only. However, the number of people who had applied for grant up to the end of 1970 after the Scheme had been in operation for 3½ years was only 459 which represents a very small percentage of the people entitled to a grant.

There are several possible reasons for the apparent apathy towards the scheme. The cost of carrying out soundproofing to the British Airports Authority specifications is rather high, mainly on account of the special ventilating unit which must be fitted in each room being soundproofed, most of the units costing approximately £40 each.

A large number of the dwellings in Langley are tenanted and although a small number of tenants are willing to pay for the soundproofing to be carried out the majority so far have not done so. No landlords have carried out soundproofing on behalf of their tenants.

Another reason is the lack of knowledge on the part of many residents despite a considerable amount of publicity in the early days of the scheme, including a door-to-door delivery of explanatory literature in the Ward. Much of this literature was probably discarded with the detergent coupon offers. Most of the work appears to result from the door-to-door canvassing of householders by a relatively small number of contractors.

During 1970 instructions were received from the British Airports Authority regarding the problem of "reasonable costs" for soundproofing work. Hitherto no yardstick had been available for the assessment of maximum costs in respect of soundproofing and this new instruction provided a very welcome standard for the calculation of grants. The maximum amounts allowed for double glazing and associated works is now 30/- per sq.ft. of window area and a maximum of £40 for the supply and installation of each ventilator unit. The officer making the inspection following a claim for grant measures the area of double glazing and the grant is calculated accordingly. One direct result of the introduction of this method of grant calculation was that the contractors adopted the figures and in the majority of cases their estimates are similar and consequently most householders do not bother to obtain more than one estimate. Most householders have sufficient soundproofing work carried out to enable them to qualify for the maximum grant of £150. Quite a number have additional windows double glazed at their own expense and this work is not required to be up to the British Airports Authority specification as it does not attract a grant and is no concern of the local authority.

Details of soundproofing work under the Grant Scheme during the year are as follows:-

Enquiries	134
Applications	159
Approved	157
Grants paid	158

Applications for grant can be received up until 31st December 1972 and all the work must be completed by 31st December 1973. Two grants were refused, one because the applicant had moved to the house after 1st January 1966, and the other because the work was completed before application was made.

Drinking Water

Two samples of drinking water from wells in a local factory were submitted; bacteriological examination was satisfactory. Twenty samples of water from the Abattoir were also submitted and found to be satisfactory. A sample of ice taken by a Public Health Inspector from the supply on an aircraft at Heathrow was found to contain coliform bacilli, the ice having been made and supplied by a firm in Slough. An examination of plant and equipment at the firm's premises was carried out and a sample of water used in the manufacture of the ice was submitted for examination and found to be contaminated. Swabs which were taken from utensils and equipment were also contaminated. Following advice by the inspector remedial measures were taken. Further samples were found to be satisfactory.

Swimming Pools

For a number of years it has been customary to submit samples of swimming pool water for bacteriological examination to establish the degree of any contamination, and to provide a check on the efficacy of the treatment plant. Whilst the results provide useful information, several disadvantages have been evident, one of the most important being of course the delay between the time the water is sampled and when the results become available. Another is that a bacteriological result gives no indication as to the amount of the free chlorine available in the water for bactericidal action, nor the degree of acidity or alkalinity.

Excessive alkalinity in swimming pools can give rise to irritation of the eyes, and the effectiveness of chlorine as a sterilant is greatly reduced. If pool water is allowed to become acidic, corrosive conditions will exist to the detriment of metal parts of equipment, and irritant and malodorous compounds will be formed giving rise to complaints of "chlorine smells". It is therefore necessary to maintain the alkalinity at a reasonable level in conjunction with a level of about one part of free chlorine per million parts of water. If these factors can be established at the pool side they are demonstrable to the pool attendant and action can be taken

immediately to correct any variation from the recommended standard. Equipment was therefore obtained for this purpose and twenty tests were carried out on swimming pool water from the Lido, Community Centre, and school pools, the results being generally satisfactory. In addition seventeen samples were submitted to bacteriological examination which proved satisfactory.

Hairdressers

Sixty-seven hairdressers are registered under Section 82 of the Buckinghamshire County Council Act 1957.

Offensive Trades

There is one offensive trade operating within the Borough with consent under the Public Health Act 1936.

COMMITTEE FOR EDUCATION

January – May 1970

Chairman:

ALDERMAN W.C. WEST

Vice-Chairman:

ALDERMAN J. RIGBY

ALDERMAN MRS. M.J. MORGAN
ALDERMAN A.W.J. PUSEY
COUNCILLOR MRS. T.P. BAYNHAM
COUNCILLOR MISS W.M. BRIEN
COUNCILLOR G. BROOKER
COUNCILLOR P.J. ELLIS
COUNCILLOR N.M. ESCHLE
COUNCILLOR I.A. GRANT
COUNCILLOR F.L. HARRIS
COUNCILLOR I.T.J. MACE
COUNCILLOR W. PARNHAM
COUNCILLOR R.K. POWELL
COUNCILLOR P.T. SMART
COUNCILLOR J.S. WEST

May – December 1970

Chairman:

ALDERMAN J. RIGBY

Vice-Chairman:

COUNCILLOR MISS W.M. BRIEN

ALDERMAN W.C. WEST
COUNCILLOR G. BROOKER
COUNCILLOR J. CONNOLLY
COUNCILLOR R.F. EVERETT
COUNCILLOR A.G. FISHER
COUNCILLOR P.W.F. FOX
COUNCILLOR I.A. GRANT
COUNCILLOR F.L. HARRIS
COUNCILLOR I.T.J. MACE
COUNCILLOR C.D. MERRILLS
COUNCILLOR W. PARNHAM
COUNCILLOR MRS. M.M. SHAW
COUNCILLOR J.S. WEST

Borough Education Officer:

C.S. SMYTH, B.A.

Staff Engaged in Medical Inspections during 1970

Divisional School Medical Officer: MACDONALD A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H., F.R.S.H.

School Medical Officers: AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H.
ROBERTA EVANS, B.Sc., M.B., Ch.B., (resigned 31. 7.70)
ANDREW V. GILLESPIE, M.B., B.Chir., M.R.C.S., L.R.C.P.
ERINA HERRICK, M.B., B.S.
JOHN M. REED, M.R.C.S., L.R.C.P. (appointed 21. 9.70)

Ophthalmic Surgeon:

M.T.C. MOWER, M.B., B.Chir., M.M.S.A.

Child Guidance Clinic and Crisis Consultation Service:

Psychiatrists:

VERA A. WILKINSON, M.B., Ch.B., D.P.M.

ELIZABETH F. BROWN, B.M., B.Ch., D.P.M.

Educational Psychologists:

MRS. E. THORNE
MR. J.C. QUICK
MRS. U.M. WALL-GALLUSSER
MRS. E. MARSHALL (appointed 1.10.70)

Psychotherapist:

MRS. I. WELLIN

Psychiatric Social Worker:

MRS. N. REYNISH (appointed Nov. 70) P/T

Social Worker:

MRS. F. ALLEN (appointed June 70) P/T

School Dental Surgeons:

Area Dental Officer:	MR. H.R. RIPPON, L.D.S.	
Dental Officers:	MRS. L. LEVY, L.D.S.	(part-time)
	MR. F.M. ARMOUR, B.D.S.	(part-time)
	DR. E. DEUTSCH, M.B. (Vienna)	(retired Dec. 70)
	MRS. P.A. TURNER	(appointed Dec. 70)
	MRS. E. PROSSER	(part-time)
	MRS. S. BROWN (appointed Sept. 70)	(part-time)
Orthodontist:	MISS A.M. BLANDFORD, D.Orth., L.D.S.	
Dental Auxiliary:	MRS. E.M. BROWN (nee Edwards)	

Senior Speech Therapist:

MRS. R.B. SWALLOW (part-time)

Speech Therapists:

MRS. J. LOMAS (resigned)
MRS. P. LOWE

MISS S.V. PYE (appointed 14.12.70)

Remedial Gymnast:

MISS J. GARSCADDEN

Health Visiting Staff:

MISS M.F. WELLER	Area Superintendent Health Visitor
MISS E. LUCEY (resigned 31.10.70)	Deputy Area Superintendent Health Visitor
MRS. M.E. SPARKS	Acting Deputy Area Superintendent Health Visitor

Health Visitors – 38

School Health Assistants – 14

ANNUAL REPORT

OF

THE SCHOOL HEALTH SERVICE, 1970

This is the eighth report of the work of the School Health Service since the Borough Council began to act in May 1962, as an Excepted District under the Education Act, 1944.

Number of Children on the School Roll

		January 1970
Nursery Schools		592
Primary Schools –	Junior	5,479
	Infant	3,235
Secondary Schools –	Modern	4,439
	Technical, Grammar & High	3,124
Special Day School		182
		17,051

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

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS – 1970

TABLE NO. 1

PUPILS REQUIRING TREATMENT

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth)	*No. of Pupils Inspected*	*For Defective vision (excluding squint)*	*For any other condition as recorded in Table 2*	*Total Individual Pupils*
(1)	(2)	(3)	(4)	(5)
1966 & later	64	-	7	4
1965	539	2	58	50
1964	1,078	14	96	94
1963	173	2	19	20
1962	111	1	9	10
1961	90	2	3	4
1960	143	-	8	8
1959	530	5	51	51
1958	144	6	11	16
1957	69	2	5	6
1956	229	4	18	21
1955 & earlier	530	7	52	55
TOTAL	3,700	45	336	339

INFESTATION WITH VERMIN

Notes: All cases of infestation, however slight, are included in this table. The numbers recorded in (b), (c) and (d) relate to individual pupils and not to instances of infestation.

		1968	*1969*	*1970*
(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,835	22,488	21,444
(b)	Total number of individual pupils found to be infested	65	52	78
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-	12	17
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-	-	-

OTHER MEDICAL INSPECTIONS

A special medical inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

	1968	*1969*	*1970*
Number of special inspections	1,161	2,225	1,188
Number of re-inspections	1,579	1,362	2,090
	2,740	3,587	3,278

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	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	1	19	1	4	-	10	2	33
5	Eyes –								
	(a) Vision	27	48	10	21	8	28	45	97
	(b) Squint	6	6	-	-	1	6	7	12
	(c) Other	1	-	-	-	-	-	1	-
6	Ears –								
	(a) Hearing	65	102	51	12	37	38	153	152
	(b) Otitis Media	1	5	-	-	1	-	2	5
	(c) Other	-	1	-	-	-	1	-	2
7	Nose and throat	7	43	3	3	5	14	15	60
8	Speech	31	28	-	-	1	4	33	32
9	Lymphatic Glands	-	1	-	1	-	-	-	2
10	Heart	2	29	1	5	-	8	3	42
11	Lungs	-	23	1	8	1	15	1	46
12	Development –								
	(a) Hernia	4	1	-	-	-	1	4	2
	(b) Other	4	43	2	5	2	6	8	54
13	Orthopaedic –								
	(a) Posture	5	7	2	3	4	2	11	12
	(b) Feet	44	28	2	8	12	10	58	46
	(c) Other	5	13	3	3	1	13	9	29
14	Nervous System –								
	(a) Epilepsy	-	8	-	7	-	-	-	15
	(b) Other	4	23	3	4	4	13	11	40
15	Psychological –								
	(a) Development	5	23	3	2	6	12	14	37
	(b) Stability	7	19	6	14	6	15	19	48
16	Abdomen	-	1	-	-	-	6	-	7
17	Other	1	11	2	16	1	9	4	36

TABLE NO. 2

SPECIAL INSPECTIONS

Defect Code No.	*Defect or Disease*	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	*Pupils requiring Observation*
(1)	(2)	(3)	(4)
4	Skin	3	32
5	Eyes		
	(a) Vision	76	135
	(b) Squint	14	14
	(c) Other	1	4
6	Ears		
	(a) Hearing	185	267
	(b) Otitis Media	3	4
	(c) Other	-	2
7	Nose and throat	29	63
8	Speech	35	65
9	Lymphatic Glands	-	-
10	Heart	2	39
11	Lungs	9	65
12	Developmental		
	(a) Hernia	-	1
	(b) Other	8	72
13	Orthopaedic		
	(a) Posture	17	31
	(b) Feet	34	99
	(c) Other	7	36
14	Nervous System		
	(a) Epilepsy	1	9
	(b) Other	12	60
15	Psychological		
	(a) Development	39	70
	(b) Stability	34	142
16	Abdomen	1	11
17	Other	6	68

REPORT OF THE REMEDIAL GYMNAST

	1967	*1968*	*1969*	*1970*
Number of Schools with pupils in need of treatment	39	42	46	46
Total number of new cases referred	112	170	165	160
Total number who received treatment	407	438	460	462
Number of children who have been discharged from treatment, or who have left school or district	117	141	128	134
Approximate Number of children who have received treatment from gymnast in their own schools			16	18

Summary of Cases Treated

(a)	for foot and knee defects	281	300	306	329
(b)	for postural defects	74	70	79	78
(c)	for asthma and other chest conditions	47	56	61	52
(d)	for neurological conditions	5	12	14	15

The overall picture shown by the above figures makes this year's report very similar to last year's. Continued difficulty in timetable planning has again meant that children in all but one of the secondary schools are only receiving monthly or fortnightly supervision. In the junior and infants schools many of the classes are too large and contain a wide range of defects.

Requests are being received to treat children from the Eton Rural area schools. It is impossible to add more schools to the list but the principle that it is preferable to offer some treatment rather than none is adopted. Vacancies were offered to nine children who came to Borough schools for their treatment. These offers were accepted by parents and despite the difficulties of transport and escorting the children to classes, their attendance was fairly good.

As always thanks are due to all the Head Teachers for their co-operation and help in timetable planning, to the gymnasts of the two secondary schools who treat their own pupils and to the School Matrons and Ancillary helpers who assist in ensuring regular attendance of pupils at their classes and in some cases escort children to another school. In particular, the help given to two Spina Bifida children by the School Nurse is invaluable and plays a large part in their continued general progress.

SPEECH THERAPY
South Bucks Area

Speech Therapy treatment has been provided for 237 children during 1970. Five Health Clinics, the Park School for E.S.N. Children, the Cerebral Palsy Unit and thirty-two other schools have been used as treatment centres.

Visits in an advisory capacity have also been made to the Evelyn Fox Junior Training School, the Adult Industrial Unit and the recently opened Unit for Non-communicating Children.

Speech Therapists have been pleased to give lectures to the Spastic Society Training College at Wallingford and the Speech Therapy students at the London Training Schools. Several invitations to speak on various aspects of speech and language to parents groups were especially welcomed.

Students from the London Training Schools have continued to attend some clinics to the mutual benefit of therapists and students.

During the year two speech therapists left the service. Owing to the subsequent shortage of staff treatment in some schools, particularly in the west of Slough, had to be curtailed or suspended. For the first time for some years there was a waiting list for treatment. The appointment of a new colleague from Australia at the end of the year was greatly welcomed.

The problem of the child with very severe speech and language defect remains with us. Treatment once a week for these children is quite insufficient. Since they may not be able to carry out the regular practice needed at home, a new scheme has been devised. It is proposed that a centre be opened in a suitable school and that these severely speech handicapped children should attend daily for treatment.

Slough 1970

Discharges	127
New referrals	90
Total attendances	2,580
Number treated	173
Waiting list 31.12.69	0
Waiting list 31.12.70	17

PARTIALLY HEARING UNIT

During 1970, 119 children in the Slough Division were audiometrically and educationally assessed. Of these, 19 were referred by the E.N.T. Consultant.

Eighty children (50 boys and 30 girls) wear hearing aids and are distributed thus:

	Boys	*Girls*
Pre-school age	2	-
Infant Schools	1	-
Junior Schools	13	9
Secondary Schools	15	9
Selective Secondary Schools	5	6
Special Schools	14	6

During the year auditory training has been given regularly to six pre-school age children at home and continued guidance provided to their parents.

The happy relationship with all departments of the local hospitals continues and valuable discussions concerning individual cases have been held with the Consultants. This relationship is also maintained with Schools, School Medical Officers, the Child Guidance Team, the School Psychological Service and local medical practitioners.

The part-time Unit/School system appears to be working satisfactorily and the advantage to the children is obvious by the ease with which the Unit children settle when transferred to full-time education in the Secondary Schools; their attainments are generally average or above average. There is, however, a serious

and growing need for infant provision but until the staffing situation improves no more can be done for these children who are at an age when they are most impressionable and can thus obtain greatest benefit from expert guidance and experience.

CENTRE FOR CEREBRAL PALSIED CHILDREN

In December 1970, 17 children were attending the school as full-time pupils and three more attended for mornings only. There were four regular out-patients. The turnover during the year was not great but 4 children were transferred to other schools or centres and there were three newcomers.

In a small school of this sort the age range and balance between the sexes often makes very considerable difference to the staff of the school and to the purpose to which a limited number of rooms can be put. At the end of 1970 the balance was quite good; there being 10 boys and 10 girls, 8 under the age of five and 11 between five and eight years. One 14 year old boy continued to attend but he was a severely handicapped child and very small for his age.

The devotion of the staff to handicapped children is well-known but is perhaps best exemplified by the fact that there was no staff change throughout the year. The staff consists of a Head Teacher, Assistant Teacher, 4 Nursery Assistants, a Physiotherapist, a part-time Speech Therapist, a School Dentist and an Educational Psychologist. Perhaps to this should be added the School Doctor, a Consultant Paediatrician and a Secretary who also continue to give their specialist assistance.

With such a variation of handicaps, both physical and mental, the majority of children must, of course, depend largely upon individual help. Contact with others is, however, absolutely essential if they are to be able to develop to the full and wherever possible children are allowed to take lessons or to attend part-time at ordinary schools. The greatest pleasure of all is given to staff, parents and children concerned if they are able to leave this special unit and to attend an ordinary school.

Educational outings also play a vital part in the School curriculum and visits have been made to the Safari Park, to the main town and to local centres for shopping and to see a variety of activities taking place in the neighbourhood, while links have been established with the extension scout movements and holidays for six children were arranged with the Bucks Branch of the British Red Cross.

Specialised physical treatment is part of the everyday life of children attending this school and the Physiotherapist and Speech Therapist are part of the normal staff. Special physical activities include horseriding and swimming.

DENTAL SERVICE

Staff

In December 1969 the Area Dental Officer, Mr. P.T. Fuller, left to become Chief Dental Officer to the London Borough of Hammersmith, and the Senior Dental Officer, Mr. H.R. Rippon, became the new Area Dental Officer. Mrs. L. Levy and Mrs. E. Prosser continued as part-time Dental Surgeons and the loss of one Dentist was temporarily filled by a succession of part-time Dental Surgeons. Dr. E. Deutsch who continued as part-time Dentist at the Britwell Clinic retired in December 1970 after 28 years with Bucks County Council. The Dental Auxiliary provided simple dental treatment for the younger child and gave talks in schools. Miss Blandford continued to provide specialist orthodontic treatment. For the first time for many years the school dental service was fully staffed in December.

Inspection and Treatment

The aim to provide a dental examination each year to each school child was almost achieved this year and only St.Ethelbert's R.C. Junior School missed a visit during 1970. The children attending for treatment to the school clinics are recalled at four to six monthly intervals and since this recall system has been set up a higher overall standard of dental care has been achieved.

Schools Inspected and Treated	*Possible*	*Actual in 1970*
Secondary	13	13
Primary	29	28
Nursery	5	5
Special	3	3

Dental Health Education

The majority of the Nursery and Primary Schools received a talk on dental health and all the first year pupils at the Secondary Schools had a talk, a film and a discussion on dental matters. Several Secondary Schools had a selected group of dental non-attenders visited by a Dental Surgeon to attempt to discuss why they did not visit a dentist. This has been very successful in reducing the percentage of children in need of and not receiving dental treatment in some schools to less than 1%. Some talks on dental health were given during the year to groups of parents by a Dental Surgeon.

Dental Surveys

A team from the Eastman Dental Hospital, University of London Post-Graduate Dental Institute, carried out a survey into dental anomalies in several Slough schools. About 1,000 children with all baby teeth present and 1,000 with all adult teeth present were examined and had X-rays taken of their teeth in a dental survey caravan which visited schools. As far as possible this was done as part of the routine school dental inspection.

A team from the London Royal Dental Hospital, Children's Department, continued a monitoring service into the beneficial effects of fluoride in the water by examining the first year children at the Orchard School who lived all their life in Slough. Again the Slough teeth were about twice as good (half as many bad teeth) as the national average.

It is known that additional water with no natural fluoride is being added in ever-increasing quantity to the Slough water which has naturally occurring fluoride. This means that the level of fluoride is becoming smaller and smaller and therefore less effective. A survey was carried out by the Area Dental Officer in conjunction with the University of Birmingham Dental School to record a baseline with which future figures could be compared in order to assess the increase in the proportion of bad teeth in Slough. By 1971 three year old children will be liable to increased tooth decay.

Apart from a detailed defluoridation survey, an approach was made to all those in charge of Nursery Schools and Playgroups and also Child Minders reminding them of the likelihood of increased susceptibility to tooth decay with the lack of protecting fluoride and giving some guidance on dental health to young children, in an attempt to minimise the anticipated deterioration of teeth as the fluoride is now ineffective.

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