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BOROUGH OF WATFORD

PUBLIC HEALTH, WATER & LICENSING COMMITTEE



Chairman:

Alderman W.T.H. Price, B.Sc., M.Ch.S.

Vice-Chairman:

Alderman Mrs. H.M. Dodd

BOROUGH OF WATFORD

Members:

Alderman P. A. Wilson
Councillor J.E. Abbott
Councillor P.A. Allan, M.A. Cantab.
Councillor A.R. Boot, B.Sc., Ph.D.
Councillor J.S. Bryden, F.Inst.L.Ex.
Councillor S.L. Deakin
Councillor W. Greenstreet

Councillor Mrs. J.H.G. Green
Councillor M. Hogan
Councillor R.S. Horner
Councillor K.D. Reith, C.Eng., M.I.C.E., M.I.Street.E.
Councillor A.G. Robertson, C.Eng., M.I.E.E., A.F.R.A.E. Soc.,
A.M.S.I.P.
Councillor N. Tyre (1974)

Annual Report

of the

MEDICAL OFFICER OF HEALTH

and

PUBLIC HEALTH, WATER & LICENSING COMMITTEE

CHIEF PUBLIC HEALTH INSPECTOR

Chairman:

Alderman W.T.H. Price, B.Sc., M.Ch.S.

for the year

Vice-Chairman:

Alderman P.A. Wilson, M.I.L., A.M.S.I.P.

1971

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Councillor D.B. Griffiths, A.C.A.

Councillor M. Hogan
Councillor R.S. Horner
Councillor K.D. Reith
Councillor A.H. Taylor
Councillor N. Tyre (1974)
Councillor G. Wardham

A. SHAW

M.B., B.S., D.P.H., M.F.C.M.

Medical Officer of Health

K. H. MARSDEN

F.A.P.H.I.

Chief Public Health Inspector



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1970-1971

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Alderman P. A. Wilson
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Councillor P.A.Allan, M.A.Cantab.
Councillor A.R.Boot, B.Sc., Ph.D.
Councillor J.S.Bryden, F.Inst.L.Ex.
Councillor S.L.Deakin
Councillor W.G.Everett

Councillor Mrs. J.H.G.Green
Councillor M.Hogan
Councillor R.S.Horner
Councillor R.D.Reith, C.Eng., M.I.C.E., M.I.Struct.E.
Councillor A.G.Robertson, C.Eng., M.I.E.E., A.F.R.AE.Soc.,
A.M.B.I.M.
Councillor G.Wareham

PUBLIC HEALTH, WATER & LICENSING COMMITTEE

1971-1972

Chairman: Alderman W.T.H.Price, S.R.Ch., M.Ch.S.

Vice-Chairman: Alderman P.A.Wilson, M.I.L., A.M.I.Ex.

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Councillor A.R.Boot, B.Sc., Ph.D.
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Councillor Mrs. J.H.G.Green
Councillor G.R.Greenstreet
Councillor D.B.Griffiths, A.C.A.

Councillor M.Hogan
Councillor R.S.Horner
Councillor K.D.Moulds
Councillor A.H.Naylor
Councillor N. Tyrwhitt B.Sc.(Lond.)
Councillor G.Wareham

BOROUGH OF WAIFORD

PUBLIC HEALTH WATER LICENSING COMMITTEE

1970-1971

Chairman: Mr. J. H. ...

Vice-Chairman: Mr. ...

Members:

- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...

- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...

MEDICAL OFFICER OF HEALTH

PUBLIC HEALTH WATER LICENSING COMMITTEE

Chairman: Mr. ...

Vice-Chairman: Mr. ...

Members:

- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...

- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...
- Mr. ...

STAFF

Medical Officer of Health

A. Shaw, M.B., B.S., D.P.H., M.F.C.M.

Public Health Department, Town Hall, Watford.

Phone: Watford 26400

Deputy Medical Officer of Health

F. Barasi, M.R.C.S., L.R.C.P., D.P.H., M.F.C.M.

Chief Public Health Inspector

K. H. Marsden, F.A.P.H.I. 1, 3, 4, 5

Deputy Chief Public Health Inspector

G. F. Willcox, M.A.P.H.I. 1, 3, 4, 5

District Public Health Inspectors

J. L. Willoughby	1, 3, 4, 5	Michael J. O'Brien, M.A.P.H.I.	1, 3
Joseph Brown, M.A.P.H.I.	1, 3, 5	Paul Bailey, M.A.P.H.I.	1, 3
		Peter Wright, M.A.P.H.I.	2

Senior Meat Inspector

J. L. Mackenzie 1, 3, 6

Authorised Meat Inspectors

J. O'Brien Brian Christie

Student Public Health Inspectors

Peter Montandon Andrew Edmunds

Chief Clerk

Mary Sherlock

Senior Clerk

Marion Johnson

Clerks

Doreen Roberts Olive Topping Betty Maxfield

1. Certificate, Royal Society of Health and Public Health Inspectors Joint Board.
2. Diploma, Public Health Inspectors Examination Board.
3. Meat and Other Foods Certificate, Royal Society of Health.
4. Certificate of Sanitary Science, Royal Society of Health.
5. Diploma in Smoke Inspection, Royal Society of Health.
6. Higher Certificate of the Institute of Meat.

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BOROUGH OF WATFORD

Public Health Department,
Town Hall,
Watford.

September, 1972.

TO THE WORSHIPFUL THE MAYOR, ALDERMEN AND COUNCILLORS

Ladies and Gentlemen,

Vital statistics The vital statistics of the Borough in 1971 were unremarkable except for their generally satisfactory nature. The infant mortality and perinatal mortality rates were below the national average and the incidence of notified infectious disease was relatively low.

Reorganisation of the National Health Service I commented last year on the forthcoming reorganisation of the National Health Service and since that time a number of documents have appeared, foreshadowing the changes. The Government's White Paper appeared in August 1972 and the proposals are what were expected. The country will be divided into fourteen regions and seventy-two area health authorities and the emphasis will be on strong management with delegation downwards and accountability upwards. Some Area Health Authorities, for example Hertfordshire, will have a number of health districts which will provide a complete health service for populations of 200,000 to 500,000.

Shortly after the White Paper came a document on "Management Arrangements for the Reorganised National Health Service" in which functions at various levels are defined. At district level the problems of co-ordination promise to be immensely difficult but with goodwill and time there is a definite promise of a comprehensive health service which will be to the benefit of the consumer.

However, the composition of the Area and Regional Health Authorities, in which the chairmen and nearly all the members are ministerial appointees, must leave doubt in many minds whether the Health Service will be responsive to public needs as expressed by the public. The proposed Community Health Councils, if used in the best way, can do much to meet the public needs but again doubt must arise as these have no executive functions.

Personal Health Services The report this year contains a report on the work of the Personal Health Services in South West Hertfordshire and it is hoped that members will be interested and informed by this account of the functions of the Health Executive.

I am grateful to members of the Council, fellow chief officers and colleagues in public health, hospital and general practice for much help, courtesy and consideration.

I have the honour to be

Your obedient Servant,

A. SHAW

Medical Officer of Health

VITAL STATISTICS

- Births** There has been little change over the past ten years in the number of births in the Borough, the figures being between 1,300 and 1,500 during this period. In 1971 there were 1,427 births and the standardised birth rates were 17.9 per 1,000 population compared with a figure of 16 for England and Wales. 100, or 7%, of all births were illegitimate.
- Infant mortality** Twenty infants under the age of one year died in 1971 and thus the infant mortality rate was 14 per 1,000 live births compared with a national figure of 18. Sixteen of the 20 died before reaching the age of one month and the neonatal mortality rate was thus 11 per 1,000 live births compared with a national figure of 12.
- Perinatal mortality** There were fourteen stillbirths giving a stillbirth rate of 10 per 1,000 live and stillbirths compared with the national figure of 12. The same influences operate to cause stillbirths as those causing early neonatal death (i.e., in the first week of life) of live born infants and if the stillbirth figure and the early neonatal number of 13 are added this gives a perinatal mortality rate of 19 compared with the national figure of 22.
- Death Rate** There were 876 deaths at all ages and the standardised death rate was 10.6 per 1,000 population.
- Causes of Death** High on the lists of causes of death are cancer (201 deaths), ischaemic heart disease (173), cerebrovascular disease or stroke (116) and bronchitis and emphysema (48).
- Cancers** On the list of deaths from cancer in Table V it will be seen that there were 51 deaths from cancer of the lung, 42 in men and 9 in women. Thirty-eight of these deaths occurred after the age of 65, 3 between the ages of 45 and 54 and 10 between the ages of 55 and 64. The next biggest site of election was the intestine and there were 38 deaths in this category mainly in the lower intestine, i.e., rectum and colon. There were 18 deaths from cancer of the breast and six from cancer of the womb.
- Ischaemic heart disease** Ischaemic heart disease, that is to say, a disease of the coronary arteries resulting in a diminished blood flow to the heart muscle caused 173 deaths, 100 in men and 73 in women. A fifth of these deaths occurred before the age of 65 but only nine of the 50 were in women.
- Cerebrovascular disease** Cerebrovascular disease (stroke) accounted for 116 deaths, of which 80 occurred after the age of 65.
- It will be seen therefore that the principal causes of death are now cancer and degenerative diseases. Cancer research in the past two decades has made many great discoveries which have been used successfully to the extent that some forms of cancer are now curable and the survival rate after treatment in others is considerably increased. However, in degenerative disease of the arteries less useful advances have been made and a large proportion of the resources of the health (and social services) are being devoted to the effects of increased longevity of the population and the effects of aging.
- Accidents** There were fifteen deaths from motor vehicle accidents and all but three were under the age of 65. There were 26 deaths from all other accidents and in contrast 23 were in people above the age of 65, which is an indication of the importance of home accidents as a cause not only of death but of injury and also of the importance of home safety activities.

INFECTIOUS DISEASE

The number and age distribution of cases of infectious disease, excluding tuberculosis, notified in 1971 is shown in Table VIII. Apart from measles the situation was quiet.

Measles Since 1968 the highest annual number of measles notifications had been 229 in 1969. Last year the figure was 189 and in 1971 there was a rise to 303 cases. There were an almost equal number of cases in the 1-5 and the 5-9 year age groups, but closer analysis shows that most cases in the 5-9 year age group occurred at infant school age. The 50% rise in cases in 1971 compared with 1970 may be an indication that not enough parents are having their children immunised. Certainly this is not an immunisation procedure where the pressure can be allowed to relax and the potential exists for a relatively large number of children to attain young adulthood without either having had the disease (because of lack of opportunities to spread between susceptibles) or the vaccination. Accordingly, a limited epidemic in adolescents is a possibility in future years.

A further immunisation campaign is being arranged for the early part of 1972.

Rubella Rubella is not a notifiable disease and so no figures exist to show its incidence. However, it is my information from a number of sources that there was very little of the disease in the community in 1971. Arrangements are being made to offer a screening test to female teachers of childbearing age to ascertain whether they have had the disease or will need vaccination and teachers are obviously at high risk of contracting the disease from their pupils.

Dysentery The number of notified cases of dysentery was again very low, i.e., four as against seven last year.

Food poisoning There were only five cases of food poisoning by salmonellae in 1971. Four of these were contracted abroad (two in Majorca, one in Spain and one in Rumania). The remaining case was a child of two years where the source was undiscovered. Four of the Salmonellae were typhimurium and one was enteritidis.

Infective hepatitis There were only fourteen cases in 1971 compared with 36 in 1970.

Streptococcal disease There were 17 cases of scarlet fever and one case of erysipelas in 1971. This rise accords with information received from the Public Health Laboratory that 1971 showed an increase of isolations of all types of streptococci.

Tuberculosis Twenty-three cases of tuberculosis were notified in 1971 compared with 30 in 1970. Eighteen of the cases were of the lung and five in other sites.

It is a pleasure to record thanks to Dr. B. R. Eaton, Director of the Public Health Laboratory, Dr. C. Karran, physician at Watford General Hospital and Dr. P. Watney Roe, Chest Physician for their co-operation, help and advice during the year.

TABLE I

VITAL STATISTICS, NATURAL AND SOCIAL CONDITIONS

						1971	
Area in acres	..	..	..	..	..	5,275	
Estimated mid-year population	..	..	..	..	..	78,010	
Number of inhabited dwellings	..	..	..	..	..	26,105	
Rateable value	..	..	..	..	..	£6,623,761	
Sum represented by 1p rate	..	..	..	..	..	£64,920	
							Average 1961/70
Number of births	..	..	..	..	..	1,427	1,426
Crude birth rate (per 1,000 population)	..	..	..	..	..	18.3	18.8
Area comparability factor	..	..	..	..	..	0.98	-
Standardised birth rate	..	..	..	..	..	17.9	18.4
Number of illegitimate births	..	..	..	..	..	100	104
Percentage of illegitimate births	..	..	..	..	..	7.0	7.2
Number of deaths	..	..	..	..	..	876	873
Crude death rate (per 1,000 population)	..	..	..	..	..	11.2	11.5
Area comparability factor	..	..	..	..	..	0.95	-
Standardised death rate	..	..	..	..	..	10.6	11.1
Natural increase of population (excess of births over deaths in year)	..	..	..	..	..	551	553
Number of deaths of infants under 1 year	..	..	..	..	..	20	25
Infant mortality rate (per 1,000 live births)	..	..	..	..	..	14	17.6
Number of deaths of infants under 1 month	..	..	..	..	..	16	19
Neonatal mortality rate (deaths of infants under 1 month per 1,000 live births)	..	..	..	..	..	11	13.4
Number of deaths of infants under 1 week	..	..	..	..	..	13	17
Early neonatal mortality rate (deaths of infants under 1 week per 1,000 live births)	..	..	..	..	..	9	11.9
Number of stillbirths	..	..	..	..	..	14	21
Stillbirth rate (rate per 1,000 births, live and still)	..	..	..	..	..	10	14.6
Perinatal mortality rate (stillbirths and early neonatal deaths per 1,000 births, live and still)	..	..	..	..	..	19	26.3
Number of maternal deaths (including abortions)	..	..	..	..	..	1	0.6
Maternal mortality rate per 1,000 total births	..	..	..	..	..	0.7	0.44

TABLE II

TABLE SHOWING VARIOUS STATISTICAL DATA FOR WATFORD 1961-1970

Year	Population	Number of Births	Crude Birth Rate	Area comparability factor	Standardised Birth Rate	Number of Deaths	Crude Death Rate	Area comparability factor	Standardised Death Rate	Natural increased Population
1961	75,000	1,329	17.7	1.0	17.7	865	11.5	0.98	11.3	464
1962	75,540	1,353	17.9	1.0	17.9	859	11.4	1.0	11.4	494
1963	75,780	1,399	18.5	0.98	18.1	909	12.0	0.98	11.8	490
1964	76,340	1,474	19.3	0.98	18.9	845	11.1	0.98	10.9	629
1965	76,470	1,518	19.9	0.98	19.5	833	10.9	0.95	10.4	685
1966	76,350	1,499	19.6	0.98	19.2	882	11.6	0.96	11.1	617
1967	76,310	1,485	19.5	0.98	19.1	869	11.4	0.93	10.6	616
1968	76,790	1,429	18.6	0.98	18.2	883	11.5	0.95	10.9	546
1969	76,700	1,378	18.3	0.98	17.6	887	11.6	0.95	11.0	491
1970	76,740	1,400	18.2	0.98	17.8	901	11.7	0.95	11.1	499
Average		1,426	18.8		18.4	873	11.5		11.1	553

Year	Deaths under 1 year	Infant mortality Rate	Number of infants under 1 month	Neonatal mortality	Number of deaths of infants under 1 week	Early Neonatal mortality	Number of stillbirths	Stillbirth Rate	Perinatal mortality	Number of maternal deaths	Maternal mortality Rate
1961	19	14.3	15	11.3	14	10.5	22	16.3	26.6	4	2.96
1962	24	17.6	18	13.3	15	11.1	24	17.4	28.3	-	0.00
1963	24	17.2	16	11.4	15	10.7	23	16.2	26.7	1	0.70
1964	29	19.7	23	15.6	20	13.6	20	13.4	26.8	-	0.00
1965	30	19.8	24	15.8	21	13.8	24	15.6	29.2	-	0.00
1966	28	18.7	18	12.0	15	10.0	18	11.9	21.8	1	0.70
1967	35	23.6	30	20.2	28	18.9	26	17.2	35.7	-	0.00
1968	25	17.0	19	13.3	18	12.6	15	10.0	23.0	-	0.00
1969	20	15.0	15	11.0	13	9.0	18	13.0	22.0	-	0.00
1970	18	13.0	14	10.0	12	9.0	21	15.0	23.0	-	0.00
Average	25	17.6	19	13.4	17	11.9	21	14.6	26.3	0.6	0.44

TABLE III
COMPARISON OF VITAL STATISTICS OF WATFORD, HERTFORD COUNTY
AND ENGLAND AND WALES

	Watford	Hertford County	England and Wales
Live birth rate	18.3	15.1	16.0
Area comparability factor	0.98	0.94	1.00
Standardised birth rate	17.9	14.2	16.0
Stillbirth rate	10	9.9	12
Infant mortality rate	14	15.1	18
Legitimate	15	14.6	17
Illegitimate	-	24.2	24
Neonatal mortality rate	11	10.8	12
Early neonatal mortality rate	9	8.6	10
Perinatal mortality rate	19	18.3	22
Maternal mortality rate	0.7	0.2	
Death rate	11.2	9.0	11.6
Area comparability factor	0.95	1.13	1.00
Standardised death rate	10.6	10.2	11.6

TABLE IV
MAIN CAUSES OF INFANT DEATHS 1971

Cause of death	Number under 4 weeks of age	Number between 4 weeks and 1 year of age	TOTAL
Pneumonia	2	2	4
Other diseases, respiratory system ..	-	1	1
Congenital anomalies.. .. .	7	-	7
Birth injury, difficult labour etc. ..	3	-	3
Other causes (mainly prematurity) ..	4	-	4
Symptoms and ill-defined conditions ..	-	1	1
TOTAL	16	4	20

TABLE V
DEATHS 1971

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	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	-	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Late effects of respiratory T.B.	M	1	-	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1	-
Malignant neoplasm, buccal cavity, etc.	M	1	-	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	M	12	-	-	-	-	-	-	-	-	-	2	5	5
	F	7	-	-	-	-	-	-	1	-	2	2	2	2
Malignant neoplasm, intestine	M	20	-	-	-	-	-	-	1	4	5	6	6	4
	F	18	-	-	-	-	-	-	-	-	3	4	4	11
Malignant neoplasm, larynx	M	1	-	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, lung, bronchus	M	42	-	-	-	-	-	-	-	-	3	7	23	9
	F	9	-	-	-	-	-	-	-	-	3	6	6	-
Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	18	-	-	-	-	-	-	-	-	6	4	4	8
Malignant neoplasm, uterus	F	6	-	-	-	-	-	-	-	1	1	1	1	3
Malignant neoplasm, prostate	M	8	-	-	-	-	-	-	-	-	1	1	1	6
Leukaemia	M	5	-	-	-	-	-	-	-	-	1	1	1	2
	F	2	-	-	-	1	-	-	-	-	-	-	-	1
Other malignant neoplasms	M	17	-	-	1	-	-	-	-	1	6	6	6	3
	F	33	-	-	1	-	1	-	1	3	5	13	13	9
Benign and unspecified neoplasms	M	2	-	-	-	-	-	-	-	-	1	1	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes mellitus	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	-	-	-	-	-	-	3	1
Other endocrine etc. diseases	M	1	-	-	-	-	1	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	1	1
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	5	-	-	-	-	-	-	1	-	-	-	-	4
Other diseases of nervous system	M	3	-	-	-	-	1	-	-	-	-	-	-	2
	F	6	-	-	-	-	-	-	-	-	-	3	3	3
Chronic rheumatic heart disease	M	2	-	-	-	-	-	-	-	-	-	-	-	2
	F	14	-	-	-	-	-	-	-	1	-	3	3	10
Hypertensive disease	M	4	-	-	-	-	-	-	-	-	1	-	-	3
	F	12	-	-	-	-	-	-	-	-	1	3	3	8
Ischaemic heart disease	M	100	-	-	-	-	-	1	1	8	32	35	35	23
	F	73	-	-	-	-	-	-	-	1	7	21	21	44
Other forms of heart disease	M	13	-	-	-	-	-	-	1	1	1	4	4	6
	F	32	-	-	-	-	1	-	1	1	-	7	7	22
Cerebrovascular disease	M	41	-	-	-	-	-	-	-	4	4	9	9	24
	F	75	-	-	-	-	-	-	-	2	7	10	10	56

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
Other diseases of circulatory system	M	10	-	-	-	-	-	-	-	-	-	5	5
	F	20	-	-	-	-	-	-	1	-	1	6	12
Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Pneumonia	M	41	1	1	-	-	1	-	-	-	4	7	27
	F	46	1	1	-	-	-	-	-	1	2	7	34
Bronchitis and emphysema	M	35	-	-	-	-	-	-	-	-	5	16	14
	F	13	-	-	-	-	-	-	-	-	1	1	11
Other diseases of respiratory system	M	3	-	-	-	-	-	-	-	-	1	2	-
	F	4	-	1	-	-	-	-	-	-	1	-	2
Peptic Ulcer	M	4	-	-	-	-	-	1	-	-	2	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
Intestinal obstruction and hernia	M	2	-	-	-	-	-	-	-	-	-	2	-
	F	2	-	-	-	-	-	-	-	-	1	-	1
Cirrhosis of liver	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	3	-	-	-	-	-	-	-	1	1	-	1
Other diseases of digestive system	M	3	-	-	-	-	-	-	-	-	1	-	2
	F	4	-	-	-	-	-	-	-	-	1	-	3
Nephritis and Nephrosis	M	3	-	-	-	-	-	-	1	-	-	1	1
	F	1	-	-	-	-	-	-	-	-	1	-	-
Hyperplasia of prostate	M	2	-	-	-	-	-	-	-	-	-	-	2
Other diseases, genito-urinary system	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	7	-	-	-	-	-	-	-	-	-	1	6
Other complications of pregnancy etc.	F	1	-	-	-	-	-	1	-	-	-	-	-
Diseases of skin, subcutaneous tissue	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Diseases of musculo-skeletal system	M	2	-	-	-	-	-	-	-	-	-	-	2
	F	3	-	-	-	-	-	-	-	-	-	1	2
Congenital anomalies	M	6	5	-	-	1	-	-	-	-	-	-	-
	F	2	2	-	-	-	-	-	-	-	-	-	-
Birth injury, difficult labour, etc.	M	3	3	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-
	F	2	2	-	-	-	-	-	-	-	-	-	-
Symptoms and ill-defined conditions	M	1	-	1	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Motor vehicle accidents	M	8	-	-	-	2	2	1	1	-	2	-	-
	F	7	-	-	-	-	-	2	-	-	1	1	3
All other accidents	M	10	-	-	1	-	-	1	-	-	1	2	5
	F	16	-	-	-	-	-	-	-	-	-	3	13
Suicide and self-inflicted injuries	M	3	-	-	-	-	-	-	-	1	-	1	1
	F	4	-	-	-	-	1	-	1	1	1	-	-
All other external causes	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
TOTAL ALL CAUSES	M	418	11	2	2	3	5	4	5	25	81	130	150
	F	458	5	2	1	1	3	3	6	12	46	102	277

TABLE VI

HEALTH SERVICES AND PUBLIC HEALTH ACT 1968

PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS

NOTIFICATION OF FOOD POISONING AND INFECTIOUS DISEASES

The infectious diseases now to be notified to the Medical Officer of Health are :-

Acute encephalitis	Leprosy	Scarlet fever
Acute meningitis	Leptospirosis	Smallpox
Acute poliomyelitis	Malaria	Tetanus
Anthrax	Measles	Tuberculosis
Cholera	Ophthalmia neonatorum	Typhoid fever
Diphtheria	Paratyphoid fever	Typhus
Dysentery (amoebic or bacillary)	Plague	Whooping cough
Infective jaundice	Relapsing fever	Yellow fever

To this list the local authority should add any disease made notifiable in its area under an order made under Section 147 of the Public Health Act 1936 or Section 52 of the Health Services and Public Health Act 1968.

TABLE VII

VACCINATION AND IMMUNISATION OF CHILDREN
(PERCENTAGE IMMUNISED)

	Children born in 1969 and vaccinated by 31.12.71		
	Whooping Cough	Diphtheria	Poliomyelitis
England	78	80	80
Hertfordshire	90	93	93

TABLE VIII

NUMBER OF CASES AND AGE DISTRIBUTION OF CASES OF INFECTIOUS DISEASES
(EXCLUDING TUBERCULOSIS) NOTIFIED IN WATFORD 1971

Age Group	Measles	Whooping Cough	Scarlet Fever	Food Poisoning	Dysentery	Infective Hepatitis	Leptospirosis	Erysipelas
Under 1 year	16	4	1	-	-	-	-	-
1 -	36	2	-	-	-	-	-	-
2 -	26	-	1	1	-	-	-	-
3 -	45	1	4	-	-	-	-	-
4 -	36	1	3	-	1	1	-	-
5 - 9	141	4	7	-	-	3	-	-
10 - 14	3	-	-	-	-	2	-	-
15 - 24	-	-	1	2	-	3	-	-
25 & over	-	-	-	2	3	5	1	1
TOTAL	303	12	17	5	4	14	1	1

TABLE IX

TUBERCULOSIS

Age Group	RESPIRATORY		MENINGES & CNS		OTHERS	
	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-
1 -	-	-	-	-	-	-
2 - 4	-	1	-	-	-	-
5 - 9	-	-	-	-	1	-
10 - 14	-	-	-	-	-	-
15 - 19	1	1	-	-	-	-
20 - 24	1	-	-	-	-	-
25 - 34	2	2	-	-	1	-
35 - 44	2	1	-	-	1	-
45 - 54	2	1	-	-	-	-
55 - 64	2	-	-	-	1	-
65 - 74	1	-	-	-	-	-
75 & over	-	1	-	-	1	-
TOTAL	11	7	-	-	5	-

TABLE X

RAINFALL AND TEMPERATURE - 1971

MONTH	RAINFALL		DAY TEMPERATURES °C	
	mm	% of Average	Highest	Lowest
January	90.4	162	12	0
February	25.8	56	11	4
March	64.1	171	16	3
April	45.6	92	22	6
May	63.2	113	22	12
June	115.4	221	25	12
July	24.9	45	28	20
August	51.8	97	25	17
September	11.0	16	24	16
October	73.2	102	20	10
November	74.0	91	16	4
December	27.4	53	13	5
TOTAL	666.8	96%		

These measurements were taken at Grove Waterworks and supplied by the Water Engineer.

REPORT ON THE WATER SUPPLY

Mr. J. R. Collins, C.Eng., F.I.C.E., F.I.W.E., M.R.S.H., M.B.I.M., the Borough Water Engineer and Manager, has kindly supplied the following information :—

1. The supply was satisfactory both in quality and quantity throughout the year.
2. 7,314,532 cubic metres were supplied during the year averaging 20,039 cubic metres per day and the supply on the maximum day (13th July 1971) was 23,534.64 cubic metres.
3. The population supplied was approximately 78,305, and the average consumption for domestic, trade and industrial purposes was 256 litres per head per day. 189 new supplies were connected during the year.
4. All water going into supply was softened to approximately 200 mg/l.
5. Fluoridation was carried out at both pumping stations, in collaboration with the Department of Health and Social Security. The fluoride content of the supply was regularly tested and shown to be at the optimum level of 1 mg/l.
6. Sterilisation by super-chlorination and de-chlorination of all water supplied was carried out at both pumping stations. Chlorine residuals were regularly tested to ensure that the sterilisation processes were operating correctly.
7. 160 bacteriological analyses were made of the water drawn from various parts of the supply system, and of the raw and untreated water from both pumping stations and these indicated that the supply was at all times of a satisfactory bacteriological quality.
8. Chemical analysis also indicated satisfactory chemical quality of the untreated and treated water. There was no plumbo-solvency.
9. A survey of water supplied to temporary dwellings within the water supply area revealed the following situation :—

227 Horseshoe Lane	One caravan was occupied by one family with one stand pipe and one Elsan toilet for part of the year but has now been removed.
289 Sheepcot Lane	One caravan occupied by one family for part of the year with one stand pipe and one toilet connected to the sewer but without flushing apparatus.
275 Sheepcot Lane	Six caravans occupied by six families with two stand pipes and two flush toilets.
106 High Road, Leavesden	Two caravans occupied by one family with one stand pipe and two flush toilets.
'Rosebarn', Lady Capel's Wharf, Hempstead Road.	One caravan occupied by one family with piped water supply and one flush toilet.
'Rosevilla', North Orbital Road	Five caravans — three vacant and two occupied by two families with one stand pipe and two Elsan toilets.
'Iona', North Orbital Road	Two caravans for part of the year during winter months occupied by two families, with one stand pipe and two Elsan toilets.
10. There was one permanent dwelling within the water supply area without main water supply piped into the premises. This was 'Rosevilla', North Orbital Road where a stand pipe and flush W.C. were available. This has now been rectified and a main water supply is piped into the premises.

Water Department,
Watford Field Road,
WATFORD, Herts.
26th May 1972.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Introduction Pollution of the environment is causing increasing public alarm and from all that is now being said, it could well be thought that this is a modern phenomenon. Let it therefore be remembered that there were greater hazards to health a century ago from insanitary living conditions in all urban environments. The newly-created Local Boards of Health were then made responsible in this country for cleaning up the towns and safeguarding our air, food and water supplies. Over the years a comprehensive code of public health legislation has been established by the Government, the bulk of which is enforced by local authorities.

Now that decisions are being made on the major reorganisation of local government it is a good thing that in a two-tier system the responsibility for almost all environmental health matters will remain with the new District Councils who are more closely in touch with the people than are the County Councils.

The report that follows is a resume of the work of the public health inspectors during 1971; as in previous years it concerns the places where people live and work and the food they eat. It is to be hoped that the housing survey, on which I report, will lead to the early declaration of a general improvement area in Watford and that the establishment of smoke control areas can now proceed without interruption for this has the most direct beneficial effect on public health.

HOUSING

Unfit dwellings The Council made Closing Orders on three houses, i.e. 7 Avenue Terrace, 20 Aldenham Road and 105 Pinner Road, also on part of 85 St. Albans Road. Six unfit houses – Nos. 280 to 290 High Street – were demolished.

Housing Survey

Disrepair and Improvement of Houses During the year a sample survey was made of houses in the Borough built before 1920. The main purpose was to obtain information on the number and situation of houses that were lacking modern amenities, but the survey was also used to collate other housing information.

In preparing the frame from which the sample was selected, it was decided to exclude some large expensive houses in two residential estates. Thus the number of dwellings (houses and flats) covered by the survey was 8,790. Every tenth dwelling was visited, which is a recognised statistical method.

The findings of the survey are set out in Table IV in the Appendix; it must be emphasised that this survey was concentrated on the older parts of the town, i.e. about one-third of the total dwellings and in most respects it therefore presents a darker picture than applies to the town as a whole. Although the postal strike prevented its completion before the National Census was held there were but a few persons who refused to co-operate.

The figures in the Appendix are estimates; their reliability varies according to the number in each category but with the help of a statistician at the Watford College of Technology the Appendix shows the maximum error in either direction at a 95% confidence level.

The survey has confirmed that the general standard of maintenance of houses in the Borough is good; no house was found that was unfit for human habitation and 90% were in good repair.

At the end of the year, five selected areas in which a substantial proportion of the houses were in need of improvement, were being considered by the officers with a view to one of them being used as a pilot general improvement area.

Enforcement of House Improvements

The tenants of twelve houses made representations to the Council under Section 19 of the Housing Act 1964 to enforce the owners to improve their house. In each case Immediate Improvement Notices were served.

Improvement Grants

Applications for improvement grants are dealt with by the Borough Engineer. The more attractive grant provisions of the Housing Act 1969 promoted a substantial increase in the number of grants, particularly in respect of rented properties. The number of houses improved in 1971 was 92 owner occupied and 65 rented.

Council Houses For several years the Council have pursued an active policy of improving the Council-owned houses built before 1939. A major step forward was taken during 1971 when the Council entered into a contract for the modernisation to Parker Morris standard of 829 houses on the Harebreaks Estate and 10 in Rickmansworth Road. It is the intention of the Council in due course to completely modernise the houses that have been improved only by way of installation of standard amenities.

Publicity The Council agreed to co-operate with the owner of a vacant terrace house in the preparation of a model improvement and repair scheme with a view to it being used as a demonstration house to publicise the grants available.

Overcrowding Most of the overcrowding of houses in Watford is caused by the sub-letting of rooms most of which are occupied by immigrants. Far from the housing survey revealing unsuspected overcrowding of dwellings, it shows that the average number of persons living in each dwelling—2.83—is a low one. The Council made four Directions under Section 19 of the Housing Act 1961 to control or reduce the number of persons occupying houses in multi-occupation. There are 81 such houses under supervision where the Council has taken statutory action under this legislation. Enforcement calls for irregular night inspections of the dwellings. Three prosecutions were authorised for infringement of Directions. At the time of preparation of this report, two of these cases had been heard and in each case a fine of £20 was imposed by the magistrate.

Caravans The number of long-standing residential caravans in Watford has been reduced to four on four licensed sites. Three of these sites and one other are also used by travelling showmen during the winter months.

Early in the year four itinerant caravans were placed on vacant land at Holywell owned by the Council. No facilities were available for the families and it was likely that public health nuisance would arise. The Hertfordshire County Council could not find alternative sites. The two Councils, therefore, co-operated in the provision of basic amenities on this site which, with the supervision of a warden, would keep it free from nuisance until the County Council could provide another site in about eighteen months time.

FOOD

- Food Hygiene** Apart from daily visits to the slaughterhouse, inspections were made of food premises of all kinds and of market and other stalls and of vehicles, to check compliance with the relevant hygiene regulations.
- A butcher was convicted of the offence of using tobacco in his preparation room (Table VIII).
- Food hygiene was the subject of lectures given by public health inspectors to various organisations and to persons employed in handling food.
- Food Inspection** (a) **Meat**
- Meat inspection was carried on satisfactorily through the year.
- Following representations by this and other local authorities the Minister of Agriculture, Fisheries and Food published The Meat Inspection (Amendment) Regulations 1971. These increased the permitted charges for meat inspection and the Council resolved to apply the maximum charges. They further resolved not to make any refunds if the fees exceeded the cost of inspection (as had been done between 1963 and 1967) until losses incurred between 1968 and 1971 had been recouped.
- The slaughterhouse manager has continued to permit students of meat inspection to gain practical experience in the abattoir. Such facilities are very limited and local authorities over a wide area are indebted to him for the opportunity for their staff to receive the required training.
- Slaughter of Animals Act**
- Twenty-two licences to slaughter all classes of animals except horses were issued; one of them enabled the holder to slaughter animals only under the supervision of an experienced slaughterman.
- (b) **Milk**
- Only 5 complaints were received and these were referred to the Public Health Departments of the districts in which the milk was bottled. This is a remarkably small number considering the abuse to which milk bottles are subjected and speaks well for the vigilance exercised at the dairies.
- (c) **Unsound Food**
- Seventy-six complaints were received of food (other than milk) sold in an unsatisfactory condition. 42 complaints referred to foreign bodies, 18 of which were in bakery products. Staleness, mould growth or decomposition accounted for 32 reports. All complaints are thoroughly investigated and, wherever possible, means are sought to prevent a recurrence of the unsatisfactory circumstances which led to the complaint.
- The Public Health Committee authorised legal proceedings (Table VIII) in 9 cases reported to them and instructed warning letters to be sent in 14 cases. Of the prosecutions authorised, one did not proceed for lack of the necessary evidence from the complainants.
- The most remarkable complaint was that of a live earwig sealed inside the wrapper of a sliced loaf.
- Food Poisoning** Five cases of food poisoning were notified; four were *Salmonella typhi-murium* infections and the other *Salmonella enteritidis*. Four of the infections were contracted overseas.

Composition of Food and Drugs

Informal samples were submitted to the Public Analyst, Mr. J.D. Curzon, B.Sc., A.R.C.S., M.Chem.A., F.R.I.C., as follows :-

Food Samples: 139

Drug Samples: 18

Routine food samples included manufactured vegetarian foods, meat and fish products, butter and cream, jellies, flavouring agents, sauces, confectionery and soft drinks.

Incorrect labelling of Swiss pate, soya protein products and tomato sauce were reported and appropriate action taken.

All the other routine food and drugs samples were satisfactory.

Of samples submitted because of complaints from consumers or other special circumstances the following were found to be unsatisfactory :-

Samples of bread contained respectively, oil, charred starch and a fragment of aluminium.

A piece of natural chalk was found in English cheese.

A 'bitter' steak and kidney pie had too much salt.

A trace of phenolic material was present in tinned salmon said to taste of disinfectant.

The above results were communicated to the persons concerned.

PLACES OF WORK

Factories In the great majority of factories in Watford mechanical power is used and almost all the health provisions of the Factories Act are, therefore, enforced by the Factory Inspectorate.

From time to time factories are visited by a public health inspector in connection with health legislation which is enforceable by the Council, namely :—

- (i) food hygiene in canteens and in food factories;
- (ii) atmospheric pollution from chimneys and factory processes;
- (iii) noise and other nuisances;
- (iv) the storage of petrol and petroleum mixtures;
- (v) sanitary conveniences.

A summary of the inspections made under the Factories Act and of the "outwork" which is done in workers' homes is set out in Table XI in the Appendix.

Offices, Shops and Railway Premises Act 1963

1. Registration and Inspection

The number of premises in Watford newly registered during the year and on the register at 31st December 1971 with the numbers of persons employed therein are as follows :—

	No. of premises newly registered during the year	Registered premises	No. of persons employed
Offices	19	485	8,935
Retail Shops	32	667	5,142
Wholesale shops and warehouses	5	58	749
Catering establishments and Canteens	3	77	814
Fuel Storage Depots	Nil	1	6
Total	59	1,288	15,840
7,633 males and 8,207 females			

In considering the above figures it must be borne in mind that many persons are employed in the above classes of business which are not registered by the Local Authority, namely :—

- (1) Businesses in which only the employer's relatives work;
- (2) Businesses in which employees work less than 21 hours per week;
- (3) Businesses which are registered by the Factory Inspector, e.g. offices in factories, Local Authority and Government Buildings, certain railway premises, etc.

During the year 287 general inspections of registered premises were made by the public health inspectors and 315 other visits and inspections.

2. Accidents

Most of the 37 accidents that were notified during 1971 occurred in a few large stores and warehouses. It therefore appears that despite the information that is readily available in all registered premises the majority of occupiers are unaware that they should notify certain accidents.

Shops Act 1950

The public health inspectors are also appointed as Shops Act inspectors. It is the general practice to check that there is compliance with the conditions of employment provisions of the Act when shops are inspected under other legislation.

The Sunday trading provisions of the Act were seriously infringed on 21st November when a Sunday market was held on the car park of the Watford Football ground. This had been widely advertised and the inspectors found that 58 stallholders on the site were trading in a wide variety of goods only 8 of which were exempted trades. The stallholders and the company that was operating the market were immediately warned in writing that any further breaches of the Act would lead to legal proceedings. The Council also authorised the service of Town Planning Enforcement Notices requiring cessation of use of the car park as an open market. At the same time a petition was received from 61 occupiers of houses in the near vicinity of the Football ground protesting about the nuisances that were arising from the use of the car park as a Sunday market.

The market continued to operate and six of the traders applied for registration as persons who observed the Jewish Sabbath.

Legal proceedings were instituted against 12 market traders under Section 47 of the Shops Act 1950 for illegal Sunday trading on 5th December; also against the operator of the market for aiding and abetting the commission of each offence. The cases against ten of the traders and the market operator were heard in the Watford Magistrates Court on 27th January 1972, when each of the traders was convicted and fined £5 and the market operator was fined a total of £50 with £50 costs.

The market closed down on 6th February 1972.

An earlier attempt to establish a "Petticoat Lane" in a different part of the Borough was stopped without recourse to legal proceedings.

The law on Sunday trading is complicated and difficult to enforce and further schemes to circumvent it can be expected.

ATMOSPHERIC POLLUTION

Industrial Pollution Since April 1969 the Council has had greater powers of control over the height of new chimneys serving the larger furnace installations, e.g. over 1¼ million B.Th.U's per hour. For smaller installations the Building Regulations apply.

Three applications were made to the Council under the Clean Air Act for the approval of chimney heights and these were approved subject to specified conditions.

With few exceptions the boiler plants in Watford are modern installations burning oil or gas. Eight excessive smoke emissions from chimneys were recorded during the year and action was taken to stop nuisances from frequent bonfires at 3 premises.

New Gas Turbine Generating Station, Cardiff Road

The Secretary of State for the Department of Trade and Industry has approved this development subject to certain specified town planning and environmental health conditions. The Central Electricity Generating Board were quite willing to accept the following conditions :—

- (i) To erect a chimney or chimneys not less than 200 feet (61 metres) high.
- (ii) Not to burn fuel oil of more than one per cent sulphur content without prior agreement of the Watford Borough Council or in default of agreement as may be determined by the Secretary of State.
- (iii) To ensure that noise levels from the operation of the Generating Station in any direction and round the site at a distance of 500 feet or beyond (measured from the external wall of the main building housing the Gas Turbine Generating Units) shall not exceed a level of 40 dBAs at any time during the operation of the Generating Station and shall carry out all modifications to plant and equipment at the Generating Station for the purpose of securing that the level of 40 dBA is not exceeded.

Smoke Control Areas The Council have made 8 smoke control Orders — the last one will come into operation on 1st October 1972. The last two smoke control orders were confirmed in 1968 and shortly afterwards the Council suspended its smoke control programme due to shortage of solid smokeless fuels and financial stringency.

The miners' strike early in 1971 was a difficult period but it was not necessary to suspend any smoke control orders in Watford.

By Circular 53/71 (26th July 1971) the Secretary of State for the Department of the Environment informed local authorities that the amount of solid smokeless fuel available for the domestic market during the winter 1971/72 was likely to be a good deal more than the amount sold in 1970/71 and he urged local authorities to resume their smoke control programmes.

The Council were assured by the Regional Manager of the Solid Smokeless Fuels Federation that the availability of smokeless fuels in the Watford area was good; they therefore decided to resume their programme and authorised the immediate survey of an area in West Watford containing some 1,600 dwellings with the view to their ninth Order being made early in 1972.

It is fortuitous that such good progress has been made on the elimination of smoke from chimneys, otherwise, with the present day emissions of exhaust fumes from road vehicles the atmosphere in towns such as Watford during wintertime would indeed be poisonous.

MISCELLANEOUS

Petroleum Storage The Chief Public Health Inspector is appointed by the Council as authorised officer for the purposes of the Petroleum (Regulation) Acts, 1928 and 1936.

In 1968 the safety legislation was extended by Regulations to provide basic safety requirements during the conveyance of some 200 inflammable liquids having flash points below 73°F. In the light of representations from Industry the 1968 Regulations were revoked and were replaced in July 1971 by three modified Regulations.

The coverage of this petroleum legislation was further extended in January 1971 when the Petroleum (Corrosive Substances) Order 1970 came into force and in July 1971 when the Corrosive Substances (Conveyance by Road) Regulations became effective.

150 premises are licensed for the keeping of petroleum spirit and petroleum mixtures. There are now seven post-payment self-service filling stations in Watford and one pre-payment station that is unattended during night time.

Permission was given for a filling station to be converted into overhead petrol dispensing with "Tokyo Tatsuno" equipment.

219 inspections were made of licensed petroleum stores.

Nuisances – general 888 complaints were made to the Department during the year most of which were about public health nuisances of one kind or another; the abatement of these nuisances continues to be an important part of the environmental health work of the public health inspectors.

Within the term "Nuisance" are included: obstructed and defective drains and sewers; housing disrepairs; accumulations of refuse and other insanitary conditions; insect pests and a number of other matters that are dealt with elsewhere in this report.

Altogether 1,600 inspections were made and an increasing number of these concerned excessive noise during the night or early morning hours and at weekends.

Noise Whenever a sound level meter is used outdoors to monitor noise only the close proximity of such equipment as a pneumatic road drill or the hooter on a passing fire engine transcends the background noise from road and air traffic.

Anywhere near the main thoroughfares in Watford the incessant noise from road traffic is at nuisance level day and night but everywhere and all too frequently there is excessive noise from heavy aircraft passing overhead. Noise from these two sources has increased gradually and continually over many years without real awareness by the public who, with few exceptions, tolerate it without complaint.

The limit of tolerance is reached when a new offensive sound is heard above the background noise to which the residents in the area are accustomed; it is on these occasions that complaints are made to the Town Hall. Once the cause of the noise has been identified the nuisance can usually be abated without recourse to legal proceedings.

From time to time noise from light aircraft using an airfield close to Watford causes a nuisance to residents in the Leavesden area of the Borough who have formed an Association to give a weightier expression to their views.

On two occasions it was necessary to serve Abatement Notices. One of the notices, concerning barking guard dogs, was not complied with and complaint was made to the Magistrates who imposed a fine of £10 on the owner of the dogs with £20 costs. Orders were also made to abate the nuisance and prohibiting its recurrence.

In the report on Atmospheric Pollution (page 20) reference is made to the noise limitation imposed by the Council and accepted by the Electricity Generating Board for the new Gas Turbine Electricity Generating Station to be built in Watford.

Prevention of Damage by Pests Act 1949

Rat Control The incidence of rat infestations in the Borough has risen very slightly since last year, domestic infestations showing a greater increase than trade infestations. Over a period of two months during the height of the "Wasp" season it was found necessary (due to pressure of work on the Council's Rodent Operative) to stop carrying out any rodent control on trade premises and advice was given to contact a commercial contractor or, if the infestation was small, a supply of Warfarin was issued.

Sewers likely to be rat-infested were treated by a commercial firm.

During a period of two weeks, pressure of work was so great that even domestic complainants were advised to come in and obtain some Warfarin in the first instance, whilst waiting for the Operative to call. No charge is made, either for poison or for the services of the Operative on domestic premises.

Some 15% of domestic complaints can be traced to sewer or drainage faults.

Mice Control A considerable increase in complaints of mice infestation has been noted in the Borough. Warfarin is ineffective and Alphakil has been found to be of limited use. If all else fails, the mouse trap is still as effective as ever.

Wasp Control The number of complaints increased 100% over last year, perhaps due to a mild winter; 374 nests were destroyed.

The Rodent Operative was employed for four whole days killing wasp nests in a park in which the police were looking for a murder weapon.

Unusual Occurrences On one of the Council Housing estates a block of four terrace houses was found to have wild bees 'co-existing' with the tenants. The walls of the dwellings were honeycombed, the bees having developed a taste for removing the mortar between the bricks.

Table XII sets out details of rat and mice infestations treated during the year.

APPENDIX

TABLE I

RECORDS OF VISITS AND INSPECTIONS 1971

Complaints	..	..	..	..	..	888
DWELLINGS						
Public Health Act (disrepair)	..	..	..	..	..	347
Housing Act (disrepair)	..	..	..	..	..	457
Housing Act (improvement)	..	..	..	..	..	288
Housing Act (overcrowding)	..	..	..	..	..	262
Movable dwellings	..	..	..	..	..	56
PLACES OF WORK						
Power factories	..	..	..	..	..	77
Non-power factories	..	..	..	..	..	13
Building sites, etc.	..	..	..	..	..	24
Outworkers	..	..	..	..	..	4
Offices, Shops and Railway Premises Act 1963						
(a) Offices	..	..	..	..	..	65
(b) Retail shops	..	..	..	..	..	182
(c) Wholesale shops, Warehouses	..	..	..	..	..	22
(d) Catering establishments and canteens	..	..	..	..	..	17
(e) Fuel Storage Depots	..	..	..	..	..	2
Revisits	..	..	..	..	..	336
Shops Act	..	..	..	..	..	105
FOOD						
Food inspection	..	..	..	..	..	172
Slaughterhouse	..	..	..	..	..	218
Food factories	..	..	..	..	..	51
Ice-cream premises	..	..	..	..	..	50
Restaurants, canteens, public houses	..	..	..	..	..	445
Retail food shops	..	..	..	..	..	456
Public market	..	..	..	..	..	77
Mobile shops, stalls	..	..	..	..	..	37
Other food premises	..	..	..	..	..	56
Food (adulteration) samples	..	..	..	..	..	108
Food (bacteriological) samples	..	..	..	..	..	2
AIR						
Industrial smoke control	..	..	..	..	..	189
Smoke control areas	..	..	..	..	..	73

Cont'd.

PUBLIC HEALTH ACT

Drainage	..	..	..	..	..	538
Refuse	..	..	..	..	..	248
Insect Pests	..	..	..	..	..	70
Conveniences	..	..	..	..	..	30
Nuisances	..	..	..	..	..	814
Infectious disease	..	..	..	..	..	246
Schools	..	..	..	..	..	29
Swimming Pools	..	..	..	..	..	14

OTHER ACTS

Home Counties (music and dancing) Act	..	..	..	..	..	4
Pests Act	..	..	..	..	..	90
Animals Acts	..	..	..	..	..	6
Petroleum Acts	..	..	..	..	..	219

MISCELLANEOUS

Interviews	..	..	..	..	..	268
Attendance at Court	..	..	..	..	..	16
Lectures	..	..	..	..	..	17
Unclassified visits	..	..	..	..	..	315
Water samples	..	..	..	..	..	17
Housing Survey	..	..	..	..	..	2,162

9.324

TABLE II

HOUSING

Number of new dwellings erected by the Council during 1971	..	..	..	71
Number of new dwellings erected by private enterprise during 1971	..	..	..	32
Total number of dwellings built by Council since 1945	..	..	..	5,323
Total number of dwellings built by private enterprise since 1945	..	..	..	3,433
Number of Council dwellings occupied on 31st December 1971	..	..	..	6,911

TABLE III

HOUSES IN CLEARANCE AREAS AND OTHER UNFIT HOUSES

	Houses Demolished	Displaced during year	
		Persons	Families
HOUSES DEMOLISHED IN AND ADJOINING CLEARANCE AREAS	6	Nil	Nil
HOUSES DEMOLISHED NOT IN CLEARANCE AREAS As a result of form procedure under Section 17(1) of the Housing Act 1957	Nil	Nil	Nil
Local Authority owned houses certified unfit by the Medical Officer of Health	Nil	Nil	Nil
UNFIT HOUSES CLOSED			
Under Section 17(1) of the Housing Act 1957	3	1	3
Parts of buildings closed under Section 18 of the Housing Act 1957	1	1	1
UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED		By Owner	By Local Authority
After informal action by Local Authority	24		Nil
After formal Notice under :—			
(a) Public Health Acts	3		Nil
(b) Sections 9 & 16, Housing Act 1957	1		1

TABLE IV
HOUSING SURVEY 1971

1.	Total number of dwellings covered by survey	..	..	8,790
2.	Number on which information was obtained in whole or in part – (1 in 10 of) –	..	..	8,560
3.	Number on which information was NOT obtained:			
	Vacant	..	...	80)
	Information refused or no access	150)	..	230

	Calculated percentage	Minimum and maximum percentages
4. Ownership of dwellings		
(i) Houses – owner occupied	73.2	70.4 – 76.0
" – tenanted	26.8	24.0 – 29.6
(ii) Flats – owner occupied	16.0	6.0 – 26.0
" – tenanted	84.0	74.0 – 94.0
5. Occupation of dwellings		
(i) Dwellings occupied by 1 household	96.1	94.7 – 97.5
(ii) " " " more than 1 household	3.9	2.5 – 5.3
Average number of persons per dwelling	<u>2.83</u>	
6. Improvement of dwellings		
(i) Dwellings that have all the standard amenities	73.4	70.6 – 76.2
(ii) Dwellings without an internal w.c.	21.4	18.6 – 24.2
(iii) " " a bath	16.7	14.1 – 19.3
(iv) " " a wash basin	22.8	20.0 – 25.6
(v) " " a hot water supply	12.5	10.2 – 14.8
7. Car Ownership		
(i) Car owned by occupier	40.9	37.5 – 44.3
(ii) Garage or car space available	16.9	14.3 – 19.5
8. Clean Air		
Dwellings in which one or more coal fires are still in use	51	47.4 – 54.6

TABLE V

FOOD

Types of Food Premises within the Borough at 31st December 1971

Retail Food Shops	..	..	..	..	..	..	..	313
Hotels and Public Houses	..	..	..	..	..	..	..	44
Cafes and Restaurants	..	..	..	..	..	..	..	75
Industrial and Commercial Canteens	..	..	..	..	..	..	..	72
School Canteens	..	..	..	..	..	..	..	39
Clubs	..	..	..	..	..	..	..	19
Bakehouses	..	..	..	..	..	..	..	11
Wholesale Food Merchants	..	..	..	..	..	..	..	18
Food Factories	..	..	..	..	..	..	..	5
Public Market	..	..	..	..	..	..	..	1
Slaughterhouse	..	..	..	..	..	..	..	1

All these premises comply with Regulations 16 and 19 of the Food Hygiene (General) Regulations, where applicable.

Food Premises Registered by the Council under Section 16, Food and Drugs Act 1955

Ice Cream Manufacturers	..	2
Ice Cream Dealers	..	171
Preserved Food Manufacturers	..	37

Milk (Special Designation) Regulations 1963/65

Licences for the sale of milk under the above Regulations were held as follows :—

Designated Milk	Dealers Licences
Untreated Milk	15
Pasteurised Milk	48
Sterilised Milk	30
Ultra Heat Treated Milk	35

Milk and Dairies (General Regulations) 1959

All licence holders are registered as milk distributors.
One distributor is registered solely for the sale of cream.

TABLE VI
INCIDENCE OF DISEASE IN ANIMALS SLAUGHTERED
IN WATFORD DURING 1971

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	11,842	1,653	378	16,694	68,028
All diseases except tuberculosis and cysticerci					
Whole carcasses condemned	-	2	9	10	132
Carcasses of which some part or organ was condemned	3,786	880	23	2,729	32,237
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	31.9	53.5	8.3	16.4	47.5
Tuberculosis only					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned	3	-	-	-	131
Percentage of the number inspected affected with tuberculosis	0.025	-	-	-	0.19
Cystercosis					
Carcasses in which cystercosis was found	50	6	-	-	-
Carcasses submitted to treatment by refrigeration	50	6	-	-	-
Generalised and totally condemned	-	-	-	-	-

TABLE VII

LOCATION AND NATURE OF CYSTERCERCUS BOVIS INFECTIONS

56 cases of cystercercus bovis were discovered in the 13,960 cattle slaughtered in Watford. This gives an incidence rate of 0.79%. The location of the cysts were as follows :—

	Head	Heart	Skirt
Viabie cysts	2	2	1
Degenerate cysts	37	78	5

The cysts in 8 cases (14.3%) were viable indicating that the infections were of recent origin.

TABLE VIII

FOOD AND DRUGS ACT 1955

LEGAL PROCEEDINGS IN RESPECT OF THE PREPARATION OR SALE OF FOOD

No.	Section	Alleged Offence	Result	Fines	Costs payable by Defendant
1	2	Sale of mouldy apple pies	Conviction	£30	-
2	2	Sale of mouldy apple pie	Conviction	£25	£5
3	2	Sale of mouldy loaf	Conviction	£20	-
4	2	Sale of mouldy loaf	Dismissed	-	-
5	2	Sale of mouldy loaf	*		
6	2	Sale of chicken labelled "turkey"	Conviction	£45	£11
7	2	Sale of mouldy apple pie labelled "mince pie"	*		
8	2	Sale to retailer of fruit pies which became mouldy during their "shelf life"	Dismissed	-	-
9	13	Butcher used tobacco in food room	Conviction	£20	-

* Cases not heard at time of presentation of this report.

TABLE IX

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Infringements of Act in 287 premises inspected during 1971

Uncleanly condition of premises	9
Inadequate provision for maintaining reasonable temperature	7
Inadequate light or ventilation	5
Unsatisfactory sanitary conveniences or washing facilities	27
Defective condition of floors or stairs	11
Inadequate fencing of dangerous parts of machinery	9
Inadequate first aid equipment	31
Other matters	<u>75</u>
	<u>174</u>

TABLE X

Analysis of Causes of Accidents notified during 1971

Machinery	2
Falls of persons	12
Stepping on or striking against objects or person	9
Handling of goods	5
Struck by falling object	1
Use of hand tools	2
Not otherwise specified	<u>6</u>
	<u>37</u>

TABLE XI(i)
FACTORIES ACT 1961

	Number on Register	Number of Inspections	Written Notices	Occupiers Prosecuted
	1. INSPECTIONS			
Factories in which Sections 1, 3, 4 and 6 are enforced by Local Authorities	11	13	Nil	Nil
Factories not included above in which Section 7 is enforced by the Local Authority	462	77	4	Nil
Other premises in which Section 7 is enforced by the Local Authority	24	24	Nil	Nil
TOTAL	497	114	4	Nil
2. CASES IN WHICH DEFECTS WERE FOUND				
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Sanitary conveniences (Section 7)				
(a) Insufficient	2	1	Nil	1
(b) Unsuitable or defective	2	2	Nil	1

TABLE XI(ii)
OUTWORK (SECTIONS 133 AND 134)

Nature of work	No. of outworkers in August list notified to Local Authority
Wearing apparel (Making, alterations etc.)	7
Furniture and Upholstery	6
Artificial flowers	1
TOTAL	14
There were no cases of default in sending lists of outworkers as required by Section 133(i)(c)	

TABLE XII

PREVENTION OF DAMAGE BY PESTS ACT 1949

1.	Number of properties in district	..	..	..	..	32,000
2.	(a) Total number of properties (including nearby premises) inspected following notification	..	..	..	..	411
	(b) Number infested by :-					
	(i) Rats	..	..	..	..	175
	(ii) Mice	..	..	..	..	115
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	..	..	..	..	6
	(b) Number infested by :-					
	(i) Rats	..	..	..	..	5
	(ii) Mice	..	..	..	..	1

TABLE XII
PREVENTION OF DAMAGE BY LEIS ACT 1949

		Number of Cases	Number of Inhabitants	Number of Animals	Number of Cattle
1. PREVENTION					
Prevention of damage by... (a) ...					
Prevention of damage by... (b) ...					
Prevention of damage by... (c) ...					
Prevention of damage by... (d) ...					
Prevention of damage by... (e) ...					
TOTAL					
2. CASES IN WHICH DAMAGE OCCURRED					
Damage to crops...					
Damage to buildings...					
Damage to other property...					
TOTAL					

OUTSIDE THE AREA OF THE ACT

		Number of Cases	Number of Inhabitants	Number of Animals	Number of Cattle
Working Agents (Masters, etc.)					
Deputies and Assistants					
Animals					
TOTAL					

HEALTH SERVICES
IN
SOUTH WEST HERTFORDSHIRE
1971

REPORT OF THE
DIVISIONAL MEDICAL OFFICER

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STAFF

Divisional Medical Officer

A. Shaw, M.B., B. S., D.P.H., M.F.C.M.

Deputy Divisional Medical Officer

F. Barasi, M.R.C.S., L.R.C.P., D.P.H., M.F.C.M.

Medical Officers in Department

Jane J. C. Bond, M.B., Ch.B.

Margaret Fox, M.B., Ch.B., D.P.H.

Doris M. King, M.R.C.S., L.R.C.P., D.C.H.

Joan A. Leigh, M.B., Ch.B.

Patricia Martin, M.B., B.S., D.Obst., D.R.C.O.G., D.P.H.

Mary Wehner, M.B., B.Ch., D.C.H.

This does not include a number of sessional doctors.

Divisional Nursing Officer

Mrs. D. Cantrill

Deputy Divisional Nursing Officer

Mrs. C. Bissell

Divisional Administrative Officer

Miss J. E. M. Sherlock

SOUTH WEST HERTFORDSHIRE HEALTH EXECUTIVE

Town Hall,
Watford.

September, 1972.

To the CHAIRMAN AND MEMBERS OF THE
SOUTH WEST HERTFORDSHIRE HEALTH EXECUTIVE

Madam Chairman, Ladies and Gentlemen,

I have pleasure in presenting a brief annual report on part of the work of the staff of the Executive's Health Department in South West Hertfordshire. School health work is not included in this report, as is the custom, because the School Health Service is not delegated to the Executive. It is hoped that this report will also be incorporated into the Annual Reports of the Borough of Watford and the combined districts of Bushey, Chorleywood, Rickmansworth and Watford Rural District.

The tables in the Report indicate the volume of work carried out, each contact with a professional worker meaning many hours of patient casework with all sections of the population. In addition, much work is not recorded and it is well worthwhile remarking that much of the work of the new Social Services Department, including the time-consuming registration and supervision of nurseries and child-minders, still remains with the Health Department until the Social Services Department is equipped to undertake it.

At the time of writing this introduction the White Paper on National Health Service Reorganisation has just been published and this will be the subject of a special report to the Executive. I am sure that it is important that the Executive should remain in being until 1st April 1974 which is the appointed day. Only in this way will it be possible to maintain the corporate existence of an informed body of opinion on the Personal Health Services and on other services administered by the local health authority.

I am grateful to members of the Executive for their interest and courtesy during the year and, to colleagues in public health, general practice, and hospital, for their support and co-operation.

I am, Madam Chairman,
Ladies and Gentlemen,
Your obedient Servant,

A. SHAW

Divisional Medical Officer

NATIONAL HEALTH SERVICE ACT 1946

Section 21	HEALTH CENTRES
Section 22	CARE OF MOTHERS AND YOUNG CHILDREN
Section 23	MIDWIFERY
Section 24	HEALTH VISITING
Section 25	HOME NURSING
Section 26	IMMUNISATION AND VACCINATION
Section 28	PREVENTION, CARE AND AFTER-CARE (Including Health Education)

SECTION 21

HEALTH CENTRES

Development of the Health Centre Concept The National Health Service Act lays upon local health authorities the duty to provide, equip and maintain health centres for all or any of the following services: general medical services; general dental services; pharmaceutical services; any of the services which the local health authority is required or empowered to provide, and specialist services. The idea of Health Centres was hinted at by Beatrice Webb in 1918, but it was not until 1920 that definite proposals were put forward by a British Medical Association Committee headed by Lord Dawson of Penn. Lord Dawson's Committee, which reported on the future provision of medical and allied services, recommended that personal health services should be provided by primary and secondary health centres. The primary health centres were to be staffed by general practitioners and were to offer preventive and curative services; the secondary health centres were to be hospitals with consultant staff.

These proposals were shelved for 22 years and then revived in a modified form by the Medical Planning Commission of the British Medical Association in 1942. The changes proposed involved grouping of doctors in practice, a strong link with a local hospital, facilities for X-rays and pathological examinations in the Centres and apparently a take over of the local authority medical services.

The Government White Paper in 1944 which followed the Beveridge Report accepted the health centre as necessary and the concept was included in the 1946 National Health Service Act. Enthusiasm ran high for a time and then died altogether. The reasons for this are easy to see.

Woodberry Down Health Centre One of the first health centres to be built was by the London County Council at Woodberry Down. Many reasons were put forward for its apparent lack of success including fears for the doctor-patient relationship, lack of security of tenure, progression to an eventual salaried service, but it is generally agreed now that the basic reason was that it was too expensive. In the early 1950's rent for an individual doctor's suite was £450 and by 1959 this had risen to £550. This was more than most general practitioners could afford or were willing to pay. A few other authorities tried brave experiments without conspicuous success, and many more held back in the face of general practitioner opposition. The situation changed dramatically in 1966 and again the reasons are easy to see.

Charter for General Practice For many years general practitioners had been dissatisfied with their pay and conditions of service. Working as they do on a contractual basis they considered they were overworked and underpaid. Repeated batterings on the gate of Government obduracy finally produced a Royal Commission which gave for a time a measure of industrial peace but the discontent with conditions of service continued unabated. Very large numbers of doctors emigrated to end their clinical isolation and to practise the sort of medicine they had been taught and it was this, rather than any other single factor, which made the Government realise that if it was not very careful there would be a National Health Service with no doctors to run it. Accordingly, 1966 produced the Charter for General Practice which, among many other things, made provision for partial reimbursement of practice premise expenses and the expense of ancillary help.

Group Practice Many doctors now realise that the days of single-handed practice are drawing to a close and recognise that the future of family medicine lies in group practice in which several practitioners work together in close association, consulting each other about their patients and often developing a special interest such as paediatrics, obstetrics or dermatology. Such groups often employ ancillary help and draw heavily on local authority services. It is a natural step from such a group practice to a health centre practice with a full range of local health authority services attached. This realisation, allied with the Charter, again aroused interest in Health Centres.

Health Centres in South West Hertfordshire There are no purpose-built health centres in the Division although there are three at various stages of gestation. A group of doctors in South Watford have found that their present premises have become increasingly inconvenient and have asked the County Council to find a site for a health centre and possible sites are being investigated. In Rickmansworth a possible site for a health centre awaits property acquisition and road widening works and in Radlett various sites are being investigated.

Design of Health Centres The design of health centres must incorporate the needs of the Local Health Authority, general practice, and to a certain extent specialist clinics. Local Health Authority use includes the traditional functions of public health, that is to say ante-natal, maternal and child welfare, school health, health education, dentistry and chiropody, together with district offices for health visitors and office accommodation for a district nurse. General practitioners require consulting rooms, examination cubicles, waiting room space and space for minor pathological procedures and minor operations. There must also be a focal point where all staff using the centre can meet and exchange information and experiences. It is possible also that some health centres will provide general dental and pharmaceutical services.

Integration Although the Local Health Authority has power to build health centres for general practitioners alone, this course of action should be followed only in the most unusual circumstances. Instead, the over-riding consideration should be as complete an integration as possible between public health and general practice. This will be largely accomplished by an increased use by general practitioners of health visitors and other local authority staff working from premises where integration is possible.

Benefits of Health Centres The benefits to public health of a closer co-operation are a clearer understanding by general practitioners of the benefits of preventive medicine and the fact that a large segment of the population not previously easily accessible to public health will now become accessible. This will extend the range of public health outside the mother and young child, the school child and the elderly, who have hitherto been our main pre-occupation. The general practitioner will, of course, benefit in a number of cases from better premises and more help, both para-medical and clerical. In any case the patient, to whom all this change is directed, will benefit from a better service. It may be that if health centres come to be the main form of practice premises the patient will have to travel further to consult his doctor, but with the increasing use of appointment systems, the increased distance travelled will be counter-balanced by a shorter wait to see his family doctor.

Specialist Services At one time specialist orthopaedic services were provided at most local authority clinics but now the only services remaining are ophthalmology and otology for school children and this is logical because the school health services are prominent in the ranks of case finding of visually and aurally defective children. It is not likely that other specialist services could be based on health centres because so many specialists use sophisticated and complicated apparatus which can only be economically situated in hospitals. The answer is that general medical practitioners are increasingly using the facilities of hospitals.

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

"It shall be the duty of every local health authority to make arrangements for the care, including in particular dental care, of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools maintained by the local education authority."

- Vital Statistics Combined Area 1971** The statistics relating to births and deaths are shown in Table 1. The population shows an increase of 520 over that of last year, that is from 195,370 to 195,890. Births decreased by 70 from 2,866 to 2,796 as did deaths by 45 from 1,954 to 1,909. The natural increase, that is the excess of births over deaths, is 887. The actual increase, however, is 520, revealing a movement away of 367 people.
- It is not possible when dealing with this Section of the Act to separate the work of the health visiting and midwifery services which play a very large part in the care of mothers and young children and so this part of this report deals mainly with the work of the departmental medical officers of the Division.
- Medical Officers** Ten doctors work for the Executive on a regular basis. Most of these are married women working in a part-time capacity and their whole-time equivalent is six doctors excluding the Divisional Medical Officer and his deputy. Their work is almost equally divided between care of mothers and young children and duties in the School Health Service.
- Child Health Centres** Child health clinics are held at 25 places throughout the Division. The highest attendances are, in order, Garston Health Centre, The Avenue, Croxley Green, Abbots Langley, South Oxhey and St. Peter's, Bushey. Garston Health Centre is under severe pressure, serving as it does most of north Watford. Attendances at the Avenue fell by over a thousand from 5,296 in 1970 to 4,332 in 1971 entirely as a result of the roadworks taking place there. The clinic in Malvern Way, Croxley Green, which is held in church premises had nearly 4,000 attendances in 1971, an indication of the usefulness of the service provided. Abbots Langley clinic, like Garston and the Avenue, is held in purpose-built premises and attendances there are always good because the clinic is regarded not only as a health centre but as a meeting place also. Attendances at South Oxhey Health Centre might be expected to be higher until it is remembered that even though there is a large Greater London Council estate there it is a middle-aged estate and many young people move away because they are unable to find housing near their parents and relatives. One of the Bushey clinics, at St. Peter's, is held in church premises and has a good attendance because it serves a large part of Bushey; a better service could be provided from a purpose-built health centre.
- Children under one year old** 2,673 children under the age of one year attended child health clinics in 1971. As there were only 2,796 children born in the Division in that year this means that about 95% of all children born during the year were seen at clinics and furthermore each attended monthly during the year. Mothers obviously would not attend unless they derived some benefit and the reason is not far to seek because the clinics are part of a scheme of child health that is the best in the world. No children need to be seen by the medical officer at every visit but

the aim is for the doctor to see every child around the age of six weeks and this examination is a source of great comfort to mothers because every mother has the unexpressed fear that something may be wrong with her baby and re-assurance is one of the great arts of medicine.

Developmental Paediatrics Every child is examined around the age of six weeks, as I have mentioned. Every child develops at a different rate and, for example, at the age of six weeks there are certain reflexes which are present and at other ages there are certain motor, social, hearing and speech and eye, and hand functions which can be elicited. Failure of development can be detected by the experienced observer at quite an early age and once discovered the appropriate remedial or educational measures can be taken. The art and science lies not in knowing what should be present at a certain age, but in what is the normal development for a particular child, taking family, social, medical and other factors into consideration.

Specialist clinic Inevitably, some children are found not to be developing normally and others have obvious conditions requiring expert management. For this purpose we have a specialist clinic run by Dr. Joan Leigh, Senior Clinical Medical Officer, in consultation with Dr. I. Kessel, Consultant Paediatrician at the Watford General Hospital. The clinic works very successfully to the benefit of the children concerned and is a good example of co-operation between the branches of the Health Service.

SECTION 23

MIDWIFERY

Tables III and IV give the statistics relating to the domiciliary midwifery services. The trend towards hospital delivery continued, with nearly 90% of all births taking place in hospital. One-third of all mothers were discharged early from hospital and this had the dual benefits of delivery in the safest place possible and early return to their families.

It is interesting to note that the number of hospital deliveries by domiciliary midwives again showed a slight rise, 311 such deliveries taking place.

The diminishing number of domiciliary deliveries which has been taking place over the past several years indicates a need for an entire recasting of the role of the domiciliary midwifery service. There is no doubt in my mind that the time has come for the whole midwifery service, domiciliary and hospital, to come under one administration and the obvious place for this to be done is from the hospital. Provided that those general practitioners who do their own midwifery continue to have the benefit of a domiciliary midwife attached to their practices, there is no reason to expect any change in quality of the service as far as the mother having her baby at home is concerned. It is hoped that this change will take place in advance of the 1974 reorganisation.

Midwifery Training School (Part II)

The school has remained consistently full with a high proportion of pupils from overseas. Many of these girls will be returning home where their new-found skills will be of immense value. The decline in domiciliary midwifery all over the country has led to a revision in their syllabus with emphasis being given to a broader understanding of the facilities available for patient care within the community.

SECTION 24

HEALTH VISITING

The Divisional Nursing Officer reports :—

The Health Visiting Service originated during the last century to help the problems of poverty and malnutrition. Poverty is still with us, although its origins are different and the health visitor gives guidance on budgeting and advice on allowances obtainable. Malnutrition is only rarely met today, but wrongful feeding has presented us with a major health hazard — obesity, which is found in babies and school children as well as adults. In an effort to provide education in diet and the necessary incentive to follow the advice given, special clinics have been started by health visitors in several centres, under the guidance of the Medical Officer.

Maternity and Child Health A total of 36,750 home visits were paid to 13,915 children under the age of five. The decrease in the number of children from 15,812 in 1970 reflects a shortage of health visitors and more highly selective visiting.

A total number of 46,843 visits were made to child health clinics by children under five years of age. This decrease from 50,363 in 1970 is partly accounted for by the decrease in the birth-rate, and also by the increase in the number of children seen by the health visitors in the doctors' surgeries.

The Assessment Play Group This playgroup for handicapped children is run with the help of voluntary helpers by a health visitor and a trained teacher from the Education Department. Its purpose is to watch the progress of these children over a period of time, to teach them to mix with other children and to assess their potential for schooling.

The health visitor who is responsible for the playgroup writes :—

“The Centre has now been running for two years. We have had to reduce the sessions from two mornings a week to one, owing to a shortage of transport, but the group has been functioning smoothly ever since. We now have twelve handicapped children and despite illness and hospital appointments the number rarely falls below nine. As we also have three hearty “guests”, children of our teacher and helpers, there is always a group working industriously with the teacher in one room, while others play in the hall with slide, prams, trains, balls, etc. The four voluntary workers who were originally bullied into coming now come every week because they are concerned with the children, and can see for themselves the value of their work. The physical handicaps include three children with spina bifida, two deaf, and two partially sighted. The mental handicaps are due to encephalitis — and an operation for the removal of a malignant tumour of the brain.

The medical officer who selects and assesses the children has an excellent opportunity of carrying out further assessments over a long period. The children know her well, and she is able to judge when a child is functioning below his normal level. Both the doctor and our new play group teacher are able to devise games and other activities likely to stimulate their progress. We are very sorry to lose our kind transport organiser, who for nearly two years managed to get the children to us in spite of illness and family commitments among the drivers. We are very thankful to have found a volunteer to continue this important task and are also grateful to the very reliable team of drivers and escorts.

The boys of Merchant Taylors School designed and made a climbing frame for the garden, which includes such exciting accessories as rope ladders and swinging tyres.

There is only a short waiting list for the Group now, and the medical officer would be pleased to hear of any child who could be considered for this group."

Another interesting play group is held at the Youth Centre at Abbots Langley. The Health Visitor writes :—

"A play group commenced at the Youth Centre one morning a week for children with special needs, known as the "opportunity class". Those children who are handicapped can mix with other children. This now includes two children who come from Leavesden Hospital with a nurse to join this very successful group in the community."

Mothers Club Garston Mothers' Club continues to thrive. Membership numbers have been restricted to sixty, and a new Tuesday Club formed to meet the need for social contact amongst young mothers of the area.

A varied programme of talks, films and demonstrations was enjoyed,

The Club was visited by a blind lady and her guide dog, a mental health social worker, dentist, paediatrician and demonstrations of beauty care, photography and cookery were all notable.

The Drama Group produced a Nativity Play and a "Potted Panto".

Leavesden Hospital was adopted as the charity to be supported in 1971. Apart from birthday and Christmas presents, a sum of £9 was raised for the hospital to be used at the discretion of Mr. Robbins for the Pets Corner at the Hospital.

The Abbots Langley Mothers' Club has had another successful year with two outings arranged to include the children. Health visitors are at the Mothers' Club Meeting every week for advice and information and health education films are part of the programme.

The Evans-Whitman Mothers' Club has had another successful year. The health visitor reports:—

"Named the Evans-Whitman Club, after two health visitors who helped in its foundation, meetings have been held once a month on the second Thursday evening, except in August (average attendance 25). Talks were arranged on crime prevention, flower arranging, Watford Town Planning, and the theatre.

A health visitor attends each session and there have been many informal discussions on health subjects on evenings when no formal speaker had been invited."

The Avenue Mothers' Club has also been well supported. This has a high health education content with group discussion of problems with the health visitor, while her assistant 'entertains' the children in the main hall.

Woodhall has proved so popular that permission was obtained last summer to start a second club on **Toddlers Club** Monday afternoons. Both clubs are flourishing and have waiting lists.

Mothers attend with their 2—5 year olds, taking it in turn to supply suitable play materials, supervise the children and providing tea and orange juice. They are expected to organise register, rotas and waiting lists, etc., entirely amongst themselves; health visitors being available for advice when needed.

The clubs play an important role, introducing children to their first experience of mixing and sharing with others and educating mothers to sensible, cheap, play materials as well as giving them the opportunity to meet other mothers and share experiences.

The health visitors are available to give advice and new ideas or for private interview to discuss individual problems.

In an effort to provide continuity of care for the patient, the health visitors attend clinics held by the Hospital Service.

Venereal Disease Contact Tracing Two health visitors attend clinics at Shrodells Hospital where they are available to give help and advice in the many social and health problems. They also help by tracing and advising contacts of patients.

Maternity Hospital Health visitors have continued to attend the booking clinic at Shrodells Hospital and are able to help with the many emotional and practical problems experienced by the mothers. A total of 1,055 mothers were also visited at home. Health visitors also participate in the ante-natal instruction classes run by the hospital midwives.

The Elderly Weekly meetings held by the Geriatrician are attended by a nursing officer and medical social worker colleagues. Efforts are made to see that any services that the patients may need on discharge are organised before he goes home and the nursing officer presents follow-up reports.

Hospital Paediatric Clinic Health visitors attend the paediatric clinic at the Peace Memorial Hospital where they can assist the Consultant with background information and follow-up reports.

Cervical Cytology An increase in laboratory facilities has provided an expansion in this most important preventive service. With the co-operation of employers and their occupational health nurses, a team comprising a medical officer and two nurses has been able to take the clinic to factories, shops and offices. This has meant that a number of women have been able to have this simple test without losing any working time.

Health Education Health education is an important part of the work of a health visitor, which is not confined to the one-to-one basis or the display of posters. Efforts are made to involve as many people as possible and we have been encouraged by the help given by colleagues in the teaching profession. Children's art is always appealing and we are indebted to the schools who have provided us with posters. Not only are these attractive but they are educational for the artists.

Health education was introduced into a pre-school playgroup in Abbots Langley. The children, ages ranging from 3 years to 4½ years, received weekly instruction from the health visitors, on the importance of basic safety first, health and hygiene. This was given in the form of games, songs, puppet shows, films and talks. Mothers and teachers from local infant schools were also encouraged to join in on some occasions and were impressed by the amount of knowledge the children had acquired.

Health education and mothercraft were taught in various forms in some infant and junior and comprehensive schools throughout the year. Talks and first-aid lectures were also given to the staff on request at some schools in the district. Health visitors also examined in the schools for the National Association for Maternal and Child Care Certificates.

Talks were also given by health visitors in their free time at the request of various clubs and societies.

Health Visitor Assistants Fifteen SRNs help the health visitors in a part-time capacity. They work in the schools, testing vision and helping the health visitor with school medical examinations and general hygiene inspections. They help with child health clinics as well as cytology, minor ailments and audiology clinics.

Training Our staff are kept aware of trends and new advances in medicine by in-service training lectures arranged by the Training Officer at County Hall.

They are being increasingly involved in the training of staff for the different nursing registers, and this has proved to be extremely time-consuming. Lectures on the Local Authority Health Service have also been given to a wide range of students.

SECTION 25

HOME NURSING

Statistics relating to home nursing are shown in Table VI. It will be seen that although the number of home visits stayed constant at around 76,000, the number of treatments in general practitioners surgeries increased to 9,997 as compared with 6,113 in 1970. This is a further indication of the increasing use of district nursing sisters by family doctors. If the patient can attend the surgery then this results in a great saving of both the nurse's and the doctor's time.

The Divisional Nursing Officer reports :—

Community Nursing "The role of the district nursing sister needs no explanation. As a trained nurse with post-graduate community training, she is a valued addition to the practice team and an increasing amount of her time is being spent in the doctor's surgery. This not only widens the scope of her work but relieves the general practitioner.

Of the 42 nurses employed, all but one work full time, 15 combine midwifery with generalised nursing and three others are also engaged in health visitor duties. The nurses have the backing of five auxiliaries, one of whom works full-time.

Tuberculosis The number of tuberculosis cases needing treatment at home rose by three, to twenty, necessitating a total of 373 visits.

Night Nursing We now have four State Enrolled Nurses who are available to give night nursing care. This service is principally designed to give round the clock nursing for patients with terminal illness and use is made occasionally of agency nurses when our own staff are already committed.

Training Staff are kept up-to-date by lectures arranged by the Training Officer at County Hall and many eminent speakers have been involved. Four nurses took the District Nurse Training Course and successfully passed the examination. The nurses trained as practical work instructors assist with this training.

All members of staff are involved with students from many disciplines who come to observe the work of the community nurse. This is very time-consuming and we are indebted to the co-operation of the patients."

SECTION 26

IMMUNISATION AND VACCINATION

Triple Immunisation The improvement noted in percentage figures for vaccination and immunisation procedures in the last report and attributed to the computerisation of appointments has been maintained. Whooping cough vaccination was received by 90% of the infant population and diphtheria and tetanus by 93%. These figures compare well with the overall figures of England and Wales.

Measles Vaccination For children aged between 2–3 years, measles vaccination showed an overall increase with a percentage protected of 66.7 compared with 52.5 in 1970.

SECTION 28

PREVENTION, CARE AND AFTER-CARE

Chiropody Once again the number of chiropody treatments increased, to 15810 in 1971 from 14,538 in the previous year (Table VIII). As was mentioned in last year's report, the number of clinic sessions in County Council premises increased. A flourishing clinic now operates at Garston Health Centre and clinics will start next year at Bushey, Maple Cross and Alban Wood. I am grateful to Mr. A.H.Naylor, Headmaster of Maple Cross JMI School for his kind co-operation in preparations to set up the clinic at Maple Cross Health Annexe, which is attached to his school.

The number of treatments given at chiropodists private surgeries fell by over 800, which is in line with the increase in patients seen at County Council clinics. The number of treatments given at the patients' homes increased slightly.

Cervical Cytology The total number of attendances at cervical cytology clinics rose from 665 in 1970 to 1,917 in 1971. This was the result of increased publicity consequent on an improvement in the laboratory facilities. Even so, the numbers seen are very small compared to the number at risk and not enough women in the most affected social groups are coming forward to have the test. Publicity and health education continue at a high level.

Health Education 1st January 1971 saw the appointment of a health education officer specifically for this Division. Since that time health education activities, already at a high level, have increased pace. The Divisional Health Education Officer is based at Ivy House, Bushey, which serves as a useful display centre, workshop and meeting place.

Mr. P.L. Pretty reports :—

“During the year efforts have been made to include all sections of the community in health education policy.

Undoubtedly the groups giving greatest opportunity for access are children at school or college, through links with the education department; and young parents, through links with health centres.

It seems essential that the foundation of health awareness should be laid at school and a substantial part of health education resources has been concentrated in the educational sector. The soundest method is to integrate health education into the whole scheme of work — the isolated talk or visit being of little value. To implement this objective meetings have been arranged for the health education officer to discuss principles with groups of headmasters. At these meetings the broad perspectives of health education have been discussed. Such basic issues as what health education is, who should do it, and how it should be done, have been considered critically. The Curriculum Report, 'Education for Health' of the Newcastle Teachers Consultative Council has been examined and taken away by headmasters for evaluation within the schools.

As well as work at a philosophical level, a number of practical projects have been developed in co-operation with teachers. Some examples of these are:—

- (a) a biological project on pollution at the Lea Farm Junior School;
- (b) a dramatic project on dental health education at Colnbrook Educationally Subnormal School;

- (c) a project linking smoking with mathematical concepts at the Sir James Altham School; and
- (d) a team teaching project on Preparation for Life, involving seven teachers at the Bushey Meads School.

This type of approach is based on the educational principle that children come to understand things through active involvement in their work, rather than by passive acceptance of ideas.

A particularly encouraging feature in the education sector has been more involvement at places of Further Education. The Home Economics, Hairdressing and Business Studies Departments of Cassio College have broadened their curricula to include health education on such topics as drugs, venereal disease and smoking.

In some health topics teachers are particularly in need of support, and meetings have been arranged to cover drugs and venereal disease.

Health Centre themes have been decided by regular meetings of a 'Health Centre Theme Group' containing at least one representative from every health centre. Some themes have been chosen to coincide with national campaigns, as in the case of mental health, retirement and smoking; others have been based on assessment of the local situation as in the themes on lice, measles, and foot health.

Attempts at influencing health habits of pre-school and infant children have been through dramatic work and puppetry; topics covered were generally dental health and elementary hygiene. This approach was first used in a pilot project at the Abbots Langley Health Centre playgroup and is now being used in other parts of the Division. As some playgroups have a clientele of over 100 children per week, there is obviously much potential in this field.

Access to the middle-aged group for health education is difficult, and for this reason contacts have been made with industry. In co-operation with the industrial nursing staff and union officials, major projects have taken place at Trewin Bros. and Sun Printers. The health project at the Sun Printers was perhaps the most notable project of the year and should serve as a guide for future projects. Health education was aimed at felt needs of the employees and the main topics were obesity, smoking, stress, safety and the correct use of the body in basic movements. The whole project was carried out on a three-shift system so that all of the 2,500 employees had the opportunity for involvement. Continuity was and is maintained by industrial nursing staff.

In the middle-aged group talks and discussions were also held with a number of ladies groups. This was useful for middle class groups, but did not cover the whole social range so well as industrial health education.

The health centre theme covering retirement was aimed at making younger people aware of the emotional and material needs of old people; while health education for those actually in retirement has been covered mainly by health visitors in home visits. In the next year an interesting development for older people is a course to be held at Cassio College on the 'Role of the Grandparent'."

TABLE I

VITAL STATISTICS OF CONSTITUENT AUTHORITIES IN SOUTH WEST HERTFORDSHIRE

	Bushey U.D.C.	Chorleywood U.D.C.	Rickmansworth U.D.C.	Watford R.D.C.	Watford M.B.	S.W.Herts
Population	24,610	8,500	29,670	55,100	78,010	195,890
Number of births	357	93	377	542	1,427	2,796
Number of illegitimate births	20	4	22	49	100	195
Crude birth rate	14.5	10.9	12.7	9.8	18.3	14.3
Area comparability factor	0.96	1.05	1.07	0.99	0.98	.
Standardised birth rate	13.9	11.4	13.6	9.7	17.9	.
Infant deaths — under 1 year	3	1	10	4	20	38
— under 4 weeks	2	.	7	3	16	28
— under 1 week	2	.	7	3	13	25
Infant mortality rate	8	11	27	7	14	14
Number of stillbirths	3	2	2	4	14	25
Stillbirth rate	8	21	5	7	10	9
Perinatal mortality rate	14	21	24	13	19	18
Deaths — all ages	189	64	290	490	876	1,909
Crude death rate	7.7	7.5	9.8	8.9	11.2	9.7
Area comparability factor	1.17	1.08	1.18	1.0	0.95	.
Standardised death rate	9.0	8.1	11.6	8.9	10.6	.

TABLE II - CHILD HEALTH CENTRES

Centre	Children attending				Attendances			Number of sessions held				Children referred elsewhere	
	Born 1971	Born 1970	Born 1969	Total	Born 1971	Born 1970	Born 1969	Total	Medical Officers	Health Visitors	General Practitioners		Total
Abbots Langley Health Centre, Popes Road. (Thurs. pm) (1st, 3rd, 5th Tues. pm. Imm.)	139	314	169	622	2326	1034	173	3533	71	-	1	72	45
Bedmond Village Hall. (1st, 3rd, Wed. pm)	48	117	69	234	505	234	129	868	23	2	-	25	8
Bushey Pine Ridge, Bushey Mill Lane (1st, 3rd, 5th Thurs. pm)	84	32	67	183	575	200	168	943	28	-	-	28	5
St. Paul's Church Hall, Bushey Hall Road (2nd, 4th Wed. pm)	79	50	39	168	534	273	126	933	24	-	-	24	3
St. Peter's Church Hall, High Road (Mon. pm)	127	80	91	298	1550	483	165	2198	48	-	-	48	9
Methodist Church Hall, King Edward Rd. (2nd, 4th Fri. pm)	92	90	55	237	599	181	112	892	22	-	-	22	3
Chorleywood Baptist Church Hall (Wed. pm)	102	87	139	328	976	372	281	1629	50	1	-	51	6
Radlett Village Institute, Watling Street. (Fri. pm)	70	94	216	380	903	457	568	1928	49	2	-	51	3
St. John's Church Hall, Willow Way. (1st, 3rd Wed. pm)	29	37	93	159	346	136	171	653	24	-	-	24	-
Rickmansworth The Bury, Bury Lane. (Thurs. pm)	92	79	161	332	954	367	453	1774	51	1	-	52	-
Croxley Green, Malvern Way (Tues. pm)	131	127	288	546	1887	770	1005	3662	50	-	-	50	15
Eastbury Farm, Bishops Avenue (1st, 3rd Fri. pm)	55	17	39	111	260	108	146	514	25	-	-	25	2
Maple Cross, Denham Way (2nd, 4th Fri. pm)	42	21	27	90	587	206	172	965	22	26	-	48	-
Mill End, Berry Lane (Mon. pm)	80	82	116	278	1143	564	275	1982	48	-	-	48	2

TABLE II - Cont'd.

Centre	Children attending				Attendances				Number of sessions held				Children referred elsewhere
	Born 1971	Born 1970	Born 1969	Total	Born 1971	Born 1970	Born 1969	Total	Medical Officers	Health Visitors	General Practitioners	Total	
Sarratt	20	30	67	117	321	233	373	927	1	-	23	24	-
Village Hall (1st, 3rd Tues. pm)													
South Oxhey	26	37	18	81	278	109	65	452	24	-	-	24	3
Community Centre, Hampermill Lane (2nd, 4th Wed. pm)													
Health Centre, Oxhey Drive (Mon. & Fri. pm; Tues. am, Imm.)	169	175	334	678	2123	923	250	3296	144	7	-	151	9
Woodhall Annexe, Woodhall Lane (Tues. pm)	67	93	157	317	737	267	586	1590	49	2	-	51	23
Watford													
Avenue Health Clinic (Tues. am; Wed. pm; Wed. am. Imm.)	350	161	66	577	3169	812	351	4332	106	6	37	149	3
Garston Congregational Church Hall, St. Albans Road. (Wed. pm)	141	24	22	187	1291	196	117	1604	8	5	39	52	-
Garston Health Clinic, St. Albans Road (Tues. Fri. pm; Thurs. am. Imm.)	441	107	127	675	5522	1194	775	7491	90	-	62	152	17
St. James' Church Hall, Elfrida Road. (Thurs. pm.)	95	19	15	129	779	205	68	1052	51	1	-	52	-
Holywell Health Annexe, Tolpits Lane (Fri. pm; 1st, 3rd, 5th Mon. pm. Imm.)	129	93	24	246	1239	211	141	1591	72	2	-	74	9
Alban Wood Health Annexe, The Brow (Mon. pm.)	65	75	45	185	1482	319	233	2034	41	-	7	48	7
TOTAL	2673	2041	2444	7158	30086	9854	6903	46843	1121	55	169	1345	172
Attended for Immunisation only and not included in above statistics to avoid duplication	742	594	863	2199									

TABLE III(A)

SECTION 23: MIDWIFERY - HOME VISITS AND SESSIONS

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	Watford Garston South Oxhey	Total
Doctor present:									
Deliveries	21	6	4	29	3	12	6	33	114
Visits after delivery	226	150	90	226	18	168	71	409	1,358
Miscarriages—first visit	-	-	-	-	-	-	-	-	-
—revisits	17	-	-	-	-	-	5	-	22
Doctor not present:									
Deliveries	5	27	17	24	1	14	9	119	216
Visits after delivery	59	296	155	99	20	210	67	1,618	2,524
Miscarriages—first visit	-	8	1	-	-	-	-	-	9
—revisits	40	-	1	-	-	-	-	-	41
Early discharge from hospital:									
Within 48 hours	6	7	3	5	1	1	-	7	30
After 48 hours	60	134	59	50	82	49	21	524	979
Revisits	275	554	208	266	176	156	93	1,363	3,091
Ante-natal:									
First visits to expectant mothers	41	41	29	56	10	30	12	372	591
Revisits to expectant mothers	284	303	118	421	70	100	168	3,631	5,095
Home condition reports for hospitals	51	85	48	32	26	37	11	341	631
Phenylketonuria—Guthrie Test:									
First takes	42	35	16	14	15	14	10	290	436
Re-takes	5	7	5	4	8	1	3	27	60
Ante-natal sessions:									
Local Authority	-	-	-	-	-	-	-	24	24
General Practitioner	130	134	56	75	6	31	10	147	583
Instruction class	39	5	-	6	-	43	6	78	183
Cervical Cytology:									
Local Authority	6	9	-	-	-	-	-	-	15
General Practitioner	63	36	-	-	-	-	-	75	174

TABLE III(B)

SECTION 23: MIDWIFERY - HOSPITAL DELIVERIES BY DOMICILIARY MIDWIVES

	General Practitioner Unit	Consultant Unit	Total
Doctor present:			
Deliveries	76	235	311
Visits after delivery	1,871	2,193	4,064

The above patients were usually discharged within 48 hours from the Watford Maternity Wing and care was continued in the patient's home.

TABLE IV(A)

ANTE-NATAL AND POST NATAL CLINICS

	Patients Attending	First attended 1971	Number of Sessions held by			Total Sessions
			Midwives	General Practitioners	Hospital Doctors	
South Oxhey: Health Centre, Oxhey Drive (2nd & 4th Wed. pm)						
Ante-natal	167	26	-	-	24	24
Post-natal	12	12	-	-	-	-
TOTALS	179	38	-	-	24	24

TABLE IV(B)

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

Name of Class	Expectant mothers attending			Re-attendances			Sessions held by		
	Institutional booked	Domiciliary booked	Total	Institutional booked	Domiciliary booked	Total	Midwives	Health Visitors	Total
	Abbots Langley: Health Clinic, Popes Road (Mon. pm)	13	4	17	43	23	66	42	-
Radlett: * Village Institute, Watling Street (Wed. pm)	4	-	4	8	-	8	4	-	4
Rickmansworth: The Bury, Bury Lane (Tues. & Fri. pm)	39	19	58	139	68	207	6	43	49
Watford: Tremona, Alexandra Road	6	33	39	43	29	72	21	-	21
TOTALS	62	56	118	233	120	353	73	43	116

* Discontinued early 1971

TABLE V
SECTION 24: HEALTH VISITING - HOME VISITS

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Garston	Radlett	Rickmans worth	Sarratt	South Oxhey	Watford	Total
Child Health:											
Children born in 1971:											
First visits	216	360	89	130	794	84	278	34	304	597	2,886
Revisits	514	1,138	239	256	1,822	685	281	127	943	1,466	7,471
Children born in 1970:											
First visits	420	309	58	141	805	255	211	39	693	789	3,720
Revisits	465	829	161	189	1,699	711	383	157	705	738	6,037
Children born in 1966-69:											
First visits	444	736	197	398	1,694	796	805	93	908	1,238	7,309
Revisits	650	936	280	320	2,661	662	1,140	327	1,132	1,129	9,327
Aged:											
Persons 65 years and over:											
First visit	238	191	40	141	347	19	136	23	394	292	1,821
Revisits	770	367	75	115	618	70	339	112	531	492	3,489
Visited on medical request ..	124	144	11	32	176	8	46	2	206	172	921
Mental Health:											
Mentally disordered:											
First visits	35	6	-	4	33	1	3	2	19	38	141
Revisits	144	6	-	2	61	4	25	37	54	85	418
Visited on medical request ..	25	2	-	2	12	1	1	-	9	31	83
Hospital Discharges:											
Persons, excluding maternity cases discharged from hospital:											
First visits	13	6	1	14	29	-	3	-	12	16	94
Revisits	1	-	-	-	17	-	1	-	-	1	20
Visited on medical request ..	14	2	-	12	22	-	-	-	11	9	70
Tuberculosis and other Chest Diseases:											
Number of T.B. households:											
First visits	1	-	-	-	-	-	1	-	-	-	* 658
Revisits	5	-	-	-	-	-	-	-	-	-	*2,560
B.C.G. follow-up	-	-	-	-	-	-	-	-	-	-	* 11
Contacts (inc. Mantoux tests at home)	-	-	-	-	-	-	-	-	-	-	* 379

TABLE V - Cont'd.

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Garston	Radlett	Rickmans- worth	Sarratt	South Oxhey	Watford	Total
Tuberculosis and other chest diseases (Cont'd.)											
Non-tuberculosis:											
First visits	-	-	-	-	-	-	1	-	-	-	* 66
Revisits	5	-	-	-	1	-	1	-	-	-	* 23
Ante-natal:											
Expectant mothers:											
First visits	97	152	22	27	177	100	87	13	249	131	1,055
Revisits	47	69	15	10	65	2	11	1	65	40	325
Adoptions:											
First visits	1	22	2	7	18	2	10	-	4	12	78
Revisits	2	12	1	12	25	5	7	-	3	19	86
Nurseries and Childminders:											
First visits	6	25	5	8	72	6	21	7	31	29	210
Revisits	45	67	62	43	130	36	60	-	87	39	569
Disabled:											
First visits	9	13	-	6	56	2	21	5	33	29	174
Revisits	12	21	1	7	137	3	23	19	84	43	350
Social Problems:											
Number referred Social Work Unit	64	37	3	8	162	9	4	-	34	73	394
Infectious Diseases:											
First visits	7	1	-	-	27	-	1	-	10	1	47
Revisits	11	-	-	-	4	-	-	-	5	1	21
Other cases:											
First visits	101	14	20	28	59	8	59	9	84	182	564
Revisits	228	26	22	9	49	13	86	-	109	302	844
School Nursing:											
Home visits (personal hygiene follow-up)	23	3	4	3	159	7	13	-	14	75	301
Home visits—other follow-up, including B.C.G.	33	25	117	50	176	16	37	8	207	111	780
Casual visits to schools	54	74	14	31	65	-	17	5	66	41	367

TABLE V - Cont'd.

	Abbots Langley	Bushey	Chorley Wood	Croxley Green	Garston	Radlett	Rickmansworth	Sarratt	South Oxhey	Watford	HVAs #	Total
Maternity & Child Welfare:												
Child health (L.A.)	116	207	108	86	303	69	263	21	229	233	885	2,520
Child development and assessment	-	11	-	-	74	-	3	-	9	5	11	113
Immunisation & vaccination	19	-	-	-	8	-	-	-	1	23	234	285
Ante-natal instruction class	-	1	3	4	2	-	43	-	2	5	5	65
Handicapped playgroup ..	-	-	-	-	-	-	50	-	4	-	-	54
Hospitals:												
Tuberculosis	-	-	-	-	-	-	-	-	-	-	-	* 19
V.D.	1	23	-	-	23	-	-	-	-	-	-	51
Geriatrics	-	3	-	-	-	-	-	-	-	1	-	4
Ante-natal	-	6	-	-	42	13	27	-	3	19	-	110
Paediatric	10	13	5	14	25	3	10	-	14	17	-	111
General Practitioners:												
Geriatric	-	-	-	-	-	-	-	-	-	1	-	1
Child Health	4	83	-	-	30	-	37	-	-	2	48	204
Immunisation & vaccination	52	21	-	-	22	-	-	-	-	130	-	225
Other	44	39	-	-	13	-	22	-	110	240	2	470
School Nursing:												
Medical inspections	57	57	16	33	139	16	33	3	63	89	207	713
Pre-medical inspections ..	18	9	-	2	32	15	8	3	-	24	441	552
Special Clinic	1	-	-	-	-	-	-	-	2	-	551	554
Personal hygiene inspections	15	16	-	-	28	4	6	-	1	15	226	311
(number of children seen)	3,028	1,734	-	-	3,033	256	884	-	20	1,116	38,548	48,619
Health Education Group Work	23	1	-	1	-	-	-	-	1	8	-	34
Eye test (number of children tested)	15	-	-	-	-	-	2	-	1	1	251	269
921	-	-	-	-	-	-	18	-	-	12	16,212	17,163
BCG and other immunisations	1	-	-	-	-	-	-	-	-	4	74	80
Audiology	-	-	-	-	-	-	-	-	-	-	29	29

TABLE V - Cont'd.

	Abbots Langley	Bushey	Chorley Wood	Croxley Green	Garston	Radlett	Rickmansworth	Sarratt	South Oxhey	Watford	HVAs #	Total
School Nursing - Cont'd.												
Family case conferences ..	4	.	.	1	9	1	1	.	6	2	.	* 117
Meetings attended ..	49	47	16	23	37	5	30	15	62	69	20	* 388
In-service training ..	9	15	2	10	30	4	23	6	12	50	10	171
Teaching and Group discussion (excluding schools) ..	130	1	.	20	20	1	21	13	9	104	55	* 375

Health visitor assistants are attached to health visitors, attend child health clinics, assist with school medical inspections and do Keystone vision testing.

* Includes visits by tuberculosis visitors in the Division.

TABLE VI
SECTION 25, HOME NURSING - VISITS AND SESSIONS

	Abbots Langley	Bushey	Chorley- wood	Croxley Green	Radlett	Rickmans- worth	Sarratt	Watford Garston South Oxhey	Total
Medical:									
First visits	141	162	90	136	71	216	56	1,510	2,382
Revisits	4,288	5,993	1,567	3,655	3,321	5,784	1,859	35,050	61,517
Surgical:									
First visits	81	54	11	17	29	27	8	328	555
Revisits	1,198	1,532	103	538	367	496	128	7,010	11,372
Infectious Diseases:									
First visits	17	25	-	-	-	-	-	5	47
Revisits	-	-	-	-	-	-	-	31	31
Notified tuberculosis cases:									
First visits	-	-	1	1	-	4	-	14	20
Revisits	-	9	12	15	-	101	-	236	373
Others:									
First visits	18	18	10	8	-	9	-	9	72
Revisits	39	8	47	4	-	-	-	68	166
TOTAL VISITS	5,782	7,801	1,841	4,374	3,788	6,637	2,051	44,261	76,535
Treatments:									
G.P. and surgery	-	6,253	-	-	2,812	-	-	932	9,997
Persons 65 or over at:									
First visit	176	96	67	92	30	139	50	962	1,612
Revisits	3,327	4,408	1,124	2,694	1,964	4,330	1,489	27,629	46,965
Children under 5 at:									
First visit	8	5	-	-	1	2	-	33	49
Revisits	18	65	-	-	10	2	-	260	355

TABLE VII

SECTION 28, PREVENTION OF ILLNESS, CARE AND AFTER-CARE – CERVICAL CYTOLOGY

First attendances	1,367
Results of tests:	
Negative	1,170
For re-test	188
Further investigation recommended	9
Subsequent attendances:	
Results of tests:	
Negative	223
For re-test	49
Further investigation recommended	4
Re-Test – 3-year	
Attendances	274
Results of tests:	
Negative	237
For re-test	36
Further investigation recommended	1
Subsequent attendances:	
Negative	1

TABLE VIII

CHIROPODY

Number of treatments given at clinics	3,962	(1970–2,152)
" " " " " " surgeries	6,761	(1970–7,601)
" " " " " " home	5,087	(1970–4,785)
Total number of treatments given	15,810	(1970–14,538)

TABLE IX

RECUPERATIVE HOLIDAYS

Applications received from:		
General Practitioners	77	
Hospital Consultants	7	
Chest Physicians	<u>1</u>	85
Applications not approved	17	
Patients for whom no vacancy could be obtained	2	
Cancellation by patients	16	
Applicants sent to:		
Hertfordshire Convalescent Home	21	
Other Convalescent Homes	<u>29</u>	50

TABLE X
NURSING HOMES

	Number of Homes	Number of beds provided		
		Maternity	Other	Total
Homes registered during the year	-	-	-	-
Homes whose registrations were withdrawn during the year	1	-	7	7
Homes on register at end of year	2	-	31	31

