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HEALTH REPORT

OF



SLOUGH

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BOROUGH OF SLOUGH

January to May, 1971

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

May to December, 1971

SERVICES COMMITTEE

Chairman:

ALDERMAN H.J. NEWMAN

Vice-Chairman:

ALDERMAN A.J. BLOOM

ALDERMAN MRS. N.B. DENMAN

(Mayor) (ex officio)

ALDERMAN MRS. J.M.B. GIBSON

ALDERMAN G.H. ODDS

(Deputy Mayor) (ex officio)

COUNCILLOR W.J.A. ANDREWS

COUNCILLOR J. CONNOLLY

COUNCILLOR F.G. KEENAN

COUNCILLOR L.J. LAWLESS

COUNCILLOR W. PARNHAM

COUNCILLOR G. PELL

COUNCILLOR D.R. PETERS

COUNCILLOR R.K. POWELL

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., M.F.C.M., 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:

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.

ANNE D.T. BISHOP, M.B., B.Chir., B.A.O., D.C.H. (appointed 9.9.71)

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 (1,3)

Superintendent/Senior Meat Inspector

Municipal Abattoir — R.B.C. SMITH, M.A.P.H.I. (1,3)

Housing — Multiple Occupation — D.W. TOMLIN (1,3)

Air Pollution Control — B.C. UPTON, A.R.S.H., M.A.P.H.I. (1,3,4)

District Public Health Inspectors:

J. LIDDLE, M.A.P.H.I. (1,3,4) (resigned 31.1.71)

P.H. LOVELACE, M.A.P.H.I. (1,3,4) (resigned 30.9.71)

M.R. PEARCE, M.A.P.H.I. (1,3)

P.A. SNAITH, M.A.P.H.I. (1,3)

A. HARGREAVES (2) (appointed 17.5.71)

Student Public Health Inspectors:

B.J. COLLINS

R.T. DRAPER (appointed 15.9.71)

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 — E. RIDGLEY (appointed 16.2.71)

Laboratory Technician/Mortuary Attendant:

C.G. WOOD

Administrative Assistants:

T.A.W. BUCHANAN
MRS. J.C. BAYLISS
MRS. I.A. TODD

(resigned 17.12.71)
(appointed 20.12.71)

Home/Industrial 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 (resigned 19.2.71)
MRS. S. KHAN (nee RAO)
MRS. N.M. BATES
MISS J.E. COOK (resigned 3.1.71)
MRS. K. PRIOR
MRS. E.M. KNIGHT
MRS. L.L. BROSTER
MISS R.M. MARTIN
MRS. S. WOOLHOUSE (appointed 1.3.71)

Administrative Officer – Chief Public Health Inspector's Section:

C.G. SANSOM (resigned 24.1.71)
W.D. SWANKIE (appointed 1.3.71)

Clerical Staff – Chief Public Health Inspector's Section:

MRS. C. COURTNEY
MISS J.L. FRASER
MRS. A. WILLIS (nee SMITH)

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. Diploma of the Public Health Inspectors Education Board.
3. Certificate of Royal Society of Health as Inspector of Meat and Other Foods.
4. 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-third annual report on the Health of the Borough of Slough, is for the year 1971. Also included in this 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.

There is relatively little comment I would wish to make upon the vital statistics of the town or upon the incidence of infectious disease or other matters which are related in the following text. As may be imagined, the discrepancies between the Registrar General's estimate of population in 1970, the enumerated census population of April 1971 and indeed the Registrar General's estimate of population of June 1971 have created a situation which, if eventually confirmed, must cast doubt upon some of the comments made in past years. However, until final clarification it will probably be well to make no comment other than that made in the text of the main report.

Changes in Health, Education and Welfare services have been impending for some time and the first measure of alteration took place in 1971. From April 1st the administration of "social services" became the responsibility of the newly formed Social Services Department and all officers associated with that department moved from "Highfield" to offices in Gateway House, a multi-storey block at the other end of the High Street.

At the same time, the administration of the Evelyn Fox School for mentally handicapped children and Birchfield School for cerebral palsied children passed into the hands of the Education Department. So far as these are concerned there has been little change in the medical arrangements but there is no doubt, in general, that separation of health and social services has made it more difficult for the officers concerned to help those whose needs can only be supplied by the combined efforts of both departments. Fortunately, personal relations between staff of the departments remain good and every effort has been made to overcome the physical handicap created by separation of office accommodation.

These changes are only the first of many and at the time of writing there are indications for the future structures of Local Government and the National Health Service. Not only are there to be changes in the form of local authorities and in their boundaries but there are also to be variations in their functions.

Those engaged in both clinical and administrative work in health departments are to be transferred on 1st April 1974 to the re-organised National Health Service but the exact way in which the necessary continuing medical services will be supplied to County and to District Councils has not yet been fully clarified.

In addition to all this, the revised Borough of Slough which will include the whole of the Britwell Estate and part of the parish of Wexham, including Wexham Park Hospital will be removed from Buckinghamshire to play its part in the "New Berkshire" for both health and local government purposes.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MACDONALD A. CHARRETT,
Medical Officer of Health.

ANNUAL REPORT FOR 1971

SUMMARY OF STATISTICS

GENERAL STATISTICS

Area	6,202 acres
Population: Registrar General's Estimate for mid 1971	87,660
Census 1971	86,757
Number of dwelling houses, including flats at 1st April 1971 ...	26,135
Rateable value as at 1st April 1971	£8,092,333
Estimated Product of New Penny Rate 1971/72	£81,000

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1971

Live Births:	Males	Females	Total
Legitimate	782	763	1,545
Illegitimate	72	66	138
Total	854	829	1,683

Crude Birth Rate (per 1,000 population)	19.2
Corrected Birth Rate (allowing for sex and age of the population) (Comparability factor 0.94)	18.0
National Birth Rate	16.0
Ratio of Local Birth Rate to National Rate	1.13:1
Illegitimate live births were 8% of total live births	

Still Births:	Males	Females	Total
Legitimate	6	7	13
Illegitimate	—	—	—
Total	6	7	13

Total of live and still births	1,696
Still Birth Rate per 1,000 total births	8.0
Still Birth Rate per 1,000 population	0.15
National Still Birth Rate per 1,000 total births	12.0

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

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Deaths	8	4	12
Still Births	6	7	13
Total	14	11	25

Rate per 1,000 total live and still births —

SLOUGH	15
NATIONAL	22

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

Deaths:	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	9	6	15
Illegitimate	2	1	3
Total	11	7	18

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

SLOUGH	11
NATIONAL	12

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

Deaths:	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	13	9	22
Illegitimate	5	4	9
Total	18	13	31

Rate per 1,000 live births 18

National Rate per 1,000 live births 18

Ratio of Local Rate to National Rate 1.00:1

Maternal Deaths:No. of women dying in, or as a consequence of pregnancy **NIL**

Deaths:	<i>Males</i>	<i>Females</i>	<i>Total</i>
	426	353	779
Crude death rate per 1,000 population		8.9	
Corrected Death Rate (allowing for sex and age of population)		12.6	
(Comparability factor 1.42)			
National Death Rate per 1,000 population		11.6	
Ratio of Local Death Rate to National Rate		1.09:1	

Other Deaths:	Males	Females	Total	Rate per 1,000 Population
Cancer	95	75	170	1.9
Pulmonary T.B.	—	—	—	NIL
Non-Pulmonary T.B.	—	1	1	0.01



I. VITAL STATISTICS

It will be noticed that there is a considerable discrepancy between the Registrar General's estimate for mid 1970 and the Census enumeration of 1971. The former was 93,570 and the latter 86,757, i.e. a difference of 6,813 — a reduction of about 8%. Obviously, all areas are likely to have minor differences between the Registrar General's estimates and census enumerations and slight fluctuations in rates based upon population can still remain compatible. However, in the case of Slough the variation is so great that some comparisons are impossible and I have, therefore, in the tables where appropriate referred only to the rates and have given no comment upon them as such.

It might also be justifiable to note that the Registrar General estimated an increase of 903 persons in the three months between the census of April 1971 and his estimate at the end of June of the same year. Clearly population estimates leave a lot to be desired so far as Slough is concerned.

BIRTHS

The number of live births during the year was 1,683, an increase of 70 on the previous year. When allowance has been made for the sex and age distribution of the population the corrected birth rate for Slough, based upon the census findings, is 18.0 per thousand of the population.

The birth rate in Slough is still just above the National rate; the ratio being 1.13:1.

<i>Year</i>	<i>Corrected Birth Rate, Slough</i>	<i>Birth Rate England & Wales</i>	<i>Ratio Slough : England & Wales</i>
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
1971	18.0	16.0	1.13:1

ILLEGITIMACY

There was a small decline in the rate of illegitimate births compared with 1970 — 138 out of a total of 1,683 births (live and still) compared with 134 out of 1,636 the previous year.

1962	...	7.73% of total of all births
1963	...	8.56
1964	...	7.99
1965	...	9.01
1966	...	9.38
1967	...	9.33
1968	...	9.05
1969	...	8.0
1970	...	8.2
1971	...	8.0

STILL BIRTHS

There were 13 still births in 1971 which is 10 less than in the previous year, when there were 70 fewer births. From the table below it will be seen that the rate had changed little over the past 10 years and it is pleasing to note such a drop in the still births for 1971. A better indicator of improved ante-natal care is the peri-natal mortality rate which is the summation of still births and deaths of infants under one week of age. Comment upon this is made in the succeeding paragraph.

1962	...	16.8 per thousand total births
1963	...	13.4
1964	...	11.9
1965	...	11.2
1966	...	12.3
1967	...	13.0
1968	...	15.0
1969	...	12.0
1970	...	14.0
1971	...	8.0

PERI-NATAL MORTALITY

During the first week of life only 12 children died compared with 20 in a similar period in 1970. Added to the 13 still births the total comes to 25 which is far less than the 43 in 1970. Some measure of the reduction can be seen when it

is realised that the figure of 25 for 1971 arose from 60 more live and still births compared with 1970. The National peri-natal mortality rate was 22. The table shows the rates over the past 10 years and it is interesting to note that the only year in any way comparable with 1971 was 1965. It would seem therefore that the happy result of 1965 was not repeated and care should be taken to ensure that undue optimism is not claimed following the 1971 figure.

1962	...	24.4	Still births and deaths during first week of life per thousand total births
1963	...	25.05	
1964	...	24.9	
1965	...	17.1	
1966	...	22.7	
1967	...	26.2	
1968	...	24.1	
1969	...	23.0	
1970	...	26.3	
1971	...	15.0	

With relatively smaller numbers some statistical anomalies must occur from time to time. Once again I ought to make reference to the Maternity Liaison Committee, which was set-up to discuss the maternity and allied service in order to create better conditions for mothers and babies, met from time to time during the year under review.

NEO-NATAL MORTALITY

Neo-natal deaths are those occurring within four weeks of birth. These are usually very similar in number to those happening in the first week of life. There was, however, in 1971 a rather greater difference, 12 infants having died from birth to seven days of age and 18 having succumbed between birth and four weeks. Details of these can be found a little later in the report. In Slough the rate for all infants under four weeks per thousand live births was 11, whereas the national rate was 12.

INFANT MORTALITY

During 1971 one more child died between birth and one year of age than had died during a similar period in 1970 when there were 30. Perhaps more interesting is the fact that of those deaths 22 were of legitimate infants whereas 9 were of illegitimate children; that is to say, 22 out of 1,545 and 9 out of 138. The national infant mortality rate was the same as that for Slough — 18.

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	-	1	-	-	2
Other viral diseases 070-079	-	-	-	-	-	-	-	-	-	1	-	-	1
Inflammatory disease of the central nervous system 320-324	-	-	-	-	-	2	1	3	-	-	-	-	3
Cerebro vascular disease 430-438	-	-	1	-	1	-	-	1	-	-	-	-	1
Acute respiratory infections 460-466	-	-	-	-	-	-	-	-	1	1	-	-	2
Pneumonia 480-486	-	-	-	-	-	1	-	1	1	-	-	-	2
Other diseases of intestine and peritoneum 560-569	-	-	1	-	1	-	-	1	-	-	-	-	2
Other causes of peri-natal mortality 769-771	-	-	-	-	1	-	-	1	-	-	-	-	1
Congenital abnormalities 740-759	1	-	-	-	1	-	-	1	-	-	-	-	1
Anoxic and hypoxic conditions not elsewhere classified 776	2	-	2	-	4	1	-	5	2	1	1	-	9
Immaturity, unqualified 777	3	-	-	-	3	-	-	3	-	-	-	-	3
Symptoms and ill-defined conditions 780-796	2	-	-	-	2	-	-	2	-	-	-	-	2
Other accidents E910-E969	-	-	-	-	-	-	-	-	-	1	-	-	1
-	-	-	-	-	-	-	-	-	1	-	-	1	2
TOTAL	8	-	4	-	12	5	1	18	5	5	1	1	30
WHERE DIED													
Home	-	-	-	-	-	-	-	-	2	3	-	1	6
Hospitals in this area	8	-	4	-	12	4	1	17	2	2	1	-	22
Hospitals away from this area	-	-	-	-	-	1	-	1	1	-	-	-	2
TOTAL	8	-	4	-	12	5	1	18	5	5	1	1	30

Intestinal Infectious Diseases 000-009

- | | | |
|----------|---|---------|
| 1 week | — Intestinal haemorrhage due to gastro-enteritis — Wexham Park Hospital | (009.2) |
| 6 months | — Gastro-enteritis (S.flexner) — Home | (009.2) |

Other Viral Diseases 070-079

- | | | |
|----------|---|---------|
| 6 months | — Acute systemic virus infection — Wexham Park Hospital | (079.9) |
|----------|---|---------|

Inflammatory Diseases of the Central Nervous System 320-324

- | | | |
|---------|--|---------|
| 1 week | — Meningitis (E.Coli) — Wexham Park Hospital | (320.8) |
| 1 week | — Meningitis (E.Coli) — Upton Hospital | (320.8) |
| 3 weeks | — Meningitis — Heatherwood Hospital | (320.9) |

Cerebro-vascular Disease 430-438

- | | | |
|--------|---|-------|
| 4 days | — Cerebral haemorrhage associated with hypoglycaemia — Upton Hospital | (431) |
|--------|---|-------|

Acute Respiratory Infections 460-466

- | | | |
|----------|--|-------|
| 2 months | — Acute respiratory tract infection — Home | (465) |
| 6 months | — Acute bronchitis — Home | (466) |

Pneumonia 480-486

- | | | |
|----------|---|-------|
| 2 weeks | — Broncho-pneumonia — Heatherwood Hospital | (485) |
| 2 months | — Pneumonia associated with ventricular septal defect and patent ductus arteriosus — Wexham Park Hospital | (486) |

Other Diseases of Intestine and Peritoneum 560-569

- | | | |
|--------|---|---------|
| 5 days | — Intestinal obstruction associated with prematurity — Upton Hospital | (560.9) |
|--------|---|---------|

Congenital Abnormalities 740-759

- | | | |
|----------------|--|---------|
| Under 24 hours | — Anencephalus — Upton Hospital | (740) |
| 5 days | — Anencephalus — Canadian Red Cross Hospital | (740) |
| 2 weeks | — Cardiac arrest due to meningitis due to myelomeningocele with spina bifida and hydrocephalus — Westminster Children's Hospital | (741.0) |

Congenital Abnormalities (cont'd)

2 months	— Posterior fossa compression due to meningitis due to spina bifida with holter valve damage associated with hydrocephalus — Westminster Children's Hospital	(741.0)
6 months	— Broncho-pneumonia due to congenital heart failure due to ventricular septal defect associated with mongolism — Wexham Park Hospital	(746.3)
7 months	— Cardiac failure due to Broncho-pneumonia due to congenital heart disease associated with Down's syndrome — Heatherwood Hospital	(746.4)
Under 24 hours	— Atelectasis due to prematurity associated with congenital deformities including dextro-cardia and deficiency of muscles — Canadian Red Cross Hospital	(746.8)
1 month	— Congestive heart failure due to congenital heart disease associated with pneumonia — Wexham Park Hospital	(746.9)
3 days	— Prematurity due to Down's syndrome — Upton Hospital	(759.3)

Other Causes of Peri-Natal Mortality 769-771

Under 24 hours	— Prematurity due to hydramnios associated with breech — Canadian Red Cross Hospital	(769.2)
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Anoxic and Hypoxic Conditions not elsewhere classified 776

Under 24 hours	— Respiratory distress syndrome due to prematurity — Upton Hospital	(776.2)
Under 24 hours	— Respiratory distress syndrome due to prematurity — Upton Hospital	(776.2)
Under 24 hours	— Atelectasis due to prematurity — Upton Hospital	(776.9)

Immaturity, unqualified 777

Under 24 hours	— Respiratory failure due to prematurity — Upton Hospital	(777)
Under 24 hours	— Prematurity (28 weeks) — Upton Hospital	(777)

Symptoms and Ill-defined Conditions 780-796

4 months	— Asphyxia (cause unknown) — Home	(796.0)
----------	-----------------------------------	---------

Other Accidents E910-E969

- 1 month — Asphyxia due to inhalation of milk feed —
Home — Inquest: misadventure (E911)
- 10 months — Asphyxia due to compression of the neck by
a piece of string — Home — Inquest: misadventure (E911)

Year	Grade Death Rate	Converted Death Rate	National Rate
1971	8.9	12.6	11.6
1970	7.3	10.1	11.7
1969	8.3	11.7	11.9
1968	8.1	11.6	11.9
1967	8.7	12.3	11.9
1966	8.3	11.5	11.7
1965	7.6	10.8	11.5
1964	7.6	10.8	11.5
1963	8.8	12.8	12.2
1962	7.9	11.1	11.9

The no main cause of death in the same order as in 1970 but as expected
of death were reported because the number of deaths in 1971 was higher than
it had been in 1970

Value of the	1971	1970	1969	1968
Heart Disease	201	210	218	217
Cancer	170	167	217	181
Fractures and Dislocations	102	78	83	102
Vehicle Accidents of the Motor Vehicle	73	43	68	80
Other respiratory diseases	42	33	50	31
Alcoholism - all types	31	21	24	24

DEATHS

In 1971 there were nearly 100 more deaths than there were in 1970 — a total of 779 as compared with 686. Of these 426 were males and 353 females. This is another case where comparison with previous years is almost impossible owing to the "loss" of some 7,000 population. However, just for the record the crude death rate was 8.9 per thousand of the population based on the Registrar General's estimated population for mid 1971. The Corrected death rate was 12.6 using the comparability factor of 1.42.

DEATH RATE — SLOUGH			
<i>Year</i>	<i>Crude Death Rate</i>	<i>Corrected Death Rate</i>	<i>National Rate</i>
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
1971	8.9	12.6	11.6

The six main causes of death are in the same order as in 1970 but as expected most of them were increased because the number of deaths in 1971 was higher than it had been in 1970

CAUSE OF DEATH	1968	1969	1970	1971
Heart Disease	217	243	216	251
Cancer	161	215	145	170
Pneumonia and Bronchitis	103	85	78	103
Vascular lesions of the nervous system	80	68	73	75
Other circulatory disease	21	30	35	42
Accidents — all types	28	24	31	31

CAUSES OF DEATH		1970		1971	
		Males	Females	Males	Females
B4	Enteritis and other diarrhoeal diseases	2	1	1	2
B5	Tuberculosis of respiratory system	—	1	—	—
B6(1)	Late effects of respiratory Tuberculosis	—	—	—	1
B6	Other Tuberculosis, incl. late effects	2	—	—	—
B11	Meningococcal infection	—	—	2	1
B18	Other infective and parasitic diseases	—	—	—	4
B19(1)	Malignant neoplasm, buccal cavity, etc.	3	—	—	1
B19(2)	Malignant neoplasm, oesophagus	—	—	2	1
B19(3)	Malignant neoplasm, stomach	11	3	11	6
B19(4)	Malignant neoplasm, intestine	4	8	10	11
B19(5)	Malignant neoplasm, larynx	2	—	—	1
B19(6)	Malignant neoplasm, lung, bronchus	44	11	51	6
B19(7)	Malignant neoplasm, breast	—	11	—	12
B19(8)	Malignant neoplasm, uterus	—	4	—	2
B19(9)	Malignant neoplasm, prostate	4	—	2	—
B19(10)	Leukaemia	1	1	2	2
B19(11)	Other malignant neoplasms	14	24	13	33
B20	Benign and unspecified neoplasms	1	2	—	2
B21	Diabetes Mellitus	1	2	4	—
B23	Other endocrine etc. diseases	1	1	3	1
B24	Anaemias	—	1	—	2
B46(3)	Mental disorders	—	2	2	1
B24	Meningitis	—	7	10	1
B46(5)	Other diseases of nervous system, etc.	3	4	4	5
B26	Chronic rheumatic heart disease	3	11	3	3
B27	Hypertensive disease	102	61	118	89
B28	Ischaemic heart disease	13	20	13	22
B29	Other forms of heart disease	33	40	31	44
B30	Cerebrovascular disease	14	21	12	24
B46(6)	Other diseases of circulatory system	4	2	1	—
B31	Influenza	19	23	31	30
B32	Pneumonia	27	9	33	9
B33(1)	Bronchitis and emphysema	2	2	—	3
B33(2)	Asthma	3	5	7	—
B46(7)	Other diseases of respiratory system	—	1	2	1
B34	Peptic Ulcer	—	2	1	—
B35	Appendicitis	2	2	2	—
B36	Intestinal obstruction and hernia	2	1	2	—
B37	Cirrhosis of liver	2	4	2	—
B46(8)	Other diseases of digestive system	2	1	3	4
B38	Nephritis and nephrosis	2	—	1	—
B46(9)	Other diseases, genito-urinary system	2	—	1	5
B41	Other complications of pregnancy	2	—	2	2
B46(11)	Diseases of musculo-skeletal system	2	2	8	—
B42	Congenital anomalies	3	4	5	3
B43	Birth injury, difficult labour etc.	4	4	1	1
B44	Other causes of peri-natal mortality	2	4	2	5
B45	Symptoms and ill-defined conditions	11	3	13	3
BE47	Motor vehicle accidents	7	8	7	8
BE48	All other accidents	2	2	3	1
BE49	Suicide and self-inflicted injuries	1	2	2	—
BE50	Other external causes	—	—	—	—
TOTAL OF ALL CAUSES		362	324	426	353

DEATHS - 1971 - AGE AND SEX CLASSIFICATION IN THE 50 CAUSES												
CAUSE OF DEATH	SEX	TOTAL AGES	AGE IN YEARS									
			4 WEEKS & UNDER 1 YEAR	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over
B4			1	1	1	1	1	1	1	1	1	1
B4(1)	M	2	1	1	1	1	1	1	1	1	1	1
B4(1)	F	2	1	1	1	1	1	1	1	1	1	1
B11	M	1	1	1	1	1	1	1	1	1	1	1
B11	F	1	1	1	1	1	1	1	1	1	1	1
B18	M	4	1	1	1	1	1	1	1	1	1	1
B18	F	4	1	1	1	1	1	1	1	1	1	1
B19(1)	M	1	1	1	1	1	1	1	1	1	1	1
B19(1)	F	1	1	1	1	1	1	1	1	1	1	1
B19(2)	M	2	1	1	1	1	1	1	1	1	1	1
B19(2)	F	2	1	1	1	1	1	1	1	1	1	1
B19(3)	M	11	1	1	1	1	1	1	1	1	1	1
B19(3)	F	11	1	1	1	1	1	1	1	1	1	1
B19(4)	M	10	1	1	1	1	1	1	1	1	1	1
B19(4)	F	11	1	1	1	1	1	1	1	1	1	1
B19(5)	M	1	1	1	1	1	1	1	1	1	1	1
B19(5)	F	1	1	1	1	1	1	1	1	1	1	1
B19(6)	M	31	1	1	1	1	1	1	1	1	1	1
B19(6)	F	31	1	1	1	1	1	1	1	1	1	1
B19(7)	M	12	1	1	1	1	1	1	1	1	1	1
B19(7)	F	12	1	1	1	1	1	1	1	1	1	1
B19(8)	M	2	1	1	1	1	1	1	1	1	1	1
B19(8)	F	2	1	1	1	1	1	1	1	1	1	1
B19(9)	M	2	1	1	1	1	1	1	1	1	1	1
B19(9)	F	2	1	1	1	1	1	1	1	1	1	1
B19(10)	M	17	1	1	1	1	1	1	1	1	1	1
B19(10)	F	17	1	1	1	1	1	1	1	1	1	1
B19(11)	M	53	1	1	1	1	1	1	1	1	1	1
B19(11)	F	53	1	1	1	1	1	1	1	1	1	1
B20	M	2	1	1	1	1	1	1	1	1	1	1
B20	F	2	1	1	1	1	1	1	1	1	1	1
B21	M	4	1	1	1	1	1	1	1	1	1	1
B21	F	4	1	1	1	1	1	1	1	1	1	1
B46(1)	M	1	1	1	1	1	1	1	1	1	1	1
B46(1)	F	1	1	1	1	1	1	1	1	1	1	1
B23	M	3	1	1	1	1	1	1	1	1	1	1
B23	F	3	1	1	1	1	1	1	1	1	1	1
B46(3)	M	2	1	1	1	1	1	1	1	1	1	1
B46(3)	F	2	1	1	1	1	1	1	1	1	1	1
B24	M	2	1	1	1	1	1	1	1	1	1	1
B24	F	2	1	1	1	1	1	1	1	1	1	1
B46(5)	M	10	1	1	1	1	1	1	1	1	1	1
B46(5)	F	10	1	1	1	1	1	1	1	1	1	1
B26	M	4	1	1	1	1	1	1	1	1	1	1
B26	F	4	1	1	1	1	1	1	1	1	1	1
B27	M	5	1	1	1	1	1	1	1	1	1	1
B27	F	5	1	1	1	1	1	1	1	1	1	1
B28	M	11	1	1	1	1	1	1	1	1	1	1
B28	F	11	1	1	1	1	1	1	1	1	1	1
B29	M	15	1	1	1	1	1	1	1	1	1	1
B29	F	15	1	1	1	1	1	1	1	1	1	1
B30	M	22	1	1	1	1	1	1	1	1	1	1
B30	F	22	1	1	1	1	1	1	1	1	1	1
B46(6)	M	31	1	1	1	1	1	1	1	1	1	1
B46(6)	F	31	1	1	1	1	1	1	1	1	1	1
B31	M	1	1	1	1	1	1	1	1	1	1	1
B31	F	1	1	1	1	1	1	1	1	1	1	1
B32	M	20	1	1	1	1	1	1	1	1	1	1
B32	F	20	1	1	1	1	1	1	1	1	1	1
B33(1)	M	55	1	1	1	1	1	1	1	1	1	1
B33(1)	F	55	1	1	1	1	1	1	1	1	1	1
B33(2)	M	9	1	1	1	1	1	1	1	1	1	1
B33(2)	F	9	1	1	1	1	1	1	1	1	1	1
B46(7)	M	5	1	1	1	1	1	1	1	1	1	1
B46(7)	F	5	1	1	1	1	1	1	1	1	1	1
B34	M	2	1	1	1	1	1	1	1	1	1	1
B34	F	2	1	1	1	1	1	1	1	1	1	1
B35	M	1	1	1	1	1	1	1	1	1	1	1
B35	F	1	1	1	1	1	1	1	1	1	1	1
B36	M	2	1	1	1	1	1	1	1	1	1	1
B36	F	2	1	1	1	1	1	1	1	1	1	1
B37	M	2	1	1	1	1	1	1	1	1	1	1
B37	F	2	1	1	1	1	1	1	1	1	1	1
B46(8)	M	2	1	1	1	1	1	1	1	1	1	1
B46(8)	F	2	1	1	1	1	1	1	1	1	1	1
B38	M	4	1	1	1	1	1	1	1	1	1	1
B38	F	4	1	1	1	1	1	1	1	1	1	1
B46(9)	M	5	1	1	1	1	1	1	1	1	1	1
B46(9)	F	5	1	1	1	1	1	1	1	1	1	1
B41	M	2	1	1	1	1	1	1	1	1	1	1
B41	F	2	1	1	1	1	1	1	1	1	1	1
B46(11)	M	1	1	1	1	1	1	1	1	1	1	1
B46(11)	F	1	1	1	1	1	1	1	1	1	1	1
B42	M	8	1	1	1	1	1	1	1	1	1	1
B42	F	8	1	1	1	1	1	1	1	1	1	1
B43	M	3	1	1	1	1	1	1	1	1	1	1
B43	F	3	1	1	1	1	1	1	1	1	1	1
B44	M	1	1	1	1	1	1	1	1	1	1	1
B44	F	1	1	1	1	1	1	1	1	1	1	1
B45	M	2	1	1	1	1	1	1	1	1	1	1
B45	F	2	1	1	1	1	1	1	1	1	1	1
B47	M	13	1	1	1	1	1	1	1	1	1	1
B47	F	13	1	1	1	1	1	1	1	1	1	1
B48	M	2	1	1	1	1	1	1	1	1	1	1
B48	F	2	1	1	1	1	1	1	1	1	1	1
B49	M	5	1	1	1	1	1	1	1	1	1	1
B49	F	5	1	1	1	1	1	1	1	1	1	1
B50	M	2	1	1	1	1	1	1	1	1	1	1
B50	F	2	1	1	1	1	1	1	1	1	1	1
TOTAL ALL CAUSES	M	426	11	7	3	2	5	2	3	43	89	129
	F	553	7	6	2	1	4	11	24	48	70	181

SEX AND AGE DISTRIBUTION OF DEATHS

<i>Ages at Death in Years</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1	18	13	31
1 — 4	3	2	5
5 — 14	2	—	2
15 — 24	5	—	5
25 — 44	5	15	20
45 — 64	132	72	204
65 — 74	129	70	199
75 plus	132	181	313
TOTAL	426	353	779

Of the 779 deaths, 512 (65.6%) were in people over the age of 65 compared with 63.1% in 1970, 69.4% in 1969, 59.6% in 1968, 60.7% in 1967, 58.6% in 1966 and 62% in 1965. The proportion dying after their 75th birthday was 40.1% compared with 36.8% in 1970, 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-three inquests were held upon residents of the Borough during 1971 and the causes of death recorded by the various registrars of births and deaths, following coroner's certificates, were as follows:-

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Natural Causes:	3	—	3
Accidental:			
Asphyxia	1	1	2
Road accidents	16	2	18
Accident on railway line	1	—	1
Falls	2	3	5
Drowning	2	—	2
Alcoholic poisoning	—	1	1
Inhalation of food	—	1	1
Suicide:			
Barbiturate and alcohol poisoning	1	—	1
Barbiturate poisoning	1	1	2
Hanging	2	—	2
Open Verdict:			
Drowning	1	—	1
Barbiturate poisoning	1	—	1
Natural causes	—	1	1
Cause unknown	—	1	1
Homicide:			
Cause unknown	1	—	1
	32	11	43

POPULATION

It has been my custom to comment upon the population of the town and its apparent affect on the services needed. It has been my belief and I think it is true that it has been shared by most others that the population of the town has been growing in recent years. Certainly the pressure on housing appears to have increased and the Chief Public Health Inspector's evidence of multi-occupation would seem to support it, the Education Department has experienced a continuous flow of children from countries overseas and generally speaking the birth rate in the town has followed the national trend fairly closely. The population enumerated by the census of April 1971, although it is admitted that the figure is provisional, would seem to belie all this evidence. The population in 1971 is nearly 7,000 below that suggested by the Registrar General ten months earlier which means that there has been no increase in population since 1967.

It is interesting to observe that some three years before in 1968 the Registrar General added over 4,000 to the population, presumably after careful study of the available information and yet he has again added almost 1,000 between April 1971 and June 1971. His estimate of population on 30th June was 87,660. Possibly some method may be found in the future of discovering the facts about the number of people living in the town. In the meantime I can only say that the birth and death rates for 1971 must be wrong or those for some years before must have been inaccurate. Absolute numbers are, of course, unaffected.

<i>Year</i>	<i>Natural Increase (births less deaths)</i>	<i>Immigration or Emigration (-)</i>	<i>Population R.G.'s Estimate</i>
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 (80,503 Census)
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
1971	904		87,660 (86,757 Census)

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 employees of the Council worked hard to keep the roads and pathways clean and tidy much greater improvement could be obtained if the general public took greater pride in the appearance of the town and threw less litter about.

Street Gulleys

All street gulleys are cleansed at least twice a year.

Refuse Collection – General

The bin liner scheme introduced over the past two years has proved successful in all respects.

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.

Waste Paper Collection

A monthly collection of waste paper from all householders was commenced during the year 1971, which has brought increased tonnage and revenue to the Council. This service is still within its experimental stages and it is envisaged that improvements will be made in the future.

Civic Amenities Act, 1967

Another 180 abandoned vehicles were collected and disposed of by the Borough Council under this Act. This is in addition to the facilities provided for the residents of the Borough to dispose of domestic and garden refuse free of charge at the pulverisation plant.

Unwanted Vehicles

No charge is now made for the disposal of unwanted vehicles and, in addition to those collected on behalf of the Corporation, no less than 270 were deposited by owners at the pulverisation plant.

Salvage

The total for the year 1971/72 was:-

Baled Tins	367 tons	—	£1,850	(£2,342)
Scrap Metal	132 tons	—	£739	(£1,136)
Waste Paper	947 tons	—	£9,944	(£2,134)

The figures in brackets are for 1970/71.

Middle Thames Water Board

Another 534 dwellings were added to the Board's main water supply in 1971. Many samples were taken from the sources of water at Burnham, Cuckoo Weir, Datchet, Taplow and Taplow Court so that the Board could assure itself that the high standard of quality of the water was being maintained.

<i>Source</i>	<i>Number of Samples</i>	
	<i>Bacteriological</i>	<i>Chemical</i>
Burnham	47	45
Cuckoo Weir	60	2
Datchet	57	25
Taplow	58	55
Taplow Court	59	98

Slough Estates

There was no change in the supply of water system in 1971. From results of analyses kindly supplied to me by the Chief Engineer it is clear that the water supplied is of a very high quality although the iron from one of the bore holes could, if left undiluted, perhaps give a slight objectionable taste.

LABORATORY

There were fewer examinations carried out in the laboratory in 1971, as can be seen in the table.

1966	1967	1968	1969	1970	1971	
1,176	1,110	1,215	784	759	475	examinations

Urine for routine examination	84
Blood counts	9

Milk Samples:

All passed as satisfactory

(a) Phosphatase test	114
(b) Methylene Blue test	114
(c) Turbidity test	27
(d) Chemical tests for fats, solids and water	94

Water Samples:

(a) Drinking water	23
(b) Swimming bath water	2

Ice Cream:

(a) Chemical tests	—
(b) Bacteriological tests	8

ALL GRADE I

MORTUARY

The gradual increase in the number of post mortems carried out in the Borough Mortuary was again in evidence in 1971, when 277 examinations, the highest ever recorded, were carried out. Those undertaken on behalf of Maidenhead rose to 83 from 48 in 1970.

1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
138	133	157	174	192	200	175	208	250	277

CREMATORIUM

A very slight increase in the number of cremations took place during 1971 as is indicated in the table below.

My task and the task of my deputies is always made easier and much more pleasant by the help extended to us by the Superintendent and Staff of the Crematorium.

1967	1968	1969	1970	1971
1,162	1,321	1,390	1,455	1,487

MEALS ON WHEELS

The popularity of the Meals on Wheels service and its undoubted value to the community was shown by the increase in the number of meals delivered in 1971. This was some 5½ thousand more than had been in 1970. The increase was, of course, due mainly to the new van which was brought into operation in May 1970 and which was operative for the whole of 1971.

The Luncheon Club held at the British Red Cross Hall in Osborne Street was joined on 25th June, 1971, by two new Clubs in Langley; one in Harrow Road and one at Hawker Hall, Common Road. Once again we were fortunate in obtaining the service of voluntary organisations to serve the meals, the W.R.V.S. running the Club in the town and the Townswomen's Guild performing the same service in Langley.

	1967	1968	1969	1970	1971
Meals delivered	39,846	49,185	49,164	56,520	62,017
Luncheon Club (commenced June 1969)			808	2,256	3,762

STAFF MEDICAL EXAMINATIONS

The Medical work associated with the appointment of new staff to the Borough Council, Slough Committee for Education and Bucks County Council in this area is quite considerable. In addition, a number of employees also need medical check before entering the Council's superannuation scheme. Were it not for the use of questionnaires it would be necessary to increase the number of doctors employed and there is no evidence to show that the system of medical

questionnaires is less helpful to the Council than the arrangement by which all successful applicants for posts are medically examined. In fact, it is probable that the reverse is true.

	1966	1967	1968	1969	1970	1971
Officers of Slough Borough Council	115	71	29	24	25	15
Officers of Bucks County Council	17	27	41	42	41	68
Teachers' Training Colleges and teaching for the first time	101	101	129	130	180	168
Drivers of Heavy Goods Vehicles						
Slough Borough Council						35
Bucks County Council						5
Medical Questionnaires						
Slough Borough Council			43	87	98	97
Bucks County Council	250	261	259	230	252	326

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

CASES NOTIFIED DURING THE YEARS 1962-1971

	CASES NOTIFIED AND POPULATION IN THOUSANDS									
	1971 88	1970 93	1969 93	1968 92	1967 87	1966 86	1965 85	1964 84	1963 84	1962 82
Acute Poliomyelitis — Paralytic Non-Paralytic	—	—	—	—	—	—	—	—	—	2
Dysentery	—	—	1	—	2	3	16	2	8	9
Encephalitis — Post-infective	—	—	—	—	—	—	1	1	—	—
Enteric Fever	3	2	—	1	—	—	—	—	—	—
Erysipelas	—	—	—	—	2	3	5	5	6	5
Food Poisoning	4	1	5	4	1	1	2	1	3	3
Malaria (contracted abroad)	3	—	1	1	1	—	—	—	—	1
Measles	201	170	646	234	572	370	1430	191	1066	199
Meningococcal Infection	1	—	—	—	—	—	—	—	1	1
Ophthalmia Neonatorum	—	—	—	—	—	—	—	1	—	1
Paratyphoid	1	—	1	—	—	1	1	—	—	—
Pneumonia	—	—	—	1	5	10	2	2	8	7
Scarlet Fever	9	19	13	9	21	32	20	23	18	7
Tetanus	1	—	—	—	—	—	—	—	—	—
Tuberculosis — Pulmonary Non-Pulmonary	28	24	29	30	27	40	30	47	35	38
Whooping Cough	20	20	19	14	11	8	8	15	9	9
Infective Jaundice	42	8	—	12	12	21	3	35	28	28
	2	2	1	4						

MONTHLY INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES

	JAN.	FEB.	MAR.	APL.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Paratyphoid Fever	-	-	-	-	-	-	1	-	-	-	-	-	1
Typhoid Fever	-	-	-	1	-	-	-	-	1	1	-	-	3
Food Poisoning	-	1	-	-	1	1	-	-	-	-	-	1	4
Measles	15	32	61	37	22	13	8	6	2	-	-	5	201
Scarlet Fever	1	5	1	-	2	-	-	-	-	-	-	-	9
Tetanus	-	-	-	-	-	-	-	-	1	-	-	-	1
Tuberculosis - Pulmonary	3	-	6	4	3	5	2	-	1	-	1	3	28
Non-Pulmonary	1	-	3	1	2	2	3	1	-	5	1	1	20
Meningitis	1	-	-	-	-	-	-	-	-	-	-	-	1
Whooping Cough	-	1	2	2	17	9	7	1	3	-	-	-	42
Malaria	-	-	-	-	-	2	-	-	-	-	1	-	3
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
Paratyphoid Fever	—	—	1	—	—	—	—	—	—	—	—	1
Typhoid Fever	—	—	1	—	2	—	—	—	—	—	—	3
Food Poisoning	—	1	—	—	—	1	—	1	—	1	—	4
Measles	76	7	6	7	11	32	16	22	14	8	2	201
Scarlet Fever	—	—	—	—	4	—	—	1	1	3	—	9
Tetanus	—	—	—	1	—	—	—	—	—	—	—	1
Tuberculosis —												
Pulmonary	3	1	—	5	2	2	4	3	3	5	—	28
Non-Pulmonary	1	—	3	3	5	—	1	1	1	4	1	20
Meningitis	—	—	—	1	—	—	—	—	—	—	—	1
Whooping Cough	24	—	2	—	3	8	—	2	2	1	—	42
Malaria	—	—	—	—	—	—	—	—	—	2	1	3
Infective Jaundice	—	—	—	—	1	—	—	—	—	—	1	2

INFECTIOUS DISEASES (Excluding Tuberculosis)

Apart from a mild outbreak of measles in the earlier part of the year, an outbreak which had extended through from 1970, there was no large scale incidence of infectious disease although it is true that the number of cases of whooping cough was considerably higher than it had been for some years, particularly during late spring and early summer.

On the other hand the other infectious diseases took up an amount of staff time out of all proportion to their small number.

First of all I should comment upon the four cases of enteric disease — paratyphoid and typhoid. The Paratyphoid A notification occurred in a lady who went to West Pakistan on holiday and returned to this country towards the end of June. From the time of onset of the disease it was clear that she contracted the disease abroad. The eventual conclusion was satisfactory and no other cases arose.

The first case of Typhoid Fever was notified early in the year and from the date of onset it is probable that she obtained her infection in Malta. Once again, the patient was cured and the story ended satisfactorily.

A little girl was admitted to Wexham Park Hospital in August with an undiagnosed pyrexia which later proved to be due to infection with *S.typhi*. In this case the child had been staying for some while in Sweden and it is believed that she drank from a spring which was normally only used for garden purposes. The fact that the father travelled abroad extensively from time to time complicated the issue but there was no reason to believe that he or any other member of his family were infected.

The fourth case was of a small boy who had obviously contracted the illness from an uncle who lived in the same house and who was found to be a chronic carrier. Unfortunately, the uncle worked at a food factory and although he was not ill it was necessary for the public safety to make sure that he does not indulge in food handling again. This action meant loss of income and the Borough Council has been involved in paying compensation for his loss of earnings.

In general, the need to keep contacts and possible contacts under supervision is becoming more and more commonplace because of the ever-increasing travel abroad for business and pleasure purposes.

There appeared to be no connection between the cases of food poisoning. It is probable that one of the cases arose in a hospital laboratory where the patient was employed as a Laboratory Technician. Great care is obviously taken to make sure that infections are not passed to laboratory staff but this incident does perhaps highlight the fact that hospital laboratory staff must obviously be at considerable risk. The fact that infections are so rare speaks very highly for the standards employed in these circumstances.

It is very unusual to receive a notification of tetanus in this country although it is not uncommon in some countries including the United States of America and Canada. Investigations undertaken have failed to provide any light upon the source or reason for infection.

VACCINATION AND IMMUNISATION

The numerical information given below shows that the immunisation procedures available against infectious diseases are being received well by parents and that the high percentage of those protected is being maintained. In the end this is due of course to the parents who present their children for immunisation and to those who actually carry out the necessary procedures but the "tyranny of the computer" no doubt plays its part. The greatest change during the year was the omission of vaccination against smallpox as a routine measure in infancy. This does not mean to say that smallpox is no longer of any significance but it is undoubtedly becoming much less common throughout the world. This has meant that the risk of complications of routine vaccination has outweighed the risk of contracting the disease. Should a case occur prompt public health measures including vaccination of contacts should contain an outbreak to within very small proportions. It may still be necessary for travellers to certain parts of the world to make sure that they give themselves protection before travelling and indeed a number of countries still require international certificates of vaccination. The other change in 1971 was the great increase in the number of immunisations against Rubella (German Measles). This is now being carried out routinely for girls between their twelfth and fourteenth birthdays.

	1968	1969	1970	1971
Primary Diphtheria	4	2	4	—
Primary Tetanus	9	77	58	48
Primary Diphtheria/Tetanus	89	98	119	65
Primary Diphtheria/Whooping Cough/ Tetanus (Triple)	1075	1244	1375	1376
Primary Vaccination against Smallpox	630	1107	1107	—
Boosters — Tetanus	29	85	—	75
— Triple	1004	1211	1211	1270
Smallpox Re-vaccination		212	242	—
Poliomyelitis — Primary protection			1344	1390
— Booster			9	13
Measles		957	1583	1294

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

Primary Protection

	1968	1969	1970	1971
Diphtheria	1168	1344	1498	1441
Whooping Cough	1075	1244	1375	1376
Tetanus	1173	1419	1552	1424
Smallpox	630	1107	1107	—
Measles		957	1583	1294

As Rubella figures were only available for the South Bucks area, these are given below

	1970	1971
Rubella	488	1691

TUBERCULOSIS

(a) Pulmonary Tuberculosis

There were 28 cases of Pulmonary Tuberculosis notified in 1971 compared with 24 in the previous year. It is disappointing that there was a slight rise but even so the number was among the lowest recorded. Out of the 28 cases, 19 were those with names of Asian origin. Again there is little evidence to show that the disease is being imported in an active form as most of the sufferers have been in

this country for a number of years. Fortunately, the number of cases for a period of years has been small enough for full investigation and follow-up of contacts to be carried out.

(b) *Non-Pulmonary Tuberculosis*

All but three cases of the non-Pulmonary form of the disease occurred in those of Asian origin. If Pulmonary and non-Pulmonary Tuberculosis are looked at together it would seem that there is little change in the incidence of the disease in the town over a number of years, although the indigenous population obviously suffers much less and has gained an immunity not at present enjoyed by those coming from the East.

Non-Pulmonary Tuberculosis

	<i>Males</i>	<i>Females</i>
Cervical Glands	2	3
Mediastinal Glands	3	2
Liver	1	—
Endometrium	—	2
Axillary Abscess	2	—
Spine	1	—
Bladder	1	—
Abdomen	2	1
TOTAL	12	8

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

<i>Age in Years</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 —	1	—	—	—
1 —	—	2	1	—
15 —	2	1	4	3
25 —	2	4	2	2
35 —	4	5	2	2
45 —	3	—	3	1
65 and over	4	—	—	—
TOTAL	16	12	12	8

(d) *Notification Register***PULMONARY**

<i>Males</i>			<i>Females</i>			<i>Total</i>		
1969	1970	1971	1969	1970	1971	1969	1970	1971
313	314	317	232	229	235	545	543	552

NON-PULMONARY

<i>Males</i>			<i>Females</i>			<i>Total</i>		
1969	1970	1971	1969	1970	1971	1969	1970	1971
41	48	52	37	42	44	78	90	96

(e) *Mass Radiography*

We were fortunate to receive a visit from a mobile mass x-ray unit of the North West Metropolitan Regional Hospital Board. The major part of the advance publicity was carried out by the Slough Corporation and the response to the public sessions was extremely good. Much argument has occurred during the past few years of the value of mass x-ray campaigns and it is considered by many that their value has now greatly diminished. However, the short table below shows the number of cases of disease detected in the Slough survey during 1971. It is not suggested that all these people lived in Slough because many factories were included in the survey but it does mean that nearly 40 people suffering from chest disease were diagnosed as a result of that campaign.

I would like to express my appreciation to Dr. G.Z. Brett, the Director of the Unit, to Miss B.J. Butcher, the Organising Secretary and to others concerned with the visit for their great help, in addition, of course, to the voluntary organisations which played an active part in the distribution of publicity material.

ABNORMALITIES DETECTED

<i>No. of people who attended for x-ray</i>	<i>Pulmonary</i>	<i>Tuberculosis</i>	<i>Lung</i>	<i>Pneumonias</i>	<i>Sarcoidosis</i>
	<i>Active</i>	<i>Observation</i>	<i>Cancer</i>		
26,555	11	3	7	15	3

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

1,375 children were tested for reaction to tuberculosis in 1971 which shows, once again, how constant the number of these tests remain from year to year. 1969 it was 1,354 and in 1970 it was 1,392. Out of 172 (12.5%) who were positive no less than 9.1% were positive due to previous vaccination. A positive reaction is given either by B.C.G. vaccination or by previous experience of infection by the tubercal bacillus, whether or not it had produced active disease. Only 47 children were found to give positive reaction without previous identified cause and these were followed-up by the Chest Clinic for appropriate observation or treatment and to find out whether the source of infection can be discovered.

(g) *Deaths from Tuberculosis*

Year	Population	Pulmonary		Non-Pulmonary		Pulmonary Death Rate per 1000 Population
		Males	Females	Males	Females	
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
1971	87,660	—	—	—	1	Nil

1971 was the first year in which no deaths at all occurred from Pulmonary Tuberculosis. One person died from the Non-Pulmonary form of the disease.

HOME SAFETY

I am indebted to Mr. R.P. Jones, Home Safety Officer, for the following report from him for 1971. The number of Home Safety Officers employed by Local Authorities is still very small and Slough is to be congratulated upon the way it has encouraged the dissemination of home safety information throughout the Borough.

Home accidents kill and maim more people each year than any other category of accident. This is a statement that has been made many, many times before and it is possible that because of this repetition it may have lost some of its impact on people's sensibilities. Nevertheless, it unfortunately remains as true today as it ever was.

Against this background and working within its limited resources the Home Safety Council here in Slough continued its little publicized and perhaps underrated attempt to bring about a better public understanding of the importance of accident prevention in the home both to the individual and to the community as a whole.

The major event in the calendar was for the fifth successive year, the Home Safety Quiz Competition for the Observer Trophy in which more than twenty of the town's women's organisations competed by answering questions on a variety of subjects of which, of course, home safety was the most important. This event ran throughout the winter months during which time the Home Safety Officer visited all the organisations at least once, sometimes more often, and it is reasonable to assume that as a result a worthwhile amount of home safety advice was passed on, directly or indirectly, to a large number of people. The actual competition was on this occasion won by the Langley Evening Townswomen's Guild with the Langley Mothers' Club as runners-up.

Another annual event which is intended to provoke an interest in this subject, this time among children, is the Junior Home Safety Picture Quiz Competition. This year the theme chosen was "What should you do if a fire breaks out?" Over a thousand children took part by giving their answer to this question and colouring an illustrative picture of such a scene. The winners were invited to attend the Town Hall where they received their prizes from the Mayor. Afterwards, the children and their parents were shown a film about fire prevention before watching a fire fighting display which was staged in the Town Hall forecourt by crews and appliances from the local Fire Service.

With the aid of a children's entertainer who was specially briefed for the purpose home safety was again introduced into the town's infant schools, and this year for the first time also into the nursery schools.

The Home Safety Display Unit, which is an automated "hazard house" continued to be made available to schools either as an exhibit or as a visual aid for home safety instruction and a number of primary schools made use of this facility.

Regular visits to Old People's Clubs were arranged jointly by the Home Safety Officer and the Area Health Education Organiser.

The general demand continued for advice on home safety matters, talks, film shows and the instruction and testing of candidates for the Brownie Safety in the Home Badge, the Guides Accident Prevention Badge and the Home Safety Section of the Duke of Edinburgh's Award Scheme.

A regular supply of posters was maintained throughout the town in support of the various national campaigns organised by the Royal Society for the Prevention of Accidents.

Finally, it is worth recording the fact that if Slough continues to be thought of as 'The Safety Town' by many people, this must in no small part be due to the high regard shown for this Council's two Home Safety films "Fabrics and Fireguards" and "Dead Easy" by the numerous local authorities and other responsible organisations which regularly make use of them.

HEALTH EDUCATION

Miss B.R. Keene, the Area Health Education Organiser has given me the following information upon the activities of that section during the year. From this and from the Home Safety report it may be seen how closely together these two activities function.

Health education within the Borough continued to increase during the year with a greater use of small exhibits, visual aids and posters.

As in previous years, one of the most successful items of the year was the Quiz for Old People's Clubs. This year it was presented as a slide show and consisted of questions on general health and home safety and was highlighted by questions on local beauty spots and places of interest within the area.

During the year, two courses on First-Aid were arranged for staff. These were well received and, as a result, twice-yearly courses are to become a regular feature.

In addition to the bi-annual evening review of health education films which were well attended by staff, special reviews of films and visual aids were arranged for groups of specialist staff.

Mothers' Clubs continued to flourish and recruitment of new members showed an upward trend with health education geared more to child development and modern hazards to health e.g. pollution, drugs, obesity, etc. The Newsletter, which helps to weld the clubs together, continued to be popular and club members

contributed most of the articles. A local Rally was held in June 1971 and was enjoyed by over 300 members.

Health Education in Schools

Health education in schools expanded during 1971, particularly in the amount of help and advice given to school staff.

The dental health programme now includes the first year pupils of all the secondary schools and an annual visit by the dental staff to infant and junior schools in the Borough.

The anti-smoking campaign has continued in the secondary schools and has also been expanded to include some junior schools where the Head teacher felt it necessary. A model smoking machine together with a film have proved very popular and small standing exhibits have been used in several school foyers.

Help with discussions or talks on themes including 'growing-up' and 'venereal diseases' were given in several secondary schools during the year and visual aids were also loaned.

HEALTH EDUCATION

SOUTH BUCKS AREA

1971

Talks given by:-

Health education staff	...	...	...	...	...	...	...	...	287
Medical Officers	...	...	...	...	...	...	...	...	43
Nursing staff	...	...	...	...	...	...	...	...	717
Dental staff	...	...	...	...	...	...	...	...	75
Other County Council staff	...	...	...	...	...	...	...	...	30
Outside lecturers	...	...	...	...	...	...	...	...	31
									1,183

Talks given to:-

Ante-natal groups	...	...	...	...	...	...	...	...	389
Ante-natal groups attended by husbands	...	...	...						12
Mothers' Clubs	...	...	...	...	...	...	...	...	74
Schoolchildren	...	...	...	...	...	...	...	...	390
Youth Groups	...	...	...	...	...	...	...	...	11
Old People's Clubs	...	...	...	...	...	...	...	...	28
Parents' groups	...	...	...	...	...	...	...	...	23
County Council staff	...	...	...	...	...	...	...	...	22
Others	...	...	...	...	...	...	...	...	25
Student Groups	...	...	...	...	...	...	...	...	181
Women's Groups	...	...	...	...	...	...	...	...	28
									1,183

HEALTH EDUCATION

SOUTH BECKS AREA

1971

Health education staff
1971
The health education staff in the South Becks Area has been working on a number of projects during the year. These include the development of a health education program for the area, the establishment of a health education committee, and the implementation of a health education program for the area.

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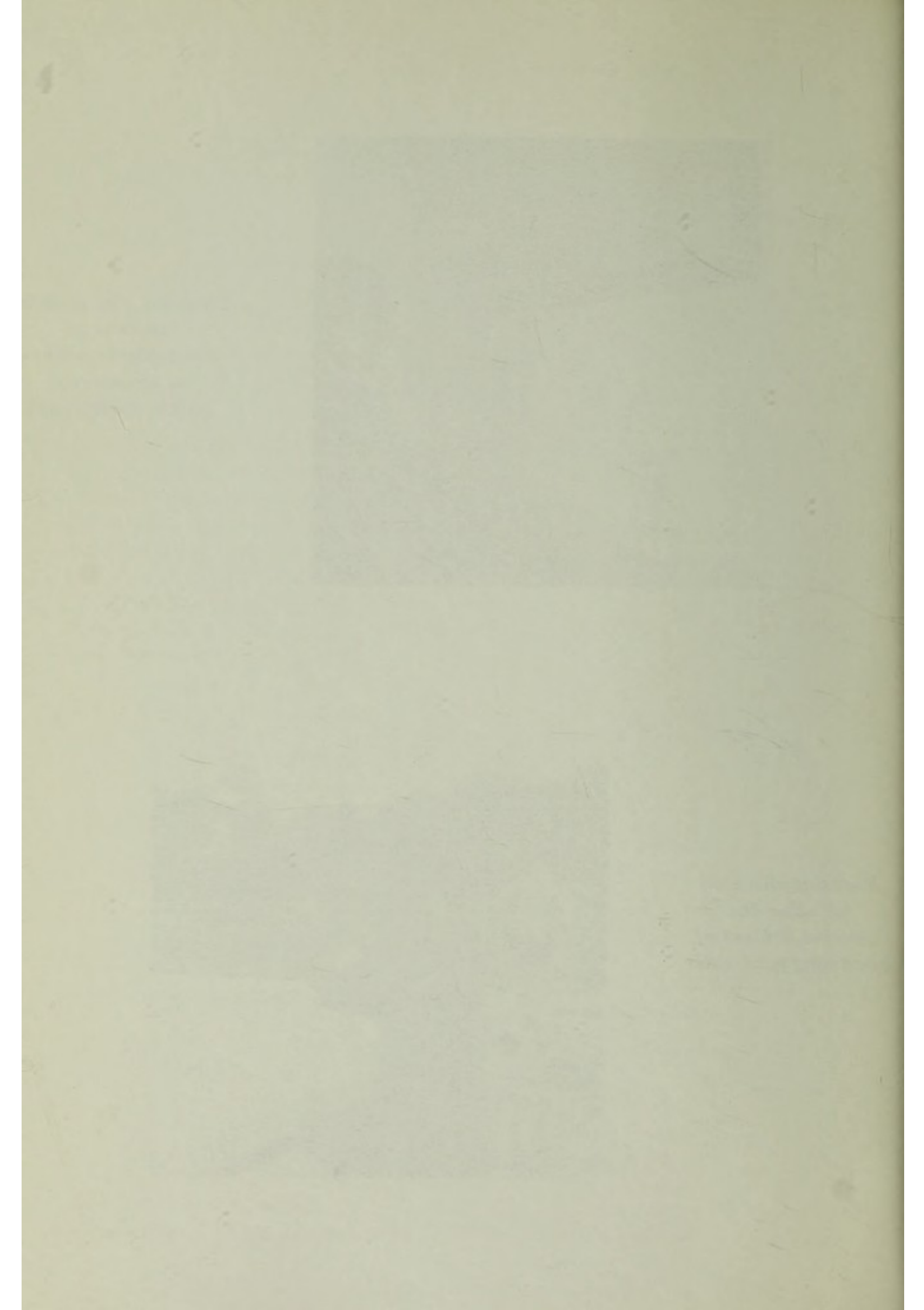
Anti-natal groups	389
Anti-natal groups attended by husbands	12
Mother's Clubs	24
School children	290
Youth Groups	41
Old People's Clubs	28
Parents' groups	23
County Council staff	23
Other	23
Student Groups	181
Women's Groups	28
	<hr/>
	1,183



*Titration — to establish
amount of
atmospheric sulphur
at various sites
within the Borough*



*Pool-side check on
pH value and
chlorine content of
swimming pool water*



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 1971

In my Report for 1970 I referred to the sweeping changes in the future of the local government structure and the ensuring of more and sustained support for the health protection services. Now it is pleasing to have all the indications that very little of the department's duties are to be transferred to another authority. It is my view that environmental health services should be administered locally because the work of public health inspectors has always been closely related to people, not as individuals, but in regard to the conditions where they live, work and eat.

The challenge will be faced by all public health inspectors with confidence and an assurance of their ability to cope with all demands; meanwhile one looks forward to a final clarification of the functions which will continue to be kept at district council level.

The throughput of the abattoir continues to rise slowly, but the inadequate lairage and the shortage of cooling room space are such that in its present form it cannot attract new business and therefore cannot be economically viable.

Since the Offices, Shops and Railway Premises Act was added to the statute book in 1963, a lot of useful work has been carried out in this field.

The Pest Control section continued to fight the menace of the ever present rodent and other pests, and it will be noted that 1971 was a heavy year in relation to wasp nest destruction.

Deferment in Smoke Control mainly due to the threatened shortage of smokeless fuel was unfortunate, but in this field the Borough Council can never be criticised for dragging their feet, since by the end of 1971 more than half the area of the Borough was already subject to smoke control. In the controlled part of the Borough the absence of smoke from the domestic chimney is apparent, and it is my experience that the greatest advocates of smoke control are those people who reside within smoke control areas. A lot of useful work has been done in the

industrial side of air pollution, for example, the control of chimney heights, the prior approval of boiler plants etc.

In the housing field work continued in the control of multi-occupied dwellings and qualification certificates. A number of properties was dealt with by way of clearance areas and individual unfit houses. Improvement of houses with the aid of grants was encouraging and as a joint exercise with the Borough Engineer's Department I recommended consideration of the first General Improvement Area. The reaction at a well attended public meeting showed considerable enthusiasm in this proposal.

The staff were able to maintain satisfactory control in the field of food hygiene and food inspection and happily prosecutions for unsatisfactory conditions were few. Sampling of a variety of foods under the Food and Drugs Adulteration Acts to determine compositional standards was pursued with the usual vigour and it is pleasing to report that deliberate contraventions were few and far between.

For the last three months of 1971 a resignation deprived the Department of the services of one of the four district public health inspectors and it has not been possible to recruit a replacement.

As in previous years the report is presented in the following sections:-

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

Number of complaints received and investigated	2,117
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Visits and Inspections**Clean Air**

Domestic premises	834
Industrial premises	303
Prior approval	54
Smoke observations (Industrial)	604
Smoke nuisances	475
Air pollution instruments	1,293
Miscellaneous	768

Food

Food inspections	410
Food poisoning	6
Food and drugs control	666
Food hygiene — premises	652
Food hygiene — stalls and vehicles	110
Contraventions remedied — premises	159
Contraventions remedied — stalls	15

Housing

Repair	442
Improvement grants	577
Noise insulation grants scheme	632
Multiple occupation — surveys	4,034
Multiple occupation — inspections	1,980
Qualification certificates	627

General Environmental Health

Caravan sites	8
Dirty or verminous premises	76
Drainage	202
Infectious diseases	257
Offensive trades	1
Pest control	529
Swimming pools	79
Water supply	18
General nuisances	794
Noise nuisances	201
Offices, shops and railway premises	561

Notices

Informal – served	272
Informal – complied with	57

Drainage

Drains tested	6
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SECTION 'B'

HOUSING

Housing Demolition and Closure

During 1971 the basements of 5 houses and 2 attic rooms of another house, all in the same street 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 continued and 2 areas of 5 and 9 houses respectively were defined as Clearance Areas under the Housing Act 1957.

Housing Repair

The department continued to receive complaints from tenants of properties in need of repair as a result of which the district inspectors made 442 visits for the purpose of inspections, service of notices, and advising generally. Usually 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

In 1971 for the first time in several years the rate of increase in multiple occupation in the Borough slowed down.

As I stated last year the problem of multiple occupation will continue to be a focus of concern to this department, particularly as the price of property continues to escalate and become that much more difficult to obtain.

There are still over 1,500 houses in multiple occupation in the town and the department is now concentrating a great deal on establishing and maintaining a high standard in the condition of these properties.

In February 1971 under the Urban Aid Programme a further Technical Assistant was appointed for this work.

Prior to this appointment we relied on owners giving details in writing as to the occupants of their houses but this has now been discontinued. Instead all houses in multiple occupation are inspected every 5 months, and it is hoped that the most tolerable conditions for the occupants can be obtained.

The aim of the Council is still one of control of multiple occupation since it has no powers to prevent it. It is true that Commonwealth Immigrants still make up a very high percentage of multiple occupation, in fact almost 75%. It is also true to say that standards have improved and are continuing to do so but the whole position needs to be kept under close surveillance.

In all new cases the Council has continued its policy of giving Directions limiting the number of individuals based on facilities and amenities existing in the house. Over 1,000 such Directions have now been given.

The Ministry have always maintained that a room in an overcrowded house is better than no room at all and by giving a Direction no-one is put to any great hardship, and more important, the tenants are not put on the street. The purpose is to prevent an increase in numbers and to ensure that where numbers do decrease they are not allowed to increase again above a set figure.

As I have said before Slough has its own particular problem in this field because the type of house mainly found to be in multiple occupation is the two-storey, five-roomed type and not large multi-storey houses. These are, of course, most unsuitable for such use but the housing position is so acute, both here and elsewhere, that all possible steps within the law must be taken to control the present situation.

The response to the Special Grant scheme under the Housing Act 1969 has been poor despite considerable publicity. It has been found that the amenity most lacking in houses is hot water to the kitchen sink and, as the law gives power to require this, the necessary action is taken to ensure that this problem is overcome.

The number of complaints of overcrowding has generally decreased but tenants still show signs of being afraid of their landlords and consequent eviction. Very few immigrant landlords appear to provide rent books as required, and this is something of which I take a serious view. There have also been some cases of harassment by landlords and the necessary action has been taken although it is very difficult to prove, it usually being the tenants' word against that of the landlords.

The relationship between immigrants and members of my staff has continued to improve and a better understanding has developed. There is, of course, the odd case of an awkward landlord and in such cases a firmer line has had to be taken.

Some evening visits have been made during the year as the need has arisen.

One problem facing the council is the lack of power to have decorations carried out unless Management Orders are made. In the main we have been successful in achieving this by gentle persuasion but one hopes that some future Act will give the local authority power to tackle this problem.

In 1968 over 80 houses were provided with some means of escape in case of fire and each year these are checked to see that they are still satisfactory and comply with the Act.

During 1971 five prosecutions were instituted for contraventions of Directions resulting in a total of £125 in fines, also one prosecution for unlawful eviction and failure to provide a rent book resulted in a fine of £40.

Housing Improvement

Improvement Grants

The trustees of fourteen almshouses applied for financial assistance under the Housing Acts in order to carry out improvements, including the installation of central heating. The majority of these houses were improved a number of years ago by the installation of bathrooms with other amenities and the Borough Council have now agreed to make a further contribution to raise the standard of the living accommodation.

When improvement grants were first introduced some twenty years ago there were a number of restrictions which made it necessary for the properties to be retained for letting, or for owner/occupation, and restricted the resale of these properties. Over the years these conditions have been relaxed and one of the effects of the 1969 Housing Act was to remove all restrictions on resale of a property after having received a grant. It was foreseen at the time the Act was passed that this might lead to a certain amount of speculation by owners who would acquire property, improve and then resell at a considerable profit.

It has been noticed nationally and locally that this speculative trend is becoming more apparent. A number of approaches has been made to me from people who wish to buy larger houses with the intention of obtaining grants for conversion into flats, with the possibility of immediate resale. Applications for grants have been received, approved and paid and it is known that the houses have changed hands at an enhanced value. Concern has been shown in various quarters at this ability of an owner to buy a house, improve it, and derive profit from a payment from the public purse.

In particular, a number of individuals including builders are buying up property locally, with the intention of applying for grant to improve and then to sell, in which case the builder receives three profits; he receives profit as a builder because, of course, he carries out the work himself, he receives profit as a property speculator by buying and selling and finally he also receives the net profit in the shape of the grant. Opinions have been voiced to the effect that this is of little account as long as the property is improved but in my experience over a number of years, when this type of house becomes vacant, on the death of an elderly tenant for example, the incoming occupiers are usually made to improve the property as a condition of the mortgage. In the main houses which need improvement, but which are not improved, are those occupied by elderly tenants or elderly owner/occupiers who primarily do not wish disturbance, and probably would find it difficult to pay for their portion towards the improvement work. There may also be raised a doubt as to whether a builder who is carrying out the work himself is likely to quote as low a price for doing the job as he would if in competition with other builders.

All building work is subject to Building Regulations whether grant aided or not and quite often the applicant is surprised when the scrappy piece of paper with a few indecipherable lines purporting to be a plan of the proposed work is rejected. On one occasion a complaint was made that the grant was not worth applying for because of the difficulty of application — in fact the only difficulties were those caused by the builder submitting 'plans' which were properly refused for failure to comply with Building Regulations. The inference is that if it were not for the grant, the work would have been carried out without notification under Building Regulations.

SUMMARY OF HOUSING IMPROVEMENT GRANTS

Improvement Grants

Applications approved	16
Amount of grant approved	£6,480
Grants paid — No. of dwellings	6
Amount paid	£2,326

Standard Grants

Applications approved (including 6 Higher Limit)	36
Amount of grant approved	£5,800
Grants paid — No. of dwellings (including 7 Higher Limit)	38
Amount paid	£4,487.32
No. of amenities provided:-	
Fixed bath or shower	17
Wash hand basins	27
Sinks	1
Hot water supplies	30
W.C.'s	18

Special Grants

Applications received	9
Grants paid — No. of houses	7
No. of Households	16
Amount paid	£348.12
No. of amenities provided:	
W.C.'s	—
Hot and cold water supplies	14
Wash hand basins	3
Baths and showers	1
Sinks	4

GENERAL IMPROVEMENT AREAS

A number of predominantly residential districts were examined with a view to their potential as improvement areas in the light of the Government's intention that local authorities should encourage.

1. the improvement of dwellings
2. the improvement of the environment in which the dwellings are situated.

Four areas were selected and preliminary surveys carried out by my staff which, together with information already held in my records, showed that dwellings in each of the areas under consideration could be improved as follows:-

	<i>Area</i>	<i>Dwellings lacking one or more amenities</i>
1	Montague Road Area	49%
2	The Crescent	40%
3	Hencroft Street Area	23%
4	Victoria Road	62%

Of the houses in Victoria Road, 25 were on my list for possible clearance and the cost of improving many of them to the full standard could be excessive having regard to their ultimate value. Considering house improvement apart from area improvement, it appears that the highest potential gain would result from dealing with areas with the largest proportion of improveable houses which would be numbers 1, 2, 3 above. It was decided, however, to examine area No. 3 in greater detail, because of the special nature of the area with regard to planning considerations.

This area contains a fairly large number of houses in multiple occupation which present a special problem. Structurally, they are the ones in the least need of repair, but paradoxically, they are the ones most needing improvement, that is, improvement by conversion into self-contained dwellings, but which are least likely to have this objective achieved. Such amenities that they lack are of a minor nature, e.g. a wash hand basin or hot water to a sink.

The Services Committee authorised continued investigations into the possibility of declaring the Hencroft Street area to be a general improvement area and resolved that a sub-committee to deal with the matter be appointed. Officers of the Department of the Environment were consulted, owners and occupiers of houses in the area were circularised, an exhibition was held in the High Street over a period of a week, and this was followed by a very well attended public meeting at which street representatives were appointed. Following this meeting a detailed survey of all the houses in the area was commenced at the end of the year this was still in progress. Investigations are currently continuing.

QUALIFICATION CERTIFICATES

This work continues to occupy much time especially in the western half of the town where there is a predominance of houses caught by the Act. As always in work of this nature where an inspection is largely a matter of the opinion of the inspecting officer, it is not possible to satisfy all parties. On the one hand the owner is apt to criticize the inspector for being too harsh, and on the other hand the tenant is apt to criticize him for being too lenient. Many defects are of a minor nature which in the majority of houses do not affect the habitability of the property, nor by their trivial nature do they require much in the way of remedy, but tenants are apt to expect every minor defect to be remedied before they are put in the position of having to pay more rent. Minor cracks in plaster are typical of this, where such cracks would normally be filled in when the tenant redecorates, being part of his responsibility. Under these circumstances it is sometimes difficult to steer a precise middle course between landlord and tenant.

The Southern Electricity Board, who had previously indicated their willingness to carry out examinations and tests of wiring in houses at a charge of £3 per dwelling, found it necessary to increase their charges to £5 per dwelling. As a result of this a number of difficulties were encountered and it was necessary to introduce a scheme whereby the electrical contractor carrying out the rewiring would provide me with a certificate stating that the dwelling had been satisfactorily rewired, by the use of sound materials and good workmanship; that the Southern Electricity Board had been notified; and that the electrical installation is safe. Under this new system the necessary certification following rewiring has been considerably facilitated, although, of course, we have to rely on the certificate of a private electrical contractor, who may or may not be qualified.

Agents for a number of houses in the town which would be entitled to qualification certificates have indicated that they are holding applications in abeyance until such time as legislation relating to rents is amended in the, perhaps, not too distant future, when they feel that qualification certificates and rent increases may be more readily available.

SUMMARY OF QUALIFICATION CERTIFICATES

Improvement Cases

No. of applications for Q.C.'s — Section 44(2) under consideration at end of year	Nil
No. of certificates of provisional approval issued	9
No. of Q.C.'s issued under Section 46(3)	9
No. of Q.C.'s refused	2

Standard Amenities already provided

No. of applications for Q.C.'s — Section 44(1) under consideration at end of period	127
No. of Q.C.'s issued under Section 45(2) in in respect of:-	
dwellings with R.V. of £60 or more	87
other dwellings	Nil

Residential Caravan Sites

During the year there were some 86 caravans stationed within the Borough and these were subject to licences under the Caravan Sites and Control of Development Act 1960. Of this number 73 were on the Foxborough Farm Caravan Site which has now been acquired by the Slough Borough Council and is in the process of being run down. There were eight caravans on the Ditton Park Road site and the remainder were individual caravans in various locations. Routine inspections were carried out and no contraventions of the licences were found.

Itinerant Caravans

Compared with previous years, there were very few instances of unofficial encampments on vacant land within the Borough. I do not think this signifies any reduction in the number of gypsy type or traveller type caravans generally but we were singularly fortunate in not having to deal with this most difficult problem during the year.

Information re: Local Land Charges

Information as to statutory orders made in respect of dwelling houses and 'non-complied-with' notices requiring works of repair was supplied in respect of 2,611 properties upon a request for official search of the Land Charges Register.

SECTION 'C'

SAFEGUARDING OF FOOD SUPPLIES

Food Hygiene

The protection of foodstuffs from contamination is of prime importance and the basic aim of all persons employed in the food trades should be to ensure that food is manufactured, prepared, stored and sold or delivered to the customer in a good and wholesome condition, and free from any foreign matter or contamination.

Work involved to ensure good standards in all matters associated with food constitutes a considerable portion of the duties of public health inspectors. The provisions of the Food Hygiene (General) Regulations enable them to encourage the improvement of good conditions in food premises.

Although this legislation is necessary for ensuring enforcement it is felt that a great deal rests with the persons employed in the food trade in respect of the correct handling of foodstuffs. Good, sound practices in food hygiene may well be described as 'good housekeeping', and education of persons employed in the food trades in this connection is very important.

Many of the large food concerns, such as supermarkets, organise courses and lectures for their personnel in subjects of particular interest to their trade. Such education is supplemented from time to time by Public Health Inspectors who give talks on food hygiene subjects.

Food premises in Slough come within the following broad classifications:-

Catering premises, canteens, licensed premises etc.	192
Food factories, including all food manufacturing premises	27
Retail food shops	329

In general these premises were found to comply with the requirements of the Food Hygiene Regulations.

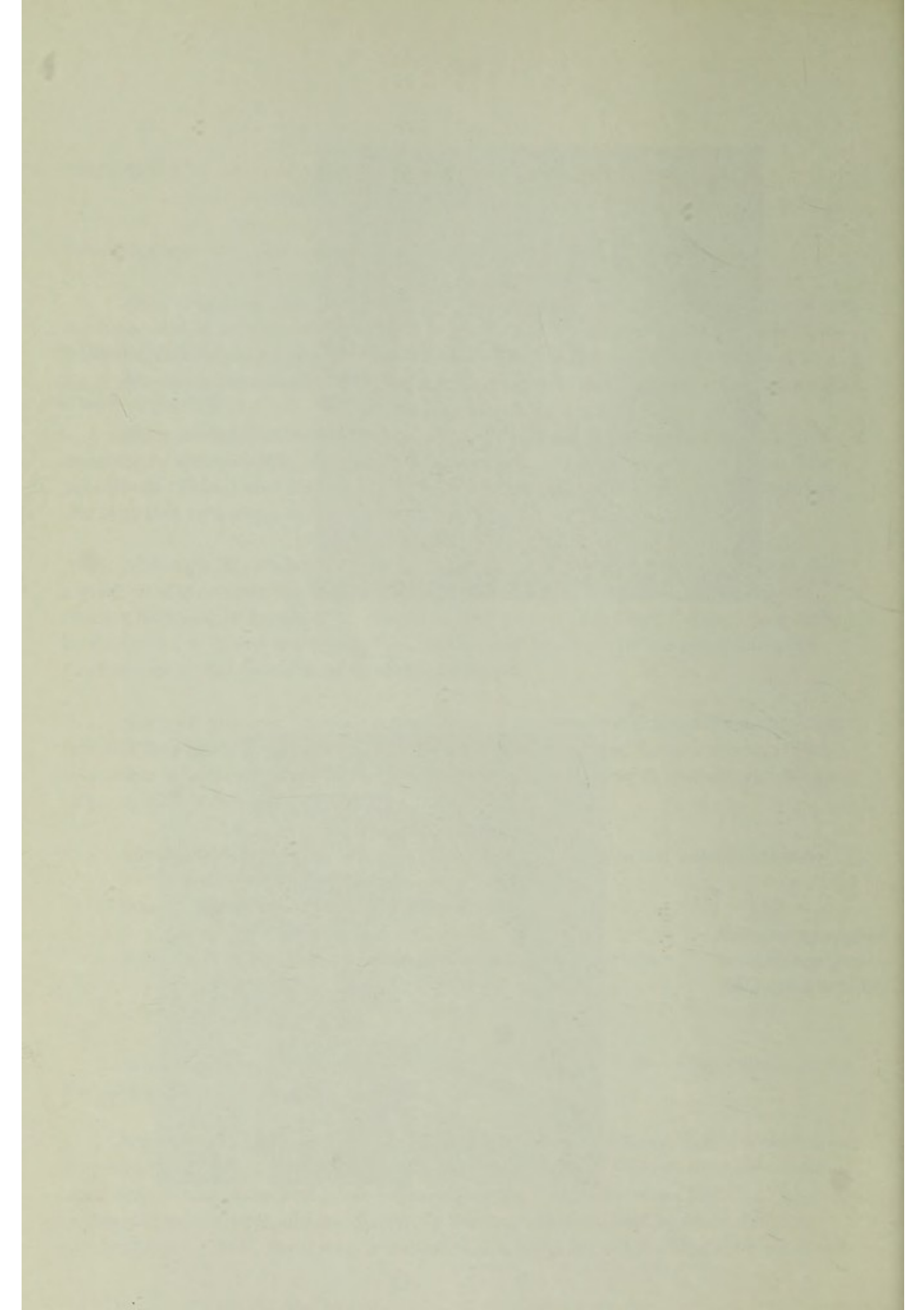
A great deal of food is now sold from refrigerated cabinets and although food properly handled and kept at a suitably low temperature will remain in a sound condition, it has been found that some cabinets are overloaded so that food placed in them does not maintain a sufficiently low temperature and becomes 'soft' or partly thawed. It is, therefore, essential that a strict turnover of food be observed.



*Meat Inspection
at
Municipal Abattoir*

*Sampling raw milk
consigned to local
pasteurising plant*





Public Health Inspectors are ready to give advice to ensure that good practices are observed.

The avoidance of stale and mouldy food etc., is a function of food hygiene and again this is secured by efficient rotation of stocks.

Numerous visits were made during evenings for the purpose of checking on mobile food traders with special reference to hot dog and ice-cream vendors, and samples of ice-cream were taken for submission to the methylene blue test. By their very nature mobile traders are not the easiest of food handlers to check on, especially those selling in the evenings. Their operating conditions are difficult, with limited space on the vehicle for washing facilities and sometimes staffed by part-time personnel who appear to have only rudimentary knowledge of basic hygiene.

One mobile food trader was successfully prosecuted.

Milk and Dairies

Routine sampling of milk was carried out during the year at the pasteurisation plant situated within the Borough and at other dealers' premises.

The register of dairies and distributors of milk showed at the end of 1971, that in addition to that delivered to consumers' homes milk is sold at some 134 shop premises within the Borough.

Milk is received in bulk from farms in a wide area and is subjected to the "high temperature short time" process of pasteurisation at a local dairy. Milk samples were taken during the year and all passed the prescribed tests. No samples were taken for examination for brucella abortis.

<i>Classification</i>	<i>No. of Samples</i>	<i>Tests</i>
Pasteurised	125	Phosphatase & Methylene Blue
Untreated	—	Methylene Blue
Sterilised	29	Turbidity
Ultra Heat Treated	1	Colony Count

Cream

Six samples of cream were submitted to the Public Health Laboratory Service to determine bacteriological quality. All proved to be satisfactory.

Ice Cream

There are over three hundred premises within the Borough where ice cream is sold, in addition to that on sale by itinerant vendors. Fourteen samples were taken during the year and upon examination for bacteriological purity all were found to be of a high standard.

Preparation and Manufacture of Preserved Food

At the end of 1971, 74 premises in the Borough were registered in pursuance of Section 16 of the Food and Drugs Act 1955 in respect of the manufacture of preserved food as follows:-

Canning factories	1
Preparation of shell fish	2
Fish fryers	18
Manufacture of sausages and cooked meats	53

Inspection of Meat

See section of report 'Municipal Abattoir'.

Inspection of Other Foods

One thousand and seventy-six visits were made during 1971 to wholesale and retail food premises for the purpose of examining other foods. As a result of these visits over 24 tons of food considered to be unfit for human consumption were voluntarily surrendered to the Corporation and destroyed.

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

Food Hawkers

All food hawkers who trade within the Borough are registered subject to a satisfactory report from the District Public Health Inspectors, under the Slough Corporation Act 1945.

The vehicles and places of storage used by hawkers are regularly inspected under the provisions of the Food Hygiene Regulations. They were found generally, to be satisfactory apart from one food vendor, who was fined £82.50 with £15 towards costs in respect of eleven of thirteen counts concerning contraventions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966.

Complaints Relating to Food

Each year brings its crop of complaints regarding food and in 1971 there were some 123 such complaints. Members of the public have become much more food hygiene conscious in recent years. Complaints to the retailer and to the department are to be encouraged since the complainant is making a valuable contribution to the campaign against mal-practices in food handling.

Although many are of a trivial nature each complaint is investigated and corrective action is taken. A large proportion concerned mouldy products due almost entirely to incorrect methods of stock rotation. In five instances it was found necessary to institute legal proceedings resulting in fines and costs awarded in the sum of £215.

An incident occurred which required the inspection and rejection by a district inspector of meat to the value of £77 which was unfit for food because of contamination by fragments of glass. The rather unusual circumstances arose because of the apparent animosity of a disgruntled passer-by who decided to heave a brick through the window of a retail butcher's shop.

A complaint was received from a fairground trader about 17 coconuts he had bought from a local shop for prizes at his sideshow and that on closer examination they were found to be broken, mouldy and unfit for human consumption. When the complaint was investigated it was discovered that the nuts had not just been purchased as was stated, but more than a week previously, and therefore no offence was committed by the vendor. Another instance of not necessarily taking as true every statement made by every 'Honest John'.

Compositional Standards and Quality (Food and Drugs Act)

One hundred and twenty-five formal samples and eighty-seven informal samples of food were sent to the Public Analyst during the year. In addition ninety-two samples of milk, and nineteen samples of spirits were examined in the department. All the samples of spirits were satisfactory but a number of samples of milk were low in solids-not-fat. Check samples sent to the Public Analyst were found not to contain added water.

An informal routine sample of milk taken from a delivery in churns to the local pasteurising plant was found to contain some 30% added water. The farm in an adjoining county was visited and formal samples of the milk taken and submitted to the Public Analyst but no added water was discovered, in fact the analysis showed it to be a Channel Islands milk of good quality. No explanation for the presence of the water has been established, and further samples have been satisfactory.

The following table gives particulars of samples submitted to the Public Analyst:-

PRODUCT	PROCURED		UNSATISFACTORY	
	<i>Formal</i>	<i>Informal</i>	<i>Formal</i>	<i>Informal</i>
Beverages — alcoholic	1	4	—	1
non-alcoholic	3	20	—	—
Bread and flour products	—	1	—	—
Cheese and cheese products	2	2	—	—
Confectionery — flour	6	3	—	—
sugar	1	9	—	—
Cooking oils	2	—	1	—
Fats	1	—	—	—
Fruit and fruit products	5	7	—	—
Jellies	—	1	—	—
Meat and meat products	38	7	—	—
Milk and milk products including ice cream	28	25	4	8
Pickles and sauces	—	5	—	—
Flavourings, seasonings and spices	—	2	—	—
Spirits	12	—	—	—
Soft drinks	16	—	1	—
Soups	1	1	—	—
Vegetables and vegetable products	6	—	—	—
Vinegar	3	—	—	—
TOTALS	125	87	6	9

SECTION 'D'

MUNICIPAL ABATTOIR

At the end of 1971 the new Municipal Abattoir had been in operation for over three years.

The annual throughput table shows an increase for 1971 over 1970 of 3.5 per cent. This increase was made up as follows:-

Cattle 359 Pigs 1,632 Calves 25

but sheep dropped very slightly by 28.

The overall increase of throughput from 1968 to 1971 was therefore 29.7 per cent.

It will be seen from the throughput table that ever since 1954 when the Council first operated a municipal abattoir the total number of animals slaughtered each year has risen from 12,866 to 60,644. (A 325% increase in 17 years calculated on the "cattle unit" basis where one cattle unit equals 1 cattle beast, or 5 sheep or 2 pigs or 3 calves).

ANNUAL THROUGHPUT AT MUNICIPAL ABATTOIR

	<i>Cattle</i>	<i>Sheep & Lambs</i>	<i>Pigs</i>	<i>Calves</i>	<i>Total</i>
1954	2,977	5,351	3,400	1,078	12,866
1955	2,040	3,721	5,662	1,073	12,500
1956	1,990	3,736	4,854	1,135	11,715
1957	2,475	4,380	6,608	1,121	14,584
1958	3,370	5,585	8,683	987	18,625
1959	3,393	9,733	8,432	929	22,487
1960	3,764	6,898	8,281	1,083	20,026
1961	4,512	10,744	10,256	1,234	26,746
1962	4,205	11,477	13,312	1,142	30,136
1963	3,873	11,970	14,034	882	30,759
1964	4,143	9,237	14,602	778	28,760
1965	3,991	6,643	17,244	578	30,421
1966	4,731	7,522	17,638	515	30,406
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
1971	6,340	24,692	28,954	658	60,644

Handling of stock, slaughter, and delivery to the customer at the loading bay of carcase meat and offal is carried out by Mr. B.R. Weeks, who acts as slaughtering contractor on behalf of the Council.

The Council is responsible for the daily operation of the abattoir, meat inspection, maintenance of buildings and equipment, cleaning of the premises and equipment, care of animals in the lairage, and maintenance of efficient refrigeration for the chilling of carcasses before collection. The Council's staff of four consists of a superintendent/senior meat inspector, an authorised meat inspector, a general assistant/fitter and a stockman/cleaner.

The hygiene of slaughtering, dressing, personnel and premises has been kept at a high standard throughout the year.

The standard has been that required by the Regulations of the European Economic Community countries which are higher than our own domestic requirements, involving annual medical inspection of all persons engaged at the abattoir in the handling of meat, including a blood test, faecal test and X-ray.

One hundred per cent meat inspection has been maintained in accordance with the Meat Inspection Regulations.

The number of carcasses inspected and the number of carcasses rejected as unfit for human consumption is shown in the following table.

Year	Number of carcasses inspected	Number of carcasses rejected as unfit for human consumption
1971	1,078	2,400
1972	1,078	2,400
1973	1,078	2,400
1974	1,078	2,400
1975	1,078	2,400
1976	1,078	2,400
1977	1,078	2,400
1978	1,078	2,400
1979	1,078	2,400
1980	1,078	2,400
1981	1,078	2,400
1982	1,078	2,400
1983	1,078	2,400
1984	1,078	2,400
1985	1,078	2,400
1986	1,078	2,400
1987	1,078	2,400
1988	1,078	2,400
1989	1,078	2,400
1990	1,078	2,400
1991	1,078	2,400
1992	1,078	2,400
1993	1,078	2,400
1994	1,078	2,400
1995	1,078	2,400
1996	1,078	2,400
1997	1,078	2,400
1998	1,078	2,400
1999	1,078	2,400
2000	1,078	2,400
2001	1,078	2,400
2002	1,078	2,400
2003	1,078	2,400
2004	1,078	2,400
2005	1,078	2,400
2006	1,078	2,400
2007	1,078	2,400
2008	1,078	2,400
2009	1,078	2,400
2010	1,078	2,400
2011	1,078	2,400
2012	1,078	2,400
2013	1,078	2,400
2014	1,078	2,400
2015	1,078	2,400
2016	1,078	2,400
2017	1,078	2,400
2018	1,078	2,400
2019	1,078	2,400
2020	1,078	2,400
2021	1,078	2,400
TOTALS	1,078	2,400

SUMMARY OF CARCASSES INSPECTED AND REJECTED

	<i>Cattle ex Cows</i>	<i>Cows</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Calves</i>
No. of animals slaughtered and inspected	4,979	1,361	24,692	28,954	658
Disease except Tuberculosis:					
Whole carcasses rejected	2	19	207	210	8
Carcasses of which some part or organ was rejected	1,434	702	9,257	3,844	2
% of number inspected affected with disease other than tuberculosis	29	53	38	14	1.5
Tuberculosis:					
Whole carcasses rejected	—	—	2	1	—
Carcasses of which some part or organ was rejected	—	1	—	679	—
% of number inspected affected with tuberculosis	—	0.07	0.008	2.3	—
Cysticercosis (c.bovis):					
Carcasses of which some part or organ was rejected	95	12	—	—	—
Carcasses submitted to treatment by refrigeration	18	1	—	—	—
Generalised condition — whole carcasses rejected	3	—	—	—	—

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 carcasses 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.

The abattoir receives animals from farms covering a wide area and from markets as far apart as Gloucester, Banbury and Ashford, Kent.

The following table shows the details of weights of meat and offal which during the year had to be rejected as unfit for human consumption. This amount has increased by almost three tons compared with the previous year.

WEIGHTS OF REJECTED MEAT

	TUBERCULOSIS			OTHER DISEASES		
	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Carcases	1	2	7	378	0	0
Parts of carcasses and organs ...	62	1	11	608	3	16
TOTAL ...	63	3	18	986	3	16
TOTAL WEIGHT 52 tons 10 cwts. 3 qrs. 6 lbs.						

The abattoir is a pivotal centre for officers of the Meat and Livestock Commission who administer the payment of subsidies through the Fatstock Guarantee Scheme.

Many visitors have been shown around the abattoir during 1971 coming from many countries overseas including Africa and Japan. There have been veterinary officers, architects, trade missions and Government Officials interested in abattoir construction and slaughtering.

During the year the abattoir has again been a training centre for student public health inspectors from many local authorities, students from the Aston University degree course and two London technical colleges. Veterinary students from Bristol and Liverpool Universities have also attended for practical meat inspection training.

During 1971 19 slaughtermen were licensed in accordance with the Slaughter of Animals Act 1958. Of these, 8 licences were issued to Mohammedan slaughtermen who provide meat for consumption by persons belonging to the Mohammedan religion. The animals slaughtered by these slaughtermen are first stunned with the Electrothaler Tongs so that they are unconscious when slaughtered.

In January 1970, the Borough Council applied to the Ministry of Agriculture, Fisheries and Food for a licence to slaughter for export to the E.E.C. countries and other countries. The requirements under export Regulations are very exacting and a high standard in all respects must be maintained. Various improvements were carried out and as a result of an inspection by officers of the Ministry of Agriculture, a licence to export lambs to Switzerland was obtained on the 15th March, 1971.

A licence to export to France, Holland, West Germany and Sweden was granted on the 7th July, 1971. West Germany's standards are higher than any other country in Europe, therefore approval to export to West Germany includes approval for any other country, with the exception of the United States of America.

The total export carried out at the abattoir up to 31st December, 1971 was as follows:-

198 sows	to Belgium
120 sows	to France
500 lambs	to Switzerland

This was not a large amount but export has been restricted by the amount of chilling space available for this purpose.

Several approaches have been made by firms requiring export slaughtering but far in advance of the number of animals which could be kept in the existing lairage overnight, as required by the Regulations, and in excess of the chilling room accommodation available. It is necessary to use one chilling room expressly for this purpose, and no other meat can be stored in it. The period of chilling necessary for export purposes is 48 hours. Therefore it can be seen that one chilling room or more would be required for this purpose every day of the week if export slaughtering is to be encouraged.

The following tables compare the throughput in terms of cattle units between October and December 1970 and 1971.

The tables show the number of working days in each month and the number of days on which 70 cattle units, 105 cattle units, 140 cattle units and 175 cattle units were slaughtered. The abattoir is equipped with two chilling rooms, each with a capacity of 35 cattle units. The insufficiency of chilling space can therefore be appreciated. During November and December 1971 there were three days on which the throughput was over 210 cattle units and on one day in December equalled 315 cattle units (capacity of 9 chilling rooms).

1970

<i>Month</i>	<i>No. of working days</i>	<i>70 units</i>	<i>105 units</i>	<i>140 units</i>	<i>175 units</i>
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

1971

<i>Month</i>	<i>No. of working days</i>	<i>70 units</i>	<i>105 units</i>	<i>140 units</i>	<i>175 units</i>	<i>210 units</i>	<i>315 units</i>
October	23	2 days	13 days	7 days	1 day	—	—
November	24	3 days	13 days	4 days	2 days	2 days	—
December	20	4 days	8 days	4 days	2 days	1 day	1 day
TOTALS	67	9 days	34 days	15 days	5 days	3 days	1 day

This does not include the chilling of offal which is invariably left hanging in the slaughterhalls. This too has been another reason why customers have not brought their business to the abattoir.

In December 1971 there were only 38 slaughterhouses authorised for export in England and Wales, of which 7 were owned and operated by local authorities. There is no other slaughterhouse authorised for export within a forty miles radius of Slough.

It will be seen therefore that due to the high standard required for export purposes the number of authorised slaughterhouses is not likely to increase upon entry into the Common Market, but rather the opposite !

Eventually there will be one standard for domestic consumption and export.

Due to a low throughput to date the abattoir has operated at a considerable financial loss. In turn this is due to the inadequate facilities at each end of the slaughterhall e.g. lairage and cooling rooms.

In order to attract increased use of the abattoir whether for the export or home market there must be ample provision for animals before slaughter and for the chilling of carcasses and offal afterwards. All other facilities at the abattoir are sufficient.

On the present rate of throughput it is unnecessary to use more than one slaughtering line at a time. The ultimate aim would be to use all three lines simultaneously.

SECTION 'E'

CLEAN AIR

Following European Conservation Year in 1970, public interest in the subject of the environment has increased during 1971. More publicity has been given to the various forms of pollution which exist in this country.

The main pollutants in the air are smoke and sulphur dioxide. During recent years local authorities have been responsible for a considerable reduction in the amount of these pollutants in the air. This has mainly been achieved by the making of Smoke Control Orders and the use of smokeless fuels together with requiring higher new industrial chimneys particularly where heavy fuel oil is used.

Air pollution from motor vehicles is soon to be controlled in the United States where legislation will require a much cleaner exhaust gas than that now being emitted from motor vehicles. The modification necessary to the engine of the vehicle to obtain a cleaner exhaust gas costs money and one wonders how long it will be before legislation will be passed in this country to clean up our motor vehicle exhausts.

Industrial

New legislation which came into operation during 1971 included the Clean Air (Emission of Grit and Dust from Furnaces) Regulations 1971 and the Clean Air (Measurement of Grit and Dust from Furnaces) Regulations 1971. The former Regulations prescribe specific limits to the quantities of grit and dust which may be emitted from certain furnaces. The latter Regulations prescribe the requirements to be observed in recording measurements of grit and dust emitted from certain furnaces.

During the year some large firms have converted their boiler installations to burn natural gas instead of heavy oil. This change-over results in smokeless emissions without sulphur dioxide, thus reducing the atmospheric pollution considerably. An increasing proportion of the new appliances installed are designed to burn natural gas.

The department operates a scheme of Prior Approval in respect of the installation of new furnaces for industrial and commercial premises. Under the scheme the occupier of the premises submits his proposals for a new furnace for approval by the department in accordance with the requirements of the Clean Air Act. This scheme is voluntary but most firms avail themselves of this service as it provides them with confirmation that the furnace will operate smokelessly in accordance with Section 3 of the Clean Air Act 1956.

Under the Clean Air Act 1968 it is necessary for the approval of the height of new chimneys except those serving very small furnaces, and where applicable, the approval of the type of grit and dust arrestment plant to be obtained from the local authority before the new furnaces are commissioned. The new chimney heights are calculated in accordance with the sulphur dioxide emission — the greater the emission the higher the chimney. Most large furnaces use heavy oil containing a higher percentage of sulphur as fuel consequently the chimneys for such plant are much higher than those for similar plant installed before the passing of the Clean Air Act.

Domestic

Following unavoidable set-backs in the smoke control programmes caused by the shortage of solid smokeless fuel during 1970, the fuel supplies situation returned to normal and the Borough of Slough No. 14 Smoke Control Order was made by the Council in November 1971. This Order will come into operation on 1st November, 1972. Although the cost of adaptation to firegrates for individual houses is increasing owing to higher costs of appliances and labour, this is largely balanced by the fact that more householders already use one of the authorised smokeless fuels and consequently do not require any work to be executed.

One breakthrough which has occurred recently is the introduction of a specially designed room heater which will burn coal smokelessly. This room heater has been approved for use in smoke control areas provided the recommended grade of coal is burned.

Grants amounting to 70% of the reasonable cost of necessary adaptations to firegrates are payable by the Council to householders in Smoke Control Areas. The Council is able to recover 40% of the approved cost from the Exchequer so that the cost of the work is apportioned as follows:-

Householder 30%	Council 30%	Exchequer 40%
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At the end of 1971 13 Smoke Control Orders were in operation within the Borough, details of which are shown in the following tables:-

PROGRESS OF SMOKE CONTROL AREAS

<i>Smoke Control Order No.</i>	<i>Date of Operation</i>
1	1st December 1961
2	1st September 1962
3	1st December 1962
4	1st September 1963
5	1st November 1963
6	1st September 1964
7	1st July 1965
8	1st December 1965
9	1st September 1966
10	1st June 1967
11	1st June 1968
12	1st November 1968
13	1st September 1970

DETAILS OF SMOKE CONTROL AREAS

<i>Smoke Control Order No.</i>	<i>Houses</i>	<i>Classes of Buildings</i>			<i>Total</i>	<i>Area in Acres</i>
		<i>Commercial</i>	<i>Industrial</i>	<i>Other</i>		
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

Measurement of smoke and sulphur dioxide continued to be made throughout the year at the following sites:-

Horsemoor Green School, Common Road, Langley

Pest Infestation Laboratory, London Road, Slough

Public Library, William Street, Slough

34, Salisbury Avenue, Slough

Coopers Mechanical Joints, Liverpool Road, Slough

These sites are visited daily by members of the Clean Air Section of the department. The results are forwarded to the Department of Trade and Industry and are later published in their bulletin.

The average ground level concentration of smoke in the United Kingdom during 1970-71 was 19.7% lower than that for 1968-69 and 58.4% lower than for 1960-61. Equivalent figures for sulphur dioxide are 10.8% and 26.7%. These figures represent a considerable reduction in air pollution in recent years.

During the morning of Christmas Eve when the traffic congestion was heavier than usual tests were made to ascertain the carbon monoxide present in the air at the two multi-storey car parks and the Wellington Street/William Street roundabout. The apparatus used showed at the time that there were 5 — 10 parts per million carbon monoxide in the air at the multi-storey car parks and 10 — 15 parts per million at the roundabout. These amounts are considered to be harmless.

Administration

All work relative to clean air is carried out by a specialist public health inspector who has additional qualifications in air pollution control and boilerhouse practice. He is in charge of a 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 at Folkestone in October.

SECTION 'F'

OFFICES AND SHOPS

Offices, Shops and Railway Premises Act, 1963

A total of 1,020 premises were registered with the local authority at 31st December, 1971. Statistical details relating to these premises are given in the tables that follow.

H.M. Inspectors of Factories enforce the 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 are enforced by Fire Authorities, H.M. Inspectors of Factories or H.M. Inspectors of Mines and Quarries.

Routine inspections revealed a similar pattern of contraventions of the provisions of the Act as noted in previous years, generally they were not of a serious nature, and enforcement of the Act has continued by way of advice and warning rather than by legal proceedings.

<i>Subject</i>	<i>Number of Contraventions Found</i>
Cleanliness (section 4)	65
Overcrowding (section 5)	3
Temperature (section 6)	38
Ventilation (section 7)	18
Lighting (section 8)	13
Sanitary Conveniences (section 9)	47
Washing Facilities (section 10)	23
Supply of Drinking Water (section 11)	2
Accommodation for Clothing (section 12)	1
Sitting Facilities and Seats for Sedentary Workers (sections 13 and 14)	3
Floors, Passages and Stairs (section 16)	18
Dangerous Machinery (sections 17, 18 and 19)	2
First Aid (section 24)	62
Information for Employees (section 50)	52
Notification of Employment of Persons (section 49)	14
Failure to Notify Accidents	1
Hoists and Lifts Regulations	3
TOTAL	365

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 1971 was 34 which showed an increase of 11 over 1970. I am pleased to record that no fatal accidents were notified during the year.

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

<i>Class of Premises</i>	<i>Number Registered</i>
Offices	344
Retail Shops	571
Wholesale Shops, Warehouses	36
Catering Establishments open to the Public, Canteens	68
Fuel Storage Depots	1
Total number of Registered Premises at end of Year	1,020
Number of Visits to Registered Premises	561
Number of Registered Premises receiving a General Inspection	276

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

<i>Persons employed by Workplace Class of Workplace</i>	<i>Number of Persons</i>
Offices	6,345
Retail Shops	4,061
Wholesale departments, Warehouses	736
Catering Establishments open to the public	633
Canteens	98
Fuel storage depots	7
TOTAL	11,880
TOTAL MALES	5,667
TOTAL FEMALES	6,213

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

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Departments, Warehouses</i>	<i>Catering Establishments open to the Public, Canteens</i>	<i>Fuel Storage Depots</i>
Machinery	—	2	—	—	—
Transport	—	3	—	—	—
Falls of person	2	5	1	1	—
Stepping on or striking against object or person	—	1	1	—	1
Handling Goods	—	5	1	—	—
Struck by falling object	—	4	—	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	6	—	—	—
Not otherwise specified	1	—	—	—	—
TOTALS	3	26	3	1	1

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

	<i>Reported fatal accidents</i>	<i>Reported non-fatal accidents</i>	<i>MALES</i>		<i>FEMALES</i>	
			<i>Adults</i>	<i>under 18 years</i>	<i>Adults</i>	<i>under 18 years</i>
Offices	—	3	1	—	2	—
Retail shops	—	26	17	3	5	1
Wholesale shops, Warehouses	—	3	3	—	—	—
Catering establishments open to the public	—	1	—	—	1	—
Canteens	—	—	—	—	—	—
Fuel storage depots	—	1	1	—	—	—
TOTALS	—	34	22	3	8	1

SECTION 'G'

FACTORIES

At the end of 1971 there were some 568 factories on the Council's register of factories, the majority of them situated within the Slough Trading Estate boundaries. The factories vary greatly both in the size of the premises and in the processes carried out. They range from large food manufacturing and engineering plants to a number of small factories employing less than a dozen operatives.

The vast majority of these factories are designated as power factories, that is, where mechanical power is used and as such the only provisions of the Factories Act 1961 administered by the local authority are those regarding the provision, suitability and maintenance of sanitary accommodation; all other requirements of the Act are enforced by H.M. Factory Inspectorate with whom the department has close contact at all times.

There is, however, a small number of non-powered factories, that is to say, premises where mechanical power is not used and at these premises the local authority is responsible for administering the requirements of the Factories Act regarding cleanliness, overcrowding, temperature and ventilation in addition to those regarding sanitary accommodation. The following tables give information as to the number of factories, inspections and contraventions etc.

In addition to the requirements of the Factories Act all factories where food is handled or processed and all factory canteens are regularly inspected for compliance with the Food Hygiene (General) Regulations 1960. Similarly, boiler plants, incinerators and other installations covered by Clean Air legislation are inspected regularly. All complaints concerning public health nuisances, including smoke nuisances and noise from factories are investigated following which any action is taken.

Outworkers

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. These people usually work at home. In recent years the number of outworkers in this town has considerably decreased and because of the general improvement in housing conditions over the past few years the working conditions of outworkers have obviously improved.

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

INSPECTION OF FACTORIES

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		<i>Occupiers Prosecuted</i>
		<i>Inspections</i>	<i>Written Notices</i>	
1. Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority	19	13	1	—
2. Factories not included in 1. in which Section 7 is enforced by the Local Authority	537	259	9	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	12	17	—	—
TOTAL	568	289	10	—

IMPROVEMENTS EFFECTED AT FACTORIES

Particulars	Number of cases in which defects were found				No. of cases in which Prosecutions were Instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilations (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary conveniences (S.7)					
(a) insufficient	3	3	—	—	—
(b) unsuitable or defective	10	8	—	2	—
(c) not separate for sexes	—	—	—	—	—
Other offences against Act (not including offences relating to outworkers)	—	—	—	—	—
TOTAL	16	14	—	2	—

SECTION 'H'

PEST CONTROL

Three rodent operators are employed in the pest control section of the department, and, as their title implies, they are mainly concerned with the destruction of rats and mice, although there is an increasing demand on their services for the destruction of other pests, including wasps, flies, fleas, bed bugs, cockroaches, mites and feral pigeons.

A total of 308 wasps nests were dealt with during the year, compared with 163 during 1970.

Annual Agreement Scheme and School Kitchens

Regular visits are made by the operators and where necessary pest control work carried out at 100 business premises within the Borough and 34 school kitchens.

Workable Area Committee

Public Health Inspectors and rodent operators attend twice yearly meetings of the South Bucks and East Berks Workable Area Pest Control Committee. These meetings permit a useful exchange of ideas, experiences and problems for all who are engaged in pest control work.

Rodent Control

The section has continued to use warfarin for the eradication of rats as there is no evidence as yet of rats in this area developing immunity to this form of anti-coagulant.

The same material has been used against mice but there have been a number of instances where mice appear to be warfarin resistant. In these cases an alternative alpha-chloralose has been used effectively. This is only recommended for use indoors and is most successful where the temperature is fairly low and other food is not available.

Excluding those associated with the Annual Agreement Scheme, 1,312 properties were inspected following notification of alleged infestations of rats and mice and of this number some 1,066 were found to be infested and treated accordingly.

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.

Other Pests

Complaints were received of pests other than rodents and disinfestation was carried out as follows:-

Wasps — 308, ants — 21, fleas — 14, bed bugs — 4, cockroaches — 5,

beetles — 3, mites — 1.

SECTION 'I'

MISCELLANEOUS

Noise

Complaints continue to be received alleging noise nuisances. Some of these are associated with the considerable redevelopment work in progress in the town. Adequate noise control measures are unfortunately not always fully realised by contractors and hardly ever by the workmen who operate the appliances which often give rise to such complaints. Usually these matters are put right after an informal approach.

Noise Insulation Grants Scheme

The Borough Council acts as agents for the British Airports Authority in administering a scheme whereby residents can be grant aided in their efforts to reduce the effect of aircraft noise caused by the proximity of Heathrow Airport.

In Slough only the Langley Ward of the Borough is covered by the scheme. Certain residents in this area are eligible for a grant of up to £150 towards the cost of soundproofing their houses. The main qualifications regarding eligibility for grant are:-

- (a) the construction of the dwelling must have been completed before 1st January 1966;
- (b) the applicant must have been entitled to the occupation or ownership of the dwelling on 1st January, 1966; and
- (c) the dwelling must be situated within the Langley Ward.

A number of enquiries are received from persons who fail to qualify for the grant because of one of the above conditions. Bearing in mind the fact that the Scheme has been in operation for 6 years up to the end of 1971 the number of applications approved for grant (673) represents a very small percentage of the people entitled to a grant. There was, however, an increase of approximately 36% in the number of applications approved during 1971 compared with the previous year.

Most of the soundproofing work carried out for grant has been done by one contractor who has been canvassing the area. The majority of the applicants are owner-occupiers. It is understood that several of the tenants of local authority-

owned houses who were paid grants under the Scheme were contemplating or had already commenced negotiations for purchasing their houses. So far, no application for a soundproofing grant has been received from a landlord in respect of a tenanted house.

In order to qualify for a grant the windows must be double-glazed to the British Airports Authority Specification and an approved ventilator unit installed in each room.

Most householders have sufficient soundproofing work carried out to enable them to qualify for the maximum grant of £150. This usually amounts to three rooms.

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

Enquiries	171
Applications	219
Approved	214
Paid	204

Applications for grant can be received up until 31st December, 1972, and all the work must be completed by 31st December, 1973.

Drinking Water

Twenty-five samples of drinking water were submitted for bacteriological examination. They included a private supply in a local factory. The rest were from various locations of the town's main supply including the Municipal Abattoir. All samples were satisfactory.

Swimming Pools

Some 46 samples of swimming pool water were examined chemically and bacteriologically during the year.

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. By the use of suitable equipment for this purpose tests were carried out on swimming pool water from the Lido, Community Centre, and school pools, the results being generally satisfactory.

A swimming pool in one of the local schools (Licensed Victuallers) suffered a breakdown of purification plant. Although there was no immediate or obvious danger to the health of the children using it the district public health inspector considered it prudent to advise that it be closed until such time as the plant could be brought back into effective use to maintain the required level of free chlorine and the pH value. The incident occurred in the summer months and the pool was later re-opened and was working satisfactorily.

Education

From time to time members of the staff give talks to groups of people on various subjects dealt with in the department. Such groups include food handlers on catering courses either at Slough College or those organised by private companies, state registered nurses, midwives, student nurses, various women's guilds etc. Two favourite subjects are food hygiene and air pollution.

One such talk to a group of immigrant women whose knowledge of the English language was negligible was given with the assistance of an interpreter. It is not known whether the advice on smokeless fuels in smoke control areas was fully appreciated because it is known that many immigrants heat their homes by gas, electricity, or paraffin heaters. An interesting point arose during the discussion on food hygiene when it became apparent that there was an almost unanimous criticism by the women against their own butchers' shops.

This work involves members of the staff in out-of-office hours but it is somewhat rewarding since it does assist in publicising the department's environmental health aspects.

Hairdressers

At the end of the year there were seventy-one hairdressers registered under Section 82 of the Buckinghamshire County Council Act 1957. Conditions found in these premises were very satisfactory.

Offensive Trades

There was one offensive trade operating within the Borough with consent under the Public Health Act 1936. Inspection showed that the business was operated satisfactorily.

COMMITTEE FOR EDUCATION

January – May 1971

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

May – December 1971

Chairman:

ALDERMAN J.B. McSWEENEY

Vice-Chairman:

ALDERMAN J. RIGBY

ALDERMAN W.C. WEST
COUNCILLOR G. BROOKER
COUNCILLOR W.B. CRANSTON
COUNCILLOR R.F. EVERETT
COUNCILLOR A.G. FISHER
COUNCILLOR P.W.F. FOX
COUNCILLOR I.A. GRANT
COUNCILLOR T.J.C. HURLEY

COUNCILLOR K. KERSHAW
COUNCILLOR L.J. LAWLESS
COUNCILLOR C.D. MERRILLS
COUNCILLOR W. PARNHAM
COUNCILLOR MISS K.A.V. SHEEHY
COUNCILLOR J.S. WEST
COUNCILLOR W.J.K. WHITE

Borough Education Officer:

C.S. SMYTH, B.A.

Staff Engaged in Medical Inspections during 1971

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

School Medical Officers: AUDREY MYANT, M.B., B.S., M.R.C.P.,
D.P.H.
ANDREW 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.
ANNE D.T. BISHOP, M.B., B.Chir,
B.A.O., D.C.H.

Ophthalmic Surgeon:

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

*Child Guidance and Crisis Consultation Service:**Psychiatrists:*

VERA A. WILKINSON, M.B., ChB., D.P.M.
ELIZABETH F. BROWN, B.M., B.Ch., D.P.M.

Educational Psychologists:

MRS. E. THORNE
MR. J.C. QUICK (resigned Oct. 71)
MRS. U.M. WALL-GALLUSSER
MRS. E. MARSHALL

Psychotherapists:

MRS. I. WELLIN
MRS. M. WOOD (appointed Nov. 71)

Therapeutic Teacher:

MRS. D. PHILLIPS

Psychiatric Social Workers:

MRS. M. PAGE

MRS. H. BLANK

MRS. W. BENNELL

Social Worker:

MRS. F. ALLEN (P/T)

*School Dental Surgeons:**Area Dental Officers:*

MR. H.R. RIPPON, L.D.S.

Dental Officers:

MRS. L. LEVY, L.D.S.

MR. F.M. ARMOUR, B.D.S.

MRS. P.A. TURNER

MRS. E. PROSSER

MRS. S. BROWN

Orthodontist:

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

Dental Auxiliary:

MRS. E.M. BROWN

Senior Speech Therapist:

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

Speech Therapists:

MISS S.V. PYE

MRS. B.M. CLIFTON (appointed April 71)

Remedial Gymnast:

MISS J. GARSCADDEN

Area Superintendent Health Visitor:

MISS M.F. WELLER

Area Chiropodist:

S.J. HAMMETT, M.Ch.S., S.R.Ch. (appointed 16.8.71)

ANNUAL REPORT

OF

THE SCHOOL HEALTH SERVICE, 1971

This is the ninth 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

	<i>January 1970</i>	<i>January 1971</i>
Nursery Schools	592	
Full time ...		104
Half time ...		508
Primary Schools	8,714	8,687
Secondary Schools — Modern ...	4,439	4,523
Technical, Grammar and High	3,124	3,169
Special Day School	182	174
	17,051	17,165

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

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS — 1971**

TABLE NO. 1

PUPILS REQUIRING TREATMENT
(excluding Dental Diseases and Infestation with Vermin)

<i>Age Groups Inspected (by year of birth)</i>	<i>No. of Pupils Inspected</i>	<i>For Defective vision (excluding squint)</i>	<i>For any other condition as recorded in Table 2</i>	<i>Total Individual Pupils</i>
1967 & later	430	5	20	17
1966	653	7	48	44
1965	819	13	77	71
1964	63	3	8	7
1963	31	—	2	2
1962	12	—	2	2
1961	103	3	7	6
1960	488	12	20	31
1959	38	—	—	—
1958	7	—	—	—
1957	137	4	7	7
1956 & earlier	425	14	11	23
TOTAL	3,206	61	202	210

INFESTATION WITH VERMIN

All cases of vermin, 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	1971
(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,835	22,488	21,444	15,439
(b) Total number of individual pupils found to be infested	65	52	78	60
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	—	12	17	26
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(2), Education Act 1944)	—	—	—	—

OTHER MEDICAL INSPECTIONS

A special medical inspection is one 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	1971
Number of special inspections	1,161	2,225	1,188	379
Number of re-inspections	1,579	1,362	2,090	3,334
	<u>2,740</u>	<u>3,587</u>	<u>3,278</u>	<u>3,713</u>

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 examination.

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS						TOTAL	
		ENTRANTS		LEAVERS		OTHERS			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	4	20	2	4	—	4	6	28
5	Eyes —								
	(a) Vision	25	74	19	25	17	18	61	117
	(b) Squint	2	3	—	—	—	2	2	5
	(c) Other	—	1	—	—	—	—	—	1
6	Ears —								
	(a) Hearing	9	197	—	31	3	31	12	259
	(b) Otitis Media	6	26	—	1	—	3	6	30
	(c) Other	—	2	—	2	—	—	—	4
7	Nose and throat	5	87	—	3	—	15	5	105
8	Speech	23	64	—	1	—	1	23	66
9	Lymphatic Glands	—	3	—	—	—	—	—	3
10	Heart	—	38	—	7	—	1	—	46
11	Lungs	2	34	4	4	1	13	7	51
12	Development —								
	(a) Hernia	3	10	—	—	—	2	3	12
	(b) Other	1	47	—	5	—	18	1	70
13	Orthopaedic —								
	(a) Posture	1	6	3	4	—	4	4	14
	(b) Feet	44	45	2	6	7	4	53	55
	(c) Other	3	9	1	4	—	2	4	15
14	Nervous System —								
	(a) Epilepsy	—	5	—	3	—	4	—	12
	(b) Other	5	56	1	4	6	14	12	74
15	Psychological —								
	(a) Development	4	41	1	4	2	21	7	66
	(b) Stability	3	35	1	6	3	20	7	61
16	Abdomen	1	7	—	3	—	4	1	14
17	Other	—	29	—	13	—	13	—	55

TABLE NO. 3
SPECIAL INSPECTIONS

DEFECT CODE NO.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		PUPILS REQUIRING TREATMENT	PUPILS REQUIRING OBSERVATION
4	Skin	—	14
5	Eyes —		
	(a) Vision	29	91
	(b) Squint	2	21
	(c) Other	—	6
6	Ears —		
	(a) Hearing	41	377
	(b) Otitis Media	—	10
	(c) Other	—	2
7	Nose and throat	4	64
8	Speech	24	53
9	Lymphatic Glands	—	—
10	Heart	1	33
11	Lungs	3	54
12	Developmental		
	(a) Hernia	1	5
	(b) Other	6	45
13	Orthopaedic		
	(a) Posture	8	24
	(b) Feet	21	94
	(c) Other	1	28
14	Nervous System		
	(a) Epilepsy	—	11
	(b) Other	3	73
15	Psychological		
	(a) Development	4	125
	(b) Stability	8	110
16	Abdomen	—	8
17	Other	1	83

The following four tables, A, B, C and D list the defects requiring treatment or observation which were found during periodic and special medical inspections in 1969, 1970 and 1971

TABLE A
PERIODIC INSPECTIONS – ENTRANTS

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS – ENTRANTS					
		1969		1970		1971	
		(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	3	13	1	19	4	20
5	Eyes –						
	(a) Vision	25	18	27	48	25	74
	(b) Squint	7	11	6	6	2	3
	(c) Other	—	—	1	—	—	1
6	Ears –						
	(a) Hearing	57	56	65	102	9	197
	(b) Otitis Media	4	5	1	5	6	26
	(c) Other	1	1	1	—	—	2
7	Nose and throat	8	32	7	43	5	87
8	Speech	24	15	31	28	23	64
9	Lymphatic Glands	—	5	—	1	—	3
10	Heart	—	14	2	29	—	38
11	Lungs	2	17	—	23	2	34
12	Development –						
	(a) Hernia	1	4	4	1	3	10
	(b) Other	5	53	4	43	1	47
13	Orthopaedic –						
	(a) Posture	5	1	5	7	1	6
	(b) Feet	22	19	44	28	44	45
	(c) Other	5	6	5	13	3	9
14	Nervous System –						
	(a) Epilepsy	—	5	—	8	—	5
	(b) Other	1	8	4	23	5	56
15	Psychological –						
	(a) Development	8	23	5	23	4	41
	(b) Stability	5	13	7	19	3	35
16	Abdomen	—	—	—	1	1	7
17	Other	1	11	1	11	—	29

TABLE B
PERIODIC INSPECTIONS – LEAVERS

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS – LEAVERS					
		1969		1970		1971	
		(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	7	8	1	4	2	4
5	Eyes –						
	(a) Vision	24	22	10	21	19	25
	(b) Squint	—	1	—	—	—	—
	(c) Other	—	—	—	—	—	—
6	Ears –						
	(a) Hearing	42	14	51	12	—	31
	(b) Otitis Media	1	1	—	—	—	1
	(c) Other	—	1	—	—	—	2
7	Nose and throat	3	2	3	3	—	3
8	Speech	2	1	—	—	—	1
9	Lymphatic Glands	—	—	—	1	—	—
10	Heart	1	2	1	5	—	7
11	Lungs	1	1	1	8	4	4
12	Development –						
	(a) Hernia	—	—	—	—	—	—
	(b) Other	—	4	2	5	—	5
13	Orthopaedic –						
	(a) Posture	5	3	2	3	3	4
	(b) Feet	9	4	2	8	2	6
	(c) Other	2	11	3	3	1	4
14	Nervous System –						
	(a) Epilepsy	—	1	—	7	—	3
	(b) Other	—	2	3	4	1	4
15	Psychological –						
	(a) Development	2	2	3	2	1	4
	(b) Stability	1	—	6	14	1	6
16	Abdomen	—	—	—	—	—	3
17	Other	1	15	2	16	—	13

TABLE C
PERIODIC INSPECTIONS – OTHERS

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS – OTHERS					
		1969		1970		1971	
		(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	4	13	—	10	—	4
5	Eyes —						
	(a) Vision	32	37	8	28	17	18
	(b) Squint	3	1	1	6	—	2
	(c) Other	—	—	—	—	—	—
6	Ears —						
	(a) Hearing	39	21	37	38	3	31
	(b) Otitis Media	—	3	1	—	—	3
	(c) Other	—	—	—	1	—	—
7	Nose and throat	1	6	5	14	—	15
8	Speech	5	5	1	4	—	1
9	Lymphatic Glands	—	—	—	—	—	—
10	Heart	1	15	—	8	—	1
11	Lungs	2	6	1	15	1	13
12	Development —						
	(a) Hernia	—	3	—	1	—	2
	(b) Other	12	24	2	6	—	18
13	Orthopaedic —						
	(a) Posture	8	5	4	2	—	4
	(b) Feet	23	16	12	10	7	4
	(c) Other	5	5	1	13	—	2
14	Nervous System —						
	(a) Epilepsy	—	4	—	—	—	4
	(b) Other	9	8	4	13	6	14
15	Psychological —						
	(a) Development	8	13	6	12	2	21
	(b) Stability	8	15	6	15	3	20
16	Abdomen	—	—	—	6	—	4
17	Other	3	21	1	9	—	13

TABLE D
PERIODIC INSPECTIONS — SPECIALS

DEFECT CODE NO.	DEFECT OR DISEASE	PERIODIC INSPECTIONS — SPECIALS					
		1969		1970		1971	
		(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	8	30	3	32	—	14
5	Eyes —						
	(a) Vision	78	125	76	135	29	91
	(b) Squint	22	17	14	14	2	21
	(c) Other	1	4	1	4	—	6
6	Ears —						
	(a) Hearing	276	184	185	267	41	377
	(b) Otitis Media	13	9	3	4	—	10
	(c) Other	1	2	—	2	—	2
7	Nose and throat	31	54	29	63	4	64
8	Speech	63	64	35	65	24	53
9	Lymphatic Glands	1	13	—	—	—	—
10	Heart	6	31	2	39	1	33
11	Lungs	18	48	9	65	3	54
12	Development —						
	(a) Hernia	3	5	—	1	1	5
	(b) Other	31	66	8	72	6	45
13	Orthopaedic —						
	(a) Posture	16	17	17	31	8	24
	(b) Feet	57	109	34	99	21	94
	(c) Other	19	29	7	36	1	28
14	Nervous System —						
	(a) Epilepsy	3	6	1	9	—	11
	(b) Other	18	30	12	60	3	73
15	Psychological —						
	(a) Development	50	87	39	70	4	125
	(b) Stability	54	101	34	142	8	110
16	Abdomen	4	7	1	11	—	8
17	Other	12	115	6	68	1	83

REPORT OF THE REMEDIAL GYMNAST — Miss J. Garscadden

During the year work continued on the same lines as previous years but there had to be further curtailment in the number of children receiving weekly treatment. Secondary schools and the Evelyn Fox School were the ones affected by this need, most of them getting monthly supervision only. There are now more handicapped children requiring help, in particular one child with spina bifida who is still very immobile. It is expected that an additional Remedial Cymnast will be appointed.

The total number of children requiring treatment is again a little greater, as is shown below:-

	1968	1969	1970	1971
Total number treated by Remedial Gymnast	438	460	462	449
Total number treated by School Staff		16	18	16
Total number of new cases referred	170	165	160	134
Total number discharged or left district	141	128	134	90

Summary of Cases Referred:-

For foot and knee defects	300	306	329	305
For postural defects	70	79	78	74
For asthma and other chest conditions	56	61	52	44
For neurological conditions	12	14	15	19

As usual, parents have been advised of need for treatment and invited to attend a treatment session but only 41 were able to attend. Much support is given in school to assist regular classes and I am grateful to the Head Teachers, School Matrons, and other ancillary helpers for their co-operation and help with this.

CHIROPODY SERVICE

Chiropodial treatments, at present consisting mainly of treatment for verucca pedis continued to be available in some selected secondary schools in the area. For most of the year this was provided by one chiropodist employed on a sessional basis

and one full-time staff who was responsible for both High Wycombe and Slough area. However, in August, Mr. S.J. Hammett was appointed as Area Chiropodist to the Slough area and he was able to devote much more time to school visiting and treatments. During 1971 a total of 1,757 treatments were given in schools in the area.

The chiropodists are very concerned about the damage being done to young feet by badly fitting shoes, socks and stockings. There can be no doubt that the great majority of foot conditions begin in childhood. One problem is that children rarely complain of pain when this is happening, because the bones of the feet are at that age soft and pliable and thus easily moulded. This results in too many teenagers tottering into their twenties with unnecessary foot deformities. Realising the importance of foot health education, a full-time chiropodist is now spending much more time trying to educate both children and their parents on the importance of correctly fitting footwear. Unfortunately, far too few shoe retailers make a serious attempt to provide an adequate fitting service to back-up a foot health education programme.

SPEECH THERAPY

South Bucks Area

During the year 358 children with speech and language defects have been treated. Over 50% have been primarily cases of articulation disorders. Therapy sessions have been held at three Health Clinics, three special schools and many infant and primary schools. Accommodation in some schools has proved difficult and this has been overcome in one instance by using the County mobile speech therapy van, and in other cases by getting the children and parents to travel to a Health Clinic. There is no doubt that poor accommodation in terms of noisy surroundings and disturbances caused by other people using the same room makes good treatment difficult. Advice and guidance to parents and teachers has been the main theme of therapy at the Evelyn Fox School and the Unit for Non-Communicating Children.

One hundred and twenty-two new cases have been referred during the year and of these 44 were of pre-school age. The sooner children are referred the better, as this makes it possible for therapy to be completed in most instances before the children start school. A child unable to express himself because of a poor language ability and/or unintelligible speech is at a serious disadvantage when starting school. Health Visitors have been helpful in reporting pre-school cases. Family doctors have also been alerted to the necessity for early referral but there is still a need for more pre-school referrals.

For the last eight months of the year there have been four therapists working in the South Bucks area, equivalent to three full-time appointments. A waiting list of cases had built up in the early part of the year because of shortage of staff but the list was eventually absorbed. The Department benefitted from the new ideas and approaches brought by an Australian therapist and a therapist who had previously worked in the hospital service.

Stammering Groups

Group treatment sessions were set up for secondary school stammerers during the holidays. This proved an excellent method of dealing with these sometimes intractable cases. Shortage of staff did not permit these groups to be held in term time and there is a need for group treatment throughout the year.

Intensive Therapy

Ten children from Ryvers Infants and Junior School, of age range 5 — 11 years, with articulation, delayed language and stammering defects have been given therapy daily over a period of six weeks. The children were assessed before and after the intensive therapy and two years' improvement was noted in articulation age and one year in language age. The children were assessed again after a three month interval with no treatment and were found to have maintained the improvement in articulation except for the two very severe cases whose articulation age had decreased by six months. The language age of the children has continued to increase, except for the same two severe cases.

Of the dyslalic group all children involved made a definite improvement of approximately two years in articulation over the period of therapy. Language and vocabulary also showed an upward trend. After the three month period with no therapy, there was a minimal drop-off in scores.

From this small sample of speech defective children, it would appear that the ones with articulation defects benefit the most. Further experiments with this type of treatment should be made. The advantages of this intensive therapy are that children miss less schooling, there is very good liaison with teachers, the accommodation problem is solved by using the mobile speech therapy van and with certain defects the response to treatment is quicker. The main disadvantages are the difficulty in finding enough children with suitable defects in any given location at any one time and the necessity of having adequate numbers of staff to run the scheme.

PARTIALLY HEARING UNIT

(Mr. E.W. Heard)

The number of children suspected of having defective hearing which could be detrimental to educational progress continues to be high. This is a sign that parents and schools are becoming more aware of the problem and its subsequent effects.

During 1971 more immigrant children were referred than in previous years but generally it would appear that their poor articulation and inability to communicate in English are greater problems than having limited hearing.

The Unit continued to work closely and amicably with the E.N.T. Departments of the local hospitals and many fruitful discussions took place.

During the year 20 children were prescribed hearing aids and there are now 86 children (52 boys and 34 girls) provided with aids.

	Boys	Girls
Pre-school	2	—
Infants	—	—
Junior	11	8
Secondary	19	12
Selective Secondary	4	7
Special Schools	16	7

Parent co-operation regarding the servicing of hearing aids is not good. Several children have been provided with new Medresco post-aural hearing aids (OL67) for which service can only be provided by the Hearing Aid Department at the local hospital and it is becoming increasingly difficult to get parents to take these aids for servicing. Consequently, the children concerned are often without a hearing aid for several weeks.

In addition to treatment and help provided for school children, auditory training and parent guidance have been given for five pre-school children at their respective homes.

Since my last report the staffing problem has not improved, and each year there is increasing concern as places will be needed for a number of infants. Although this is a national and not a local problem this report must express concern at the unsatisfactory local situation.

BIRCHFIELD SCHOOL

(for cerebral palsied Children)

Miss P.R. Brooks — Head Teacher

From 1st April, 1971, the administration of Birchfield School passed from the Health Department to the Education Department. Twenty-two children were attending at the end of the year; two of them on a part-time basis. In addition, two children attended regularly as out-patients. Three children came from Berkshire.

As each cerebral palsied child has its own very specific problems and disabilities he requires much individual attention for his educational needs. These are catered for by the educational, physiotherapy, speech therapy and other staff and also by visiting places of particular interest. By this means the child is given the opportunity to make-up for the limited experience which he is able to attain by reason of his physical handicap. In addition to the activities I have just mentioned, eight children and four adults spent a week in Cornwall during the Easter holidays.

All the children received physiotherapy either individually or in groups and the horseriding sessions which have proved so valuable in the past have been continued for six of the children. Of specialist services provided speech therapy is one of the most important and twelve children had regular treatment, including eight with severe speech or language problems and three who could not communicate orally.

Regular visiting by a Consultant Paediatrician, School Doctor, Educational Psychologist, Orthopaedic Appliance Fitter, Social Workers and others gives an indication of the needs of the children and of the important part which these specialists play in the upbringing of the children.

With the change in administration all children now travel to school by taxi instead of by the ambulance service of the Health Department and this had meant better time-keeping with benefit to the children and staff alike.

As the School has expanded over the years so has available space become more congested. It is hoped that an additional classroom may be provided in the fairly near future.

DENTAL SERVICE

Mr. H.R. Rippon — Area Dental Officer

Staff

For the first time the school dental service in Slough had a full complement of staff throughout the year. This consisted of two full-time and five part-time dental surgeons, a part-time dental auxiliary, four full-time and two part-time surgery assistants and a full-time assistant in the dental office.

Dental Inspections

For the first time all schools in the Borough received a dental inspection during the year.

<i>Schools Inspected</i>	<i>Possible</i>	<i>Actual</i>
Nursery	5	5
Primary	29	29
Secondary	13	13
Special	3	3

Dental Treatment

The number of children accepting the offer of treatment following a school inspection grows each year; many children who had previously refused treatment attended for dentistry. As a result of this several children had to wait up to three months for a non-urgent appointment.

For the first time, a mobile dental clinic was available for a short while and was taken to Cippenham so that children in that area might not have to travel into Slough. However, the demand for treatment was so overwhelming that many of the children needed to travel to the centre of the town in order to have their treatment completed.

Dental Health Education

Talks were given by a dental surgeon to ante natal classes at Upton Hospital, to mothers' clubs and to groups in secondary schools. Mrs. E.M. Brown and her assistant spent 62 sessions talking to children in primary and secondary schools and their dental quiz for junior schools was especially successful.

More Bad Teeth in Future

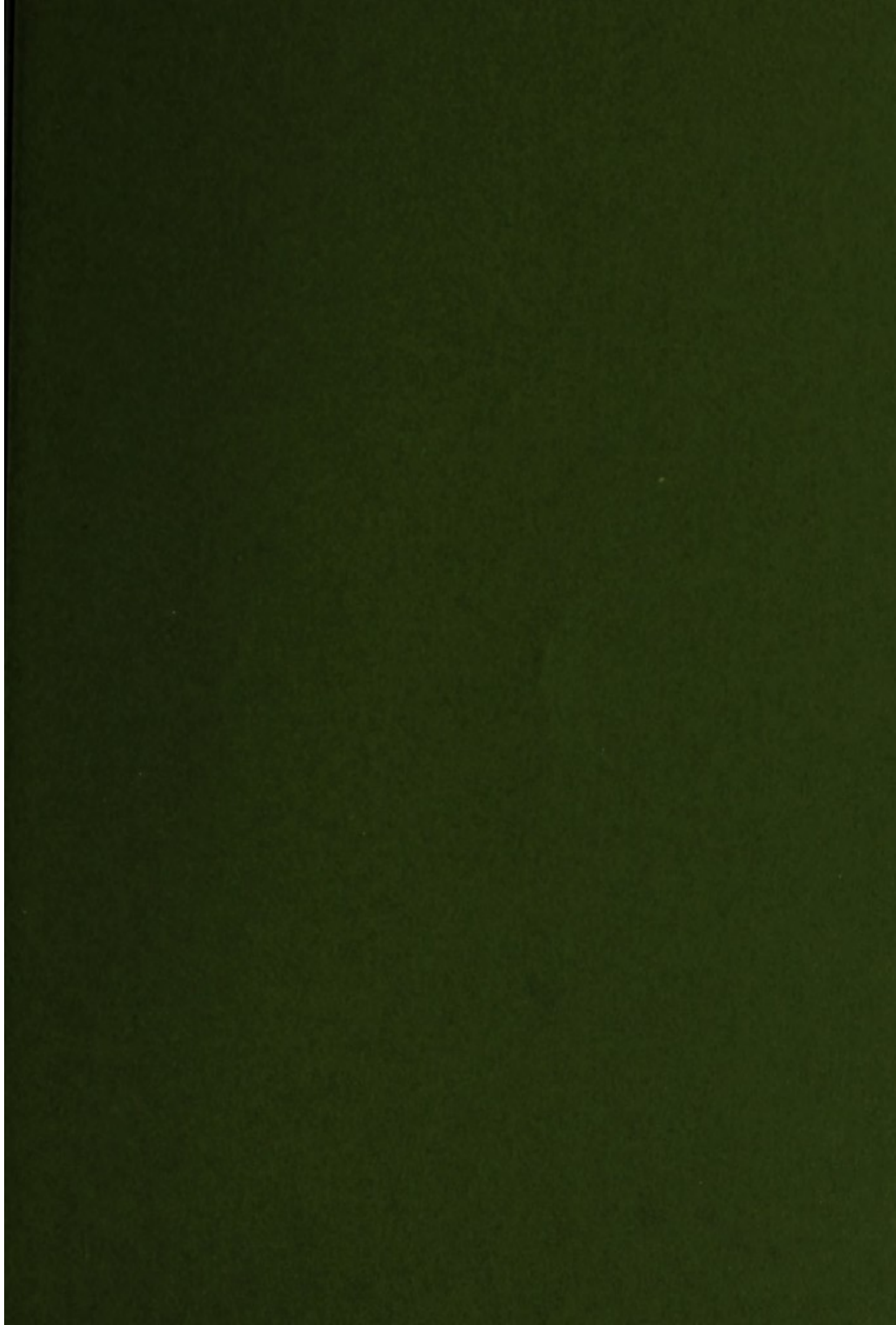
Towards the end of the year considerably more three-year-old children were brought to the Slough clinic than in any previous year because they had pain from their bad baby teeth. It was then three years after the fluoride level of the Slough water had become reduced and previous predictions of increased tooth decay were proven. Schools were given details of suggested 'Tuck Shop' foods, as recommended by the General Dental Council, and advised to modify their food sales in an attempt to lessen the further anticipated increase in dental decay. Some children have had fluoride painted on their teeth by a dental surgeon to strengthen their teeth. None of these measures will make up for the loss of the fluoride from the Slough water supply and the resulting reduced resistance of the residents' teeth to dental decay.

Dentistry for the Handicapped

During the year it became the statutory duty of the school dental service to provide inspection and treatment facilities for children at the handicapped centres in Slough. Many of these children are able to accept dentistry in the normal manner. A few cannot receive treatment without a general anaesthetic which is at present not available throughout the hospital or local authority services in this area.

Dental Surveys

The Eastman Dental Hospital continued a survey into dental anomalies and the Royal Dental Hospital's continuing survey on the effects of living in a "fluoride" area showed that children of 11 - 12 years of age had teeth twice as good as the national average.





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