[Report 1972] / Medical Officer of Health, Slough Borough.

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HEALTH REPORT

OF

SLOUGH

1972

BOROUGH OF SLOUGH

January to May, 1972

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

May to December, 1972

HEALTH AND LEISURE COMMITTEE

Chairman:

COUNCILLOR G. PELL

Vice-Chairman:

COUNCILLOR J. CONNOLLY

ALDERMAN A.J. BLOOM
(ex officio)
ALDERMAN MRS. J.M.B. GIBSON
ALDERMAN H.J. NEWMAN
ALDERMAN G.H. ODDS
COUNCILLOR D.E. CRYER
(ex officio)
COUNCILLOR T.J.C. HURLEY
COUNCILLOR F.G. KEENAN
COUNCILLOR L.J. LAWLESS
COUNCILLOR MRS. E.M. MORGAN
COUNCILLOR D.R. PETERS
COUNCILLOR MISS K.A.V. SHEEHY

DEPARTMENT OF PUBLIC HEALTH
GATEWAY HOUSE,
302-8, HIGH STREET,
SLOUGH, SL1 1NB.

Telephone: **SLOUGH 36883**

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., D.P.H.
J.M. REED, M.R.C.S., L.R.C.P.
ANNE D.T. BISHOP, M.B., B.Chir., B.A.C., D.C.H.

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 (1,3,4)

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:

M.R. PEARCE, M.A.P.H.I. (1,3)	
P.A. SNAITH, M.A.P.H.I. (1,3,4)	(resigned 20. 8.72)
A. HARGREAVES (2)	(resigned 31. 5.72)
D.P. CHOW, M.A.P.H.I. (1,3,4)	(appointed 1.12.72)
G.R. YOUNG, M.A.P.H.I. (1,3,4)	(appointed 11.12.72)

Student Public Health Inspectors:
B.J. COLLINS
R.T. DRAPER

Technical Assistants:
J.W. DAVIES, A.R.S.H., M.R.P.A. (retired 9.12.72)
G.S. GILL
E.A. JAYCOCK
R.I. LLOYD
E. RIDGLEY

Laboratory Technician/Mortuary Attendant:
C.G. WOOD

Administrative Assistants:
T.A.W. BUCHANAN
MRS. I.A. TODD

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. N.M. BATES
MRS. L.L. BROSTER
MRS. P.M. FARNDELL
MRS. S. KHAN
MRS. E. KNIGHT
MISS R.M. MARTIN
MRS. K. PRIOR
MISS J.A. WILKINSON (appointed 3. 7.72)
MRS. S. WOOLHOUSE (resigned 30. 4.72)

Administrative Officer – Chief Public Health Inspector's Section:
W.D. SWANKIE

Clerical Staff – Chief Public Health Inspector's Section:

MRS. C. COURTNEY
MISS J.L. FRASER
MRS. A. WILLIS

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. **Diploma of Royal Society of Health in Air Pollution Control.**

HEALTH DEPARTMENT,
GATEWAY HOUSE,
302-8, HIGH STREET,
SLOUGH.

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have much pleasure in presenting the Annual Report on the Health of Slough for the year 1972. This is the 24th report for which I have been responsible and I shall comment upon its historical significance later, meanwhile there are a few remarks concerning its contents to which I would like to draw attention.

One of the most important changes in the forthcoming reorganisation and upheaval will be the transference of Slough and some of the immediate neighbourhood to become part of Berkshire instead of Buckinghamshire. Many strong feelings have been aroused by this impending change which will mean an East-West orientation instead of a North-South one. Travel into the unknown is always the source of anxiety but it is hoped that most of the fears will prove to be ill-founded.

The number of deaths of infants over one month of age and without well-defined cause is disturbing. Research into the reasons for such tragedies is urgent and it is possible that Regional or Area Health Authorities with their greater populations will be more readily able to conduct such investigations than are local councils. Let us hope that this will be the case.

The incidence of the traditional infectious illnesses is very low. Measles, however, still causes about 200 children a year to be ill, a number which could be reduced further if immunisation was more widely taken up and the number of cases of tuberculosis of the lungs and other parts of the body is disturbing. A few years ago the number of persons suffering from all forms of tuberculosis was decreasing quite rapidly but a number of newcomers to this country are having recrudescence of earlier disease or are suffering from primary disease soon after arrival. Careful follow-up of all cases is undertaken and appropriate treatment given to the sufferers or their contacts; by such means it is hoped that the situation which existed in earlier years may soon be regained.

It is interesting to note that the Chief Public Health Inspector reports that the number of houses in multiple occupation is down to 1,600. This may be an improvement on the past but the fact that I see many disturbing cases of "overcrowding" and family friction in my visits to houses following application for rehousing on medical grounds must not be overlooked.

The Borough Council can, I believe, be proud of its meals-on-wheels and luncheon club service although the demand still somewhat outstrips the ideal supply. Meals are delivered by paid helpers in vans owned by the Council. It is often said that such a service if given by voluntary helpers has especial qualities – all I can say is that our helpers have developed these special qualities very highly and their sense of service and compassion has in no way been blunted by payment.

This town has always been in the forefront of education to make people aware of the need for safety at home and this Council is one of the few authorities to appoint a full-time Home Safety Officer. I am sure members will be delighted to realise that Home Safety will remain one of the functions of the new District Council and that Health Education will be shared by all the new authorities – District Councils, County Councils and Area Health Authorities.

On the other hand members will be sorry to lose the especial responsibilities for education which they have had as an Excepted District under present legislation. The School Health Service will be provided by the new Area Health Authority and close collaboration between that body and the new Education Authority will be studied to make sure that the requirements of the Education Departments and the schools are met.

While the departure of the medical services into new authorities in the National Health Service is, by now, widely recognised what is less well understood is that, similarly, the responsibility for the supply of fresh and drinking water and the disposal of water-borne waste will no longer be that of local government but will be handed over to Regional Water Authorities.

To many people the services provided by local Councils just seem to go on year after year without change and usually unremarked unless there is critical comment. The use of plastic dustbin liners, the use of mechanical road and pavement sweeping aids indicate just two of the ways by which local authorities adapt themselves to new conditions as does the need to provide free removal of unwanted motor vehicles from the streets.

Another very important and largely unrecognised result of change has occurred by the sudden and increasing use of "container" traffic. Goods now often arrive from overseas at their final inland destination without being opened; this means that local Public Health Inspectors often have the responsibility, which was previously the duty of Port Health Authorities, of examining such goods and of taking the appropriate measures to safeguard the health of the community. Recognition of this additional and extremely responsible duty should be publicly recognised.

The battle for Clean Air continued, the battle against Noise increased in intensity and mice became more numerous and more of a nuisance than rats.

This report is of historical significance as it will be the last of its kind. Information for these reports only becomes fully available in the spring of the following year and by that time, new Councils will be functioning and the medical services will have been transferred to the National Health Services; in our particular case the transfer will be to the Berkshire Area Health Authority and to the East Health District of that Authority. The East Berkshire Health District and the District Management Team will be responsible for all the health services in the areas of the three new District Councils – Bracknell, Windsor-Maidenhead and Slough and will also look after the health of the part of the new Beaconsfield District to the south of the new M40 motorway.

District Councils will still have responsibilities in the Control of Notifiable and other Infectious Diseases and in many other matters relating to Environmental Health. For this purpose most have set up new Departments of Environmental Health and in many cases have appointed their previous Chief Public Health Inspectors to be Directors of Environmental Health – in the case of Slough Mr. J. Sagar has been appointed to such a post. Medical assistance and advice will be provided by doctors belonging to the Area Health Authority and who are acceptable to the District Council. The extent to which doctors will be able to provide for the needs of the Council are not yet known. Collaboration studies between the officers preparing the way for the Area Health Authorities and officers of the new County and District Councils are sufficiently advanced to make it unlikely that the change-over will be anything but smooth.

By the time of transfer to the National Health Service on 31st March, 1974, I shall have served as Medical Officer of Health for a few days short of 24 years and I would like, in this final report, to thank members of the Council since 1950, to thank officer colleagues of other departments and to thank all those in my own department who have made my office an enjoyable one and who have, each in their own particular way, played their part in providing a continuing and improving health service for the town.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

MACDONALD A. CHARRETT,
Medical Officer of Health.

DECEMBER 1973.

ANNUAL REPORT FOR 1972

SUMMARY OF STATISTICS

GENERAL STATISTICS

Area	6,202 acres
Population – Registrar General's Estimate for mid 1972	88,760
Number of dwelling houses, including flats at 1st April, 1972 ...	26,511
Rateable value as at 1st April, 1972	£8,309,889
Estimated Product of 1p rate 1972/73	£82,750

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1972

Live Births:	*Males*	*Females*	*Total*
Legitimate	741	676	1,417
Illegitimate	53	68	121
Total	794	744	1,538

Crude Birth Rate (per 1,000 population	17.4
Corrected Birth Rate (allowing for sex and age of the population) ... ... (Comparability factor 0.97)	16.9
National Birth Rate	14.8
Ratio of Local Birth Rate to National Rate	1.14:1

Illegitimate live births were 8% of total live births

Still Births:	*Males*	*Females*	*Total*
Legitimate	9	8	17
Illegitimate	–	–	–
Total	9	8	17

Total of live and still births	1,555
Still Birth Rate per 1,000 total births	10.9
Still Birth Rate per 1,000 population	0.19
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)

	Males	*Females*	*Total*
Deaths	7	5	12
Still Births	9	8	17
Total	16	13	29

Peri-Natal Mortality (cont'd.):

Rate per 1,000 total live and still births –

SLOUGH	19
NATIONAL	22

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

Deaths:	*Males*	*Females*	*Total*
Legitimate	8	4	12
Illegitimate	1	2	3
Total	9	6	15

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

SLOUGH	10
NATIONAL	12

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

Deaths:	*Males*	*Females*	*Total*
Legitimate	14	7	21
Illegitimate	3	3	6
Total	17	10	27

Rate per 1,000 live births	17.5
National Rate per 1,000 live births	17
Ratio of Local Rate to National Rate	1.03:1

Maternal Deaths:

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

Deaths:	*Males*	*Females*	*Total*
	438	304	742

Crude death rate per 1,000 population	8.4
Corrected Death Rate (allowing for sex and age of population) ... ... (Comparability factor 1.31)	11.0
National Death Rate per 1,000 population	12.1
Ratio of Local Death Rate to National Rate	0.91:1

Other Deaths:	*Males*	*Females*	*Total*	*Rate per 1,000 population*
Cancer	95	64	159	1.8
Pulmonary Tuberculosis	0	0	0	NIL
Non-Pulmonary Tuberculosis	0	2	2	0.02

I. VITAL STATISTICS

BIRTHS

In 1971 the birth rate in Slough was considerably higher than it had been for some years and this was rather surprising as the national rate had been falling slowly ever since 1964. In 1972, however, the number of births in Slough was 145 less than it had been in 1971; 1,538 compared with 1,683. Having made the necessary calculations to allow for the sex and age distribution of the population the corrected birth rate for Slough was 16.9 per thousand of the population. This means that the Slough rate is still considerably above that of the rest of the nation as a whole; the ratio being 1.14:1.

Year	*Corrected Birth Rate, Slough*	*Birth Rate England & Wales*	*Ratio Slough:England/Wales*
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	1 16.2	16.0	1.01:1
1971	18.0	16.0	1.13:1
1972	16.9	14.8	1.14:1

ILLEGITIMACY

Again there was a small decline in the rate of illegitimate births compared with the previous year. In 1972, 121 births were illegitimate out of a total of 1,555.

1963 ... 8.56% of total of all births
1964 ... 7.99
1965 ... 9.01
1966 ... 9.38
1967 ... 9.33
1968 ... 9.05% of total of all births
1969 ... 8.0
1970 ... 8.2
1971 ... 8.0
1972 ... 7.8

STILL BIRTHS

The number of still births in 1972 was up by 4 compared with the previous year; 9 were males and 8 were females. None was illegitimate. The fact that the still birth rate has for two years running been lower than that for the previous decade is encouraging but as I have mentioned in earlier reports it is better to use the peri-natal mortality rate rather than the still birth rate as an indicator of ante-natal care. Further information concerning this is given in the next paragraph.

1963	...	13.4 per thousand total births
1964	...	11.9
1965	...	11.2
1966	...	12.3
1967	...	13.0
1968	...	15.0
1969	...	12.0
1970	...	14.0
1971	...	8.0
1972	...	10.9

PERI-NATAL MORTALITY

As in 1971 so in 1972 only 12 children died in the first week of life. To this must be added the 17 still births mentioned in the preceding paragraph giving a total of 29 children who failed to survive.

Again, this is most encouraging, as the peri-natal mortality rate is not only some three per thousand less than for the nation as a whole but the rates for the last two years have been considerably below those previously experienced in this town with the exception of a rather dramatically low figure for 1965.

1963	...	25.05	Still births and deaths
1964	...	24.9	during first week of
1965	...	17.1	life per thousand total
1966	...	22.7	births
1967	...	26.2	
1968	...	24.1	
1969	...	23.0	
1970	...	26.3	
1971	...	15.0	
1972	...	18.6	

I am sure that the close scrutiny of the Maternity and allied Services carried out by the Maternity Liaison Committee is one of the factors in such a reduction. Just to refresh readers' memories, the Maternity Liaison Committee is made up from people working in local authorities, general practice or in hospitals.

NEO-NATAL MORTALITY

A small number of children who survived the first week of life succumbed during the succeeding three weeks; there being 12 legitimate and 3 illegitimate deaths before 28 days had passed. Once again the Slough rate was somewhat lower than the national rate; the latter being 12 and the former a little under 10 per thousand live births.

INFANT MORTALITY

The number of children surviving birth and dying before the age of one year was four less than in 1971 — only 27 as compared with 31. However, the number of births had fallen considerably from the previous year so that the infant mortality rate of 17.5 per thousand live births for the year under review was only very slightly below that of the previous year. There had also been a reduction in the national rate which means that the infant mortality rate in Slough was slightly higher than that of the country as a whole. The following tables and text set out much more clearly the times when death occurred and the causes. The deaths occurring after one month of age show not only the need for great care in the upbringing of young children but also the fact that a considerable number of deaths occurred without any well-defined cause. It is possible that quite a considerable period may pass before such a series of deaths of young infants occurs in this area again but equally obvious research into sudden, unexplained infant deaths needs to be carried out.

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
Acute respiratory infections 460-466	–	–	–	–	–	–	–	–	1	–	–	–	1
Hernia of Abdominal Cavity 550-553	1	–	–	–	1	–	–	1	–	–	–	–	1
Congenital abnormalities 740-759	1	1	1	–	3	–	–	3	–	–	–	–	3
Birth injury, difficult labour and other anoxic and hypoxic conditions 764-768, 772, 776	3	3	–	–	6	–	1	7	–	–	–	–	7
Immaturity, unqualified 777	2	–	–	–	2	–	–	2	–	–	–	–	2
Ill-defined diseases 790-796	–	1	–	–	1	–	–	1	4	3	–	–	8
Other accidents E910-E929	–	–	–	–	–	–	1	1	2	1	–	–	4
TOTAL	7	5	1	–	13	–	3	16	8	4	–	–	28
WHERE DIED													
Home	–	–	–	–	–	–	1	1	4	3	–	–	8
Hospitals in this area	6	4	1	–	11	–	2	13	2	1	–	–	16
Hospitals away from this area	–	1	–	–	1	–	–	1	–	–	–	–	1
Elsewhere	1	–	–	–	1	–	–	1	2	–	–	–	3
TOTAL	7	5	1	–	13	–	3	16	8	4	–	–	28

Intestinal Infectious Diseases 000-009

3 weeks	– Gastro-enteritis. Wexham Park Hospital	(009.2)
3 months	– Gastro-enteritis. Heatherwood Hospital	(009.2)

Acute Respiratory Infections 460-466

1 month	– Bronchopneumonia due to acute bronchiolitis. Coroners post-mortem without inquest. Private house, not baby's home	(466)
Under 24 hours	– Exomphalos associated with meningomyelocoele. Upton Hospital	(551.1)

Congenital Abnormalities 740-759

Under 24 hours	– Anencephaly. Upton Hospital	(740)
3 days	– Anencephaly. Upton Hospital	(740)
1 day	– Pneumothorax due to congenital cystic lungs associated with congenital cystic liver and kidneys. Great Ormond Street Hospital	(748.4)
3 weeks	– Acute renal failure due to cold injury due to intra-cranial haemorrhage associated with pneumonia. Wexham Park Hospital	(772.0)

Anoxic and Hypoxic Conditions not elsewhere classified 776

Under 24 hours	– Asphyxia due to inhalation of birth fluid. Dead on arrival at King Edward VII Hospital, Windsor. Inquest – Misadventure	(776.0)
Under 24 hours	– Respiratory distress syndrome due to prematurity. Upton Hospital	(776.2)
Under 24 hours	– Cerebral anoxia due to prematurity associated with respiratory distress syndrome. Upton Hospital	(776.2)
1 day	– Respiratory distress syndrome due to prematurity. Canadian Red Cross Hospital	(776.2)
2 days	– Respiratory distress syndrome. Upton Hospital	(776.2)
2 days	– Aspiration pneumonia due to birth anoxia. Upton Hospital	(776.9)

Immaturity, unqualified 777

Under 24 hours	– Prematurity. Upton Hospital	(777)
Under 24 hours	– Prematurity. (26 weeks). Upton Hospital	(777)

Symptoms and Illdefined Conditions 780-796

2 days	— Sudden infant death syndrome. Canadian Red Cross Memorial Hospital	(795)
1 month	— Sudden infant death syndrome. Coroners post-mortem without inquest. Home	(795)
2 months	— Sudden infant death syndrome. Wexham Park Hospital	(795)
2 months	— Sudden infant death syndrome. Home	(795)
3 months	— Sudden infant death syndrome. Coroners post-mortem without inquest. Home	(795)
5 months	— Sudden infant death syndrome. Coroners post-mortem without inquest. Home	(795)
5 months	— Sudden infant death syndrome associated with congenital toxoplasmosis and patent ductus arteriosus. Home	(795)

Other Accidents E910-969

1 month	— Asphyxia due to inhalation of vomit. Private house not baby's home	(E911)
2 months	— Asphyxia due to inhalation of vomit (sudden death in infancy syndrome). Coroners post-mortem without inquest. Home	(E911)
5 months	— Gastro-enteritis due to aspirated vomit. Wexham Park Hospital	(E911)
3 weeks	— Asphyxia when in bed with parents. Inquest - Open Verdict	(E913)

DEATHS

The number of deaths occurring in the town during 1972 was nearly 40 less than it had been in the previous year, mainly accounted for on the female side as 12 more men died in that period than in the previous year. That is to say, there were 438 male and 304 female deaths. Perhaps it would be well to point out when referring to the corrected death rate that the figure of 1.31 given in 1972 is considerably less than the 1.42 given for the previous year.

DEATH RATE – SLOUGH			
Year	*Crude Death Rate*	*Corrected Death Rate*	*National Rate*
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
1972	8.4	11.0	12.1

The six main causes of death were as follows:-

CAUSES OF DEATH	*1969*	*1970*	*1971*	*1972*
Heart disease	243	216	251	246
Cancer	215	145	170	159
Pneumonia and Bronchitis	85	78	103	76
Vascular lesions of the nervous system	68	73	75	74
Other circulatory disease	30	35	42	29
Accidents – all types	24	31	31	26

CAUSES OF DEATH		1971		1972	
		Males	*Females*	*Males*	*Females*
B4	Enteritis and other diarrhoeal diseases	1	2	3	–
B6(1)	Late effects of respiratory Tuberculosis	–	1	–	–
B6(2)	Other Tuberculosis	–	–	–	2
B11	Meningococcal infection	2	1	–	–
B18	Other infective and parasitic diseases	–	4	–	1
B19(1)	Malignant neoplasm, buccal cavity, etc.	–	1	–	2
B19(2)	Malignant neoplasm, oesophagus	2	1	2	1
B19(3)	Malignant neoplasm, stomach	11	6	12	5
B19(4)	Malignant neoplasm, intestine	10	11	12	11
B19(5)	Malignant neoplasm, larynx	–	1	–	–
B19(6)	Malignant neoplasm, lung, bronchus	51	6	41	7
B19(7)	Malignant neoplasm, breast	–	12	–	16
B19(8)	Malignant neoplasm, uterus		2		2
B19(9)	Malignant neoplasm, prostate	2		2	
B19(10)	Leukaemia	2	2	3	2
B19(11)	Other malignant neoplasms	13	33	23	18
B20	Benign and unspecified neoplasms	–	2	–	2
B21	Diabetes Mellitus	4	–	4	5
B22	Avitaminoses, etc.	–	–	2	–
B46(1)	Other endocrine etc. diseases	–	1	–	2
B23	Anaemias	3	1	–	1
B46(3)	Mental disorders	–	2	–	1
B24	Meningitis	2	1	–	–
B46(4)	Multiple Sclerosis	–	–	–	1
B46(5)	Other diseases of nervous system, etc.	10	1	3	2
B26	Chronic rheumatic heart disease	4	5	2	3
B27	Hypertensive disease	3	3	6	7
B28	Ischaemic heart disease	118	89	135	66
B29	Other forms of heart disease	13	22	19	21
B30	Cerebrovascular disease	31	44	30	44
B46(6)	Other diseases of circulatory system	12	24	18	11
B31	Influenza	1	–	–	–
B32	Pneumonia	31	30	17	15
B33(1)	Bronchitis and emphysema	33	9	33	11
B33(2)	Asthma	–	3	2	2
B46(7)	Other diseases of respiratory system	7	–	9	4
B34	Peptic Ulcer	2	1	3	1
B35	Appendicitis	1	–	–	–
B36	Intestinal obstruction and hernia	2	–	2	–
B37	Cirrhosis of liver	2	–	1	–
B46(8)	Other diseases of digestive system	2	4	4	6
B38	Nephritis and nephrosis	3	–	3	1
B39	Hyperplasia of prostate	–		1	
B46(9)	Other diseases, genito-urinary system	1	5	5	3
B41	Other complications of pregnancy	–	2	–	–
B46(10)	Diseases of skin, subcutaneous tissue	–	–	–	1
B46(11)	Disease of musculo-skeletal system	2	–	4	3
B42	Congenital anomalies	8	3	3	2
B43	Birth injury, difficult labour, etc.	5	1	4	2
B44	Other causes of peri-natal mortality	1	1	1	1
B45	Symptoms and ill-defined conditions	2	5	6	6
BE47	Motor vehicle accidents	13	3	12	–
BE48	All other accidents	7	8	4	10
BE49	Suicide and self-inflicted injuries	3	1	4	1
BE50	Other external causes	2	–	3	3
	TOTAL OF ALL CAUSES	426	353	438	304

DEATHS – 1972 – AGE AND SEX CLASSIFICATION IN THE 48 CAUSES

	CAUSE OF DEATH	SEX	TOTAL ALL AGES	UNDER 4 WEEKS	4 WEEKS & UNDER 1 YEAR	AGE IN YEARS								
						1–4	5–14	15–24	25–34	35–44	45–54	55–64	65–74	75 & over
B4	Enteritis and other diarrhoeal diseases	M	3	1	2	–	–	–	–	–	–	–	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B6(2)	Other Tuberculosis	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	1	1	–	–	–	–	–
B18	Other infective and parasitic diseases	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	1	–	–	–	–	–	–	–	–	–
B19(1)	Malignant neoplasm, buccal cavity etc.	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	–	–	–	–	1	–	1	–
B19(2)	Malignant neoplasm, oesophagus	M	2	–	–	–	–	–	–	1	–	1	–	–
		F	1	–	–	–	–	–	–	–	–	–	–	1
B19(3)	Malignant neoplasm, stomach	M	12	–	–	–	–	–	–	3	4	3	2	
		F	5	–	–	–	–	–	–	–	–	1	4	
B19(4)	Malignant neoplasm, intestine	M	12	–	–	–	–	–	–	3	1	4	4	
		F	11	–	–	–	–	–	–	–	2	2	7	
B19(6)	Malignant neoplasm, lung, bronchus	M	41	–	–	–	–	–	–	5	14	18	6	
		F	7	–	–	–	–	–	–	–	2	2	3	
B19(7)	Malignant neoplasm, breast	M	–	–	–	–	–	–	–	–	–	–	–	
		F	16	–	–	–	–	–	–	4	5	2	5	
B19(8)	Malignant neoplasm, uterus	F	2	–	–	–	–	–	–	–	1	–	1	
B19(9)	Malignant neoplasm, prostate	M	2	–	–	–	–	–	–	–	1	1	–	
B19(10)	Leukaemia	M	3	–	–	–	1	–	–	2	–	–	–	
		F	2	–	–	–	–	–	1	–	–	1	–	
B19(11)	Other malignant neoplasms	M	23	–	–	–	–	–	1	1	2	9	4	6
		F	18	–	–	–	–	–	1	1	3	4	2	7
B20	Benign and unspecified neoplasms	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	2	–	–	–	1	–	–	–	–	1	–	–
B21	Diabetes Mellitus	M	4	–	–	–	–	–	–	–	–	1	1	2
		F	5	–	–	–	–	–	–	–	–	1	3	1
B22	Avitaminoses, etc.	M	2	–	–	–	–	–	–	1	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B46(1)	Other endocrine etc. diseases	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	1	–	–	–
B23	Anaemias	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	1	–	–
B46(3)	Mental disorders	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	–	–	–
B46(4)	Multiple Sclerosis	M	–	–	–	–	–	–	–	–	–	–	–	1
		F	1	–	–	–	–	–	–	–	1	–	–	–
B46(5)	Other diseases of nervous system	M	3	–	–	–	–	–	–	–	–	1	1	1
		F	2	–	–	–	–	–	1	–	–	–	–	1
B26	Chronic rheumatic heart disease	M	2	–	–	–	–	–	–	–	–	1	1	–
		F	3	–	–	–	–	–	–	–	1	1	–	1
B27	Hypertensive disease	M	6	–	–	–	–	–	–	1	1	2	2	–
		F	7	–	–	–	–	–	–	–	1	4	2	
B28	Ischaemic heart disease	M	155	–	–	–	–	–	–	3	15	44	45	30
		F	66	–	–	–	–	–	–	1	1	7	22	35
B29	Other forms of heart disease	M	19	–	–	–	–	–	–	–	–	–	5	14
		F	21	–	–	–	–	–	–	–	1	–	4	16
B30	Cerebrovascular disease	M	30	–	–	–	–	–	1	–	2	6	8	13
		F	44	–	–	–	–	–	–	1	1	4	8	30
B46(6)	Other diseases of circulatory system	M	18	–	–	–	–	–	1	–	–	5	8	4
		F	11	–	–	–	–	–	–	1	–	–	2	8
B32	Pneumonia	M	17	–	–	–	–	–	–	1	1	2	4	9
		F	15	–	–	–	–	–	–	–	1	1	2	11
B33(1)	Bronchitis and emphysema	M	33	–	–	–	–	–	–	–	1	8	10	14
		F	11	–	–	–	–	–	–	–	–	–	4	7
B33(2)	Asthma	M	2	–	–	–	–	–	–	–	1	–	1	–
		F	2	–	–	1	–	–	–	–	–	–	1	–
B46(7)	Other diseases of respiratory system	M	9	–	1	–	–	–	–	–	–	2	3	3
		F	4	–	–	1	–	–	–	–	–	–	1	2
B34	Peptic ulcer	M	3	–	–	–	–	–	–	1	–	–	1	1
		F	1	–	–	–	–	–	–	–	–	–	–	1
B36	Intestinal obstruction and hernia	M	2	1	–	–	–	–	–	–	–	–	1	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B37	Cirrhosis of liver	M	1	–	–	–	–	–	–	–	–	1	–	–
		F	–	–	–	–	–	–	–	–	–	–	–	–
B46(8)	Other diseases of digestive system	M	4	–	–	–	–	–	–	–	–	1	2	1
		F	6	–	–	–	–	–	–	–	1	1	1	3
B38	Nephritis and nephrosis	M	3	–	–	–	–	–	–	–	2	1	–	–
		F	1	–	–	–	–	–	–	–	–	1	–	–
B39	Hyperplasia of prostate	M	1	–	–	–	–	–	–	–	–	–	–	1
B46(9)	Other diseases, genito-urinary system	M	5	–	–	–	–	–	–	–	–	–	–	5
		F	3	–	–	–	–	–	–	–	–	–	2	1
B46(10)	Diseases of skin, subcutaneous tissue	M	–	–	–	–	–	–	–	–	–	–	–	–
		F	1	–	–	–	–	–	–	–	–	–	–	1
B46(11)	Diseases of musculo-skeletal system	M	4	–	–	–	–	–	–	–	–	1	3	–
		F	3	–	–	–	–	–	–	1	–	–	1	1
B42	Congenital anomalies	M	3	1	–	–	1	–	–	–	–	1	–	–
		F	2	2	–	–	–	–	–	–	–	–	–	–
B43	Birth injury, difficult labour, etc.	M	4	4	–	–	–	–	–	–	–	–	–	–
		F	2	2	–	–	–	–	–	–	–	–	–	–
B44	Other causes of perinatal mortality	M	1	1	–	–	–	–	–	–	–	–	–	–
		F	1	1	–	–	–	–	–	–	–	–	–	–
B45	Symptoms and ill defined conditions	M	6	1	3	–	–	–	–	–	–	–	–	–
		F	6	–	3	–	–	–	–	–	–	–	–	2
BE47	Motor vehicle accidents	M	12	–	–	–	1	6	–	–	1	2	1	1
		F	–	–	–	–	–	–	–	–	–	–	–	–
BE48	All other accidents	M	4	–	2	–	–	–	–	–	–	–	–	–
		F	10	–	–	–	–	–	–	–	–	1	1	–
BE49	Suicide and self-inflicted injuries	M	4	–	–	–	–	–	1	1	–	–	2	7
		F	1	–	–	–	–	–	–	–	1	1	1	–
BE50	All other external causes	M	3	–	–	–	–	–	–	2	1	–	–	–
		F	3	1	–	1	–	–	–	–	1	–	–	–
	TOTAL ALL CAUSES	M	458	9	8	–	3	6	4	11	38	111	129	119
		F	304	6	4	3	1	1	3	7	18	33	68	160

SEX AND AGE DISTRIBUTION OF DEATHS

Ages at Death in Years	*Males*	*Females*	*Total*
Under 1	17	10	27
1 – 4	–	3	3
5 – 14	3	1	4
15 – 24	6	1	7
25 – 44	15	10	25
45 – 64	149	51	200
65 – 74	129	68	197
75 plus	119	160	279
TOTAL	438	304	742

INQUESTS

Twenty-five inquests were held upon residents of the Borough during 1972 and the causes of death recorded by the various registrars of births and deaths, following coroner's certificates, were as follows:-

	Males	*Females*	*Total*
Natural Causes:	2	–	2
Accidental:			
Road Accidents	5	–	5
Falls	1	4	5
Inhalation of food	2	1	3
Inhalation of birth fluids	–	1	1
Suicide:			
Barbiturate poisoning	–	1	1
Hanging	1	–	1
Struck by train	1	–	1
Open Verdict:			
Asphyxia	–	1	1
Barbiturate poisoning	–	1	1
Hanging	1	–	1
Homicide:			
Sharp instrument	2	–	2
Blunt instrument	–	1	1
	15	10	25

POPULATION

The table below shows the assumed vicissitudes of the population over the past fifteen years. If the figure for the natural increase is correct, as it almost certainly is, then by implication there has been a steady nett emigration over the past few years. This is hard to believe because of the steadily increasing pressure on accommodation in spite of the continuous erection of new houses.

Year	*Natural Increase (births less deaths)*	*Immigration or Emigration (–)*	*Registrar General's Estimate of Population*
1958	705	1,355	73,620
1959	617	1,213	75,450
1960	760	1,200	77,410
1961	958	2,322	80,690 Census 80,503
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		88,140 Census 86,757
1972	796	–176	88,760

II. GENERAL HEALTH SERVICES

Street Cleansing

Mechanical sweepers are still used for roads, and pathways continue to be swept manually.

Although employees of the Council work 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 three 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

The monthly collection service has been operating for the past year with, as shown, an increase in tonnage and income. To assist householders an experimental fortnightly service was introduced in some areas; this proved successful and an extension will be made throughout the town.

Civic Amenities Act, 1967

Another 130 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 330 were deposited by owners at the pulverisation plant, plus 299 picked up from private owners.

Salvage

The total for the year 1972-73 was:-

Baled Tins	487 tons	—	£1,158	(£1,850)
Scrap Metal	87 tons	—	£504	(£739)
Baled Rags	32 tons	—	£249	
Waste Paper	1,405 tons	—	£15,753	(£9,944)

The figures in brackets are for 1971-72.

Middle Thames Water Board

No less than 566 additional dwellings were connected with the board's main supply during 1972. In order to make sure that the water was of a consistently high standard many samples were taken from a number of sources during the year as shown in the table below.

Source	*Number of Samples*	
	Bacteriological	*Chemical*
Burnham	50	2
Cuckoo Weir	40	17
Datchet	88	11
Taplow	59	56
Taplow Court	140	108

Slough Estates

The Chief Engineer continued to provide me with information about the water supplies produced by Slough Industrial Estates Limited and it was satisfying to know that all analyses showed a continuing supply of very high quality.

LABORATORY

The table below shows that the fall in the number of examinations performed in the laboratory continued in 1972.

1967	*1968*	*1969*	*1970*	*1971*	*1972*	
1,110	1,215	784	759	475	360	examinations

Urine for routine examination	59
Blood Counts	10

Milk Samples: *All Samples passed as satisfactory*

(a)	Phosphatase test	109
(b)	Methylene Blue test	109
(c)	Turbidity test	10
(d)	Chemical tests for fats, solids and water	24

Water Samples:

(a)	Drinking water	20
(b)	Swimming bath water	–

MORTUARY

The number of post mortem examinations carried out in the Borough mortuary was once again the highest ever recorded – almost 300 occurring during 1972. It must be remembered that examinations are performed in this mortuary not only for Slough and the surrounding district but also for Maidenhead.

1963	*1964*	*1965*	*1966*	*1967*	*1968*	*1969*	*1970*	*1971*	*1972*
133	157	174	192	200	175	208	250	277	296

CREMATORIUM

The number of cremations at the Slough Crematorium varies little from year to year. Once again my deputies and I would like to express our appreciation to the Superintendent and staff for the excellent help they gave.

1968	*1969*	*1970*	*1971*	*1972*
1,321	1,390	1,455	1,487	1,494

MEALS ON WHEELS

The main feature of the Meals on Wheels service in 1972 was the inaugeration of a further Luncheon Club at St.Andrews shared church which started on 3rd May.

With this new Club the total number of meals served to luncheon clubs during the year was 5,786. This together with a small increase in meals on wheels means that the kitchen from which these are provided is running at full capacity.

I would like to pay tribute not only to the voluntary organisations and their members who serve the meals for luncheon clubs but also to thank the organisers, the kitchen staff and those who deliver the meals for the first-class service which they provided throughout the year. Without the whole-hearted co-operation of all concerned and the determination to provide a first-class service the standards would fall considerably below their existing excellence.

	1968	*1969*	*1970*	*1971*	*1972*
Meals delivered	49,185	49,164	56,520	58,255	59,090
Luncheon Clubs (from June 69)		808	2,256	3,762	5,786

STAFF MEDICAL EXAMINATIONS

Once again the appropriate table below gives an indication of the clinical medical work which is required in connection with the appointment of new staff to the Borough Council, the Committee for Education and Bucks County Council in this area.

Perhaps the only comment which should be made in this connection is the considerable additional work which has been created by the need for drivers of Heavy Goods Vehicles to undergo medical examinations. The need for drivers of vehicles to be in good health and without serious handicap should require no emphasis and it is probable that our membership of the European Economic Community will hasten the day when stricter medical standards for driving licences will be demanded, although the exact standards which will be required must still be the subject of considerable argument.

Medical Examinations	*1967*	*1968*	*1969*	*1970*	*1971*	*1972*
Officers of Slough Borough Council	71	29	24	25	15	16
Officers of Bucks County Council	27	41	42	41	68	38
Teachers' Training Colleges and teaching for the first time	101	129	130	180	168	147
Drivers of Heavy Goods Vehicles						
Slough Borough Council					35	52
Bucks County Council					5	22
Medical Questionnaires						
Slough Borough Council		43	87	98	97	106
Bucks County Council	261	259	230	252	326	337

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

CASES NOTIFIED DURING THE YEARS 1963-1972

	CASES NOTIFIED AND POPULATION IN THOUSANDS									
	1972 89	1971 88	1970 93	1969 93	1968 92	1967 87	1966 86	1965 85	1964 84	1963 84
Dysentery	1	–	–	1	–	2	3	16	2	8
Encephalitis – Post-infective	–	–	–	–	–	–	–	1	1	–
Enteric Fever	–	3	2	–	1	–	–	–	–	–
Erysipelas	–	–	–	–	–	2	3	5	5	6
Food Poisoning	2	4	1	5	4	1	1	2	1	3
Malaria (contracted abroad)	8	3	–	1	1	1	–	–	–	–
Measles	218	201	170	646	234	572	370	1430	191	1066
Meningococcal Infection	1	1	–	–	–	–	–	–	–	1
Ophthalmia Neonatorum	–	–	–	–	–	–	–	–	1	–
Paratyphoid	–	1	–	1	–	–	1	1	–	–
Pneumonia	–	–	–	–	1	5	10	2	2	8
Scarlet Fever	3	9	19	13	9	21	32	20	23	18
Tetanus	–	1	–	–	–	–	–	–	–	–
Tuberculosis – Pulmonary	40	28	24	29	30	27	40	30	47	35
Non-Pulmonary	27	20	20	19	14	11	8	8	15	9
Whooping Cough	–	42	8	–	12	12	21	3	35	28
Infective Jaundice	1	2	2	1	4	–	–	–	–	–

MONTHLY INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES

	JAN.	FEB.	MAR.	APL.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Food Poisoning	–	–	–	1	–	–	–	–	–	1	–	–	2
Measles	6	4	2	2	3	28	38	53	7	22	20	33	218
Scarlet Fever	–	–	–	–	–	2	–	–	–	–	1	–	3
Tuberculosis –													
Pulmonary	4	6	2	4	3	4	2	5	6	–	1	3	40
Non-Pulmonary	2	2	1	3	4	1	3	2	2	2	3	2	27
Meningitis	–	–	–	–	–	–	–	–	–	–	1	–	1
Malaria	–	–	–	1	2	2	1	–	–	1	–	1	8
Infective Jaundice	–	–	–	1	–	–	–	–	–	–	–	–	1
Dysentery	–	–	–	–	–	–	–	–	–	–	1	–	1

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*
Food Poisoning	1	–	–	–	–	–	–	–	–	1	–	2
Measles	8	7	41	9	21	12	12	91	8	4	5	218
Scarlet Fever	–	1	–	–	1	–	–	1	–	–	–	3
Tuberculosis –												
Pulmonary	1	–	6	2	10	4	4	6	3	2	2	40
Non-Pulmonary	1	–	3	3	6	1	3	–	1	7	2	27
Meningitis	–	–	–	–	–	1	–	–	–	–	–	1
Malaria	–	–	–	4	1	1	2	–	–	–	–	8
Infective Jaundice	–	–	1	–	–	–	–	–	–	–	–	1
Dysentery	–	–	–	–	–	–	1	–	–	–	–	1

INFECTIOUS DISEASES
(Excluding Tuberculosis)

Although vaccination against measles has been available for 3 or 4 years it is somewhat disappointing to have to report the occurrence of over 200 cases during 1972. The tables show that the cases occurred mainly in the second half of the year and were still scattered throughout the town. Such figures might on the surface seem to indicate the failure of the effacacy of measles vaccine but all investigations are subject to scrutiny and this has shown that very few children who have been given protection against measles do in fact subsequently suffer from the disease. Therefore, encouragement should be given to parents to have their children immunised against measles. The service can be provided at Local Health Authority clinics or by family doctors. It must be remembered that whilst measles is seldom fatal it can leave long-lasting and distressing disabilities.

The tables also show that there were no cases of Typhoid Fever notified in 1972. To some extent this must be due to the activities of the officers of the Health Department who follow-up each notified case carefully and give instruction to contacts as well as screening them for the existence of possible infection. The supervision of individuals who have been unfortunate enough to suffer from this illness is prolonged and uncomfortable. The fact that this Department has always received the necessary co-operation is a tribute to the members of the public and officers alike.

If one looks further down the table another exotic disease is shown, namely, Malaria. Prior to 1967 Malaria was notified very infrequently and although the eight cases which this Department was informed about in 1972 is hardly a matter of serious import, it does show the need for doctors to be aware of the possibility of such a diagnosis when seeing a patient with high, unexplained fever. Fortunately the climate in this country rarely provides the conditions for the breeding of the anopheles mosquito which alone can transmit the disease from man to man.

VACCINATION AND IMMUNISATION

The following tables show that primary protection against some of the major infectious diseases has been well maintained during 1972. It is only by the continued acceptance of such procedures that the diseases can be kept at bay.

	1968	*1969*	*1970*	*1971*	*1972*
Primary Diphtheria	4	2	4	—	—
Primary Tetanus	9	77	58	48	21
Primary Diphtheria/Tetanus	89	98	119	65	96
Primary Diphtheria/Whooping Cough/Tetanus (Triple)	1075	1244	1375	1376	1416
Primary Vaccination against Smallpox	630	1107	1107	—	—
Boosters – Tetanus	29	85	—	75	71
– Triple	1004	1211	1211	1270	97
Smallpox Re-vaccination		212	242	—	—
Poliomyelitis –					
Primary protection			1344	1390	1482
Boosters			9	13	64
Measles		957	1583	1294	1231

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

Primary Protection

	1968	*1969*	*1970*	*1971*	*1972*
Diphtheria	1168	1344	1498	1441	1512
Whooping Cough	1075	1244	1375	1376	1416
Tetanus	1173	1419	1552	1424	1533
Smallpox	630	1107	1107	—	—
Measles		957	1583	1294	1231

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

	1970	*1971*	*1972*
Rubella	488	1691	—

TUBERCULOSIS

(a) *Pulmonary Tuberculosis*

There was a disappointing rise in the number of cases of Pulmonary Tuberculosis notified during 1972, there being 40 cases compared with 28 in the previous year. Once again those with Asian names predominated. A total of 25, 13 males and 12

females obviously had origins in the Indian Sub-continent. Full follow-up procedures are carried out in every case and it is almost certain that these cases are a recrudescence of earlier infections or infections contracted after reaching this country.

(b) *Non-Pulmonary Tuberculosis*

The table below sets out the distribution in the body of cases of Non-Pulmonary Tuberculosis notified for the first time in 1972. Here again there was a rise from 20 cases in the previous year to 27 in the year under consideration. All except 2 apparently came from the East, and once again it is likely that these were old infections which had flared up. By the very nature of the site of the disease they are unlikely to cause risk to other people.

Non-Pulmonary Tuberculosis

	Males	*Females*
Erythema Nodosum	–	1
Abdomen	–	3
Cervical Glands	4	10
Mediastinal Glands	–	1
Liver	–	2
Testis	1	–
Spine	2	1
Other Glands	2	–
TOTAL	9	18

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

Age in Years	*Pulmonary*		*Non-Pulmonary*	
	Males	*Females*	*Males*	*Females*
0 –	–	–	–	–
1 –	2	2	–	1
15 –	5	3	3	1
25 –	5	5	3	7
35 –	2	5	2	5
45 –	6	1	1	4
65 and over	3	1	–	–
TOTAL	23	17	9	18

(d) *Notification Register*

This table shows the total number of people who are still on the Register and is, of course, the number resulting from additions during the year and deletions due to cure, removal from the district or death.

PULMONARY

Males			*Females*			*Total*		
1970	*1971*	*1972*	*1970*	*1971*	*1972*	*1970*	*1971*	*1972*
314	317	326	229	235	245	543	552	571

NON-PULMONARY

Males			*Females*			*Total*		
1970	*1971*	*1972*	*1970*	*1971*	*1972*	*1970*	*1971*	*1972*
48	52	50	42	44	58	90	96	108

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

1,363 children were tested for reaction to Tuberculosis in 1972 – a number which is similar to that for the three previous years. Of this number 201 were found to be positive to skin testing and of those 105 were positive due to previous vaccination. All children who were found to be negative, i.e. 1162 (85.3%) were given B.C.G. Vaccination and the rest of those giving a positive reaction, i.e. 96 who had not received vaccination were followed up by the Chest Clinic for observation and, if necessary, treatment.

(d) *Deaths from Tuberculosis*

Year	*Population*	*Pulmonary*		*Non-Pulmonary*		*Pulmonary Death Rate per 1000 Population*
		Males	*Females*	*Males*	*Females*	
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	88,140	–	–	–	1	Nil
1972	88,760	2	–	1	1	0.023

HOME SAFETY

Mr. R.P. Jones, the Home Safety Officer, kindly let me have the following report on home safety activities during 1972. The value of the appointment of a Home Safety Officer can be seen from the remarks below and it is a pity that only a few other authorities have followed the excellent example of Slough and appointed such an officer.

Accidents in the home seem to be too scattered, too private and therefore too insignificant to arouse anything other than a defensive reaction: "It couldn't happen to me !" Yet the importance of home accidents as a major cause of death and injury with the resulting strain this imposes on families and on the community is beyond dispute. The job of the Slough Home Safety Council is to let people know about home accidents and to make them aware of simple preventive measures that could be taken. This is done by a regular series of "Home Safety events".

As in previous years the main item was the Home Safety Quiz for which twenty-two of the leading women's organisations in the town competed for the Observer trophy. This time it was won by Slough Branch of the Association of Wrens. The enthusiasm engendered by this competition means that home safety was, for a while, the important talking point it needs to be.

The annual "Home Safety Picture Quiz Competition" for junior school children attracted a record response with nearly 1,500 entries. The aim of this competition is to convey a simple but important accident prevention message – this year it was about scalding accidents in the kitchen. The children had to colour a picture and to show they understood the message by answering a question. The winners received their prizes from His Worship the Mayor of Slough, Alderman A.J. Bloom, at the Town Hall and afterwards they watched, with their parents, a demonstration in first-aid by the St.John Ambulance Brigade and the members of Casualty Union.

A children's entertainer who had been engaged to accompany the Home Safety Officer on his visits to infants and nursery schools, presented Home Safety sketches in a way which was acceptable and attractive to small children. These visits are always extremely popular and a home safety message must get home this way.

Requests to provide home safety advice at local group meetings were met as were similar requests to instruct and test young people taking the Brownie's Safety in the Home Badge, the Guide's Accident Prevention Badge and the Duke of Edinburgh's Award Scheme.

Regular visits were made with the Health Education Organiser to Old People's Clubs.

Posters were distributed in support of nationally organised Home Safety Campaigns arranged by the Royal Society for the Prevention of Accidents, and other literature was supplied on request.

In addition to their local use the Council's two films 'Dead Easy' and 'Fabrics and Fireguards' continued to be borrowed by numerous other local authorities while a further two copies of 'Dead Easy' were sold, one to the British Medical Association and the other to the County Borough of Kingston-upon-Hull. The value of these films, in every sense of the word, must by now be beyond question.

HEALTH EDUCATION

Health Education, as such, is a function of the County Council but the Area Health Education Organiser and the Borough Home Safety Officer work very closely with each other and the report submitted by the Health Education section shows how closely these activities are co-ordinated.

A wide range of health education activities were undertaken in the Borough throughout the year. Many groups in the community were involved including women's clubs, old people's clubs, schoolchildren and youth groups. The subject matter covered was of considerable variety.

Health Visitors and Midwives continued to be actively involved in the ante-natal teaching in the area. Special film evenings for expectant mothers and their husbands were held at regular intervals. In addition, non-English speaking Asian mothers were invited to special ante-natal classes provided with the aid of interpreters.

Mothers' Clubs maintained their popularity, with good attendance figures. Topics covered concerned all aspects of family life. There was also a growing interest in First Aid amongst the groups.

Quizzes presented to the Old people's Clubs, in conjunction with the Home Safety Officer, were well received and aroused a good deal of interest and participation on the part of club members.

A series of talks and discussions were arranged for a group of West Indian mothers on the importance for the pre-school child of verbal contact and play. This course was devised by the Health Education Organiser together with four Health

Visitors in conjunction with Slough Community Relations Council. Discussions were led by local experts in pre-school education.

The Health Education section was also involved in a scheme to co-ordinate the agencies concerned with providing services for children and young people. A register is now available listing these services and outlining their functions.

Health Education in schools continued to increase. As in previous years particular attention was given to dental care and the dangers of smoking. Programmes of films and talks were arranged for a number of schools. There was growing interest in other aspects of health education, especially in the areas concerned with safety education and first-aid, drug abuse and preparation for family life. Much more in the way of advice and help was given to school staff concerned with their own health education programmes and with the loan of visual aids from this department.

A further course of first-aid lectures for Borough Council employees was also held in 1972.

HEALTH EDUCATION

SOUTH BUCKS AREA

1972

Talks given by:

Health education staff	195
Medical Officers	68
Nursing staff	695
Dental staff	70
Other C.C. staff	87
Outside lecturers	37
	1,152

Talks given to:-

Ante-natal groups	352
Ante-natal groups attended by husbands	9
Mothers' Clubs	169
Schoolchildren	381
Youth Groups	18
Old People's Clubs	22
Parents' Groups	9
County Council staff	18
Others	18
Student Groups	152
Women's Groups	4
	1,152

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 1972

The main difficulty in the year was that three District Public Health Inspectors left the Council's service for posts with other local authorities. For several months towards the end of the year there was only one District Public Health Inspector out of a complement of four, and it was not until December that the Council was able to fill two of the three vacancies.

Due to this protracted shortage of staff it was necessary to abandon, or severely curtail some areas of routine inspection and sampling work in order that priority could be given to the day to day matters which required urgent attention.

Local government reorganisation has ensured that the environmental health services of the future will continue to be administered locally and here the public health inspector will play a most important role since so much of his work is concerned with people – how and where they live, work and eat.

The Local Government Act 1972 makes the County Council the Food and Drugs Authority, but during the year discussion ensued towards agency arrangements to allow Slough to carry out this function at District Council level. Slough Borough Council has been a Food and Drugs Authority since 1945 and the work involved in the compositional standards of food has been closely integrated with the Department's other food functions, e.g. food hygiene, food inspection, etc.

During the year the thoughput of animals at the Municipal Abattoir continued to increase slowly, but although enjoying a much prized export licence the inadequacy of lairage and cooling room accommodation prevented any large increase in the throughput of animals. As a result the abattoir continued to show a financial loss and towards the end of the year I was instructed to investigate ways in which this unfortunate position could be resolved. At the end of the year the general thinking was that the whole abattoir site could conveniently be sold or leased to the 'trade'.

Useful work continued with regard to the Offices, Shops and Railway Premises Act.

The pest control section of the department continued its fight against rodents and it is interesting to learn that most of our difficulties were concerned with eradication of mice, probably because of their becoming resistant to the commonly used 'Warfarin', and it is ironical to contemplate that one had to put the clock back many many years in that we found that one of the more effective ways of killing mice was by the use of the nipper trap.

During the year Smoke Control Area No. 14 was brought into operation and at the end of 1972 something approaching two-thirds of the area of the Borough was subject to Smoke Control Orders. The Clean Air Act came on the statute book in 1956 and therefore Slough's effort is by no means a record achievement compared with one or two other local authorities but we can boast to be well above the average in terms of the progress of smoke control.

As to housing work, over 30 properties were dealt with by way of Clearance Areas and individual unfit houses. Steady progress was made in the improvement of houses by the aid of grants. By the end of the year the first General Improvement Area in the town was made.

Satisfactory control was maintained in the field of food hygiene, food inspection and sampling of a variety of foods under the Food and Drugs Adulteration Acts. Happily, resort to summary proceedings was not often necessary.

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	2,244

Visits and Inspections

Clean Air	
Domestic premises	1,583
Industrial premises	370
Prior approval	27
Smoke observations (Industrial)	318
Smoke nuisances	407
Air pollution instruments	1,351
Miscellaneous	1,191
Food	
Food inspections	300
Food poisoning	10
Food and drugs control	390
Food hygiene – premises	504
Food hygiene – stalls and vehicles	63
Contraventions remedied – premises	30
Contraventions remedied – stalls	3
Housing	
Repair	289
Improvement grants	580
Noise insulation grants scheme	473
Multiple occupation – surveys	218
Multiple occupation – inspections	3,509
Qualification certificates	325

General Environmental Health

Caravan sites	8
Dirty or verminous premises	51
Drainage	183
Infectious diseases	137
Pest control	272
Swimming pools	22
Water supply	4
General nuisances	624
Noise nuisances	135
Offices, shops and railway premises	387
Factories	87

Notices

Informal – served	80
Informal – complied with	66

Drainage

Drains tested	2

SECTION 'B'

HOUSING

Housing Demolition and Closure

During 1972 Closing Orders were made in respect of one house in the centre of a terrace of cottages, and of parts of two other houses under the Housing Act 1957. The occupants were re-housed by the Borough Council.

Three areas were declared Clearance Areas under the same Act comprising thirty-one dwellings. The Borough Council resolved to acquire two of these areas and negotiations are currently in progress to purchase by agreement. In the case of the third area a Clearance Order was made which places the responsibility for demolition upon the owner of the property following the re-housing of the occupants by the Corporation. Numbers 1 to 30 Railway Terrace, which were included in the Housing Clearance programme, were purchased by the Corporation in March 1972 and therefore recourse to formal Clearance procedure under the Housing Act 1957 was not required. Demolition of these properties was almost completed at the time of drafting this report.

Housing Repair

District public health inspectors made 289 visits following complaints from tenants of properties which needed repair. Informal notice to the landlord or agent was usually all that was required to resolve these matters.

Residential Caravan Sites

The principal licensed site, Foxborough Farm, which at one time had 83 caravans stationed on the land, continues to be "run down" since being acquired by the Borough Council and at the time of drafting this report there were 22 dwellings, mostly caravans, remaining on site although some were not occupied. This leaves the Ditton Park Road site, with eight caravans as the only other licensed site in the Borough, the remainder being individually licensed caravans in various locations throughout Slough.

Itinerant Caravans

The only problem from unofficial encampment during the year occurred on land in the ownership of the Corporation when three caravans were stationed opposite the Eton Rural Council's caravan site in Mansion Lane. This was dealt with by the Borough Engineer.

Multiple Occupation

During 1972 new cases of multiple occupation continued to decrease. This does not mean that there is no longer a problem in this field of housing.

There are almost 1,600 houses in multiple occupation in the Borough and more attention to detail is now being given than was possible before.

The two technical assistants associated with this work carry out 5-monthly inspections of all houses in multiple occupation, ascertaining details of occupancy, facilities, structural defects and general decorative conditions.

The object of these thorough inspections is to ensure reasonably high standards and so make life as tolerable as possible for all those forced to live in multiple occupation.

It has been found that these 5-monthly inspections are far more satisfactory than requiring owners to give details of occupancy in writing as we are now able to get a closer grip with the problem.

The aim of the Council remains 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 permitted to live in each house, based on facilities and amenities existing in the houses. Approximately 1,100 such Directions have now been given.

It has been found during the year that the amenity lacking in most houses is hot water to the kitchen sinks and this has been dealt with either by informal action or by the service of notices under Section 15 of the Housing Act 1961; 41 such notices having been served during the year. It has so far not been necessary to carry out work in default or to prosecute for wilful refusal to carry out the work.

Some owners have taken advantage of the Special Grant scheme to provide amenities but these have been very few and the scheme generally has not been a success.

There have been few complaints of overcrowding during the year and those we have received generally came from tenants who were being harassed by their

landlords. Tenants still tend to be afraid of landlords and endure unsatisfactory conditions for fear of eviction. Landlords generally are still loathe to provide rent books. This is particularly the case amongst immigrants and many tenants do not bother to ask for rent books.

One of the problems is the lack of power to require re-decorations. Where it has been found necessary, informal action has been taken but the Council has no statutory power to enforce this. However, generally speaking informal action has proved successful.

As regards fire escapes in multi-occupied houses over 80 notices have been served under Section 16 of the Housing Act 1961. We have been very fortunate in this respect and only one fire was reported during the year, happily with no resulting injury.

During the year the department received a number of complaints concerning harassment of tenants by landlords. These were the subject of investigations by your officers. Most were settled informally and no formal action has been necessary.

I am sorry to have to report that one of my officers was assaulted by an immigrant landlord during the course of an inspection. He was struck on the left arm by a cooking utensil but not badly injured. The person concerned was later prosecuted by the police for actual bodily harm. This is the first time anything like this has happened and generally speaking the relationship between my staff and the immigrant community continues to improve.

Slough certainly has problems in this field despite not generally having large many-storeyed houses. Slough's position is somewhat different from many other towns in that most of the houses concerned are of the normal one-family-type which because of the shortage of housing are having to be used in multi-occupation. Several Directions have been revoked as houses have reverted to single households but these are few and I am sure it is true to say that the majority of our multi-occupied houses will remain as such indefinitely.

As far as the immigrants are concerned some are buying their own houses but few are able to live as one family for various reasons. Either the mortgage repayments are too high or they genuinely prefer to live in multi-occupation.

It has become more apparent recently that immigrant landlords are now taking in people from the host community as lodgers.

During 1972 seven prosecutions were instituted for contraventions of Directions resulting in a total of £310 in fines. One defendant was given the maximum fine of £100 and sentenced to 2 months imprisonment suspended for 12 months, this being a second offence. Another defendant who was fined £50 on each of three offences appealed to the Crown Court at Reading against the severity of the fines and these were halved.

As in previous years it was necessary to carry out inspections of houses in multiple occupation during out of office hours.

Housing Improvement

Improvement Grants

A request was received in a circular from the Secretary of State for the Environment that local authorities should ensure that tenants of houses know their rights when landlords apply for improvement grants. This is designed to stop improvement grants being used as a pretext for the eviction of tenants unaware of their rights, but so far this state of affairs has not arisen in Slough, unlike some London areas where much concern has been expressed, both inside and outside Whitehall, at the unsavoury practices indulged in by certain classes of landlords. Local authorities are urged to make the fullest possible use of their legal powers in cases of harassment and illegal eviction. It has always been a principle of my department to give as much help and advice to tenants as possible regarding tenancies and rents, but many tenants, especially older ones, are known to suffer considerable apprehension and fear quite unnecessarily, at the thought that their security of tenure might be affected as a result of the landlord obtaining a qualification certificate or improvement grant.

We have for many years been making improvement and standard grants, and for this purpose have needed to verify the titles of the applicants to their various properties by virtue of the fact that grants can only be made, in general, to the owner of the house. Another requirement is that written approval to the grant application must be given before the work starts.

On a number of occasions enquiries are made by prospective house purchasers who have been required by a building society to carry out work before completion of purchase, and therefore before an application for grant can be approved, which effectively prevents a grant from being obtained. This difficulty has been obviated in the past by building societies allowing completion of the purchase and specifying a period of, say, six months within which the purchaser can carry out improvements and repairs, and he can then apply for, and have approved an application for grant.

HOUSE IMPROVED BY THE AID OF GRANT

Before

Internal

After

Before

External

After

Unfortunately some building societies reverted to their original requirements that work should be carried out before completion of purchase, resulting in difficulties in grant procedures. I found it necessary to circularise building societies and their local agents in an effort to get their co-operation in facilitating the operation of the system.

The total number of grants approved showed an increase of a third over the figure for 1971, the biggest increase being in improvement grants which almost doubled.

SUMMARY OF HOUSING IMPROVEMENT GRANTS 1972

Improvement Grants

Applications approved	31
Amount of grant approved	£11,932
Grants paid – No. of dwellings	26
Amount paid	£8,880.50

Standard Grants

Applications approved (including 1 higher limit)	41
Amount of grant approved	£4,085
Grants paid – No. of dwellings (including 1 higher limit)	38
Amount paid	£3,124
No. of amenities provided:-	
Fixed bath or shower	11
Wash hand basins	28
Sinks	7
Hot water supplies	28
W.C.'s	22

Special Grants

Applications received	12
Grants paid – No. of houses	11
No. of households	36
Amount paid	£328.60
No. of amenities provided:-	
W.C.'s	–
Hot and cold water supplies	23
Wash hand basins	2
Baths and showers	–
Sinks	–

GENERAL IMPROVEMENT AREA

Towards the end of 1971, following a public meeting, an exhibition, and a survey, it was decided by the Borough Council to continue to examine the area in and adjoining Hencroft Street with a view to declaring it to be a general improvement area. It was decided at an early stage that the formal declaration of the area would achieve little unless preceded by the fullest public participation, and with this aim residents and owners were given every opportunity of contributing their opinions, suggestions and views. This was achieved by the public meeting, by street representatives sitting on the sub-committee, newspaper publicity, circular letters, and house-to-house visits by members of the Borough Engineer's Planning Section and public health inspectors from my department. Time and staff shortages caused difficulties which were not ameliorated by the many residents who were out most of the day at work. Evening and week-end visits helped to some extent, but even so a number of people just could not be contacted. This was most noted in large houses let as single "bed sitters", the tenants of this type of house showed a degree of disinterest in the area and saw themselves rather as birds of passage. A similar disinterest was noted among tenants of older property who have indicated that they are tenants and have not the same stake in the area as if they were owners of their own houses.

Most of the residents were primarily concerned with traffic and parking problems, and were asked to complete a questionnaire and express their views on how the environment of the area could be improved. Street representatives discussed alternative plans based on suggestions from local residents, and the Council subsequently declared the area bounded by Park Street, Osborne Street, Alpha Street and Mere Road to be a general improvement area. Coincidentally and fortuitiously the Department of the Environment doubled the limit per dwelling of approved expenditure on environmental improvements in general improvement areas in respect of which Government contribution is made.

QUALIFICATION CERTIFICATES

The Housing Finance Act 1972 came into force during the latter part of the year superseding Part III of the Housing Act 1969 and changed the procedures relating to the issue of qualification certificates for houses reaching the qualifying standard of amenity and repair. The first effect on this department was that we had to introduce some dozen sets of new model forms to replace the forms which overnight had become out-dated, and which had themselves been introduced a mere three years previously under the Act of 1969.

Despite the publicity which accompanied the introduction of qualification certificates in 1969, it is remarkable how many owners of tenanted property still

appear to be ignorant of the provisions which allow them to bring their houses up to a good standard with the aid of a grant, without any strings attached, and at the same time bring the rent out of control. Admittedly, in the case of some tenants, especially the elderly ones, there is often a resistance to having improvements made to their houses, varying from reluctance to positive antagonism. Although the Act embodies provisions whereby a landlord can appeal to the County Court for an order empowering him to enter the house and carry out improvements where the tenant is unwilling to give consent, this seems to me to be rather a heavy hammer for such a walnut. As elderly tenants are quick to point out, they have lived in the house all their lives and are very upset at the thought of disturbance, without gainsaying the undoubted advantages of having hot water, indoor toilets and the other attributes of modern amenities.

The Housing Act 1964 contains provisions still in force whereby reluctant landlords can be compelled to install amenities, but the procedure is so cumbersome as to be almost ineffective. In the few instances where I have received requests from tenants to compel landlords to install amenities, the statutory processes have been started but the problem has been resolved in each case without the need to press the law to its final conclusion, i.e. the Council doing the work in default and charging the owner.

HOUSING ACT 1969

SUMMARY OF QUALIFICATION CERTIFICATES – 1972

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	17
No. of Q.C.'s issued under Section 46(3)	22
No. of Q.C.'s refused	Nil

Standard Amenities already provided

No. of applications for Q.C.'s – Section 44(1) under consideration at end of year	90
No. of Q.C.'s issued under Section 45(2) in respect of:	
dwellings with R.V. of £60 or more	53
other dwellings	1

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 3,096 properties upon a request for official search of the Land Charges Register.

SECTION 'C'

SAFEGUARDING OF FOOD SUPPLIES

Food Hygiene

Food premises in Slough include catering premises, canteens, licensed premises, food factories and retail food shops.

The regular inspection of all food premises and the enforcement, where necessary, of the Food Hygiene (General) Regulations continued to occupy a major part of the routine duties of the Public Health Inspector.

These Regulations apply a minimum legal standard of food hygiene to all food premises, whether they are manufacturing, transporting or retail food businesses, and the main function of regular inspection is to ensure that the legal standard is achieved. Advice and education on specific problems affecting the hygiene of any food premises is given readily and informally. Food managers are encouraged to attain standards of food hygiene in excess of the legal minimum.

Unfortunately, frequent examples are found where the first class hygiene standard presented to the customer in a modern shop is not found in the non-customer storage and preparation areas. Storage areas in modern food shops are seldom adequate, consequently the ever increasing range of foodstuffs that are carried to remain competitive results in stock blocking corridors and floors which in turn adversely affects routine cleaning schedules making efficient stock rotation procedures impossible.

Consultations are carried out with shop owners at the planning stage to ensure that new food premises are satisfactory, but such shops are still built, or old shops converted, to provide a minimum of effective storage facilities, which rapidly become overcrowded and cramped when the shop increases its turnover.

Food preparation rooms in shops are invariably sited in poorly designed compromise areas where acceptable food hygiene standards may only just be achieved. A new trend, however, may have been set by one large multiple store which has made its preparation area visible from the customer area of the store. A favourable impression is created when it can be seen that the excellent standards in the shop are applied to previously isolated areas.

Few modern food shops have not installed refrigerated equipment and the frozen food market increases every year, leading to larger open chest type frozen food cabinets permitting several customers at once to select their purchases. A

problem can arise when customers in making their selection, disturb the contents of the cabinet in such a way that some packets are left above the recommended maximum load level. Such packets could partially thaw and be unsuitable for re-freezing.

A considerable number of consignments of imported food are notified to the Department. The Imported Food Regulations 1968 require that all imported food is examined at either the port of entry, or at its destination. The recent evolution of containerisation has resulted in inland local authorities receiving sealed containers within its area which require examination at the various food factories by the public health inspectors.

Instances of potential cross contamination of food in shops that use one meat slicing machine for cutting both raw and cooked meats are still found. Raw meat, principally bacon, is frequently a carrier of salmonella organisms and a contaminated meat slicer will readily pass this contamination to any cooked meat sliced following the slicing of bacon. Where these conditions are found the owner of the food shop is instructed to provide separate slicing machines for raw and cooked meats. Similarly with the storage and display for sale of these meats the principle should always be complete separation.

The classification of food premises in the Borough are broadly as follows:-

Catering, premises, canteens, licenced premises etc.	196
Food factories, including food manufacturing premises	28
Retail food shops	334

Milk and Dairies

The Register of distributors of milk showed that milk was sold at 69 shop premises within the Borough.

Routine sampling of milk was carried out during the year from dealer's premises and from the one remaining pasteurising plant in the Borough, where milk is received in bulk. No samples were taken for examination for brucella abortis.

Classification	*No. of Samples*	*Tests*
Pasteurised	108	Phosphatase & Methylene Blue
Untreated	2	Methylene Blue
Sterilised	12	Turbidity
Ultra Heat Treated	3	Colony Count

Preparation and Manufacture of Preserved Food

At the end of 1972, sixty-six premises within the Borough were registered under Section 16 of The Food and Drugs Act 1955 for the manufacture of preserved food as follows:-

Canning Factories	1
Preparation of shell fish	2
Fish Fryers	14
Manufacture of sausages and cooked meats	49

Inspection of Meat

See section of report "Municipal Abattoir".

Inspection of Other Foods

During the year 690 visits were made by public health inspectors to wholesale and retail food premises within Slough to examine foods to determine fitness for human consumption. It was found necessary to reject 18 tons of food as unfit and this was voluntarily surrendered to the Corporation for disposal.

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

Food Hawkers

Those Hawkers who trade within the Borough are required to be Registered under the provisions of the Slough Corporation Act 1945, subject to inspection and approval by a public health inspector.

Vehicles and food storage premises are regularly inspected to check compliance with the appropriate Food Hygiene Regulations.

Ice Cream

Over 300 premises within the Borough are licensed for the sale of ice cream. The manufacture of this ever-popular product is nowadays happily in the hands of fewer and larger factories of good repute. It is made and packed under modern hygienic conditions.

Officers of the department checked on the conditions of storage and sale. The result of samples taken showed that ice cream in Slough was of a high standard.

Cream

Eight samples of cream examined for bacteriological purity were found to be satisfactory.

Complaints Relating to Food

The end of the year 1972 saw a record number of complaints concerning various kinds of foods received by the Department. This clearly indicates that the well-informed and hygiene conscious citizens of Slough and surrounding areas greatly appreciated the value of their action in helping me and my staff in our constant battle against malpractices.

Of the 148 complaints received, each one was thoroughly investigated with detailed examinations of the foods and visits to the retailers or distributors. Also in some instances, places of manufacture and complainants' households were visited. The majority of complaints were justified. Six cases led to summary action resulting in fines and costs totalling £370 being awarded. Severe warnings were issued to all the other relevant cases.

Most of the complaints referred to individual food affected with mould growth or containing foreign matter. One somewhat unusual occurrence involved a bottle of light ale found to contain a brush. Another incident revealed the existence of detergent in cooking oil which was found to froth when heated. This resulted in the producer taking drastic steps to improve the firm's container cleaning process.

During the year, after many years of campaigning by most hygienists in the country the prospect of date-coding on packaged foods became nearer to reality. Legislation which is now considered to be imminent will be welcomed by both the public and the staff of my department.

Compositional Standards and Quality (Food and Drugs Act)

Some 159 samples of food were sent to the Public Analyst during the year. In addition, 179 samples of milk were examined in the Department.

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

PRODUCT	PROCURED		UNSATISFACTORY	
	Formal	*Informal*	*Formal*	*Informal*
Beverages – Alcoholic	–	–	–	–
– Non-alcoholic	–	3	–	–
Bread & flour products	–	11	–	2
Cheese & cheese products	–	4	–	1
Confectionery – flour	–	13	–	–
– sugar	–	19	–	–
Cooking oils	–	2	–	–
Fats	–	1	–	–
Fruit & fruit products	–	8	–	–
Jellies	–	–	–	–
Meat & meat products	–	40	–	–
Milk & milk products including ice cream	–	8	–	–
Pickles and sauces	–	5	–	–
Flavourings, seasonings & spices	–	19	–	–
Spirits	–	–	–	–
Soft drinks	–	10	–	1
Soups	–	1	–	–
Vegetable & vegetable products	–	13	–	–
Vinegar	–	2	–	–
TOTALS	–	159	–	4

SECTION 'D'

MUNICIPAL ABATTOIR

The year 1972 saw the biggest increase in throughput since the Abattoir came into operation in 1968.

The number of cattle slaughtered increased by 1,349 (21.3%) and sheep by 12,414 (50.3%) over 1971.

During the year pigs showed a slight drop of 1.4 per cent, there being 414 fewer pigs slaughtered than in 1971.

The most noticeable fall in throughput occurred in the case of calves. Whereas in 1971 658 calves were slaughtered, during 1972 this number dropped to 343. This is due to the adoption of a new policy in respect of calves with our entry into the Common Market. In the first instance many calves have been exported live to other countries. The main reason, however, is due to increasing beef stocks in this country, and to a new breeding policy under which bull calves are now being reared until half-grown, when they are slaughtered for meat, thereby providing a meat supply which is both tender and lean.

ANNUAL THROUGHPUT AT MUNICIPAL ABATTOIR

	Cattle	*Sheep & Lambs*	*Pigs*	*Calves*	*Total*
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
1972	7,689	37,106	28,540	343	73,678

The employment of a Slaughtering Contractor by the Council continued during the year. The duties of the Council and the Contractor continued unchanged.

At the end of November, following an inspection by Veterinary Officers of the Ministry of Agriculture, Fisheries and Food to the Abattoir, the Council were requested that in view of the increased throughput, and resulting increase in the rate of slaughter, to appoint a second Meat Inspector in order to conform with the Meat Inspection Regulations.

This inspection also resulted in the Ministry requiring that additional staff be employed for cleaning the premises and equipment satisfactorily.

Accordingly steps were taken to appoint another Meat Inspector, and to employ another cleaner.

With occasional assistance by Public Health Inspectors it was possible to maintain one hundred per cent meat inspection.

The following table shows the number of carcases inspected and rejected as unfit for human consumption.

SUMMARY OF CARCASES INSPECTED AND REJECTED

	Cattle ex Cows	*Cows*	*Sheep and Lambs*	*Pigs*	*Calves*
No. of animals slaughtered and inspected	5,649	2,040	37,106	28,540	343
Disease except Tuberculosis:					
Whole carcases rejected	4	14	305	175	7
Carcases of which some part or organ was rejected	1,512	902	15,291	2,528	3
% of number inspected affected with disease other than tuberculosis	27	45	42	9	3
Tuberculosis:					
Whole carcases rejected	–	–	2	–	–
Carcases of which some part or organ was rejected	–	1	–	498	–
% of number inspected affected with tuberculosis	–	0.05	0.005	1.74	–
Cysticercosis (c.bovis):					
Carcases of which some part or organ was rejected	101	26	–	–	–
Carcases submitted to treatment by refrigeration	14	2	–	–	–
Generalised condition – whole carcases rejected	1	–	–	–	–

WEIGHTS OF REJECTED MEAT

	TUBERCULOSIS			OTHER DISEASES		
	cwts.	*qrs.*	*lbs.*	*cwts.*	*qrs.*	*lbs.*
Carcases	2	2	4	418	2	17
Parts of carcases and organs ...	52	—	6	823	1	16
TOTAL ...	54	2	10	1,242	—	5
TOTAL WEIGHT 64 tons 16 cwts. 2 qrs. 15 lbs.						

The daily routine at the Abattoir has remained unchanged throughout the year.

Officers of the Meat and Livestock Commission still use the Abattoir as a pivotal centre. In addition to administering the Fatstock Guarantee Scheme they now provide a service to producers in respect of pig and cattle classification.

During 1972 the Abattoir has again been visited by persons from overseas. For the first time visitors have been received from South Africa, Portugal, Iceland and Rumania, as well as from the E.E.C. countries.

Student Public Health Inspectors from Greater London Boroughs continued their practical meat inspection training at the Abattoir. Two students attend daily.

Twenty-two slaughtermen's licences were issued during 1972. Of these nine were in respect of Mohammedan slaughtermen for slaughter of sheep, cattle and goats in accordance with their religion. All these animals were first stunned before slaughter.

The Abattoir, licensed for export of meat to E.E.C. and other countries is one of thirty-eight in England and Wales which are up to the standard required by E.E.C. Regulations.

Only one consignment of meat was slaughtered for export during 1972 i.e. fifty-two carcases of beef which were conveyed by road transport to Metz in Eastern France.

It is only with great difficulty that any export can be carried out from the Abattoir. There are only two chilling rooms, one of which must be reserved for the export meat for forty-eight hours. There is, in addition, a shortage of lairage accommodation. These are the reasons why more export has not been possible, as most exporters need consignments much in excess of 350 sheep or 50 cattle to make it economical.

SECTION 'E'

CLEAN AIR

Efforts towards obtaining cleaner air in this country have continued unabated during 1972. Considerable publicity has been given to the various sources of pollution which exist and the efforts which are being made to improve the quality of the air we breathe.

The two main pollutants are smoke and sulphur dioxide. Many forward thinking local authorities have reduced the quantity of these pollutants in the air by making smoke control orders.

The public generally is in favour of clean air and householders welcome the benefits which are achieved by living in smoke control areas.

During the year the Report on the National Survey of Air Pollution for the South-East Region 1961 – 71 was published by the Warren Spring Laboratory. This Report gives details of the results obtained from the instruments for recording smoke and sulphur dioxide which are situated in Slough. There are five recording sites situated as follows:-

Site No.	*Location*
13	Horsemoor Green School, Common Road, Langley
14	Pest Infestation Laboratory, London Road, Slough
15 (disused)	Gas Showrooms, High Street, Slough
16	34, Salisbury Avenue, Slough
17	Coopers Mechanical Joints, Liverpool Road, Slough
18 (disused)	Marks and Spencers, Mackenzie Street, Slough
19	Public Library, William Street, Slough

The recording instrument in the town centre area (No. 15) was first placed in the Gas Showrooms but had to be removed when the New Crown Corner shops and offices were built. It was then moved to Marks and Spencers premises (No. 18) but later, owing to the demolition of that part of the building, it was again moved and is now situated in the Public Library, where it is on view to persons using the Reference Library on the first floor.

The following tables give the results of the average pollution in microgrammes per cubic metre for the winter periods ending March each year including 1972.

AVERAGE POLLUTION ug/m^3, WINTER ENDED MARCH

		1962	*1963*	*1964*	*1965*	*1966*	*1967*	*1968*	*1969*	*1970*	*1971*	*1972*
Smoke	13	99	–	83	69	57	42	52	55	48	43	42
	14	114	–	105	75	63	49	50	55	46	41	41
	15	170	179	145	81	108	–	–	–	–	–	–
	16	164	200	182	135	115	92	91	88	76	51	54
	17	–	148	142	–	94	81	82	75	66	56	51
	18	–	–	–	–	–	–	81	79	77	–	–
	19	–	–	–	–	–	–	–	–	–	–	67
Sulphur Dioxide	13	122	–	146	120	104	64	93	116	85	77	105
	14	141	–	171	140	133	72	104	124	98	78	105
	15	197	272	215	192	151	–	–	–	–	–	–
	16	199	222	162	126	98	59	92	116	105	72	96
	17	–	231	169	–	120	78	114	144	106	84	104
	18	–	–	–	–	–	–	129	144	117	–	–
	19	–	–	–	–	–	–	–	–	–	–	175

It will be observed from the above tables that over the eleven year period there has been a considerable reduction in the emission of smoke and to a slightly lesser degree of sulphur dioxide. The higher readings for sulphur dioxide which were recorded during the winter ending March 1969 were probably on account of weather conditions being such as to have hindered the dispersion of medium of higher level industrial emissions in the area, and this may well be the reason for the higher readings for sulphur dioxide for the winter ending March 1972.

Weather conditions can affect the degree of pullution and a record of weather conditions is made on our behalf by senior students at the Slough Grammar School. The results of their observations are forwarded, together with the records of our recording instruments, to the Warren Spring Laboratory. Well over a hundred towns and cities are taking part in the National Survey and the results are published

monthly in respect of each town, together with a summary of the results in respect of the whole country which is published annually.

The reduction in air pollution in Slough is largely the result of a progressive programme of smoke control.

On 1st November, 1972, the Borough of Slough No. 14 Smoke Control Order came into operation covering an area in the central part of the town. The 14 Smoke Control Orders now in operation cover an area of some 3,320 acres and 16,830 premises.

The public generally have responded favourably to smoke control. It must be evident to everyone that the dense black smogs which used to occur almost every winter in the past have virtually disappeared, a fact which has frequently been commented on. However, there are still areas of the town not yet covered by smoke control and I look forward to the day when the whole of the Borough is smoke controlled.

Details of the 14 Smoke Control Orders in operation are as follows:-

PROGRESS OF SMOKE CONTROL AREAS

Smoke Control Order No.	*Date of Operation*
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
14	1st November 1972

DETAILS OF SMOKE CONTROL AREAS

Smoke Control Order No.	*Houses*	*Classes of Buildings*			*Total*	*Area in Acres*
		Commercial	*Industrial*	*Other*		
1	974	20	8	2	1,004	422
2	2,356	26	Nil	7	2,389	295
3	499	43	14	5	561	178
4	733	4	5	4	746	211
5	606	6	Nil	2	614	248
6	678	5	Nil	9	692	300
7	814	7	1	1	823	220
8	1,036	20	5	1	1,062	148
9	1,128	62	28	8	1,226	275
10	1,391	37	4	10	1,442	200
11	1,394	34	8	12	1,458	262
12	1,717	33	Nil	9	1,759	194
13	1,552	93	Nil	6	1,651	126
14	1,018	356	13	16	1,403	241
GRAND TOTAL	15,896	746	86	92	16,830	3,320

In industry the Clean Air Acts have resulted in a considerable improvement in atmospheric conditions. All new furnaces must be capable of operating smokelessly and in this connection the department operates a scheme of Prior Approval, whereby the occupier of the premises submits his proposals for a new furnace for approval. This scheme is voluntary but most firms avail themselves of the service as it provides them with confirmation that the furnace is capable of operating smokelessly in accordance with Section 3 of the Clean Air Act 1956.

Under the Clean Air Act 1968 approval of the height of industrial chimneys except those serving very small furnaces must be obtained from the local authority. Also, where applicable, approval for the type of grit and dust arrestment plant is necessary. The heights of new chimneys are calculated in accordance with the sulphur dioxide emission of the furnaces and the heights of adjacent buildings. The greater the emission of sulphur dioxide the higher the chimney must be. The sulphur content of fuel oil varies according to its viscosity, the heavy oils containing a higher percentage of sulphur. Chimneys serving furnaces using natural gas, which is relatively sulphur free, are generally lower than similarly rated furnaces using heavy oil. During recent years a number of firms have changed from using heavy oil to natural gas. These changes in types of fuel are helping to reduce air pollution.

The 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 as a member of the Divisional Council of the South-East Division of the National Society for Clean Air, a position he has held for several years. He frequently represents the Corporation at the Society's meetings and attended the Annual Conference at Scarborough in October.

SECTION 'F'

OFFICES AND SHOPS

Offices, Shops and Railway Premises Act 1963

A total of 1,037 premises were registered with the local authority at 31st December, 1972. Statistical details relating to these premises are given in the tables that follow.

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

Staff shortages during the year have resulted in fewer general inspections being carried out but routine inspections made revealed a similar pattern of contraventions of the provisions of the Act as noted in previous years. Generally, they have not been of a serious nature and enforcement of the Act has continued by way of advice and service of informal notices which have proved an effective way of improving standards.

Subject	*Number of Contraventions Found*
Cleanliness (section 4)	43
Overcrowding (section 5)	1
Temperature (section 6)	27
Ventilation (section 7)	21
Lighting (section 8)	3
Sanitary Conveniences (section 9)	32
Washing Facilities (section 10)	25
Clothing Accommodation (section 12)	1
Sitting Facilities (section 13)	4
Floors, Passages and Stairs (section 16)	19
Dangerous Machinery (section 17)	4
First Aid (section 24)	30
Information for Employees (section 50)	34
Notification of Employment of Persons (section 49)	28
Failure to Notify Accidents	1
Hoists and Lifts Regulations	3
	276

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 forms.

The number of reported accidents during 1972 was 35 which showed an increase of 1 over the previous year. There were no fatal accidents notified during 1972.

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

Class of Premises	*Number Registered*
Offices	352
Retail Shops	571
Wholesale Shops, Warehouses	40
Catering Establishments open to the Public, Canteens	73
Fuel Storage Depots	1
Total number of Registered Premises at end of Year	1,037
Number of Visits to Registered Premises	392
Number of Registered Premises receiving a General Inspection	169

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

Persons employed by Workplace Class of Workplace	*Number of Persons*
Offices	6,674
Retail Shops	4,027
Wholesale Departments, Warehouses	759
Catering Establishments open to the Public	643
Canteens	97
Fuel Storage Depots	7
TOTAL	12,207
TOTAL MALES	5,847
TOTAL FEMALES	6,360

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

	Offices	*Retail Shops*	*Wholesale Departments, Warehouses*	*Catering Establishments open to the Public, Canteens*	*Fuel Storage Depots*
Machinery	–	–	2	–	–
Transport	–	2	4	–	–
Falls of persons	–	5	1	–	–
Stepping on or striking against object or person	1	–	–	–	–
Handling Goods	–	10	2	2	–
Struck by falling object	–	–	–	–	–
Fires and explosions	–	–	–	–	–
Electricity	–	–	–	–	–
Use of Hand Tools	–	6	–	–	–
Not otherwise specified	–	–	–	–	–
TOTALS	1	23	9	2	–

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

	Reported fatal accidents	*Reported non-fatal accidents*	*MALES*		*FEMALES*	
			Adults	*under 18 years*	*Adults*	*under 18 years*
Offices	–	1	1	–	–	–
Retail Shops	–	22	6	2	10	4
Wholesale shops and Warehouses	–	9	8	1	–	–
Catering establishments open to the public	–	2	–	–	2	–
Canteens	–	1	–	–	1	–
Fuel Storage Depots	–	–	–	–	–	–
TOTALS	–	35	15	3	13	4

SECTION 'G'

FACTORIES

At the end of 1972 there were 592 factories listed in the Council's register.

Factories can be classified as 'power' or 'non-power' factories. Most of them fall within the power classification which means that mechanical power is used. For these factories the local authority administers only those provisions in the Factories Act 1961 relating to sanitary accommodation. All other requirements of the Act are enforced by H.M. Factory Inspectorate with whom there is close liaison at all times.

In the few non-power factories there are in the Borough the local authority is responsible for administering the requirements of the Factories Act regarding cleanliness, overcrowding, temperature and ventilation in addition to those concerning sanitary accommodation. The following tables give information as to the number of factories, inspections made and the contraventions found.

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 1970. Similarly, boiler plants, incinerators and other installations covered by clean air legislation receive frequent visits. Complaints received concerning noise and public health nuisances from factories are fully investigated and the necessary remedial action taken.

The fact that plans deposited with the Council for approval under the Building Regulations are inspected by my staff very often prevents contraventions of the relevant legislation.

Outworkers

The Council is notified in February and August of each year of the names and addresses of outworkers who usually carry out their work at home. The necessary checks were carried out but no serious problems were encountered.

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

Premises	*Number on Register*	*Number of*		*Occupiers Prosecuted*
		Inspections	*Written Notices*	
1. Factories in which Sections 1,2,3,4 and 6 are to be enforced by the Local Authority	21	5	–	–
2. Factories not included in 1, in which Section 7 is enforced by the Local Authority	559	75	–	–
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	12	7	–	–
TOTAL	592	87	–	–

IMPROVEMENTS EFFECTED AT FACTORIES

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

SECTION 'H'

PEST CONTROL

The normal complement of the pest control section is three operators, who spend a great deal of their time in an attempt to destroy rats and mice throughout the Borough, but they are regularly called upon to provide a service for the eradication of wasps, bed bugs, fleas, cockroaches, mites and feral pigeons.

Evidence suggests that the mouse has taken over from the rat as the major rodent problem both in domestic and business premises. In this area, in common with many other parts of the country, the mouse has developed or acquired an ability to thrive on warfarin – the poison which was made to kill by stopping the blood from clotting thus producing haemorrhage.

Warfarin is still used for the eradication of rats and fortunately there is no evidence to date that rats, in this area, are developing an immunity to this substance.

In the case of mice an effective alternative is a narcotic material, alpha-chloralose, which causes death to mice through heat loss, but it is only recommended for use indoors and it is essential that the temperature in the premises is low, preferably below 65° Fahrenheit, also that alternative food should not be available.

Current experience indicates that the 'break back' trap has an increasingly important place in mouse control, particularly in domestic premises. Small infestations can sometimes be cleared if a large number of traps can be used for a few days. Traps should be set with the treadles lying across the mouse runway against walls,or near cover rather than in the open.

Excluding premises in the annual agreement scheme visits were made to 1,656 properties following notification to the department of rodent infestation and 1,370 were found to be infested with rats or mice or both and were treated by the operators.

Other pests dealt with included 114 wasps nests, 18 infestations by fleas, 22 by bed bugs, 3 by cockroaches and 21 by ants.

Narcotic Treatment against Feral Pigeons

Three treatments were carried out during the year, at approved sites in the town, to attempt to destroy feral pigeons by the use of narcotic bait. Limited success was obtained but the process will continue where the sites are suitable. This treatment can only be carried out under licence from the Ministry of Agriculture, Fisheries and Food and at restricted periods during the year. Unfortunately, the

treatment is time consuming in that pre-baiting has to be carried out for two weeks, prior to the narcotic treatment, each morning including week-ends at an early hour to induce the birds to feed on the wheat provided. At the end of this period and only on a Sunday morning at the same time, usually 6.00 a.m., the narcotic bait is placed, and if the pigeons feed undisturbed then reasonable results can be expected.

Annual Agreement Scheme and School Kitchens

Rodent operators visited, on a regular basis, some 85 business premises within the Borough to carry out pest control work, and also 34 school kitchens.

Workable Area Committee

Public Health Inspectors and Rodent Operators have attended the twice yearly meetings of the South Bucks and East Berks Workable Area Pest Control Committee. These meetings provide an opportunity for specialist instruction and guidance in the work of pest control generally, and a platform for the exchange of experiences and ideas between Ministry officials and officers engaged in the public health work of pest control.

It is expected that Local Government Reorganisation will affect the future of this Committee.

SECTION 'I'

NOISE

The problem of noise from various sources seems to be getting more serious. The two main sources of noise today are probably aircraft and road traffic. The siting of airports has become a very important factor for consideration when one realises the many thousands of people likely to be affected. The routing of motorways also, requires very careful planning in order to minimise the noise nuisance likely to affect persons living in the vicinity.

Various complaints have been received during the year alleging nuisance from noise. These have generally been dealt with informally. Certain sources of noise can be dealt with by some form of insulation, e.g. a pneumatic drill used for road-breaking becomes considerably less noisy merely by fitting a muffler over the drill.

Planning plays a very important role in the fight against noise. The siting of factories, schools and hospitals etc., must be very carefully done in order to minimise the possibility of nuisance from noise. It is possible, in the future, that we shall have "noise control areas", similar to our smoke control areas, where it will be an offence to exceed a stated noise level.

Noise Insulation Grants Scheme

This scheme is administered by the Borough Council acting as agents for the British Airports Authority and enables certain residents living in the Langley Ward to obtain grants towards the cost of soundproofing their houses against aircraft noise caused by the proximity of London Airport. Up until 14th September, 1972, the maximum grant amounted to £150 (60% of £250). On and after 14th September, 1972, the maximum grant payable is £206 (75% of £275). 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 in the Langley Ward.

The increase in amounts of grants payable resulted in a temporary increase in the number of applicants. Most householders have three or four normal sized rooms soundproofed under the Scheme and this usually enables them to qualify for the maximum grant.

The Scheme has been extended for a further two years. Applications for grant can be received up until 31st December, 1974, and all the work must be completed by 31st December, 1975.

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

Enquiries	224
Applications	173
Approved	173
Paid	155

Deposit of Poisonous Waste Act 1972

This Act came into operation during 1972 and is administered by this department. The Act prohibits the depositing of poisonous or other dangerous waste on land, which includes land covered by water and also includes any part of the seashore whether above or below high water mark.

This department is mainly concerned with Section 3 which requires the notification to responsible authorities before removing or depositing wastes which are listed as notifiable in the Deposit of Poisonous Waste (Notification of Removal or Deposit) Regulations 1972. The responsible authorities are the Local Authority and the River Authority or River Purification Board for

(1) the area where the premises are situated from which the waste is to be moved and

(2) the area where the land is situated upon which the waste is to be deposited.

At least three clear days notice must be given to the authorities concerned.

Under Section 4 operators of commercial tips are required to certify within three days that the waste notified under Section 3 has been deposited on the tip.

As there are no suitable tips within the town all the notifications which have been received have been in respect of the removal of various industrial wastes from factory premises in Slough to different parts of the country.

The penalties for contravention of the Act are high in order to ensure that poisonous waste is not dumped indiscriminately on the land. The duties under this act are undertaken by the Specialist Public Health Inspector (Air Pollution Control).

Poisonous Beads

There was something of a scare in May 1972 when the National Press publicised the possible danger from the wearing of beads made from certain types of beans alleged to be highly poisonous.

They were known as ladybirds, precatory beans or rosary peas which grow wild in East Africa.

Throughout Britain many people who possessed such necklaces handed them in to Police Stations and Health Departments and some two dozen were handed in locally. The alleged poisonous beads were said to be just one of several kinds, the others being harmless.

I sought guidance from the British Museum and the beads brought in to the department from local residents were subsequently destroyed.

Drinking Water

Sixteen samples of drinking water from various locations of the town's main supply, and at a private supply in a local factory were all found to be satisfactory following bacteriological examination.

Swimming Pools

In addition to the Council's swimming pool at the Lido, and the Community Centre indoor pool, there are pools at some 16 schools within the Borough. All are well supervised and on-the-spot samples are taken by those responsible for their management. As a check, however, water from each pool was sampled by the department during the year and the results found to be generally satisfactory.

Hairdressers

Section 82 of the Buckinghamshire County Council Act 1957 provides for the registration of all hairdressers in the Borough. Conditions found upon inspection of the 72 premises on the register at the end of 1972 were very satisfactory.

Education

Members of staff often give talks to groups of people on various subjects dealt with in the department. Such groups include food handlers, nurses, midwives, student nurses, women's guilds and the occasional 5th and 6th form students. The two favourite subjects are food hygiene and air pollution.

I regard this activity as most rewarding, and resources permitting, I feel it could be developed into a most useful media of health education.

COMMITTEE FOR EDUCATION

January – May 1972

Chairman:

ALDERMAN J.B. McSWEENEY

Vice-Chairman:

ALDERMAN J. RIGBY

ALDERMAN Wm.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

May – December 1972

Chairman:

COUNCILLOR R.F. EVERETT

Vice-Chairman:

COUNCILLOR T.J.C. HURLEY

ALDERMAN MRS. N.B. DENMAN
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COUNCILLOR MRS. E.M. COLEMAN
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COUNCILLOR F.G. KEENAN
COUNCILLOR K. KERSHAW
COUNCILLOR MRS. E.M. MORGAN
COUNCILLOR MISS K.A.V. SHEEHY
COUNCILLOR H.G. SHORT
COUNCILLOR W.J. K. WHITE

Borough Education Officer:

C.S. SMYTH, O.B.E., B.A., DipEd., F.R.G.S.

Staff engaged in Medical Inspections during 1972:

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

Psychiatrists:

VERA A. WILKINSON, M.B., ChB., D.P.M., M.R.C.Psych.
ELIZABETH F. BROWNE, M.B., B.Ch., D.P.M.

Educational Psychologists:

MRS. E. THORNE
MRS. U.M. WALL-GALLUSSER
MRS. E. MARSHALL (resigned Nov. 1972)
MRS. A. KOLBE (appointed Sept. 1972)
MRS. L. DORTINS (appointed Sept. 1972)

Psychotherapists:

MRS. I. WELLIN
MRS. M. WOOD

Therapeutic Teacher:

MRS. D. PHILLIPS

Psychiatric Social Workers:

MRS. M. PAGE
MRS. H. BLANK
MRS. W. BENNELL
MRS. M. RILEY (appointed Aug. 1972)
MRS. E. BARDSLEY (appointed Aug. 1972)

Social Worker:

MRS. F. ALLEN (P/T)

School Dental Surgeons:

Area Dental Officer:	H.R. RIPPON, L.D.S.	
Dental Officers:	MRS. L. LEVY, L.D.S.	
	F.M. ARMOUR, B.D.S.	
	MRS. P.A. TURNER	(resigned Sept. 1972)
	MRS. E. PROSSER	
	MRS. S. BROWN	(resigned July 1972)
	MRS. W. BRIGHT	(appointed June 1972)
Orthodontist:	MISS A.M. BLANDFORD, D.Orth., L.D.S.	
Dental Auxiliary:	MRS. E.M. BROWN	(resigned Jan. 1972)
	MISS S. HEBDEN	(appointed Dec. 1972)

Speech Therapists:

MRS. R.B. SWALLOW (part-time)
MRS. B.M. CLIFTON
MRS. L. TINTO
MRS. J. TOWNEND (appointed 4. 9. 72)

Remedial Gymnasts:

MISS J. GARSCADDEN
MRS. S. McCLURE (appointed 1. 9. 72)

Area Chiropodist:

MRS. V. TODD (appointed Aug. 1972)

ANNUAL REPORT

OF

THE SCHOOL HEALTH SERVICE 1972

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

Number of Children on the School Roll

		January 1971	*January 1972*
Nursery Schools	— Full-time	104	138
	Part-time	508	729
Primary Schools		8,687	8,706
Secondary Schools	— Modern	4,523	4,575
	Technical, Grammar and High	3,169	3,220
Special Day Schools	— for educationally subnormal pupils	174	174
	— for severely subnormal pupils		77
	— for cerebral palsied children		21
		17,165	17,640

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

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS – 1972

TABLE NO. 1

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

Age Groups Inspected (by year of birth)	*No. of Pupils Inspected*	*For Defective vision (excluding squint)*	*For any other condition as recorded in Table 2*	*Total Individual Pupils*
1968 & later	436	14	64	68
1967	614	13	49	53
1966	579	14	74	82
1965	96	–	9	9
1964	40	–	1	1
1963	7	–	3	3
1962	61	–	7	5
1961	393	15	27	41
1960	47	1	2	3
1959	4	–	–	–
1958	124	2	7	8
1957 & earlier	436	11	16	26
TOTAL	2,837	70	259	299

INFESTATION WITH VERMIN

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

		1969	*1970*	*1971*	*1972*
(a)	Total Number of individual examinations of pupils in schools by school nurses or other authorised persons	22,488	21,444	15,439	20,803
(b)	Total Number of individual pupils found to be infested	52	78	60	184
(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.

	1969	*1970*	*1971*	*1972*
Number of special inspections	2,225	1,188	379	629
Number of re-inspections	1,362	2,090	3,334	3,557
	3,587	3,278	3,713	4,186

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							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	6	29	1	7	2	15	9	51
5	Eyes –								
	(a) Vision	40	57	15	16	15	28	70	101
	(b) Squint	7	26	–	–	–	1	7	27
	(c) Other	–	3	–	–	–	–	–	3
6	Ears –								
	(a) Hearing	24	206	–	28	3	40	27	274
	(b) Otitis Media	8	49	–	–	–	–	8	49
	(c) Other	1	3	1	–	–	–	2	3
7	Nose and throat	6	82	2	7	2	12	10	101
8	Speech	23	60	–	–	2	5	25	65
9	Lymphatic Glands	4	7	–	2	1	1	5	10
10	Heart	5	31	–	3	2	7	7	41
11	Lungs	4	38	–	4	4	14	4	56
12	Development –								
	(a) Hernia	1	3	–	–	1	3	2	6
	(b) Other	9	41	–	1	5	2	14	44
13	Orthopaedic –								
	(a) Posture	2	6	7	4	4	3	13	13
	(b) Feet	56	54	4	3	5	4	65	61
	(c) Other	3	12	4	3	1	6	8	21
14	Nervous System –								
	(a) Epilepsy	–	3	–	1	4	–	4	4
	(b) Other	6	79	–	3	5	14	11	96
15	Psychological –								
	(a) Development	4	49	–	2	2	18	6	69
	(b) Stability	5	40	2	4	–	9	7	53
16	Abdomen	1	8	–	5	–	6	1	19
17	Other	1	21	2	16	1	23	4	60

TABLE NO. 3

SPECIAL INSPECTIONS

DEFECT CODE NO.	DEFECT OR DISEASE	SPECIAL INSPECTIONS	
		PUPILS REQUIRING TREATMENT	PUPILS REQUIRING OBSERVATION
4	Skin	3	33
5	Eyes –		
	(a) Vision	39	136
	(b) Squint	3	28
	(c) Other	–	12
6	Ears –		
	(a) Hearing	84	638
	(b) Otitis Media	20	48
	(c) Other	–	1
7	Nose and throat	16	148
8	Speech	36	90
9	Lymphatic Glands	1	5
10	Heart	4	6
11	Lungs	8	47
12	Developmental –		
	(a) Hernia	2	6
	(b) Other	13	50
13	Orthopaedic		
	(a) Posture	19	37
	(b) Feet	68	144
	(c) Other	8	55
14	Nervous System –		
	(a) Epilepsy	1	21
	(b) Other	71	172
15	Psychological –		
	(a) Development	22	182
	(b) Stability	19	144
16	Abdomen	2	26
17	Other	2	139

REPORT OF THE REMEDIAL GYMNAST

Until the appointment of an additional physiotherapist in September the problems of previous years continued and meant that curtailment of time spent with children of secondary school age, and the Evelyn Fox School; also inadequate time was allocated for those with physical handicaps.

With the arrival of Mrs. McClure timetables were soon replanned and more time allocated to secondary schools, Evelyn Fox School and some of the more severely handicapped children. From September the service was extended to schools in the Eton Rural District Council area.

With the increase in the number of physically handicapped children, and in particular those with spina bifida, it is found that welfare and teaching staff welcome practical advice with regard to their management and adaptation to the normal school environment. With this in mind visits have been made to special schools and their help with regard to equipment and general approach has been most helpful. There is a need for adaptations to some school buildings to permit the children to become more independent and to facilitate their management.

There has been a better response from parents who attended sessions in school; the 77 who accepted invitations were mainly mothers of infant school pupils, whose co-operation is essential to the success of the exercise therapy.

As usual I must thank Head Teachers, School Matrons and other staff for their help.

	1969	*1970*	*1971*	*1972*
Total number treated by Remedial Gymnast	460	462	449	513
Total number treated by School Staff	16	18	16	15
Total number of new cases referred	165	160	134	153
Total number discharged or left district	128	134	90	108
Summary of Cases Treated by Remedial Gymnasts				
For foot and knee defects	306	329	305	340
For postural defects	79	78	74	95
For asthma and other chest conditions	61	52	44	50
For neurological conditions	14	15	19	22
For spina bifida				6

There were 59 schools where children required treatment.

CHIROPODY SERVICE

Mr. S.J. Hammett, Area Chiropodist, left the service in August, 1972 and Mrs. V. Todd was appointed in his place during the same month.

The Chiropodial treatment of school children has been greatly extended during the past year. All secondary schools in the area are now visited weekly. A total of 3,372 treatments was given during 1972 by the Area Chiropodist and two Chiropodists working on a sessional basis.

Children are more aware of the treatment available from the chiropody service and are now coming forward of their own accord with various foot problems. The Health Education programme has no doubt played a major role in achieving this.

A Chiropody clinic was opened at the Britwell Health Centre for one session per week and it is hoped to extend this service to other Health Centres in the future.

A number of talks have been given to Mother's Clubs and Women's Institutes with the aim of educating the parents in the importance of correctly fitting shoes and foot care for children. The majority of weaknesses and deformities in the foot begins even before children start school. Parents seem to be unaware of the importance of bare foot activity and this point is stressed quite strongly.

SPEECH THERAPY

During 1972 a total of 378 children with speech and language defects have been seen, and where indicated, treated. One hundred and nine cases have been taken on for treatment. Thirty-nine were pre-school children referred in the main by Child Welfare Clinics. Still far too many children only begin treatment six months, and often more, after starting school. While some children's speech does spontaneously improve during the first few months in school, valuable time is often lost and deviant articulation in particular, becomes a firmly established habit. General Practitioners should be encouraged to refer more pre-school children.

Although a new speech therapist was eventually appointed, the loss of two therapists meant that staff shortage resulted in a failure to cope with the demand for treatment; for the first time in over six years a waiting list of 38 cases built up. Priority has continued for pre-school referrals – this results in a shorter length of treatment.

Regular therapy sessions have been held in four Health Centres, two special schools (Park and Birchfield) and some infant and primary schools. The Evelyn Fox

School has been visited twice a term when advice was given to staff to help them to handle the speech and language development of handicapped children. Those parents who wished to discuss their own child's difficulties have been seen at the School.

Towards the end of the year the Diagnostic Unit was opened. Speech Therapy for these children is being provided by a therapist from the Audiology Unit of the Royal Berkshire Hospital.

Secondary school stammers remain an intractible problem. Insufficient staff has prevented the setting up of group treatment sessions this year. Some cases have been referred to group treatment courses in London.

Talks on various aspects of Speech Therapy have been given to Parent Teacher Associations, Mothers' Clubs, Young Wives, Nurses, Teachers, Health Visitors and Students.

Five speech therapy students from training schools in London have attended clinics during the year.

National courses and County organised day courses have continued to provide new and stimulating treatment methods, and even more important for staff morale, an opportunity for colleagues to discuss problems and exchange ideas.

The general public is becoming more aware of the importance of language development, and more demanding in requests for help over speech and language difficulties. This awareness has given an important impetus of the recent publication of the Quirk Report on Speech Therapy. Perhaps the idea of employing less skilled help for the routine practice work involved with many cases might find favour. This would allow the fully trained speech therapists to give more time to assessment and treatment of the more complex cases; research into such questions as 'which children do spontaneously improve ?' and 'which children with delayed language benefit from nursery school ?' might also then be possible.

South Bucks Area		**Slough**	
Total cases	378	Total cases	320
Discharges	152	Discharges	124
Referrals	144	Referrals	93
Waiting list at 31.12.72	38	Waiting list at 31.12.72	21

PARTIALLY HEARING UNIT

Due to unforeseen circumstances the Unit was inoperative for five months from May to October and therefore fewer cases were referred and many previous cases were not followed up as quickly as had been anticipated.

During the year 11 children were prescribed hearing aids and there are now 80 children (50 boys and 30 girls) with aids.

	Boys	*Girls*
Pre-school	4	—
Infants	—	—
Junior	10	6
Secondary	16	9
Selective Secondary	3	5
Special	16	10
Private	1	—

Auditory training has been provided for a number of children in schools, and in addition parent guidance and auditory training have been arranged for four pre-school children in their homes.

Two children attending the Unit have been assessed as sufficiently adjusted and developed to return full time to schools in their own home area where they appear to have settled satisfactorily.

The Unit continues to work closely and amicably with the E.N.T. Departments of the local hospitals and during the year further contact and liaison has been effected with the Audiology Department of the Royal Berks Hospital.

The happy relationship with all departments of the Authority continues and I am happy to report the excellent co-operation of all schools who have hearing impaired children on roll. Every consideration and facility are always readily provided.

Staffing continues to be a problem but it is hoped that an additional teacher for the Unit will be appointed early in 1973.

BIRCHFIELD SCHOOL
(for cerebral palsied children)

Birchfield School has seen many changes of pupils and staff during a busy year. In December there were nineteen full-time and three part-time pupils, as well as younger children attending for treatment, or for parents to obtain advice and support.

Seven children have commenced attendance during the year, two children attended for a short time, and seven children have left. Of the latter seven, one was of school leaving age, three went to Martindale School, Hounslow, one to the Wilfred Pickles School and two went to Ireland.

The addition of a double transportable classroom unit has meant that the older children now have a classroom for their sole use. The other large classroom is used mainly by the Physiotherapist, and it is now possible to have a fuller programme of group physical activity.

The rest room continues to be used as a schoolroom for the pre-school group and a room is available for Speech Therapy or individual work. The Nursery is used by the younger children as a room in which the whole school can gather at playtimes, lunch time and for school activities.

The children have a wide range of physical and mental disabilities and many have additional handicaps, e.g. speech and language difficulties, hearing loss, partial sight. Therefore, they require much individual care and attention.

They are divided into three groups for most of the day — nursery, pre-school and school group, but these groups change for varying activities. The age range is two years to nine-and-a-half years.

Visits out of school have continued throughout the year to Slough, to farms, to local parks and to local schools. The annual holiday took place at Easter when eight children, three staff and three adult volunteers again went to Cornwall. Activities included a fishing trip, swimming, a Christening Service, shopping expeditions and visits to a farm, fire station, lifeboat station, Culdrose Air Station, a Seal Sanctuary, a pottery and Truro Cathedral.

During the Summer Term the children held a Sponsored Walk in the school grounds and raised £412 for the R.D.A. For this they won a colour Television Set which was presented to them at Hickstead Show Jumping Ground in Sussex. A coach party of children and parents went to Hickstead for the presentation. In their turn, the children presented the Television Set to Miss Beryl Reid who accepted it on behalf of Chiltern House, a short term care home for adult Spastics, at Oxford.

The Christmas show this year was Cinderella. The children enjoyed the preparations and their parents enjoyed the performances.

All children have individual or group therapy according to their needs. Young children with their parents, or children now at ordinary school, attend regularly. Six children had operations and were able to return to school immediately for post-operative physiotherapy.

Speech Therapy has continued regularly and the Therapist is often able to assist with feeding. Two children with severe difficulties use electric typewriters.

Dr. J. Rubie has continued to hold a monthly clinic at the school. All the children have been seen by him during the year and he has seen new children and reviewed past pupils now attending ordinary schools.

Social evenings have been held during the year and have been well attended. All the parents have visited the school during the year.

REPORT OF THE CHILD GUIDANCE SERVICE

I am indebted to Dr. Vera Wilkinson, Consultant Child Psychiatrist in charge of the Child Guidance Clinic, for the following report.

Total number of new referrals	—	237
Number on waiting list 1st January 1972	—	34
Number on waiting list 31st December 1972	—	25

The total number of referrals rose during the year by 9%

Total attendances	—	3,182

We have tried to extend our preventive and consultative services during the year with the aim of trying to identify problems earlier and to offer to other agencies in the community who have responsibility for children and families a wider service.

We have regular meetings with Health Visitors, School Medical Officers, Probation Officers, Social Workers in the Social Services Department and Schools. The Clinic team meetings with the 1st year tutors in one secondary school which was started last year have continued and we are having a similar pilot study now in one Junior School where the needs of the individual children and the coping mechanisms in the class are being discussed. We feel that this contact with schools has proved very valuable and would like to extend this if more time were available. The Clinic staff have taken part in talks to Family Aides, Playgroup Leaders, Mothers' Groups and School Counsellors at Reading University.

Mrs. Blank is continuing her work counselling bereaved families and we should like to congratulate her on winning the Mental Health Research Fund prize for her paper on "Crisis Consultation" which describes this service.

The diagnostic work at the Clinic has continued and increasingly the value of family therapy has been explored. This is not to the exclusion of individual therapy where the problem is an intrapsychic one; the present staffing of the Clinic provides us with opportunities to develop a flexible approach.

During the year a Diagnostic Unit has been started for children with multiple handicaps whose educational placement is in doubt. Dr. Myant, the Deputy Medical Officer of Health, and members of the Clinic staff, a Speech Therapist and the teacher form the multi-disciplinary team for the Unit.

The clinic team has responsibility for the Senior Adjustment Unit and the George Green Junior Adjustment Unit and the School Psychological Service for the Remedial Centre. We are continuing to run the pre-school weekly diagnostic group and Mothers Group and I am part of the multi-disciplinary working with the Social Services Department in their Assessment Centre at Manor Lodge. My hospital sessions enabled me to keep in touch with Paediatricians and Physicians and I regard this as a valuable complement to the work in the Clinic.

Twenty-five children were recommended for boarding school placement and a proportion of these went to the Prestwood Lodge School. We do feel it has been a great asset to have a boarding school which is maintained by the Local Authority so that a close liaison can be built up. The children who have attended Prestwood Lodge have expressed great appreciation of the facilities provided there when I have seen them for review during the holidays.

The Buckinghamshire Inter-Clinic Conference was held in Slough in 1972 on the theme of "Adolescent Bewilderment".

During the year we had Social Work students in training from High Wycombe Technical College and their placements have been supervised by the Psychiatric Social Workers.

We feel that the close integration of the multi-disciplinary team is one of the strengths of the Clinic and hope that in any reorganisation that we shall be able to maintain this and build on it.

DENTAL SERVICE

Shortages of dental staff have caused some difficulties but have once again been able to exceed the national and county averages for the number of children inspected per dentist and number of fillings per dental officer, as well as providing a high standard of children's dentistry.

All but two schools in Slough were visited for the annual dental examinations in 1972. At many schools there appeared to be fewer children in need of dental treatment which was encouraging. This being the third successive year that almost all schools have had a dental visit, the frequent reminders reaching those in need of dental treatment appears to have stimulated many children to visit a dental surgeon to have the treatment needed.

This was Christine Shaw's year for dental talks and although employed as a dental surgery assistant she proved to be excellent at putting over enthusiastically the message of good teeth. At nursery and infant schools the 'dental quiz' with boys versus girls proved enjoyable to all concerned and the first year pupils at secondary schools had a talk accompanying a film on dental health.

As a means of follow up to the secondary school discussions a post competition was arranged for 11 and 12 year olds in the spring term. An eminent panel of judges found it hard to pick the winners from over a hundred posters submitted. The winner had a cup for the School presented by Ronson Products. The prize giving at the College of Technology in May proved far more popular than expected, with an audience of hundreds, with parents, teachers, local dentists and children packing the lecture theatre.

During 1972 the final modernisation of the dental surgeries was completed and equipment replaced. One dental surgery at Burlington Road Health Centre is now equipped for low seated dentistry and all other surgeries have up to date equipment. A mobile dental surgery was used at Cippenham and proved a means of treating several children who would otherwise not have received treatment.

BOROUGH OF SLOUGH

WITH THE COMPLIMENTS
OF THE
MEDICAL OFFICER OF HEALTH

HEALTH DEPARTMENT 302-308, HIGH STREET SLOUGH
TELEPHONE SLOUGH 36883

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